

NEWS, MARANGA MAI!

'I found myself drowning' – the challenges for Māori working in the health system

BY MARY LONGMORE

September 28, 2023



A panel of Māori nurses shared their experiences of “werohia ngā ture” — challenging the system and being “unapologetically Māori” at NZNO’s 2023 conference.



Tōpūtanga Tapuhi Kaitiaki o Aotearoa – NZNO Te Poari members at conference. Photos: Marty Melville.

When Rangi Blackmoore first started working as a nurse, she was “excited . . . ready to learn and serve. “I was just as quickly exposed to a system that was not quite built for me as Māori.”

But, while te Tiriti and cultural safety had been studied during her degree, she found it absent in her new hospital workplace.



Rangi Blackmoore.

'If system is not yet ready for me, how is this system ready for all Māori?'

"The practice did not reflect what I was taught. Everything was a tick box in my eyes. I found myself drowning."

Often, she was the only Māori nurse on the ward. Colleagues couldn't pronounce her name — "after a while I gave up and said 'just call me Tiger'."

"Being the only Māori on the floor, I felt outnumbered, misunderstood. When it came to me advocating for Māori patients, as strong as my beliefs were, I quickly became tired and blended into the walls of the department," she said.



Ranghi Blackmoore, Bonnie Matehaere and Tracy Black on the panel "werohia i ngā ture" – challenging the system.

"I was new. I sacrificed my own beliefs to observe what I needed to change. I constantly questioned myself. If the system is not yet ready for me, how is this system ready for all Māori?"

Later, in a perioperative environment, Blackmoore observed countless breaches of tikanga, including being challenged over responding to a patient's request for karakia.

'If I can't change the system from the floor, I'll move up slowly but surely and change from the board room.'

Seven years on, working with only Māori patients as a kaiārahi nāhi/clinical nurse specialist (CNS), Blackmoore says being "unapologetically Māori" is her superpower.

"I walk alongside my Māori whānau and ensure the services are held accountable . . . actively delivering te Tiriti o Waitangi."

Before, as a nurse on the floor, Blackmoore said she had been "unheard . . . an annoyance . . . silenced."

Now, as a CNS, she is able to raise issues with senior management. "I contribute to ensuring the whānau voice is heard."

"If I can't change the system from the floor, I'll move up slowly but surely and change from the board room. Because I am Māori and Māori is me."

'Stand beside us'



Tracy Black.

Whakatāne paediatric nurse Tracy Black asked non-Māori to “stop judging . . . What we ask is for you to stand beside us so we can fight for our people”.

“I am the dream, I am the hope – and we are all the aspirations for our people moving forward. I stand, we stand. I rise, we rise.”

‘Baked in’ cultural safety

Te Whatu Ora regional clinical lead Bonnie Matehaere spoke of the need for true partnership and “baking in” of te Tiriti to nursing practice and the health system.



Bonnie Matehaere.

"We're going to bake it in now — we're no longer going to settle for just the butter on top."

Indigenous rights lawyer Annette Sykes, who worked with Te Rūnanga members giving evidence at the Waitangi Tribunal 2575 inquiry into health care inequities, ran through te Tiriti o Waitangi articles and preamble.

"As long as socio-economic disparities remain for Māori, we have not fulfilled te Tiriti obligations."



Tracy Black with NZNO kaiwhakahaere Kerri Nuku.

See also Rangi Blackmoore's article: [A safe environment for Māori patients begins with a safe environment for Māori nurses.](#)

Antimicrobial stewardship: It's time for collective action



BY HE AKO HIRINGA

September 12, 2023

In this webinar, Dr Sharon Gardiner and associate professor Matire Harwood discuss the importance of antimicrobial stewardship in New Zealand.

Antimicrobial stewardship: It's time for collective action



Dr Gardiner discusses how:

- 1.3 million deaths were attributable to antimicrobial resistance (AMR) globally in 2019.
- Aotearoa New Zealand has high antimicrobial use, and much is inappropriate.
- Although relatively insulated from AMR to date, we are now at a tipping point.
- We can slow AMR by using antimicrobials only when needed, and using them well.
- A collective, equitable response is needed to ensure we keep antimicrobials working.

[Click here](https://www.akohiringa.co.nz/sites/default/files/public/2022-12/Presentation%20slides%20-%20Sharon%20Gardiner.pdf) (<https://www.akohiringa.co.nz/sites/default/files/public/2022-12/Presentation slides - Sharon Gardiner.pdf>) for Dr Gardiner's presentation slides.

Dr Harwood discusses:

- a primary care and Māori perspective on antimicrobial stewardship.
- recommendations from Kotahitanga: Uniting Aotearoa against infectious disease and antimicrobial resistance.



[Click here](https://www.akohiringa.co.nz/sites/default/files/public/2022-12/Presentation%20slides%20-%20Matire%20Harwood.pdf) (https://www.akohiringa.co.nz/sites/default/files/public/2022-12/Presentation slides - Matire Harwood.pdf) for Dr Harwood's presentation slides.

This video is a recording of the live webinar hosted by He Ako Hiringa on November 22, 2022. It is suitable for all health professionals. Watching this webinar entitles the viewer to 60 minutes of CPD.

Presenters:



DR SHARON GARDINER

Sharon Gardiner, BPharm(Hons), MCLinPharm, PhD, is the antimicrobial stewardship pharmacist at Te Whatu Ora Waitaha Canterbury and co-lead of the New Zealand Antimicrobial Stewardship and Infection Pharmacist Expert Group.

She was a member of the expert panel for the Prime Minister's Chief Science Advisor's major report entitled Kotahitanga – Uniting Aotearoa against Infectious Disease and Antimicrobial Resistance (2021). She has co-led multiple national antimicrobial stewardship initiatives, including a viewpoint calling for urgent national leadership and co-ordinated antimicrobial stewardship action (2021). She has co-led three national World Antimicrobial Awareness Week (2020 – 2022) initiatives, and a major sepsis improvement programme in Waitaha Canterbury.

Sharon has enjoyed a varied career as a pharmacist, including hospital, community and academic work. Her research interests centre on antimicrobial stewardship and optimal antimicrobial dosing strategies.



DR MATIRE HARWOOD

Associate professor (Ngāpuhi)

Matire Harwood, MBChB, PhD, is a hauora Māori academic and GP dividing her time between the Department of General Practice and Primary Care at Auckland Medical School, where she is head of department, and Papakura Marae Health Clinic in south Auckland.

She has served on a number of boards and advisory committees including the Waitemātā District Health Board, the Health Research Council, ACC (Health services advisory group), COVID-19 TAG at Ministry of Health and the Steering Committee for the appointment of Te Aka Whai Ora. Matire co-chaired the working group for Kotahitanga: Uniting Aotearoa against infectious disease and antimicrobial resistance.

In 2017, Matire was awarded the L'Oréal UNESCO New Zealand "For Women In Science Fellowship" for research in indigenous health. In 2019 she received the Health Research Council's Te Tohu Rapuora award for leadership in research to

improve Māori health, and in 2022 she received the RNZCGP Community Service Medal.

See also [Managing patients' antibiotic expectations](#) and [How primary care can improve antimicrobial stewardship](#).

Options for recording your CPD activities and hours include:

- the Nursing Council's [MyNC](https://www.nursingcouncil.org.nz/MyNC/MYNC/Sign_In.aspx?WebsiteKey=940918e5-df3e-4c60-9746-7312cd202474&LoginRedirect=true&returnurl=%2fMYNC) (https://www.nursingcouncil.org.nz/MyNC/MYNC/Sign_In.aspx?WebsiteKey=940918e5-df3e-4c60-9746-7312cd202474&LoginRedirect=true&returnurl=%2fMYNC) "continuing competence tab"
 - the council's "professional development activities template" (you can download a PDF from [this page](https://www.nursingcouncil.org.nz/Public/Nursing/Continuing_competence/NCNZ/nursing-section/Continuing_Competence.aspx?hkey=6542ac27-9b56-4e89-b7ae-db445c5cb952) (https://www.nursingcouncil.org.nz/Public/Nursing/Continuing_competence/NCNZ/nursing-section/Continuing_Competence.aspx?hkey=6542ac27-9b56-4e89-b7ae-db445c5cb952))
 - the app "Ascribe" which can be found on [Google Play](https://play.google.com/store/apps/details?id=com.ascribe.pdrp_diary) (https://play.google.com/store/apps/details?id=com.ascribe.pdrp_diary) or the [App Store](https://apps.apple.com/nz/app/ascribe/id1667199802) (<https://apps.apple.com/nz/app/ascribe/id1667199802>).
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NEWS

Axing Auckland nursing degree 'short-sighted' in the face of nursing shortfall

BY MARY LONGMORE

September 6, 2023

Axing Massey's Auckland nursing degree is 'short-sighted', say critics — but students describe a challenging learning environment.



Photo: AdobeStock

"I don't know if [nursing's] harder at Massey than at any other school or not, but it's been very hard," a third-year student and NZNO student representative told *Kaitiaki Nursing New Zealand*. "Everyone's like 'okay, we're just hanging on trying to get through to the end!'"

Massey — which produces just under 10 per cent of New Zealand's nursing graduates — has confirmed it will not be taking new enrolments for its bachelor of nursing (BN) on its Auckland campus in 2024, but current students will be able to stay on to complete their degrees. For those needing more time beyond 2025 to complete their BN, online learning and placements would be organised, it said in a statement. However, students would be able to transfer to the university's Manawatū or Wellington campuses should they wish.

'Urgent' financial challenges

Massey's head of nursing, Nicolette Sheridan, referred *Kaitiaki* to communications staff, who said via email the move was intended to avoid duplication of teaching and infrastructure and to make "the best use of our current staffing resources" to ensure Massey had a sustainable future. Students were informed on August 14.

"The timeframe has been shorter than what would normally be anticipated but urgency was necessary in light of the financial challenges facing the College [of health] and the university."

Massey is among several universities reporting financial strain recently, with an \$8.8 million deficit in 2022 which has led to a call for voluntary redundancies.

'We did a lot of online papers – but not a lot of face-to-face teaching.'

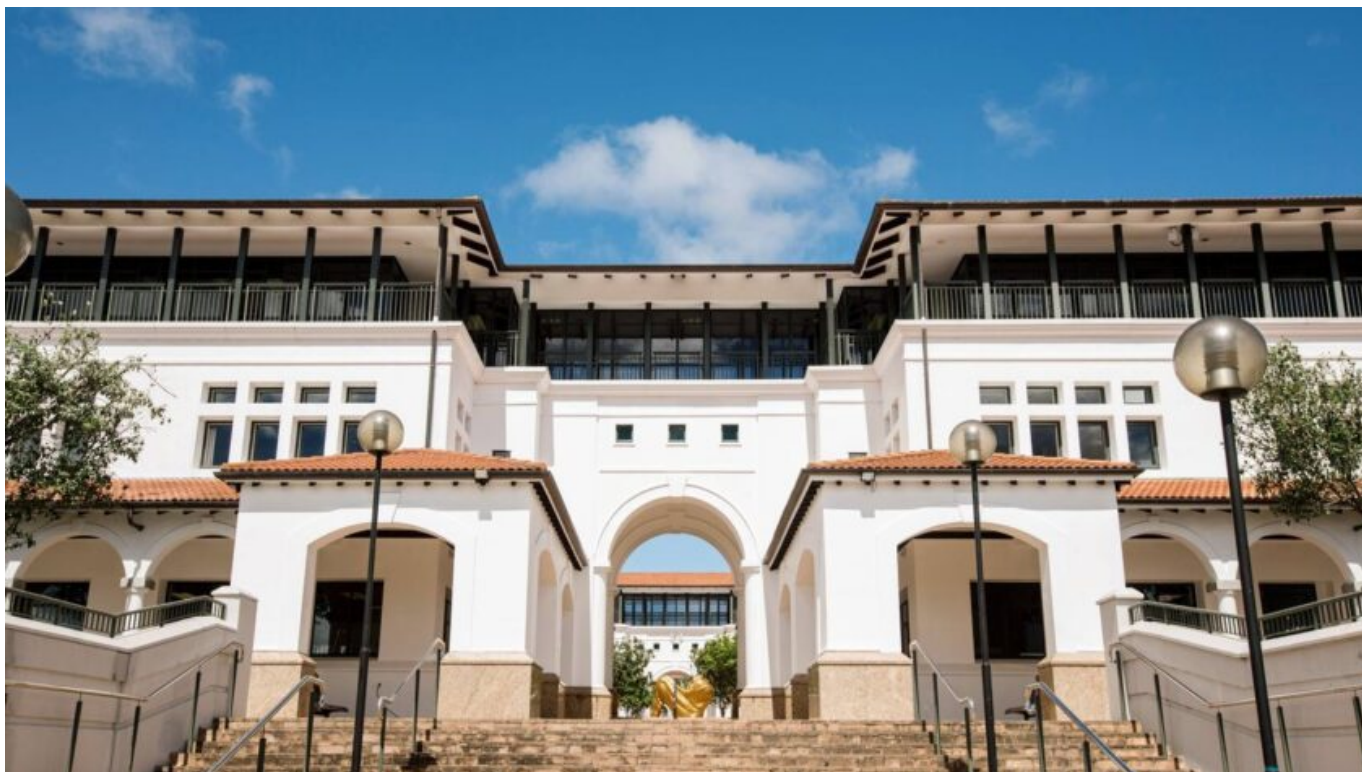
Massey hoped to maintain its overall BN intake by increasing student numbers at Manawatū and Wellington, and also increasing its master of clinical practice (nursing) intake. Currently there are 135 BN students at Massey's Auckland campus — a number that has been relatively stable since 2018, the spokesperson said. There are 520 students in total studying nursing across Massey's three campuses.

The student said representatives, including herself, had tried to raise problems like high workloads and back-to-back deadlines with management over the years, but nothing seemed to change.

"As student advocate, you're always putting forward ways to improve. But each feedback that I give, nothing changes for the next students coming in. So I'm thinking, 'Okay, maybe they're just not well-equipped!'"

'This is a done deal with no consultation – with staff, students or the community – and that is completely unacceptable.'

The student, who has been on the campus for the past three years and is about to finish her BN, said the school had struggled to find enough teachers and tutors in her time there. "We did a lot of online papers — but not a lot of face-to-face teaching."



Massey's campus in Albany, north Auckland.

Another issue had been lack of support for tauira Māori and outdated te Tiriti education, she said. "We're still getting taught the three 'ps' [partnership, protection and participation] — that shouldn't even be part of the curriculum, as we know it's way more in-depth than that."

"You're not really supported – it's just a token gesture if you're a Māori student."

'Surprised and disappointed'

Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO kaiwhakahaere Kerri Nuku said she had been surprised and disappointed to hear of the axing at a time Aotearoa desperately needed to be training more nurses.



Kerri Nuku

The Government's [health workforce plan](#) in July identified a "confronting" shortfall of 4800 nurses in New Zealand, and the need to retain more students — meanwhile continuing to rely on internationally-qualified nurses.

While wanting to consolidate resources was understandable, Nuku questioned whether the challenges of supporting large numbers of students would continue.

"The issue still remains – clinical placements, nurse educators, who are already stretched – so I don't know how that's going to be achievable if you increase numbers, say from Auckland and move them down to Wellington — you're still going to have a bit of a breaking point."

Nuku said the lack of consultation and communication was also very disappointing, as was its decision to keep taking 2024 enrolments until last month. "They could have looked at alternative ways of providing funding".

'Short-sighted'

Tertiary Education Union (TEU) organiser Ben Schmidt said it was "surprising and short-sighted decision-making by a small group of senior management about a crucial programme, as we are in the midst of a severe nursing staff shortage".

There had been no consultation with staff, students or the community about the impact on frontline nursing, he said.

"This is a done deal with no consultation – with staff, students or the community — and that is completely unacceptable."

Schmidt said TEU was proposing an "urgent" discussion with Massey University's vice-chancellor Jan Thomas, TEU and the Government about more sustainable funding for the tertiary sector and "finding a better way forward".

There were so far no job cuts proposed and it was of some limited comfort that nursing was not entirely gone from the Auckland campus with the continuation of its postgraduate programmes, Schmidt said.

One family told [Stuff](https://www.stuff.co.nz/national/education/300959051/massey-axes-auckland-nursing-course-for-new-students-i-never-would-have-moved) (<https://www.stuff.co.nz/national/education/300959051/massey-axes-auckland-nursing-course-for-new-students-i-never-would-have-moved>) they were "blindsided" by the decision, after their daughter had been accepted into Massey for 2024 and they had moved to be closer to the Auckland campus.



Ben Schmidt

NEWS

Call to unite, prepare for looming political threats to health system and unions

BY MARY LONGMORE

September 27, 2023



'Disrespect us at your peril' — nurses and NZNO urged to fight racism and protect a health system for all.



NZNO members *kōrero* at the conference 'challenging the system' -- *werohia ngā ture*. Photo NZNO/Marty Melville.

Nurses must "be the change" and stand up for a health system under threat from racism and elitism, Tōpūtanga Tapuhi o Kaitiaki Aotearoa — NZNO chief executive Paul Goulter has told members.

"We are in every community and we are trusted," said Goulter opening NZNO's 2023 conference 'Challenging the System' last week. "Whether you like it or don't, it falls to us to take leadership promoting and defending a model of a

health system that works for us all."

If the polls were right, the next few years would be challenging ones for workers and unions.

'This is for our health system, this is for Māori – tangata whenua – and this is for our workforce.'

"Will we be complicit by our lack of action at allowing the introduction of a health system that is foreign to our values and racist in its nature? . . . A public service based around privatisation, underfunding and fundamentally for the wealthy?" he asked. "What standard are we going to set when it gets rough?"



NZNO chief executive Paul Goulter. "If Te Whatu Ora won't hold their feet to the fire, we'll hold their feet to the fire." Photo NZNO/Marty Melville.

As the largest group of health workers — NZNO's membership had just hit 60,000, after another 8000 joined over the past year — it was the role of members to take the lead in resisting such changes, Goulter said.

"Remember this isn't just for us — this isn't self serving. This is for our health system, this is for Māori — tangata whenua — and this is for our workforce," Goulter said.

"Our time, as NZNO, has come. In those famous words, 'If not us, who? If not now, when?' Maranga Mai!"

'We will no longer be ignored, no longer be bullied, no longer be taken advantage of – no longer have our contributions rejected and will no longer be silent.'

Goulter said the health system needed to:

- Be more people and whānau-centred.
- Better serve Māori patients, whānau and workforce.
- Be safely staffed.



NZNO primary health care delegate Denise Moore. Photo

Many current challenges — staffing, pay levels and disparities, conditions and the erosion of the nurses' role to other workers — he believed came down to "respect, and the lack of it".

"That's finished now . . . We will no longer be ignored, no longer be bullied, no longer be taken advantage of — no longer have our contributions rejected and will no longer be silent," Goulter said.

NZNO's Maranga Mai! strategy identified the priorities — but also "joins us up together, everywhere".

Thanking delegates who had stood up "day after day" to fight for collective agreements, Goulter said members would no longer accept different salary rates based on their employers, rather than their "skills, knowledge, experience and responsibilities".



NZNO Te Whatu Ora delegates Al Dietschin and Nayda Heays, with student member Elliott Pepper. Photo NZNO/Marty Melville.

“This is a call to action . . . The time has come — we are back. NZNO is back. Disrespect us at your peril.”

Where is the love?

Former Te Whatu Ora chair Rob Campbell — [sacked in February](https://www.rnz.co.nz/news/political/485021/health-nz-chairperson-rob-campbell-fired-over-politicised-comments-health-minister-says) (https://www.rnz.co.nz/news/political/485021/health-nz-chairperson-rob-campbell-fired-over-politicised-comments-health-minister-says) for breaching public servant impartiality requirements after criticising National Party anti-co-governance policies — said the health system was in “serious crisis” with a top-down rather than whānau-centred approach.



Rob Campbell. Photo NZNO/Marty Melville.

'The hope that counts, and is realistic, comes from organisations like yours and people like you.'

Te Whatu Ora leadership had promoted advice from retired US general Stanley McChrystal's 2015 book 'Teams of teams', rather than putting people at its centre, he said. "By definition it meant building teams from above — it was precisely the wrong model", with little union and professional involvement.

"[Nor were] basing your idea of service on love or aroha familiar to them," Campbell said.

"The hope that counts, and is realistic, comes from organisations like yours and people like you."

'Real' change comes from us

Real change came from unions and their members, as seen with the recent advances in nursing pay and conditions — inadequate as they were, Campbell said. Politicians and bureaucrats now claiming credit, had "resisted and prevaricated" for years.

"I consider the unions and other kindred organisations are the driving force for [Pae Ora](#) (<https://www.legislation.govt.nz/act/public/2022/0030/latest/versions.aspx>) [2022 health reform legislation] and the only way its objectives will be achieved. You always were — but you really are now."

WHERE NEXT?

- Preparations are already underway for the next Te Whatu Ora collective bargaining process in 2024, with a focus on pay rises that match the cost of living and health and safety at work, says Goulter. "Whoever is government, it's a fight we have to take on."
 - Pay parity for nurses/workers outside Te Whatu Ora, via a pay equity claim.
 - A plan for aged care including "mega-employers" in a way that respects health workers. "If Te Whatu Ora won't hold their feet to the fire, we'll hold their feet to the fire."
 - Health & safety action, via legislation and direct action.
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A genuine power-sharing arrangement was needed — “being heard doesn’t on its own get you far”. But there were still ways to hold leaders to account, such as the legal obligation to bargain in good faith.

The [health charter — Te Mauri o Rongo](https://www.tewhatauora.govt.nz/assets/For-the-health-sector/Te-Mauri-o-Rongo-NZ-Health-Charter-/Te-Mauri-o-Rongo-NZ-Health-Charter_final-22-Aug.pdf) (https://www.tewhatauora.govt.nz/assets/For-the-health-sector/Te-Mauri-o-Rongo-NZ-Health-Charter-/Te-Mauri-o-Rongo-NZ-Health-Charter_final-22-Aug.pdf), too, supported union participation in decision-making and workers being treated fairly and with respect and dignity. Despite this, there was no union representation on Te Whatu Ora’s eight [sub-committees](https://www.tewhatauora.govt.nz/whats-happening/about-us/who-we-are/our-leadership-and-structure/our-board/board-committees/) (<https://www.tewhatauora.govt.nz/whats-happening/about-us/who-we-are/our-leadership-and-structure/our-board/board-committees/>). “Why not? Because the leadership is anti-union,” said Campbell.

Te Aka Whai Ora’s influential [iwi-Māori partnership boards](https://www.teakawhaioara.nz/our-work/iwi-maori-partnership-boards/) (<https://www.teakawhaioara.nz/our-work/iwi-maori-partnership-boards/>) were also a good place for unions to connect, he said.

‘Whoever is government, it’s a fight we have to take on.’

‘Splitting and dividing’

Te Whatu Ora was good at “splitting and dividing” unions, insisting on separate negotiations. Campbell said it was time for the Council of Trade Unions (CTU) to “insist more strongly on working together”.

“They hate unions coming together . . . but divisions simply lead to lack of progress.”



Rob Campbell with NZNO kaiwhakahaere Kerri Nuku. Photo NZNO/Marty Melville.

In particular, he said Te Aka Whai Ora — the Māori Health Authority — and its quest to improve Māori health outcomes must be “defended” from any future attempts to “rip up” the current system.

Kaiwhakahaere Kerri Nuku said regardless of what happened in the October election, “we will continue to rise up — none of these politicians define the role of us”.

NEWS

Election 2023: Nurses take the political pulse

BY NZNO RESEARCH AND CAMPAIGNS STAFF

September 29, 2023

With early voting opening next week, we bring you Tōpūtanga Tapuhi Kaitiaki Aotearoa – NZNO's [election scorecard](https://maranga-mai.nzno.org.nz/scorecard) (<https://maranga-mai.nzno.org.nz/scorecard>), where nurses run an eye over political parties' health policies ahead of the October 14 general election.



To view the online election scorecard, visit <https://maranga-mai.nzno.org.nz/scorecard> (<https://maranga-mai.nzno.org.nz/scorecard>), or you can click the image below to download a printable version. (https://assets.nationbuilder.com/nzno/pages/1627/attachments/original/1695855541/nzno-election-scorecard_2023.pdf?1695855541)

Porirua registered nurse (RN), aged care, Anita Cook:

Labour have historically done positive things to support the health-care workforce, and she hopes that continues.

Nurses know more than anyone about the health crisis, and they know what we need to do to fix it.

Health policy

Labour

- Increased the per capita investment in the health system by almost 50% since 2017. A big part of that extra investment has been increasing the pay of the health workforce.
- Adding 500 additional clinical placements for nursing students to increase the number of nurses training by 30%.
- Funded pay equity settlements for Te Whatu Ora nurses and midwives and increased funding to reduce pay disparity for nurses and health workers in primary health, aged care and Pacific and iwi health providers.

National

- Bonded student loan requirements for nurses and midwives up to a total of \$4,500 a year for the first five years of their career, provided they remain working in their profession in New Zealand.
- Established a relocation support scheme, offering up to 1000 qualified overseas nurses and midwives relocation grants worth up to \$10,000 each to support the move to New Zealand and allow qualified overseas nurses and midwives to come here on a six-month temporary visa without a job offer to look for work.
- Disestablished Te Aka Whai Ora.

Nurses respond

“Labour party has historically done some positive things to support the health care workforce. However if they will continue this trend or if they think they have done enough and will change their priorities?”
A. Aotearoa, NZ

“Will Labour continue to equally fund those nurses who work for iwi and Māori providers. For some years the gap was 20% difference between nurses who work in hospitals and nurses who work for iwi and Māori providers in their communities. The gap has grown somewhat since then.”
A. Kaitiaki, Te Pahi, NZ

“Not sure how helpful a requirement bonding students to go to be to help nursing students survive their training. This is a one-time expense of a female-dominated profession regardless what other professions could expect their young people to do to travel and expand their knowledge professionally by 5 years?”
A. Dunedin, NZ

“Why does National continue to ignore pay parity for nurses who work for iwi and Māori providers? When National was in opposition in 2008 they said they would support equity for Māori nurses working for iwi and Māori providers. National took over after the 2008 elections and did nothing for Māori nurses working for their iwi or Māori providers – stating that while this was their promise. Why would I choose to support this party?”
A. Kaitiaki, Te Pahi, NZ

Let's have a look and see which political party will deliver for the nurses we need on October 14.

Te Pahi | Labour | National | Green Party | Māori Party



“Additional clinical placements is a positive move but we need people attracted to the profession in the first place and clinical educators/tertiary systems to support those students.”

National has a “terrible” record. “The pay increases offered were lower than inflation during their term, so nurses essentially had a pay decrease.”

While Cook liked the idea of bonding, it was already underway.

Cook liked some **Green Party** initiatives, such as paid student placements.

“This would attract people to the nursing profession and support nursing students to complete their degree. This is important because the clinical requirements often do not allow students to hold part-time jobs while they study, which forces nursing students into extreme hardship.”

She was concerned over both **Act** and **National's** plans to disestablish Te Aka Whai Ora, which she said would neglect their responsibilities to te Tiriti. “Māori were assured equal rights and yet have poorer health outcomes and shorter lifespans than non-Māori. To meet te Tiriti obligations, Te Aka Whai Ora really needs to stay.”

Cook said **Te Pāti Māori's** Māori health-care card could be a great initiative — but believed more research into the complexities surrounding the health-care system was needed in order to expand their ideas.



Wellington RN, Te Whatu Ora, Helen Kemp:

Kemp said she appreciated progress made so far under the **Labour**-led Government, but nurses everywhere needed pay parity, safe staff-patient ratios and more serious consequences for violence against health workers. Nursing students should also be paid to train and equitable, timely public health services were needed.

“Labour has a good health minister, but she needs to be braver, advocate for the health workers and lead the way to better health outcomes for all.”

National did not have a good track record in health spending or supporting health workers, Kemp said. “The bonding scheme is unrealistic and the relocation support scheme is full of holes,” she said.

“Disestablishing Te Aka Whai Ora sends a clear message that they do not care about Te Tiriti or hauora Maori. Shameful misguided policy.”

ACT: "A crock of s@#t!!! Even worse than National!"

Green: Kemp said she had appreciated Green Party support, with several Green MPs standing beside the nurses at our rallies and speaking up in Parliament for health workers and improving our health system. "Their policies are consistent with fairness, equity and wellbeing for all."

Te Pati Māori: Positive policies that if implemented, would finally see Aotearoa with a fully functioning, top quality health system that benefits all people. Kia Kaha!



Ōtaki RN, aged care, Debbie McCash:

Labour: Has been working on underfunding in wages for nurses and midwives, and finally addressed gender pay disparity issues. Immigration has allowed more short-term international nurse support, although I would like to see more targeted support for NZ-trained nurses.

Green: Totally support funded training. "Fair" wages a bit of a broad brush.

National: Student loan repayments a great idea to support NZ-trained workforce, and six month visa option to allow for OE travellers. Do not agree with relocation/bonding funding.

ACT: Absolutely do not agree with the concept of downskilling and using non-regulated operators — no one expects an unregulated lawyer, so why a doctor or nurse. I do agree with growing the workforce relative to immigration, as net immigration has already reduced the recent staffing gains. Not sure about the EN role, as it appears to be not understood and under-utilised, and 4000 staff would benefit all health sectors. Once again disagree with not addressing gender pay disparity due to discrimination and human rights.



Auckland RN, Te Whatu Ora, Dawn Barrett:

Labour: Moving in the right direction of valuing staff, improving workloads and patient care — but came to this point "kicking and screaming" to try and keep their exhausted workforce. More work is needed in this space.

"Nurses are grateful but they have always given the job everything they have. The recent wage increases mean we may stay in this challenging profession."

Pay equity has happened, but not for all nurses. "There is still a substantial gap between hospital and community nurses. I have worked both roles, both have incredible workloads and challenges but the pay is very different."

Green: "Love, love, love their health policies. They are in line with their aspirations for all people. Supporting our student nurses to succeed by removing financial barriers is obvious. I would love to see nurses empowered to deliver the partnership between Te Whatu Ora and Te Aka Wai Ora."

National: Barrett agrees with the bonding concept, but thinks five years is too long and is concerned a repayment system won't help nursing students "survive" their training. Further assistance for training is needed.

"The five-year concept smacks of a female-dominated profession hangover. What other professions would expect their young people to delay travel and expand their knowledge professionally by five years?"

She wants to see policy focused on training, supporting and developing young New Zealanders from all ethnicities into nursing.

She would like clearer objectives and measures in our health system. Māori need urgent action and partnership with Te Whatu Ora for better outcomes.

Act: Barrett says she likes ACT's focus on forecasting demand, but believes overall their policies are a "backwards step that will not improve outcomes and inequities".



Tōpūtanga Tapuhi Kaitiaki o Aotearoa – NZNO kaumātua Keelan Ransfield:

He is concerned that neither major party has a plan to fully address the large pay disparity for nurses working for Māori and iwi providers.

"Why does **National** continue to ignore pay parity for nurses who work for iwi and Māori providers? National took over after the 2008 elections and did nothing for Māori nurses working for their iwi or Māori providers during that whole time they were in power."

Plans by **National** and **Act** to disestablish Te Aka Whai Ora are also of particular concern to nurses.

However, Ransfield praised **Te Pati Māori** for committing to additional funding for Te Aka Whai Ora and supporting Māori nurses.

"I love the determination of the Māori Party to improve working conditions and pay for Māori nurses and health for Māori across the country."



NZNO president Anne Daniels:

She said the responses showed common concerns but also similar hopes for improvements in the health sector. "We have been appealing to politicians from all parties to make the current health crisis and more especially the workforce crisis a priority in the upcoming elections," she said.

"Nurses and health-care workers' vote. They are on the front line of a health system in crisis and are looking to see which parties have a credible plan to fix our health system for our health workers and the communities we care for. That's why we have released a health-policy election scorecard to help inform nurses as they head to the ballot box — who will deliver the nurse we need?"

FEATURES

End of an era for faith community nursing

BY ELAINE TYRRELL

September 7, 2023

Parish nursing started in New Zealand with a ground-breaking pilot set up in 1998 at the Anglican Church's Nelson Cathedral.



Also known as faith community nursing, this new type of practice involved providing holistic care with a strong faith-based component.

Having developed the Nelson pilot, I was the first nurse in New Zealand to set up such a practice, using resources I had gleaned from the United States and Australia, where it is a recognised specialty. The role was initially an unpaid

volunteer position.

The pilot was a success and I was followed, in time, by three further nurses, each modelling their practice to respond to the needs of the community and their personal skills and time. The position was eventually a salaried one, using funding from an Anglican trust.

This kind of nursing fitted well with Mason Durie's *Te Whare Tapa Whā* model of health care. Indeed, it fits well with the whānau ora focus of today. The nurse working in a church setting focuses not just on the medical silos of physical and psychological care, but holistically considers the whānau/family and role of spirituality.

This vision of nursing care was captured by others around the country in different settings, including elder care, a general practice in a rural area and also a role which linked in with established health-care charities in urban areas. Two faith community nurses — myself and Noreen Wright, who worked in Christchurch — were recognised in the Honours lists with a Queen's Service Medal for our contribution to health in New Zealand.



Our first faith community nurses working in Auckland – Ane Masima, who worked in the Methodist church with the Tongan community, and Margaret Chiaroni, whose position was funded by the Selwyn Foundation.



Elaine Tyrrell at her investiture with the QSM in 2016, with then Governor-General Dame Patsy Reddy.

The model for New Zealand faith community nursing that started at the Nelson Diocese also spread to the United Kingdom when parishioners visiting from the UK read about it on a noticeboard at Nelson Cathedral. They took the concept home with them to the church there and many parish nurse practices have been established in the UK, with support from different denominations.



Elizabeth Niven, who served as chairperson of the Faith Community Nurses Association, speaking at conference.

Today, there is a global movement of parish or faith community nurses, including in Ukraine, where this work has continued in spite of the war.

The New Zealand Faith Community Nurses Association (NZFCNA) was established in 2003, with the aim of providing support, education and fellowship for faith community nurses. As the number of faith community nurses in the country grew, the association started to hold annual conferences, and *Kaitiaki* could be relied on to highlight the role and provide a window to explore a nursing practice which openly included spiritual care.

The association offered nurses basic training in the faith community nurse specialty. This included the theology of health, the Treaty of Waitangi, the ethics of care, care management, working with volunteers and support networks, community building and Nursing Council competencies, as well as the use of prayer in healing, self-care, advocacy, documentation, and learning from those already in practice.

The conferences were also an opportunity for Māori and Pacific nurses to share their perspectives, and for nurses from overseas, including Canada, Australia and the UK, to share with us their experiences.

This kind of nursing fitted well with Mason Durie's Te Whare Tapa Whā model of health care.

A special conference was held in Christchurch following the 2011 earthquake, where nurses, clergy, emergency personnel and residents shared their stories.

Today, the ministry in New Zealand continues in a few areas but fewer nurses are coming forward to volunteer for the role or to help run the NZFCNA. Most faith community nurses have always been volunteers and many who have volunteered in the past were newly retired or working part-time. Many now feel there is too much to cope with in their lives to volunteer.



Sadly, the Nelson position ended in 2022 when Judith Fitchett retired. Times have changed — churches have stopped funding parish nurses as they put their money into other things. To my knowledge there is now only one paid faith community nurse in practice in New Zealand.

We pray that the future may hold a time when nurses are less exhausted and less pressured and able to once again respond to the call to parish or faith community nursing.

So, in July this year, the NZFCNA deregistered as a society, and we have put our resources into the care of the Nurses Christian Fellowship (NCFNZ), which has generously offered to provide us a “nest, until we are ready to fly again”. Our sister organisation, Australian Faith Community Nurses Association (AFCNA), will be a source of specialist education for parish/faith community nurses.



Pacific nurses from the Health Villages project joined us for a wonderful conference in Auckland in 2007.

Both organisations offer formal and informal meetings and sessions that provide social interaction, support and education. The need for these nurses still exists, but the challenge is to get funding, since the very nature of this model of nursing practice makes it have its feet in two camps: health care and the church. Each assumes that the other should be responsible for financial support for the nurse.

Our achievements have been many and a perusal of back copies of *Kaitiaki* would illustrate some of these. The nurses have risen to the challenges which have faced them.

One older parish nurse working in Dannevirke has been a source of education and support for those in her region throughout the COVID-19 pandemic. She has kept in constant touch with her clients by phone, offering prayer and reassurance alongside government directives.

Another nurse was working with the elderly community providing contact and practical support immediately after the 2013 Seddon earthquake. Others have supported people at home with end-of-life care and worked with those transitioning from hospital to home.

The current role of a registered nurse, especially where resources are spread thin, involves a heavy workload. The environment in which nurses work today is very different from that which prevailed 23 years ago when the FCNA made its tentative beginnings.



Judith Fitchett, the last parish nurse based at Nelson Cathedral. She retired in 2022.



Anointing hands was part of our worship at NZFCNA conferences.

We pray that the future may hold a time when nurses are less exhausted and less pressured and able to once again respond to the call to parish or faith community nursing.

Those of you reading this, who may know of the ministry, may wish to join us on October 17, as we celebrate all that has been done, those cared for and the outcomes achieved with sound nursing and a faith in a loving God. Contact me on etyrrell@xtra.co.nz for the Zoom link.

Our website has closed, so this will no longer be a means of contact. Thank you, *Kaitiaki* for helping us to share our story and making the journey with us.

Parish nurse pioneering role

ELAINE TYRRELL is something of a nursing pioneer. She works for 15 hours a week in a voluntary capacity as a parish nurse in the Anglican Diocese of Nelson's Cathedral Parish. There are more than 200 families attached to the parish. She knows of no other parish nurses in New Zealand, but it is a recognised specialty in the United States and Canada.

Tyrrell graduated from Nelson Polytechnic with a bachelor of nursing at the end of last year. She believes she was called by God to undertake the nursing course, after years as a teacher, health educator and lay minister. At a social gathering earlier this year, the Bishop of Nelson Derek Eaton told her he had a vision of her working as a nurse within the parish community. "I couldn't see the reality of it. But as I thought about it more, and of the skills I had, it started to gel."

Tyrrell wrote an abstract on how the role of parish nurse might work, including the establishment of a pilot scheme within the Cathedral Parish. The idea was supported by church leaders and she began work in June. She is still defining her scope of practice but it includes coun-



Parish nurse Elaine Tyrrell (left) and Pat Angus share a hug after praying together.

selling in liaison with the clergy, health education and promotion, support of families in need, co-ordination and training of volunteers, and referring people to other health and community agencies. Work is steadily increasing, with other health professionals and agencies referring people to Tyrrell and self referrals. "It's really starting to happen."

She sees herself journeying with families, defined in the broadest sense: the elderly living alone, solo parents, nuclear and extended families. "I hope to care for people in a holistic way, obviously with a more spiritual focus. Prayer would

be just as important as sharing health information or providing practical support. But I will also do real hands-on work."

Tyrrell is getting indemnity insurance and attends regular supervision with another health professional.

Tyrrell doesn't want to be seen as a "do-gooding clergy wife"—her husband Charles is the dean of the Cathedral Parish. She hopes the position will eventually be paid. "Voluntary work doesn't carry with it the same sense of having value." Those she cares for are asked for a koha and Tyrrell is seeking funding through

grants within the church. Her paid work is as a nurse technician at Nelson Polytechnic.

One of Tyrrell's first clients was 74-year-old widow, Pat Angus. Tyrrell was the first person Angus called after she fell and fractured her femur. Tyrrell accompanied her to hospital, visited her regularly, accompanied her home and stayed over night with Angus. "A district nurse would simply not have been able to do that." Angus is convinced Tyrrell's support contributed to her wellbeing. "She is a fully qualified nurse who also offers spiritual care and support." □

The 1998 article in this magazine which first reported on Elaine Tyrrell's new role as a parish nurse.

Elaine Tyrrell has written this reflection on behalf of the New Zealand Faith Community Nurses Association.

LETTERS

Ground down and left in the lurch

BY VINCENT THEUNISSEN

September 7, 2023

I write to express my profound disappointment and dismay after reading the recent article [“Disappointed primary health nurses pin hopes on pay equity”](#).



Members at the primary health care nurses' strike last year.

As a nurse who voted against this disappointing deal, I can't help but share my frustration and utter disbelief at how NZNO has allowed the GP practice nursing community to be ground down and left in the lurch.

The article cites that Primary Health care (PHC) nurses were too tired to fight on after two years of bargaining and this admission alone is a damning indictment of how NZNO has failed its PHC nursing members.

Nurses, who work on the frontlines of healthcare, should not have to fight tooth and nail for a contract that acknowledges their contributions and dedication.

The fact that the NZNO allowed this situation to escalate to the point where nurses felt forced to accept an inadequate deal is a grave reflection of how NZNO treats this group of nurses.

It's glaringly evident that NZNO has lost sight of its core purpose: to advocate for the rights and welfare of all nurses.

By coercing nurses into a dilemma of having to make a decision about their multi purpose contract or otherwise to let the contract lapse into individual agreements demonstrates a callous disregard for the essence of union solidarity and collective bargaining power that unions are meant to champion.

NZNO should have been a staunch advocate, ensuring that the interests of nurses were at the forefront of these negotiations.

The disparity in pay scales between different levels of healthcare professionals within the PHC MECA only serves to deepen the sense of betrayal felt by those who put their trust in NZNO.

The incremental pay increases are nothing more than token gestures that fail to address the fundamental issue of pay equity and fair recognition for nurses' contributions, let alone the pitiful amount being given in backpay to these nurses when compared to their Te Whata Ora colleagues.

Furthermore, NZNO's apparent rush to push the agreement through before the October 14 election smacks of a desperate attempt to pre-empt any potential legislative changes. This urgency seems to prioritise bureaucracy over the welfare of the nurses that NZNO is supposed to represent, further eroding the trust and respect that nurses should have for their union.

In conclusion, it's with great regret that I have to voice my disillusionment with NZNO's handling of the PHC MECA negotiations. The very organization that is meant to uphold the welfare of all nurses has failed to live up to its responsibilities as an advocate for PHC nurses, leaving many feeling unheard, undervalued, and unfairly treated.

Vincent Theunissen
Whakatāne practice nurse

Response from the PHC MECA negotiations team

One of NZNO's senior industrial staff members who worked on the PHC MECA negotiations has written the following in response to similar questions and issues people have been raising on the [PHC MECA Facebook page](https://www.facebook.com/groups/nznophcmeca/?multi_permaLinks=1008583516948225%2C1008058913667352%2C1006185370521373¬if_id=1693441579419052¬if_t=group_activity&ref=notif) (https://www.facebook.com/groups/nznophcmeca/?multi_permaLinks=1008583516948225%2C1008058913667352%2C1006185370521373¬if_id=1693441579419052¬if_t=group_activity&ref=notif).

Were PHC MECA members under-represented in the negotiations? Were PHC MECA members pushed to accept a substandard offer?

Despite our arguments during bargaining, PHC MECA employers consistently stated they could not afford pay increases for their nursing staff on their current level of funding.

Te Whatu Ora initially left GP practices out of the "[pay disparity](#)" funding offered to community health services such as aged, hospice and home care and Māori and iwi providers earlier this year. Their view was that there was already a range of pay rates for nurses covered by the PHC MECA — primarily in GP practices and urgent medical/after-hour clinics — including above PHC MECA rates.

NZNO had to provide evidence to persuade Te Whatu Ora and the Government that was not the case for all nurses employed under the PHC MECA, and that GP practices should be included in the funding. NZNO also [lobbied MPs](#) and took every opportunity to meet ministers and Government officials to access the funding.

The [inclusion of practice nurses](#) was not confirmed until the end of June with the funding only being made available from July 1. The funding was intended to bring [practice nurses rates to 95 per cent](#) of Te Whatu Ora's interim pay equity rates.

At that point, we were able to reconvene the bargaining and finally receive an offer for settlement from the employers. The terms of settlement then had to go through a complex sign-off and ratification — a lengthy process given there are 595 employers.

PHC MECA expiry

It is true that the PHC MECA expired in August 2021 — one year outside of the normal protection of its terms and conditions. Those protections stay in place for 12 months after the original expiry date, under the Employment Relations Act.

The PHC MECA protection period was extended under the Epidemic Preparedness Act 2006, as we continued to deal with the COVID-19 pandemic.

The MECA would have fully expired on August 31, 2023, leaving members facing individual agreements. That risked further collective processes, including a pay equity claim.

Why won't work commence on the next PHC MECA, which expires in 10 months, until early next year?

Planning for the next MECA is underway. This will be informed by the strategic direction of the union, [Maranga Mai!](#) (<https://maranga-mai.nzno.org.nz/>), which is for every nurse/member everywhere being paid equitably for their work, and having a safe workplace / manageable workloads, regardless of the practice setting. Working together will make this happen, with each part of the health sector standing up and being visible in the campaign for equity.

Did NZNO spend all its time and resources fighting for pay equity for Te Whatu Ora at the expense of PHC?

There was a long battle to get any pay increases for PHC MECA members. The timeframe of the provision of the pay disparity funding was not within NZNO's control. We had pulled every lever available including the industrial action taken in late October 2022, and had not had any acceptable pay offers.

The protection of the collective agreement under employment legislation was running out at the end of August 2023. Without a collective in place there would have been no legal way of compelling the employers to continue to bargain. At that point, we would not be able to pursue any further improvements to pay rates. Individually the employers could begin to offer different terms and conditions — including reducing some working conditions in lieu of pay increases. Some hard fought for terms and conditions could be eroded quickly. The best protection members have is acting collectively and joining together to push for nurses' work everywhere to be valued equally.

Further questions can be sent to: campaigns@nzno.org.nz or nurses@nzno.org.nz and we'll ask the person with the appropriate knowledge to answer them and post the answers on the [PHC MECA Facebook page](#). (<https://www.facebook.com/groups/nznophcmeca/>)

NEWS

Healthline and telehealth nurses to strike over pay 'cut' from profitable bosses

BY MARY LONGMORE

September 8, 2023

Nurses who take calls around the clock from some of our most vulnerable have voted to go on a 24-hour strike next week, after an offer they describe as an effective pay cut.



Whakarongorau members rally in Wellington

NZNO delegate Bruce Tomlinson said members had voted for 24-hour strike action on September 15-16, after a nationwide rally last week.

National telehealth service Whakarongorau Aotearoa runs more than 40 phone or web-based support services — many around mental health and addiction — including Healthline, 1737 Need to talk?, Shine domestic abuse helpline, the National Poisons Centre, RecoverRing alcohol and drug support, ambulance triaging for low-acuity 111 calls, after-hours support for general practices, to name a few.

‘Our battle is over having decent wage increases, and we are committed to achieving an increase that reflects what we are worth and mitigates the cost-of-living crisis all our members face.’



Whakarongorau staff rally in Auckland.

“We are the voice on the other side of your calls 24 hours a day, and seven days a week,” Tomlinson said.

Despite its profits and a seven per cent inflation rate over the past year, Whakarongorau had not budged on its 2.5 per cent offer, Tomlinson said. This followed six months of bargaining, after the previous collective expired a year ago.

“Our battle is over having decent wage increases, and we are committed to achieving an increase that reflects what we are worth and mitigates the cost-of-living crisis all our members face.”

Tomlinson said the offer amounted to a pay cut in real life terms and came despite millions being paid out to its shareholders, primary health organisations, Pegasus Health and ProCare.

‘We have made an offer that reflected what funding we have received and what we have been able to afford – the unions and their members have rejected this.’

Pegasus Health’s [2022 annual report](https://issuu.com/pegasushealth/docs/annual-report-2022) (<https://issuu.com/pegasushealth/docs/annual-report-2022>) (p35) describes a “very strong performance” from Whakarongorau for its response during COVID as a financial highlight with “extraordinary volumes” of activity.

A Whakarongorau spokesperson confirmed to *Kaitiaki* a \$7.4 million surplus related to the 2022 financial year was paid each to ProCare and Pegasus — a total of \$14.8 million.



Bruce Tomlinson protesting at Kumara junction near Hokitika last week.



NZNO delegates Bruce and his wife Rachel Tomlinson, also a telehealth nurse, with PSA colleagues protesting at Kumara junction on the West Coast last week.

Meanwhile, colleagues were leaving for better paid roles at Te Whatu Ora “or further afield, like Australia”, said Tomlinson, who has worked at the telehealth service for eight years.

After a nationwide rally last week, members had now decided to take strike action, he said.



Whakarongo
mai
Whakarongorau!
Auckland

Kaitiaki Nursing
New Zealand

00:28

Staff paid ‘as much as we can’

Whakarongorau chief employee experience officer Anna Campbell said the telehealth service aimed to pay staff “as much as we can”.

“We have made an offer that reflected what funding we have received and what we have been able to afford — the unions and their members have rejected this.”



Anna Campbell

A social enterprise, Whakarongorau had used its 2015-2020 surpluses to repay ProCare and Pegasus for loans to set up the national telehealth service, Campbell said.

Since then, any surpluses had been used to improve health outcomes across Auckland and Canterbury regions, or reinvested to keep all three organisations sustainable and equitable, she said. In the last two years, Whakarongorau had replaced its telephone system, developed online support options, and provided tikanga, cultural safety and online training for staff, among other things.



NZNO telehealth nurse Phillippa Kenny at the Auckland rally.

Whakarongorau is owned by ProCare, a collective of more than 180 GP practices across Auckland, and Pegasus Health, a Canterbury-based charitable primary health organisation.

Tomlinson said an estimated one in three New Zealanders had been in contact with Whakarongorau at some point, and staff kept people out of emergency departments, GP practices and provided timely help to people in distress.

Need was particularly high at times of crises such as the 2019 Christchurch mosque shootings, 2020/21 COVID pandemic and natural disasters such as flooding in Hawke's Bay earlier this year.

About 300 Whakarongorau staff, represented by both Tōpūtangi Tapuhi Kaitiaki o Aotearoa — NZNO and the Public Service Association (PSA), held rallies in Auckland, Wellington and Christchurch on September 1.

Share your message of support with: [#thenurseweneed](https://www.facebook.com/hashtag/thenurseweneed)

(https://www.facebook.com/hashtag/thenurseweneed?__eep__=6&__cft__%5b0%5d=AZXSve-tvsVKt3hK_EycFHupBc0Q3po1vjTFz08rDT_1DNWnQM11zZkPexVm1pOXmNho0-f7DeVF8oFgLQFZhTBTIXXsLIUcLR5cTEs_30wjrh39GVKnMHsCQbTo2XHV8UL6-L2GvmR86PyalGXXWgRbWK-q_cEPM9Eb_OHuVRZEmCJ6vWHqQVqTF2ENx8smvU&__tn__=-NK-R).



Supporters of telehealth staff in Wellington.

OPINION

How can we fund the public health system we need?

BY GLENN BARCLAY AND ANNE DANIELS

September 4, 2023

A revamped fairer tax system is vital for the country to be able to afford the health system it needs.



Photo: Adobe Stock



Glenn Barclay

Our health system is struggling in the face of growing demand. While there are obvious problems that need to be fixed immediately, we need a change in how we fund it in order to have a truly comprehensive public health system that is free at the point of use.

Right now, emergency departments across the country are bursting at the seams with many more people needing emergency care than there are nurses and doctors available to provide it.

Our cancer services are under enormous pressure (particularly in the South Island) and the shortage of doctors, nurses, midwives and other types of health workers right across the system means many of us can't access the care we need. This lack of access particularly affects Māori and Pacific peoples as well as other disadvantaged groups.

An ageing and growing population, closure of aged care facilities, despite 13,000 beds being needed by 2030, is adding to the pressures on primary and tertiary care providers, where resources have not met demand for a long time.

These challenges come on top of longstanding issues we have had with our public health system. Some examples are:

- Ever since its beginnings in the 1930s, the dental health system has never been fully publicly funded. This has caused unnecessary suffering every day as people can't afford to see the dentist and dental problems go untreated.[1](#)
- Our Pharmac pharmaceutical purchasing system is generally recognised as a success but is still not funded enough to meet demand.[2](#)
- Our health system has struggled with access and equity issues for years.[3](#)
- Hospital buildings have long been in need of a make-over — in 2020 the Government released a stocktake of hospital infrastructure which put the fix-it bill at \$14 billion over the next decade.[4](#)

We have seen significant increases in health funding over recent years, following a decade in which funding failed to keep up with population growth and increasing health costs. Budget 2022 delivered record levels of investment, but these were described by the Minister of Finance as a one-off, designed to help clear the decks for the new health structures.

The reality is that even with the increases over recent years, our spending per capita on health is less than many comparable countries.[5](#)

While our ranking in the OECD has improved from 19th in 2020 to 14th in 2022, if we were to have a health system that was truly comprehensive and free at the point of use (such as the National Health Service in the UK) it has been estimated that we would need an extra \$3 billion a year in funding,[6](#) year on year.



Anne Daniels

We need to significantly grow tax revenue to fund the health system we need.

This would help address the issues identified above, including helping us pay the wages we need to compete internationally for nurses and other health workers. However, we do not collect enough revenue through taxation to enable this to happen and we need to significantly grow tax revenue to fund the health system we need. In short, we need to talk about tax.

Challenging beliefs about tax

Part of that conversation must be to challenge the widespread belief that Aotearoa New Zealand has high tax rates. The revenue collected in 2021/22 represented a higher proportion of GDP than has been the case for most of our recent history and probably reflects the impact of COVID-19.

However, it is lower than the OECD average and significantly lower than many of the countries we like to compare ourselves with, such as Germany and the Nordic countries. Tax revenue as a percentage of GDP in 2021/22 was 33.78 per cent in this country, compared with 39.51 per cent for Germany and 42.58 per cent for Sweden.



Increased health funding is needed to help us pay the wages we need to compete internationally for nurses and other health workers. Photo: Adobe Stock

It is no coincidence that these countries also spend more per capita on health than we do. If we taxed at the level of the Germans, we would have somewhere between \$20-\$30 billion more to spend on the things we urgently need, including health.

With polls telling us that most people would like a tax cut, where would this money come from? The short answer is that it needs to come from those who can most afford it. Our current tax system asks too much from those who can least afford it, while not enough from those who can.

Too reliant on GST and income tax

We rely too heavily on GST and income tax. In 2021/22, individual income tax accounted for 51 per cent of tax revenue and GST for 25 per cent — higher than the OECD average. GST is a regressive tax – it is levied on virtually everything we buy and therefore impacts more heavily on the least well off.

Our income tax system is also unusual in that it doesn't have a tax-free band at the bottom, so once again it is the least well off who are affected.

Our tax system helps drive inequality.

The other thing to note is that these taxes are almost impossible to avoid – everyone who is employed has to pay income tax and GST applies to just about all goods and services (although that might change, depending on the outcome of the election).

At the other end of the economic spectrum, income from capital gains is barely taxed in this country, which makes us an outlier internationally. There is the “bright line” test on houses other than the family home, which taxes those properties if they are sold within 10 years of being purchased, but there is no tax on income from other capital gains such as the sale of shares.

There are also no wealth tax and no inheritance tax (which is unusual within the OECD where 24 countries levy such a tax).

TAX WEALTH FOR BETTER HEALTH
WEBINAR - 14 SEPT, 7PM

FEATURING:

NEW ZEALAND NURSES ORGANISATION

Better taxes for a Better Future
Fair Tax Coalition

Anne Daniels
NZNO President

Margaret Hand
Community Nurse

Max Harris
Campaigner / Lawyer

Max Rashbrooke
Researcher

Join Health Campaigners as they discuss:
The current health crisis and how we can fund the health system Aotearoa needs.

REGISTER NOW

bettertaxes.nz/health-webinar-rego

NZNO is a participant in the Fair Tax Coalition, and nurse leaders are taking part in this [webinar](#) to discuss how to best fund the health system.

Research shows tax inequity

The resulting inequity was demonstrated by research conducted by Inland Revenue and released in March this year,⁷ which found that the effective tax rate for the wealthiest 311 families in Aotearoa New Zealand (who generally have a net worth of more than \$50 million) was 9.4 per cent, compared to 22 per cent for a middle-wealth New Zealander.

So our tax system not only does not gather enough revenue, its structural inequities contribute negatively to the social determinants of health. It helps drive inequality and impacts on the income of the least well off and their ability to house and feed their families.

So it is time to talk about tax and to look at serious reform if we are to get the public health system we need, and to enable us to compete internationally for the nursing workforce we need.

Glenn Barclay is the chair of the Better Taxes for a Better Future campaign.

Anne Daniels is the president of Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO.

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FEATURES

It's cool to kōrero – September

BY KATHY STODART

September 27, 2023

Hōiho — horse



Riding at Te Kaha Beach, near Ōpōtiki. Photo: Adobe Stock



Three wild Kaimanawa horses standing in the tussock grass of the desert plateau. The Kaimanawa herd originated in the 1870s from Exmoor and Welsh Mountain ponies released into the wild. They were joined over the years by escapees from farms, cavalry horses released from Waiouru and unwanted horses dropped off in the area. The herd now includes bloodlines of Clydesdale, standardbred, thoroughbred and Arab horses. The herd, whose numbers are carefully managed to prevent damage to the local ecosystem, is associated with the Ngāti Tūwharetoa people. Photo: iStock



A horse kite joins other creatures in the sky in a Matariki kite-flying exhibition. Matariki celebrations can include the ritual of making and flying pākau — traditional Māori kites. Pākau are seen as a link between Papatūānuku, the earth mother, and Ranginui, the sky father. Photo: Adobe Stock

it's cool to kōrero



Haere mai — welcome to the September kōrero column. Te hōiho, the horse, was first brought to these shores by missionary Samuel Marsden more than 200 years ago.

On first seeing them, Māori were astounded by these large four-legged creatures, but quickly came to see their usefulness, adopting them for transport and farm work.

Rural Māori children often learnt to ride at an early age, and right through the 20th century, many would ride to school on horseback — some still do.

Māori were also keenly involved in horse-racing, organising their own race meetings from the 1870s, usually in iwi groups. These sometimes included a wāhine's race — in the 19th century Pākehā women rode side-saddle but Māori wāhine tied their skirts to their ankles and sat astride, as men did.

The Ōtaki-Māori Racing Club describes itself as the last remaining Māori racing club in the country. Thoroughbred horses were introduced to the district in the 1840s and the club was formed in 1886. At that time, few Europeans lived in the area and at big race meetings, attended by 3-4000 people, only around 200 would be non-Māori.

Kupu hou (new word)

- **Hōiho** (horse) — pronounced "haw-ee-hor"
- **I eke hōiho ki te kura a tōku matua.** — My father used to ride a horse to school.

More words related to hōiho:

- **pereki hōiho** — to break in or train horses
- **purei hōiho** — horse racing



The potbellied seahorse, *Hippocampus abdominalis*, is found in coastal waters around Australia and New Zealand. In te reo Māori it has several names: *kiore moana*, *manaia* and *inamoki*. Photo: iStock

- **kiore moana** — seahorse
- **tera** — saddle
- **tanapu** — to rear up (of a horse)
- **haeana** — horse shoe
- **hōiho poka** — gelding
- **hōiho uwaha** — mare
- **punui hōiho** — foal

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

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NEWS

Minister's diagnosis: Health system 'in recovery' but risk of relapse high without enough funding

BY MARY LONGMORE

September 26, 2023



In recovery — but facing relapse with any reversal of funding, was Minister of Health Ayesha Verrall's "diagnosis" of the health system, at the recent Tōpūtanga Tapuhi o Kaitiaki Aotearoa — NZNO annual general meeting (AGM).



Aotearoa's health system is "in recovery" after years of neglect — but its gains will quickly disappear without sustainable funding post-election, Minister of Health Ayesha Verrall warned NZNO members.

"Unless we do that, all the aspirations we have for the future are lost — but, much more, even our ability to maintain what we have just won is compromised."

Opening Tōpūtanga Tapuhi o Kaitiaki Aotearoa — NZNO's AGM, Verrall said post-COVID she aspired to creating a health system which offered “true wellbeing” to the people it cared for.

“I personally want to see people have a much more preventive approach to health care, deliver more care to people in the community near where people live.”

‘We have to rely on immigration now as it would be, I think, unethical to leave the number of gaps we have in the workforce. But we want that to be a short-term solution and start ramping up domestic training.’

The health system had been put under huge pressure by COVID, with 2022 experiencing “the toughest winter in living memory”, Verrall said. But that had come after years of underfunding by the National-led Government, “which made our systems lack the resilience needed to deal with surges of COVID and all the disruption that brought not only to workload but how we work,” she said.

Verrall — an infectious disease physician — offered her “diagnosis”.

In the five years before a Labour-led Government came to power in 2017, spending in the health system grew by just 18 per cent — less than inflation, which made it effectively a reduction, Verrall said. That impacted on infrastructure — such as buildings — and staff.



NZNO chief executive Paul Goulter and president Anne Daniels look on as Ayesha Verrall speaks to the NZNO AGM.

While the Te Whatu Ora nursing workforce had grown by almost 5000 since 2017, there was clearly more “catching up” to do.

Then COVID arrived, to which New Zealand’s response was “world-leading”. An estimated 100,000 health workers died globally during the pandemic, according to the World Health Organization — “we weren’t in that situation”.

‘My diagnosis is that our health system is recovering from COVID and the benefit of our investment is starting to show.’

Part of its success, was the health workforce mobilising on a huge scale, to vaccinate and test. But this did “blow out” waitlists and put “huge” pressure on the workforce — aggravated by immigration lockdown which hindered internationally-qualified nurses (IQNs) getting in.

“Our health workforce had become dependent on immigration as a way of sustaining itself for far too long.”

When Verrall took over from Andrew Little eight months ago, she focused on the “three Ws — workforce, winter and waitlists — and key among them is workforce”.

She said there had been progress. Hospital “productivity” had increased by six per cent and wait lists were coming down. With a goal of having nobody waiting for surgery (except for orthopaedic) for more than a year, there needed to be 50,000 operations by the end of the year. “We are down to 9300 — so while it’s not always visible everywhere in the health system, we are making tremendous progress reversing some of the pressures COVID put on us,” Verrall said.



NZNO kaiwhakahaere Kerri Nuku

“My diagnosis is that our health system is recovering from COVID and the benefit of our investment is starting to show. I understand that does not mean that anything is easy and there is still tremendous pressure on you all.”

‘There is so much capacity for innovation and leadership within the nursing profession that can help be part of that change.’

There had been “record” numbers of IQNs coming in to plug gaps — but the Government was also committed to domestic training. The [700 additional Te Whatu Ora clinical placements](#) for students would grow the nursing workforce by about 10 per cent, she said.

“We have to rely on immigration now as it would be, I think, unethical to leave the number of gaps we have in the workforce. But we want that to be a short-term solution and start ramping up domestic training,” she said.

“This, combined with immigration, is capable of closing the gaps in the medium term and securing a proper long-term future for our nursing workforce.”

Safe staffing, too, was an “absolute priority”, with dedicated funding now for care capacity demand management (CCDM) to be implemented.

Verrall said she had “greater aspirations for the health system than just managing demand and the day-to-day” and wanted to keep people well and out of hospital. Nurses had a “huge” role to play in this: “There is so much capacity for innovation and leadership within the nursing profession that can help be part of that change.”

Verrall applauded NZNO for its [call to all political parties to commit to sustainable health system funding](#) — “at the very least above inflation, which has been our track record”.

“It’s incredibly important that be sustained.”

NZNO president Anne Daniels said unsafe staffing levels were “hurting us all”.



NZNO president Anne Daniels

"We need to be safe when we go to work — we need to be safe so we can keep our patients safe."

'We have to step up and earn that respect and we're not going away anytime soon.'

"We have a tool that could work, CCDM, but it should not be up to us to enforce it."

Kaiwhakahaere Kerri Nuku said all health workers must stand united to bring about the key five [Maranga Mai!](https://maranga-mai.nzno.org.nz/) (<https://maranga-mai.nzno.org.nz/>) fixes: *actualising te Tiriti, pay, training, Māori and Pasifika and safe staffing.*

NZNO chief executive Paul Goulter urged members to "vote health" this election.

If a change of Government brought "negative forces", holding fast to the focus and direction set by NZNO's strategy Maranga Mai! would be crucial.

"Lack of respect — for nurses, for their profession and for other health-care workers— is at the heart of the issue and we have to turn that around.

"We have to step up and earn that respect and we're not going away anytime soon."

FEATURES

Neonatal transitional care unit a 'rainbow in the rain' for whānau

BY PENNY ELLIOT

September 22, 2023

Whitinga ora pēpi is a neonatal transitional care unit where parents learn how to look after babies born prematurely, or with complex medical needs, before going home.



First-time parents Teokotai Ruland-Marsters and Laura Sio, at home with baby Maiwa, after their stay in the neonatal transitional care unit, Whitinga ora pēpi. (Photographs courtesy of the Starship Foundation.)

The birth of a new pēpi is a life-changing event – and, when pēpi are born prematurely or with complex medical needs, this can be an overwhelming time for whānau as they adjust to caring for the additional health needs of their baby

This is something first-time parents Laura and Teokotai know first-hand. Their daughter, Maiwa, was born at 36 weeks and five days following a difficult delivery.

Māmā and pēpi needed extra support

Soon after her arrival, it became apparent that both māmā and pēpi would need some extra support before they were well enough to go home – and when Maiwa was three days old, the pair were admitted to Whitinga ora pēpi, a neonatal transitional care unit which is the first of its kind in Aotearoa.

Opened in late 2021, the unit provides care to newborn babies and parents who need dedicated support before transitioning home. Its uniqueness lies in its collaborative approach to caring for mother and baby, bringing midwifery and neonatal intensive care unit (NICU) expertise together.

'The family become the lead caregivers and we become their support crew.'

Most patients are māmā and their pēpi who are born late pre-term or prematurely, or who have graduated from NICU but still need wraparound support.



Maiwa was a forceps delivery with extensive bruising on her face and neck, and was also seriously jaundiced.



Maiwa receives phototherapy to treat her jaundice.



Maiwa in the neonatal transitional care unit.



Co-charge midwife Rebecca Clark: Pēpi need time to learn to feed, and to grow.

Co-charge midwife Rebecca Clark explains that the unit is guided by a whānau-centred approach which aims to improve access to equitable, compassionate and high-quality care. During their stay, māmā and pēpi are resident together 24/7 and rooms are set up to accommodate support people such as dad, nan or aunty, overnight.

“What these pēpi really need is time to learn to feed and to grow,” Clark says. “And, we’re here to support [the parents] while they take the lead in caring for their baby and learning about their needs until they are thriving and well enough to go home.”

Nurse and midwife-led

Whitinga ora pēpi is the result of a collaboration between two Te Whatu Ora — Te Toka Tumai Auckland services: the NICU at Starship Child Health and women’s health. Both services are located on the joint Auckland City Hospital/Starship site, and the unit itself is located within the Auckland City Hospital maternity ward, next to the NICU.

NICU nurse unit manager Dale Garton says the two services have a decade-long history of working together to improve care for late pre-term infants. She says that introducing neonatal transitional care offers an excellent opportunity to continue this collaboration, not only between services, but also with the whānau of the babies in their care.

‘Whānau are telling us they are feeling confident and well-supported with things like feeding and bonding and are ready for the transition home.’



Teokotai Ruland-Marsters, with daughter Maiwa.

The service is staffed by a nurse and midwife-led team which also includes paediatricians, obstetricians, speech and language

therapists and lactation consultants. Together, they work to wrap care and support around whānau, preparing them for their transition home.

Neonatal nurse Ros Gasparini describes this approach as the “ultimate in neonatal care”.

“As neonatal nursing staff, we work alongside our midwifery colleagues so we can share our expertise with one another to ensure we’re always making things better for families.”

“The family become the lead caregivers and we become their support crew,” she says.

‘Babies transitioning to wellness’

The unit’s name, Whitinga ora pēpi, can be translated as “babies transitioning to wellness” – which was certainly the case for Laura, Teokotai and Maiwa.

“Maiwa was a forceps delivery, she had extensive bruising on her face and neck and at the time we didn’t realise how jaundiced she was,” Laura says. “Maiwa wasn’t waking for feeds and a tongue-tie meant she was struggling to latch.

“All of this meant we definitely needed extra care for her.”

After 10 days, Maiwa was thriving and feeding well. Laura had received specialist breastfeeding support, whilst Maiwa had blue-light therapy for her jaundice.

‘What these pēpi really need is time to learn to feed and to grow!’

“It was the rainbow in the rain for us,” Laura says, adding that they left with the “knowledge and support to confidently meet Maiwa’s needs”.

Eighteen months on from the establishment of the unit, the team have received overwhelmingly positive feedback from whānau.



NICU nurse unit manager Dale Garton: the two services have had a decade of working together.

“Whānau are telling us they are feeling confident and well-supported with things like feeding and bonding and are ready for the transition home,” Clark says.



Neonatal nurse Ros Gasparini: this is the ultimate in neonatal care.

Premature twins Agi and Gerry



Darren and Rosie O'Sullivan at the unit with their twins, Agi and Gerry, born at 36 weeks.

Whānau like Rosie and Darren, with their twins Agi and Gerry, who were born at 36 weeks and two days.

The twins' parents were taught how to tube-feed their babies, then wean them off tube feeding and establish a plan for breastfeeding for their return home.

"I can't speak more highly of Whitinga ora pēpi and what they did to help give our kids the best possible start in life," Rosie says.

This early feedback is supported by strong international evidence showing the short and long-term benefits of neonatal transitional care.

"Neonatal transitional care has been a proven success in other health-care facilities globally. The impact has been very positive in both reducing the number of neonatal admissions but also improving outcomes for babies," Garton says.



Rosie with her twins, who initially needed tube feeding.



Agi being fed by tube.



Gerry and Agi in Whitinga ora pēpi.

International evidence has included reduced length of hospital stay, improved attachment and bonding, improved maternal confidence and improved breastfeeding rates sustained post-discharge.

Home now, and thriving



Maiwa Marsters, after a successful stay at Whitinga ora pēpi.



The twins are now home with their parents after their stay in Whitinga ora pēpi.



The family at home: Darren and Rosie O'Sullivan, with twins Agi and Gerry.

Corporate philanthropy

Whitinga ora pēpi has been made possible by philanthropy. The project work needed to establish the unit was funded by the Starship Foundation, while the furnishings and equipment were paid for by real estate company Barfoot & Thompson, which has a longstanding philanthropic relationship with Starship.

"The funding from the Starship Foundation and Barfoot & Thompson really enabled us to have the unit all set up and ready to go from day one," Clark says.

"This included equipment such as phototherapy equipment and heated mattresses for our really small pēpi.

"I want to say a huge thank you to Barfoot & Thompson for giving us what we needed to get this amazing service up and running. It's had a huge impact not only on our team here, but every whānau who has come through the door."

The Starship Foundation is a charitable organisation which raises funds so that Starship Child Health can deliver world-class health care for any child in Aotearoa New Zealand who needs it. Since 1991, in partnership with generous donors like Barfoot & Thompson, the foundation has contributed more than \$160 million towards paediatric health care, benefitting tamariki, whānau and communities across Aotearoa New Zealand.

Penny Elliot is the corporate marketing and communications manager for the Starship Foundation.

NEWS

Nurses turn out for striking senior doctors

BY MARY LONGMORE

September 6, 2023

'Here come the nurses!' was the appreciative cry from senior doctors striking outside Wellington Hospital yesterday as Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO members spilled off the Newtown bus and took their place on the picket line beside their colleagues.



NZNO members in Wellington turned out for senior doctors and dentists on strike yesterday.

"Their faces lit up as we were approaching — they said 'here come the nurses!'" NZNO Wellington Hospital delegate Helen Kemp said.

Thousands of senior doctors and dentists employed by Te Whatu Ora went on strike nationwide for two hours yesterday — an unprecedented action, said Sarah Dalton, executive director of their union, the Association of Salaried Medical Specialists (ASMS).



NZNO delegate Helen Kemp, in green, with fellow delegate Grant Brookes at the Wellington doctors' strike.

The vote to strike came after an offer ASMS says amounts to an 11 per cent pay cut in the face of high inflation, against a backdrop of doctors leaving New Zealand.

Kemp said it was important to come and stand by the senior hospital doctors, who had themselves stood by nurses at various strikes over similar issues. "It's pretty reciprocal — it's not about the individual, it's about the overall state of the health system," she said.

'For consultants to walk out of a hospital to highlight the seriousness of the crisis, is a very powerful statement.'

"We need to stand in solidarity, highlight the cause and create more impact."

While it wasn't quite a sea of purple in Wellington — "more of a puddle" — Kemp said it was an important symbol of solidarity to attend and awahi (support) medical colleagues.





ASMS president Julian Vyas with NZNO delegate Anna Rosanowski (left) and organiser Stephanie Duncan in Christchurch.

“For consultants to walk out of a hospital to highlight the seriousness of the crisis, is a very powerful statement.”

Back at work today at Wellington Hospital, Kemp said many medical colleagues had expressed appreciation for the nurses' presence. “We're a good team – we have each other's backs.”



Two more ASMS strikes have been scheduled over the next couple of weeks — for two-hours then four-hours — and Dalton said they may ballot members for further, longer, action, if Te Whatu Ora refused to budge.

“I'll leave it to your imagination what we might ballot our members for after that.”

Dalton also revealed there had been no further offer made at bargaining today with Te Whatu Ora.



NZNO support for ASMS in Tairāwhiti.

Dalton said members appreciated the “really strong showing of nurses” in support particularly in places like Tairāwhiti — where ASMS doctors had turned out for nurses at NZNO’s May [Gisborne Hospital health and safety strike](#).

‘For most of our members, it’s entirely new . . . for many many of our doctors it’s the first time they’ve been on strike.’

ASMS members in Tairāwhiti wanted to thank nurses for “coming out and staying pretty much the whole time — and actually sharing their skills about how you run a strike and how you picket”, Dalton said.



Sarah Dalton in Auckland.

"For most of our members, it's entirely new . . . for many many of our doctors it's the first time they've been on strike."

In Auckland, too, she said members told her how "encouraged they felt to know that their colleagues — nurses, allied health, junior doctors — were in support of the action they were taking and they felt that support from their health-care and other union colleagues."

"There are people who get it – and understand that what they're out there for are terms and conditions that will maybe stop some people leaving — that might allow services to attract people in, because it's pretty hard yards."

Picket locations for ASMS' September 13 strike 10am-12 [here](https://asms.org.nz/picket-locations/) (https://asms.org.nz/picket-locations/).



NZNO and ASMS members outside Greenlane Hospital in Auckland.

OPINION

Nursing scholarship helps student step into rainbow health with 'joy'

BY ELLIOTT PEPPER

September 22, 2023

A third-year Manawatū nursing student describes how a \$2000 NZNO/NERF award helped him in his studies and aspiration to work in rainbow youth health, at a challenging time in his life.



Elliott Pepper at the 2023 Tōpūtanga Tapuhi o Kaitiaki Aotearoa -- NZNO conference.

Being granted a \$2000 undergraduate study scholarship by the NZNO [Nursing Education and Research Foundation](https://www.nzno.org.nz/groups/nursing_education_and_research_foundation) (https://www.nzno.org.nz/groups/nursing_education_and_research_foundation) (NERF) gave me a great source of joy and sense of achievement at a challenging time in my life.

It allowed me to reach out to my desired primary health care placement – Evolve Youth Service, in Wellington. It helped fund my travel from Palmerston North and accommodation expenses for the three weeks I spent at Evolve.



[Evolve](https://www.evolveyouth.org.nz/) (<https://www.evolveyouth.org.nz/>) is a youth one-stop shop (YOSS) with a number of clients who are a gender or sexual minority.

My current part-time work already revolves around supporting rainbow young people as a peer support worker and by providing pastoral support in schools. However, this placement gave me an amazing insight into the positive impact that nursing care can make in the lives of these rangatahi.



Elliott Pepper on campus at UCoL. Photo courtesy of UCOL.

‘Nurses who respect and affirm their rainbow clients already make such a big difference to the accessibility of health care, as I know from personal experience.’

During this placement I was able to talk with rainbow people about their sexual health and their gender-affirming care. The transgender people that I worked with were more than happy for me to deliver their intra-muscular hormone injections.

I was also able to write a letter for a transgender young person explaining what their options would be, should they move to Australia (something they were considering). Evolve allowed me several hours to research and write this letter.

I was also able to help Evolve restart their chest binder exchange programme and deliver a professional development session about gender-affirming compression garments (chest binders and tucking gaffs) to the YOSS nurses. Overall, this placement was incredibly positive and encouraging for me in my future career.



Photo:AdobeStock. Transgender person donning a chest binder.

Financial relief

The scholarship has been invaluable in supporting my continuing study and given me a reprieve from the financial stress of finishing my course.

Course fees are about \$8000 per year and I had only saved \$7000 from my 20 hours per week of part-time work. The scholarship meant I had enough funds to pay for my course fees this year without needing to take out a loan — a significant source of stress for me last year.

‘These experiences have impacted me emotionally, mentally, spiritually and financially in a hugely positive way.’

Over the past few months I have looked beyond the horizon of graduation to see the work that I could be doing as a nurse and as an NZNO member. I attended the NZNO regional council meeting at the end of July and I have already begun my involvement with gender-affirming care in Manawatū.

I attended regional primary health organisation Think Hauora’s gender-affirming service planning day and met many of the nurses, doctors and other stakeholders already working in this space.

Nurses who respect and affirm their rainbow clients already make such a big difference to the accessibility of health care, as I know from personal experience and through the stories of my friends receiving health care. As someone who is part of that community, I have the opportunity to reduce those barriers even further.

These experiences have impacted me emotionally, mentally, spiritually and financially in a hugely positive way.



Pepper (at rear, fourth from left) is part of Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO's national student unit (NSU).

A challenging year

Challenges this year have included the loss of my grandad, a close friend receiving a cancer diagnosis, and another sustaining a head injury resulting in chronic pain. While my grandad was in the last weeks of life, some interviews about the scholarship was published on news sites such as the [New Zealand Herald](https://www.nzherald.co.nz/manawatu-guardian/news/palmerston-north-student-elliott-pepper-receives-national-nursing-scholarship/5Z2Y3QJ7K5FVTEB2SLCGY2BYHQ/) (<https://www.nzherald.co.nz/manawatu-guardian/news/palmerston-north-student-elliott-pepper-receives-national-nursing-scholarship/5Z2Y3QJ7K5FVTEB2SLCGY2BYHQ/>).

'It has given me the confidence to know that I can be recognised for my efforts in my studies and the difference I can make as a registered nurse.'

My auntie told me that reading my grandad the news made him smile and I know that he felt proud of me. My grandad was an incredibly community-orientated person and throughout my nursing study he was very eager to hear about my achievements, both academically and in my community. Knowing that my grandad could celebrate this achievement with me before he passed has helped me a lot in the grieving process.

This scholarship also encouraged me to continue to work hard in my studies and in my community commitments. It has given me the confidence to know that I can be recognised for my efforts in my studies and the difference I can make as a registered nurse.

The [Nursing Education and Research Foundation](https://www.nzno.org.nz/groups/nursing_education_and_research_foundation)

(https://www.nzno.org.nz/groups/nursing_education_and_research_foundation) (NERF) offers nurses, midwives and students of nursing and midwifery a range of scholarships and grants. These grants are funded from various trusts including the Gretta and Harry Hamblin Trust and the McCutchan Trust. NZNO also administers [a range of other local and national scholarships and grants](https://www.nzno.org.nz/support/scholarships_and_grants) (https://www.nzno.org.nz/support/scholarships_and_grants).



NEWS

Pasifika young nurse of the year draws on his own ‘tough’ experiences in sexual health work

BY MARY LONGMORE

September 22, 2023



Tōpūtanga Tapuhi o Kaitiaki Aotearoa — NZNO’s young nurse of the year John Fa’ukafa says the “tough” times he endured as a young Pasifika male coming out as gay made him the nurse he is today.



John Fa'ukafa with his young nurse of the year award at the Tōpūtanga Tapuhi o Kaitiaki Aotearoa -- NZNO event this week. Also pictured are (left to right) NZNO president Anne Daniels, kaiwhakahaere Kerri Nuku and Te Whatu ora chief executive Margie Apa. Photo NZNO/Marty Melville.

“I’m grateful for my experience growing up with the struggling to come out – because I can relate in a way, I can draw parallels.”

Fa’ukafa, who works at Auckland sexual health services, was this week awarded NZNO young nurse of the year for his work in sexual health, including with sexual assault victims, and caring for marginalised communities.

"I definitely had a tough time in my personal life – growing up being a gay kid. I always knew I was gay – but just telling someone or just saying the words was the most difficult part," Fa'ukafa, 29, told *Kaitiaki*.

'Why does representation matter? Representation matters because you want to see a physical manifestation of your dreams.'

As well as facing school bullies, his biggest fear was being ostracised by his family.

"Just the fear of being shunned and not being accepted, especially by your own family. We're predominantly a Christian household and went to church quite religiously. So it was most difficult to say those words."

Growing up among Auckland's Pasifika community, Fa'ukafa said he was always curious about why sexual health was such a taboo topic of conversation.

After graduating in 2016, he worked in Auckland hospital orthopaedic and cardiac services before switching to the Auckland sexual health service in 2021, after noticing a lack of Pasifika presence. Fa'ukafa also works after-hours at the attached Pohutukawa adult sexual assault clinic.

"We need representation and presence in sexual health services — it's such a stigmatising space . . . particularly in my culture," Fa'ukafa says. "Why does representation matter? Representation matters because you want to see a physical manifestation of your dreams."

'They just feel comfortable and less 'ma (ashamed) about the things they always wanted to express.'

Fa'ukafa says he hopes to be that manifestation for other Pasifika people, as well as Māori, providing a safe, non-judgmental space particularly for rangatahi — young people.

"If I could bridge that gap and make it more accessible for people who need it the most, that's great."

Fa'ukafa said it was "heart-warming" when people opened up with all the things going on in their lives. "They just feel comfortable and less 'ma (ashamed) about the things they always wanted to express," he said.

"When someone looks like you, someone can relate to you – they're more likely to open up to you."

That included shockingly high numbers of "young brown males" who shared their experiences with him of being sexually assaulted, often a long time ago.

'There are a lot of patients . . . still experiencing the same things that I experienced 10 or 15 years ago. Being bullied, ostracised . . . having no one to turn to.'

Hearing their stories, he said sometimes it felt like little had changed since his own youth.

"People say 'oh we have come a long way' but there are a lot of patients who come through who are still experiencing the same things that I experienced 10 or 15 years ago. Being bullied, ostracised from their communities, left to figure it out, being depressed and anxious and having no one to turn to. So those are the type of vulnerable people that we see."

Fa'ukafa said while his own father struggled to accept he was gay, it worked out "beautifully" in the end, thanks to his "superhuman" mother and supportive siblings.

"My dad took it hardest – he was born in 1950s' Tonga, so I knew it was going to be hard." While they don't discuss it, "I know he loves me".

His message to young people struggling with being open about their gender or sexual identity, is to develop "resilience".

"In the real world, you can never control what other people say or do to you. You can only control how you react to them. That's what I'd say."

Colleagues who nominated him said Fa'ukafa drew on his own experiences with racism and homophobia to support patients. He always sought to improve people's access to sexual health services, and worked hard to support people with HIV.

Fa'ukafa also volunteered at hospital during the early stages of the COVID-19 pandemic and got involved with supporting gay and bisexual men at risk of contracting monkeypox during a global outbreak in 2022.

Dunedin women's health nurse Elizabeth Hope Zizik and Auckland youth health nurse Tiahn Beuth-Pukepuke were also award finalists.

Beuth-Pukepuke was nominated for her work in sexual health with rangatahi in Tāmaki Makaurau/Auckland.

Hope Zizik co-founded Hekate, a menstrual and hormonal telehealth service, which offers nurse-led period clinics.



John Fa'ukafa with his 'superhuman' mother Kimiola Fa'ukafa. Photo NZNO/Marty Melville.



NZNO young nurse of the year finalists Tiahn Beuth-Pukepuke (left) and Elizabeth Hope-Zizik (right) during the 2023 NZNO conference dinner on September 2020. Photo NZNO/Marty Melville.



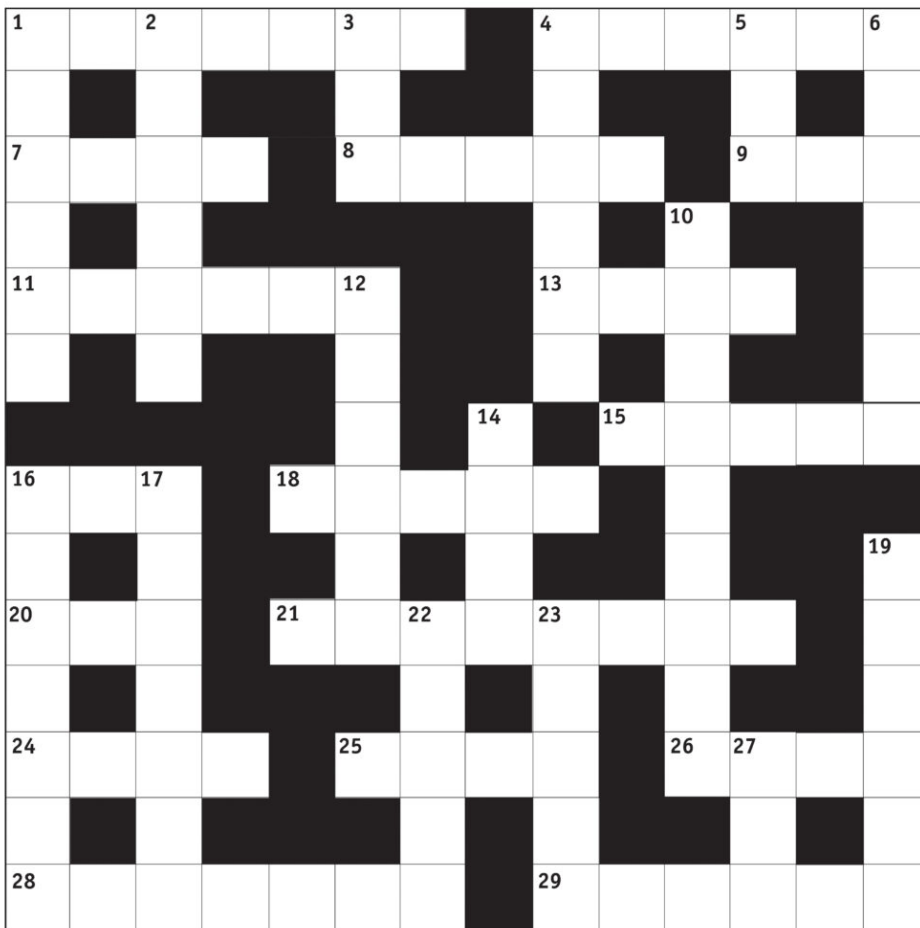
PUZZLES

SEPTEMBER 2023 crossword

BY KATHY STODART

September 15, 2023

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



ACROSS

- 1) Where surgery is done.
- 4) Spanish rice and seafood dish.
- 7) Earth's satellite.
- 8) Sweeper.
- 9) Immerse briefly in liquid.
- 11) Needing immediate attention.
- 13) Agony.
- 15) Once more.
- 16) Popular frozen vegetable.
- 18) Make broader.

- 20) Coalmine.
- 21) Negative reaction.
- 24) Immature sheep.
- 25) Curled fern shoot (Māori).
- 26) Fine rock and shell particles.
- 28) Finished working career.
- 29) Come forth.

DOWN

- 1) Cancerous growth.
- 2) Sufficient.
- 3) Bone in chest.
- 4) On time.
- 5) Cover of container.
- 6) Acetylsalicylic acid.
- 10) Decision on cause of disease.
- 12) Student (Māori).
- 14) Seven days.
- 16) Well-liked.
- 17) Try.
- 19) Horse's headgear.
- 22) Water vapour.
- 23) Lice, in the singular.
- 27) Atmosphere.

August answers

ACROSS: 1. University. 5. Ate. 7. Aroha 8. Monsoon. 10. Toes. 11. Slow. 14. Rage. 15. Shy. 16. Awa. 19. Isolate. 20. Iris. 22. Nest. 23. Screening. 24. Preceptor. 25. Fist.

DOWN: 1. Ironed. 3. Exam. 4. Simple. 6. Tuning. 7. Attrition. 9. Operation. 12. Weary. 13. Cheap. 17. Rooster. 18. Pianist. 21. Arrow. 23. Sips.
