

NEWS

'Dirty back-room deal' – nurses, health workers and Māori rally over Smokefree law repeal

BY MARY LONGMORE

December 14, 2023

Nurses and kaiāwhina joined Māori health providers, doctors and public health advocates at rallies in Auckland and Wellington this week to protest against the new Government's shock decision to repeal Smokefree Aotearoa laws.



Protesting nurses (front, left to right) Sydney Smith, Mae Gadd and Jenny Kendall. Richard McCormick and Adrienne Kellow at back.

'A smokefree future is within our grasp. The law we passed was going to mean we could all enjoy that future.'

About 1000 people gathered at Parliament in Wellington chanting “shame, shame, shame” as a stream of opposition politicians from Labour, Te Pati Māori and the Greens spoke out against what was described as a “dirty deal” made behind closed doors to secure a coalition — and more income to fund promised tax cuts. Another 500 or so marched to ACT leader David Seymour’s electorate office in Auckland.



Wellington protestors. including NZNO Te Rūnunga o Aotearoa.

‘We see the effect, of what tobacco can cause, on young people – we’re absolutely disgusted!’

Wellington Hospital theatre nurse Jenny Kendall said nurses were appalled by the move — and the back-room dealing. “We see the effect of what tobacco can cause on young people — we’re absolutely disgusted.”

Labour health spokesperson Ayesha Verrall challenged her successor, Minister of Health and GP Shane Reti, to honour his Hippocratic oath to do no harm. Verrall — also a doctor — told media that if she were in his position, [she would resign](https://www.rnz.co.nz/news/political/504669/health-minister-shane-reti-offers-cursory-response-over-smokefree-protest) (https://www.rnz.co.nz/news/political/504669/health-minister-shane-reti-offers-cursory-response-over-smokefree-protest).

Reducing retail outlets and removing nicotine meant, “we would have had our dream of a smoke-free generation, with no-one born after 2009 being able to legally purchase tobacco”, she said.

“A Smokefree future is within our grasp. The law we passed was going to mean we could all enjoy that future.”

Verrall said she was “absolutely shocked” when she read coalition documents scrapping the popular law, as the National Party had not campaigned on that, nor was it in New Zealand First’s manifesto.

“This is the result of a dirty deal done in a back room,” Verrall said, to loud applause. New Zealanders wanted to be healthy, to stay out of hospitals — yet tobacco killed half its users. “It makes no sense that the Government is turning it back,” said Verrall.



Ayesha Verrall.

'This is the result of a dirty deal done in a back room.'

Reti has so far refused to front on the issue, referring media, including *Kaitiaki*, to Associate Health Minister Casey Costello, a new New Zealand First MP who has taken over Smokefree, vaping and tobacco responsibilities.

Reti's office has only issued a brief statement saying he "absolutely reinforces the coalition government's commitment to drive down smoking rates".

Government ministers including Reti and Costello were nowhere to be seen as Māori public health advocates Hāpai Te Hauora presented its petition [people over profit](https://our.actionstation.org.nz/petitions/put-our-people-over-profit-stop-the-repeal-of-the-smokefree-legislation?share=b9ee7326-d045-4e88-96c9-5aeed47e55b1&source=forwarded_email&utm_medium=&utm_source=forwarded_email) (https://our.actionstation.org.nz/petitions/put-our-people-over-profit-stop-the-repeal-of-the-smokefree-legislation?share=b9ee7326-d045-4e88-96c9-5aeed47e55b1&source=forwarded_email&utm_medium=&utm_source=forwarded_email), with 47,000 signatures, to Te Pati Māori MP Hana-Rawhiti Maipi Clarke and co-leader Debbie Ngarewa-Packer.



Hāpai Te Hauora members present their Smokefree petition to Te Pati Māori.

'This is a deliberate and knowing act of public health vandalism.'

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa kaiwhakahaere Kerri Nuku described the repeal as an "attack" on Māori. "This is about the mokopuna of our future."

Every day, she said nurses saw the impact of tobacco-related diseases and had shared their experiences in 2009 lobbying for the law change.

“Why do we have to continue to tell our stories, to validate our presence and our future and a life for our mokopuna? Why is whakapapa not enough to cherish for the future?”

Aspire tobacco-free researcher Richard Edwards — a former respiratory physician — said the Government was well aware of the benefits of Smokefree laws but appeared not to care.

Minister of Finance Nicola Willis [aligning tax cuts with scrapping Smokefree laws](https://www.newshub.co.nz/home/politics/2023/11/nicola-willis-admits-scrapping-smokefree-laws-will-help-fund-tax-cuts-in-newshub-nation-interview.html) (https://www.newshub.co.nz/home/politics/2023/11/nicola-willis-admits-scrapping-smokefree-laws-will-help-fund-tax-cuts-in-newshub-nation-interview.html) was “awful moral depravity”, Edwards said.

“That was bad enough — but what it also illustrated was they know that these measures will work, because they’ve factored it into their revenue for tobacco taxation,” Edwards told the crowd.

“So that means this is a deliberate and knowing act of public health vandalism.”

Green MP Hūhana Lyndon said undoing 20 years of world-leading Smokefree work was a “dying shame”.

Te Pati Maori MP Hana-Rawhiti Maipi-Clarke told the rally that rangatahi wanted a smokefree Aotearoa.

“You can’t take Te Aka Whai Ora out and then put smoking in. You can’t take out phones and make smoking more accessible for our kids. The maths isn’t mathing.”



Kerri Nuku



Richard Edwards



Retired nurse Donna Tofts (right) with Toby Benson-Tofts in Wellington

remain disproportionately high in Māori (35 per cent) and Pacific (24 per cent) populations, compared to 15 per cent in the general population.

Health Coalition Aotearoa [research](https://www.healthcoalition.org.nz/wp-content/uploads/2023/12/Smokefree-survey-results-Dec-23.pdf) (https://www.healthcoalition.org.nz/wp-content/uploads/2023/12/Smokefree-survey-results-Dec-23.pdf) has shown 67 per cent of New Zealanders support the overall Smokefree Aotearoa measures — and 77 per cent support denicotisation.

Māori activist Hone Harawira saltily described the new Government as a “bunch of assholes” for its attempt to unpick the laws — which had taken many years of work to get this far, and would hit Māori and Pacific populations the hardest.

[Research](https://www.healthcoalition.org.nz/health-issues/tobacco/) (https://www.healthcoalition.org.nz/health-issues/tobacco/) shows smoking rates are dropping but



Hone Harawira



Shane Reti

Reti [defended the policy](https://www.rnz.co.nz/national/programmes/checkpoint/audio/2018917256/health-minister-shane-reti-defends-government-s-plan-to-scrap-smokefree-legislation) (https://www.rnz.co.nz/national/programmes/checkpoint/audio/2018917256/health-minister-shane-reti-defends-government-s-plan-to-scrap-smokefree-legislation) on RNZ's Checkpoint last month, saying National was committed to reducing smoking, but had concerns about how the Smokefree law would impact black markets and theft.

Costello said there was "misunderstanding" over Government plans.

'We will focus on deterring smoking and providing people with practical tools and supports to help them to quit.'

The coalition Government remained committed to the Smokefree 2025 goal, she told *Kaitiaki* via email. Repealing three elements of the legislation — denicotisation, reducing retailers and banning cigarette sales to those born from January 2009 — did not mean Smokefree targets were abandoned.



Casey Costello

However, the approach would be different.

"We will focus on deterring smoking and providing people with practical tools and supports to help them to quit, rather than putting in place barriers to prevent or complicate the process by which people access smoked tobacco products."

Costello said she had asked officials for advice on alternative approaches.

NZ college of primary health care nurses chair Tracey Morgan said the decision was "ridiculous". Smoking was one of Aotearoa's leading causes of death and much effort had been put into making it smoke free.

"It is plain and simple — money or health of Aotearoa. Which is it, Government?"

Pacific health leader Sir Collin Tukuitonga has resigned from all his government advisory roles over the matter, saying he had no confidence in it and was "appalled" at the decision to repeal Smokefree laws. He told *Stuff* that [Māori and Pacific would pay the price](https://www.stuff.co.nz/national/rnz/301024955/sir-collin-tukuitonga-resigns-from-nz-government-roles-citing-no-confidence#:~:text=Sir%20Collin%20Tukuitonga%2C%20has%20resigned,from%20almost%20every%20advisory%20role.)

(https://www.stuff.co.nz/national/rnz/301024955/sir-collin-tukuitonga-resigns-from-nz-government-roles-citing-no-confidence#:~:text=Sir%20Collin%20Tukuitonga%2C%20has%20resigned,from%20almost%20every%20advisory%20role.).

See also: [Nurses, health workers stand up against 'incomprehensible' Smokefree rollback.](#)



An Auckland protestor



A Wellington protestor

NEWS

'I'm here to listen' – new Minister of Health opens doors to NZNO nurse leaders for ongoing kōrero

BY MARY LONGMORE

December 12, 2023

After a recent late night kōrero with new Minister of Health Shane Reti, NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa leaders have described him as “warm” and committed to Māori and rebuilding a homegrown nursing workforce.



Minister of Health Shane Reti flanked by NZNO president Anne Daniels (left) and kaiwhakahaere Kerri Nuku.

NZNO kaiwhakahaere Kerri Nuku, president Anne Daniels and professional services manager Mairi Lucas were invited to meet Reti the evening of the day he was sworn in on November 27 — and stayed for more than an hour, leaving with a promise of regular catch-ups.

“It was a really good vibe,” Nuku said of meeting Reti, a Northland GP with whakapapa to Ngāpuhi, Ngāti Hine, Ngāti Wai, Te Kapotai and Ngāti Maniapoto. “He was warm — he’s a man who works in the community, was out there doing [COVID and meningococcal] vaccinations, visiting home to home — those things connected to us, as nurses.”

‘We went in there thinking we were going to be talked to – but what he did is say he was there to

listen!

After a mihi (greeting) in te reo Māori between Reti and the nursing leaders the hui was warm and constructive, ending with an invitation to return.

"We went in there thinking we were going to be talked to — but what he did is say he was there to listen," Nuku told *Kaitiaki*.

Daniels said Reti wanted to know the nurses' needs and perspective. "So he listened, he took notes — it was most unexpected," Daniels said. "I came out of the meeting feeling hopeful — that he'd listened."

"He's very personable, but he also made it clear he is totally invested in improving the health and wellbeing of people in our country, particularly Māori and Pasifika, because of the worse outcomes they have."

'It felt like I was speaking to a person who really understood our views, our issues, equities and inequities, Māori rights. Then you walk out the door and you can see the other partners in the coalition and colleagues and it feels like I've walked out the wrong door.'

Key NZNO priorities discussed included rebuilding a homegrown nursing workforce to better represent Māori and Pasifika populations, pay parity for all nurses, student and nurse recruitment and retention, safe staffing levels with mandated patient-to-nurse ratios to complement the safe staffing system care capacity demand management (CCDM), and [threats to the role of the nurse](#) and kaiāwhina workforce.

NZNO's key goal of embedding a te Tiriti o Waitangi approach across nursing to ensure Māori health was prioritised was also discussed — even as te Tiriti principles are being [reviewed by the new Government](#) (<https://www.rnz.co.nz/news/national/503168/new-government-plans-to-review-treaty-of-waitangi-principles>).

Nursing students need help during – not after – studies

Nuku said they advised Reti more financial support was needed for students while studying, rather than after graduation as per National's [bonding scheme](#) (<https://www.national.org.nz/deliveringmorenursesandmidwives>). The scheme will pay up to \$22,500 off nurse and midwife graduates' loans if they stay and work in New Zealand for five years.

But student nurses — a third of whom drop out — have said they need [urgent support during studying](#), particularly in their third year when 600 hours of unpaid clinical placements are required.



NZNO president Anne Daniels (left) with kaiwhakahaere Kerri Nuku at Parliament last year.

Reti promised them he would do more work on how to best support nursing students — but how that would look remained to be seen, Nuku said.



A [2023 survey of NZNO's nursing students](#) found love for their communities drives them despite huge financial stress, especially in third year.

“He didn’t disagree — everything we talked about, he agreed. It’s just the devil’s in the detail.”

Chief nursing officer Lorraine Hetaraka would also be sharing [nursing pipeline work](#) underway, which NZNO had been involved with, Nuku said.

“We’ve made our intentions clear — we know there is a commitment to do more in that space, around recruitment and retention, especially students, to stop the nurses that we’re leaking to Australia at the moment.”

Nuku said she also felt “hopeful” after Reti talked about his strong connections to community, iwi, Māori organisations and primary care.

“I got a sense of ‘let’s get around the table and have the dialogue’ . . . but we need to be prepared to come with our evidence, because he is a very learned man.”

Te Aka Whai Ora

Nuku challenged Reti on how the higher Māori health needs could be met with the dismantling of Te Aka Whai Ora and its Māori-led approach that arose from the Waitangi Tribunal health services [2575 claim](#) (<https://waitangitribunal.govt.nz/news/tribunal/>) NZNO had given evidence at.

‘We’re yet to see how his vision of that will be realised.’

Reti said — even as Te Aka Whai Ora was dismantled — he wanted to “strengthen the voice and intent” of Labour’s [Pae Ora](#) (<https://www.futureofhealth.govt.nz/assets/Uploads/Publications/factsheet-pae-ora-bill-oct2021.pdf>) legislation of which

equitable health outcomes was key, and hoped to retain as many Te Aka Whai Ora staff as possible, Nuku said.

“We’re yet to see how his vision of that will be realised.”

With so many anti-Māori policies emerging from the newly formed National-New Zealand First-Act coalition, from suppressing te reo Māori to anti-equity approaches, Nuku said it felt oddly dissonant to be having warm kōrero with a minister of health she believed was genuinely committed to improving Māori health.

“It felt like I was speaking to a person who really understood our views, our issues, equities and inequities, Māori rights – then you walk out the door and you can see the other partners in the coalition and colleagues and it feels like I’ve walked out the wrong door.”

Nuku said she got a sense of “genuine caring” from Reti during the mihimihi and hoped NZNO dialogue would continue, despite the “toxicity” building around the Government.

‘New time, new relationship’

Daniels said he appeared willing to listen to those at the frontline.

“This is a new time and a new relationship,” she said. “It’s important to build relationships so we have the opportunity to walk in and talk about the issues at hand rather than fight every inch of the way!”

On the [rollback of Smokefree Aotearoa legislation](#) agreed in coalition talks, Reti told them he remained invested in reducing smoking, particularly among Māori and Pacific peoples. He also said it was part of his role to influence the coalition Government on this issue, Daniels and Nuku said.

‘It’s important to build relationships so we have the opportunity to walk in and talk about the issues at hand rather than fight every inch of the way.’

Responsibility for tobacco, vaping and smoke-free policies now sit with New Zealand First’s Casey Costello, who is Minister of Customs and Seniors and Associate Minister of Health and Police.

‘I will be listening’ – Reti

In an emailed statement to *Kaitiaki*, Reti said he wanted to meet with NZNO leaders early to show he was prepared to listen.

“I wanted and needed to send a clear signal that on day one of being sworn in, it was important for these groups to know that they had the ear of the minister.”

He planned to first focus on retaining student nurses, ensuring they had loan relief at the end of their studies.

Next, he would examine what hurdles prevented registered nurses who had left the workforce from returning — work which would require collaboration between nurses, the Nursing Council and professional nursing groups.

Shane Reti is only the second Māori minister of health — but the first was a century ago. Sir Māui Wiremu Pita Naera Pōmare was Minister of Health from 1923 to 1926.

Former Māori Party co-leader Dame Tariana Turia and Labour’s Peeni Henare have both been associate ministers of health in recent years.

NEWS

'Listen to us – keep us safe': Nurses nationwide call for funding from new Government over nursing crisis

BY MARY LONGMORE

December 1, 2023

Te Whatu Ora nurses have described gruelling workplaces, rife with burnout, violence and unsafe staffing levels, as they turn out across the country to demand more investment in their workforce.



Dunedin members turned out this week for a safer nursing workforce.

Speaking at one of 40 NZNO-Tōpūtanga Tapuhi Kaitiaki o Aotearoa meetings held this week from the far North to the deep South, Hutt Hospital nurse Amanda Rogers said now was the time to pressure the new Government, as it decided on health spending for the next three years.

"It's our opportunity to let the Government know that nursing is still in crisis," she told *Kaitiaki Nursing New Zealand*. Now Te Whatu Ora nurses had settled their collective pay agreement, the focus needed to be on safety for nurses as 2024 bargaining approached.

Staffing shortages were "crippling" the health system at a time of increasing complexity and violence, she said.

'Listen to us, talk to us, keep us safe.'



Hutt Hospital nurses and delegates Amanda Rogers and Karen Durham.

"I am a paediatric community nurse and some days there is only one of us," she said. "Nurses are very resilient . . . but what we are seeing is staff leaving and not returning."

Another Hutt Hospital senior nurse Karen Durham said short-staffing meant nurses were forced to ration care for patients every day, creating high levels of stress leave particularly in the emergency department (ED).

Senior nurses were particularly struggling with burnout with many quitting, leaving wards without a safe skill mix, she said.

'It's not just about Te Whatu Ora – it's about all 60,000 of us members... standing shoulder to shoulder with each other'



Christchurch Hospital members Philippa Rodley (left) and Deidre Guy.



Northland members

Durham — a nurse for nearly 40 years — said it was “just getting worse . . . we need equipment, staffing, teaching”. Her message to the Government was: “Listen to us, talk to us, keep us safe.”

Whakatāne nurse Tracy Black said members seemed keen to flex their collective power as the new Government found its feet and front-foot 2024 Te Whatu Ora bargaining. But it was about leading the way for all nurses, everywhere, she said.



Tracy Black.

“It’s not just about Te Whatu Ora — it’s about all 60,000 of us members . . . standing shoulder to shoulder with each other.”

‘It was really heart-warming and encouraging that people turned out and were still enthusiastic after a really full-on, exhausting year!’

Whangārei Hospital delegate Rachel Thorn many “enthusiastic” members had turned out and were keen to see safer staff-to-patient ratios and to keep up the momentum of 2023. [Senior nurses’ pay relativity](#) was also a priority, as well as improving KiwiSaver contributions — which were less than for doctors and police.

“We need to show our strength in numbers and that we are a united front in the 60,000 members we’ve got now,” Thorn said.

“It was really heart-warming and encouraging that people turned out and were still enthusiastic after a really full-on, exhausting year.” Now [pay equity](#) had been resolved, members had the “energy to fight for health and safety”.

Concerns remained over some promises made in the 2023 collective agreement with Te Whatu Ora, such as the clinical nurse coordinator payment, which nearly six months on had not come through for some, Thorn said.

NZNO delegate Sacha Young — who ran Whangārei’s Tuesday meeting between night shifts — said despite a tough year, members turned out and were keen to keep pushing for investment in nursing as the Government set its budgets.



Tauranga Hospital member Rachel Lile.



Rachel Thorn (centre, blue cap) last July when Whangārei emergency nurses began refusing extra shifts over unfair winter payments.

'We are masses and we will stand beside and with you, back to back!'

Palmerston North Hospital nurse Jane Swift said there was "lots of energy" when talking about safe staffing, "or lack of it", which had been a long-standing issue. "People really seemed to get into the spirit and embrace that."

Southland Hospital rehabilitation nurse Maike Rickertsen said being safe at work was a key issue for members in Invercargill, who feared rising abuse was becoming "just another day" at work.



Southland Hospital and regional members including Maike Rickertsen (kneeling, in the front centre).

Her ward had experienced the highest turnover she'd ever seen over the past two years, as well as rocketing sickness and burnout levels — "we are just totally exhausted".

'People really seemed to get into the spirit and embrace that.'

Senior nurses like her were especially struggling. "As you are the most experienced nurse, you are dealing with the most complex cases, high patient loads . . . while providing leadership — it's too much!"



Auckland member Bonnie Adams.

IQNs need more support

Better support for internationally-qualified nurses (IQNs) — now 40 per cent of the workforce — was also needed as they adjusted to a new life in Aotearoa, Rickertsen said.



Rotorua members.

Rotorua Hospital nurse Linda Logan said over 50 staff turned out despite a busy hospital, and talked about funding support for students on placement and trying to get more students into nursing.

'We are just totally exhausted.'

Retaining staff, increasing KiwiSaver and pay that aligned with inflation were also key concerns — as well as review of senior staff job descriptions as they often did "so much" more, she said.

Kaiwhakahaere Kerri Nuku, who spoke at Auckland central, said while members were tired, by the end there was a collective sense of "renewed energy" and courage to fight for safer conditions for all nurses.

"Not just Te Whatu Ora nurses, but wanting to bring others with us. We are masses and we will stand beside and with you, back to back."

'Health needs to top the list of Government spending priorities in that mini-Budget.'

NZNO chief executive Paul Goulter said the [nationwide paid union meetings from November 27 to December 1](#) were intended to "put the new Government and Te Whatu Ora on notice" that they must increase funding to the health sector and fix the 4000-plus nursing shortage.

A mini-Budget is expected to be announced before Christmas that will shape public spending for the next three years.

“Health needs to top the list of Government spending priorities in that mini-Budget.”

In the run up to 2024 bargaining with Te Whatu Ora, NZNO would be pushing hard for safer staffing levels including adequate nurse-to-patient ratios and “meaningful” pay rises.



Central Auckland member Eufemio Castro (front) and friend.



NEWS

'We hung in there' – southern Te Whatu Ora members celebrate 2023 pay equity achievement

BY MARY LONGMORE

December 21, 2023

Ashburton Te Whatu Ora members took a moment this month to celebrate 2023 as the year they won a "significant" pay equity settlement after a seven-year uphill battle — a win they hope paves the way for other nurses and health workers.



Current, retired and former Ashburton Hospital nursing staff raise a toast to the year's pay equity win at their 2023 Christmas party, arranged by NZNO's workplace organising committee.

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa's Te Whatu Ora members in July [voted overwhelmingly to accept the Government's pay equity settlement offer](#), after several strikes and protracted legal action over how far the back pay would stretch to as well as the rates themselves.

'Usually you get Christmas cake!'

'We're all equally qualified and giving in our time, resources and expertise – and it would be really lovely for them to be acknowledged and rewarded as well.'

Ashburton district nurse Tegan McCully acknowledged the work done by many to get this far — and said this year's historic pay equity settlement "raised hope, for nurses in other sectors, that they can also pursue and persist with their claims".



Tegan McCully (centre) with other delegates Brooke Harnett (left) and Cathy Wright (right) at an Ashburton campaign meeting earlier this year.

"We're all equally qualified and giving in our time, resources and expertise — and it would be really lovely for them to be acknowledged and rewarded as well."

Using the new [Te Whatu Ora rates](https://www.nzno.org.nz/Portals/0/Files/Documents/Support/CA/Te%20Whatu%20Ora%20Collective%20Agreement%20(31%20March%202023%20-%2031%20October%202024)WEB.pdf?ver=yKz3u66Tzr5k0anDo12mg%3d%3d)

([https://www.nzno.org.nz/Portals/0/Files/Documents/Support/CA/Te%20Whatu%20Ora%20Collective%20Agreement%20\(31%20March%202023%20-%2031%20October%202024\)WEB.pdf?](https://www.nzno.org.nz/Portals/0/Files/Documents/Support/CA/Te%20Whatu%20Ora%20Collective%20Agreement%20(31%20March%202023%20-%2031%20October%202024)WEB.pdf?ver=yKz3u66Tzr5k0anDo12mg%3d%3d)

[ver=yKz3u66Tzr5k0anDo12mg%3d%3d](https://www.nzno.org.nz/Portals/0/Files/Documents/Support/CA/Te%20Whatu%20Ora%20Collective%20Agreement%20(31%20March%202023%20-%2031%20October%202024)WEB.pdf?ver=yKz3u66Tzr5k0anDo12mg%3d%3d)) as a benchmark, NZNO has since lodged several more pay equity claims — for workers in care and support, primary health care, Plunket and hospices — as part of its [campaign for all nurses to be paid the same](https://marangamai.nzno.org.nz/nursing_pay_equity) (https://marangamai.nzno.org.nz/nursing_pay_equity). no matter where they work.

NZNO's successful Te Whatu Ora pay equity claim — lodged in 2017 — followed six years of "demoralising" delays but in the end had become one of the organisation's most significant achievements, McCully said at an end-of-year celebration recently.

'We work just as hard as men, we have a hugely qualified workforce ... now we are just finally



Margaret McDowall

Christchurch enrolled nurse (EN) Margaret McDowall retired in 2020 after 52 years of nursing — and was thrilled to finally receive her equity back pay this month, just in time for Christmas. "Usually you get Christmas cake!"

McDowall — a former NZNO delegate and one of the nurses interviewed as part of the pay equity process of defining the role — said it was hugely validating and she hoped it would make nursing popular again.

"I feel like my whole nursing life we were fighting to have someone acknowledge our worth — so it's exciting," she told *Kaitiaki*. "Hopefully it will encourage more young people into the nursing profession and we'll get to keep them, not have New Zealand well-trained nurses disappear overseas and doing other things."

'Women and nursing had been pushed down for long enough.'

McDowall said it felt like pay equity had taken an "eternity" — but an \$20,000 increase on her base salary showed all the work had been worthwhile. "It's pretty significant. It was worth it, all those interviews and all that time spent."

getting recognised, as a female-dominant workforce.'

NZNO staff and members had done “years” of ground work to reach this year’s deal, such as finding comparative roles in male-dominated industries and working out a legal framework for the claim, said McCully, an NZNO delegate.

“We had one shot to end gender-based pay discrimination in this country!”

In 2022, a proposed settlement was rejected and [legal action taken by NZNO](#) over the proposal to dump back pay in favour of lump payments.

“Finally”, in early 2023, another \$1.5 billion was added to create a \$4 billion pay equity offer — finally accepted by NZNO’s 36,000 Te Whatu Ora members, she said.

‘Long overdue’

McCully said it was a “long overdue step” towards addressing the significant gender-based inequities nurses, midwives and health-care assistants (HCAs) faced in their everyday work.

“It helps us feel seen and acknowledged. The demands on health-care workers and nurses are relentless — it just goes on and on and on,” she told *Kaitiaki*.

“We work just as hard as men. We have a hugely qualified workforce — so many of my colleagues have postgrad qualifications . . . now we are just finally getting recognised, as a female-dominant workforce.”

Nurses “hung in there” over the years, she told *Kaitiaki*. “We just kept persisting.”

Te Whatu Ora members could “raise a toast for the win, for the hard-fought journey that was paved all those years ago by our nursing forebears”.

NZNO chief executive Paul Goulter has said attaining pay parity for all nurses, no matter where they work, would be a key focus in 2024 — noting new Prime Minister Christopher Luxon [promised in the New Zealand Herald](https://www.nzherald.co.nz/nz/politics/the-multimillion-dollar-health-problem-that-could-hurt-the-new-governments-plans/ID2PA5HBPJG4NNEDQUITVTZKJM/) (https://www.nzherald.co.nz/nz/politics/the-multimillion-dollar-health-problem-that-could-hurt-the-new-governments-plans/ID2PA5HBPJG4NNEDQUITVTZKJM/) this would be pursued by National “with vigour” — a promise he also made in the Newshub leaders’ debate, below.

While she loved nursing — “I just enjoy the people and actually making a difference in someone’s life” — it was important to value the workforce, she said.



Margaret McDowall (right) with fellow delegate Debbie Handisides

“[It’s] standing up for your rights. Women and nursing had been pushed down for long enough — so I’m really excited to see it going where it is.”

McDowall was pleased for the current Te Whatu Ora workforce but acknowledged nurses and health workers outside Te Whatu Ora were still waiting for pay equity.

“It’s just the beginning — and the beginning is always the hardest.”



00:16

Goulter said NZNO would be seeking to achieve this through pay equity claims in many cases, where bargaining had not been effective.

"Achieving pay equity rates across the whole health sector will help the recruitment and retention of the New Zealand nursing workforce, and will encourage more people, particularly Māori and Pasifika, to enter nursing and remain in nursing roles."

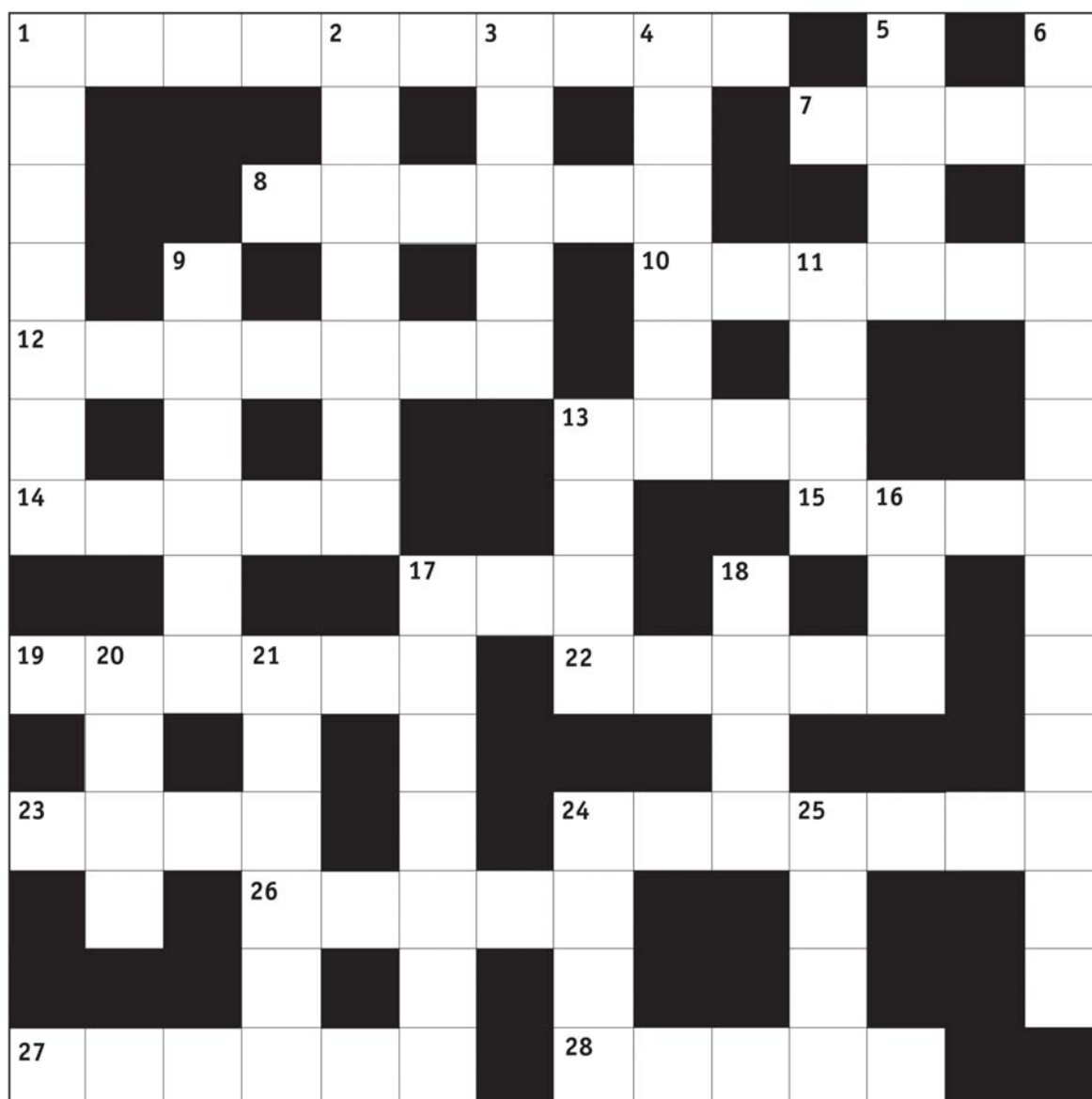
PUZZLES

DECEMBER 2023 crossword

BY KATHY STODART

December 5, 2023

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



ACROSS

- 1) Common group of antibiotics.
- 7) Night-flying insect.
- 8) Spending plan.
- 10) Set off on journey.
- 12) Spherical sense organ.
- 13) Male animal for breeding.
- 14) Make fun of.
- 15) Music performance by one person.
- 17) Ill deed.
- 19) Childcare venue.
- 22) Three states of matter: ___, liquid and gas.
- 23) Fly high.
- 24) Non-professional.
- 26) Violent weather.
- 27) Ate no food.
- 28) Cat (Māori).

DOWN

- 1) Health-care consumer.
- 2) Bravery.
- 3) Related to the law.
- 4) Purpose.
- 5) Prolonged unconsciousness.
- 6) Telehealth services (Māori).
- 9) Ten years.
- 11) Number of these can indicate hospital size.
- 13) Male children.
- 16) Of advanced years.
- 17) Kaimoana.
- 18) Biting insect.
- 20) Base of tooth.
- 21) Tight-laced bodice.
- 24) End of prayer.
- 25) Russian ruler.

November answers

ACROSS: 1. Symptom. 4. Rubies. 7. Limb. 9. Numb. 10. Belt. 11. Novices. 13. Pastry. 15. Eyelid.
16. Gestapo. 18. Admission. 21. Unsure. 23. Anxiety. 26. Enlarges. 26. Renal.
DOWN: 1. Silence. 2. Pub. 3. Once. 4. Rib. 5. Babysit. 6. Satay. 8. Movie. 12. Cries.
13. Pregnant. 14. Rapport. 17. Tic. 18. Abuse. 19. Muscle. 20. Failed. 22. Rare. 24. Yell. 25. Few.

COLLEGES & SECTIONS

First nursing leadership conference in three years aims to 'create great'

BY NATASHA ASHWORTH

December 21, 2023

About 100 nurses and nurse leaders attended the nursing leadership conference 'Creating great – leading into the future' held over two days in Whanganui recently.



NZNO nursing leadership section committee (from left): Rosie Rosewarne (conference organiser), Claudia Mercier, Natasha Ashworth (author), Joanne Sills, Theresa Fisher and Debbie O'Donoghue (chair).

If nurses only speak to their herd, they are only heard by their herd.

It was the first nursing leadership conference held since 2020, with two efforts in 2021 and 2022 being interrupted by COVID. Its success shows that despite advances in virtual technology, nothing beats face-to-face when it comes to networking, generating ideas and boosting morale. A true feeling of wairua was also imbued in our welcome from local kaumātua and kuia.



Paul Goulter

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa chief executive Paul Goulter acknowledged senior nurses had been let down in the past with scant attention given to those in leadership and management roles. Senior nurses' issues would be a key focus of NZNO in 2024, alongside defining and protecting the role of the nurse, pay equity for nurses across all sectors, and health and safety in the workplace, including safe nurse-to-patient ratios.

NZNO kaiwhakahaere Kerri Nuku also urged nurses to challenge the unravelling of Te Aka Whai Ora – the Māori Health Authority, and look after their own wellbeing.



Kerri Nuku

Queensland's chief nursing and midwifery officer, Shelley Nowlan, spoke passionately about some of the work her office has been doing over the past few years to improve health outcomes for communities as well as nurses' wellbeing. In Queensland, nursing ratios for adult medical and surgical wards were established successfully in 2016.



Shelley Nowlan

Nowlan said promoting the work of nurses to other health professionals, especially those in the medical profession, was of exceptional value. In her words: "If nurses only speak to their herd, they are only heard by their herd."

An advocate for higher pay rates, Nowlan said they allowed nurses to work 0.8-0.9 full-time equivalent hours with financial comfort, which protected their health. Queensland also had several programmes to support nurses going to work in rural/remote areas as well as those transitioning from one area of specialty practice to another.

Identify conflict, to solve it

Te Whatu Ora Whanganui's associate director of nursing, Maurice Chamberlain, talked about how nurse leaders can manage conflicts.

He outlined the four types of workplace conflict: intrapersonal, interpersonal, intragroup and intergroup. Being aware of which type of conflict you're dealing with, helps leaders find the best strategy. He urged leaders to ask themselves: Am I confusing leadership and friendship? Do I suffer from conflict avoidance which delays decision making? Have I picked the right time, and do I know my facts? Do I know my boundaries? Do I help others if they don't have the skills?

Massey University senior nursing lecturer Kerri-Ann Hughes shared some of her research into nurses experiencing menopausal symptoms in the workplace.



Kerri-Anne Hughes

This challenged leaders to think about the different experiences their team members might be going through.

Whanganui prison nurse manager Bridgit Carver gave a rare insight into prison life, explaining the range of services which visited, including dental, alcohol and drug clinicians, psychiatric specialist nurses and GPs.

Many inmates had never sought health care before their incarceration and Carver's team ethos is that they want to cause no more harm to these individuals than they have already experienced.

The prison team also invite whānau to be involved in health and wellbeing activities to try and make sure any changes last in the outside world.



Maurine Chamberlain

Supporting hauora Māori

Te Whatu Ora Whanganui nurse and kaitakitaki (clinical manager) Rihi Ngapera Karena and clinical nurse manager public health Cynda Baker spoke about the importance of hauora Māori strategies to support Māori nurse leaders.

Both have been involved in strengthening the Māori health voice with a robust cultural awareness programme. They encouraged nurses to utilise both the national Māori leadership programme, [Ngā Manankura o Āpōpō](https://www.ngamanukura.nz/) (<https://www.ngamanukura.nz/>), and the local Whanganui support group for new Māori nurses, Te Uru Pounamu.

Not only would these strategies contribute significantly to a stronger kaimahi hauora Māori (Māori health workforce) but also to the health of the Whanganui community, they said.



Rihi Ngapera Karena



Cynda Baker (Ngāti Whitikaupeka)



Anna Blackwell

Nurse and aged residential care facility owner Anna Blackwell talked about the difference between hospital and aged care leadership roles — mainly managing budgets.

Nurses in aged care should be seen as an investment, not a cost.

In aged care, she said ensuring there was enough in the bank to pay staff wages was a key driving factor in decision-making.

A passionate advocate for pay parity for nurses in aged care, Blackwell said a workforce crisis would lead to an aged care crisis.

Nurses in aged care should be seen as an investment, not a cost, and were the reason behind the good health of residents in her aged care facility, she said.



Gillian Allen



Leona Dunn

Registered nurses Gillian Allen and Leona Dunn, who both work in systems safety at Te Tahu Hauora — the Health, Quality and Safety Commission, gave an update on changes to its reporting, rating, investigating and reviewing of events.

Now, more emphasis is placed on learning than on blaming, with terminology changing to talk about harm rather than adverse events. Investigations are designed to involve consumer and whānau, acknowledge that reality is messy and focus on restorative approaches involving those who were harmed and their whānau.

Generational differences in teams

Our own nursing leadership section committee member and conference organiser Rosie Rosewarne spoke about the generational differences in health-care teams and the way they think, feel, communicate and act.

Each generation had strengths and areas where they needed support. While this can feel challenging to the nurse leader, who is likely a Gen X or boomer, a varied team with differing strengths can be very productive.

NZNO professional advisor Wendy Blair shared her research on nurses' experiences [recognising and responding to unsafe practice](#) by their peers, how this was (or was not) addressed and the implications for nursing leaders.



Rosie Rosewarne

A huge thanks to Rosie Rosewarne and her team of helpers for all their hard work which made this conference so successful.



Wendy Blair



FEATURES

Isabelle Sherrard – an education journey

BY KATHY STODART

December 20, 2023

As New Zealand marks 50 years since nurse training moved out of hospitals and became a tertiary qualification, Kaitiaki looks back at the massive changes in nursing education through the eyes of former nursing school head Isabelle Sherrard.



For today's nursing students, many of whom were born in the 21st century, the year 1956 is a far-gone era, when people lived and thought differently.

It was a mere 11 years after the end of World War II. Young New Zealand men still attended compulsory military training. And for young women, nursing was one of the few generally accessible career options — along with teaching and clerical work — before marriage and children.

Start of a long career

It was the year Isabelle Sherrard (née Leeburn) entered the nursing school at Christchurch Hospital, and thus began a long career in a profession that has changed profoundly in the ensuing years. Sherrard went on to become a renowned nursing educator in the latter part of the 20th century, leading the establishment of the nursing school at Carrington Polytechnic (which became Unitec).



Isabelle Sherrard, a newly registered nurse, February 1960.

Back in 1956, being a nursing student meant something quite different from now, as she explains in her memoir, *My Life Story*: “In 1956 the public hospitals of New Zealand were staffed by students in training. There were very few registered nurses employed to work with patients.

“The ward sister and perhaps one staff nurse in a ward of 40 patients might have been registered nurses on the day shift. On the night shift a registered nurse might have been the supervisor for the entire hospital.”

This was the “hospital training” or apprenticeship model of nursing education.

Sherrard was one of an intake of 48 young women at Christchurch Hospital, aged 18-25, most straight out of high school.

For the first three months, spent in preliminary school, they were known as “Pinkies”, named after the long pink dress they wore, along with starched cuffs, collars and belt, attached by studs. The uniform was completed with a long white apron, starched cap and navy cloak.

Right from the start their name badges described them as "Nurse so and so".

They lived in hostels and their freedom was carefully controlled, having to be back inside by 9.30pm each night. The "Pinkies" had classes at the hospital's nursing school through the week, a day off on Saturday, and then on Sunday morning visited wards to see how the hospital worked.

Sherrard recalls at this stage learning nursing fundamentals such as how to make a bed with a patient in it, and anatomy and physiology in some detail. "The focus of our training was on the well body with nothing on how to relate to an ill person or worried family!"

After three months, the uniform dress changed to grey and the students became junior probationers, starting work on the wards. They now worked five days a week at the hospital, had one day off and one day of lectures. The hospital was run to strict routine with a set hierarchy, dominated by doctors, and the student nurses moved up through the ranks of this hierarchy year by year.



Student nurse Isabelle Leeburn with four friends at Christchurch Hospital, 1959.

In her first year, Sherrard recalls working in a men's ward – she was responsible for eight patients who were in the last stages of recovery.

Seventeen patients died during her first two weeks. "This was not seen as out of the ordinary, as it was end of winter and they often died on night shift. Most who died were pretty old, but there was a 39-year-old who died of a massive heart attack – this was before the days of resuscitation.

'One of the most difficult questions'

"Then there was the terminally ill man who asked me one of the most difficult questions I have ever been asked. I took this man a bowl of hot water for a bed bath, and he said: 'Why won't the body give up?'"

"I was speechless and spent the next 20 minutes or so crying in the ward linen cupboard. I knew what he was asking but had no idea what to say. I have told many students this story in more recent years."

She remembers one elderly man admitted as a "social admission".

"This meant there was no medical reason for him to be in hospital but there was nowhere else for him to go. He had been found by somebody sleeping in a shed somewhere in rural Canterbury.

'I think I knew how inadequate my level of knowledge was at the time but that was how it was, and no one questioned what this was all about.'

"He was filthy and I had to undress him and give him a wash. I have never forgotten his toenails which looked to me as though they had never been cut. They were like the claws of a big bird."

She recalls coming into work at 5.30am rather than 6am on the morning shift to ensure the ward was spick and span and all the patients clean and tidy for the doctors' morning rounds. "The priorities were back to front, as I reflect now, but we did not ask any questions."

She remembers the theory they were learning was not connected to their practice, and recalls feeling her lack of knowledge when nursing some patients. However she said she and her fellow students managed to avoid making mistakes.

"I remember learning how fractures heal on a study day and at the same time looking after a man in a uraemic coma. I did not know enough to have this patient assignment.

"I think I knew how inadequate my level of knowledge was at the time but that was how it was, and no one questioned what this was all about. We did our best, kept to routine and I do not remember much going wrong."

Whatever the drawbacks of such a hospital system from today's perspective, Sherrard was good at nursing and loved hospital life. When she graduated as a registered general nurse at the end of 1959, her fiancé Evan Sherrard suggested she quit nursing and marry him. Although they did marry, days after her graduation, she rejected his other suggestion, which she says was "one of the best decisions I ever made".

Nursing degree required in the US

What she did do was accompany her husband, a Presbyterian minister in training, to Northern Ireland and the United States, to further his education. Sherrard felt at a disadvantage and struggled to get work in American hospitals because that country required registered nurses to have a nursing degree.

She gained important experience both in Texas, working as a lower level "graduate nurse", and in Michigan, after attending a 12-week course on obstetrics and psychiatric nursing which allowed her to practise in that state.

Her contact with academically trained nurses in Michigan introduced her to the concept of the "nursing process", which she hadn't heard of before, and led her to appreciate the value of university education and research.



Isabelle, with husband Evan, while she was working as head nurse at SW University Hospital, Ann Arbor, Michigan.

While working at the University of Michigan Burn Centre, she began to understand the notion of “nursing the whole person”.

"When a person has a serious burn, the whole person is involved. I learned that the medical model was insufficient. These people required every medical specialty . . . Burns cause terrible suffering and the mind struggles with everything. Nursing these people included their minds as best we could."

'When a person has a serious burn, the whole person is involved. I learned that the medical model was insufficient.'

In Michigan, her abilities were recognised when she landed a job as head nurse of a urology and haematology unit, with the ability to hire and fire. In terms of handling staff, "I discovered that if I valued my staff, they would be good with our patients."

Her move from clinical practice into nursing education came in the 1970s when she and her family returned to New Zealand and settled in Auckland. Anxious to avoid shiftwork because of its stresses on family life – they had two young school-age children — she applied for and was accepted as a nurse tutor at the Greenlane school of nursing.

"I began teaching in Introductory School in July 1976 and I loved it. I think I was ready to give up on sick and dying people in exchange for young trainees who were eager to learn nursing," she explains in *My Life Story*.

"Not only did I love it, I was good at teaching and received wonderful feedback both formally and informally." She later taught in the nursing school at the Auckland Technical Institute.

This timeline commemorates major milestones in the long and prestigious history of nursing in Aotearoa New Zealand.



Scroll --> to view the timeline.

1883

Wellington and Auckland Hospitals establish schools of nursing

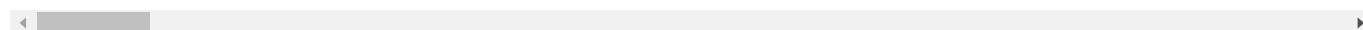
1891

Christchurch Hospital establishes a school of nursing

1893

Dunedin hospital establishes a school of nursing

The Nurses New Zealand country separate registration



Timeline: Te Kaunihera Tapuhi o Aotearoa — the Nursing Council of New Zealand in partnership with Te Rōpu Kaiako Tapuhi — Nursing Education in the Tertiary Sector and the Council of Deans of Nursing and Midwifery, Australia and New Zealand.

She made this shift at a time of great change in New Zealand nursing education. In 1970, the Government commissioned Toronto school of nursing head Helen Carpenter to conduct an in-depth consultation into nursing service and education. Concerns included exploitation of student nurses and their high drop-out rates.

As Sherrard observes in her account of the introduction of nursing education at Carrington Technical Institute, there were six different types of nursing programmes offered at 62 different hospitals at the start of the 1970s.

There were four different types of three-year courses leading to registration: general and obstetric nursing, male nursing, psychiatric nursing and psychopaedic nursing.

For those wanting to train as second-level nurses, there were two different 18-month courses, one for community nursing (which later became enrolled nursing), and one for maternity nursing.



Graduating from Massey with a BA(Ed).

The Carpenter Report resulted in the gradual transfer of nursing education from hospital schools to tertiary education institutions, between 1973 and 1986. The process began with pilot programmes at Wellington and Christchurch polytechnics. Students were to be taught a broad curriculum, to become registered comprehensive nurses.

Sherrard, looking back on her own preparation for nursing in light of the Carpenter Report, felt hospital training “did not adequately prepare me for the areas of nursing where I had been employed”.

She had felt “inadequate” in the United States because she did not have a university degree in nursing.

Also, the “separate registers for psychiatric, psychopaedic, male and general and obstetric nurses contributed to a narrowness of focus and fragmentation of nursing services. I knew that patients in the medical and surgical wards sometimes had a psychiatric problem or illness”.

But the immediate issue for Sherrard, as the Carpenter reforms started, was that nursing tutors were expected to have advanced education.

“Originally I did not find academic study easy and I firmly believed that nursing was practical work in the real world. My difficulty was that to stay teaching I had to have a university degree,” she notes in another memoir, *Good morning nurse, it's 5 o'clock*. In 1977 she enrolled as an extramural student at Massey University and as a starting point, gained a bachelor of education.

But the immediate issue for Sherrard, as the Carpenter reforms started, was that nursing tutors were expected to have advanced education.

The last two technical institutions to be granted schools of nursing were Carrington in Auckland and the new Porirua institution, Whitireia. Sherrard was hired in late 1985 as “course supervisor” to lead the new school at Carrington.

Carrington (which later became Unitec and is now the largest technical institute in the country) was at that time an institution that taught the trades, engineering, business, design and secretarial, so the nursing staff were breaking new ground.

Huge social change

They created a nursing curriculum at a time of huge social change. This included the growth of feminism and changing ideas about nursing, reflecting its evolution from being the “handmaidens of doctors” to becoming an autonomous profession, with its own ethics and body of knowledge. They were also starting to look at how they could bring te ao Māori, the Māori world view, into nursing education.

Sherrard later became dean of health and technology at Unitec, responsible for nursing, health science, horticulture and engineering, later adding medical imaging, sport science and animal science and osteopathy.

Her personal educational journey culminated with gaining a MPhil(nursing) from Massey in 1996, her thesis topic inspired by a family calamity. At age 21, her daughter Susan sustained a broken neck and severe spinal damage after being dumped by a huge wave.

Anxious to support her daughter, Sherrard searched the Unitec library for anything positive about living with a spinal cord injury and found nothing. This led her to conduct her masters research into how people with a spinal cord injury lived in the community, interviewing nine people who lived with such injuries.

She sent copies of her thesis, “Living with a damaged body”, to both of the country’s spinal injury units. “In a nutshell,” she says, “the model for living with a damaged body is a balance or a struggle between dependence and independence.”

Living positively involved discovering life as a person with a permanent disability, generating family and social support, and seeking satisfaction in work and play.

Sherrard served two terms on the Nursing Council in the 1990s and received the QSO for services to the community in 1998.



Receiving the QSO at Government House, 1998.

-
- Isabelle Sherrard’s publications *My Life Story*, *Good Morning Nurse it’s 5 O’Clock* and *The Introduction of nursing education at Carrington Technical Institute* are all available for loan from the NZNO library. The photos in this article are used with Sherrard’s permission.
-

NEWS

Late-in-life nurse wins award for changing patients' home lives

BY ANN PACKER

December 7, 2023

A Lower Hutt nurse has received the 2023 [nurse investigator award](https://cardiacsociety.org.nz/asm-awards/) (https://cardiacsociety.org.nz/asm-awards/) from the Cardiac Society of Australia and New Zealand (CSANZ) for her research into how nurses can improve patients' social, economic and physical environments.

Clinical nurse specialist Lisa Caddis's interest in what would become her master's degree research project was sparked when she visited a heart failure patient in his home and discovered he had no power for two days each week – all because of the energy plan he was on.

'We come across patients who are socially isolated, or missing appointments because they have no transport.'

"When I arrived, he apologised for how cold it was," she says. His power company was unaware of his chronic conditions; and a quick phone call saw him changed to a plan that would accommodate his needs.

For one who only took up nursing in her 40s, Caddis has moved quickly, becoming a clinical nurse specialist and nurse prescriber in six years. Having funding assistance helped: [Health workforce funding](https://www.ccdhb.org.nz/working-with-us/nursing/professional-development/postgraduate-study-funding/) (https://www.ccdhb.org.nz/working-with-us/nursing/professional-development/postgraduate-study-funding/) via the former Capital & Coast District Health Board plus a [Perpetual Guardian Trust scholarship](https://www.perpetualguardian.co.nz/philanthropy/grant-seekers/) (https://www.perpetualguardian.co.nz/philanthropy/grant-seekers/) that helped pay the \$2300-per-paper fees for four subjects at masters level.

It was a heart attack suffered by her father that made Caddis decide to become a nurse. She'd worked in the corporate world, then raised two daughters, but waiting with her dad in the emergency department, "something just went click in my head" and she realised she didn't want to go back to the corporate world.

After completing her undergraduate degree at Massey University's School of Nursing, Caddis joined the Wellington regional heart and lung unit and started covering for heart failure clinical nurse specialists when they took leave – all the while working to complete her masters at Victoria University. She also qualified as an NP, allowing her to prescribe medications as part of a specialty team.

Nurses 'vital' in connecting patients with other services



Lisa Caddis: 'Something just went click' in her head when she was waiting in ED with her dad after his heart attack. Photo: Ann Packer.

Caddis says that early home visiting is just one example of how nurses can play a vital role in connecting patients with external service providers (ESPs).

"We come across patients who are socially isolated, or missing appointments because they have no transport, for example, and nurses either have the services to connect them in their head or find out about services by accident. In the outpatient setting, it's difficult treating patients' health concerns, when their overall well-being is shaped by non-medical factors that influence health outcomes."



Photo: AdobeStock

'I think a lot of nurses have this information in their heads – it just isn't in a central place for easy access yet.'

Her masters [research](https://www.sciencedirect.com/science/article/abs/pii/S1443950623003906?via%3Dihub) (https://www.sciencedirect.com/science/article/abs/pii/S1443950623003906?via%3Dihub), using the plan-do-study-act (PDSA) change-making model, led to the development of a comprehensive ESP directory for Porirua, Kāpiti, Wellington and Hutt Valley. Using the Manatu Hauora/Ministry of Health's [health equity assessment tool](https://www.health.govt.nz/system/files/documents/publications/health-equity-assessment-tool-guide.pdf) (https://www.health.govt.nz/system/files/documents/publications/health-equity-assessment-tool-guide.pdf), designed for people working in the health sector, baseline data suggested cardiology outpatient nurses' level of confidence in connecting patients to ESPs was at 46 per cent.

The service directory includes exercise, food and nutrition, medications, healthy homes (including power and gas), mobility, social isolation and transport. Nurses were incentivised (with a prize of chocolates!) to review the directory. A further, anonymous, survey saw the nurses' level of confidence in connecting patients to ESPs double to 100 per cent.

'Work to do' for nurses

Encouraged by her manager to enter her abstract to CSANZ, Caddis was surprised to be asked to present her research at the Cardiac Society's conference in June.

"I think a lot of nurses have this information in their heads," says Caddis, who would love to see a resource like this sit alongside the current [health pathways guide](https://www.ccdhb.org.nz/about-us/integrated-care-collaborative-alliance/3dhb-health-pathways/) (<https://www.ccdhb.org.nz/about-us/integrated-care-collaborative-alliance/3dhb-health-pathways/>). "It just isn't in a central place for easy access yet".

There's more work to do to give nurses the confidence to have conversations about ESPs with their patients, says Caddis, who currently sees heart failure patients for Te Whatu Ora, Capital — Coast and Hutt Valley at three clinics in Wellington and Kenepuru hospitals each week as well as seeing people in their homes.

"I'm really passionate about nursing" says the Eastbourne resident of 30 years. "I really love helping people."

— *Reproduced courtesy of the [Eastbourne Herald](https://www.eastbourneherald.co.nz/) (<https://www.eastbourneherald.co.nz/>) with addition edits by Kaitiaki co-editors.*

NEWS

Nurses, health workers stand up against ‘incomprehensible’ Smokefree rollback

BY MARY LONGMORE

December 8, 2023

Nurses and NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa are joining a wave of outrage and protest from health, iwi and community organisations over the Government’s shock decision to repeal world-first smokefree laws.



Photo: AdobeStock.

“Our future up in smoke” rallies are being held next Wednesday, December 13, at 1pm in Wellington at Parliament ([details](https://www.facebook.com/events/738548058132284/?ref=newsfeed)) and in Auckland at the University of Auckland’s Grafton campus ([details](https://www.facebook.com/events/872725764339403)).

[Rallies](https://www.facebook.com/events/738548058132284/?ref=newsfeed) are being held in Auckland and Wellington next Wednesday at 1pm, with nurses, kaiāwhina, doctors and health-care workers expected to turn out in force.

Respiratory nurses say the move is “regressive” and “incomprehensible”, and warn it will lead to more deaths on top of the 5000 New Zealanders who already die from tobacco-related illness every year.

‘We urge the Government to reconsider this repeal and prioritise the health of our people, whānau and environment.’

Māori, Pacific and low socio-economic communities would be hit hardest, college members told *Kaitiaki*.

“We urge the Government to reconsider this repeal and prioritise the health of our people, whānau and environment — especially the 700,000 individuals living with respiratory conditions.”



NZNO college of respiratory nurses say repealing the Smokefree legislation is ‘incomprehensible’.

After November’s coalition negotiations, Prime Minister Christopher Luxon revealed New Zealand’s Smokefree legislation would be [repealed by March 2024](https://www.rnz.co.nz/news/political/503241/smokefree-law-changes-a-completely-backwards-step-health-experts) (<https://www.rnz.co.nz/news/political/503241/smokefree-law-changes-a-completely-backwards-step-health-experts>).

The Smokefree Environments and Regulated Products Act was amended in 2022 to require denicotisation of cigarettes by 2025; reducing outlets by 90 per cent to 600; and by January 2027 banning cigarettes sales altogether for anyone born on or after 1 January 2009.

‘This measure would drive consumption and demand down, and make all tobacco markets – legal and illegal – almost worthless.’

Also under the three-party coalition deal, National dropped its proposed tax on foreign property buyers which was to have funded tax cuts, after pressure from its new coalition partners.

Finance Minister Nicola Willis told [TV3 NewsHub](https://www.newshub.co.nz/home/politics/2023/11/nicola-willis-admits-scrapping-smokefree-laws-will-help-fund-tax-cuts-in-newshub-nation-interview.html) (<https://www.newshub.co.nz/home/politics/2023/11/nicola-willis-admits-scrapping-smokefree-laws-will-help-fund-tax-cuts-in-newshub-nation-interview.html>) that New Zealand First and Act had insisted on repealing the smokefree legislation, which cost the Government “about a billion dollars” in tax revenue.

However, Luxon later told [RNZ](https://www.rnz.co.nz/news/political/503342/smokefree-legislation-would-have-driven-cigarette-black-market-christopher-luxon) (<https://www.rnz.co.nz/news/political/503342/smokefree-legislation-would-have-driven-cigarette-black-market-christopher-luxon>) it was concerned fewer cigarette retailers would become “massive targets” for thieves and ram raids, and drive a black market.



Prime Minister Christopher Luxon, and Leader of the House Chris Bishop hold their first post cabinet press conference on November 29, where they revealed the Coalition deal. Photo: Stuff Ltd.

Government 'misinformation'

These claims have been ridiculed as “misinformation” by public health advocates Health Coalition Aotearoa.

Co-chair Boyd Swinburn said a 90 per cent drop in cigarette retailers, alongside dwindling nicotine levels, would mean “less, not more such crime”.

“This measure would drive consumption and demand down, and make all tobacco markets – legal and illegal – almost worthless.”

An [open letter](#)

(<https://www.healthcoalition.org.nz/smokefree-law-repeal-immoral-105-organisations-sign-open-letter-to-luxon-peters-seymour-reti-and-willis/>) signed by 104 community, health, iwi organisations, including NZNO, describes the move as immoral, undemocratic and “unfairly sprung on the voting public”, as no parties campaigned on repealing Smokefree laws.

[Research](#)

(<https://tobaccocontrol.bmj.com/content/early/2023/01/10/0tc-2022-057655>) showed that, if fully implemented, the Smokefree reforms would save the health system \$1.3 billion over the next 20 years, and reduce death rates by 22 per cent for women and nine per cent for men, Swinburn said.



Boyd Swinburn



Lisa Te Morenga

Ending the supply of cigarettes to those born on or after January 1, 2009, — commonly known as the Smokefree generation — would further drive down demand, Swinburn said.

Coalition co-chair Lisa Te Morenga said the move would cost “thousands” of lives and cause the most harm to Māori, who have the highest rates of smoking at 19 per cent.

“It’s a further insult to our tangata whenua by the newly formed coalition Government on top of the loss of Te Aka Whai Ora – the Māori Health Authority.”

Morally 'deplorable'

Urging members to turn out to next week’s rallies, NZNO chief executive Paul Goulter said repealing Smokefree legislation was a “morally deplorable move that will be a massive set-back for health in Aotearoa.

"Nurses and health workers must be visible in letting the new Government know there is deep concern in our communities about these proposed changes to our smokefree laws," Goulter said.

"Our future up in smoke" rallies are being held next Wednesday, December 13, at 1pm in Wellington at Parliament ([details](#) (<https://www.facebook.com/events/738548058132284/?ref=newsfeed>)) and in Auckland at the University of Auckland's Grafton campus ([details](#) (<https://www.facebook.com/events/872725764339403>)).

Members could also sign a petition: [Put our People over Profit – Stop the Repeal of the Smokefree Legislation and keep the law](#) (https://our.actionstation.org.nz/petitions/put-our-people-over-profit-stop-the-repeal-of-the-smokefree-legislation?share=b9ee7326-d045-4e88-96c9-5aed47e55b1&source=forwarded_email&utm_medium=&utm_source=forwarded_email), launched by Māori public health advocates Hāpai Te Hauora — and signed by nearly 40,000 people on December 8.

'Breakneck' speed



Sarah Dalton

Association of Salaried Medical Specialists (ASMS) chief executive Sarah Dalton said its members were "appalled" by the decision to roll back world-leading law reforms at "breakneck speed" within Parliament's first 100 days.

She said the doctors' union had already expressed concern to Minister of Health Shane Reti and urged all health professionals to sign the petition, turn out to next week's rallies and raise concerns with their local MP.

Health Coalition Aotearoa has also launched a [Give-a-little funding appeal](#) (https://givealittle.co.nz/cause/save-our-world-leading-smoke-free-law?fbclid=IwAR09a3Jw0g_qLgfeW6DXdEg213qFTtjROzyqkrnk8C0Zo--pYof2lhOtH_8) to campaign to keep Smokefree legislation. Its background facts on the SmokeFree legislation can be found [here](http://www.healthcoalition.org.nz/wp-content/uploads/2023/12/SERPA_Backgrounder-FINAL.pdf) (http://www.healthcoalition.org.nz/wp-content/uploads/2023/12/SERPA_Backgrounder-FINAL.pdf).

See also: [Stop the repeal of Smokefree legislation](#)



Paul Goulter with member Lisa Blackmore

Health Coalition Aotearoa has also launched a [Give-a-little funding appeal](#) (https://givealittle.co.nz/cause/save-our-world-leading-smoke-free-law?fbclid=IwAR09a3Jw0g_qLgfeW6DXdEg213qFTtjROzyqkrnk8C0Zo--pYof2lhOtH_8) to campaign to keep Smokefree

NEWS

Smokefree rollback ‘deeply, widely felt’ by nurses, say Christchurch protestors

BY MARY LONGMORE

December 18, 2023

About 200 nurses, health workers and other opponents of the Government’s decision to roll back the SmokeFree Aotearoa legislation turned out in Christchurch today for a third protest against the move.



‘Everyone at the rally had a story about a family member or a friend who’s had a smoking-related disease or who has died.’

It came hot on the heels of Wellington and Auckland [protests on Friday](#) — but unlike those which were organised in the main by the doctors’ union Association of Salaried Medical Specialists (ASMS), this was led by nurses.

“It shows that [NZNO] members aren’t in support of the policy to roll back the smokefree futures act,” critical care nurse Erica Donovan told *Kaitiaki*.

“It’s deeply and widely felt. Everyone at the rally had a story about a family member or a friend who’s had a smoking-related disease or who has died.”

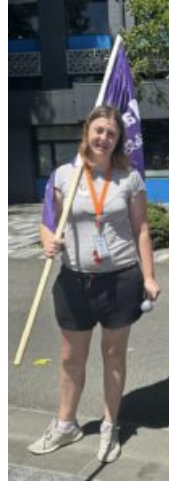
‘We have people who have been put on ventilators for another problem because their lungs have been so ravaged by smoking.’



Erica Donovan

In the intensive care unit (ICU), where she worked, Donovan said staff regularly treated people with COPD (chronic obstructive pulmonary disease), severe asthma, emphysema, bronchiectasis and lung cancer.

"And then there're also the other issues that may not be directly affecting the lungs — strokes, diabetes, wound healing — all of these of things implicated when someone is a smoker," she said.



"We have people who have been put on ventilators for another problem because their lungs have been so ravaged by smoking. It means they're not going to recover like other people are going to."

Smoking was also associated with undersized babies. "If National is so worried about the unborn child, this is a policy that affects the unborn."

Members of Te Pāti Māori, the Greens, the Labour Party, the Cancer Society and Vape-free Kids NZ also turned out to the rally.

Prime Minister Christopher Luxon [revealed after coalition negotiations](https://www.rnz.co.nz/news/political/503241/smokefree-law-changes-a-completely-backwards-step-health-experts) (https://www.rnz.co.nz/news/political/503241/smokefree-law-changes-a-completely-backwards-step-health-experts) in November that the Government would repeal 2022 amendments to the Smokefree Environments and Regulated Products Act 1990. Those would have denicotised cigarettes, reduced retail outlets and, by 2027, banned cigarettes altogether for those born in and from 2009.



Tangata Atumotu Trust members at today's protest in Christchurch.

'.. we should be accepting smoking as something that is in the past.'

Finance Minister Nicola Willis told [Newshub](https://www.newshub.co.nz/home/politics/2023/11/nicola-willis-admits-scrapping-smokefree-laws-will-help-fund-tax-cuts-in-newshub-nation-interview.html) (https://www.newshub.co.nz/home/politics/2023/11/nicola-willis-admits-scrapping-smokefree-laws-will-help-fund-tax-cuts-in-newshub-nation-interview.html) that New Zealand First and Act had insisted the smokefree legislation be repealed, as it cost the Government about a billion dollars in tax revenue. Without its flagship policy of foreign property buyers' tax, National needed other ways of funding its promised tax cuts.



Casey Costello

Donovan said ACT leader David Seymour spoke about self-responsibility. "But the thing is, there's always going to be regulations — you have to drive wearing a seatbelt. You have to register your car. These are things that culturally we have just accepted — so we should be accepting smoking as something that is in the past."

Former minister of health Ayesha Verrall has challenged Minister of Health Shane Reti — a GP — to honour his Hippocratic oath to do no harm, saying as a fellow doctor, she would resign over such a harmful policy.



Shane Reti

Reti has handed tobacco and smokefree responsibilities to Associate Health Minister Casey

Costello, a new New Zealand First MP.

She told [Kaitiaki on Friday](#) that the coalition Government was committed to a smokefree 2025 goal — but its focus would be on deterrents and support for people to quit "rather than putting in place barriers to prevent or complicate the process by which people access smoked tobacco products".



Christchurch protestors

See Also [nurses, health workers stand up against 'incomprehensible' Smokefree rollback.](#)

LETTERS

'I see the effects every day' – nurse and midwife implores Government to rethink Smokefree law change

BY ANNE-MIEKE VAN DER ZANDEN

December 12, 2023

I'm writing in the hope that the Government will change its mind on the Smokefree law change.

I am a registered nurse and midwife and I work in Tolaga Bay.

I can't believe the proposed changes that will allow smoking to continue. I see the effects of smoking on the health of the community every day.

My own adult son is struggling to give up smoking and my father died at 68 years old of emphysema.

Please rethink the changes and continue to stop the sale of tobacco. It's the right thing to do.

Anne-Mieke van der Zanden
Tolaga Bay

See also: [Nurses stand up against 'incomprehensible' smokefree rollback.](#)

LETTERS

Stop the repeal of Smokefree legislation, say respiratory nurses

BY NZNO COLLEGE OF RESPIRATORY NURSES

December 7, 2023

The NZNO college of respiratory nurses demands the Government stop the repeal of the Smokefree legislation.

We are extremely disappointed with the coalition Government's intent to revoke legislation prohibiting the sale of cigarettes to future generations, lowering nicotine levels and restricting tobacco retailers.

This decision not only jeopardises the strides made in safeguarding the respiratory health of Aotearoa, New Zealand, communities, but also places a heavier burden on our health-care system for current and future generations.

Why heed the counsel of big tobacco companies and the vape industry over respiratory health specialists? With 5000 Aotearoa New Zealanders succumbing to tobacco-related illnesses annually, repealing the Smokefree Environments and Regulated Products Act will lead to more deaths.

The health and wellbeing of Aotearoa New Zealand people should take precedence over profit. It is imperative to fully implement the Smokefree legislation, with Māori leadership a crucial priority.

In 2010, Māori led the way in response to an inquiry by Parliament's Māori Affairs committee over tobacco use among Māori, leading to Smokefree recommendations to shield Māori and all Aotearoa New Zealand population groups from tobacco's harmful effects. Since then, communities have continued to voice their desire for a Smokefree Aotearoa and will be let down again in pursuit of funding tax cuts from tobacco sales.

Aotearoa New Zealand's global leadership in tobacco control makes it incomprehensible for a new Government to abandon this progress.

This regression undermines the country's pioneering efforts in public health against smoking, particularly in respiratory health. In 2022, groundbreaking legislation aimed at a smokefree future by 2025 was introduced. The urgency is evident, especially in Māori, Pacific, and low socio-economic neighbourhoods with high smoking rates and tobacco sale points.

We demand the full enactment of the three 2022 measures:

- Denicotisation of cigarettes to 0.8mg/g
- Reduction of tobacco outlets from 6000 to 600
- Implementation of a smokefree generation policy

We cannot afford regression while our whānau continue to suffer due to this harmful product.

The Government of 2023 will bear responsibility for the health of our people and communities if this repeal is allowed.

We, the NZNO college of respiratory nurses, are urging the government to reconsider this repeal and prioritise the health of our people, whānau, and environment, especially the 700,000 individuals living with respiratory conditions.

See also: [Nurses stand up against 'incomprehensible' smokefree rollback.](#)
