

NEWS

'We are sick and tired of being burnt out' – safe staffing bus tour starts with a sizzle in the far North

BY MARY LONGMORE

June 10, 2024

Nurses in Northland, Nelson and Palmerston North kicked off an 11-day safe staffing bus tour of Aotearoa on Monday with a sizzle in the sunny north — and some drizzle further south.



Northland nurses with supporter Whaea Era of Ngātiwai kick off the ratio justice bus tour in Whangārei on Monday before heading to Kawakawa and Kerikeri. Green MP Hūhanga Lyndon is at far left.

The [ratio justice bus tour](https://maranga-mai.nzno.org.nz/ratio_justice_bus_tour) (https://maranga-mai.nzno.org.nz/ratio_justice_bus_tour) runs from June 10 to 21 and is part of NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa's campaign for mandated nurse/midwife-to patient ratios across the health system.

'Most days are not safe – it's very scary.'

In Nelson, nurse Jackie Diago said she and colleagues were demanding safe workplaces, for staff and patients.

"We are sick and we are tired of being burnt out and we can't provide the care we want to for our patients. It's not safe – most days are not safe. It's very scary," she told *Kaitiaki*.



Jackie Diago (centre) in Nelson.

'It does make us feel a bit horrible if we can't deliver the patient care we want.'

Diago said the hospital was regularly understaffed, forcing staff to rush which risked things being missed.

But in Nelson today, she said they were "having a blast" kicking off the campaign with an atmosphere that was a mix of anger, frustration and people "happy we are taking steps".

Speaking from Kawakawa, Northland nurse Chantelle Thompson said in the hospital where she worked, staffing had been okay until the recent [Te Whatu Ora budget-tightening](#) which had left them short-staffed again.

"It does make us feel a bit horrible if we can't deliver the patient care we want," she said. "Especially if someone needs some TLC or extra support, and we don't have enough staff."

Thompson said it had already been difficult to fill night shifts before and now staff were being put in professionally risky situations without enough hands.

"The higher our workload, the higher the safety risk for us — and for people we want to delivery quality care to," she said.

In Palmerston North, mental health nurse Saju Cherian said nurses were enjoying lots of public support despite "pretty crap" weather.

'This tells me we have the power of the public behind us. And this campaign – we will win it.'

NZNO president Anne Daniels said from Nelson members were enjoying "amazing" public support.



Members and supporters took the ratio justice bus from Whangārei to Kawakawa.

"People seem well informed about how hard nurses have to work just to keep people safe. This tells me we have the power of the public behind us. And this campaign — we will win it."

Daniels said it was not only about numbers, but skill mix and culturally safe care for everyone, including Māori and Pacific. More Māori and Pacific nurses were needed to care for those growing populations.



Chantelle Thompson in Whangārei on Monday.



Manawatū members braved chillier temperatures in Palmerston North.

Aged care and primary health also had high need of safer staffing levels, she said.

Last month's [Budget](#) did little more than “keep the lights on . . . and it's not going to meet the needs and aspirations of the Pae Ora [Health Futures] Act [2022], which is to have a healthy country, not a sick one”, Daniels said.

“This Government is one of broken promises and people are actually aware of what it's going to take to get the care they need, particularly in primary health care.”

[Recent Te Whatu Ora data](#)

(https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6776/official-nurse-unsafe-staffing-figures-genuinely-alarming) released to NZNO showed how consistently understaffed hospitals were, which made it difficult for nurses to provide safe care as required by their nursing competencies, Daniels said.

“It's about giving patients the care they deserve.”

NZNO is campaigning for legislated [nurse-to-patient ratios](#), (https://maranga-mai.nzno.org.nz/ratio_justice) as have been introduced California, British Colombia (Canada), Ireland, Wales and many parts of Australia.

Queensland introduced [patient ratios in 2016](#) (<https://www.qnmu.org.au/Web/Campaigns/ratios-save-lives.aspx>) for acute medical and surgical wards, and some mental health units, after nearly 10 years of lobbying by the Queensland Nurses & Midwives Union (QNMU). In 2019, it was extended to all adult acute mental health wards. In 2023, Queensland also committed to implement midwifery ratios in all public maternity wards by 2026.

NZNO chief executive Paul Goulter said evidence showed ratios brought better health outcomes for patients and less burnout for health workers.

One Kiwi nurse recently [described](#) to *Kaitiaki* her experience of working with mandated ratios in Queensland, saying they allowed her to give proper patient care.



Anne Daniels with Nelson deputy mayor Rohan O'Neill-Stevens on Monday.

BETTER FUNDING FOR HEALTH

THE RATIO JUSTICE BUS TOUR IS COMING TO YOUR TOWN

Whangārei, Kawakawa, Kerikeri,
Kaitiāia, Kaikohe, Hamilton,
Tauranga, Rotorua, Whakatāne,
Gisborne, Napier, Hastings,
Waipukurau, Palmerston North, New
Plymouth, Hāwera, Whanganui, Levin,
Nelson, Blenheim, Kaikōura,
Christchurch, Dunedin, Balclutha,
Gore, Invercargill, Queenstown



Ratio Justice Bus Tour 10-21 June

MONDAY 10 JUNE

- Whangārei, 8am-12pm, public leafleting at 42 Port Road (on the roadside).
- Kawakawa, 1.30-3.30pm, public leafleting at Kawakawa Library Carpark.
- Palmerston North, 1-4.30pm, The Square (i-site carpark), public leafleting.
- Nelson, 9.30-11am visit/morning tea at PHO and Nelson Hospital. 11.30-1.30pm sausage sizzle and leafleting at busy lunch area on Trafalgar St. 2pm meeting at Suter Café with Mayor Nick Smith and Deputy Mayor Rohan O'Neill-Stevens.

TUESDAY 11 JUNE

- Kerikeri, 8-11am, public leafleting at Kerikeri Domain.
- Waipapa, 10-11am, public leafleting at Klinac Lane.
- Kaitiāia, 10.30am-1.30pm, public leafleting at the Town Square.
- Waipukurau, 1.30-3.30pm, Railway Station by cafe, public leafleting.
- Blenheim, 11am-4.30pm, lunch at Manu Ora. In the afternoon leaflet Blenheim town centre by the band rotunda. 3pm meeting at the Raupo Café with members and local decision-makers.

WEDNESDAY 12 JUNE

- Kaikohe, 10.30am-1.30pm, public leafleting at Broadway Health.
- Hastings, 8am-12pm, Bay Plaza carpark, public leafleting.
- Napier, 1-4.30pm, Marine Parade outside Masonic Hotel by statue, public leafleting.
- Kaikōura, 10.30-11am, outside the medical centre, public leafleting.
- Christchurch, 2.30-3.30pm informational picket at Hillmorton Hospital.

MONDAY 17 JUNE

- Hamilton, 8-10am, Garden Place near the Library, informational picket.
- Hamilton, 10.30am-12pm, Meade Clinic, Waikato Hospital cafe area, informational picket.
- Tauranga, 3-4pm, Te Papa o Ngā Manu Porotakataka, Mt Maunganui Town Centre, 131 Maunganui Road, engage with public.
- Levin, 1-3pm, carpark directly behind New World, 33-37 Bath St, informational picket.
- Dunedin, 9am-4.30pm, informational picket in Meridian, BBQ and informational picket in Octagon.

TUESDAY 18 JUNE

- Tauranga, 8.30-9.30am, Gate Pa shops, informational picket.
- Rotorua, 12-2.30pm, Hīkoi from Kuirau Park to Rotorua Hospital district nursing area, informational picket.
- Whanganui, 8-11am, Watt Street near Majestic Square, informational picket.
- Hāwera, 1-3pm, Albion Street side of Pak'nSave, informational picket.
- Balclutha, 10am-12pm, informational picket in carpark by War Memorial, leaflet drop in Countdown.
- Gore, 2-4.30pm, informational picket, leaflet drop outside MP offices.

WEDNESDAY 19 JUNE

- Whakatāne, 8.30-9.30am, The Hub Bunnings, informational picket.
- Whakatāne, 10-11am, Whakatane Library Green, 49 Kakahoroa Drive, informational picket.
- New Plymouth, 8am-1pm, informational picket.
- Invercargill, 10am-4.30pm, informational picket.

THURSDAY 20 JUNE

- Gisborne, 8am-12pm, informational picket.
 - Queenstown, 11.30am-4.30pm, informational picket at Frankton shopping centre carpark (Warehouse and Bunnings locale), carpark leaflet drop.
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NEWS

Cancer nurses welcome multi-million medicine deal – but warn of flow-on workload

BY MARY LONGMORE

June 26, 2024

Cancer nurses say the Government's decision to fund 26 cancer treatments is great news — but it must also resource oncology teams to care for higher number of patients.



Photo: AdobeStock

Minister of Health Shane Reti announced this week that Pharmac would get a \$604 million funding boost for 54 new medicines, including 26 cancer treatments.

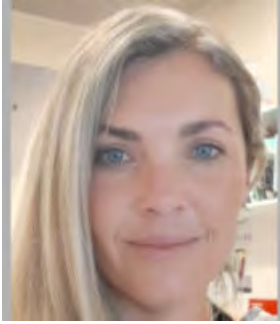
'However, there is no doubt that there will be a flow-on effect to nursing workload on top of an already overstretched workforce.'

The decision followed an intense, patient-led outcry over the Government's failing to honour a pre-election promise to fund 13 new cancer drugs.

What are the new treatments?

The medicines have not yet been specified but in a [statement](https://pharmac.govt.nz/news-and-resources/news/q-and-a-budget-increase) (<https://pharmac.govt.nz/news-and-resources/news/q-and-a-budget-increase>), Pharmac says the funding will cover 26 cancer medicines for a number of cancer types including thyroid, bowel, breast, bladder, lung, head and neck, prostate, liver, ovarian, kidney and four different blood cancers.

Another 28 medicines covered by the extended funding will treat a wide



Shelley Shea

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa cancer nurses college chair Shelley Shea said nurses were happy to see better access to medicines for cancer patients.

range of conditions including infections, respiratory, osteoporosis, sexual health, dermatology, inflammatory conditions and mental health.

“However, there is no doubt that there will be a flow-on effect to nursing workload on top of an already overstretched workforce,” she told *Kaitiaki*.

It was difficult yet to quantify how heavy that extra patient load would be. But cancer care was provided by a multi-disciplinary team so higher patient numbers would affect “all aspects of cancer services”.

Along with oncology nurses, there must be investment in cancer nurse coordinators to support complex care needs, and nurse specialist teams who provide education on patient safety and treatment follow-up. Enough nurse practitioners and prescribers and medical oncologist prescribers would also need to be in place, Shea said.

‘By working with the clinical professions, policy-makers will be well-informed to understand the complexity of cancer care for patients.’

Ongoing professional development to ensure contemporary knowledge, sufficient community nurses (who manage people receiving oral treatment) and nurse practitioners, prescribers and medical oncologist prescribers would also be needed.



Cancer nurses college members (left to right): Celia Ryan, Laura Ledger, Jani Witchall, Edith Paulsen, Shelley Shea, Heather Bustin, Becky Upston and professional nursing advisor Anne Brinkman.

Associated pharmacy, administration, imaging, laboratory, psycho-social and data support systems would all need to be adequately resourced to meet the needs of increased numbers of patients.

Acknowledging the nurses' concerns, a spokesperson for Reti told *Kaitiaki* that on top of \$38 million of initial funding for Te Whatu Ora to deliver the cancer services, "further contingencies will be allocated over the coming years".

'Work with us' for equitable outcomes

Shea said it was also essential that Pharmac, Te Aho o Te Kahu (Cancer Control Agency) and Te Whatu Ora worked closely with clinical professionals such as nurses to plan and deliver the expanded treatments, to ensure they reached those who needed it most.

"By working with the clinical professions, policy-makers will be well-informed to understand the complexity of cancer care for patients."

That would also enable more equitable outcomes, she said.

Reti's spokesperson said definitely the minister "expects close alignment on this".

In Aotearoa, cancer rates are 20 per cent higher for Māori, and Māori are twice as likely to die from cancer than non-Māori, according to [Hei Āhuru Mōwai](https://www.heiahurumowai.org.nz/) (<https://www.heiahurumowai.org.nz/>) — Māori Cancer Leadership Aotearoa.

Reti — who has [apologised](https://www.rnz.co.nz/news/political/520418/watch-pm-health-minister-admit-flaws-in-cancer-drug-communications) (<https://www.rnz.co.nz/news/political/520418/watch-pm-health-minister-admit-flaws-in-cancer-drug-communications>) to patients and whānau for the delay and poor communication around cancer treatments — says the new deal includes seven of the promised treatments, with others replaced by alternatives "just as good or better".



Shane Reti

Some of the new cancer drugs would be available from October, with the rest rolling out in 2025.

Reti estimated the new drug funding — a "pre-commitment" against next year's Budget — will benefit 175,000 people in its first year.

The funding follows April's announcement of [faster treatment targets](#) for cancer patients, 90 per cent of whom must receive care within three months of diagnosis and extending the free breast-screening cut-off from the age of 69 to 74.

Pharmac chief executive Sarah Fitt has said work to deliver the extra cancer medicines will start immediately.

NEWS

From far north to deep south, nurses and kaiāwhina call for change

BY MARY LONGMORE

June 25, 2024

Nurses and kaiāwhina who jumped aboard the country-wide safe staffing bus tour say public support has been “amazing” — and want the Government to invest in safely staffed hospitals.



NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa president Anne Daniels (far left) reaches Motupōhue/Bluff.

The ratio justice bus tour ran for nearly two weeks, travelling from Kaitiā to Bluff, in a resounding call to fund culturally and clinically safe nurse/midwife-to-patient ratios that reflect Aotearoa’s communities. It finished on June 21.

Whanganui registered nurse (RN) Adrienne Kellow said the tour was “amazing” with high public interest and she hoped it would bring more support for nurses.

A HAMILTON ‘DAY IN THE LIFE’ ON THE RATIO JUSTICE TOUR



"People were really supportive, encouraging, interested — it was simple."

On Kellow's ward, where she worked nights, she routinely looked after 11 to 12 patients instead of eight. "It doesn't sound like much difference, four, but it's actually quite an incredible difference," she told *Kaitiaki*.



Adrienne Kellow (centre, rear, in glasses) says safe ratios would keep nurses in Aotearoa.

"People think that patients sleep all night but some people don't sleep one wink," she said.

"[Having safe staffing] just means you can slow down and do things more timely and more effectively — and the patients notice. They most definitely notice when you're in a hurry or when you've got an extra couple of minutes."

Kellow said it wasn't just about money. "It's about making it a more appealing job that you can do effectively and not be comparing yourself to what's happening in Australia."

Over the ditch, she said nurses knew that they could "look after less patients, do the job more effectively, get more satisfaction, have less stress — so why would I stay here?"

So, opening a conversation on mandated ratios was a good thing, she said.

Taranaki RN Wendy Alexander said the day had been "very well-received" in the community.

Katrina Pepper (with flag) alongside NZNO staff and members at the Hamilton bus stop.

By Katrina Pepper

I got a bit mixed up where to meet but [NZNO organiser] Nigel Dawson said, 'No worries, we haven't left yet'. I first went to the NZNO office car park where Nigel was, but I couldn't see him, so went to Garden Place. I gave him a call to track him down, went back to NZNO and helped load up some gear on the bus. The bus driver was lovely, everyone from the union was there and before long the bus was ready to roll!

We arrived at Garden Place and set up the tables and put some ratio justice posters up on the bus.

The first gent who came up took heaps of lollies. We politely said, 'Save some for other people'. I felt for him as he was perhaps homeless and these are the people we need to help the most. Anyway we got our little posters together and the cards to write up 'more nurses, ratio justice' and headed off to all the different directions around town. I thought the mall would be ideal — and it was, as I was able to get people's attention after or before crossing, and in the mall itself as well.

I heard many stories over the morning about people's experiences with health care. One lady said her son has been waiting for an appointment at the neurology clinic for a couple of years now, after being attacked by his ram. Her daughter helps care for him, as there is no funding available. I said I was in the same boat with my mum too.

A lot of people were concerned about how many nurses would be on the floor if they go into hospital for care, or if a family/whānau member was in need of nursing care. I met a couple of young ladies who said they don't qualify for zero fees, so why bother studying? They said they can't afford it with the cost of living.



Wendy Alexander (right) with Taranaki health-care assistant Robyn Hargreaves on the New Plymouth bus stop.

"We didn't even have to explain what we were there for, and they said 'let me sign'. They, too, want more nurses on the floor and more funding for the health sector."

Alexander — who also works nights shifts — said unsafe staffing levels affected her and colleagues "hugely".

"Just not enough staff on the floor. Not being able to feel like you've done a good enough job. It's not unusual to walk out of work an hour late, because you feel bad that you're leaving so many things for the day staff to do that you didn't get done."

A senior nurse, Alexander rarely took breaks. "There is nobody to relieve you . . . I feel it's more important for my junior staff to take breaks than myself, because they're the future."



It was busy and time was going fast, before a towering security guard sent me on my merry way.

By the time I came out of the mall, it was 11.45am and I decided to go back to Dunkin Donuts for a hot choc and two donut special. Nigel soon came and told me it was time to get back on the bus and head to Waikato Hospital for the next stop.

I met registered nurse, Janferie Dewar, and a couple of other nurses there and off we went to gather more support.

Everyone we met was very supportive and worried about ratio justice for nurses and how safe our staffing ratios will be in the future.

Lots of our ratio justice cards were filled in by members of the public and photos taken.

I'm glad I was a part of the ratio justice tour in Hamilton. It is an important time as we are living through a health crisis and NZNO is doing the best to get the message out there for all the public of New Zealand to know.

We can't just sit back and let it continue — everyone has to do their bit to help and not ignore it. We never know — we could be the next ones to be sick.

I'm also concerned about student loans as there are changes bringing higher interest rates and a late payment fee for the next generation in training if they don't meet the zero fees criteria. Something to definitely think about — it opened my eyes up, and I'm glad I went.

I wish to thank everyone on the ratio bus and all the nurses, health-care assistants and public who took part.

— Katrina Pepper is a Waikato health-care assistant.

Far northern bus stop in Kaeo.

[Recent cutbacks](#) had made things worse, with no pool nurses to do things like close cares — which meant health-care assistants (HCAs) had to take on those nursing jobs.

Alexander wanted to believe the Government had the public's best interest at heart — and hoped to see a willingness to safely staff the country's hospitals and health system.

"I would have thought that was a reasonable thing to ask. And the only way that's going to happen is to grow our own, to nurture those who are there – because they're all skipping over to Australia because it's better conditions," she said.

"We need to keep fighting."

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa is campaigning for legislated [nurse-to-patient ratios](https://maranga-mai.nzno.org.nz/ratio_justice), (https://maranga-mai.nzno.org.nz/ratio_justice) as have been introduced in California, British Colombia (Canada), Ireland, Wales and many parts of Australia.

Queensland introduced [patient ratios in 2016](https://www.qnmu.org.au/Web/Campaigns/ratios-save-lives.aspx) (https://www.qnmu.org.au/Web/Campaigns/ratios-save-lives.aspx) for acute medical and surgical wards, and some mental health units, after nearly 10 years of lobbying by the Queensland Nurses & Midwives Union (QNMU). In 2019, it was extended to all adult acute mental health wards. In 2023, Queensland also committed to implement midwifery ratios in all public maternity wards by 2026.

NZNO's [He Tipu conference](https://maranga-mai.nzno.org.nz/he_tipua_conference_2024) (https://maranga-mai.nzno.org.nz/he_tipua_conference_2024) in Wellington July 2-3 is bringing local and international experts in nursing and safe staffing together to explore solving the nursing crisis and attaining culturally safe care.



NEWS

‘They have trampled on the mana of the future workforce’ – students in uproar over reports of hiring freeze

BY MARY LONGMORE

June 21, 2024

Confused, demoralised and “absolutely gutwrenched” — these are the feelings of nursing taira (students) after hearing Te Whatu Ora may be freezing mid-year graduate recruitment a week out from hiring decisions.



Photo: AdobeStock

‘There are no words that express the rage and the anger that I feel, we feel!’

NZNO student co-leader Shannyn Bristowe said many felt anger and confusion after hearing the news — which has been denied by Te Whatu Ora.



Shannyn Bristowe

“There are no words that express the rage and the anger that I feel, we feel. They’ve trampled on the mana of the future workforce,” said Bristowe, who had herself applied for a hospital nursing role at Te Whatu Ora. “It was my hopes and dreams –or it was meant to be,” she told *Kaitiaki*.

Bristowe said she had been inundated with calls from tairā around the country after the news [broke on Wednesday](https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6791/no-place-at-te-whatu-ora-for-graduate-nurses) (https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6791/no-place-at-te-whatu-ora-for-graduate-nurses).

“We had tairā who are absolutely gutted – they are a week away from finding out if they’ve got a placement and now this has been dropped on them.”

After pushing through so many financial barriers to complete their degrees, Bristowe said they just wanted clarity — a wish that may be granted on Monday when the new entry roles are due to be released by ACE (advanced choice of employment), which matches students with new entry places.

Members have told NZNO that Te Whatu Ora chief clinical officer Richard Sullivan instructed clinical and nursing leaders on Wednesday to pause the mid-year intake of graduate nurses NETP (nurse entry-to-practice) and NESP (nurse entry to specialist practice) places in hospitals and specialist services due to fiscal constraints.

For roles that are crucial for safe staffing, managers were told it would be a case-by-case basis through Te Whatu Ora’s “request for recruit” process.

Clinical leaders were told graduates matched to NETP and NESP programme roles outside of hospital and specialist services would not be paused — such as aged care, primary health and private hospitals.

Kaitiaki has sighted communications confirming the instructions — which also state it was due to Te Whatu Ora overspending.



Richard Sullivan

‘No pause’ – Te Whatu Ora

Te Whatu Ora chief nurse Nadine Gray has said there is “no pause in the recruitment of graduate nurses by Health New Zealand”.

In a statement, she said Te Whatu Ora was continuing to match graduate nurses to roles and the current intake was proceeding.



Nadine Gray

But the number of graduate nurses employed by Te Whatu Ora would depend on the number of vacancies it had, she said.

‘If NETP/NESP is not continued, I strongly believe we will see a huge spike in new graduates leaving for better opportunities overseas, or leaving nursing all together.’

“We note that in some nursing specialties, there are currently more graduate expressions of interest than we are likely to have vacancies.”

‘Beggared belief’

An *Otago Daily Times* (ODT) editorial on June 26 said it “beggared belief” there were no guaranteed hospital jobs for 535 new nurses about to graduate amid a nursing crisis.

While Gray denied a freeze, her wording “hinted” there may not be vacancies — later confirmed by Te Whatu Ora stating it had more interest than vacancies, the ODT said.

“In other words, even in the middle of a nursing crisis, there isn’t enough money budgeted to turn things around.”

Recent nursing graduate Rebecca Dunn called on Te Whatu Ora to explain whether supported-entry programmes were continuing.

“The support offered through the NETP/NESP programmes are vital in ensuring new graduate nurses are supported in their first year of practice,” she said. Without them, “many would have left New Zealand for better support and job opportunities in other countries, namely Australia”.

Dunn said the programmes offered one-on-one orientation, preceptorship and ongoing debriefing as well as post-graduate study pathways.

“If NETP/NESP is not continued, I strongly believe we will see a huge spike in new graduates leaving for better opportunities overseas, or leaving nursing all together.”



Rebecca Dunn

Support ‘homegrown’ nurses

Dunn called on Te Whatu Ora to prioritise a home-grown competent workforce.

“To cancel the new graduate programme would send the message that dollars are more important than our nursing workforce.”

Under the ACE process, employers are required to make their selections by today — Friday June 21 — followed by electronic matching applicants to roles next week.

New graduates apply to the programmes through ACE which liaises with employers. Employers then rank their preferred list of candidates, before ACE matches graduates with supported workforce entry placements around the country.

The offers are conditional on the midyear graduates passing their state final exam — which takes place July 16, after which positions are due to be confirmed.

It was not yet clear how many roles could be affected.

‘He tāngata, he tāngata, he tāngata [the people] – when are we going to start putting the patients first?’

Patients ‘hurt’

Bristowe said any hiring constraints would hurt patients, as well as nurses.

“He tāngata, he tāngata, he tāngata [the people] – when are we going to start putting the patients first? Yes, this affects us students . . . but the people it affects the most are those we were getting jobs for — the patients.”

The apparent move follows earlier efforts by Te Whatu Ora [to save \\$105 million by July 1](#), by encouraging staff to take leave on public holidays such as Matariki and limiting sick leave cover.

Minister of Health Shane Reti has said he had been assured there was no pause on graduate nurse recruitment. He told the NZ Herald "misinformation" was causing anxiety among hardworking nursing students.

"I want them to know that we value their work and Health NZ will continue to support graduate nurses into the right jobs."



Shane Reti

'Other opportunities'

Replying to *Kaitiaki*, Te Whatu Ora said in a further statement the recruitment of graduate nurses including NETP/NESP is going ahead as planned — but such positions may be outside Te Whatu Ora.

"The process to match graduates to roles is continuing. It remains our goal that all graduates are matched to roles as quickly as possible either with Health NZ or in the wider health sector."

Nadine Gray said there were many nursing opportunities outside Te Whatu Ora, in areas such as aged care or primary health.

More nurses were being employed than ever before by Te Whatu Ora in hospitals, with 29,404 full-time equivalent (FTE) roles — an increase of 2900 over the past year, she said.

- *Changes were made to this article on June 27, to include the Otago Daily Times editorial comments..*
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NEWS

Two mental health nurses employed after four months' international recruitment

BY MARY LONGMORE

June 19, 2024

After four months and more than 740 expressions of interest, just two new mental health nurses have so far been employed from overseas this year through a new Te Whatu Ora international recruitment campaign.



Photo: AdobeStock.

NZNO mental health nurses section (MHNS) chair Helen Garrick said two more nurses “wouldn't make a huge dent” in New Zealand's mental health workforce shortage.

'It's important to acknowledge the time it takes to employ people from overseas due to visa and professional registration requirements.'

Four allied mental health professionals had also been appointed, bringing to six the total number of campaign-related appointments. Another 32 candidates have been referred to community providers and 100 are “in the long-term pipeline”, Te Whatu Ora chief people officer Andrew Slater said in an emailed response to *Kaitiaki*.



Andrew Slater

“It’s important to acknowledge the time it takes to employ people from overseas due to visa and professional registration requirements, and the focus of the campaigns on developing a future pipeline of candidates.”

Slater said Te Whatu Ora would not have expected to have made offers of employment to more candidates “so soon” and expected to see the numbers rise over coming months.

With a focus on community providers, the ongoing [recruitment campaign](https://www.tewhatauora.govt.nz/corporate-information/consultations/current-consultations/mental-health-and-addictions-mh-and-a-international-recruitment-pilot/) (https://www.tewhatauora.govt.nz/corporate-information/consultations/current-consultations/mental-health-and-addictions-mh-and-a-international-recruitment-pilot/) began on February 23 in the hope of attracting experienced mental health and addiction professionals from the United Kingdom (UK), Canada, United States, South Africa and Ireland, Slater said. They included psychiatrists, psychologists, addiction practitioners, occupational therapists and social workers, as well as nurses, he said.

Minister for Mental Health Matt Dooney, who [met with Garrick](#) and other NZNO leaders recently to discuss violence and short-staffing, has said he was advised the global campaign had drawn high interest.



NZNO MHNS members, including Katie Neal, a UK-trained specialist mental health nurse, Helen Garrick, Joy Neilson, Debbie Watson and Jenni Rae — many of whom qualified as specialist mental health nurses. This training which no longer exists in New Zealand.

International nurses ‘stopgap’

Garrick said importing nurses was a necessary stopgap until New Zealand restored its own depleted mental health nursing workforce — but they must have specialist skills.

Nurses from the UK were sought after as they received specialist mental health training, she said.

“It needs to be very specific and the reason we’re very specific about the UK is they still do the [undergrad] mental health training over there and when they arrive, other than cultural safety, they arrive with a high level of skill!”

Specialist mental health nurse training stopped in New Zealand in the 1980s — but is something Garrick has told the minister she would like to see return. Nurses who want to go into mental health today must attain a post-graduate

diploma via the [NESP](https://www.tepou.co.nz/training-development/grants/new-entry-to-specialist-practice-mental-health-and-addiction-nursing) (nurse entry-to-specialist-practice) programme.

“What we’re seeing now is the dying off — literally — of specialist mental health nurses who have aged and are therefore unable to pass on that expertise,” said Garrick.

Mental health took up “very, very little” of the bachelor of nursing (BN) training. “Then they’re expected to, firstly, be attracted to mental health. And secondly they’re expected to quickly, in the space of a year, become a mental health nurse — it’s very, very challenging.”

‘We’ve got to try and turn it all around – we can’t just say one thing’s going to make a huge difference.’

The Doocey meeting came after a [MHNS survey](https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6787/situation-critical-for-mental-health-nurses) found soaring levels of violence and aggression, amid overcrowding, understaffing and lack of professional support for mental health nurses.

Garrick said the challenges were all related. The violence related to lack of staff and inadequate skill mix — and the worse the violence, the less people wanted to work in mental health.

“We’ve got to try and turn it all around — we can’t just say one thing’s going to make a huge difference.”

Garrick said she wondered if overseas mental health nurses were more likely to go to Australia, where pay rates were higher and resettlement packages were offered at times.

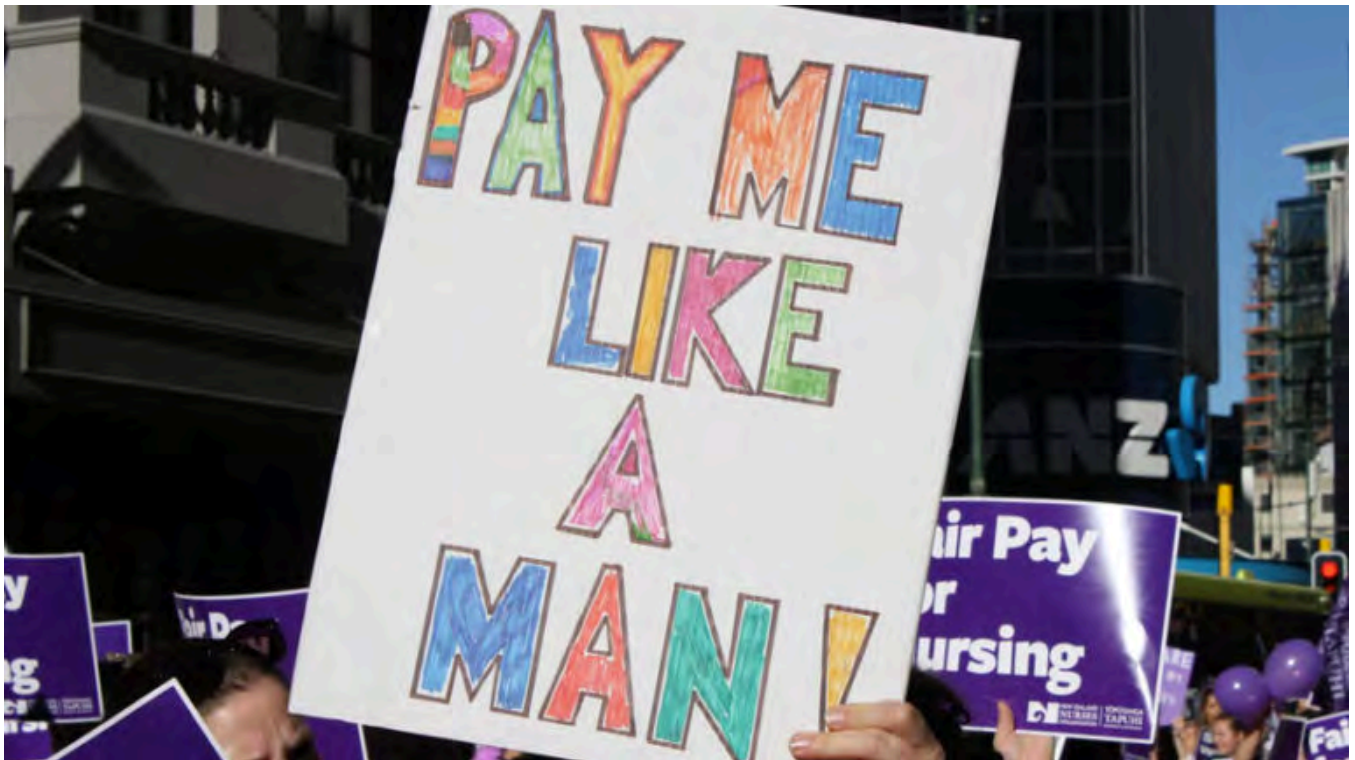
NEWS

Time to 'get serious' as pay equity claim for health's lowest paid women workers lodged with ERA

BY MARY LONGMORE

June 14, 2024

After two years of limbo, thousands of care and support workers this week lodged a claim for equal pay with the Employment Relations Authority (ERA).



The three unions which represent the workers — NZNO, PSA and E tū — are asking the ERA to review evidence that the largely-female workforce is significantly underpaid because of gender-based discrimination, and then decide pay equity rates.

'We want to get it settled and the Government to find the funding, because these are the lowest paid women workers in health.'

NZNO pay equity lead Glenda Alexander said workers wanted employers and the Government to take them seriously and finally settle their pay equity claim.

“We want to get it settled and the Government to find the funding, because these are the lowest paid women workers in health.”



Care and support workers including NZNO delegate Atele Pepa at a 2022 rally for pay equity.

The pay equity claim was initiated on July 1, 2022 with 15 employers, but no settlement had so far been reached.

It directly covers 17,500 workers in those workplaces but could affect another 47,500 workers in disability, home and mental health support, as well as aged care — bringing to 65,000 the number of workers likely to be affected.

‘It’s a lot – but it shows the degree of underpayment these people have been subjected to, for so long.’

Alexander said employers had been dragging their feet for too long, waiting for government assurances they would fund pay equity for such a large workforce.

While acknowledging a settlement could stretch “into the billions”, Alexander said it was a crucial investment in a long-underpaid and desperately-needed workforce.

“It’s a lot — but it shows the degree of underpayment these people have been subjected to, for so long.”

Alexander noted that the previous pay equity settlement for care and support workers in 2017 — an historic \$2 billion deal championed by Lower Hutt aged care worker Kristine Bartlett — had been delivered by a National-led Government. She hoped it could deliver again for one of the country’s most vulnerable workforces.



Care and support worker advocate, Lower Hutt caregiver Kristine Bartlett (left) was at Thursday's action to lodge a pay equity claim with the ERA. Marianne Bishop is on the right.

In 2017, after a two-year legal battle, gender discrimination was acknowledged and pay increases locked in for two years — a deal which lapsed in July 2022.

Since then, negotiations have stalled with employers offering around [2.5 to three per cent](https://etu.nz/pay-negotiations-for-care-and-support-workers-set-up-to-fail/) — far less than the current inflation rate of around five per cent.

Health-care assistants and kaiāwhina have [previously spoken](#) about how tough it is surviving on low pay and the short-staffing that results, putting pressure on some of the most vulnerable workers — and those they care for.

'Time's up'

The current lowest wage rate for care and support workers is \$21.84 and the highest is \$27.43 per hour. The minimum wage is \$21.20. That highest rate offered to care workers is only achieved after several years of training and qualifications as well as experience on the job, according to [employment relations professor Katherine Ravenswood](#).

Public Service Association (PSA) delegate, home support worker Rose Penfold, said low-paid support workers were really struggling in these expensive times.

"Today we're calling 'time's up' — we need pay equity now."

The three unions had been working with employers and Government "in good faith" for two years to reach a settlement, E tū industry council convenor Marianne Bishop said.



Workers seeking a pay equity deal outside the Employment Relations Authority this week.

"We've come to the ERA because we can't wait any longer," said Bishop.

"We need care and support workers to have decent jobs, with decent wages."

The unions had provided extensive evidence that the largely female care and support workforce were significantly underpaid because of gender-based discrimination, the unions said in a statement.

In May, Cabinet reaffirmed that the coalition Government is committed to supporting pay equity for all workers, including those in the important care and support sector.

'Substantial' claim will be addressed separately – Reti

Minister of Health Shane Reti said the Government's new approach to funded sector pay equity claims across all of Government reinforces that the key pay equity relationship is between employers, employees and union representatives.

"I understand that the care and support workers' pay equity claims are substantial and will be addressed separately to other funded sector claims and will extend to the whole care and support workforce."

Read also: [Collapse of negotiations with care workers shows little has changed in how the Government views the work of women.](#)

NEWS

Nurses and health advocates honoured in King's Birthday list

BY KATHY STODART

June 14, 2024

A specialist cancer nurse, a nurse educator and a Māori health advocate are among those honoured in the King's Birthday list this month.



Maureen Morris -- renowned for her work for cancer patients. Photo: Denise Piper/Northern Advocate

MEMBERS OF THE NEW ZEALAND ORDER OF MERIT:

• **Maureen Morris – services to nursing**

Maureen Morris was a specialist oncology nurse, who began an extensive nursing career in 1966. She helped develop cancer services and furthered the professional development of cancer nurses. What she is most proud of is making a difference to the lives of cancer patients and their whānau.

One of the highlights of her career was being the charge nurse manager of Auckland City Hospital's oncology unit from 2002 to 2007. During this time the whole ward had to be packed up and shifted to a new hospital site.

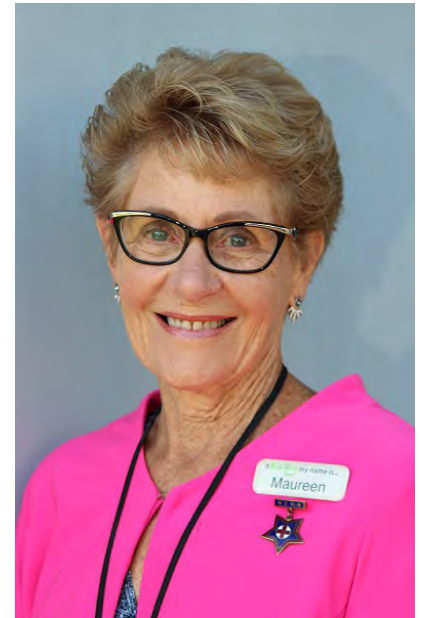
More recently, she was Northland's colorectal cancer nurse specialist, walking patients and their whānau through the journey from investigations, through surgery, chemotherapy and recovery.

She was a foundation member of the Jim Carney Cancer Treatment Centre at Whangārei Hospital, which opened in 2014, providing a centre for cancer treatment for Northland patients so they didn't have to travel to Auckland.

Morris was heavily involved with the development of NZNO's cancer nurses section and the cancer nurses knowledge and skill framework. She received NZNO's cancer nursing innovation and excellence award in 2013.

As a volunteer, she has also been involved with organisations devoted to the support of cancer patients and their families, palliative care and those dealing with loss and grief. These have included the Northland Hospice Society, the Breast Cancer Support Service, the Child Cancer Foundation, the National Association for Loss and Grief, and Blind Low Vision New Zealand.

She retired from nursing at the end of last year.



Maureen Morris

• Louise Rummel – services to nursing education



Louise Rummel

Louise Rummel has contributed to nursing as a clinician and educator for more than six decades. For the last 40 years she has taught nursing at the Manukau Institute of Technology (MIT).

After her initial nursing training at Wellington Hospital, she worked in a range of clinical fields, including medical, gynaecological, and plastic surgery, and also worked as a public health nurse. She set up and ran, between 1962 and 1967, the first occupational health clinic for New Zealand Railway workers at the railway workshop in Whanganui — 500 men worked onsite, along with 500 further outlying staff.

After joining the staff of the MIT School of Nursing in 1984, her first role was as a clinical tutor at Middlemore Hospital. Her roles ranged from tutor through to deputy head of department and principal lecturer. She completed her PhD in nursing in 2001 and held the first research academic lead position at the nursing school.

Rummel was the catalyst for MIT's transition from its nursing diploma programme to a bachelor of nursing degree, and went on to establish undergraduate research papers for MIT nursing students. She was lead author of the book *What Jan Began* (published in 2015), a history of MIT's department of nursing and health studies.

An honorary member of NZNO since 2004, she has contributed articles to *Kaitiaki Nursing New Zealand*, and has served as a reviewer for both this publication and *Kaitiaki Nursing Research*. She previously served on NZNO's nursing and midwifery advisory committee and as secretary of the nursing research section.

Rummel was the lead investigator of the most recent tranche of the longitudinal nursing oral history project, completed in 2023.

Of being honoured, she said: "It's very humbling – I consider myself a very ordinary person who has learnt from the greats in the nursing profession."

• Amohaere Tangitu – services to Māori health



Amohaere Tangitu (Ngāti Awa, Te Arawa, Ngāi Te Rangi, Ngāti Ranginui, Ngāti Maniapoto) spent 36 years of her career in the health sector advocating for cultural awareness and safety.

Tangitu was the bicultural parent liaison officer at Princess Mary Hospital (Auckland's children's hospital before Starship Hospital was established), fostering relationships with kaumātua in Auckland through the establishment of Te Kāhui Kaumātua Council.

In 1989, she became manager of Māori health at Princess Mary, and helped establish the hospital's whānau house for families to stay in, and was involved in the planning and design of Starship Hospital.

She was a member of the national body of Whānau Āwhina Plunket from 2015 to 2021 and provided advice as a cultural consultant to New Zealand Red Cross and Alzheimer's New Zealand.

In 1994 she became the iwi consultant at Rotorua Hospital where she implemented cultural processes alongside hospital treatments. In 1999 she became senior manager Māori health for the Bay of Plenty District Health Board where she formed the Māori health rūnanga, representing 18 Māori tribes across the region within one forum.

Tangitu was the director of Regional Māori Health Services from 2010, following the amalgamation of Te Whānau o Irakewa and Te Puna Hauora, providing health services for 22 tribes across the region, until retirement in 2018.

• Jane Cartwright – services to health governance

Jane Cartwright has served Canterbury for many years as a leader of health, disability and education organisations — in both paid and unpaid roles — prioritising people on the margins who find it difficult to access health services.

She has worked for non-governmental organisations, district health boards, primary health organisations and local government.

While general manager for Healthlink South crown health enterprise in the 1990s, she oversaw the closure of Sunnyside Hospital and opening of Hillmorton Hospital, providing specialist psychiatric/mental health services.

She oversaw the 1999 closure of Templeton Hospital, and the movement of residents into the community or into Brackenridge Estate. As board chair of Brackenridge Services from 2013, she has led significant improvement in services for people with intellectual disabilities.



Jane Cartwright

As a director of Christchurch Polytechnic Institute of Technology/Ara Institute of Canterbury, she was actively involved in the rebuild following the Canterbury earthquakes and lifting Māori and Pacific student enrolment.

Cartwright is a registered dietitian and holds an MBA from the University of Otago.

• Liz Greive – services to child poverty reduction



Liz Greive

Liz Greive is founder of Share My Super, a charity she set up in 2020 to help wealthy New Zealanders donate their surplus superannuation to causes focused on alleviating child poverty.

She has helped hundreds of superannuitants to donate almost \$2 million to 11 organisations, including Women's Refuge, First Foundation, Child Poverty Action Group, Te Pā and Kids Can, among others.

Greive funds the operational costs of the organisation, which means all donations are distributed to the 11 organisations. She has also used Share My Super to promote events and community gatherings, which encourages collaboration between these charities.

She has endowed a foundation that will fund Share My Super's operations in perpetuity.

• Sally Walker – services to health advocacy

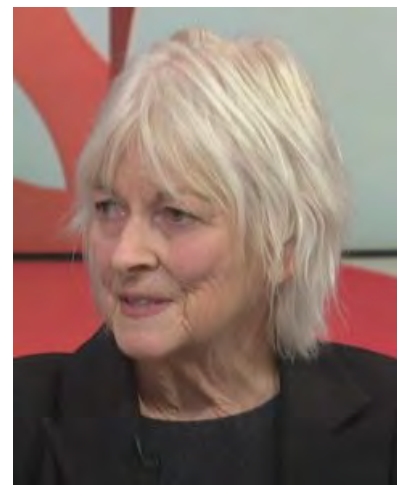
Sally Walker's advocacy on behalf of women injured by surgical mesh, used to treat stress urinary incontinence, was so effective it led to a pause in its use.

Walker was among many women who suffered significant injuries from surgical mesh.

In 2022, she started a petition calling for the suspension of the surgical mesh procedure for stress urinary incontinence. Her advocacy helped lead to the 2023 announcement that mesh surgeries in New Zealand would be paused because of safety concerns, allowing steps to be put in place to reduce harms linked to the procedure.

Walker influenced health professionals, government entities, and nongovernmental organisations to prioritise patient safety and wellbeing. Through sharing her personal journey, she has also helped others avoid similar complications.

She voluntarily manages a health and disability support network, supporting more than 110 women who have faced similar health challenges, as well as managing ACC support for those who have suffered mesh injuries. She was appointed as a consumer advisor to the New Zealand female pelvic mesh service by Te Whatu Ora in February 2024.



Sally Walker. Photo: 1News

NEWS

Minister considering mental health nurses' views after damning NZNO survey

BY MARY LONGMORE

June 14, 2024

Minister for Mental Health Matt Doocey says he will consider mental health nurses' proposals to increase and support their workforce after meeting with NZNO leaders.



Photo: AdobeStock.

The "out of the blue" meeting came after damning [survey findings](https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6787/situation-critical-for-mental-health-nurses) (https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6787/situation-critical-for-mental-health-nurses) revealed three quarters of mental health nurses had been threatened amid rising levels of violence, aggression and short-staffing.

Mental health nurses section (MHNS) chair Helen Garrick, NZNO president Anne Daniels and chief executive Paul Goulter were invited to discuss the findings last Friday.

'We have consistently fallen behind in wages for well over a decade now. Is it any wonder that many of our workforce move offshore?'

'Poor pay for the work I do – shift work,

Garrick said she challenged Doocey over why more money was being poured into the milder end of mental health at a time when

working public holidays and nights.'

community and inpatient crisis services were “crumbling” with staff facing escalating violence.

[Te Whatu Ora data](#)

(https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6776/official-nurse-unsafe-staffing-figures-genuinely-alarming) released to NZNO last month revealed mental health wards are the most understaffed of all, with three wards reporting more than 1000 understaffed shifts in 2023. The Mason Clinic's Tāne Whakapiripiri ward in Waitematā was understaffed 99.45 per cent of the time — meaning just six shifts were safely staffed that year.



NZNO mental health nurses section members (left to right): Katie Neal, Helen Garrick, Joy Neilson, Debbie Watson and Jenni Rae have said mental health nursing is 'beyond crisis'.

Mental health advocate and former comedian Mike King was controversially awarded [\\$24 million](#) (<https://www.rnz.co.nz/news/political/517470/coalition-confirms-24m-for-gumboot-friday-charity-i-am-hope>) over four years for his youth counselling charity I am Hope recently.

Meanwhile, a Waikato mental health facility has been so overcrowded, patients were forced to [sleep on the floor](#) (<https://www.rnz.co.nz/news/national/517433/waikato-mental-health-facility-patient-forced-to-sleep-on-floor-due-to-overcrowding>) and in interview rooms, RNZ has reported.

Garrick also urged Doocey to build up the mental health nursing workforce, both in expertise and numbers — something he seemed interested in exploring, she told *Kaitiaki*.

Ideas to reduce violence, like reducing overcrowding and initiatives like the UK-based ['SafeWards](#) (<https://www.safewards.net/>)' which uses evidence-based interventions to reduce conflict, also seemed of interest, she said.



Matt Doocey

The mental health nurses section wants to see:

Nurse leadership: It is important to have mental health nurses leading teams of mental health nurses. There is also a need for clear career pathways.

Education and workforce development for registered nurses: Specialist mental health nurse training allowing nurses to enter mental health directly upon graduation. More focus on talking therapies in education.

Professional/ clinical supervision and kaupapa Māori supervision: Both professional and cultural supervision, paid for by employers and supported with a register of approved supervisors.

Recruitment: Needs to be a key focus because of the ageing workforce and already-depleted ranks. Mental health undergrad programmes would aid recruitment. Māori and Pasifika recruitment should be targeted.

Garrick said while the 30-minute meeting was “out of the blue”, she was happy for the opportunity and pleased to see a dedicated minister for mental health.

‘For me it is really heart-breaking watching new grads that I have mentored, supported and supervised losing their passion and becoming tired, fearful and burnt out in a very short time.’

Doocey told *Kaitiaki* he was keen to have further discussions about the pressures on nurses, including their safety, and after the meeting had asked officials to follow

up their ideas with NZNO “to understand them further”.

“Working in the mental health field can be a challenging and confronting area of nursing, however our people have a right to a workplace in which they feel safe and able to carry out their duties.”

Doocey said he was working closely with Health New Zealand (HNZ) to develop a specific mental health and addiction workforce plan, with details to come “in due course”.

This year, HNZ had funded a record 303 new entry to specialist practice (NESP) places for nurses entering mental health and addictions and 87 places for allied workers in occupational therapy and social work.

An [international recruitment campaign](https://www.tewhatauora.govt.nz/corporate-information/consultations/current-consultations/mental-health-and-addictions-mh-and-a-international-recruitment-pilot/) (<https://www.tewhatauora.govt.nz/corporate-information/consultations/current-consultations/mental-health-and-addictions-mh-and-a-international-recruitment-pilot/>) launched earlier this year had also drawn high interest, he said.

Mental health nurses hospitalised

The MHNS survey found an alarming 76 per cent of mental health nurses had been threatened and 40 per cent assaulted over the preceding year. One incident was so serious, it put seven staff in ED, one nurse said.

‘I often feel unsafe at work and I would not encourage anyone to work on an acute admission ward.’

More than 100, or 24 per cent, of NZNO’s 432 mental health nurses responded to the 2023 survey.

Staffing shortages, particularly in experienced nurses, was one of the biggest challenges, causing “overwhelmingly” high workloads, overcrowding and “concerning” levels of burnout, the survey found.

Escalating aggression, understaffing and burnout were all directly related, Garrick told *Kaitiaki*.

“We have people who require three staff to work with them because of the complexity of their needs and the potential for behaviour that’s unsafe for staff. So if you have three staff and one person – who does all the rest of the work? It’s just maths.”

Retention: Much of this centres on staff desiring recognition of role/expertise and wanting to feel safe in clinical settings.

Skill mix: Advocacy for the role of the mental health & addictions (MH&A) nurse across the sector. Clarity in describing what MH&A nurses bring to each service — and care to prevent the subtle erosion of nursing roles by the unregulated support workforce.

Māori mental health and addiction

nursing: Defining this role and its scope.

More nurse practitioners. Increasing the numbers of mental health NPs especially in community and primary care. More emphasis on therapeutic skills such as talking therapies.

System cracks we discussed with the 2018 mental health inquiry [He Ara Oranga](https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/) (<https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/>) team have not been addressed and appear to be worsening, such as services for people with high and complex needs and acute/crisis and inpatient services. We fear this may deteriorate further with the police-stated intention to [withdraw from mental health calls](https://www.rnz.co.nz/news/national/511983/survivors-doubt-mental-health-system-can-step-up-when-police-withdraw-from-crisis-callouts) (<https://www.rnz.co.nz/news/national/511983/survivors-doubt-mental-health-system-can-step-up-when-police-withdraw-from-crisis-callouts>). There is an urgent need for a rapidly increased mental health nursing workforce to fill these roles.

— By Helen Garrick.



Paul Goulter and Anne Daniels

Methamphetamine 'psychosis'

Wellington mental health nurse Grant Brookes — also an NZNO board member — said much of the violence was due to methamphetamine-related psychosis.



Grant Brookes (right) at a recent NZNO safe staffing protest.

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used alongside those with different needs, creating "significant safety risks" and challenges for carers, he said.

"We care about doing a good job for tangata whaiora, but feel we cannot do that in the current conditions."

Nurses surveyed also said they did not feel they were paid enough for the "personal cost" of the role and shift work across holidays and nights, nor supported with enough supervision or professional development.

The workplace pressures meant there was little time for professional upskilling and education — even if it was available.

'With overcrowded wards nurses are becoming more stressed which compounds the already dire situation for unwell inpatients.'

Growing levels of violence and aggression from patients were a high risk to both staff and other patients, with a lack of security and support, nurses said.

'New nurses are overwhelmed, afraid and feel they have no voice to complain. It is extremely sad to see them leave especially from acute wards and often nursing, feeling 'burnt out'.'

"There is a refusal to believe the violence is as prolific as it is and the environment is incredibly stressful to work in."

Garrick said the findings "weren't surprising at all" given how mental health nurses' concerns had been ignored by the previous Government in its 2018 mental health inquiry [He Ara Oranga](https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/) (https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/).

"So it wasn't a surprise at all people are still battling with acute services, with not having enough staff," she said. "All of the pressures are still there, because nothing was done post-inquiry because they didn't actually look at the hard end of the mental

'Morale is at an all-time low and this job is more dangerous than it has ever

health services, which are people who need ongoing care in mental health services like community or inpatient.”

been.’

Garrick said as well as more nurses, more acute beds and community services were needed for people with high and complex mental health needs. This would also help free up acute inpatient beds.

‘Low staff numbers, high acuity, fire fighting and unable to provide effective, sustainable treatment.’

Mental health nurses told *Kaitiaki* a year ago they were “[beyond crisis](#)” with record levels of methamphetamine-fuelled violence and daily assaults.

— A *kōrero* on Māori mental health was postponed until NZNO kaiwhakahaere Kerri Nuku was available to meet with Doocey, who was keen to continue the contact, Goulter said.



OPINION

Nurses 'under-used in antimicrobial stewardship'

BY GIGI LIM, SHARON GARDINER AND STEPHEN RITCHIE

June 26, 2024

Nurses should be more involved in antimicrobial stewardship, say members of an expert group working on new guidelines for antimicrobial practice.



Nurses have the potential to make a difference to how antimicrobials are used. Photo: Adobe Stock

Antimicrobial resistance (AMR) is a plague in health-care systems and infections caused by multi-resistant organisms are a serious global threat.^{[1](#)}

Resistant micro-organisms are on the rise with AMR frequently limiting treatment options, and potentially even resulting in infections that have no suitable therapies.^{[2](#)} Therefore, it is important to use antimicrobials, including antibiotics, optimally to prevent both adverse drug reactions in patients and harm to the population as a whole from AMR.

Antimicrobial stewardship (AMS) is a coherent set of actions which promote the responsible use of antimicrobials to — among other things — counteract AMR. AMS programmes decrease unnecessary exposure to antimicrobials,



Gigi Lim

improve cure rates, reduce adverse drug reactions, slow the emergence of AMR, and reduce hospital costs.[3](#), [4](#), [5](#)

Nurses are ideally placed to enhance AMS, due to the size of their workforce, their contact with patients and their wide skill-set. Yet they are under-utilised and the potential of their role in this work is not well understood.

Experts and clinical leaders recently called for our government to urgently prioritise AMS.[6](#) They set out the need for strong interdisciplinary leadership and support for AMS activities to ensure effective action in all health-care settings.



Sharon Gardiner

The 2018 report, *Kotahitanga – Uniting Aotearoa against infectious disease and AMR*,[7](#) from the Prime Minister's chief science advisor, stated, "the time for action is now: the longer we wait to unite against these threats, the more suffering New Zealanders will face".

It was recommended that New Zealand immediately "develop new clinical care standards for AMS to address gaps in the current health and disability standards". The report said these should be extended to cover all health professionals involved with antimicrobial use, including doctors, nurses, pharmacists, midwives, and dentists in the community.



Stephen Ritchie

These roles needed to have a strong equity focus, with minimum full-time equivalents required for AMS pharmacists, doctors and nurses, as appropriate, at all hospitals (both public and private) and primary health organisations.[8](#)

New Zealanders are very high users of antibiotics. Our rate of antibiotic consumption in 2019 was the fifth highest of 31 OECD nations.[9](#) Antibiotic use in primary care is a strong driver of AMR and, in New Zealand, over 95 per cent of antibiotics are dispensed and consumed in the community.[10](#)

It is estimated that at least half of the antibiotics prescribed in New Zealand are inappropriately used to treat self-limiting (often viral) respiratory tract infections.[11](#)

The threat of AMR in New Zealand is even greater for Māori and Pacific people, who are disproportionately affected by infectious disease (eg skin infections and sore throats, leading to risk of rheumatic fever) and have the greatest need for effective antimicrobial therapy.[12](#)

New Zealanders are very high users of antibiotics. Our rate of antibiotic consumption in 2019 was the fifth highest of 31 OECD nations.

Nurses ideally placed

Nurses comprise most of the health-care workforce[13](#) but are significantly under-utilised in AMS.[8](#) Registered nurses (RNs) are central to infection prevention and control teams and are ideally placed to enhance AMS activities due to their wide skillset.[11](#)

However, to succeed in this role, RNs require specific AMS education,[14](#), [15](#), [16](#) increased participation in AMS activities, and organisational support.[8](#), [17](#)



Indiscriminate use of antimicrobial medicines encourages microbes to develop resistant strains. This is a major threat to the effectiveness of many medicines. Graphic: Adobe Stock

Also, further clarity is required on how RNs should carry out this role in a complex environment where engagement and collaboration with other health professionals is essential.

RNs are often the first point of contact for patients seeking advice on how to manage their illness and on treatment options (eg antibiotics). They are well-positioned to promote, teach, and support appropriate use of antibiotics and engage in AMS activities to reduce AMR.

In inpatient settings, RNs are crucial in guiding appropriate durations of antibiotic treatment, determined by individual patient response.[18](#)

Potential opportunities for RNs to engage and participate in AMS have not been fully explored. However, formal inclusion of nurses in AMS activities has been associated with improved nurse knowledge and confidence, and in some cases improved clinical outcomes for patients.[19](#)

RNs are often the first point of contact for patients seeking advice on how to manage their illness and on treatment options, such as antibiotics.

Research is needed to improve our understanding of the nature, scope, and influence of the nurse's role in AMS, how nurses enact and carry out this role, and what support nurses need.

Therefore, we call on RNs to participate in AMS activities in both primary and secondary care settings and to engage in programmes that will enhance their practices in AMS. They need to take on the role of AMS stewards in their clinical setting and to work with doctors and pharmacists to implement programmes to slow the relentless advance of AMR.

Developing antimicrobial guidelines

There is currently an opportunity for RNs to contribute to AMS nationally, through the development of national cross-sector antimicrobial guidelines. We are members of the group of clinicians and researchers working on these guidelines which should provide a cornerstone tool of AMS and promote effective, sustainable, safe and equitable antimicrobial use.

You can find some initial information on the guideline development [here](https://www.tewhatauora.govt.nz/for-health-professionals/clinical-guidance/diseases-and-conditions/antimicrobial-resistance/antimicrobial-prescribing-guidance-and-antibiograms/) (<https://www.tewhatauora.govt.nz/for-health-professionals/clinical-guidance/diseases-and-conditions/antimicrobial-resistance/antimicrobial-prescribing-guidance-and-antibiograms/>). If you are interested in being informed about the progress with this or contributing to guideline development, please email: antimicrobials@cdhb.health.nz.

Infectious diseases are a major threat to the health and well-being of New Zealanders and COVID-19 serves as a stark reminder of the seriousness of these threats, physically, economically, and socially.

Infectious diseases are a major threat to the health and well-being of New Zealanders and COVID-19 serves as a stark reminder of the seriousness of these threats, physically, economically, and socially.

The science underlying the development of AMR and the solutions to AMR are evident. We need to focus our efforts on infection prevention, rather than waiting for people to get sick and then being forced to focus on treatment. We need to curb inappropriate use of antimicrobials.

The chief science advisor's report describes the strategies needed to tackle the impending threat of AMR in New Zealand. However, as a nation, we have fallen pitifully short on implementation. The time to act is now.

Preparing and supporting RNs to participate fully in this work will greatly help us to make the changes in antimicrobial use that are needed.

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FEATURES

It's cool to kōrero – June 2024

BY KATHY STODART

June 25, 2024

Puku — belly, stomach



Photo: Adobe Stock

it's cool to
kōrero



Haere mai and welcome to the June “it's cool to kōrero” column. *Puku* is the word in te reo Māori for belly or stomach. As well as the place to be filled with healthy kai, the puku is also the place where powerful feelings can be stored. The Pōwhiri Poutama model for



Stomach pain: “ngaupuku” or “puku mamae”. Photo: Adobe Stock



Abdominal exercises: “Whakapūioio puku”. Photo: Adobe Stock

counselling and therapy using tikanga Māori, includes the advice to participants to focus on expressing “what sits in your puku” which is “often strong emotions”.

Kupu hou (new word)

- **Puku** (stomach, belly) — pronounced “poo-coo”
- **Kei te kī tāku puku.** — My stomach is full.

Other words and phrases related to *puku* include:

- **Ngaupuku** — stomach ache
- **Koru** — intestine (literally, a coil)
- **Puku hamuti** — bowels
- **Huaketo puku** — rotovirus
- **Waikawa puku** — gastric acid
- **Puku mamae** — stomach pain
- **Whakapūioio puku** — abdominal exercise
- **Puku nui** — big belly

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

Sources

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- [Pōwhiri Poutama Model](https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Te%20Runanga/Presentations/2017%20Michelle%20Edwards.pdf) (<https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Te%20Runanga/Presentations/2017%20Michelle%20Edwards.pdf>)



Intestines: "koru" (literally, a coil). Photo: Adobe Stock

RESEARCH

Migrant nurses' experiences in the workplace – what support do they need to thrive?

BY DANA TAYLOR

June 27, 2024

To thrive in the workplace, internationally qualified nurses need professional development, protection from bullying and good communication skills, a New Zealand researcher has found.



IQNs feel more positive about their workplace interactions when they are able to communicate clearly and resolve differences. Photo: Adobe Stock

The global nursing shortage has been a catalyst for the international migration of nurses. The shortfall in the New Zealand health service has seen numbers of internationally qualified nurses (IQNs) rise to more than 40 per cent of the workforce.

NZNO seeks to help migrant nurses adjust to working in the New Zealand health-care sector by encouraging employers to support them.¹ For my doctoral research, I sought to find out what support IQNs need by asking them to tell their stories about their positive and negative interactions with work colleagues.

I aimed to shed light on how IQNs see themselves as professionals working in the New Zealand health service and to provide insights that would be useful to both migrant nurses and their health service employers.

The eight IQNs I interviewed were recruited via interpersonal networks, online media (including an [article](#) I wrote for *Kaitiaki* in November 2020), and social media networking. They came from Southeast Asian, African and European countries; some had English as their first language, while for others it was an additional language. All had been nursing in towns and cities around New Zealand for at least three years.

I invited them to tell me their stories of both challenging and positive workplace interactions with their colleagues, ie with doctors, administrators, and fellow nurses — both New Zealand nurses and other IQNs. I use pseudonyms here to protect their privacy.



Dana Taylor

These are my study's key findings:

- IQNs need to be able to develop their nursing skills.
- They need protection from bullying and exploitation.
- They need to develop their interpersonal communication skills.
- They need help with stress management.
- Teamwork needs to be promoted by health-care employers and managers.

Firstly, participants recommended that IQNs be encouraged to help their colleagues follow nursing protocols correctly to avoid repeating clinical errors. Lilly and Carmel spoke of their difficulties confronting nursing colleagues when their organisation's medication administration policy was not followed and an error made, potentially risking patient safety.

Rose wanted to see professional development for IQNs to "keep nursing skills up [so they can] be an example to all the other nurses". She also felt this would enhance teamwork and help IQNs develop strong communication skills.

Research shows IQNs benefit from having a positive relationship with an encouraging manager who responds to their professional development needs.²

IQNs are negatively affected by bullying, exclusion, and exploitation in New Zealand health-care workplaces.

Secondly, IQNs are negatively affected by bullying, exclusion, and exploitation in New Zealand health-care workplaces. Their experience of harassment is an individual burden resulting from a systemic problem.³ Ricky described "being set up for failure" by a bullying colleague from the same region in Ricky's home country.

Workplace exploitation of IQNs, where they are given higher patient acuity or caseloads, has the potential to harm patient and worker safety.⁴

Ability to respond assertively

However, IQNs who feel empowered in their nursing role may respond assertively to counter any bullying, racism, or exploitation.^{5, 6} Ricky, for instance, stood up for her IQN colleagues who were concerned about being given unfair case numbers but did not want to speak up for fear of putting their job at risk.

Thirdly, IQNs had positive experiences of their work relationships where they were able to resolve disagreements and communicate clearly with colleagues. According to Rose, "The best thing is communication skills [...] And working within the nursing boundaries, which is very, very crucial!"

IQNs had positive experiences of their work relationships where they were able to resolve disagreements and communicate clearly with colleagues.

By giving IQNs training in soft communication skills — both interpersonal and cross-cultural communication — educators may help them develop the confidence to respond professionally to workplace issues.⁷ This is in line with the Nursing Council of New Zealand's expectation for IQNs to communicate effectively with patients and colleagues.⁸

Finally, health-care employers need to understand the pressures IQNs face. Mons said, "If you add emotion to your workload, you're just increasing your time [...] after hours. The thinking. The going over and over it again."

What kind of managers they valued

IQN participants valued managers who focused on "working alongside people, rather than above them" (Mons) and who prioritised delegation and collaboration for effective teamwork (Lilly, Nightingale, Ricky).

The New Zealand nursing sector is struggling to train and retain nurses amid a global nursing shortage.⁹ My research findings are consistent with NZNO's recommendations for employers to enhance IQNs' workplace wellbeing.¹⁰

Insights from this research may provide the impetus for health-care providers and policymakers to make IQNs feel more empowered to build a successful long-term nursing career in New Zealand.

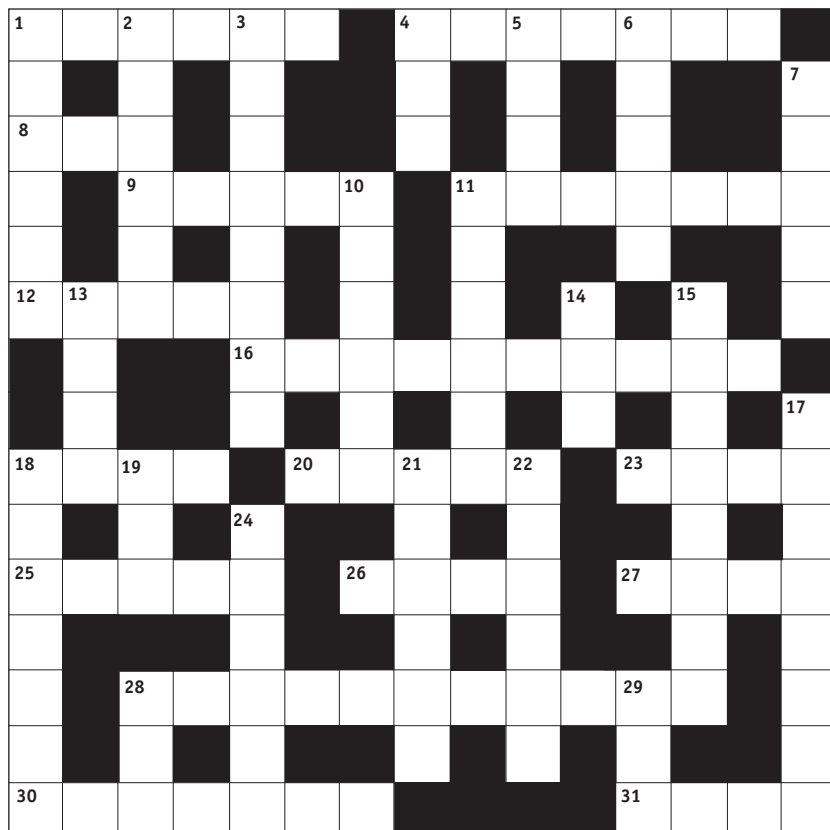
Dana Taylor is a former international English language testing system (IELTS) examiner, who has been teaching migrant health-care professionals to prepare them for the IELTS and occupational English test (OET) for over 15 years. She has a masters of teaching English to speakers of other languages (TESOL) leadership and will graduate with a PhD in applied linguistics later this year. To find out more about her research, visit www.tinyurl.com/danataylorphdproject (<http://www.tinyurl.com/danataylorphdproject>).

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(https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/1643/internationally-qualified-nurses-immigration-and-other-issues)
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June 2024 crossword



ACROSS

- 1) Worldwide
- 4) Job opening
- 8) Small round mark
- 9) Smooths clothing
- 11) Raw fish dish
- 12) South Pacific kingdom
- 16) A shift from one state or place to another
- 18) Meat cooked in sauce
- 20) At top of list
- 23) Large rubbish container
- 25) Belonging to them
- 26) Arab monarch
- 27) Country (Māori)
- 28) Induction to new job
- 30) Mark with fingernails
- 31) Small sprouting bean

DOWN

- 1) Small bird that migrates from Arctic to NZ
- 2) Choice
- 3) Go into bat for
- 4) Large alcohol container
- 5) Coffee house
- 6) Wellington suburb named after native tree
- 7) Not expensive
- 10) African expedition
- 11) Unstable urgent situation
- 13) Leave out
- 14) Consumed
- 15) Pandemic stay-at-home order
- 17) Roof edging that collects water
- 18) Surgical stitches
- 19) Night before
- 21) Isolated
- 22) Treaty (Māori)
- 24) Creative person
- 28) Rowing tool
- 29) Unit of electrical resistance

May answers

ACROSS: 1. Analgesia. 5. Water. 8. Clan. 10. Picket. 11. Fist. 12. Marquette. 14. Pruned. 15. Uproar. 19. Kaiāwhina. 23. Spam. 24. Ivory. 25. Vet. 26. Frail. 28. Gravy. 29. Ostrich. 30. Ten. 31. Yellow.
 DOWN: 2. Landmine. 3. Expired. 4. Include. 5. Wet. 6. Taxi. 7. Roots. 9. Lunar. 11. Fear. 13. Tough. 14. Pews. 16. Rusty. 17. Ringa. 18. Caption. 20. Wealthy. 21. Icing. 22. Avocado. 25. Vest. 27. Rare