

NEWS

Our union pays tribute to the Māori King

BY RENEE KIRIONA

August 30, 2024



Kiingi Tuheitia

Tōpūtanga Tapuhi Kaitiaki o Aotearoa (NZNO) has joined with the nation to mourn the passing of Kiingi Tuheitia Pootatau Te Wherowhero VII.

Kaiwhakahaere Kerri Nuku said among the union's membership are thousands of Māori nurses who would have been feeling a deep loss this morning, after finding out about his death.

"Like all nurses, Māori nurses will be doing their mahi today but their day would have started with a deep sadness because they've lost a leader," Ms Nuku said.

"Kiingi Tuheitia stood for all the values and aspirations that our Māori nurses have been fighting for which in essence is – love the people, care for them and the nation.

“Our hearts are with his wife Makau Ariki, their children, the Kiingitanga movement and all of Waikato Tainui!”

Kingii Tuheitia and the Kiingitanga movement promoted alternatives to a health system not working for Māori, Ms Nuku said.

“Going right back to the days of Te Puea Hērangi, about 100 years ago, the Kiingitanga have been trying to tell the powers that be that there are other ways to improve the health and wellbeing of their people. And that way is Mana Motuhake.”

In 2006, a scholarship programme for Waikato Tainui descendants studying nursing was established in the name of Kiingi Tuheitia’s late mother, Dame Te Ātairangikaahu.

NEWS

Residents and families picket retirement village owners' conference

BY MARY LONGMORE

August 28, 2024

Retirees, families and supporters turn out to picket \$2000-a-head retirement village conference as aged care staff and care hours are being cut.

Rally against aged care cuts protest



It was an older but loud crowd chanting "safe aged care is a human right" outside Wellington's Tākina venue where the Retirement Village Association (RVA) was holding a \$2000-a head conference.

'We applaud the retirees who are standing up and asking for their voices to be heard, and showing their support for nurses and caregivers.'

"Do you know how much carer time \$2000 buys? Well, about 80 hours," village resident and retired nurse Jiff Stewart told the picketers. "That's how much — two weeks of carer work, for one conference registration fee."

Stewart is part of a group of Wellington retirees working with unions NZNO — Tōpūtanga Taphui Kaitiaki o Aotearoa and E tū to push for changes to support safe staffing and quality aged care.

One Wellington aged-care facility, Village at the Park, owned by the Arvida Group, has [proposed cuts of about 400 care hours a week](#) — although has since agreed to [keep one 40-hour shift](#).



Retirees Jiff Stewart and Terese O'Connell speaking at Wednesday's rally.

'For the time I have left I do want to be in safe hands'

But NZNO chief executive Paul Goulter said several others — Bupa, Oceania, Metlife Care and Summerset — were also proposing cuts.

"We applaud the retirees who are standing up and asking for their

voices to be heard, and showing their support for nurses and caregivers."

NZNO wanted legally mandated safe staffing levels in aged care, and across the health sector, as was the case in Australia.

In a poignant kōrero, Stewart said she didn't expect to live happily ever after these days — "glimpses of joy, perhaps, from a kind word, a gentle hand, moments of engagement.

"But, for the time I have left I do want to be in safe hands."

See also: [I want to be safe](#)

WHAT CAN WE DO?

- Sign the petition to stop the cuts.
- Write to the Health Minister, Shane Reti (Reti@ministers.govt.nz) and Minister for Seniors, Casey Costello (C.Costello@ministers.govt.nz), raising your concerns.
- At election time, make sure aged-care policies and funding are on the agenda.
- If you are in care or know someone in care, report any concerns to any of the following organisations:

- * Aged Care Commissioner [hdc.org.nz](http://www.hdc.org.nz) (<https://www.hdc.org.nz/>)
- * Age Concern Wellington [ageconcern.org.nz](http://www.ageconcern.org.nz) (<http://www.ageconcern.org.nz/>)
- * Grey Power [greypower.co.nz](http://www.greypower.co.nz) (<http://www.greypower.co.nz/>)
- * Retirement Villages Residents Association NZ [rvr.org.nz](http://www.rvr.org.nz) (<http://www.rvr.org.nz/>)

Get involved with your union!



Retired nurse Gill Regan at the rally.



NZNO Te Rūnanga members Margaret Hand and Ana Maria Watene at the rally.

NEWS

New Southern Cross scholarships will fund 17 AUT nursing students on clinical placements

BY MARY LONGMORE

August 28, 2024

Seventeen new scholarships are being launched to support “passionate” and under-represented Auckland University of Technology (AUT) nursing students on clinical placements over the next three years.



From 2025, Southern Cross Health Trust will offer five scholarships for each year of AUT's three-year bachelor of health science (nursing) for students who face barriers, hardship or come from under-represented communities.

“That could be Māori, Pacific, could be rainbow, could be young solo mums — the idea of the scholarships is to help students who would otherwise find it quite difficult to complete their education,” AUT head of nursing Jan Dewar told *Kaitiaki*.

'Half of our students are first in family - no one in their family has been to university before, so it's pretty massive,'

Another two scholarships are available for its post-graduate masters of nursing science degree — a total of 17 annual scholarships worth \$300,000.

Nursing heads Dewar and Rachel Macdiarmid — who co-designed the scholarships after talking to students — said clinical placements were a real pressure point, particularly the lengthier ones in final year.

"Half of our students are first in family - no one in their family has been to university before, so it's pretty massive," Dewar said.



AUT heads of nursing Jan Dewar and Rachel Macdiarmid.

"We have a fairly high number of Māori and Pacific students as well. They're not all just school leavers, some are juggling children or parents or everything supporting their families, so anything we can do to make that a bit easier."

Dewar said she had often seen students drop out to try and save to complete their studies within the five year deadline set by the Nursing Council.

'They make all sorts of sacrifices - I talked to one the other day who has moved back in with her parents

At a glance: Southern Cross nursing scholarships

The Southern Cross Health Trust is offering scholarships for AUT bachelor of health science (nursing) and master of nursing science students in 2025.

The scholarships include:

- \$500 per week stipend when out on placement

just so she can get through this last bit of her degree!

The scholarships will give students a \$500 weekly stipend, \$1000 towards fees, priority placements at Southern Cross hospitals, opportunities for part-time work and a Southern Cross nurse “buddy” from a similar background.

All nursing students must complete 1100 hours of clinical placement over their three-year degree — a whopping 360-hour continuous chunk in their last year just before they sat the final exam.

“They make all sorts of sacrifices – I talked to one the other day who has moved back in with her parents just so she can get through this last bit of her degree.”

All first-year nursing students will also get \$300 from the trust for uniforms and shoes. This was also a “big commitment” from Southern Cross, with around 400 nursing students enrolling at AUT each year, Dewar said.

Southern Cross placements ‘optional’

Scholarship recipients would also have mentoring with a Southern Cross “buddy” nurse, part-time work and priority clinical placements with Southern Cross — but they were not obligatory, Dewar said.

“It’s an opportunity for them to have some of their placements at Southern Cross, but it definitely wouldn’t be all, and an opportunity to work there at the end if they so choose.”



Monica Goldwater

Southern Cross Healthcare chief nursing officer Monica Goldwater said the organisation was committed to supporting and growing the nursing workforce.

“Nurses play a crucial role in the health-care system, but they are in short supply and high demand across the sector. By investing in the future of nursing, we aim to contribute to growing the workforce and ensuring our communities have access to the highest quality care.”

Dewar hoped other organisations might see a similar opportunity to support New Zealand nursing students.

[Research](#) by NZNO’s student unit last year showed money was the number one pressure for nursing students, almost a third of whom drop out — with slightly higher rates for Māori and Pacific.

NZNO’s student nurse leaders recently [called for support](#)

(https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6807/students-call-for-a-secure-future-for-m%C4%81ori-nurses) such as paid placements to help grow a Māori nursing workforce which has been sitting at seven per cent for more than a decade.

Apply for a 2025 Southern Cross-AUT nursing scholarship [here](#) (<https://www.aut.ac.nz/study/fees-and-scholarships/scholarships-and-awards-at-aut/southern-cross-nursing-scholarships>).

- \$1000 annual contribution to fees (except in final fees-free year)
- \$500 annual health and wellbeing allowance
- Priority clinical placements with a Southern Cross hospital
- Opportunity for a part-time role in a Southern Cross hospital or health-care service provider
- Mentoring and additional learning opportunities

All incoming 2025 nursing students will also get \$300 for nursing uniforms and shoes as well as free flu vaccine, funded by Southern Cross Healthcare.

Students who demonstrate passion for nursing and are experiencing personal challenge or disadvantage that may prevent them from undertaking or completing their studies are invited to apply. Scholarship details can be found [here](https://www.aut.ac.nz/study/fees-and-scholarships/scholarships-and-awards-at-aut/southern-cross-nursing-scholarships) (<https://www.aut.ac.nz/study/fees-and-scholarships/scholarships-and-awards-at-aut/southern-cross-nursing-scholarships>).



NSU co-leaders Shannyn Bristowe and Stacey Wharewera want more support for taura Māori.

NEWS

Ngāti Raukawa nurse honoured with Te Akenehi Hei Award

BY RENEE KIRIONA

August 23, 2024

Whether it's in Middlemore Hospital's emergency department or in Auckland's urban Māori community, Dhyanne Hohepa is a leader.



Dhyanne Hohepa with her Māmā

And that's just one reason, the nurse practitioner has been named this year's recipient of Te Akenehi Hei Memorial Award, which is the most prestigious award from Te Rūnanga o Aotearoa, NZNO.

The Ngāti Raukawa ki Wharepuhunga descendant received the award at the recent Indigenous Nurses Conference held in Tāmaki Makaurau, opening her speech with a mihi to the previous recipient Rhoena Davis who had died just a day earlier.

"Rhoena was my [tuakana](https://www.maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&histLoanWords=&keywords=tuakana) (<https://www.maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&histLoanWords=&keywords=tuakana>). I had only been a nurse for two years when I met her, making a beeline for her at an event among many people.

"She told me the scope of a nurse practitioner was a heavy burden. Now I know what she meant."

Hohepa also spoke about her mother who attended the award ceremony with many other whānau members.

"I didn't realise until I started training, that my mum wanted to be a nurse too.

"Now I understand why she was so supportive of her kids becoming nurses," said Hohepa who has two sisters who are nurses too."

NZNO Kaiwhakahaere Kerri Nuku said Hohepa had made history in the award nomination process.

"We received five nominations for her, all of them from different people and all of them with different and amazing things to say about Hohepa.

"Dhyanne is the pou for so many Māori nurses in Tāmaki Makaurau and throughout the country."

To find out more about the four kaupapa nominees are judged on, [click here](https://www.nzno.org.nz/groups/te_runanga/awards)
(https://www.nzno.org.nz/groups/te_runanga/awards)

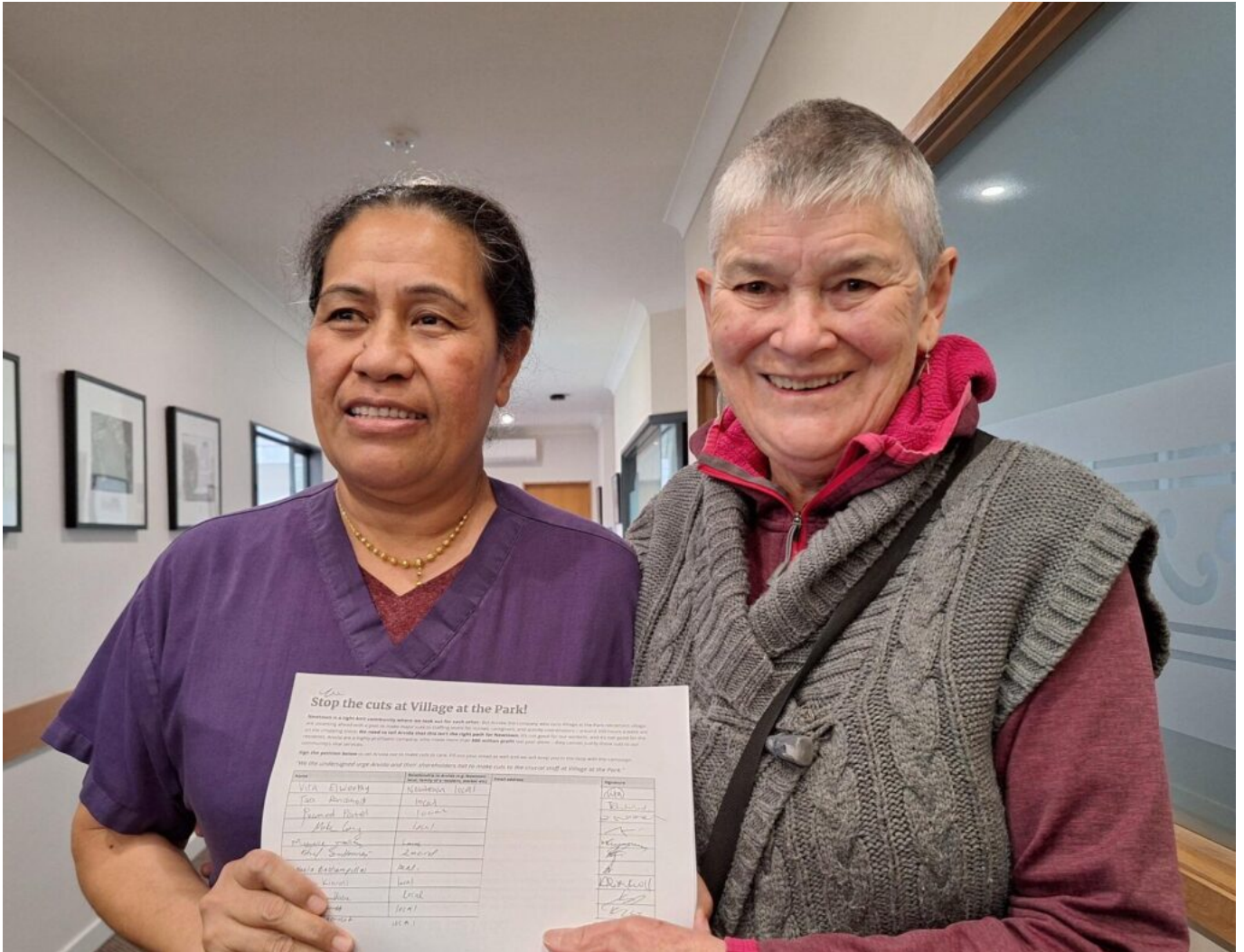
NEWS

Wellington aged-care residents and staff win ‘faint concession’ after picket, petition

BY MARY LONGMORE

August 13, 2024

Wellington aged-care facility Village at the Park has shaved 42 hours off proposed nursing and caregiving cutbacks, after residents rallied behind staff with a picket and petition.



Former registered nurse and current resident Jiff Stewart (right), with Village at the Park caregiver Rita Narendra presenting their petition.

Retired nurse Jiff Stewart, who is heading residents opposing the cuts, said it was a “faint” but important concession and showed how unions could help.

'You can make a difference and you can make a difference through your unions.'

"One staff member is a member of a union and she made one phone call. And there has been some result – we have got that extra shift – so I think there's a powerful message for staff, that actually you can make a difference and you can make a difference through your unions."



Diana Sue (left), whose mother is a resident, with village residents Marie Russell and Elizabeth Julian.

Owner Arvida Group originally proposed cutting 358 enrolled nurse (EN) and caregiver hours per week (with job losses), disestablishing the activity coordinator role and cutting back 54 registered nurse (RN) hours per week (without job losses) — a total of 412 hours.

But this week it walked back a portion of those cuts, restoring an evening caregiving shift in the dementia unit.

'If it's going to get worse from this baseline, then I'm seriously worried.'

[Staff went on strike](#) last month over the proposal, and last week a group of residents and staff delivered a petition signed by 592 residents, workers and families against the cuts.

Stewart said she was deeply concerned about the impact on care for rest-home and dementia-unit residents.

Residents chose Village at the Park because of its high-quality care but she now feared that would be lost.

"What I don't understand is that the staff at the minute are flat out – this is before the cuts take effect," she told *Kaitiaki*. "If it's going to get worse from this baseline, then I'm seriously worried."

Many of the villa and apartment dwellers could end up in the rest home or dementia unit, she said.

Loss of activity coordinators, too, would be a "flipping disaster".



Residents took action over proposed staffing cuts.

Unions E tū and NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa, who between them represent nursing and caregiving staff, have banded together to fight the proposal, claiming in a submission there had been no consultation with residents about the impact.

Their survey of workers identified strong concern over the impact of the cuts on workload, staff safety and quality of care for residents.

Staff reported they already struggled to take breaks as they were so busy caring for residents, many of whom were high needs.



Staff and residents after presenting the petition.

Village at the Park, in the Wellington suburb of Berhampore, is one of 35 retirement villages around New Zealand owned by the for-profit Arvida Group. American private investment company Stonepeak has been identified as a likely purchaser of Arvida Group.

Noting there was currently a review of the legislation governing retirement villages underway, as well as a review of aged care funding by Te Whatu Ora, Stewart said the problems at her facility were symptomatic of broader challenges facing a fragmented sector.

NEWS

Green light to recruit 59 nurse graduates at Te Whatu Ora Waikato, in wake of job offer glitch

BY MARY LONGMORE

August 13, 2024

News that Te Whatu Ora Waikato is recruiting 59 nursing graduates into supported-entry roles at Waikato Hospital and other areas has made some of New Zealand's newest nurses "so happy".



Photo: AdobeStock (AI).

The news is the latest in a series of dizzying highs and lows, coming two weeks after 66 graduates of Hamilton's Wintec nursing school had their initial job offers retracted after a Te Whatu Ora "[clerical error](#)".

One told *Kaitiaki* she felt "heart-broken" as her first ever job offer was snatched away.

Te Whatu Ora Waikato regional director Chris Lowry apologised for the distress, saying it was caused by a clerical "human error" and they would continue to work to find placements for the new graduates.

Lowry today confirmed to *Kaitiaki* that 59 jobs had since been offered to nursing graduates in the region via the national matching system ACE.

Starting in September, he said the roles were across hospitals and specialist services, mental health and addictions and primary health care. Of the 59, 46 were either nurse entry-to-practice (NETP) or nurse entry-to-specialist practice (NESP) which provide wraparound support to new graduates.

The formerly distressed graduate said she had been offered a NETP role this week and felt “so happy and way better” now.

More nurses needed

However, NZNO sources have told *Kaitiaki* there are at least 120 full-time equivalent (FTE) nursing vacancies at Waikato Hospital which needed filling just to maintain current staffing levels, after nurses had left or gone on maternity leave. While 59 new-entry roles would help, that would still leave about 61 FTE nursing roles vacant.

Nursing graduates nationally have [expressed their distress](#) there appears to be no budget to employ them into supported-entry positions at Te Whatu Ora after long-publicised nursing shortages.

ACE applications also opened last week for up to 1800 nursing students expected to graduate at the end of the year.

NEWS

Shauna Power humbled by wāhine toa scholarship

BY RENEE KIRIONA

August 12, 2024

Inspired by her “Poppy” and driven by the need for better health outcomes for Māori, Shauna Power has set her sights on a career in nursing our country’s next generation.



Shauna is getting ready to care for the next generation

Shauna Power has been named the 2024 recipient of Te Rūnanga o Ngāi Tahu and Whānau Āwhina Plunket's Mere Harper and Ria Tikini Memorial Scholarship.

From an early age, the second-year nursing student at NorthTec Whangārei knew she wanted to be a nurse.

'As a Māori nurse I hope to be in a position to improve health outcomes for Māori to thrive now and for generations to come.'

"Over the years my Poppy [grandfather] has been in and out of hospital. I've seen him receive the very best care but also there were times when he could have been treated better. That's why I've chosen nursing.

"As a Māori nurse I hope to be in a position to improve health outcomes for Māori to thrive now and for generations to come."

'Protecting whānau' the aim

The scholarship recognises the work of two highly respected Māori midwives and healers from Karitāne – Mere Harper and Ria Tikini – who were instrumental in starting Plunket.

"It is such a privilege to receive this award commemorating these two wāhine toa. It means so much to have the financial support contributing to my nursing fees too, I'm truly grateful."

Power has the strong backing of her South Island iwi who are also passionate about lifting the number of nurses from their tribe, says Te Rūnanga o Ngāi Tahu general manager of oranga, Trevor McGlinchey.

"Improving and protecting the oranga of our whānau is one of our prime concerns as an iwi and supporting more students of Ngāi Tahu descent to enter the health workforce is one of a variety of positive actions we are taking to assist with this goal," says McGlinchey.



Trevor McGlinchey – Ngāi Tahu



Fiona Kingsford – Whānau Āwhina Plunket

Power also has the support of Whānau Āwhina Plunket, Aotearoa New Zealand's largest health and wellbeing support service for about 290,000 tamariki under five years of age.

"This scholarship is an opportunity to celebrate our incredibly special history, while also helping to equip the next generation of Māori nurses with the skills, tools and knowledge to support those who need it most," says Fiona Kingsford, chief executive of Whānau Āwhina Plunket.

The annual scholarship provides financial support of \$3000 to a full-time nursing student who is of Ngāi Tahu descent.

NEWS

Nursing workforce landscape ‘significantly changed’ – Te Whatu Ora

BY MARY LONGMORE

August 7, 2024

Te Whatu Ora says it is “committed to supporting” new nursing graduates who missed out on supported-entry roles to find work — but not in New Zealand’s public hospitals.

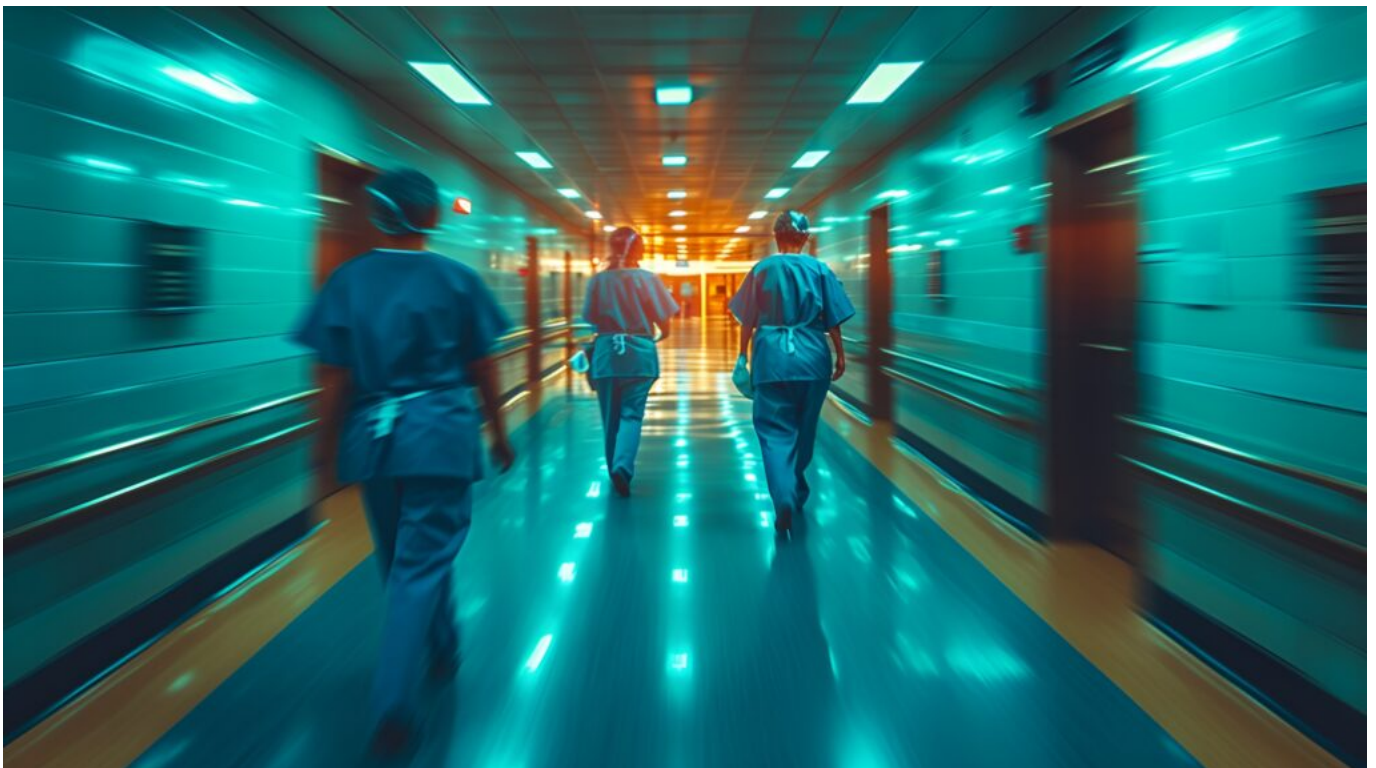


Photo: AdobeStock (AI)

Instead, roles would likely be in community or primary health, or aged care, Te Whatu Ora’s chief people officer Andrew Slater told *Kaitiaki*.

Scores of new graduates recently spoke of feeling “[blindsided and abandoned](#)” by the Government and Te Whatu Ora after only three in five secured supported entry hospital roles — despite long-publicised [nursing shortages](#).

Many said they were leaving for Australia — one adding she would “never” work for Te Whatu Ora or the New Zealand Government after her experience and dashed hopes.

In response, Slater is blaming a 2900-strong nurse recruitment blitz for why Te Whatu Ora had only been able to employ three in five graduates.

'We understand graduate nurses began training with the reasonable expectation there would be a role at Health NZ when they finished.'



NZNO – Tōpūtanga Tapuhi Kaitiaki Aotearoa delegates with Andrew Slater in May, when budget pressures first began impacting on staff sick leave and recruitment.

"We understand graduate nurses began training with the reasonable expectation there would be a role at Health NZ when they finished," Slater said. "We recognise this [recruitment] success has significantly changed the nursing workforce landscape and resulted in far fewer vacancies than in 2023."

But it wasn't unusual for graduates to not get work straight away, he added.

"We know those yet to be placed will remain concerned. It's not unusual for graduate nurses to not be employed immediately following registration and we'll continue to work with them to find roles."



Some of the recent or soon-to-be nurse graduates will get jobs, says Te Whatu Ora.

Last year, there were 541 registered nurse (RN) entry roles available at Te Whatu Ora (and some private employers) through its job-matching database ACE — about 60 per cent more than this year.

Internationally-qualified nurses (IQNs) numbers have also grown from 36 to 45 per cent of the workforce over the past year.

‘We are confident placement of nurses will continue over the coming weeks and months, as district and regional leaders consider recruitment within their budget parameters.’

‘More jobs coming’ – Te Whatu Ora

Slater said of the latest 535 graduates who applied to be matched to nursing-entry-to-practice / specialist practice (NETP/NESP) roles at Te Whatu Ora through ACE, 334 had been matched to hospital roles, including mental health and addictions. Another 35 had been matched to primary health, aged care or private hospital roles.

Of the 166 remaining, two had been offered roles and four had withdrawn applications, leaving 160 in the talent pool, Slater said.



Scores of gutted new nurses say they are off to Australia after being rejected by our hospitals.

"We are confident placement of nurses will continue over the coming weeks and months, as district and regional leaders consider recruitment within their budget parameters."

In total, there are 629 mid-year graduates, a mix of RNs and enrolled nurses, with thousands more graduates expected at year's end.

There were [4800 nurse vacancies](#) identified in last year's health workforce plan, but current vacancies are unclear. *Kaitiaki* has asked Te Whatu Ora for its latest figures.

Leaked reports of a [hiring freeze](https://www.thepost.co.nz/nz-news/350364858/health-minister-will-step-if-cuts-go-too-far-doctors-become-corridor-specialists) (https://www.thepost.co.nz/nz-news/350364858/health-minister-will-step-if-cuts-go-too-far-doctors-become-corridor-specialists) on nursing graduates first emerged in June. Shortly after, in July, Te Whatu Ora's board was dissolved and replaced with former chair Lester Levy as commissioner, amid claims of a [\\$1.4 billion overspend](https://www.stuff.co.nz/politics/350351208/watch-dr-shane-reti-replace-te-whatu-ora-health-new-zealand-board-commissioners) (https://www.stuff.co.nz/politics/350351208/watch-dr-shane-reti-replace-te-whatu-ora-health-new-zealand-board-commissioners).

Levy has been tasked with cutting spending, but says he will target up to 3000 non-clinical jobs, not frontline staff — an assurance Minister of Health Shane Reti says [he will be monitoring](https://www.thepost.co.nz/nz-news/350364858/health-minister-will-step-if-cuts-go-too-far-doctors-become-corridor-specialists). (https://www.thepost.co.nz/nz-news/350364858/health-minister-will-step-if-cuts-go-too-far-doctors-become-corridor-specialists)



Shane Reti

[Labour disputes financial mismanagement](https://www.stuff.co.nz/politics/350351208/watch-dr-shane-reti-replace-te-whatu-ora-health-new-zealand-board-commissioners) (https://www.stuff.co.nz/politics/350351208/watch-dr-shane-reti-replace-te-whatu-ora-health-new-zealand-board-commissioners), saying the Government is not putting enough into the health budget.

It was later revealed [14 layers of management](https://www.rnz.co.nz/news/political/523463/patients-doctors-on-list-of-14-layers-of-management-at-health-nz) (https://www.rnz.co.nz/news/political/523463/patients-doctors-on-list-of-14-layers-of-management-at-health-nz) identified by Prime Minister Christopher Luxon included patients and their nurse or

doctor.

See also: [Letters from distressed new graduates.](#)

NEWS

Extra buck an hour offer ‘insulting’, say community nurses as they go back out on strike

BY MARY LONGMORE

August 5, 2024

Community nurses say they are “disgusted” with a pay offer of one more dollar an hour from their employer, Access Community Health.



Striking community nurses (left to right): Brooke Parata, Rachael Webb, Rebekah James and Iris Wong outside the Access office in Pito-one on Monday.

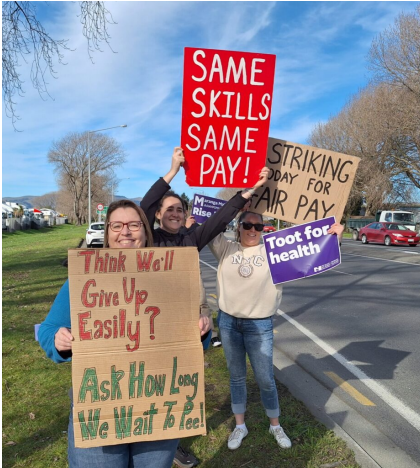
NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa delegate Rachael Webb said members had overwhelmingly rejected Access’ latest offer and voted to go on a second all-day strike today around the country,

‘It’s insulting – we want pay parity and they offer us a

Who are community nurses?

By Caitlyn Dunford-Baker

dollar?'



Community nurses on strike in Christchurch.

"It's insulting — we want pay parity [with Te Whatu Ora] and they offer us a dollar?" she told *Kaitiaki* from a busy Pito-one picket line on Monday morning.

'Some people can't afford to get food for their families.'

About 155 community nurses around the country have been in negotiations with Access Community Health for the past year, after their collective agreement lapsed last year on June 30.

After a [strike last month](#), Access offered its nurses another dollar per hour (not back paid) and long-service leave for nurses who had worked there for more than seven years.



Community nurses and supporters on strike in Palmerston North.

But with a pay gap of up to \$18,000 per annum between community and hospital nurses, Webb said \$1-per-hour fell far short.

'We're in the community because this is where our passion is – but they are driving us out.'



Caitlyn Dunford-Baker (centre) with fellow strikers Robyn Dunning (left) and Isy Arambasic (right) last month in Christchurch.

Community nurses help your loved ones pass away in the comfort of their own home

Community nurses pull themselves out of bed at 3am in the morning, because you, or someone you love called needing nursing assistance

Community nurses work to relieve pressure on the mainstream health care system

Community nurses work alone, so when something goes wrong, we cannot push an emergency button and have other health professionals running to our aid

Community nurses work 365 days a year 24/7. Public holidays do not exist

Community nurses are often forced to put themselves in potentially dangerous situations all for a duty of care

Community nurses will visit you in your home while you are recovering from a major surgery or accident

Community nurses may be the only person your elderly neighbour sees or speaks to all week

Community nurses might be seen walking alone into the gang pad down the road, because everyone is entitled to equal health care

“Some people can’t afford to get food for their families.”

And under current conditions, “we’re not going to stick around for seven years” for long-service leave, Webb said.

Community nurses allow your grandparents to remain in their own homes for as long as they can

So why is there such a huge pay disparity between hospital and community nurses? We feel undervalued and unseen

Access Community Health please hear our voices! We have been in negotiations for over a year, with absolutely no progress made. We deserve so much better!!

—Caitlyn Dunford Baker is a Canterbury community nurse

We are striking for fair pay. You are possibly thinking — didn’t nurses just get a pay rise? YES, hospital nurses did, but NOT community nurses. We are not owned and operated by the DHB. In fact we are owned by an Australian company, where in Australia the pay is even significantly higher than hospital employed nurses in New Zealand.



Community nurse Ari Haami in Pito-one, Wellington.

“We’re in the community because this is where our passion is — but they are driving us out because we can’t afford to stay in this crucial, high-needs area.”

Even though Access had received an eight per cent funding boost through the Government’s [\\$200 million disparity fund](#) for community organisations they had not passed any of it on to staff, she said. “Where is that funding? We don’t know where it’s gone.”

Webb said staff also wanted more opportunities for experienced nurses to progress and be recognised, by adding an extra step to the pay scale to bring it into line with Te Whatu Ora. Currently, Access offers only six steps, compared to seven at Te Whatu Ora.



Community nurses and supporters on strike in Pito-one, Wellington.

Nurses should also be regularly moved up the scale each year as they became more experienced, rather than it being at the employer's discretion, Webb said.

With no agreement struck as bargaining dragged on for the past year, Webb said nurses had already lost a year of progression up the pay scales.

Community nurses also wanted to increase their sick leave entitlement from 10 to 20 days, as per Te Whatu Ora.



NZNO kaiwhakahaere Kerri Nuku (left) and Te Poari member Charleen Waddell (second from left) came out to support community nurses in Wellington.

Webb said many of their patients were vulnerable elderly and disabled people who they were supporting to stay in their homes.

Access Community Health began in 1927 in the South Island to care for people in remote settings. Often its nurses travelled on horseback and were known as bush nurses.

However it, along with wound care specialists Total Care Health Services, were both sold last year by Green Cross Health to Australian private equity company, Anchorage, for NZ\$50 million.

Nurses and kaiāwhina in primary health care have long been battling for pay parity with hospital staff — a gap which widened further after Te Whatu Ora members accepted a new [pay deal](#) last year.



Palmerston North community nurses on strike.



Christchurch community nurses on strike.

Access Community Health has been asked for a comment.

NEWS

66 Waikato graduates in limbo after hospital job offer ‘glitch’

BY MARY LONGMORE

August 5, 2024

Sixty-six Hamilton graduates from Wintec’s nursing school are in limbo after Te Whatu Ora Waikato mistakenly offered them supported-entry jobs — then withdrew them due to a human “clerical error”.



Photo: AdobeStock

One, who had applied for a new entry-to-practice (NETP) registered nurse role at Waikato Hospital last month after graduating, said she felt “heart-broken” after it was snatched away again.

NETP roles offer wraparound support for new graduates as they enter the workforce.

The graduate — who *Kaitiaki* agreed not to name to protect her job prospects — was offered a job on July 14. She accepted it and the next day emailed back several forms she had been asked to sign.

“To my surprise, on the same night, Health NZ Waikato’s recruitment team responded to my email detailing that they had a ‘technical glitch’ which sent the emails early.”

They told her they would confirm the role when it was finalised. But a week later, they emailed her to say the job offer was due to a “clerical error” and invalid, and they were not able to offer her the role after all.

‘We will be working through vacancies over the coming weeks and are committed to bringing on the additional graduates when we can.’

The new nurse said she felt “heartbroken and overwhelmed” by the news and did not know what to do now.

She had been told by ACE (advanced choice of employment), which matches new graduates to supported NETP and NESP (nursing-entry-to-specialist-practice) roles, that she must now stay waiting for a Waikato match and could not move into the general employment pool for jobs elsewhere.

Waikato had been her third choice, behind Waitaha and Christchurch.

Waikato nursing sources have told *Kaitiaki* that Waikato Hospital must ask permission “up the Te Whatu Ora chain” for any recruitment — even though it has identified at least 120 nursing vacancies, including many senior.

‘We’re sorry’

Te Whatu Ora has apologised for the mistake, saying it was “human error” likely confined to the Waikato region.

Its regional director Waikato, Chris Lowry, said he was sorry for the distress to nursing graduates and was “working on finding them placements”.

“We will be working through vacancies over the coming weeks and are committed to bringing on the additional graduates when we can.”

‘Unacceptable’

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa student co-leader Shannyn Bristowe said the error was confusing and “unacceptable”.



NZNO student co-leaders Shannyn Bristowe and Stacey Wharewaka.

“Te Whatu Ora say that graduate nurses are a vital part of the health system but what we are experiencing doesn’t reflect that.”

NZNO chief executive Paul Goulter said he was concerned by the botch-up, which only added to the stress and uncertainty being faced by new graduates in the current climate.

“This will be a stressful time for them and errors like this only add to the uncertainty they will be feeling. It’s really important that Te Whatu Ora get their processes right, do not make errors like this, and move quickly to secure the futures of all graduate nurses.”

See also: [Jobless nursing graduates feel heartbroken and abandoned](#)

NEWS

Jobless nursing graduates feel ‘heart-broken and abandoned’

BY MARY LONGMORE

August 2, 2024

Blindsided, abandoned and heart-broken — these are the feelings of some of our newest nurse graduates who missed out on hospital jobs — many of whom are heading to Australia.



New nursing graduates who missed out on supported entry roles say they feel 'abandoned' by the Government and Te Whatu Ora. Many are heading across the ditch.

"I cannot begin to express the feelings of uncertainty, stress and hopelessness," said one Canterbury graduate with a young family and \$25,000 student loan to pay off.

Another said the whole process had left her and her friend "heart-broken" as well as financially stressed. "We both have . . . been struggling to see our future due to this whole situation."

Just 334 of 535 — about three in five — mid-year nursing graduates who applied through the national job-matching system [ACE](https://nursing.acenz.net.nz/) (<https://nursing.acenz.net.nz/>) (advanced choice of employment) for supported-entry roles at Te Whatu Ora were successful, [it was revealed recently](#).

The nursing entry-to-practice programme (NETP) and nursing-entry-to-specialist-practice (NESP), for mental health nursing, include mentoring, orientation and professional development for new nurses.

'Myself and others have been left abandoned and completely in the dark.'

That left 166 unemployed in the "talent pool" — likely to be prodded into aged care or primary health where vacancies remain, but the pay is often much lower.

Several new graduates who missed out have contacted *Kaitiaki* to describe their shock at finding there were no hospital jobs for them after three years of study.

'Blindsided'

One Taranaki graduate said her class of about 100 had been "blindsided" when [leaked reports of a hiring pause](#) emerged in June. She said they now felt betrayed and "abandoned" after being told they would always be in high demand.

"I think it went from shock to 'what the hell?' anger – because we weren't getting told what was going on. Even our tutors didn't know, they were like 'we haven't heard, no-one's communicated with us!'"

She wanted to work in urgent or emergency nursing but was no longer sure it would be possible.

"I'm not in the position, unfortunately, to go to Australia. I have a mortgage and children and I'm in my 40s. This was my retraining, I can't do it again. A lot of the younger ones from my class are saying: 'Let's go to Oz, let's go to Oz!'"

'We are in limbo. My entire life and everyone around me has been consumed with this process of becoming nurses.'

One Canterbury graduate said Australia was looking more and more appealing after Te Whatu Ora's "demoralising" treatment.

Another graduate from midcentral New Zealand told *Kaitiaki* she would also be heading to Australia — and says she will never work for Te Whatu Ora.

"My classmates and I feel like our Government has abandoned us."

She said hearing there might be no jobs just weeks before the final exam was a "bombshell". A day after the July 16 exam, her class was then told there were no NETP positions in the midcentral region at all — even though she had seen first-hand on placement how short-staffed so many hospital departments were.



Nursing graduates are facing an uncertain future in New Zealand today. Photo: AdobeStock (generated with AI)

"I have studied full time for three years. I am 20 years old with a bachelors degree, have completed 1200 hours of unpaid clinical placements (where RNs are often too busy to teach so we get left with a hefty patient load) and have had to face many barriers in order to obtain this degree in a nursing crisis where jobs were guaranteed — yet myself and others have been left abandoned and completely in the dark."

Another North Island graduate said despite assurances of a role where she had done her placement, she missed out, as had many of her classmates.

'To put yourself through over 1100 hours of unpaid work, to miss out on opportunities to see family... all for nothing at the other end is really disheartening.'

The single parent in her 40s said she and her family had sacrificed so much for her to qualify as a nurse, a move she hoped would bring more security. Now she was facing a student loan on top of a mortgage, and no job.

"I am left feeling disheartened and anxious about what my future in nursing is going to look like."

Another said she felt misled by Te Whatu Ora over both promised job security and its denials of a hiring freeze.

"We are in limbo. My entire life and everyone around me has been consumed with this process of becoming nurses. It's overwhelming, all-consuming, and the cost to our families is more than financial — the emotional toll is horrendous."

A Canterbury graduate of Ara's school of nursing said being told there were no jobs at a time of exam stress had been very upsetting, after three years of hard graft and poverty.

'I am left feeling disheartened and anxious about what my future in nursing is going to look like.'

"To put yourself through over 1100 hours of unpaid work, to miss out on opportunities to see family, to miss out on being able to pay bills, to have a student loan, personally mine is \$50,000, for nothing at the other end is really disheartening and it makes me quite upset."

One said their class had been told by a Te Whatu Ora representative that all the money had been spent on overseas nurses to fill shortages over the past year. Internationally-qualified nurses (IQNs) now make up 45 per cent of the workforce, compared to 36 per cent a year ago, according to Nursing Council statistics.

Another graduate said the only jobs available in her region — Waitaha — were in aged care and primary health, sectors which were often understaffed. The prospect of starting her career in a workplace without enough support and supervision made her feel anxious.

Others agreed, saying aged-care nurses generally needed a couple of years experience as it could be quite a solitary and autonomous role.

More placements promised, amid budget blowout

Te Whatu Ora has [blamed high nurse recruitment](https://newsroom.co.nz/2024/07/24/unexpected-success-in-hiring-nurses-drives-health-nz-deficit/) (https://newsroom.co.nz/2024/07/24/unexpected-success-in-hiring-nurses-drives-health-nz-deficit/) for its lack of jobs, after employing 2900 full-time-equivalent (FTEs) nurses over the past year.

Its chief people officer, Andrew Slater, has previously told *Kaitiaki* he was “confident placements would increase over the coming weeks and months”.

A Te Whatu Ora spokesperson said it would respond in more detail next week to the graduates’ concerns.

A [shortage of 4800 nurses](https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6776/official-nurse-unsafe-staffing-figures-genuinely-alarming/) was identified last year in Te Whatu Ora’s own workforce plan but the extent of the current shortfall is unclear. [Data released to NZNO](https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6776/official-nurse-unsafe-staffing-figures-genuinely-alarming/) (https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6776/official-nurse-unsafe-staffing-figures-genuinely-alarming) in May showed a quarter of all shifts were unsafely staffed over 2023.



Andrew Slater



Shane Reti

Minister of Health Shane Reti, who last month replaced Te Whatu Ora’s depleted board with a commissioner, says the organisation had overspent and was facing a \$1.4 billion deficit.

The commissioner, Lester Levy, said cost savings would not impact frontline services, but a [“bloated” bureaucracy](https://www.rnz.co.nz/news/political/522883/totally-bloated-new-health-nz-te-whatu-ora-boss-lester-levy-lays-into-bureaucracy/) (https://www.rnz.co.nz/news/political/522883/totally-bloated-new-health-nz-te-whatu-ora-boss-lester-levy-lays-into-bureaucracy). Labour’s health spokesperson Ayesha Verrall has challenged that as unlikely, noting some of the 14 claimed “management layers” were in fact patients and nurses.



Lester Levy

The Nursing Council has confirmed that this year, a total of 684 mid-year nursing graduates sat state finals last month.

There were 535 who registered with ACE for supported entry job matches, according to Te Whatu Ora.

Many more grads on the way

ACE job matching is due to open next week for the end-of-year graduates — a far bigger cohort than mid-year.

Schools with mid-year intakes include UCOL’s Palmerston North and Whanganui campuses; EIT, Manukau Institute of Technology, AUT and Ara Institute of Canterbury — which doubled its nursing intake from two to four recently in response to identified nursing shortages.

The Nursing Education in the Tertiary Sector (NETS) network has been approached for comment.

In their words: See [letters](#) for further correspondence from new nursing graduates.

- *Kaitiaki has agreed not to name the graduates due to fears it will impact their future employment.*
 - *This article was amended on August 9 to clarify the Nursing Council did not have oversight of ACE.*
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OPINION

'I want to be safe' – a former nurse and resident begs retirement villages to stop cutting staff

BY JIFF STEWART

August 28, 2024

Retired Wellington nurse Jiff Stewart spoke at Wednesday's picket against staff cuts outside retirement village owners' \$2000-a-head conference. This is her kōrero.



Former nurse Jiff Stewart talking outside the Retirement Villages Association conference in Wellington this week.

I am going to tell you a story. Are you comfortable? Are you safe?

Once upon a time, in the hospital wing of a retirement village near you, there lived a little old lady.

One night, the kind carer came to her and said, "There are only two of us here tonight. We will be very busy!"

The little red hens are not silly old chooks. We read the papers, we listen to the news, we hunt online for stuff.

This was worrying for a little old lady for whom staying clean and dry is very important, and who has been told – many times – that she 'Must Not Get Out of Bed On her Own'. But – what to do?

The next day, the little old lady's friend, the little red hen, came to visit. The little old lady told her the story. No harm – but – she was worried. Hmm, thought the little red hen. What to do?



Staff, family and residents protest outside the Retirement Village Association's conference this week.

That very afternoon in the letterbox there appeared a leaflet, which said:

- The company who owns this retirement village proposes to cut staff hours in the care units by 20 per cent.
- Come to a rally and say no to cuts to care!

Hmmm . . . How came this leaflet into my letterbox? Through one brave staff member. That carer was upset by a letter from The Company proposing cuts to staff hours. Who would care for the residents she cherished? What to do? She was a member of a union, E tū. She rang her E tū organiser, who got busy and contacted fellow union NZNO.

Rally against aged care cuts speech



So, the little red hen took some leaflets along to the village happy hour. “What?” said some of the apartment dwellers. “Oh no – not cuts to the care staff! We chose this village because it has a good reputation for looking after us — when we need it. And those people in care now are our friends. We care that they are safe. What to do?”

Well, this is Wellington, so we called a meeting. About 30 people came. We could do it all by ourselves, but it was better if we acted together. We knew as we had done it before – over the Vietnam War in the 1970s and the 1981 Springbok tour.

So, what did we do?

- We wrote to the chief executive of the company which owns the village saying: “Please don’t do this.” And: “How can you make these cuts and maintain good care?” Unfortunately, he has not answered so far.
- With the support of staff unions E tū and NZNO, we worked with residents, families and friends.
- We did all the usual protest things — petitions, pickets, letters to MPs (our local member was attentive and helpful) and forming relationships with older people organisations.
- We visited our friends in the care units who know something is amiss as their kind carers are already stressed and very busy.
- Workers, residents and the wider community – we are all standing together. For safe care. [In safe hands](https://www.flexmediagroup.co.nz/in-safe-hands/index.html) (<https://www.flexmediagroup.co.nz/in-safe-hands/index.html>).



So – what has happened? There has been a slight improvement to the proposal. Staff going through this very stressful process have been supported by their unions. No-one who wanted a job has lost one. But several workers have lost hours — income they can ill afford to go without. And the net effect will be less care.

And we realised – this problem does not just affect us. In many retirement villages around the country, staff cuts are being made in their rest home or dementia care units. How to keep people in safe hands when there are fewer of these on duty?

Do you know how much carer time \$2000 buys? At about \$25.00 per hour? Well, let's see – about 80 hours.

The little red hens are not silly old chooks. We read the papers, we listen to the news, we hunt online for stuff.

We know that the retirement village industry goose is no longer laying quite such golden eggs. The property market is falling, the number of home-owners is falling and promised retirement developments are being deferred. We know all this.

Retirement village owners may also be considering these things.

Do you know? Registration for the Retirement Village Association (RVA) conference costs about \$2000 – including, admittedly, a nice round of golf and a good dinner. Plus accommodation. \$2000. For registration. Do you know how much carer time \$2000 buys? At about \$25.00 per hour? Well, let's see — about 80 hours. That's how much. Two weeks of carer work. For one conference registration fee. What to do?

We also know there have for years been major problems facing the aged residential care (ARC) sector. Financial pressures, workforce shortages, equity of access and, above all, growing demand as more of us live (frailer, more dependent) longer and longer.

We know that the solution is not simple. It certainly does not lie in cutting the hours of work of the lowest-paid workers who care for the most vulnerable members of our communities. Look elsewhere, RVA, to make the savings your investors require.



Diana Sue, who has family in Arvida's retirement village.

And the thought of “living ever after” fills her with horror. But, for the time she has left, she does want to be in safe hands.

So – what to do? There's lots, actually. We can provide a voice for our friends in rest and dementia care units.

The little old lady does not expect too much “happily” now. Not really. Glimpses of joy perhaps – from a kind word, a gentle hand, moments of engagement. And the thought of “living ever after” fills her with horror. But, for the time she has left, she does want to be in safe hands.

Jiff Stewart is a former nurse living in a Wellington retirement village where she is leading a group of residents opposing staffing cuts.



Retirees Susie and John Robson at today's rally

See also: [Residents and families picket retirement village owners' conference](#)

OPINION

Nurses – have we gone from hero to zero?

BY ANITA COOK

August 26, 2024

A Wellington nurse laments the way nurses are being treated lately after putting their lives on the line during the COVID-19 pandemic.



Anita Cook supporting striking community health nurses in Pito-one recently.

During the COVID-19 pandemic, nurses across the world found themselves being hailed as heroes for working at an unprecedented time in our history.

Amid global health workforce shortages, nurses suddenly found themselves on the frontline of a life-threatening pandemic. They were even more essential to the functioning of society and — unlike much of the remaining population in an imposed lockdown — continued to work around the clock amid the global crisis.

While the world has now resumed some normalcy, fast-track immigration has continued for internationally-qualified nurses (IQNs). This — combined with some unscrupulous public health funding constraints — has led to a health sector flooded by workers but not enough jobs.

When the Government's 2024 Budget proudly announced a \$16.68 billion investment in health across three years, [analysis](https://union.org.nz/new-zealand-not-in-better-health-after-budget-2024/) (https://union.org.nz/new-zealand-not-in-better-health-after-budget-2024/) by the Council of Trade Unions, NZNO, the PSA and the Association of Salaried Medical Specialists found that in real terms this added up to a mere 0.4 per cent boost for 2024/25. This was also broken down in a recent NZ Medical Journal [editorial](https://nzmj.org.nz/media/pages/journal/vol-137-no-1601/the-cost-of-everything-and-the-value-of-nothing-new-zealand-s-under-investment-in-health/aac95426e7-1724281311/1601-editorial.pdf) (https://nzmj.org.nz/media/pages/journal/vol-137-no-1601/the-cost-of-everything-and-the-value-of-nothing-new-zealand-s-under-investment-in-health/aac95426e7-1724281311/1601-editorial.pdf).

In a year when inflation was at seven per cent and with an expanding aged population, this amounted to a decrease of funding to the health-care sector. Health-care workers and unions were appalled, saying it would [barely be enough to maintain current services](https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6783/budget-2024-sees-new-zealand%e2%80%99s-health-lights-dimming) (https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6783/budget-2024-sees-new-zealand%e2%80%99s-health-lights-dimming), let alone meet new targets or address workforce shortages.

Many businesses are now being forced to hike prices or restructure. Many [aged-care providers have been reducing the number of workers they employ](https://www.stuff.co.nz/nz-news/350301079/aged-care-facilities-dropping-staff-hours-despite-shortages) (https://www.stuff.co.nz/nz-news/350301079/aged-care-facilities-dropping-staff-hours-despite-shortages) and/or reducing the number of hours on offer. If workers require more job security, they are forced to look for another position in a swamped market.

During COVID, hospital staffing in some areas improved a little as non-urgent services were delayed, and staff redeployed. I was working in a neonatal intensive care unit (NICU) at the time and we had nurses from the outpatients' department doing shifts, meaning we were so overstaffed I often had just one baby to care for instead of three!

In the midst of a changing world, workers were forced to re-evaluate their values. Some chose not to vaccinate and lost their jobs; some walked from their jobs for health or age-related reasons, and some were afraid of risking their lives.

It delivers a nasty slap in the face after all we endured during the pandemic.

In the aftermath of COVID, when all services resumed, so too did the staffing shortage.

The Government responded by [changing the immigration rules for nurses](https://www.rnz.co.nz/news/political/480579/nurses-eligible-for-immediate-residency-under-immigration-changes) (https://www.rnz.co.nz/news/political/480579/nurses-eligible-for-immediate-residency-under-immigration-changes) wanting to enter the country. Prior to 2022, nurses fell in the tier 2 category, meaning they would have to work for two years before they could apply for permanent residency. Now nurses would fall under the tier 1, or "green list", meaning they would get permanent residency straight away.

While this potentiated a quick improvement in staffing shortages, there have lately been [complaints by some overseas nurses](https://www.stuff.co.nz/politics/350344355/hundreds-international-nurses-are-leaving-because-they-cant-find-jobs), (https://www.stuff.co.nz/politics/350344355/hundreds-international-nurses-are-leaving-because-they-cant-find-jobs) after graduating from (costly) competency assessment programmes (CAPs), that they are not being hired.

Offshore nurses came in droves, while health funding was reduced so significantly that nobody is hiring. Furthermore, New Zealand nurses graduating from their three-year nursing degrees this year have been plagued by uncertainty about their future amid Te Whatu Ora hiring freezes and [concerns about supported entry positions](#).

One day recently on TradeMe, there were just 117 job listings for RNs across the whole country.



NZNO delegate Anita Ward (right) with a friend (centre) and NZNO lawyer Machrus Siregar during May's NZNO's nationwide rallies for safer staffing.

A recruiter from health recruitment firm Frontline Health told me recently that nurses are not hearing back about jobs they applied for. She explained that an influx of CAP nurses means each job listing may get 400 applications or more.

'This will create a greater gender-based pay divide and guarantee more of our Kiwi nurses leave in droves to better job security and financial stability in other countries!'

Despite a lack of job listings, hospitals continue to be criticised in the media for [closing](https://www.rnz.co.nz/news/national/520239/westport-hospital-admissions-close-again) (<https://www.rnz.co.nz/news/national/520239/westport-hospital-admissions-close-again>) or turning people away, absurd wait times, for having no doctors on site and — worst of all — for people actually dying unnecessarily, because the right staff or facilities were not available.

The unintended (or perhaps intended) consequences of the reduced funding to the health sector, combined with a flooded job market, means that many employers may opt for the most cost-effective employee.

New Zealand new graduates start on the bottom rung of the salary ladder, while experienced and seasoned nurses will likely become a last resort as they will want to stay on the top rung. This will create a greater gender-based pay divide and guarantee more of our Kiwi nurses leave in droves to better job security and financial stability in other countries.

The Government has declared war on its citizens' health.

The breadcrumb funding of the health-care sector shows how little the Coalition Government cares for the health of its citizens and workers who are the real backbone of the country.

The lack of appropriate services and staff where they are sorely needed means people are literally dying. Your patients' health, even your health and mine, are at risk. It delivers a nasty slap in the face after all we endured during the pandemic.

Furthermore, it is a kick to all workers who are already down from the exorbitant cost of living. Welcome to our new reality, New Zealand/fellow nurses. We have moved from hero to zero.

— *Anita Cook is an aged care nurse and NZNO delegate based in Wellington.*

OPINION

Emergency nurses share woes with health minister

BY LAUREN MILLER

August 26, 2024

After writing a concerned letter, NZNO's emergency nurses met Minister of Health Shane Reti earlier this year, to discuss the realities of working on the frontline. As rallies over unsafe staffing in EDs continue, they share some of their kōrero here.



College of emergency nurses NZ (CENNZ) members outside Parliament. Left to right: Lyn Logan, chair Lauren Miller and Te Rūnanga representative Natasha Kemp.

The invitation came after the college of emergency nurses NZ (CENNZ) penned a [letter to the minister](#) in April that highlighted our concerns about the shorter new waiting time targets for emergency departments (EDs).

Announcing a suite of health targets, Reti and Prime Minister Christopher Luxon said in May that they wanted to see 95 per cent of ED patients admitted, discharged or transferred within six hours. Currently, only 60 per cent of patients fall within that target.

‘In our letter, we expressed concern that EDs were not resourced enough to meet the new targets.’

In our letter, we expressed concern that EDs were not resourced enough to meet the new targets. In the past, when the same targets were in place under the previous National-led Government, considerable gaming took place to try and meet them — such as admitting ED patients to short-stay or observation units.

CENNZ members who attended the May 23 meeting were Lauren Miller (Taranaki regional rep and CENNZ chair), Natasha Kemp (Te Rūnanga and Pae Ora rep) and Lyn Logan (Midlands/Bay of Plenty rep in charge of membership/awards). Our NZNO professional nursing advisor Suzanne Rolls joined us online.

The meeting focused on the following points:

1. The current state of EDs and the implications for emergency nursing.

- The reality of ED nursing in New Zealand
- Staffing and workforce
- Violence and aggression

2. Targets for shorter stays in EDs of less than six hours.

- What data is being reported?
- Acute patient flow and wider hospital approach to the target

3. Health equity in ED.

- What assurances of actual measures to support Māori will be offered?
- Strategies to address disparities in access to emergency care services, particularly in rural or remote areas of New Zealand.

The minister was very welcoming and acknowledged the challenges that we face everyday in EDs.

Reti agreed that the demands on EDs are significant — and that we are a barometer for the wider health sector. He acknowledged the challenges of overcrowding, ramping (the time ambulance crews have to wait for patients to be admitted), excessive wait times and treatment in corridors are the daily reality for ED registered nurses (RNs), and this was not okay, he said.

We also discussed the need to ensure the ongoing safety of patients and staff. We told him we would like to embed 24-hour security,

Emergency nurses ‘critical and highly valued’ – Minister of Health responds:

Minister of Health Shane Reti says ED nurses are “a critical and highly valued part of our health workforce” and he wanted them to feel safe in their workplace.

“Patients and staff should feel safe and secure in our emergency departments, which is why I committed \$31 million through Budget 2024 to expand emergency department security.”

That would fund an extra 44 full-time security staff at eight high-risk EDs, as well as security training and support staff, ensuring “most Health New Zealand districts have a dedicated resource to train and support security staff and clinical leads”.

Reti did not say whether he would provide further resourcing to EDs to meet the six-hour targets. But he said there were more nurses employed by hospitals than ever before, with 29,404 full time equivalent nurses employed by Health New Zealand across the country — an overall increase of 2900 over the last year.

- This meeting between CENNZ and the Minister of Health Shane Reti took place on May 23, prior to Budget 2024 and the Government’s [policy statement on health](https://www.health.govt.nz/system/files/documents/publications/government-policy-statement-on-health-2024-2027-v4.pdf) (<https://www.health.govt.nz/system/files/documents/publications/government-policy-statement-on-health-2024-2027-v4.pdf>). Since then, there has been new targets announced for [shorter mental health-related stays in ED](https://www.beehive.govt.nz/speech/announcement-mental-health-targets-and-mental-health-and-addiction-community-sector) (<https://www.beehive.govt.nz/speech/announcement-mental-health-targets-and-mental-health-and-addiction-community-sector>) and \$30.85 million over four years to [increase ED security](https://budget.govt.nz/budget/pdfs/releases/15a-factsheet-supporting-frontline-health-services.pdf) (<https://budget.govt.nz/budget/pdfs/releases/15a-factsheet-supporting-frontline-health-services.pdf>). However there have

seven days a week, in every ED across Aotearoa. The minister also agreed with us that security staff need to be specifically trained for emergency departments to ensure the safety of our patients and staff.

also been rallies by [ED nurses such as those at Thames Hospital](https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6802/fed-up-thames%e2%80%99-emergency-department-nurses-to-stage-rally) (https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6802/fed-up-thames%e2%80%99-emergency-department-nurses-to-stage-rally) over constant understaffing and unsafe workloads.

Shorter stay ED targets

We also discussed the shorter, six-hour target for stays in the emergency department that has been reinstated under this National-led Government.

Reti detailed to us the process for the verification of data on ED stays once it is received by his office and said he had a new team working on it.

‘As it stands, we feel there are no plans and support for EDs to be able to realistically achieve this target.’



Thames Hospital emergency department nurses picketed on July 30 over ongoing staffing shortages and unsafe working conditions.

However, we shared our concerns that the data was being collected differently across departments — an issue he expressed interest in. As a college of emergency RNs that work in EDs, we are aware of many differences in how this data is collected — and how much is skewed. This is especially the case when many patients are left stranded in areas that are not wards, such as ED observation units, short stay units, assessment units and so on.

We suggested some clearer parameters for the collection of the data and also highlighted that CENNZ would be happy to be consulted on any target-related work — as we have concerns that nursing work is not being fully captured.

We agreed with the minister that the ED target should be used as a measure of how the whole system is performing (not just EDs). So, for the target to be successful, there needs to be appropriate action right across health services and the data should be open and transparent.

However, as it stands, we feel there are no plans and support for EDs to be able to realistically achieve this target.

Māori nurses

In regards to workforce planning, we discussed the Māori nurse workforce in ED — about seven per cent — and our hopes to target recruitment to match the population — about 17 per cent.

We also said there was a need to support the significant influx of internationally qualified nurses (IQNs) to integrate into the New Zealand health system.

However, the minister was unable to commit resources for this, or suggest how to resource safe staffing levels as calculated by safe staffing tool CCDM (care capacity demand management). He stated there was already an overspend of the health operational budget.

Overall, while there was no immediate response to our concerns, we felt that the minister understood and respected our role and shared our concerns as emergency RNs. The opportunity to share the unfiltered reality of our experiences directly with Dr Reti was a worthwhile and important opportunity for us as a college.

— *Lauren Miller is chair of CENNZ. Co-editor Mary Longmore also edited this.*

OPINION

Left out in the cold: Is it really about health budget constraints?

BY PIPI BARTON

August 13, 2024

In an urgent call to better support New Zealand-trained nurses, senior Māori nursing lecturer at NorthTec, Pipi Barton (Ngāti Hikairo ki Kāwhia) recalls being an out-of-work nursing graduate in the 1990s.



Photo: AdobeStock.

For those of us who graduated in the early 1990s, the current job market for new graduate nurses brings back a sense of *déjà vu*. I was one of those graduates, freshly minted as a registered nurse (RN), in 1992.

After completing my studies, I found myself unemployed, with hospitals across the country not hiring. It was a disheartening reality — unemployment was definitely not what I had envisaged when I started my training three years previously.

In desperation, I borrowed money from my then-boyfriend and embarked on a trip to the United States (US) to take the NCLEX (national council licensure exam) state exams. Back then, the exams required a physical presence in the US.



Pipi Barton as a newly graduated nurse in 1992.

The exams took place on a pier in New York City, where I was accompanied by two classmates and a large cohort of new graduate nurses from across New Zealand. We were a group of hopefuls, rejected by our own country, seeking opportunities abroad.

The trip to the US was a mix of adventure and reality check. We visited hospitals in New York, Louisiana, and Florida, where the demand for nurses was high. However, upon my return to New Zealand, I faced two harsh truths: I realised I didn't actually want to work in the US — but staying in New Zealand meant signing up for the unemployment benefit.

The challenges they face are a reflection of years of inconsistent and inadequate nursing workforce planning in New Zealand.

After a few months of searching, I finally found a job as an RN in a geriatric hospital, working two night shifts a week. It was not the career path I had intended, but it provided the experience I needed at the time.



Pipi Barton had to head to the US to find work as a new Kiwi nurse in 1992. Photo: AdobeStock.

Eventually, I secured a full-time position at a local general hospital, though the job wasn't secure, with monthly temporary contracts that lasted over a year.

New generation, similar challenges



Pipi Barton

This article isn't about an old nurse reminiscing about past hardships or telling new graduates to "suck it up". Far from it. I empathise deeply with today's new graduates, who are experiencing similar frustrations. But they probably don't realise that the challenges they face are a reflection of years of inconsistent and inadequate nursing workforce planning in New Zealand.

In the 1990s, neoliberal policies aimed at economic efficiency led to fiscal restraints across all sectors, including health. Major reforms in the health sector resulted in workforce restructuring, significantly reducing full-time equivalent (FTE) positions nationwide.

Hospitals cut their nursing workforce to save money, leading to a substantial decrease in nursing vacancies. With few job prospects, many new graduates were forced to seek employment overseas.

If the Government is insisting that it isn't because of budget cuts, the problem?

Fast forward to 2024, and our current new graduates face a different but equally troubling situation. Although the Government insists that austerity measures won't affect the frontline, the reality suggests otherwise, with some new graduates exiting programmes without the certainty of employment.

If the Government is insisting that it isn't because of budget cuts, then what is actually the problem?

Is it really about budget cuts?

In a recent interview on Radio New Zealand,^{[1](#)} the new chairman of Te Whatu Ora — Health New Zealand, Lester Levy, revealed a startling fact: The country currently has “thousands” more nurses than what is budgeted for. When questioned about the ongoing pressure felt by frontline staff, Levy pointed out that the issue lies in the mismatch between nurse recruitment and placement, particularly in hard-to-staff locations.

This raises a crucial question: is the nursing workforce budget inadequate, or is the real problem rooted in high recruitment levels coupled with poor planning and a lack of national oversight?



Lester Levy

Loss of these nurses to overseas jobs not only depletes our health system but also deprives Māori communities of culturally concordant care provided by Māori nurses.

Let's examine the stats. Before the COVID-19 pandemic, internationally qualified nurses (IQNs) comprised 27 per cent of New Zealand's nursing workforce.^{[2](#)} In just four years, this figure has surged to 44 per cent.^{[3](#)}

Between March 2023 and March 2024, the Nursing Council of New Zealand registered approximately 15,000 IQNs,^{[3](#)} (though not all are currently employed in the country). Statistics from that period indicate that around half of these IQNs may be working in New Zealand.

This sharp increase in IQNs highlights the Government's ongoing reliance on this workforce, which requires minimal investment beyond adjustments to immigration policies. It provides a quicker and more cost-effective response to workforce fluctuations compared to investing in the domestic nursing workforce.



Nursing graduates, including Māori, recently spoke of [feeling abandoned](#) after finding no jobs at Te Whatu Ora.

In response to mounting workforce shortages, the Nursing Council has made it increasingly easy for IQNs to register in New Zealand. This has included lowering language requirements and replacing the New Zealand-based competency assessment programme (CAP) with an online course that can be completed offshore.

Additionally, recent gains secured by the New Zealand Nurses Organisation (NZNO) through the collective agreement for nurses employed by Te Whatu Ora — Health New Zealand have made the country an even more attractive destination for IQNs.

While these measures may help to address immediate staffing needs, they raise significant concerns about the long-term sustainability and cultural concordance of New Zealand's nursing workforce.

Impact on domestic new graduates

The situation for new nursing graduates is arriving at a critical point, with many potentially facing the very real threat of unemployment. The lack of national oversight and coordinated planning has contributed to this crisis, resulting in a system where no single entity is accountable for ensuring that domestically-trained graduates have adequate job opportunities.

After dedicating three years of their lives and accumulating significant student debt, New Zealand-trained nurses deserve the assurance of job security.

Employers, especially Te Whatu Ora, must commit to securing positions for these new graduates. The systemic failure to provide sufficient positions for domestic graduates risks driving them overseas in search of work, with Australia standing to benefit significantly from this exodus.

Who is responsible and accountable?

After dedicating three years of their lives and accumulating significant student debt, New Zealand-trained nurses deserve the assurance of job security. However, due to inadequate workforce planning, many new graduates may be forced to seek employment overseas—not out of choice, but necessity.

This is particularly troubling for the Māori nursing workforce, as the loss of these nurses to overseas jobs not only depletes our health system but also deprives Māori communities of culturally concordant care provided by Māori nurses.

‘Current nursing workforce planning must prioritise protecting employment opportunities for local graduates and ensuring the stability and growth of our domestic nursing workforce for the future.’

Forcing Māori new graduates to work abroad contradicts the rhetoric from the Ministry of Health and the Nursing Council, which have both repeatedly emphasised the importance of growing the Māori nursing workforce.

Despite this, the percentage of Māori nurses has remained static at around 7.5 per cent for the past 40 years, highlighting a persistent failure to make meaningful progress.

The lack of national oversight has resulted in a fragmented system where no single entity is monitoring the nursing workforce in a way that ensures new graduate employment is protected. Te Whatu Ora and other employers hire at the front line, and the Nursing Council approves registrations, but without coordinated monitoring, the system fails to address the escalating employment crisis among new graduates.

The current situation could discourage future recruitment into the nursing profession, as potential students may see little point in training for a profession that offers no job security in New Zealand upon graduation.

The way forward: Prioritising domestic workforce planning

The World Health Organization (WHO) projects a global shortage of approximately 5.9 million nurses by 2030.⁴ New Zealand's ongoing reliance on IQNs is likely to face increasing challenges as other countries offer more competitive wages and better working conditions.

WHO recommends that nations dependent on IQNs to sustain their nursing workforce should focus on achieving greater self-sufficiency by investing more in their domestic nursing workforce.⁴

As a result, current nursing workforce planning *must* prioritise protecting employment opportunities for local graduates and ensuring the stability and growth of our domestic nursing workforce for the future.

To achieve this, the Government and key stakeholders must take immediate and decisive action. This includes:

- **Reducing reliance on IQNs:** Shift focus towards bolstering the domestic nursing workforce to decrease dependency on IQNs.
- **Investing in the domestic workforce:** Make substantial and overdue investments in training and supporting New Zealand-trained nurses.
- **Implementing a traffic light system:** Develop a monitoring system that flags workforce deficits and triggers interventions when employment prospects for new graduates are at risk.
- **Reserving positions for New Zealand graduates:** Ensure that employers, including Te Whatu Ora, reserve vacancies for New Zealand-trained new graduates.
- **Setting an annual limit on IQNs:** Establish a limit on the number of IQNs entering the workforce each year.
- **Fostering collaboration:** Encourage collaborative efforts between the Ministry of Health, employers, and the Nursing Council to protect job opportunities for new graduates.
- **Creating a central oversight body:** Form a single entity responsible for managing and overseeing the nursing workforce to ensure coordinated and effective workforce planning.
- **Enhancing nursing leadership advocacy:** Urge nursing leadership to be more invested and vocal in advocating for New Zealand new graduates and the domestic nursing workforce.

Equally, there is a need for a bipartisan approach to nursing workforce development. My recent PhD research reveals that successive governments over the last 50 years have made minimal investments in the domestic nursing

workforce, instead relying heavily on IQNs as a back-up plan.

This approach has often resulted in superficial efforts to address the needs of the domestic nursing workforce, merely tinkering around the edges to give the appearance of investment without making meaningful or substantial changes.

Ensuring the future of New Zealand's nursing workforce

The experiences of the 1990s should serve as a lesson for today's policymakers. Ensuring job opportunities for New Zealand's new graduate nurses is not just a matter of economic necessity; it's a moral imperative to support those who have decided to dedicate themselves to serving the health of this nation.

The whole system must work together to ensure that our domestic nursing workforce is robust, culturally concordant, and adequately supported to meet the health-care needs of all New Zealanders into the future.

Pipi Barton, RN, MPhil(nursing), is a mental health nurse and Māori nurse educator. She was recently employed on the curriculum development team developing unified nursing programmes for Te Pūkenga. She currently works at Northtec, establishing the Puawānanga Tapuhi Māori o te Kotiu — Bachelor of Nursing Māori programme in Te Taitokerau. She is also completing a PhD which examines strategies for increasing the recruitment of Māori into nursing.

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FEATURES

Kiwi nurses help transform lives through Mercy Ships' surgical care

BY FIONA HUNT-BAKER

August 30, 2024

Kiwi nurses who volunteer aboard Mercy Ships' floating hospitals at African ports, come back home with their passion for nursing invigorated.



Auckland nurse Georgia Logan with a young Mercy Ships patient during a mission at Senegal last year. (Photos: Mercy Ships New Zealand)

Fatou*, a young girl from Senegal in West Africa, had suffered severe burns from an open fire, resulting in injuries to her armpits and hands. These caused her immense pain and severely restricted her mobility.

On her arrival last year onboard the hospital ship the Global Mercy, docked at the Senegal port capital Dakar, she was understandably fearful and withdrawn.

Access to health care in Senegal is extremely limited, so for many from rural communities, the sight of medical personnel, unfamiliar surroundings, and the prospect of surgery can be overwhelming.

Over three months last year, Michelle Knuble, a volunteer nurse from Gisborne, worked tirelessly to care for Fatou. Multiple surgeries were performed to release the contractures caused by her burns, followed by intensive post-operative care.

The transformation was nothing short of miraculous. By the end of her stay, Fatou was running down the ship's corridors, full of energy and joy. She was no longer in pain, and her mobility was restored, allowing her to return to school and reclaim her childhood.

Knuble's dedication to Fatou's care extended beyond the physical. She spent countless hours providing emotional support, understanding the trauma Fatou had experienced, and helping her regain trust in people and the world around her.

This holistic approach to care is a hallmark of the work done by Mercy Ships, an international charity which runs two hospital ships serving developing African nations. They are staffed by volunteers from more than 60 countries.

Knuble is one of 32 Kiwi nurses volunteering this year aboard the two ships, Global Mercy and Africa Mercy. Each ship each year takes a mission serving an African nation, providing a wide range of surgery and post-surgical care to people with desperate health needs.

Challenges of getting health care

In many African countries, access to safe and timely surgical care is almost non-existent. According to the Lancet Commission on Global Surgery,¹ more people die each year from a lack of safe surgical care than from HIV/AIDS, malaria, and tuberculosis combined.

This statistic underscores the critical need for the services provided by Mercy Ships.



Before (top photo), and after surgery: Nassery has renewed hope after receiving life-changing surgery aboard Mercy Ships for severe burns from falling into a cooking fire at age five.



A year before a Mercy Ships mission, a team visits the country to assess and select suitable patients for surgery. Here, the patient selection team prepare to fly into Madagascar on a Mission Aviation Fellowship plane. Included in the team are Ella Hawthorne (second from left), from New Plymouth, working for Mercy Ships as an ophthalmic team manager, and Auckland nurse Michelle Farr (second from right), who is a patient selection clinical manager for Mercy Ships.



A typical scene of locals queuing for the patient selection process.

Mercy Ships encounters numerous patients who have travelled long distances, often from rural and isolated villages, in the hope of receiving life-saving surgery. Many of these patients have never seen a doctor before, let alone undergone surgery.

Their journeys are fraught with uncertainty and fear, as cultural beliefs and past experiences with illness and death contribute to a deep-seated apprehension about medical intervention.

In addition to the logistical challenges of accessing health care, there are also severe financial barriers. Many families cannot afford the cost of transportation, let alone the medical expenses associated with surgery.

Mercy Ships provides all services free of charge, alleviating this burden and making it possible for the poorest individuals to receive the care they desperately need.

Emphasising cultural sensitivity

Working in diverse cultures requires understanding and respect for local customs and beliefs. Mercy Ships places a strong emphasis on cultural awareness in its approach to patient care.

Translators are vital team members, ensuring patients understand every stage of their treatment. This culturally sensitive approach builds trust and fosters positive relationships between the health professionals and patients.



Mossane, an eye patient, walks up the gangway with her mother and admissions nurse Anette Hagenvik.

Many patients come from communities where medical conditions like large tumours, burn contractures, and obstetric fistulas are stigmatised. These conditions often lead to social ostracism, adding to the patients' emotional and psychological burden.

By addressing these issues with empathy and understanding, Mercy Ships helps patients reintegrate into their families and communities, restoring their dignity and quality of life.

Mercy Ships helps patients reintegrate into their families and communities, restoring their dignity and quality of life.

Teniah Howell, a nurse from Blenheim who served as the outpatient team leader aboard the African Mercy, stationed this year at Madagascar, is one of a number of Kiwi nurses who have taken leadership roles for Mercy Ships recently.

"In the outpatient department we see many of the patients three times per week or more, and sometimes this is over the course of several months," Howell said.



Khadija, carrying her daughter Aissatou on her back, hides the girl under her scarf when going to the village market or when visitors come, to conceal her daughter's cleft lip. Repairing cleft palates is just one of the life-changing operations performed on Mercy Ships.

"We work hard to schedule patients to ensure that the same nurse can look after the patient each time to keep that continuity and building of trust and we build relationships with their caregivers in support of the patient.

"There is not the same time pressure that you would ordinarily experience as we can schedule patients according to the acuity of their wounds," Howell says.

She says Mercy Ships is about catering to the need of each individual. "If it means four hours of care for one individual, then that is what that individual will receive."

Other New Zealand nurses who have taken leadership roles on the two ships over the past year are Kylie Huber, an Auckland nurse who was operating room clinical supervisor; Maria Kuo, from Gisborne, ward clinical supervisor; Charlotte Gordon, from Hamilton, preoperative manager; and Canterbury nurse Felicity Markholm, operating room nurse and paediatric team leader.

Kiwi nurses report finding their practice back here in New Zealand invigorated by their Mercy Ships experience. Exposure to different practice, giving opportunities to learn, and lower nurse-patient ratios aboard the hospital ships, allowing them to give comprehensive and holistic care, are just two of the positive features of the volunteer missions.

Amini village on a ship

Mercy Ships has an average of 1200 volunteer crew from more than 60 nations serving onboard its two ships each year.

Over 40 years, the charity has provided more than 111,850 life-changing or life-saving surgical procedures such as cleft-lip and palate repair, cataract removal, orthopaedic surgery, facial reconstruction, burn contracture release, paediatric surgery, general surgery, and obstetric fistula repair.



New Zealand nurse Ellen Parker with a young Mercy Ships patient.

The hospital ships are like floating villages, complete with not only surgical theatres and recovery rooms but also classrooms, dining halls and living quarters. Each ship is thus a self-sufficient operation, where volunteers and patients live and interact closely, fostering a strong sense of community and mutual support.

State-of-the-art facilities

Mercy Ships volunteers bring excellent standards of surgery in state-of-the-art theatres within reach of some of the world's poorest people. Operating theatres are similar to those in land-based hospitals, making it easy for theatre nurses to transition.

Huber said that though there were cultural differences, the fundamentals of operating theatre nursing on the ships were the same.

The main difference onboard is exposure to unusual and extreme surgical cases not seen in wealthier countries. Patients in low-income countries often lack access to early intervention and preventative care. This means that by the time they receive treatment, their conditions are often more advanced and complex, requiring specialised surgical expertise and innovative care.



Kiwi volunteer nurse Teniah Howell is outpatient team leader, working with families and facilitating post-operative wound care management.

Another unique challenge faced by Mercy Ships is the lack of local capacity for post-operative follow-up. To address this, Mercy Ships ensures patients are capable of functioning independently before discharge.

Physiotherapy is an essential component of the rehabilitation process, often requiring several months for patients to regain full function. The hospital out-patient extension (HOPE) centre provides a dedicated space for outpatients, ensuring they have access to appointments and proper nutrition to aid healing.

The HOPE centre also serves as a place where patients can stay while they complete their rehabilitation, offering a supportive environment where they can receive ongoing medical care and physical therapy.

Building local capacity

Direct patient care is a significant part of Mercy Ships' mission, but there is also a focus on building local health-care capacity. This involves training local health-care professionals, developing health-care infrastructure, and working with local health ministries to improve overall health service delivery.

By investing in local health-care systems, Mercy Ships aims to create a sustainable impact that lasts long after their ships have sailed.

Local doctors, nurses, and other healthcare workers attend courses and workshops, learning new techniques and best practices to apply in their communities. The Mercy Ships training programmes cover a wide range of topics, from surgical techniques and patient care to hospital administration and biomedical engineering.

The impact of the new Global Mercy

In 2023, Mercy Ships launched the Global Mercy, a new hospital ship that significantly expands the organisation's capacity. The Global Mercy is equipped with six operating theatres, six wards with 199 patient beds, and an intensive care unit.

It also includes facilities for radiology, medical laboratory services, pharmacy, physiotherapy, hand and speech therapy, and nutrition.

The first patient surgery was conducted in Sierra Leone last year and Mercy Ships will be returning for a second field service there which will finish in June 2025.

The second ship complements the African Mercy which boasts five operating theatres, a four-bed recovery area, intensive care for up to five individuals and 75 ward beds. Currently it is serving in Madagascar.

Accelerated nursing opportunities

The dynamic hospital environment on Mercy Ships promotes professional development for nurses. Upon arrival, volunteers undergo a full day of orientation, familiarising themselves with the ship and specific areas of work.

The supportive environment allows nurses to thrive and expand their practice. Howell who oversees outpatients, found diverse roles to perform onboard, such as supporting preoperative nurses and the eye team.

"There are always opportunities to float and cover in other areas if you wish to experience that," she said. "Equally, there is plenty of opportunity to help cover as the duty nurse in the after-hours on-call roster or as an EMT [emergency medical technician] nurse to assist with crew emergencies."



Maria Kuo, a Gisborne nurse, is a Mercy Ships ward clinical supervisor. She is pictured with a patient on the ship veranda during patient recreation time.

Also, due to the unique environment, nurses are regularly exposed to different practices, which promotes learning. "Working in an international team means things are done differently," said Felicity Markholm. "Asking questions and understanding the rationale behind different practices has improved my own practice and empathy towards patients."

Find out more about volunteering for Mercy Ships [here](https://mercyships.org.nz/kaitiaki)
(<https://mercyships.org.nz/kaitiaki>).

Mercy Ships provides nurses with the opportunity to develop leadership skills, as they often take on responsibilities beyond their typical roles. This includes mentoring new volunteers, coordinating care for patients, and contributing to the overall operations of the ship.

Reigniting love for nursing

The lower nurse-patient ratios are required due to the unique operating environment in Africa; however, it has a profound impact for many New Zealand nurses as their passion for nursing was reignited.

New Zealand volunteer nurse Ellen Parker found the experience “enlightening and rewarding. It was a place where I felt at home. The people you work with are so grateful for the smallest things, making nursing come alive.”

Auckland nurse Georgia Logan has a similar reaction: “Returning to the boat refreshes us to be nurses again. I’m going back into New Zealand nursing with renewed empathy and care.”

** The patient's name has been changed to protect her privacy.*

Fiona Hunt-Baker is a lead recruiter for Mercy Ships New Zealand.

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FEATURES

Bringing te ao Māori into private surgical care

BY KATHY STODART

August 22, 2024

A Māori nursing leader at Southern Cross Healthcare is bringing te ao Māori into the world of private surgical care, and is using his own research to back up this work.



Photo: iStock

Dean Cowles is national nursing adviser for Māori affairs at Southern Cross Healthcare, a role he has helped develop. He is using his position to help improve the cultural competence of the company's private surgical hospitals, to make them more welcoming places for both Māori nurses and Māori patients.

He says there are increasing numbers of Māori patients coming through private surgical hospitals across the country. There are many reasons for this, including more Māori having health insurance, as well as private hospitals having contracts with Te Whatu Ora and ACC to relieve pressure on the public system.

There are increasing numbers of Māori patients coming through private surgical hospitals across

the country.

For his master's degree, Cowles recently completed a thesis which investigated the experiences of Māori nurses working in private surgical hospitals, which he describes as previously "unresearched territory".

The findings of this research reflect the the work he is doing to bring Māori values into Southern Cross Healthcare, and to grow and develop its Māori nursing workforce. And he recommends his findings be taken on board by the wider private hospital sector to make it more responsive to the needs of Māori patients and nurses.

He also makes it clear he favours framing the issues in a positive way, using a non-confrontational "soft approach" to achieve the best results when introducing Māori cultural change to non-Māori in workplaces.



Dean Cowles — using his research to inform change to benefit Māori in the private hospital sector.

Ngāti Awa background

Hailing from Ngāti Awa, an iwi based in the Bay of Plenty, Cowles' hapū is Te Patuwai, from Mōtītī Island, off the coast of Tauranga.

He graduated as a registered nurse from the Auckland University of Technology (AUT) in 2014, and began his career in theatre and the post-anaesthetic care unit at Christchurch Public Hospital, becoming a clinical nurse specialist in orthopaedic trauma. "My perioperative work in Christchurch — with the mosque shootings and post the earthquake — was very trauma-based," he says.

On shifting to Auckland, he returned to AUT as a clinical nurse educator in the undergraduate nursing programme, while also working in public health on contract to the Ministry of Health.

He was therefore well-placed, when COVID struck, to help set up border screening and the managed isolation facilities. Working for Auckland public health and responding to the pandemic was a different type of nursing, which involved him working with a range of different population groups.

Shift to private sector

In 2021, he sought to diversify his skills further by shifting to the private health sector, joining Southern Cross Healthcare as a clinical nurse educator in operating theatres at the company's North Harbour Hospital in the Wairau Valley, on Auckland's North Shore.

"In that role, I recognised that a lot of work was needed around Māori health care and improving health inequities, and I managed to work on that in national projects for Southern Cross Healthcare."

Southern Cross Healthcare has 19 private surgical hospitals in New Zealand, 10 which it wholly owns, and nine run as joint ventures with other private companies.

However Cowles said there was so much work to do on improving Māori health outcomes at Southern Cross Healthcare, that it was difficult to combine with his usual role as a clinical nurse educator.

His recommendations for private hospitals include:

- Implementing robust education initiatives on cultural competence, focusing on te ao Māori, tikanga and te Tiriti o Waitangi.

So in May last year, he transitioned from educator to a newly created role at Southern Cross Healthcare as national nursing adviser for Māori affairs, based in the company's nursing directorate in Auckland.

"It was a brand new role, and unfamiliar territory. It still had a clinical focus but it was about the advancement of Māori health, and I could make the role what it needed to be," Cowles said.

He said the public health system was more advanced than private in incorporating te ao Māori, but that was starting to change. Part of his job was to develop leaders in cultural capability at Southern Cross Healthcare.

At the same time as he was developing this new role, he was finishing his master's thesis, entitled "Strategies to improve Māori health outcomes in private surgical settings by understanding the perceptions and experiences of Māori nurses".

Unresearched territory

"It was unresearched territory," he said. "There's not a lot of research in New Zealand on Māori health outcomes in private care — especially through the view of Māori nurses."

He said the ultimate aim of his research was to figure out how to ensure the private surgical sector was culturally safe for both Māori patients and nurses. Not only would this improve the patient experience, but would also hopefully encourage more Māori nurses into the sector to help care for the increasing numbers of Māori patients.

- Developing a strong Māori nursing workforce strategy, incorporating Māori values and cultural mentorship for Māori nurses.
- Providing professional development for Māori nurses and fostering Māori leadership.



Among other issues, the participants were asked what it felt like to be a Māori nurse in a westernised health system. Photo: AdobeStock

Cowles found it tricky to locate his desired interview subjects for his research — Māori nurses working in the private sector — because few private health entities kept ethnic data on staff. "It's difficult to gauge but I would say there is a very small number, as traditionally the majority of Māori nurses go into the public system."

He recruited his interviewees via the New Zealand Private Surgical Hospitals Association and also through the Māori nursing and midwifery leadership group Ngā Manukura o Āpōpō. To be included, participants had to identify as Māori, have worked as an RN in a private hospital for a minimum of two years and have nursed patients there who identified as Māori. Excluded were Cowles' Māori colleagues at North Harbour Hospital.

Kaupapa Māori methodology

Eventually four participants were found, from across the country. They became part of a research project which used kaupapa Māori methodology, ie it was underpinned by te ao Māori and Māori values.

Cowles said this methodology emphasised that the participants were just as important as the researcher.



The research was underpinned by Māori values. Photo: iStock

It also meant he used whakawhanaungatanga to get to know the participants — through sharing whakapapa and experiences — before the formal interviews began. COVID restrictions meant kanohi-ki-te-kanohi interviews were still too risky, so they were done by video link.

The questions he asked the nurses covered what they saw as the barriers and facilitators of health care for Māori; issues of Māori leadership, autonomy and self-determination in the health system; equity issues; and what it was like to be a Māori nurse in a westernised health system.

These are his key findings, linked to three whakataukī (Māori proverbs):

1) He kai kei aku ringa

The attributes that Māori nurses bring to the health space

- Māori nurses bring their own specifically Māori values of manaakitanga, whānau and whanaungatanga into their work, often drawn from their own upbringing.

- Bringing these personal values into their professional life allows them to connect better with Māori patients and their whānau.
- There is a need to grow and develop the Māori nursing workforce in the private sector, and also to minimise their cultural loading at work — ie if someone is the only Māori nurse in a hospital, they may be expected to both justify Māori values and be a cultural guide for the workplace.

2) He waka eke noa

A collective journey

- Māori nurses felt Māori patients were isolated from cultural support in the private surgical system, which was not sustainable or culturally safe. The private sector was somewhat disconnected both from iwi and from the cultural change in the public system.
- The nurses also expressed concern at the lack of Māori governance in their hospitals. This meant a continuation of western approaches to health, which would not improve poor Māori health outcomes.
- True collaboration was needed across public and private sectors and with iwi, hapū and whānau.

3) Whaiwhia te kete mātauranga

Education initiatives to enhance cultural awareness and competency

- Private sector hospitals do have cultural competence education for staff, but it is all online. Participants said it felt like “ticking boxes” and wondered how much staff were actually learning.
 - They said this education was “not really working” as Māori patients were still having negative experiences — one described a whānau made to feel so unwelcome in the hospital that they went out and sat in the car.
 - Better Māori cultural safety education in a range of formats was needed. Online learning was useful but they also wanted tikanga simulation, guest speakers and te Tiriti information.
-

Cowles also added to his thesis a description of his own professional, cultural and health journeys — known in research terms as auto-ethnography.

“Auto-ethnography values the researcher’s subjective views and it values story-telling,” he says, and it added a new layer of meaning to the study’s recommendations.

Part of the story he relates is his own cancer journey — despite being a nurse with high health literacy, he found he had a delayed diagnosis and delays in test results, resulting in him needing extra chemotherapy and surgery.

Research literature showed this happened to many Māori, and although he was unable to say whether the delays he experienced were due to his ethnicity, he said it did highlight “we need to do better” for Māori.

Making it positive

The strategies he recommends from his research he is already using in his work at Southern Cross Healthcare, and he is also presenting his thesis findings at conferences this year.

‘The purpose of the research is to flip it around and make it a mana-enhancing experience.’

He is determined that the results and recommendations of his research should be seen in a positive light. “All of this does sound quite negative, but the purpose of the research is to flip it around and make it a mana-enhancing

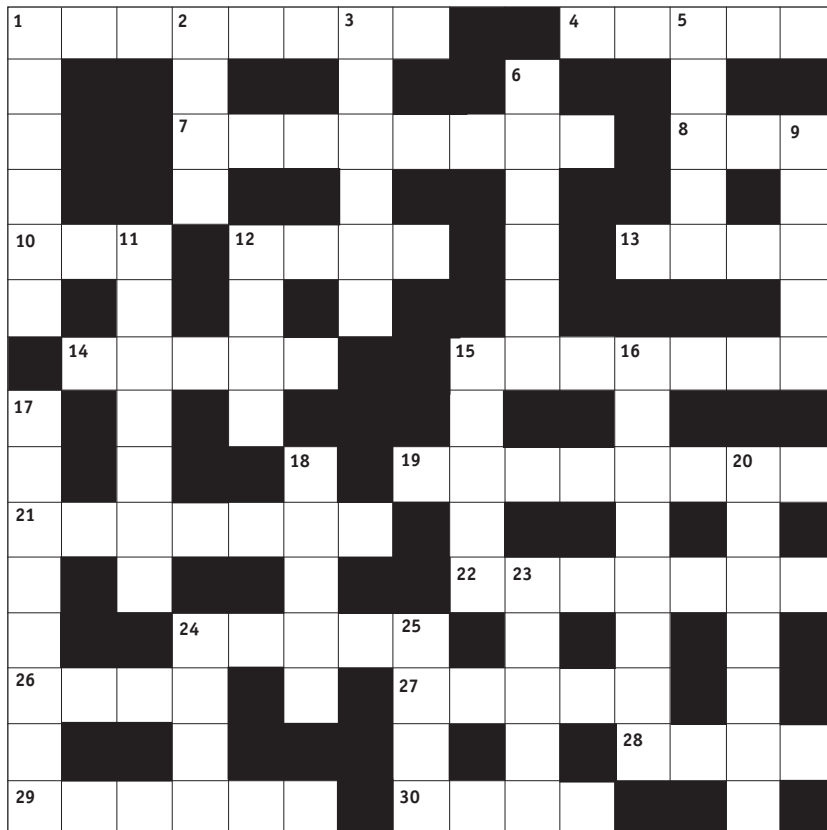
experience."

A "soft approach" was vital, he said. "If you go too hard too fast with non-Māori or those without the lived experience of these issues, they won't engage. It has to be strategic."

Dean Cowles' research can be found here: [Strategies to Improve Māori Health Outcomes, in Private Surgical Settings, by Understanding the Perceptions and Experiences of Māori Nurses \(aut.ac.nz\)](https://openrepository.aut.ac.nz/items/fe3476cd-d2f8-4c23-900c-186801a0b4a4)
(<https://openrepository.aut.ac.nz/items/fe3476cd-d2f8-4c23-900c-186801a0b4a4>)

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August 2024 crossword



ACROSS

- 1) Possesses a degree.
- 4) Facial hair.
- 7) Needed.
- 8) Makes winter roads treacherous.
- 10) Native songbird.
- 12) Absence of light.
- 13) Female elder (Māori).
- 14) Sarcastic smile.
- 15) Essential.
- 19) Loss of cognitive function.
- 21) Reply.
- 22) Austrian apple pie.
- 24) Revolves.
- 26) Greasy.
- 27) Temporary stop.
- 28) What leaky taps do.
- 29) Loathe.
- 30) What you owe.

DOWN

- 1) Visitors.
- 2) Mend socks.
- 3) Students (Māori).
- 5) French farewell.
- 6) One who belongs to a union.
- 9) Electronic letter.
- 11) Massive.
- 12) Scottish dagger.
- 15) Cerebral board game.
- 16) Puzzled.
- 17) Burden of tasks during shift.
- 18) Noisy sleepers do this.
- 20) Resistance to change.
- 23) Its Latin name is pollex.
- 24) Part of vehicle that touches road.
- 25) Potato.

July answers

ACROSS: 1. Oncology. 5. Tired. 7. Lemon. 8. Basin. 9. Lift. 10. Recruit. 12. Duo. 14. Coca. 15. Alert. 17. Feta. 19. Oil. 20. Jolt. 21. Ratio. 23. Amen. 24. Awe. 26. Weta. 28. Sign. 31. Roses. 33. Network. 34. Kaiāwhina. 35. Otter.
 DOWN: 1. Oily. 2. Competent. 3. Lunar. 4. Yeast. 5. Third. 6. Difficult. 9. Lockjaw. 11. Inflation. 13. Marrow. 16. Too. 18. Tee. 22. Irate. 24. Aunt. 25. Export. 27. Ebola. 29. Ninja. 30. Poker. 32. Sew.

LETTERS

Letters from distressed new graduates

BY NEW GRADUATE NURSES

August 2, 2024

A range of new graduates — upset and frustrated about not being placed in a job — have shared their stories in these letters. Their names have been withheld by request.



'We gave three years, we want answers'

I am a recent mid-year nursing graduate and one of the many NETP applicants not placed. It seems no applications from my cohort were matched.

When the freeze was announced, we asked for answers and were given misleading information, promising security, but eventually it was exactly what [NZNO announced](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 are in limbo; my entire life and everyone around me has been consumed with this process of becoming nurses. It's overwhelming, all-consuming, and the cost to our families is more than financial — the emotional toll is horrendous.

Nine weeks of full-time unpaid labor, where I was treated poorly, marked an emotional end to my bachelor of nursing and was quite soul-destroying. This was followed by the whole of July in limbo, and now, what do we do next?

Once we become RNs, many workplaces will no longer employ us due to the legalities of our scope of practice. What do we do?

I know many from my cohort are already applying to Australia, and trust me, you are losing some fantastic, talented, and intelligent nurses.

We want answers because we gave three years of our lives, forced our families to suffer through the process, for what? Please help us, get our voices heard.

New graduate

Single-parent graduate 'anxious and disheartened'

I am writing this letter in response to the recent hiring freeze/not freeze of new graduate nurses. I have just completed my bachelor of nursing degree and recently sat state finals. I'm now waiting on my results.

After my final clinical placement on a hospital medical ward, I had an interview there in which I was told there were no fulltime positions available. They said they would work on trying to create a position for me, although they acknowledged the reality of budget cuts and hiring issues.

The same message was given to other students from my class at their interviews, if they were lucky enough to get an interview.

During my transitional placement (this description should definitely be changed), there were two or three heavily pregnant staff members on the ward I was on, and another leaving to go to Australia. However I was still unsuccessful in my application.

Also during my placement, staff were being pushed into taking their annual leave due to budget cuts, and some were clearly upset at this. (To me, this is not saving money, but just making it look like money is being saved.)

I am not sure how many in my class of just over 20 were lucky enough to secure a position, but for the smallest class in years you would think we would all have found jobs. I do know that at least five of us were all called recently from the talent pool in regards to one sole position, outside the city where we trained.

I am left feeling disheartened and anxious about my future in nursing. I was hoping to secure a position with the support of ACE and the NETP programme.

I am a 44-year-old solo mum who took a chance to study at this later age in life, to create a secure career that would ideally put me in a better financial position.

Now I am left feeling as though I will be struggling to find work once my exam results and registration comes through, with a student loan, a mortgage to pay, and all the things myself and my family have had to sacrifice for me to complete my degree.

New graduate

New grads 'left in dark'

As a new grad nurse, I have been seriously affected by the hiring freeze. I excelled in my transition placement and ACE interview.

With the bombshell of a potential hiring freeze dropped on us just weeks before state exams, this caused unneeded stress to us all. The day after state exams, it came out that there were no NETP positions in Midcentral at all.

This was a huge disappointment to my entire class, and meant we would be placed in the talent pool. To get a new grad position, we would have to uproot our entire lives and shift to another part of New Zealand. Christchurch new grads have also been hugely affected.

Te Whatu Ora have [commented via the media](#) that those of us who were not matched with a position had turned down initial offers. But none of us received initial offers! We simply got an email saying there was no room for us in our DHB due to no vacancies. Yet the hospitals in my region, and other regions, are so short-staffed? I really don't understand!

My classmates and I feel like our government have abandoned us.

It would not be easy for me to uproot my entire life and family to shift to another part of the country for the same working conditions and pay. Therefore I have decided that if I have to move to get a new grad position to gain experience, I will go to Australia for a year. Then when I return, I will go private and will NEVER work directly for the government/Te Whatu Ora.

Job ads for registered nurses online (such as rest homes) require people to apply who have one to two years' experience as an RN. How do we get experience when we cannot get a job?

I am 20 years old and have studied fulltime for three years. I have a bachelor's degree, which included 1200 hours of unpaid clinical placements (where RNs are often too busy to teach, so we get left with a hefty patient load).

I have had to overcome many barriers to get this degree, in a nursing crisis where jobs were guaranteed. Yet myself and others have been left abandoned and completely in the dark. I don't know what to do right now with my degree other than go to Australia if I get to the end of this year without an RN job.

New graduate

New grad 'disheartened, upset and in debt'

For me, it's the unknown of being in the talent pool. It's upsetting to be told, time and time again over three years, that people need nurses and it's really important that you finish your degree, and then to get to the end of it and be told there's no jobs available and you'll just have to be a health-care assistant for a while longer.

We got an email the other day stating that the only positions available were in aged care or practice nurse positions outside the city. I wouldn't drive over an hour for work — there's no way I can afford that.

In regards to aged care, I've been told by nurses on placement not to start in aged care as you never get out of it. Now the script has been flipped and we are being told that beggars can't be choosers and aged care is a rewarding vocation.

To have all of this come out less than a week before we started our state final made studying for the exam so hard. It made you wonder what you were studying for if there were no jobs at the other end. This should have been announced after the state final, or months before. It was unfair to us that it came out when it did.

There's so many people in my year group that would make absolutely wonderful nurses that aren't being given a chance to show how good they would be.

There's so many people in my year group that would make absolutely wonderful nurses that aren't being given a chance to show how good they would be, and I think that's terrible. It shows that the Government and Te Whatu Ora don't care about the health system and the assets that new graduate nurses bring to it.

To put yourself through more than 1100 hours of unpaid work, to miss out on opportunities to see family, to be unable to pay bills, to have a big student loan (mine is \$50,000), for nothing at the other end is really disheartening and it makes me quite upset.

My friends that were matched are still waiting for their job offers. They don't know where they will be working and it's been three weeks since they were told they'd been matched.

Thanks for the opportunity to say this. It's so important that the health system, the Government and the public hear what we have to say.

New graduate
Canterbury

Future 'bleak' for new graduate nurses

I am writing this because the *Kaitiaki* article published on July 24, ["Three out of five nursing students to get hospital jobs, Te Whatu Ora figures show"](#), does not accurately reflect the current reality for new graduate nurses here in Waitaha Canterbury.

The article reports that "the remaining 166 unmatched nurses — a small number of whom did not accept initial offers – have been placed in a national talent pool, which will open to employers this month". However, my colleagues and I believe this is erroneous, because as of July 25 we have yet to receive job offers from Te Whatu Ora. Therefore no one has "declined" these supposed offers.

I have been matched into the national talent pool. The talent pool is not offering any Te Whatu Ora jobs based in Waitaha, Canterbury. The offers are as follows:

- Primary health care (Akaroa, Hanmer, Kaikoura)
- Aged care facilities across Canterbury

I understand that aged care is an important and valued area of nursing; however, it is historically understaffed. This leaves myself and many other students apprehensive about applying for these positions as we fear we will not receive appropriate and safe training and support to protect not only the patients, but our newly gained registration.

Furthermore, like many new graduates, I have a young whānau. It is not realistic to uproot my family to move to another region in Canterbury or overseas, particularly given the current rental and housing market. As a result, it feels like we are being forced into aged care.

I cannot begin to express the feelings of uncertainty, stress and hopelessness we are feeling from the possible lack of employment and lack of communication and transparency from Te Whatu Ora and our government. On top of that is the financial pressure of having a student loan, that for many is upwards of \$25,000, and no job to pay it off.

The situation has had an exceptionally negative impact on my mental wellbeing. Needless to say, the future is looking very bleak for new graduate nurses.

New graduate
Canterbury

Once hopeful student, now filled with 'dread'

I am writing this in response to the *Kaitiaki* article ["Three out of five nursing students to get hospital jobs, Te Whatu Ora figures show"](#). This article reports that unmatched nurses who did not accept initial employment offers were placed into the national talent pool. However, I believe this is inaccurate, because as of today, July 25, we here in Waitaha Canterbury have not received any job offers.

I am one of those fortunate enough to have been matched to a NETP position in Waitaha Canterbury. Though I am thankful for a possible job, I am highly disheartened and disappointed in the lack of communication we have received regarding employment offers.

During the interview process, we were informed that we will find out results of NETP/NESP matches and employment offers on July 17 – the day after our state final exam.

However, on July 17 we were sent an email stating that we will not find out details of employment offers until July 24.

On July 24, I was sent a somewhat ambiguous email stating that I have a NETP position within Te Whatu Ora Waitaha, but I will not find out the area where I am employed until August 7 – three weeks after the initial date of employment offers.

Furthermore, we have been informed in the email that the start for NETP has been changed from September 2, as they are now staggering this intake, with three different start dates. I have been told I am now starting employment with Te Whatu Ora on October 7. I am unsure why these dates have been staggered and increased to three instead of one, and again express my disappointment in the lack of communication.

I am unsure of the exact numbers in my cohort who received job offers, and how many went to the talent pool. I know I should be happy and celebrating that I will be employed, but instead I am consumed by what I can only describe as survivors' guilt.

The majority of my friend group were placed in the national talent pool and now have what seems two options: compromise their careers and registration by working in the notoriously understaffed aged-care sector or move overseas. However many new graduates have whānau and young tamariki, so the latter is not a feasible option for them.

Another issue is that the education institute where I studied – Ara Institute of Canterbury – has increased its nursing student intake to four intakes a year instead of the previous two.

The reasoning for the increase in intakes was to train more nurses. However we are constantly being told conflicting information by government officials about the need for more nurses here in Aotearoa.

When I first started studying to become a nurse I was hopeful and excited for the future — now I am dreading it.

New graduate
Canterbury

— See also [Jobless nursing graduates feel heart-broken and abandoned](#)
