

NEWS

Hundreds of nursing graduates miss out on Te Whatu Ora jobs

BY MARY LONGMORE

November 27, 2024

Te Whatu Ora is being accused of failing in its most basic duty — protecting the future nursing workforce of New Zealand.



Photo: AdobeStock.

Auckland nurse graduate Megan* woke up today to find she had missed out on an entry job at Te Whatu Ora.

"The first thing I did was jump on my computer and apply to work in Australia," she told *Kaitiaki*. With a \$60,000 student loan: "I would love to work in New Zealand and begin my career here . . . But I can't afford to sit here waiting for a job when I know I can get one in Australia."

Megan is one of 770 registered nurse (RN) graduates who found out today she had not been matched to an entry role through Te Whatu Ora's national job-matching service ACE (advanced choice of employment).

Of 1614 applicants, another 844 were matched at Te Whatu Ora or a partnership organisation — a 52 per cent hiring rate.

‘Te Whatu Ora has failed in its most basic duty – to plan the future nursing workforce. The first year of employment is critical for nurses entering the health workforce.’

Te Whatu Ora chief nurse Nadine Gray said the remaining 770 graduates would be encouraged to take up roles in primary, community, aged care and other non-hospital settings.

“We would encourage graduate nurses to be flexible around the location and type of work they are seeking. Even if it is not their first-choice role, all roles will offer valuable work skills and experience and help them develop their nursing careers.”

Gray said some of the remaining nurses would be picked up through Te Whatu Ora’s normal turnover — but couldn’t guarantee roles for everyone.

Te Whatu Ora was encouraging other employers to hire new graduates, including through incentive payments of up to \$20,000 per nurse hired, Gray said.



Nadine Gray

‘It feels unfair because I put my heart, soul and tens of thousands of dollars into the last four years.’

But NZNO national student unit co-leader Bianca Anderson said the news was “devastating” and Te Whatu Ora had “utterly failed” graduates — many of whom would leave for Australia.

“Te Whatu Ora has failed in its most basic duty — to plan the future nursing workforce. The first year of employment is critical for nurses entering the health workforce.”



NZNO student leaders (left to right): National Student Unit (NSU) vice chair Rochelle McKelvie, Te Rūnanga Tauira (TRT) vice chair Alana Borell, TRT chair Davis Ferguson and NSU chair Bianca Anderson.

Dozens of distressed graduates got in touch with *Kaitiaki* today after hearing the news.

‘Don’t rely on the New Zealand health system because it will let you down – it will let you down.’

Dunedin graduate Maxwell Arnott said it was “frustrating” to be in limbo and he was considering moving to Australia for the first time.

“I love living in New Zealand and it is where I see my long-term future but now I am considering it [Australia].”

Auckland graduate Libby Snook — who has wanted to be a nurse since she was 12 — said it was hugely disappointing to miss out on her hoped-for role in neonatal nursing. Especially as she had observed on placement that many wards were understaffed more than half the time she was there.

Instead of an exciting time, it was a time of “huge uncertainty” and financial challenge.

‘How can we impact patient’s and the public’s lives positively if we can’t get a job?’

NZNO student representative Bella Forrest said anxiety levels were high at what should have been an exciting time.

“I’m more fearful for all the parents and others who can’t leave their region and might not get a job – and they’ve taken so much time to do this, so to not get a job . . . it’s a lot of stress.”



Libby Snook

An Auckland graduate said she felt “broken” and lonely after missing out despite “working my butt off” during her studies.

“It feels unfair because I put my heart, soul and tens of thousands of dollars into the last four years.”

Another said it was hard to have such limited opportunities.

“I came into this degree wanting to be an amazing nurse who could genuinely impact patient lives, we all did, but how can we impact patient’s and the public’s lives positively if we can’t get a job?”

Pay rates in primary health and aged care are up to 20 per cent lower than at Te Whatu Ora, and they lack many of the supported entry roles at Te Whatu Ora with mentoring for new nurses.

Many said they were in debt and eyeing Australia.

In July’s smaller mid-year nurse cohort, [three in five graduates](#) got jobs amid budget constraints despite Te Whatu Ora denying a hiring freeze.

[Further staff cuts](https://www.rnz.co.nz/news/national/534951/nearly-1500-more-te-whatu-ora-roles-face-axe-psa-says) (<https://www.rnz.co.nz/news/national/534951/nearly-1500-more-te-whatu-ora-roles-face-axe-psa-says>) have been revealed at the struggling organisation, including in its data/digital unit and public, hauora Māori and Pacific health services. Commissioner Lester Levy has

been tasked with cutting spending by \$200 billion.

‘We have been let down’

For Megan, who wanted to work in paediatrics after spending time in hospital as a child, it’s a no-brainer — even though her heart belongs with her family in Aotearoa.

Alongside \$5000 for moving expenses, some parts of Australia are offering two months’ free rent for Kiwi nurses, she reckons.

And her message to other nursing students? “Don’t rely on the New Zealand health system because it will let you down — it will let you down.”

In total, there were 1788 students who sat their final exam this month, with results expected next week, the Nursing Council has confirmed.

**Last name withheld on request.*

- *Kaitiaki will be publishing more graduates’ stories over coming days*
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NEWS

Minister of Health announces \$10 million for 75 senior specialist nurses

BY MARY LONGMORE

November 26, 2024

Sceptical nurses are cautiously welcoming a \$10 million investment in 75 senior and specialist nurses to plug gaps in mental health, rural health, maternity and critical care — but say it is a drop in the bucket.



Minister of Health Shane Reti with Te Whatu Ora commissioner Lester Levy announcing the funding at Whangārei Hospital today. Photo: Denise Piper/Northern Advocate.

Minister of Health Shane Reti, at Whangārei Hospital today, announced \$20 million for 50 new senior doctors and \$10 million for 75 senior specialist nurses and allied health professionals.

“While Health New Zealand has made significant progress recruiting nurses in the last 12 months, there are critical shortages in rural areas and particular specialties, such as mental health, maternity and critical care,” Reti said in a release.

‘Despite what they say, there is a hiring freeze on nurses and critical beds are being temporarily closed in some units due to a lack of nurses.’



Kerri Nuku

“Setting aside funding specifically to employ senior specialist nurses and allied health professionals will help sustain services that are struggling because of a lack of specialist skills.”



Tania Mitchell

The funding would fill critical workforce gaps and help deliver on the Government’s health targets, particularly in regional or provincial hospitals, he said.

Critical care nurse Tania Mitchell said without details, she was “a bit sceptical” of the news, given the current hiring constraints for nurses at Te Whatu Ora.

She knew of many senior nurses, including clinical coaches and nurse educators, employed in the past three years to support increased numbers of [critical care beds](#), were not having their fixed-term contracts renewed.

“Despite what they say, there is a hiring freeze on nurses and critical beds are being temporarily closed in some units due to a lack of nurses,” said Mitchell, a member of NZNO’s college of critical care nurses.

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa kaiwhakahaere Kerri Nuku said while more specialist and regional nurses was good news, it was a “drop in the bucket” of what was needed to fix nurse shortages.

NZNO mental health nurses section chair Helen Garrick said she was pleased to see the Government investing in senior specialist nurses.

“This is what we need right now, with the [increased burden on crisis teams](#),” she told *Kaitiaki*.

But more detail was needed on how they would recruit the senior specialist mental health nurses needed — she wondered whether they would come from overseas or from those who had left the specialty in New Zealand.



Helen Garrick

‘Aotearoa desperately needs more Māori nurses to ensure there are culturally safe nurse-to-patient ratios.’

Asked for details, the minister’s office referred *Kaitiaki* to Te Whatu Ora, which was unable to immediately answer questions on how, when and where the specialist nurse recruitment would happen, and how it was being funded.

The information would be provided in coming days, a spokesperson said.

Northland primary health nurse practitioner Margaret Hand — also an NZNO board member — said rural nurses had workloads of up to 100 patients each.

“Do we need specialists or more nurses who just want to work for equitable pay rates to afford the rising costs of living?”



Margaret Hand

Hand said nurses gave so much and received so little in return.

NZNO college of primary health care nurses (PHC) chair Tracey Morgan said it was frustrating to hear of millions being poured into specialists when nurses in the community were only being offered a [three per cent pay rise](#). That was despite a pay gap as high as 20 per cent with their counterparts at Te Whatu Ora.

Nuku said the Government had no vision for the health sector and was “tinkering” around the edges.

“Aotearoa desperately needs more Māori nurses to ensure there are culturally safe nurse-to-patient ratios and improve Māori health outcomes,” she said.

The \$10 million was not new money, but the result of other cuts — including [to Hauora Māori services](#) (<https://www.nzherald.co.nz/nz/public-sector-cuts-health-nz-considers-more-redundancies-in-the-lead-up-to-christmas/>) revealed today, Nuku said.

Te Whatu Ora commissioner Lester Levy said the funding came from outside regional budgets and would “directly impact frontline services and help us reduce waiting times for patients”.

\$12 million ‘regional fund’

Reti also announced a \$12 million fund for minor improvements at hospitals “to make the daily lives of frontline staff and patients easier”.

The funding would allow regions to fix “smaller niggly issues” like a broken water cooler or new toys for the children’s ward, Levy said.



Tracey Morgan



NEWS

'Some of my friends have died waiting for this payment' – holiday backpay bittersweet after years of fighting

BY MARY LONGMORE

November 25, 2024

For long-time Hawke's Bay health-care assistant and NZNO delegate Cath Hellyer, last week's announcement that — after 14 years — Te Whatu Ora had finally paid out \$15.2 million in holiday pay owed to staff was bittersweet.



Photo: AdobeStock

"On one hand, it feels really good that we've got some movement," an emotional Hellyer told *Kaitiaki*. "On the other hand, some of my friends have died waiting for this payment and that does not feel good."

On November 14, Te Whatu Ora paid \$15.2 million it owed to about 4120 current Te Whatu Ora Hawke's Bay staff including nurses, HCAs, doctors, allied health staff, cleaners and administrators.

The payment follows a 14-year battle by health and other workers after many payroll systems failed to capture the new leave entitlements set by the 2003 Holidays Act.



Cath Hellyer

Payments ranged from 20c to \$20,000 per person in Hawke's Bay, said Hellyer. But the majority of registered nurses got somewhere between \$6000 and \$12,000 after tax, she said.

"To say staff were pleased is an understatement," said Hellyer who has been involved for more than 10 years.

Hellyer said getting holiday back pay had been a "hell of a fight" after many delays over the years. "We've had to wait and we've had goal posts jump out of nowhere – we've had 12 goes at paying [postponements before this month]"

'I'm going to hang in there and push before the end of 2025. I'll be watching and holding them to their promised date.'

Hawke's Bay staff had expected their remedied holiday pay in August — but it never came, she said. "We were all waiting with bated breath and bank statements in hand and [Lester Levy] pulled the pin and didn't tell anyone."

Te Whatu Ora acting chief executive Dale Bramley said the Hawke's Bay payment followed 14 years of "complex and time-consuming work".

"The payment to Hawke's Bay staff takes the total amount paid so far nationally to over \$254 million across 34,300 current employees."

Nationally, about 90,000 current staff and 130,000 former staff were owed an estimated \$1.405 billion in leave payments dating back to May 1, 2010, he said.

Current staff at Auckland, Counties Manukau and Waitematā regions got their payments last year, as well as four former shared health services (Health Alliance, Health Partnerships, Health Source and Northern Region Alliance).

That left an estimated \$1.151 billion still to be paid out to current and former staff — debt which Te Whatu Ora says will be fully paid by the end of 2025.



NZNO-Tōpūtanga Tapuhi Kaitiaki o Aotearoa staff and delegates on their way to present Te Whatu Ora chief executive Margie Apa with a \$2.1 billion holiday remediation bill last month.

Levy now wanted remaining Holidays Act remediation payments made “as quickly as practical” with several pending before Christmas, Bramley said. However, it could not yet confirm which regions were next in line.

‘So it’s a sad win – it is a happy win for those I could help, but sad for those I couldn’t.’

Hellyer said she would not rest until everybody who was owed, past and present, got their money, including the families of those who had died.

“I’m going to hang in there and push before the end of 2025,” she told *Kaitiaki*. “I’ll be watching and holding them to their promised date.”

She had fought — and lost — a battle to include back pay for people’s earlier roles if they had changed jobs within Te Whatu Ora. “So it’s a sad win — it is a happy win for those I could help, but sad for those I couldn’t.”

Holiday payments for all by the end 2025

Te Whatu Ora has told *Kaitiaki* it will settle payments for current staff by mid-2025. Payments for former staff would begin in early 2025 and be completed by the end of 2025.

Last month, frustrated NZNO delegates presented Te Whatu Ora chief executive Margie Apa with a giant [\\$2.1 billion invoice](#) for holiday leave back pay for 200,000-plus staff.

Apa said she recognised nurses’ and kaiāwhina frustration over how long the remedies had taken.

“Nothing would make me happier than to see these payments being made and the money owed going to our staff.”

Background

Problems with district health board (DHB) payroll systems first emerged in 2010.

Payroll glitches after the 2003 Holidays Act came in meant tens of thousands of health and other workers were for years underpaid their holiday entitlements by DHBs.

[Other organisations](https://www.rnz.co.nz/programmes/the-detail/story/2018930551/a-promise-to-overhaul-the-holidays-act-again) (<https://www.rnz.co.nz/programmes/the-detail/story/2018930551/a-promise-to-overhaul-the-holidays-act-again>) such as New Zealand Police, NZ Blood Service, Heinz-Watties and even the Ministry of Business, Innovation and Employment which manages the law, were also affected.

In 2016, the Council of Trade Unions proposed a national approach to DHB holiday pay remediation. But the 20 health regions have continued to work through the backpay at varying rates, due to their different payroll systems.

In Hawke's Bay, Hellyer said she became a "pain in everybody's arse" until a union/DHB working group formed in 2020 to tackle the issue.

But progress was slow as health managers, unions and members argued over how to fix the complex and expensive problem — and who would be eligible.

Te Whatu Ora's holiday remediation payment updates can be found [here](https://maranga-mai.nzno.org.nz/holidays_act_remediation) (https://maranga-mai.nzno.org.nz/holidays_act_remediation).

NEWS

'The call was strong for me as a Māori and as a nurse': Nurses and kaiāwhina join tens of thousands in hīkoi to Parliament

BY MARY LONGMORE

November 19, 2024

Nurses and kaiāwhina were out on the streets of Pōneke / Wellington today taking part in the hīkoi mō te Tiriti — walk for te Tiriti — to Parliament, in protest over the Treaty Principles Bill.



"The call was very strong for me as a Māori and as a nurse," said Whangārei Māori mental health nurse Tui Manuel, who decided at the last minute to take leave from her job and travel down to join the hīkoi with her husband Michael.

'As a nursing student, as a taira, as a Māori, as a human being, as a New Zealander, I was there to awahi, to come out in support and stand against the Treaty Principles Bill'



Whangārei nurse Tui Manuel (right) with Michael Manuel in today's hikoi mō te Tiriti.

NZNO student co-leader Davis Ferguson travelled from Palmerston North with his mum Eileen Farrar-Ferguson

'Everything is being undone – smoke-free legislation, the Māori Health Authority – they have just pulled apart all our good work over the last couple of years.'



Nursing student Davis Ferguson (right) with mum Eileen Farrar-Ferguson at Parliament during te hīkoi mō te Tiriti.

"As a nursing student, as a taurira, as a Māori, as a human being, as a New Zealander, I was there to awahi, to come out in support and stand against the Treaty Principles Bill, and how it would change the foundational document of Aotearoa".



Wairarapa nurse practitioner Lucy McLaren (left) with NZNO manager professional nursing services Mairi Lucas.

Ferguson — who is NZNO Te Rūnanga Taurira chair — said as a nursing student he was aware that treating people the same did not lead to fair outcomes.

“In reality we are all at different [places] of advantage and disadvantage.”

Wairarapa primary health nurse practitioner Lucy McLaren — who is also on the NZNO board — told *Kaitiaki* she decided to come on te hikoi mō te Tiriti “because everything is being undone – [smoke-free legislation](#), the Māori Health Authority – they have just pulled apart all our good work over the last couple of years”.



Many tangata Tiriti joined the hikoi.

As well as a professional nurse, McLaren also said she was also personally there as a “wāhine Pākehā” whose great-great-great grandfather was one of the Crown signatories of te Tiriti o Waitangi. “We’ve got to stop screwing around with it.”



The largely peaceful hīkoi which began at Wellington's Waitangi Park and wended its way through the central city to Parliament, was estimated to be 50,000-plus by unions. The party is continuing at Waitangi Park with a free concert and hangi.



Labour leader Chris Hipkins later challenged Prime Minister Christopher Luxon in the House on his support for the Treaty Principles Bill to first reading, asking if he agreed with former prime minister Dame Jenny Shipley's warning that politicising the Treaty could "invite civil war", [Stuff has reported](https://www.stuff.co.nz/nz-news/360482519/hikoi-live-march-parliament-protest-against-treaty-principles-bill) (<https://www.stuff.co.nz/nz-news/360482519/hikoi-live-march-parliament-protest-against-treaty-principles-bill>).

Luxon firmly rejected the claim, responding, "No, we are not at risk of civil war in New Zealand. That is inflammatory language."



NEWS

Labour accuses Government of ‘hypocrisy’ as health consultant costs balloon

BY MARY LONGMORE

November 20, 2024

Labour’s health spokesperson Ayesha Verrall is accusing National of “hypocrisy” after revealing Te Whatu Ora’s spending on consultants grew by 18 per cent in the year to mid-2024.



And its spending on “people and communications” grew from \$8.5 million to nearly \$30 million — an increase of 243 per cent, said Verrall, whose office requested the data under the Official Information Act.

“While Te Whatu Ora has been ordered to make [a \\$2 billion in cuts](https://www.thepost.co.nz/nz-news/350440473/health-nz-savings-target-now-2-billion) and has frozen hiring to frontline roles, the bill for contractors has soared,” she said in a press release.

But Te Whatu Ora is blaming global staff shortages as well as an obligation to back-pay years of incorrectly calculated holiday leave — [holiday remediation](#) — for its huge consultancy/contractors spending hike.

‘We will continue to work hard to keep our spending on consultants and contractors down.’

Most “people and communications” consultant spending was for human resources and payroll specialists required for holiday remediation, they said.

“Resolving Holidays Act remediation payments is extremely complex and time-consuming, requiring a large amount of manual processing and specialist skills,” a spokesperson said. Once that was finished — expected to be by the end of 2025 — consultant spending would drop significantly.



Wellington nurses and NZNO delegates Hilary Gardner and Mae Gadd recently billed Te Whatu Ora chief executive Margie Apa \$2.1 billion for eight years of incorrect holiday payments.

And the “vast majority” of its contractor spending over the 2023/24 financial year was for clinical locums in a tight market, the spokesperson said.

“We would rather employ permanent medical specialists . . . instead of contracting them as locums,” the spokesperson said. “But right now there’s a global shortage of health workers in specific clinical areas and New Zealand isn’t immune to this.”

‘This Government is relying on desperate short-term fixes for long-term problems.’

Te Whatu Ora also used specialist consultants “in limited circumstances that require specialist advice” but not a permanent appointment.

“We will continue to work hard to keep our spending on consultants and contractors down. That’s a strong focus across the organisation.”

Verrall said during its election campaign, National had promised to cut consultants and contractors — yet in health those had “ballooned” since the election a year ago.

“An \$84 million year-on-year spike in contractor and consultant costs demonstrates that this Government is relying on desperate short-term fixes for long-term problems — an approach that will leave New Zealanders poorer and sicker in the long run”, Verrall said.

‘No freeze’

Minister of Health Shane Reti said he expected Health New Zealand to “prioritise recruitment into permanent roles” rather than use locums, particularly in areas with shortages.

‘Dr Reti has been assured there is no hiring freeze at Health New Zealand!’

Reti also disputed Verrall’s claims of a hiring freeze, a spokesperson said.

“Dr Reti has been assured there is no hiring freeze at Health New Zealand!”

A Te Whatu Ora spokesperson added that there had been a “significant drop” in its consultants/contractor spending since 2023/24. Its contractor spending was down by 18 per cent and consultants by 61 per cent.

Te Whatu Ora last week announced that it had paid over [\\$15 million in Holidays Act remediation](https://www.nzherald.co.nz/hawkes-bay-today/news/govt-pays-15m-to-hawkes-bay-health-workers-over-unpaid-entitlements/VJHYKB6PLVF3DALTSKI6EJKD5I/) (https://www.nzherald.co.nz/hawkes-bay-today/news/govt-pays-15m-to-hawkes-bay-health-workers-over-unpaid-entitlements/VJHYKB6PLVF3DALTSKI6EJKD5I/) to its Hawke’s Bay staff.

- *This article was edited on November 21 to correct the expected date when all holiday remediation payments would be made by — the end of 2025.*
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NEWS

Nurses and kaiāwhina vote to strike before Christmas

BY MARY LONGMORE

November 18, 2024

Unhappy with Te Whatu Ora's bargaining position, nurses and kaiāwhina have voted strongly to hold an eight-hour nationwide strike on December 3 followed by rolling district strikes.



NZNO Hawke's Bay members at paid union meetings earlier this month where the decision to ballot for strike was made.

The move comes after Te Whatu Ora indicated plans to [pause safe staffing calculations](#) and offer just a half-a-per cent pay rise in 2025.

NZNO-Tōpūtanga Tapuhi Kaitiaki o Aotearoa chief executive Paul Goulter said Te Whatu Ora was formally notified today, 14 days ahead of the intended strike action, as legally required.

The strike would be complete withdrawal of labour from 11am to 7pm on December 3 at every place in New Zealand where Te Whatu Ora provides health and hospital services, he said.

"We will work with Te Whatu Ora to ensure life-preserving services are in place as required by law."

'This would leave few safeguards on staffing levels and result in fewer nurses, midwives, health-care assistants and kaimahi on duty.'

The December 3 strike will be quickly followed by rolling district strikes around the country between December 9 and 20, from 1pm to 5pm. They will be on different days depending on the district, with details to come next week.

Goulter said members were “alarmed” at Te Whatu Ora’s plans to pause full-time-equivalent calculations for the safe staffing tool CCDM (care capacity demand management).

“This would leave few safeguards on staffing levels and result in fewer nurses, midwives, health-care assistants and kaimahi on duty,” he said.

“It will put patient and whānau safety and wellbeing at risk.”

Wellington nurse and NZNO delegate Nickie Moore has said CCDM was crucial for ensuring a safe level of staff and skill mix on duty. She feared any pause would see the voice of those caring for patients lost.



Nickie Moore ahead of nationwide paid union meetings this month to discuss Te Whatu Ora’s indicated position on 2024/24 collective bargaining.

“They ignore the data, they ignore us,” she told *Kaitiaki*, after joining thousands of Te Whatu Ora members walking off the job to attend paid union meetings around the country last week.

‘Any settlement needs to reflect the ongoing reset of Health NZ as we work to get back to budget and complete the restructuring underway.’

Goulter said patients would “pay the price” for hospitals that are continuously under-staffed and under-resourced. This is why NZNO was pursuing enforceable [nurse-to-patient ratios](#).

Members were also disappointed at Te Whatu Ora’s indication that it would only be offering the equivalent of a half-a-per cent pay rise in the 2025 and up to one per cent in 2026.



Paul Goulter

Goulter said that was “well below” the rate of inflation and amounted to a pay cut.

Nurses and kaiāwhina needed a pay rise that reflected “at least” the cost of living and recognised their skills and knowledge, he said.

Te Whatu Ora northern regional deputy chief executive Mark Shepherd said Health New Zealand valued its nurses but was “disappointed that strike action is being taken so early in the bargaining process”.

“We are committed to reaching a settlement with NZNO,” he said in a statement. “Any settlement needs to reflect the ongoing reset of Health NZ as we work to get back to budget and complete the restructuring

underway.”

Te Whatu Ora would remain focused on continuing the bargaining process with NZNO and see if strike action could be averted.

Shepherd wanted to reassure the public that hospitals would remain open during strike action, if it went ahead. Contingency planning was underway to ensure safe care for patients. Doctors and other health professionals would be available during the strike.

NZNO–Te Whatu Ora [collective agreement bargaining](#) began on September 25.



Tauranga members at recent paid union meetings.

At a nationwide series of paid union meetings earlier this month, members variously described Te Whatu Ora's position as “offensive”, “insulting” and “crap on top of crap”.

"We've got a fight on our hands," Lower Hutt delegate Nathan Clark told one of the meetings.

The NZNO-Te Whatu Ora member ballot to strike closed on Friday November 15 at midday.

NEWS

Nurses needed to mahi-march in Pōneke next week

BY RENEE KIRIONA

November 14, 2024

"We are expecting this to be the biggest hīkoi or political demonstration Wellington, and the nation, has ever seen so we want to make sure everyone is safe and we have some nurses there."



Mereruia Rikihana (in the white outfit) and other members of NZNO's tangata whenua arm for the Wellington region - getting ready for the hīkoi

Clinical nursing tutor Mereruia Rikihana is pulling together a voluntary team of nurses to "march and mahi" with tens of thousands of people who are expected to take to the streets of Wellington next week for Hīkoi mō Te Tiriti.

"The technical medical plan for the hīkoi will be confirmed at a logistics meeting tomorrow, but the idea is to have stations of paramedics, and Māori wardens, at every 200 metres.

"And nurses, who can be clearly identified, walking with the people – ready to give first aid, CPR and other help if any marchers suddenly fall ill," says Rikihana, who is the Wellington regional chair for the tangata whenua arm of NZNO.

The Ngāti Raukawa ki te Tonga and Ngāti Konohi mother, who teaches at the Bachelor of Nursing (Māori) course at Whitireia and WelTec, is part of the Pōneke team helping to organise all technical and logistical aspects of the hīkoi which will travel by foot at least 2kms from Waitangi Park to Parliament grounds on Tuesday.

"We are hearing reports of more than 30,000 people taking part in the hīkoi in Auckland yesterday and we are expecting even more to turn out in Pōneke for their final activation or march to Parliament.

"We are expecting this to be the biggest hīkoi or political demonstration Wellington, and the nation, has ever seen so we want to make sure everyone is safe and we have some nurses there.



Mereruia Rikihana

"We realise many of our nurses are under the pump in their bread and butter jobs, so we don't want to pressure any of them. If an hour or two is all they can spare, then kei te pai that's okay. We will be so grateful."

So far, Mereruia has managed to pull together a few nurses but more were needed.

"At the same time the hīkoi starts on Tuesday, hundreds of nursing students nationwide will be sitting their exams, so we will not be putting any pressure on them."

Any nurses, and certified first aiders, interested in volunteering, should [email](#) Mereruia as soon as possible.

NEWS

More staff needed to meet health targets, say emergency and primary health nurses

BY MARY LONGMORE

November 13, 2024

Nurses say more staff are needed if they are to meet the Government's health targets.



Photo: AdobeStock

Minister of Health Shane Reti last month said he was “pleased to see positive progress” in four of five health targets in the first quarterly report to June 30.

Cancer, specialist assessment, elective surgery and emergency department wait times all improved slightly. Reti expected even faster cancer treatment “in the coming months” with new medicines such as Keytruda now available.

At a glance:

In cancer, 83.5 per cent of patients were treated within 31 days, compared to 82.7 per cent previously — an 0.8 per cent increase.

In emergency departments, 71.1 per cent were admitted, discharged or

‘Primary health continues to be under the pump to provide all the services that it normally provides . . . and provide timely vaccinations.’

However a fifth target — childhood immunisation within two years — dropped from 77.2 per cent to 76.5 per cent.

Reti acknowledged there was “more work to do” but added the figure was due to more accurate reporting by Te Whatu Ora since December 2023.

“With the move to the [Aotearoa Immunisation Register](https://www.tewhatauora.govt.nz/health-services-and-programmes/vaccine-information/aotearoa-immunisation-register) (<https://www.tewhatauora.govt.nz/health-services-and-programmes/vaccine-information/aotearoa-immunisation-register>), we now have a more accurate picture of eligible New Zealanders and where each of them is in their vaccination schedule.”



Daana Watson

Christchurch practice nurse Daana Watson “wasn’t surprised” that childhood vaccination rates weren’t improving, given the pressure primary health care (PHC) was under after years of neglect.

“PHC continues to be under the pump to provide all the services that it normally provides, eg cardiovascular risk assessments, diabetes annual reviews, cervical screening, wound care, warfarin monitoring, meeting quit smoking targets, mental health, contraception management, pernicious anaemia management . . . oh, and by the way provide timely vaccinations for all our enrolled population.”

Those not enrolled with a practice — many of which had closed due to funding and staffing pressures — would continue to fall through the cracks, she said.

‘It should not be solely focused as an ED responsibility.’

With pharmacies and Whānau Āwhina Plunket now also offering immunisations, the effect of separating the “holistic” care provided to families by PHC nurses among other organisations was evident, through the dropping immunisation rates.

Years of underfunding and being taken for granted, as well as COVID, had diminished PHC nurse workforce numbers, making it difficult to provide the holistic care needed to maintain immunisation rates, she said.

Primary health was losing staff to Te Whatu Ora or overseas for better pay, while remaining nurses and GPs were getting older and close to retirement.

Recruiting delays

NZNO college of emergency nurses New Zealand (CENNZ) secretary Vicky Bijl said long delays in getting vacancies approved meant many EDs were working with unsafe staffing shortfalls.

This made it hard to meet the targets, she said. Hospitals as a whole also needed to take responsibility for ED targets, given the pressure to admit patients more quickly.

transferred within six hours, compared to 70.1 per cent last quarter — a one per cent increase.

In **elective surgery**, 61.4 per cent of patients received their planned care within four months, compared to 57.7 per cent previously — a 3.7 per cent improvement (1519 fewer people waiting for surgery, according to Reti).

Specialist appointments waiting times improved by 1.9 per cent.

Childhood immunisation rates dropped from 77.2 per cent to 76.5 per cent in the past quarter.



NZNO college of emergency nurses.

"It should not be solely focused as an ED responsibility," she told *Kaitiaki*.

Safe staffing tool Trendcare also needed to be embedded in all 20 EDs to ensure they were safely staffed to meet demand, she said — a move that was not yet complete.

Safe staffing is a key focus of Te Whatu Ora-NZNO 2024/25 bargaining, currently underway. However Te Whatu Ora has said it plans to [pause its safe staffing calculations](#) due to regional inconsistencies, sparking huge concern.

The Government in April announced [five new health targets](#) for faster cancer, emergency and specialist care as well as elective surgery and more vaccinations.

NZNO's cancer nurses college has previously expressed concern about the [flow-on workload effects](#) for already-stretched nurses of 26 new cancer drugs becoming available. Investment in more oncology nurses, cancer nurse coordinators, nurse practitioners and nurse prescribers was needed, chair Shelley Seay said.

NEWS

Non-Māori nurses have nothing to fear in joining hīkoi

BY RENEE KIRIONA

November 12, 2024

“To our Pākehā nurses, there’s nothing to fear when you see thousands of Māori marching down the street. Come and join us, you’ll have fun and learn a lot about tangata whenua and our country’s founding document.”



"E hoa mā, nāhi mā – don't be afraid to join the hīkoi mō te Tiriti."

That's the message from Auckland-based nurse Rangī Blackmore-Tufi who is walking much of the 1000km journey for the hīkoi from the top of the North Island that is scheduled to reach Parliament on November 19.

"To our Pākehā nurses, there's nothing to fear when you see thousands of Māori marching down the street. Come and join us, you'll have fun and learn a lot about tangata whenua and our country's founding document.

"The atmosphere or wairua of this hīkoi is beautiful – marchers are calm and focused. Everyone who joins is being embraced."



Some members of NZNO at the Kawakawa leg of the hīkoi yesterday.

Blackmore-Tufi, also known as Tiger, began her hīkoi, accompanied by her husband and baby in a motorhome, at Te Kāo in the Far North on Monday. When *Kaitiaki* spoke with her yesterday, the hīkoi had reached Whangārei.

The staunch Ngāpuhi woman says she is not only marching for her whānau, hapū and iwi but for all nurses and a fairer health system.

“As a nurse, I see the poor health and inequities facing so many Māori people every day.

“We need Te Tiriti to make a more just health system but if we allow this Government to tamper with it, that will not happen – Māori will continue to suffer and that will affect everyone else too.

“Te Tiriti is tapu, it is sacred and it should not be tampered with.”

“Te Tiriti is tapu, it is sacred and it should not be tampered with,” says Blackmore-Tufi.

“This hīkoi is not only about defending that tapu from the Treaty Principles Bill, but standing up for Māori rights across many issues from health to language and the environment.”

Blackmore-Tufi is one of the representatives for Tāmaki Makaurau on Te Poari o Te Rūnanga o Aotearoa – the tāngata whenua arm of NZNO.

She gained her nursing degree at Te Matau a Māui in the Hawkes Bay (Eastern Institution of Technology). She moved to Tāmaki Makaurau to start her nursing career which began in stroke rehabilitation under the nurse entry to practice programme. She wanted to become more specialised, so made the shift to perioperative care at Middlemore Hospital.

While working in the perioperative department, Blackmore-Tufi identified culturally unsafe practices. She wrote an [article](#) about that based on lived experiences.

Blackmore-Tufi also won best article of the year at the Perioperative Nurses Conference in 2022 at Christchurch. She is now employed as a kaiārahi nāhi clinical nurse specialist working with Māori patients on the planned care pathway awaiting surgery. She also works part time in the community for an outreach team providing services to Māori and Pacific Island whānau.

For more information about the hīkoi, go online to: <https://toitutetiriti.co.nz/>



Message from the hīkoi organisers to anyone joining the hīkoi



NEWS

'They ignore the data, they ignore us' – nurses' fears over planned safe staffing tool pause

BY MARY LONGMORE

November 12, 2024

Nurses and kaiāwhina fear Te Whatu Ora's planned pause on safe staffing calculations will put patients at risk.



Wellington nurses and kaiāwhina on the bus back from paid union meetings to discuss Te Whatu Ora's indication it will only offer a one per cent pay rise.

Wellington nurse Nickie Moore said safe staffing tool CCDM (care capacity demand management) was crucial for ensuring a safe level and skill mix of staff on duty. She feared any pause would see the voice of those caring for patients lost.

"They ignore the data, they ignore us," she told *Kaitiaki*, after joining thousands of Te Whatu Ora members walking off the job to attend paid union meetings around the country last week.



Wellington nurse and delegate Nickie Moore warns of an exodus to Australia.

With 2024/25 collective bargaining underway, Te Whatu Ora has indicated it wants to pause CCDM calculations due to regional inconsistencies.

Te Whatu Ora also said its bargaining parameters are restricted to just one per cent of its total employee costs — which include penal rates, allowances, leave and other work-related expenses, alongside salaries. That meant any pay rise would be just 0.5 per cent in the first year and one per cent in the second — a figure members say is “offensive” and fails to reflect the cost of living.

‘It feels like an insult to the team I work with. I don’t feel that nursing is valued.’

“We’ve got a fight on our hands,” NZNO delegate Nathan Clark told about 300 Wellington regional members in Lower Hutt last week at one of 62 urgent meetings held nationwide. “These offensive bargaining parameters are an insult to our working conditions.”

He said the health system’s greatest asset was its people — “he tangata, he tangata, he tangata — and ensuring safe staffing levels would attract more people into nursing.



Wellington attendees, (left to right) Seepa SolaVaitogi, Hasu Patel, Helsa Fairless, Maria Barclay, Chatna Patel and Purnima Panchal.

Clark said the position was an effective pay cut, at a time chief executive Margie Apa had been given a [3.5 per cent pay rise](https://www.thepost.co.nz/politics/350452299/thousands-added-public-service-bosses-pay-packets) and Te Whatu Ora had spent [\\$60,000 on conference catering](https://www.rnz.co.nz/news/political/531378/health-nz-managers-ate-9000-of-canapes-as-financial-crisis-loomed) for senior managers.

"Catering alone would pay for half a nurse," he told members from Wellington, Porirua and Lower Hutt gathered in Lower Hutt's town hall. Many had walked almost three kilometres to attend.

'We've got a fight on our hands'



Nathan Clark

Asked what they thought of their employer's position: "Rubbish!" was the loud response. While in Invercargill: "Crap on top of crap" was a reflective comment.

Moore described the offer as "pitiful", saying it didn't even match the increasing costs of living.

The cost of living — measured by the [household living-costs price index](https://www.stats.govt.nz/information-releases/household-living-costs-price-indexes-september-2024-quarter/) — grew by 3.8 per cent in the year to September 2024.

Senior Wellington nurse Helsa Fairless said she was also concerned with senior nurses' pay, which was not much more than an RN's top scale.

"What's the benefit for taking responsibility? You stay awake at night, with no reason," she said. "But we need good people to step up."



Wellington nurse Lily Hayes (left) with nursing student Rae Moeahu

Wellington nurse Lily Hayes said the position was “absolutely useless – it’s crap”.

“It feels like an insult to the team I work with. I don’t feel that nursing is valued.”

Many pointed to the latest [pay deal in Victoria, Australia](https://otr.anmfvic.asn.au/articles/victorian-nurses-and-midwives-endorse-28-4-wages-offer/) (https://otr.anmfvic.asn.au/articles/victorian-nurses-and-midwives-endorse-28-4-wages-offer/), where nurses and midwives won a staggered 28 per cent pay rise by 2027 — and said it would only worsen the drain.



Moore said she knew of so many nurses who had moved Australia — both new and experienced.

"They're all gone – they won't come back. They have taken their families, bought a home — they're settled."

'There is nothing that gives that me the confidence that this Government has the best interests of patients at heart. It's all budget and targets.'

Some of the regional "super six" delegates — who act as a point of contact between members and the Te Whatu Ora/NZNO [bargaining team](https://maranga-mai.nzno.org.nz/bargaining_team_2024) (https://maranga-mai.nzno.org.nz/bargaining_team_2024) — said Te Whatu Ora's position would send nursing "back 20 years".



Lower Hutt's paid meeting

"We see the problems on a daily basis . . . we need to say 'we won't take this anymore,'" said Lower Hutt delegate Jinty Graham.

Senior nurse Marie Habowska said she did not feel reassured by Te Whatu Ora that nurses and good health care were priorities.

Our members are fiercely committed to caring for their patients. They don't want to see patients' safety at risk because there are not enough nurses on duty to give them the care they need.'

"There is nothing that gives that me the confidence that this Government has the best interests of patients at heart. It's all budget and targets."



Wellington nurses Marie Habowska and Tony Stephens weren't impressed with Te Whatu Ora's position.

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa chief executive Paul Goulter said the meetings would allow the union's 35,000 Te Whatu Ora nurses, midwives and health-care assistants to determine their next steps.

"Our members are fiercely committed to caring for their patients. They don't want to see patients' safety at risk because there are not enough nurses on duty to give them the care they need."

NEWS

Rally hears voices of whānau under attack by Govt

BY RENEE KIRIONA

November 7, 2024

More than 100 people took part in a Te Rūnanga o Aotearoa NZNO-led rally today at Parliament to oppose the tabling of the Government's Treaty Principles Bill.



Māori nurse leaders speak up on Tiriti attack



“That Bill means they can forget to take care of us.”

That is how the Te Rūnanga kaiwhakahaere Kerri Nuku described the Bill to the crowd of whānau Māori, local iwi leaders and union representatives today.

Supported by other Te Rūnanga representatives Tracey Morgan, Charleen Waddell and Davis Ferguson, Nuku told them the Bill meant Māori would be forgotten and ignored by this Government.

“They can build their empire and forget to take care of us because we are all New Zealanders, not tangata whenua, not tangata Tiriti.

“We represent over 64,000 nurses throughout the country, 4000 of them are Māori. And everyday we are challenged by things put in place by this Government since they came into action.

“In their first 100 days they removed the Smokefree Act – the thing that was killing our people. Then they disestablished Te Aka Whaiora.



“Piece by piece they are trying to remove our rights as tangata whenua.”

“Piece by piece they are trying to remove our rights as tangata whenua.”

Nuku told the crowd to come back to Parliament on November 19 – to which everyone agreed to do.

“We are just here to hold space until our hīkoi whānau get here on the 19th.”

“We are just here to hold space until our hīkoi whānau get here on the 19th.”

Whānau come from afar

A number of Māori people attended the rally, travelling from Auckland, Rotorua, Palmerston North and Whanganui.

The rally even got a mihi from mana whenua representatives Kura Moeahu of Taranaki whānui and Sir Matiu Te Rei of Ngāti Toa Rangatira. MPs from the Labour, Green and Māori parties also mingled with rally participants.

One wahine, who wanted to be known as Miharo, said she travelled from Tamaki because she wanted to know that when they move, Māori will move too.

"We wanted to be heard, to say kao, we don't support this Bill.



Some of our nurses gathered at the rally

"Te Tiriti protects us all, so we need to protect it."



"Te Tiriti protects us all, so we need to protect it."

Whata Leka Taumalolo Skipwith travelled from Rotorua to be at the rally, taking time away from an occupation at Lake Rotokakahi.

"They [Police] can now restrain us and arrest us on our own whenua – land we have a right to protect from the council. That same affect is being pushed by this Government.

"We are all under attack, doesn't matter what part of the country you are from."

"We are all under attack, doesn't matter what part of the country you are from."

Rawiri (David) Tawhai-Bodsworth, chair of Te Atiawa ki Kapiti, told the crowd that Act Party leader David Seymour, who created the Bill, had been given too much power by other parts of the coalition Government.

"It shows a real lack of honour by this Government."



Chris Abercrombie

"It shows a real lack of honour by this Government," said Tawhai-Bodsworth.

Unions support te Tiriti

A number of unions also took part in the rally – First Union, PPTA, PSA and E Tu.

Chris Abercrombie from PPTA told the rally the Bill if remove the Crown of obligation to actively protect the rights and interests of Māori, particular in educational needs.²⁸

"It brings nothing to this table that progresses our society and our country. It takes us backwards," said Abercrombie.

COLLEGES & SECTIONS

National e-learning programme for critical care nurses now live

BY TANIA MITCHELL

November 13, 2024

After 15 months of extraordinary work across the motu we now have the first national e-learning programme to help nurses new to critical care learn the ropes.



Winners of the best induction programme award, left to right: Critical care nurses Mo Coombs and Tracy Klap, EPICCNZ's learning and design team member Joe Zhou and critical care nurse Stephen James.

E-learning programme induction in critical care New Zealand (EPICCNZ) will ensure that every person new to critical care can access the same high-level induction via e-learning to augment practical learning at the bedside.

EPICCNZ comprises nine e-learning modules. They include four that explore the fundamental knowledge required to work in the speciality of critical care; four with body systems' knowledge to help manage and care for those with critical illness; and a speciality module where the needs of specific populations (eg those with burns or trauma) are covered.

EPICCNZ is true testament to the power of teamwork and innovation.

Each module is presented in an engaging and dynamic way with video content delivered by experts and health consumers, safety pointers on when to seek help or escalate concerns, signposting for when to check with local guidelines and knowledge checks throughout to reaffirm learning.



Tania Mitchell

To ensure quality and applicability of EPICCNZ across the motu, extensive engagement was undertaken throughout all stages of the project.

Content was initially informed by review and consolidation of over 100 different orientation documents shared from 22 critical care areas. Three national stakeholder events and monthly virtual drop-in sessions then enabled in-depth module review by nurse educators.

Feedback was then sought from a wide range of stakeholders including Māori, Pasifika, disability, critical care nurse educators, allied health critical care educators and medical staff. Proof reading and technological testing ensured that a high quality, comprehensive product was developed.

This prestigious award recognises the dedication and collaborative effort of everyone – critical care nurses, allied health professionals and the learning and design team.

Earlier this month, the EPICCNZ team won the award for [best induction programme](https://www.nzatd.org.nz/Awards) (https://www.nzatd.org.nz/Awards) from the New Zealand Association of Training and Development. This is an organisation that represents individuals, companies and organisations across industry, social, health and education sectors.

This prestigious award recognises the dedication and collaborative effort of everyone – critical care nurses, allied health professionals and the learning and design team who worked together to develop the EPICCNZ eLearning module.

Special thanks to the project leadership team and critical care nurse educators nationwide. EPICCNZ is true testament to the power of teamwork and innovation.

EPICCNZ is now live across all Health New Zealand learning management systems – Ko Awatea Learn, Connect Me and healthLearn. You can access the modules by searching 'EPICCNZ' or 'Critical Care Induction' on any of the learning management systems. Talk to your local critical care or nurse educator to find out which modules may be helpful for you.

— Tania Mitchell is vice-chair of the [NZNO college of critical care nurses](https://www.nzno.org.nz/groups/colleges_sections/colleges/new_zealand_college_of_critical_care_nurses) (https://www.nzno.org.nz/groups/colleges_sections/colleges/new_zealand_college_of_critical_care_nurses)

OPINION

Primary health 'ready to tip like jenga', says nurse vaccinator

BY DAANA WATSON

December 3, 2024

An experienced Christchurch practice nurse warns primary health is in a precarious state.



Photo: AdobeStock

Practice nurses, like GPs, are getting older and closer to retiring.

But it's becoming ever more difficult to recruit younger nurses, with student loans and mortgages, at a time where the cost of living is so high. Primary health care's base pay rate is so much lower than that of secondary care.

I dread to think what it will be like for me as a retired, elderly person in 20 years.

The only thing we can offer is better working hours, with no weekends or evenings (usually!). But with a lower base rate, that's often too much of a pay reduction to make it worth coming into primary care.



Daana Watson

So, we are fast losing staff to Te Whatu Ora or overseas, where they can get paid so much more.

Safe workloads, too, are starting to erode. Fewer nurses mean fewer job shares or locum nurses to cover illness or annual leave. The resulting burnout and increased stress from covering more appointments can make the work less enjoyable.

Our employers — [with whom we are bargaining currently](#) — seem reluctant to offer us a competitive pay rate, under a funding model that, over decades and many governments, has become far out-of-synch with patient demand.

Yet, well-funded primary health keeps people out of hospital. Meanwhile, people end up in emergency departments for non-urgent care because they can't afford their GP fee or can't even get enrolled or an appointment.

As New Zealand's population surpasses 5 million, there is a lack of future-proofing across all areas of health. There is not enough financial support in training to allow the next generation of doctors, nurses, dentists, radiographers, occupational therapists, physiotherapists and lab technicians — everybody who is part of a professional team — to flourish.

I dread to think what it will be like for me as a retired, elderly person in 20 years!

It feels like a Jenga puzzle – all these little blocks of wood balancing precariously and ready to tip over at any moment

If this is where our current workforce is heading, then it's no wonder we can't keep on top of the basics.

Immunisation is a public health issue, it's not just about personal protection. I'm from the United Kingdom and can remember getting polio drops in the mid-60s, when they became available. I had smallpox and tuberculosis vaccines in my childhood as these illnesses were still prevalent and potentially life-threatening.

It's not lucky that diseases such as these are not seen nowadays — it's only because of immunisation programmes.

Look at Auckland in 2019, during the global measles outbreak. We had whole high schools closed down because there were more unvaccinated than vaccinated kids. That meant there was not enough herd immunity to be able to safely come to school. And repeat, two years later, with COVID-19.

What are the consequences of such interruptions to the education process?

Closed borders during the COVID pandemic, too, diminished our ability to supplement the primary health workforce gaps, undermining the role of the GP and practice nurse in providing holistic care for the whole family.



Dunedin primary health care nurses were among those attending nationwide NZNO paid union meetings to discuss the latest PHC multi-employer collective agreement offer in September.

Meanwhile, pharmacies are stepping into adult vaccinating, accessing subsidies that would previously have gone to primary health.

This is especially annoying when pharmacies give unnecessary vaccines then claim for them – vaccines that have already been given in general practice but are not recorded on the new Aotearoa immunisation register (which replaced the national immunisation register NIR in December 2023). Anyone born before 2004, when NIR started, won't have their MMR (measles/mumps/rubella) vaccines, nor their early vaccines such as pertussis, tetanus and diphtheria, recorded except at their general practice.

I am aware of several cases where unnecessary vaccinations have been given – and a couple of [pharmacies in Christchurch that have lost their vaccination licences](https://www.pharmacytoday.co.nz/article/news/medsafe-investigates-three-pharmacies-over-vaccinations) (https://www.pharmacytoday.co.nz/article/news/medsafe-investigates-three-pharmacies-over-vaccinations) as a result.

We in primary health are in a perfect storm, as a consequence of years of taking our nurses' ethos of caring and going the extra mile for granted.

Each injection takes time — to get consent, to administer and to document — but an adult can be vaccinated so much faster than a six-week-old baby.

And now, [Whānau Āwhina Plunket nurses](https://www.beehive.govt.nz/release/plunket-help-increase-childhood-vaccination-rates) (https://www.beehive.govt.nz/release/plunket-help-increase-childhood-vaccination-rates) have been tasked with giving childhood vaccinations in areas with low uptake. Why is the Government prepared to pay yet another provider to do this important service, instead of properly funding primary health care to do what they have been doing for decades?

Such moves undermine the role of the GP and practice nurse in providing holistic care for the whole family — and the effect is evident in the latest health target figures which show [childhood immunisation rates are dropping](#).

This all comes amid a whooping cough epidemic. We do our best to keep on top of pregnancy and early childhood vaccinations but the chance of outbreaks — which are cyclical in nature — are always sitting there in the background. Being able to get a prompt GP or practice nurse appointment — very challenging these days — to diagnose the ailment would reduce the spread of this highly contagious disease.

We in primary health are in a perfect storm, as a consequence of years of taking our nurses' ethos of caring and going the extra mile for granted. Meanwhile, underfunding across health and training continues, and a growing pay gap with our colleagues in secondary care plays havoc with our ability to recruit and retain nurses.

It feels like a Jenga puzzle — all these little blocks of wood balancing precariously and ready to tip over at any moment.

- *Daana Watson is a member of the NZNO college of primary health care nurses.*
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OPINION

Buller is the canary in the coalmine for the New Zealand health system

BY MALCOLM MULHOLLAND

November 11, 2024

My final message to you, our nurses, is that patients have the utmost respect for the work that you do, and heartfelt sympathy for the system in which you find yourself in...



Malcolm Mulholland - a voice for patients and their families

I chair Patient Voice Aotearoa (PVA).

We were established as a charitable trust in 2019, a year following the diagnosis of my late wife Wiki with advanced breast cancer. Our focus has been on having the Government fund Pharmac significantly better and to reform the agency. We've had some wins, but change is sluggish and there is still so much to be done. As was the case with my late wife, fate would see me involved in another public campaign to improve health services in Aotearoa.

In August this year, I received a phone call from a relative in Westport to say that my father was seriously ill at Greymouth Hospital, otherwise known as Te Nīkau, and for me to travel quickly to his bedside. As I spent weeks watching him recuperate in Christchurch Hospital, and then at home in Seddonville, a small settlement 50km north of Westport where my father still lives on a five-acre block and where I was raised, I saw for myself the sad state of healthcare in the Buller.



Malcolm's wife Wiki Mulholland who lost her battle to cancer but inspired him to stand up for patient rights

What was first brought to my attention by family and friends was the unfortunate death of a 51-year-old

Filipino man, Leonides Lozano.

What was first brought to my attention by family and friends was the unfortunate death of a 51-year-old Filipino man, Leonides Lozano. Lozano had been misdiagnosed with a stomach ulcer at Te Rau Kawakawa, still known by locals as Buller Hospital, when in fact he eventually suffered an aortic dissection and died on being returned to the facility on the same day. For some unknown reason, Hato Hone St John and the local volunteer fire brigade had been called when Lozano had been transported back to the hospital and pronounced dead. His case is now the subject of a serious incident review, but for reasons only known to Health New Zealand, they took over three months to inform his wife, Licelie, that his death was being investigated.

Despite nurses and staff at Buller Hospital being instructed by management not to speak about the case, some locals understand that the hospital was overrun that particular day with only one doctor serving the needs of the entire community. Of major concern to the locals is the inability by Health New Zealand West Coast to staff Buller Hospital since the new facility opened its doors in May last year. Due to doctor and nurse shortages, the hospital has been shut for just under a month since it opened.



Timaru mayor Nigel Bowen signing the Buller Declaration

Patients unable to access the building's ASU (acute stabilisation unit), have to rely on the sole ambulance that services the entire Buller region with vehicle and staff often not in Westport as it is called to transfer patients to Greymouth Hospital that is an hour's drive away. The rescue helicopter is stationed in Greymouth, so again patients in an emergency must wait for the helicopter to arrive, weather permitting.

My father has himself been transferred from Buller Hospital to Greymouth, as one weekend when he was admitted to the hospital, authorities had to shut the doors due to their not being enough nurses. In another case of substandard care in Buller, Dad, like many others living in the Buller, very rarely if ever, sees the same doctor more than once. Continuity of care appears to be a distant dream for many patients living in Buller.



Malcolm's father George with some local kids at the recent Buller march

Concerns that we had experienced as a family are definitely held by the wider community and so I launched a petition that asks the Government to urgently address staffing shortages that are affecting the delivery of health services to the community of Buller by Health New Zealand West Coast. That petition gained over 3000 signatures and was delivered by my father and I to Labour's Dr Ayesha Verrall on the steps of Parliament.

During the petition, I met Anita Halsall-Quinlan. Anita is a former board member of the now defunct West Coast District Health Board and led the charge for a fit-for-purpose hospital to be built for Buller in 2018. A discussion ensued about organising a larger protest in Westport about healthcare in Buller, following a decision by the West Coast Primary Health Organisation to shut all urgent and after-hours GP practices throughout the wider West Coast region. The face-to-face service was to be replaced with telehealth, with many people wondering how their temperature or blood pressure would be taken.



Intensifying a reluctance by the community to accept the change in service is that the West Coast has an older than average population in comparison with the rest of the country, less people have access to the internet, and cell phone reception is intermittent in many locations. Despite these concerns, West Coast Health pushed ahead with the changes at the beginning of October without many in the community having received any information about how to engage with the new telehealth service. The rollout was rushed, ill-communicated and with little to no time to be

socialised within the community. It would be later revealed that discussions to replace the clinics with telehealth had begun as early as January this year.

Again, frustrated with the actions of health officials, the Buller Health Action Group with support from Patient Voice Aotearoa, organised a protest in the form of a silent march that would take place from Westport's Victoria Square to the town's clock tower at the municipal chambers. The people of Buller came in their hundreds, as both young and old told the Government that their local health system falls well below their expectations. In total some 2000 people filled Palmerston Street, the main throughfare in Westport.



The recent march at Westport, Buller

Before the protest, and with the media spotlight being on the poor state of healthcare in Buller, I received calls from other rural locations around the country including Kaitaia, Hawera, Masterton and Oamaru, with distressed medical staff telling me the situation was no different in their neck of the woods. With that in mind, PVA announced *The Buller Declaration on the State of the New Zealand Health System* at the silent march. The declaration reads as follows:

1. **Aotearoa New Zealand's health system is in a state of crisis.**
2. **The Government must act urgently to address that crisis.**
3. **Rural, Māori, and low-income populations are disproportionately affected by the crisis.**
4. **The Government must act urgently to meet its obligations under Te Tiriti o Waitangi and protect Māori health, in consultation with iwi and hapū.**
5. **The Government must allocate additional resources to train, recruit, and retain more nurses, doctors and specialists.**

Kerri Nuku from the New Zealand Nurses Organisation, Sarah Dalton from the Association for Salaried Medical Specialists, Dr Jeremy Webber from the Hauora Taiwhenua Rural Health Network, Dr Andrew Laurenson from the Royal New Zealand College of General Practitioners, Anita Halsall-Quinlan from the Buller Health Action Group, and myself on behalf of Patient Voice Aotearoa, signed the Declaration before inviting the Buller public to come and place their signature on the Declaration. Copies of the Declaration were then taken on a South Island roadshow to Invercargill, Dunedin, Oamaru, Timaru, Ashburton, Blenheim, Greymouth and Hokitika, to be signed by the public.

Places where the public can sign the Declaration can be found at www.mylifematters.org.nz
(<http://www.mylifematters.org.nz/>)

Places where the public can sign the Declaration can be found at www.mylifematters.org.nz
(<http://www.mylifematters.org.nz/>) A copy will be delivered to Nelson by the end of year, before copies will be left in North Island communities starting from next year. Once we gather enough signatures, the declaration will then be taken to Parliament. My plea to the 66,000 strong nurse workforce is for everybody to visit the website and go to the locations around the country to sign the declaration. Anybody from any age can sign and everybody is invited to help us deliver the petition when the time comes.
(<https://www.mylifematters.org.nz/>)

My final message to you, our nurses, is that patients have the utmost respect for the work that you do, and heartfelt sympathy for the system in which you find yourself in. When the health system fails, as is happening more and more, patients don't blame nurses or doctors but place the blame fairly on the shoulders of a system in freefall, a system that was created by successive governments. We hope, like you, that we can deliver a strong message to those in power with the Declaration, that the New Zealand healthcare system



is sick and in urgent need of care. Only then, might we begin to address the multitude of problems that plague our health system.

FEATURES

It's cool to kōrero – Nov 2024

BY KATHY STODART

November 28, 2024

Mangu — black



Photos: Adobe Stock



Haere mai and welcome to the November "it's cool to kōrero" column. This month we're focusing on the word *mangu*, one of two commonly used words for "black" in te reo (the other is *pango*).

Mangu can signify many things, from the



Young people's black hair, *huru mangu*, symbolises hope and progress in the *whakataukī*, “E tū te huru mā, haramai e noho, E tū te huru mangu, hanatu e haere. While the white hair will stay put, the black hair will set forth on the journey.”
(Image AI generated)



The *mangu* (black), *mā* (white) and *whero* (red) of the *tino rangatiratanga* flag were much in evidence at the recent *te Tiriti o Waitangi hiko*. The black represents the void, the place beyond the realm of everyday experience.

darkness (*Te Mangu*) at the start of a Māori creation story, to the black of a young person's hair, to the colour of a mysterious little predator who shares many of our homes.

In Māori culture, black has many powerful symbolic meanings. *Te Mangu* is part of the progression from nothingness at the start of the creation story, so it signifies the unknown but also the potential for creation and life.

Mangu also signifies *mana* and prestige, and is often seen in the colour of cloaks and in *moko*, symbolising the status of the wearer.

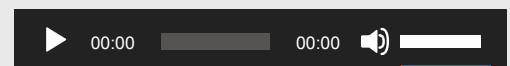
The colour black is also strongly associated with mourning, and represents the transition from the physical to the spiritual world.

And *mangu* is the colour of the *ngeru* (cat) that brings good luck...

Kupu hou (new word)

- **Mangu** (black)
- **He mangu taku ngeru.** — My cat is black.

How to pronounce this correctly, with the help of co-editor Renee Kiriona:



Whakataukī (proverb)

- **E tū te huru mā, haramai e noho, E tū te huru mangu, hanatu e haere.**
While the white hair will stay put, the black hair will set forth on the journey.

This *whakataukī* came from Ngāpuhi ancestor and navigator Nukutawhiti, as he left war-torn Hawaiiiki, to find a place of new hope for his people. His *waka* eventually arrived at what is now Hokianga.

The white hair, *huru mā*, is a metaphor for the old failed ways of conflict, and the black hair, *huru mangu* symbolises the new generation, full of hope and courage.



He mangu taku ngeru. — My cat is black.

E mihi ana ki a Renee Kiriona rāua ko Mairi Lucas.

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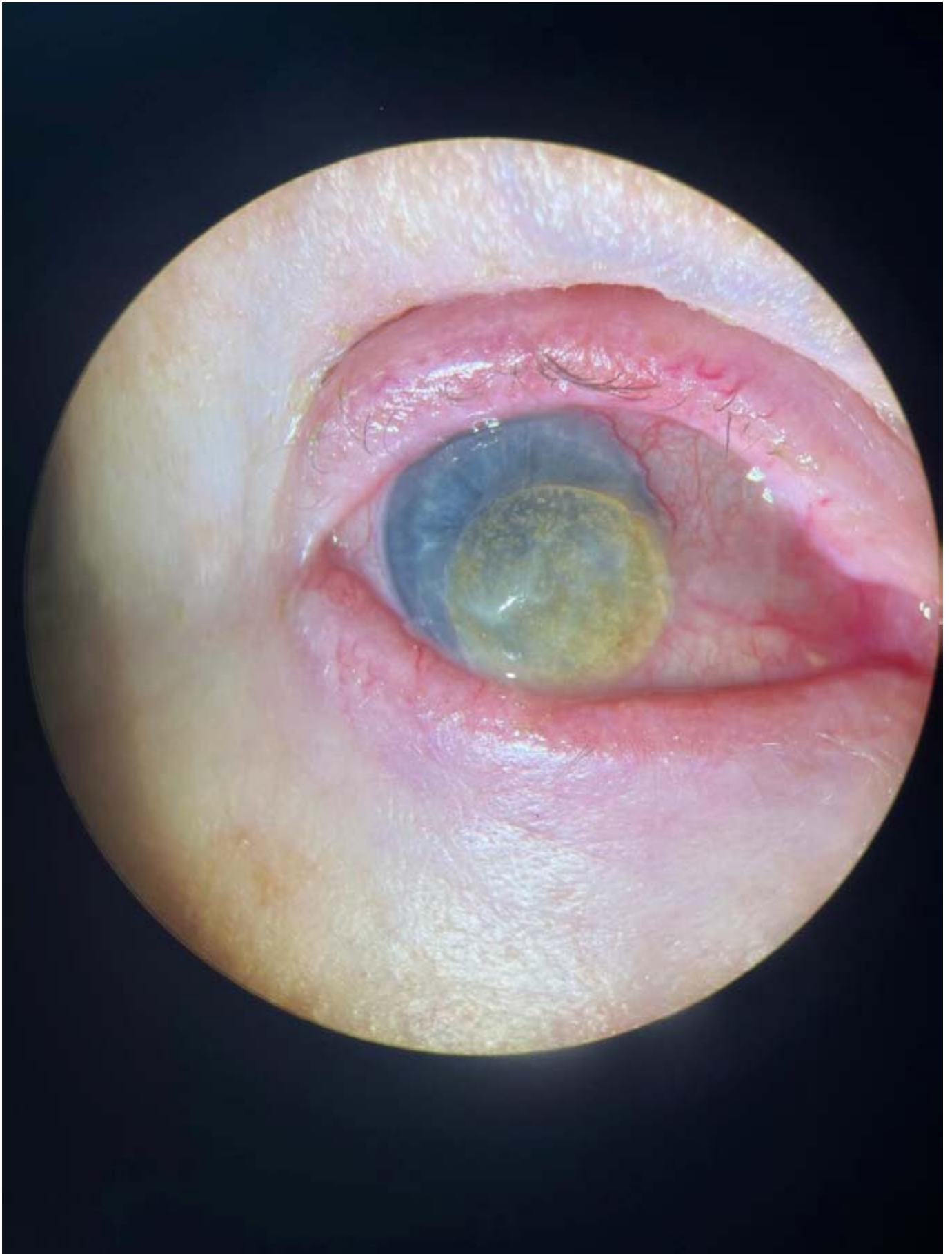
FEATURES

The hidden lens: Uncovering pathology through a nurse's intuition

BY JAMES LEWIS

November 21, 2024

This case highlights the critical role of intuition and expertise in patient care, particularly within community and midwifery settings, where these professionals build relationships with patients over time.



The rogue contact lens, causing inflammation in the patient's eye.

During a routine home visit to change a leg dressing, Wellington community nurse Charlotte Pudney noticed her elderly patient seemed unusually uncomfortable, frequently rubbing her eye, which appeared red and inflamed.

Team work key, says nurse

A district nurse for two years, Charlotte Pudney said after noticing

Trusting her intuition — a skill honed through years of close patient interactions — the nurse chose to investigate further. Her experience in recognising subtle signs that something was “off” — a characteristic trait among seasoned health-care professionals — prompted her to act on a hunch, despite the primary focus of her visit being wound care.[1](#), [2](#)

‘... examination revealed a hard contact lens, concealed for approximately five years’

The nurse’s concern led to a referral to the emergency department, where examination revealed a hard contact lens, concealed for approximately five years, had shifted and was causing irritation.

This discovery enabled prompt treatment with an antibiotic ointment, leading to rapid recovery. Further assessments revealed untreated vision issues, including cataracts, macular degeneration, and uncorrected shortsightedness.

Research shows that experienced nurses and midwives frequently use “embodied intuition” to detect subtle changes, relying on physical cues and a sense of knowing when something isn’t right — qualities shown to improve patient outcomes.[3](#), [4](#)



Intuitive nurse Charlotte Pudney

This case exemplifies the importance of “embodied intuition” and “clinical intuition” in nursing and midwifery.

‘Research shows that experienced nurses and midwives frequently use embodied intuition to detect subtle changes, relying on physical cues and a sense of knowing when something isn’t right!’

In fast-paced or complex care environments, these health-care professionals often respond to subtle, sometimes unspoken, patient cues, recognising inconsistencies between reported and observed symptoms that may indicate a deeper issue.

Experienced nurses and midwives have been shown to rely on intuition in challenging scenarios, which, as research suggests, is a vital element in patient safety and effective clinical decision-making.[5](#), [6](#)

Nurses and midwives are uniquely positioned to leverage this intuitive skill due to their frequent, close interactions with patients. The ongoing relationship they develop often allows them to detect gradual changes in health that might otherwise go unnoticed.

This case also reminds midwives, who support mothers and newborns through critical health stages, of the value of trusting these instincts. Just as nurses use intuition to detect shifts in an elderly patient’s wellbeing, midwives can apply their insights to identify early signs of complications, promoting timely interventions.[2](#)

the inflamed eye, she ended up sending ophthalmologist James Lewis a photo via cellphone. “Because she’s housebound and it was the weekend, I couldn’t get her into the GP or to ED [emergency department].”

“He organised her to come in — which is really hard to do with patients in the community, get them help when they need it, especially at the weekend.”

The patient ended up at ED that afternoon and was home for dinner. “She was so happy — because that one eye was her good eye and she’s housebound, so her life is reading.”

Pudney knew the patient — who had daily district nurse visits — well and said warning bells kicked in when she saw her eye.

“They call it the nurse’s sixth sense.”



Nurses and midwives have years of education and experience in patient care, and should trust their instincts. Even small observations can lead to significant health-care interventions, reinforcing the importance of intuition in providing the highest standard of patient care.

Ophthalmology registrar James
Lewis

-
- **James Lewis** is a Wellington ophthalmology registrar

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FEATURES

Tiriti o Waitangi 101

BY TIM ROCHFORD

November 15, 2024

NZNO Māori policy advisor Tim Rochford explains why te Tiriti o Waitangi is important to NZNO-Tōpūtanga Tapuhi Kaitiaki o Aotearoa



Tim Rochford with Mereruia Rikihana, the Te Upoko o te Ika-a-Māui chair for the tangata whenua arm of NZNO

Why is Te Tiriti o Waitangi such an important document for the New Zealand Nurses Organisation / Tōpūtanga Tapuhi Kaitiaki o Aotearoa (NZNO) and our nation?

Te Tiriti o Waitangi is often described as the foundation document of Aotearoa New Zealand and this is true, but it is also key moment in a journey that began with the first encounters between Māori and European, both positive and negative that began in earnest in the late eighteenth century.

Te Whakaputanga o te Rangitiratanga

By the 1830s, Māori began to seek engagement with the outside world as traders and as a result were encouraged by the British resident James Busby to declare their sovereignty as a nation and adopt a flag. This came to fruition on October 28, 1835 in Waitangi with the proclamation of Te Whakaputanga o te Rangitiratanga (the Declaration of Independence).

This established the exclusive sovereignty of iwi and hapū Māori over their lands and people and determined no other nation had authority to make laws in Aotearoa New Zealand. The British empire, in recognising the declaration, guaranteed to protect Māori trading vessels flying the flag.

This is important as it makes clear the main purpose of Te Tiriti o Waitangi, which was to give Britain permission to extend its legal authority over its own citizens while Māori continue to have authority over theirs. Māori did not cede sovereignty.

This is important as it makes clear the main purpose of Te Tiriti o Waitangi which was to give Britain permission to extend its legal authority over its own citizens while Māori continue to have authority over theirs. Māori did not cede sovereignty.

The text

What is also important is that both versions of Te Tiriti / the Treaty do not say the same thing. And yet the writer of both the declaration and the Treaty was James Busby and the translator for Te Whakaputanga and Te Tiriti was Henry Williams.

So when different words are used for sovereignty, when Māori are to proclaim it, as *Kingitanga o te mana I te whenua* in Te Whakaputanga, and when Māori agree to give it away as *kawanatanga* in Te Tiriti, then clearly there was deception in the motives of the British.

The Treaty was an agreement between two nations and international law gives clear guidance that such a treaty gives precedence to the language of the signatories over the language of those who propose it. This is known as *contra proferentum*.

The aftermath

Māori signed the Treaty based on the belief that they had not ceded sovereignty and continued to act in that way, but when confronted by British and settler insistence that they now ruled New Zealand, conflict arose. The history of this conflict is too long to outline in this article, but the Waitangi Tribunal is the statutory body of record, and its reports are comprehensive and should be read by all who want to understand our history.

In short, Māori went from owning 100 per cent of Aotearoa New Zealand in 1840 to around four per cent by 2000.

In short, Māori went from owning 100 per cent of Aotearoa New Zealand in 1840 to around four per cent by 2000. Some lands were purchased with the promise of adequate reserves (this promise was not kept), some was confiscated and most was lost through the process of the land court.

Why are there Treaty principles?

The difference between the two versions of Te Tiriti and the Treaty was a clear problem when the Treaty was given its first recognition in New Zealand Law in 1975 with the establishment of the Waitangi Tribunal. The solution was to give

both equal validity, and, rather than argue the differences between te Tiriti / the Treaty, set principles that express its intent.

These principles have coalesced around partnership, participation, active protection and redress. They are based on the idea that sovereignty rests with the Crown and this does not reflect iwi and hapu Māori.

Government attacks Māori rights

The coalition Government formed in late 2023 has declared war on all things Māori, including, both minor parties seeking to reduce the rights of Māori in law. This includes closing Te Aka Whāi Ora, reducing the use of te reo Māori, removing Māori voice from local Government, cancelling the smokefree strategy and many others, along with attacks on fair pay, environmental protections and the rights of workers, tenants and beneficiaries.

Where to from here?

The Māori response has been swift and strong, from what Te Paati Māori describes as “activations” or rallies and demonstrations to calls for kotahitanga from the late Kingi Tuheitia. As the response to Government aggression grows, NZNO will play its part in protecting the rights of Māori, as we do for all working people.

On Saturday August 31, at the call to action from “the originals” who include longtime stalwart Māori rights activists – Tame Iti, Mereana Pitman, Hone Harawira, Annette Sykes and Ken Mair – a large group gathered ready to work together to develop a set of expectations and actions to present to the Government.

NZNO has committed to fighting for its Māori members and Māori rights.

NZNO has committed to fighting for its Māori members and Māori rights.

The following declarations were passed:

- 1. This hui declares and affirms its ongoing commitment to Tino Rangatiratanga and Mana Māori Motuhake.*
 - 2. This hui declares its support for He Whakaputanga and Te Tiriti o Waitangi as the constitutional foundation stones for transformation and constitutional justice.*
 - 3. That this hui calls for a National Hikoī from Te Hapua to Wellington to mobilise all our communities so that we arrive in Wellington on or about the day of the introduction of the Treaty Principles Bill.*
 - 4. That this hui support efforts to co-ordinate a nation-wide Day of Strike Action to confirm our support and commitment to a te Tiriti-based society.*
 - 5. That this hui endorses all whanau, hapu and iwi to initiate activations to protect their rights and interests, and committees be set up to co-ordinate that to occur, including a national coordinating committee.*
 - 6. That we seek the support of our Pakeha allies, tangata Pasifika and indigenous nations to stand with us to protect our Māori independence in this nation, and to take actions that affirm Mana Māori me Tiriti.*
 - 7. He ra reo Māori anake i te wiki o te reo Māori.*
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FEATURES

Half a century caring for the people of Taupō

BY MARY ANNE GILL

November 12, 2024

Taupō practice nurse Jean Chegwidden recently marked both her 83rd birthday and 50 years at one practice.



Jean Chegwidden at a ceremony put on at Taupō Medical Centre. Photos: Supplied

Taupō Medical Centre's Jean Chegwidden followed the leader when she decided to become a nurse.

During a double celebration recently — her 83rd birthday and 50 years at the medical centre – she recalled it wasn't a driving passion to care for people that led to the decision.

It was because her older sister had become one and the then-Jean Russell, who was boarding at Hamilton Girls' High School at the time, followed suit.

She graduated in March 1963 after three years' study at Waikato Hospital and for the next 60 years, most of her working life has involved looking after Taupō people. Clearly nursing suited her.

Chegwidden did not want a fuss but that length of service to the community could not be overlooked, GP Alastair Fraser said at the recent celebration.

'You have touched a lot of lives'

"You have sincerely touched a lot of lives in the last 50 years and no doubt you will touch a few more," he said.

She was born in Whakatāne, spent her early years in Edgecumbe and attended the remote Matahina School where she was one of 30 pupils.

After secondary school and fresh out of nursing studies with her white, crisply starched nurse's uniform, she moved to Taupō originally working at the maternity hospital before she married and moved to Australia for a decade.

She remembers immunising patients as children who have since brought in their own children ...

Back in New Zealand in 1973, divorced and with two children, Chegwidden walked into the Taupō Medical Centre when it was in Te Heuheu Street and asked Tangi Martin, then one of three doctors in the practice and someone she knew at the maternity hospital, whether he had a job.

There was one on reception so in September she started at Taupō Medical Centre and three months later was a practice nurse.

So much has changed since then but her commitment to her patients has not — just the way she delivers it.

For the last 10 years she has been fulfilling a triage job on the phones, talking to patients about what ails them and using her nursing knowledge to assess whether they need to see a doctor or access any other medical services.



Jean Chegwidden at her graduation as a nurse at Waikato Hospital in March 1963.

"I've been looking after the patients and doing what I can for them," she said.

She remembers immunising patients as children who have since brought in their own children and has enjoyed getting to know and look after families through multiple generations.

So, if she had her time again, would she choose nursing?

Primary care nursing in general practices generally pays less than hospital nursing but Chegwidden has never hankered for that, preferring the close interaction with her community.

"Yes, I would. All I can say is I've had no desire to branch out and do anything else."

Primary care nursing in general practices generally pays less than hospital nursing but Chegwidden has never hankered for that, preferring the close interaction with her community.

"I've been happy doing my thing and looking after the patients and doing what I could for them."

She has recently reapplied successfully for her annual nursing practice certificate.

She is hinting at retirement

"But I won't be here for a year," she said, hinting at retirement.

"I'm not a sociable person you know. I don't join all the committees around and all the clubs, so it scares me a little bit when the time comes but I've just got to get over it and get on with it."

Her grandchildren are grown up, but she has two great grandchildren, including a newborn, who she will catch up with.

Plus, she has a friend who loves walking so expect to see Chegwidden plodding the footpaths of Taupō soon, and instead of talking to patients on the phone, she expects to see them out and about.

Taupō Medical Centre belongs to the Pinnacle Midlands Health Network, a not for profit primary health care provider which manages the health care of nearly half a million people enrolled with 84 practices in Tairāwhiti, Taranaki, Rotorua, Taupō-Tūrangi, Thames-Coromandel and Waikato.

* **Mary Anne Gill** is a self-employed writer based in the Waikato, and a former communications director for Waikato District Health Board.

LETTERS

In their words: Nursing graduates lament

BY CLASS OF 2024: NURSING GRADUATES AROUND THE COUNTRY

November 29, 2024

Nursing graduates share their self-doubt, fears and dashed hopes after finding out this week [hundreds had missed out](#) on Te Whatu Ora roles. Most preferred not to be named so not to jeopardise future job prospects.



Photo: AdobeStock.

Dunedin graduate torn between New Zealand and Australia

I would like to share my story

Unfortunately, I was not offered a new graduate position here in New Zealand.

After working in the health sector for 10 years before starting my nursing training — which took me four years — I can't help but feel incredibly disappointed and deflated.

I worked incredibly hard throughout my degree, consistently achieving good grades and receiving excellent feedback from all my placements. I also received positive feedback from every patient I've ever had, with many telling me that I am going to be an amazing nurse. I felt so proud hearing that, as it affirmed the passion and care I pour into my work.

I really thought my interview had gone well, and for the first time in my life, I felt optimistic about what the future held.

However, when I didn't get offered a position, it was a major blow. I have dedicated so much to my career and my education, and to face this setback has been hard to process.

This is one of the toughest decisions I've ever faced, and I'm torn between my professional aspirations and my desire to stay close to the people I love.

Now, I find myself considering the option of moving to Australia, something I never thought I'd contemplate. I've already started looking at new graduate positions there, and the support they offer, along with the better pay, is tempting. But the decision to move is not an easy one.

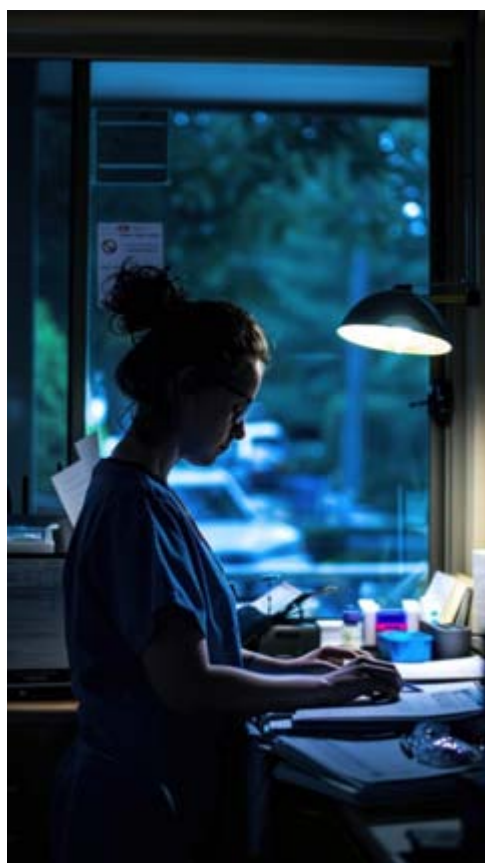


Photo: AdobeStock.

In addition to my career aspirations, I have a house, a partner, and pets that make the thought of moving even more difficult. My whole family is here in New Zealand, and I have a newborn nephew who is a huge part of my life. I don't have much family, so having that close connection with him means the world to me.

I never imagined I'd have to leave them behind, but I also feel the weight of needing to move forward with my career and build a future for myself. The thought of being away from my family, especially my nephew, is heartbreaking, but I also know that staying in New Zealand without an opportunity to advance my career could hold me back in the long run.

It's a real shame that I can't share my skills and passion with my own country.

I feel ready to contribute to the health-care system here, but with no opportunity to do so at the moment, I'm left with the difficult decision of moving elsewhere.

This is one of the toughest decisions I've ever faced, and I'm torn between my professional aspirations and my desire to stay close to the people I love. I never imagined I'd be in this position, but it's where I am now — trying to figure out what's next while balancing all of the emotions that come with it.

Dunedin graduate of Otago Polytech

'I can see they need more nurses'

The overall feeling of receiving news of not being matched is disappointment. To go through hundreds of hours of placement — which felt essentially like a 13-week interview — and then be turned down is very demotivating.

I have been training for five years now, because I had to swap universities and got knocked out by COVID-19 for a while.

I know I put in all my effort for the degree and the ACE [advanced choice of employment job-matching service] recruitment process so to not get a job after this is upsetting.

I'm completely unsure of what to do now. Essentially it's a waiting game but I'm worried I will be out of a job with a huge student loan over my head.

I had to quit my part-time job due to the 13-week clinical placement in our final semester and now it might not be possible to use my nursing degree.

As a new nurse I'm wanting to learn and grow and a hospital setting is an ideal environment for improving our practice and knowledge.

It's hard to understand why there aren't enough jobs. Every ward I have been on placement in has had a shortage of staff, which impacts on the care the public get. I can see they need more nurses.

I have heard that the jobs some may be offered will be mostly in elderly residential homes. While this is where my passion for nursing began, I would prefer to start out in a place with more support for new graduates.

So, now I am applying overseas as it seems like the only option.

Overall this feels demotivating and really disappointing – it seems unfair to keep training nurses and have us accumulate a massive student loan without enough positions.

Auckland graduate

'Disheartened and let down' nursing graduate returns to hospitality

I applied for medical, surgical, perioperative, emergency and cardiothoracic but said I was willing to do anything. Prior to applying we weren't aware that some of those areas weren't hiring new graduates for the coming year. Had I known that I would have changed my choice of preferences.

I'm feeling really disheartened and let down to be completely honest.

We have been told for the past three years that we are so needed and that getting a job would not be an issue. It's scary to think about the fact that as there are limited jobs, we may not be able to find one easily.

I now have a \$65,000 student loan to pay which I'll have to start paying with a minimum wage job.



Photo: AdobeStock. Nearly half of nursing graduates are locked out of hospitals for now.

I began studying nursing to care for people as well as set myself up for a future that I was told and believed would be attainable. But now I will most likely be working in hospitality as I was prior to nursing school, to ensure I can pay my bills as well as now pay off my student loan until I can find a job as a registered nurse. It's extremely scary and honestly doesn't feel real.

I've worked really hard for this, attained consistently high marks throughout my degree, was a student representative for my nursing school, interviewed well and had great feedback on all of my clinical placements so I'm very confused about this whole outcome.

I just hope that this doesn't happen to the new graduates next year because it's not a nice place to be in and I am feeling really undervalued.

Southern graduate

Aged care is an option says one grad

I was just reading your article about the new grads. I just wanted to refer to a section about working in aged care which said it was not supportive for new graduates.

I matched with an aged care facility through Ryman Healthcare. The starting rate is \$36 per hour for fixed (not casual) shifts and they are running their own supported programs for new grads. I initially did want to work for Te Whatu Ora but changed my options.

I'm aware that I am probably in the minority of circumstances.

Auckland graduate

The joy of graduation 'snuffed out'

I am 28 years old, and considered a mature student. I graduated with my first degree in 2019, and began my first career a year before COVID-19 began. In the midst of the pandemic, I would watch the news after I finished working

from home each day and watch how hard health-care professionals worked. I witnessed their sacrifice and felt compelled to give back to my community the way they were.

Throughout my nursing degree, I have been exceptionally fortunate that my partner has completely financially supported the both of us, so that I could follow my dream of helping others. Without her sacrifice, I would have never been able to become a nurse, and so this degree is hers as much as it is mine. We sacrificed the chance to save for holidays away, sacrificed saving for a deposit for our first home, sacrificed getting engaged because we would only be able to afford it once I began working as a nurse.

We were supposed to be celebrating passing our exams, and excitedly sharing where we had been hired ... That spark, that joy has been snuffed out.

The impact of finding I did not have a job this week has been immense, on both me and my partner. I was excited and eager to begin giving back to my community and also giving back to my partner who has worked tirelessly to keep us afloat for the past three years. The depth of our disappointment is immeasurable. She has bore witness to how hard I, and my classmates, have worked to achieve this degree, and can attest to how much we genuinely care about the work that we do.

Throughout my degree, I have been an A grade student every semester. I have had exceptional feedback from my preceptors and teachers. While on placements I maintained my Saturday job, meaning I worked six days or 50 hours a week, and still managed to show up with enthusiasm and excitement for my nursing career ahead of me.

When we began this degree, we were promised that we would find work so easily. Even this time last year, we were told how the pre-registration students were busy attending interviews and getting the jobs they most wanted.



Mid-year nursing graduates were the first to be hit with lack of jobs, just [three out of five](#) gaining entry roles at Te Whatu Ora.

Every nursing student in the country would tell you that their graduation day was supposed to be one of great celebration. We were supposed to be celebrating passing our exams, and excitedly sharing where we had been hired.

We were supposed to hear the joyous sounds of celebration from our peers, their families, and our teachers — who have all poured their heart and soul into sharing and advancing the nursing profession into future generations.

That spark, that joy, has been snuffed out. Instead of great cheers of celebration, we will now be hearing the dismay of our loved ones saying things like: *"I can't believe you don't have a job"; "I thought we needed nurses in New Zealand?"; "What happened?"*

I was hoping to work in emergency medicine, or in trauma theatre. I did my final placement in a busy emergency department, so I had the desired experience. I have a fantastic academic record, and strong character references. I have work experience behind me and maturity on my side. None of it was enough.

I started nursing because my community mattered to me. I wanted to give back to my New Zealand community first. But that sentiment doesn't pay the bills.

I was never even contacted for a single interview. One of the employers I chose was Southern Cross. They came to our university employment expo and talked a big game. So imagine our disappointment when we saw on the news that they had made so many of their staff redundant, sadly right after we submitted our ACE applications (with no chance of changing our choice — it was already too late.)

If I don't have a nursing job in New Zealand for the next few months, then I will have to look overseas in countries like Australia. What choice do I have? If I don't work as a nurse for a year then I'll have to pay \$1200 to refresh my competency skills. That feels like such a slap in the face, and frankly a one-way ticket to Australia is cheaper.

I started nursing because my community mattered to me. I wanted to give back to my New Zealand community first. But that sentiment doesn't pay the bills.

I am feeling disappointment and sheer disbelief that a country, with a health-care system on the verge of collapse, is turning us away. It will only be once the politicians are in a hospital bed with no one answering their call bell, will they finally understand the true value of a nurse.

Auckland graduate

'Exhausted' graduate tries to keep chin up

This has been an exhausting semester for our cohort who have systematically had our expectations and hopes for after our studies undermined. I love this degree and I'm really devastated today but I don't believe I could have worked any harder so I'm trying to keep my chin up and wait for other opportunities to arise.

Auckland graduate

Proud Kiwi now considering crossing the ditch

I am based in Dunedin. Although it was never explicitly communicated to us, I have heard rumours that only around 19 places were offered for the entire city.

It is a very frustrating situation. The shortage is out there - it's real - and yet the hiring freeze effectively puts new graduates into limbo.

For my entire three years during the study of my degree I never once considered moving to Australia. I love living in New Zealand and it is where I see my long-term future, but now I am considering it, especially when learning of programs they have for new graduates. For the past three years I was the most critical person whenever a classmate brought up the prospect of moving to Australia for work; I would bring up the expenses, the crowding of the cities, the weather, trying to help them not fall into a "grass is greener on the other side" mentality. It might be hard to communicate appreciably, but the fact that now I myself am considering the move speaks volumes.

Even in ideal circumstances it is hard as a new grad, and the present situation makes it only worse.

Maxwell Arnott, *Dunedin*

'It feels lonely'

I am extremely disappointed and frustrated in the current climate.

I was supposed to graduate last year in 2023, but during my transition placement, I contracted Glandular Fever and had to take a year off to recover. I spent 8 months working my butt off working in health care-related jobs to try and better my chances of getting a match for this year. I began my nursing training under the impression of a guaranteed job at the end and justified the 1100 unpaid hours I spent with a potential job straight out of university.

I understand why and how this has happened, but it still feels unfair, and broken because I put my heart, soul, and tens of thousands of dollars into the last four years to be unmatched.

I only had one interview, so I knew I would get that job match or be in the talent pool. However, I was the only one in my nursing friend group to be unmatched, and to be honest with you, it feels lonely.

Although I am getting lots of support and encouragement from my fellow students, very few understand this feeling of wanting something so bad that you've worked so incredibly hard for and being told that sorry, but there's not enough to go around!

Auckland graduate

Graduate disheartened over broken promises

I did my transition placement in a post anaesthesia care unit and as such, was really hoping to get a job there. However, during the last few weeks of my placement I had meetings with nurse educators who told me that unfortunately they couldn't even think about offering me a job there despite the fact that I'd performed exceptionally on all counts. This, coupled with the knowledge that public health care was being defunded by the Government, was extraordinarily disheartening and frustrating.



Photo: AdobeStock. Many nursing students' hopes of starting their career in a supported entry hospital role have been dashed this week.

Our entire degree we've been promised we will have extensive opportunities for jobs once we graduate, in every sector, but now we only have a choice of non-hospital jobs. This isn't to discount community nursing, so much valuable work is done in the community. It just feels like we've been forced into it and told too bad when we say that they're not the jobs we wanted.

How can we impact patient's and the public's lives positively if we can't get a job?

I came into this degree wanting to be an amazing nurse who could genuinely impact patient lives, we all did, but how can we impact patient's and the public's lives positively if we can't get a job?

Alongside my fellow nursing students, now nurses, we have struggled and fought through the last three years under the promise that things would get better. Promises by everyone around us that nurses are so needed so we'll find something. Except now instead of being told we have so much opportunity, we're being told to take our first offers regardless of our passion for it, or move to Australia.

I'm one of the few in my cohort who really would love to stay in NZ, but I don't know what I'm going to do. At the moment I'm looking at job advertisements online, and discussing my options with my family, but if I can't get a position as a hospital nurse, I'll likely do something like join the Navy and be a nurse for them, I'd go through hell and back during basic training but at least I know I'd have a guaranteed job that I'd enjoy and be passionate about.

Auckland graduate

'Heartbreaking' - graduates in shock as they eye Australia

This is an incredibly heartbreaking position to be in. Three years of hard work for what feels like nothing.

I have received excellent grades throughout yet I am denied a job.

It has been reported that New Zealand 4,500 nurses short Even though Te Whatu Ora has hired more since then, we have all seen on our placements how short-staffed hospitals are. so this is not a matter of not needing any new nurses. It is because employers are not allowed to hire — or only allowed to hire what the budget allows which in a lot of cases is no one.

I had incredibly positive feedback from all three of my ACE interviews and was honestly not expecting this. I am putting this down to there not being any openings in the practice settings/specialities I applied for rather than a reflection of me as a student.



Photo: AdobeStock. Just 844 out of 1614 new graduates who applied to start their nursing career at Te Whatu Ora got jobs.

ACE has told us that being in the “talent pool” doesn’t guarantee us a position. They have only said as positions become available “over coming weeks and months” we will be offered them. So we are basically just having to wait on a “maybe”.

They tell us to be practical and apply for jobs externally. Unfortunately when you look at nursing job ads, they are wanting two or three years of experience, making it impossible for new graduate nurses to land a job this way.

NETP is a pathway specifically designed for new grad nurses which includes immense support from our team as we transition into our career as a nurse on our own.

This is why the NETP [nurse-entry-to-practice] pathway is CRUCIAL. It is a pathway specifically designed for new grad nurses which includes immense support from our team as we transition into our career as a nurse on our own.

As I aspire to become a nurse practitioner, the support and funding in place as part of NETP for completing a post-graduate certificate is a huge help for someone ambitious like me.

I am currently looking at positions in Australia as their starting pay for new graduates tops New Zealand's and they have numerous new graduate positions available.

After this response from Te Whatu Ora, if anyone said to me they want to study nursing, I would be strongly encouraging them not to. I am sure many nursing students out there are not feeling motivated right now after finding out so many of us are left feeling stranded.

During the July intake when the hiring freeze began and so many missed out on jobs, I remember thinking: "What's the point in continuing?" It was incredibly demotivating.

I did not think I too would end up in this position as I was constantly told it would be fine by the time we graduated.

Paris Boyce-Bacon, *Auckland*



Photo: AdobeStock.

LETTERS

Singing the praises of nurse practitioners

BY HEATHER WOODS

November 6, 2024

I am writing to sing the praises of a nurse practitioner intern that I saw recently.

My usual GP was not available so I made an appointment with the nurse practitioner intern at the Terrace Medical Centre in Wellington. I was so pleased that I did. Jasper Nacilla was personable, professional and extremely thorough.

He provided me with top notch care for my infected leg and also took the time to perform other checks such as blood pressure, temperature and weight. He took a holistic approach to my health which I really appreciated.

If only there were more nurse practitioners. They are fantastic!

Heather Woods, *Wellington*
