Kaitiaki
NURSING NEW ZEALAND

NEWS

Protests erupt after 'shell' Dunedin Hospital announcement by new health minister

BY MARY LONGMORE

January 31, 2025

New Minister of Health Simeon Brown was blocked by protestors in Dunedin after announcing that a scaled-back hospital new build would go ahead.

Protests erupted in Dunedin today after new Minister of Health Simeon Brown announced a downscaled new hospital for the city. Photo: Mary Hall

The new Dunedin Hospital announced today will be a "complete shell" with fewer beds than the current one, NZNO president Anne Daniels says.

Brown today announced that a new $1.88 billion hospital would go ahead, rather than a refurbishment of the current one. However, the new hospital would be scaled back, with fewer beds — 351 rather than the 398 originally planned.

At a glance: A downscaled new Dunedin Hospital is going ahead:

- Projected to open in 2031
- 351 beds, with capacity to expand to 404 beds over time

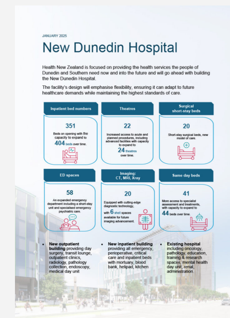
'This hospital would have been even more downsized if it wasn't for the people.'

The current hospital has 396 beds — but only 329 are staffed.

While the new hospital would have the same number of floors, they would not all be furnished initially, rather "future-proofed" for future expansion. For example, bed numbers could expand to 404 over time, he said. It was targeted to open in 2031, Brown said.

Dunedin-based Daniels said she had "very real concerns" it would not be fit for purpose for both health professionals and patients, as well as nursing and medical students needing work experience.

Southern nurses Robyn Hewlett, NZNO president Anne Daniels and delegate Linda Smillie protesting over the Dunedin Hospital pause last year.



JANUARY 2025

New Dunedin Hospital

Health New Zealand is focused on providing the health services the people of Dunedin and Southern need now and into the future and will go ahead with building the New Dunedin Hospital.

The facility's design will emphasise flexibility, ensuring it can adapt to future healthcare demands while maintaining the highest standards of care.

Inpatient bed numbers	Theatres	Surgical short-stay beds
351 Beds on opening with the capacity to expand to 404 beds over time.	22 Increased access to acute and planned procedures, including advanced facilities with capacity to expand to 24 theatres over time.	20 Short-stay surgical beds, new model of care.

ED spaces	Imaging: CT, MRI, Xray	Same day beds
58 An expanded emergency department including a short-stay unit and specialised emergency psychiatric care.	20 Equipped with cutting-edge diagnostic technology, with 6 shell spaces available for future imaging advancement.	41 More access to specialist assessment and treatments, with capacity to expand to 44 beds over time.

- **New outpatient building** providing day surgery, transit lounge, outpatient clinics, radiology, pathology collection, endoscopy, medical day unit
- **New inpatient building** providing all emergency, perioperative, critical care and inpatient beds with mortuary, blood bank, helipad, kitchen
- **Existing hospital** including oncology, pathology, education, training & research spaces, mental health day unit, renal, administration

- 20 short-stay surgical beds, a new model of care
- 22 theatres, with capacity to expand to 24 theatres over time
- 41 same day beds to provide greater capacity for timely access to specialist and outpatient procedures
- 58 ED spaces, including a short-stay unit and specialised emergency psychiatric care
- 20 imaging units for CT, MRI and Xray procedures, with 4 additional spaces available for future imaging advancement.

— sourced from Minister of Health Simeon Brown.

"So we're not going to have the number of beds we need, we're not going to have the hospital we need and the health professionals are going to have to do workarounds to try and do their job, just as they are now," she told *Kaitiaki.*

The Government was again putting cost-cutting before health.

"We've got a growing older population here in the southern region and we can't meet their needs now because we don't have enough beds," she said.

"Not significantly increasing the beds as per the plan means we will continue to fail to meet the needs of the people."

'At least we've got a shell of a building but it still represents a broken promise because they haven't put everything in that they said they would.'

Fewer beds also meant fewer jobs and could impact on the ability of Otago's medical and nursing schools to provide adequate clinical placements, she said.

"So it's got major implications for everybody – the patients, the nurses, the doctors and the region."

However, Daniels said she was pleased the Government had not opted to refurbish the current site, an "untenable" option that had also been on the table.

Health Minister Simeon Brown announced this morning the government has gone with building a new $1.88 billion inpatient building, rather than the option of refurbishing the old hospital which it explored as an option last year. PHOTO:PETER MCINTOSH, Otago Daily Times.

Former health minister Shane Reti and Minister for Infrastructure Chris Bishop had last year paused the hospital project, to review options claiming costs had blown out to $3 billion. It prompted huge protests in Dunedin, nurses calling it a "betrayal of trust".

Today, Brown opted for a middle ground — fewer beds and operating theatres, but the same number floors — even if not all of them will be fit-for-use.

'Victory for the people'

Long-time NZNO delegate Linda Smillie said she had "mixed emotions" at the decision.

"At least we've got a shell of a building but it still represents a broken promise because they haven't put everything in that they said they would," she said.

"But at least there wasn't any major slash and burn. All the floors are there . . . we've got an answer, we've got the envelope and the potential."

> **'We've got a growing older population here in the southern region and we can't meet their needs now because we don't have enough beds.'**

Smillie said the decision was a "victory for the people" and she thanked all the NZNO delegates behind a 35,000-strong petition to rebuild the hospital.

Last year's hospital protests.

"This hospital would have been even more downsized if it wasn't for the people," she said. "35,000 people marched — and I think that well and truly put the Government on notice that we weren't prepared to accept any significant downsizing."

Smillie said if Labour won the next Election she would call on them to keep their promise to open the hospital, as originally agreed — as leader Chris Hipkins had recently confirmed at the Labour Party conference in Christchurch.

Nonetheless, protestors still swarmed Brown's car as he tried to leave the project office. Members told *Kaitiaki* Brown had a dummy car in the carpark but another hidden inside the building with tinted windows which he came out in after making the announcement this morning.

Nurses were among protestors blocking Simeon Brown's car in Dunedin this morning.

Protestors standing in front of it were pushed back by police, including nurses. "There was a bit of a ruckus," one said. "He wouldn't speak to the people."

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NURSING NEW ZEALAND

NEWS

Poor pay forcing nurses to hīkoi from one crisis to another

BY RENEE KIRIONA

January 30, 2025

Nurses are being forced to walk from their jobs in the community, where they are desperately needed, to other spaces where there is a health crisis or even further, to foreign lands.

That's the message from Tracey Morgan, spokesperson for the NZNO-Tōpūtanga Tapuhi Kaitiaki o Aotearoa primary health-care bargaining team.

"All nurses should be paid the same because they have all studied the same but that's not the case – the nurses you see in GP clinics throughout the country are paid much less than those nurses you see in public hospitals.

"This is forcing our nurses out of the frying pan into the fire. And that's not a good hīkoi to be on."

The bargaining team resumed their talks with primary health care employers last week to tell them they have "had enough," following last year's last round of bargaining that saw employers offer no more than three per cent pay increases.

Tracey Morgan

Primary care nurses are leaving GP clinics to work in hospitals because they get paid 18 per cent more despite having the same skills and qualifications, she said.

"We are moving from being hōhā to getting ready to do the biggest haka we've ever done before. We've had enough and will not compromise anymore."

> **'We are moving from being hōhā to getting ready to do the biggest haka we've ever done before. We've had enough and will not compromise anymore.'**

The employers are due to get back to the bargaining team next week with their response, Morgan said.

A Victoria University of Wellington study (https://www.rnz.co.nz/news/national/540200/staff-shortages-key-driver-as-more-general-practices-turn-away-new-patients) has found 36 per cent of New Zealand's general practices didn't take new enrolments in 2024, with workforce shortages cited as the major reason people were being turned away.

"The Coalition Government's focus on the health sector is misdirected and their five health targets will continue to miss the mark until they deal with the pressing issue – chronic staff shortages in primary care.

"When people can't get into their GP, they can end up at hospital even sicker. This puts more pressure on our already stretched hospitals and the Government's own targets will be harder to meet."

"It is time for the Government to pay primary care nurses the same as their hospital counterparts and introduce a sustainable funding model for the primary care sector.

"Until this is done, it is everyday New Zealanders who are trying to see a doctor when they are sick who will pay the price.

"New Health Minister Simeon Brown has said he is 'an advocate for everyday Kiwis who simply want timely, quality health-care when they need it'. Here is his solution," Morgan said.

Responding to the study yesterday, Brown said primary health care was top priority.

"There's always more we can do and we must do that . . . and there is a range of factors behind what is needed to ensure Kiwis can access timely and quality care whether at the doctors or through emergency departments," he told RNZ (https://www.rnz.co.nz/news/top/540296/predictable-beginning-of-health-system-collapse-general-practice-aotearoa).

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NURSING NEW ZEALAND

NEWS

Impromptu picket at Auckland retirement home over proposed roster changes

BY MARY LONGMORE

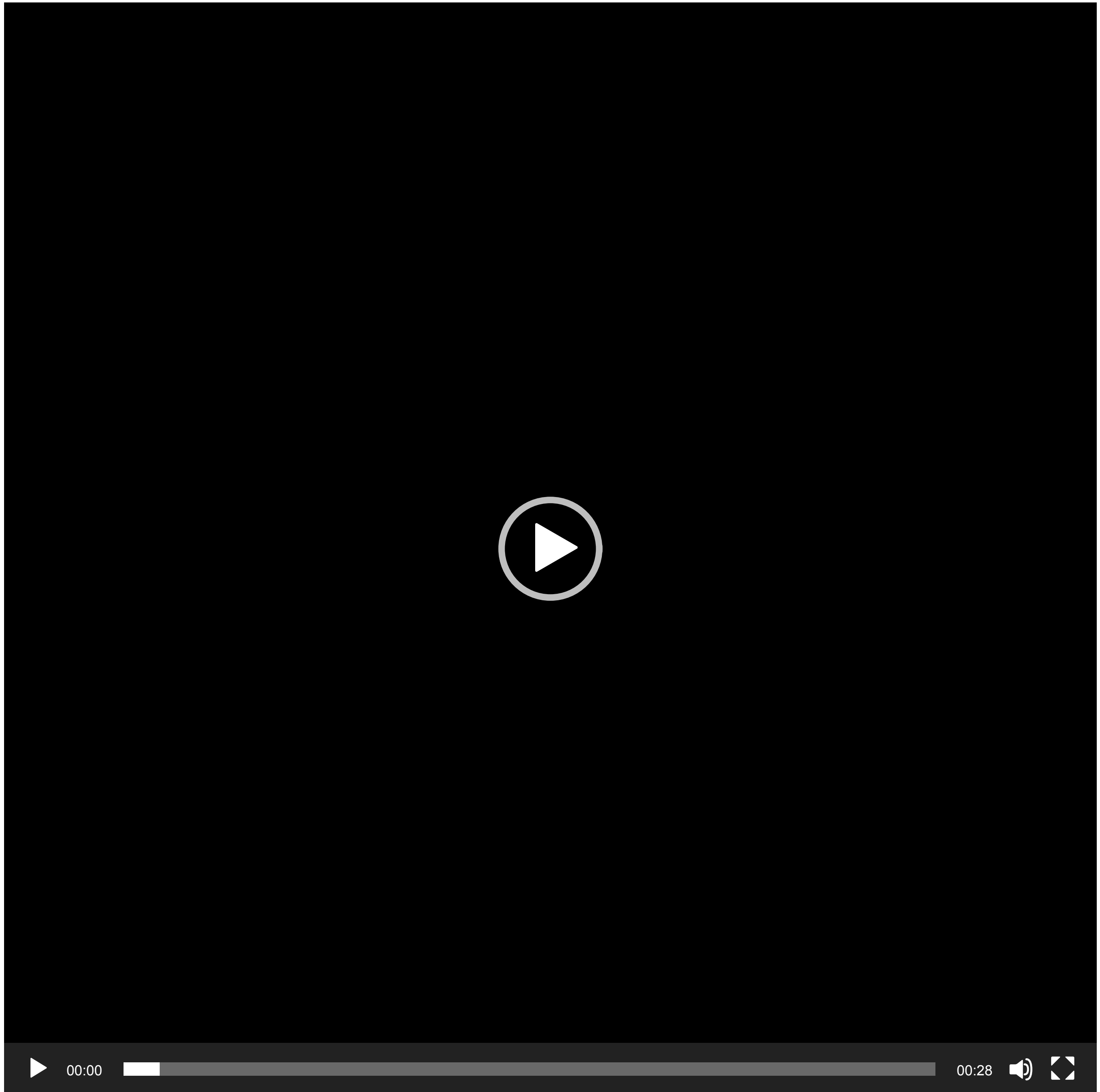
January 31, 2025

About 20 nursing and carer staff at Oceania's Lady Allum Retirement Village in Auckland's leafy Milford suburb carried out an impromptu picket yesterday, after a proposed restructure.

"This isn't just about us — it's about our families, the residents who rely on us, and their families who trust that their loved ones are receiving safe, high-quality care," one of the staff told *Kaitiaki*.

> **‘These changes will stretch us thin, increase burnout, and ultimately compromise the well-being of everyone in our care.’**

The proposal involves changes to staffing levels, roles and rosters at the home, which staff fear could lead to fewer senior roles and bigger workloads, as well as fewer hours and less take-home pay.



Staff said they were worried about being able to provide safe and timely care especially in emergency situations and providing adequate support for daily activities such as meals, hygiene, and mobility

“These changes will stretch us thin, increase burnout, and ultimately compromise the well-being of everyone in our care.

Staff did not want to be named as they had been warned over speaking out during consultation by management.

‘Not impact residents’ care’ – Oceania

Oceania’s national operations manager Jodie Schorn said the proposed changes “would impact a small number of registered nurses and health-care assistants”.

“These changes are designed to better align staffing levels with the current number of residents at Lady Allum, ensuring we continue to meet their care needs efficiently and equitably.”

They would not affect the level of care residents received, she said.

Consultation with staff and unions was currently underway.

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NURSING NEW ZEALAND

NEWS

Nurse leaders take 'wait and see' approach to new health minister

BY MARY LONGMORE AND RENEE KIRIONA

January 28, 2025

NZNO leaders say they will wait and see how new Minister of Health Simeon Brown responds to nurses' concerns — but hope he will "listen to the people".

New Health Minister Simeon Brown has his blood pressure taken by medical practitioner and Tāmaki Health chief executive Lloyd McCann at a Tāmaki clinic in Ōtara, south Auckland last week. Image: Tāmaki Health Facebook.

Simeon Brown — who is already Minister for State-owned enterprises — took over the Government's health portfolio on Friday after GP Shane Reti was stripped of the role just 14 months in.

"We will not judge Minister Brown just yet. It is early days and we are yet to hear detail of his plans for our nation's health system,"

Abortion promise 'reassuring'

Women's health nurses have welcomed Simeon Brown's promise there will be no changes

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa kaiwhakahaere Kerri Nuku said in her blog (https://blog.nzno.org.nz/2025/01/27/tangatawhenua-ism-not-trumpism-is-the-solution-for-aotearoa/).

Ousted minister of health Shane Reti with Kerri Nuku at the NZNO 2024 conference.

NZNO president Anne Daniels agreed — but hoped Brown would heed the voices of the people over the Government's anti-Māori policies and Dunedin Hospital u-turn.

> **'You have to question what he did behind closed doors to actually fight these policies. Under his watch, how did these things happen?'**

"People have made their voices heard loud and clear. Thirty-five thousand people protested about the Dunedin Hospital new build being put on hold by [Infrastructure Minister] Chris Bishop and Reti, as well as [protests over] te Tiriti o Waitangi," Daniels told *Kaitiaki.*

"These are the things that absolutely matter, to bring people out into the streets and let the Government know exactly how they feel — and it's my hope that Simeon will listen and act appropriately."

(https://www.rnz.co.nz/news/political/539608/no-change-to-abortion-laws-new-health-minister-simeon-brown-promises) to New Zealand's recently decriminalised abortion laws under his ministerial watch.

Brown voted against decriminalising abortion in New Zealand in 2020, and in 2022 liked fellow National MP Simon O'Connor's social media post (https://www.stuff.co.nz/national/politics/129099355/nationals-simon-oconnor-says-roe-v-wade-post-was-causing-spiralling-distress) applauding the US Supreme Court's decision to overturn Roe vs Wade and end national American abortion rights

In 2020, abortion was removed from the Crimes Act in New Zealand. Brown and Prime Minister Christopher Luxon — both devout Christians — have acknowledged their anti-abortion stances, however Luxon has promised to resign (https://www.1news.co.nz/2023/06/11/luxon-vows-to-resign-if-abortion-access-curbed-under-any-future-govt-he-leads/) if any restriction on abortion access occurred under his leadership.

NZNO women's health college chair Jill Lamb said while everyone was entitled to their personal views, it was "reassuring" Brown had promised not to implement them.

Women's health college chair Jill Lamb, right, with member Callie Reweti.

"He said there're not going to be any changes, so while he's got his views — as has Christopher Luxon — they're not going to change the policy that we have, which is reassuring," she said.

"Everyone's entitled to their views but we like how the [abortion] laws are at

the moment."

South Island nurses Robyn Hewlett, Anne Daniels and Linda Smillie at October 20204's 35,000 strong rally over the downgrading of Dunedin's new hospital plans.

Nuku said nurses had many questions for Brown: "Will he move to deregulate the health workforce? Will he address the issues around pay equity and pay parity? How will he address issues of health justice?"

Nuku also wanted know what he would do to improve "shocking" Māori life expectancy which saw tangata whenua live seven years less than non-Māori.

'I will deliver' – Brown

Brown told RNZ's Paddy Gower (https://www.rnz.co.nz/national/programmes/morningreport/audio/2018971530/simeon-brown-given-health-portfolio-in-cabinet-reshuffle) his focus was "delivering" on the five health targets set by Reti.

"Now it's about delivery for all New Zealanders, and making sure we see real progress against the health targets we've set as a Government, making sure we've got support for the workforce that's needed — making sure the whole system is focused on the delivering the quality and timely access to health care that New Zealanders need."

> **'Everyone's entitled to their views but we like how the [abortion] laws are at the moment.'**

Cancer, emergency, perioperative and primary health nurses have warned that without more funding and staff, the targets are only putting more pressure on overworked nursing and medical staff.

Since they were set in April 2024, there has been little shift in the five targets — for faster ED waiting times, cancer treatments, specialist appointments and elective surgery — and childhood immunisation rates have worsened.

Brown also told RNZ "key decisions" needed to be made on the Dunedin Hospital rebuild and he would be working closely with Minister for Infrastructure Chris Bishop in "coming weeks and months" on that.

Reti 'respectful'

Nuku said she wanted to acknowledge Reti's "respectful" kōrero with NZNO, despite their lack of agreement on many issues facing the nursing workforce.

> **'This Government must acknowledge its responsibility to Māori to improve health outcomes and access to health services.'**

"We never got from him what we wanted but the kōrero with him was always respectful. Even if we disagree with their politics."

Daniels said while he had always been "welcoming and gracious", Reti had let the nursing workforce down over promises to improve primary health sector funding and plan to downgrade Dunedin's new hospital build. Fast smoke-free legislation repeal and dismantling of Te Aka Whai Ora, the Māori Health Authority, had also been hugely disappointing.

"You have to question what he did behind closed doors to actually fight these policies. Under his watch, how did these things happen?" Daniels said.

"For the main person on the floor or in the community, he didn't do what he said he was going to do. He made pre-election promises and they have not been realised."

Reti (Ngātiwai, Ngāti Maniapoto, Ngāpuhi-nui-tonu) was the first Māori minister of health in 100 years, after Sir Māui Wiremu Pia Naera Pōmare was in the role 1923–26.

Equitable health 'must be priority' – NZNO

NZNO chief executive Paul Goulter has said it didn't matter who the health minister was as long as they supported an equitable health system for all New Zealanders.

"This Government must acknowledge its responsibility to Māori to improve health outcomes and access to health services."

Goulter called on Brown to prioritise:

- Pay parity: Paying nurses in primary and community health the same as Te Whatu Ora, to stem staff shortages, waiting times and ED pressures.
- Reversing ideological decisions to remove policies that would reduce Māori health inequities.
- End the recruitment freeze at Te Whatu Ora and fund clinically and culturally safe staffing levels in hospitals.
- Improve wages for aged care workers.

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NEWS

‘It plays with lives, especially Māori lives’ – NZNO

BY RENEE KIRIONA

January 28, 2025

The Treaty of Waitangi and its principles are the solution to fixing the broken foundation of the country’s health system, Parliament’s Justice Select Committee has heard.

The NZNO team preparing for their submission - chief executive Paul Goulter, nursing and professional services manager Mairi Lucas, kaiwhakahaere Kerri Nuku and president Anne Daniels.

And if those principles are removed, or tampered with, it will cost more lives, especially Māori lives.

That was the message from Kerri Nuku, kaiwhakahaere of NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa, who presented the union’s submission against the Principles of the Treaty of Waitangi Bill to the select committee yesterday.

Nuku was supported at the hearing by the union’s president, Anne Daniels, and chief executive, Paul Goulter.

'This legislation, and its narrative, plays with Māori lives.'

NZNO kaiwhakahaere Kerri Nuku and chief executive Paul Goulter presenting their submission

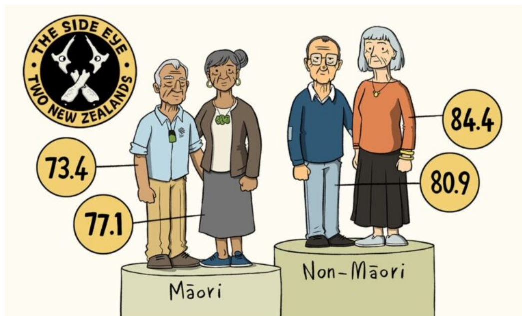
"This legislation, and its narrative, plays with Māori lives.

"It says it's okay not to give the attention we need to fix the parts of the health system that are killing Māori," Nuku told the committee.

'Tangata whenua are not the enemy and they are not a threat to others in this country.'

"Tangata whenua are not the enemy and they are not a threat to others in this country.

"Here are some facts: Māori die faster and in bigger numbers than non-Māori, Māori don't live as long as non-Māori, Māori do not earn as much money as non-Māori, Māori are less likely to own their own homes."



Graphic source credit: www.tuesdayclub.nz

Nuku also told the select committee, which had received more than 300,000 submissions on the Bill, that the Treaty and its principles offered a solution to the nation's broken health system.

"Te Tiriti provides a foundation to help fix the serious and dire health problems faced by Māori, something I'd like to expand on further."

Nuku also pointed out to the committee that the Bill was contrary to the Pae Ora Act, which was designed to create more equitable health outcomes. She also said the Bill undermined the importance of culturally safe care and the unique position of Māori nurses to address health inequities.

Rural GPs back Treaty

Taiwhenua Hauora Rural Health Network's chair Fiona Bolden told the select committee that she had worked as a GP in rural communities for 25 years.

"The current way we do health isn't working, especially for Māori who are dying at a rate faster than any other people from sicknesses that are preventable.

"I came from the UK where the rate of diabetes was 1300 per million – here it is 10,000 per million.

Fiona Bolden

'We need the Treaty and Māori to show us how to fix that.'

"We need the Treaty and Māori to show us how to fix that," said Bolden.

Iwi health groups back Treaty and sharing their services

Three representatives for iwi also presented to the select committee yesterday.

Louisa Wall, chair of Ngāti Tūwharetoa Iwi-Māori Partnership Board, told the committee that her tribe's health services were open to all peoples who lived within their tribal area, which included Taupō.

Ngāti Tūwharetoa IMPB chair Louisa Wall

In response to a question from committee member Todd Stephenson, of the Act Party, who asked if her iwi would allow non-tribal members to "opt-in" to her tribe's health services, she said:

"Our mandate and purview is to ensure that our tribal members have access to best practice medical treatment and prevention.

"So others opting in to iwi-led health services over time, we would welcome anybody to use our health services.

'In fact, our Ariki [Sir Tumu Te Heuheu Tūkino VIII KNZM] has been very clear that we serve all of those who live within the jurisdiction of Ngāti Tūwharetoa iwi.'

"In fact, our Ariki [Sir Tumu Te Heuheu Tūkino VIII KNZM] has been very clear that we serve all of those who live within the jurisdiction of Ngāti Tūwharetoa iwi."

Helmut Modlik, chief executive of Te Rūnanga o Ngāti Toa which provides health services to thousands of people in Porirua, told the committee that Treaties are for "honouring not settling."

"If you want to see what te Tiriti in practice looks like then come to Porirua.

"There you will find the delivery of a range of health and social services, housing and education that is playing out to bless our whole community," said Modlik.

Ngāti Toa leader Helmut Modlik

Mataatua iwi health leader Chris Tooley

Chris Tooley, head of Mataatua iwi-led health service Te Puna Ora based in eastern Bay of Plenty, told the committee that the Bill was another attempt to colonise Māori.

"This Bill has the intent to colonise Māori, to hijack and overthrow the constitutional development of this country."

The committee resumes hearing submissions on the Bill this Thursday.

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NEWS

Round-the-clock security needed in EDs, say emergency nurses

BY MARY LONGMORE

January 17, 2025

Eleven days after a nurse was choked to unconsciousness, NZNO's emergency nurses say 24/7 security is needed in all emergency departments (EDs).

Photo: AdobeStock.

College of emergency nurses New Zealand (CENNZ) chair Lauren Miller said members were "horrified to hear about the brutal and frightening attack that occurred at Middlemore Hospital ED last week".

A nurse had to be hospitalised after being allegedly punched and choked to unconsciousness by a patient on January 6. It took five staff to pull the man off as security guards were not present at the time.

> **'CENNZ would like to see a 24/7 security presence in all EDs across New Zealand.'**

A 23-year-old man has been arrested and charged with assault, attempt to injure and impeding breathing and will re-appear in the Manukau District Court on January 21.

"Our sincere thoughts are with the nurse and the team that were involved," Miller told *Kaitiaki.*

Lauren Miller, far left, with NZNO college of emergency nurse (CENNZ) committee members.

She said for some time, CENNZ had been advocating for 24/7 security in every ED — and had raised this directly with (now former) Minister of Health Shane Reti at a meeting in May 2024.

> **'I have made it very clear that violence against health workers is unacceptable and staff and patient safety is a priority for this Government.'**

"CENNZ would like to see a 24/7 security presence in all EDs across New Zealand," she told *Kaitiaki* this week. "We also strongly believe that the security guards should be purpose-trained to work within the ED setting and be integrated members of the team."

Surging security presence for short periods was only a "stop-gap measure", she said.

Minister of Health Shane Reti

Reti did not respond to the suggestion of 24/7 security. But he told *Kaitiaki* via email all EDs had the option of requesting extra security over summer, as they had last summer, and 20 had chosen to do so.

"I have made it very clear that violence against health workers is unacceptable and staff and patient safety is a priority for this Government."

In December, Reti announced extra security (https://www.beehive.govt.nz/release/extra-security-again-keep-eds-safe-summer) "surges" for all hospital EDs over summer, as it could be a busy and stressful time.

That was part of a 2024 Budget $31 million four-year ED security package which included increased security for eight high-priority EDs — Middlemore, Waitematā, Waitakere, North Shore, Waikato, Wellington, Christchurch and Dunedin.

New de-escalation training

Also budgeted for was extra training in de-escalation and safe restraint for Te Whatu Ora's security and clinical staff, which began rolling out this week. Training at all eight high-priority EDs would be completed by May 2025, Reti said.

Miller said nurses were pleased to hear about new training. But CENNZ — NZNO's professional college of emergency nurses — had not been made aware of it, she said.

College of emergency nurses NZ (CENNZ) members at Parliament to meet Minister of Health Shane Reti last year. Left to right: Lyn Logan, chair Lauren Miller and Te Rūnanga representative Natasha Kemp.

Miller said recent social and economic pressures had seen a rise in violence and aggression to "unacceptable levels", particularly within EDs where people already tended to be highly stressed.

"Action must be taken to protect the safety of both patients and staff."

Reti said he expected Te Whatu Ora to take "appropriate action to keep our valued health-care workers, patients and visitors safe in our hospitals and in communities".

Te Whatu Ora has said it will be increasing security at Middlemore Hospital ED over coming weeks, with a police liaison officer being brought in and increased walk-throughs. Chief clinical officer Richard Sullivan also told RNZ (https://www.rnz.co.nz/news/top/538678/health-new-zealand-to-increase-security-at-middlemore-hospital-s-emergency-

department) they would be reviewing the placement of their alarm system, to ensure they were as easy to access for staff as possible.

In what is becoming a summer of violence for nurses, a community mental health nurse was stabbed during an acute after-hours callout in Rotorua last month.

See also: 'I'm gonna rip your head from your body' — ED nurse tells of constant aggression

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NURSING NEW ZEALAND

NEWS

Community mental health nurses consider stab-proof vests after knife attack

BY MARY LONGMORE

January 16, 2025

Community mental health nurses are considering stab-proof vests and personal alarms as part of a "suite of options", after a nurse was stabbed while on an acute after-hours mental health callout in Rotorua recently.

Photo: By Rusty Thomson of Canadian news platform AM800. In Windsor, Ontario, police-nurse teams work in the community.

A 17-year-old female has been arrested and is facing charges in the Rotorua Youth Court of intent to cause grievous bodily harm, assault and possessing an offensive weapon.

NZNO nurse and delegate Mitchell McLaughlan told *Kaitiaki* the Rotorua nurse was recovering but was highly traumatised by the "rare and random" event on December 28.

"This is just one of those incidents which have, in recent times, become more frequent. We're seeing more of society that is highly distressed due to social situations, increased drug use — and just generalised anti-social behaviours."

Mitchell McLaughlan

He said standard protocol appeared to have been correctly followed, with two staff — the nurse and a doctor — attending the weekend callout, in the suburb of Ngongotahā.

> **'Perhaps if they had been seen during standard working hours with those standard procedures, they wouldn't have got this far down the track.'**

But fearful staff had raised whether extra security measures — such as personal alarms or stab-proof vests — should be worn from now on by nurses and kaiāwhina working in community mental health.

"We would like to have a suite of options available for the clinicians, so we would be able to choose what's appropriate for the situation we're stepping into," said McLaughlan, who is Te Whatu Ora Lakes health and safety representative.

In an urgent letter to Te Whatu Ora this week, McLaughlan says a lack of equipment, specialised support, training, supervision and debriefing sessions had all contributed to the recent assault.

"This incident highlights critical gaps that jeopardise both staff safety and the quality of care provided to our clients."

Invoking workplace health and safety legislation in the letter, McLaughlan warns that the risk to community mental health staff is "high" and recommends:

- Enhanced security such as panic alarms, more specialist-trained security guards and staff-led risk assessment.
- Regular staff meetings.
- Counselling and specialist support for staff who experience traumatic incidents.
- Updated risk assessments involving mental health staff and health and safety officers.
- Increased staffing to ensure safe nurse-to-patient ratios.

Stab-proof vests and the recent reduction in police support for mental health callouts would also be discussed, he told *Kaitiaki*.

"[The question is] whether any of these aids will actually be applicable or appropriate to use in the future. It's still very early days on that, as it's a random and rare event that happened. But we are seeing an increase in these escalating behaviours in the community over the last few years."

'Full review' underway – Te Whatu Ora

Te Whatu Ora Lake's general director operations Alan Wilson said a full review was underway "which involves looking into options, systems and processes available that will ensure it is safe for our staff to work in the community and prevent similar incidents occurring in future".

Wilson said the health and safety of staff was "top priority".

"No level of violence or aggression towards our staff caring for the sick, whether that be in the hospital or community, is acceptable and will not be tolerated", he said in a statement.

Support had and would continue to be offered to the staff member following the alleged assault as Te Whatu Ora awaited the result of the police investigation, he said.

NZ Police last year announced they would only attend mental health callouts if there was an "immediate risk to life and safety (https://www.police.govt.nz/news/release/police-announce-phased-plan-reduce-service-mental-health-demand?nondesktop)", citing lack of resources. The change is being phased in by September 2025.

McLaughlan told *Kaitiaki* while police would not necessarily have accompanied the nurse and doctor in this case, he was deeply concerned about the impact of the withdrawal on mental health resources.

He said staff — who were already experiencing low morale, stress, fear and burnout due to a lack of support — needed to be kept informed of how management planned to keep them safe in future.

'We shouldn't accept that nurses have to deal with such a level of violence they need stab-proof vests.'

McLaughlan has also told *Kaitiaki* as other community social and health services were so overworked, the person wasn't able to be seen during standard working hours.

"Perhaps if they had been seen during standard working hours with those standard procedures, they wouldn't have got this far down the track."

Helen Garrick

NZNO-Tōpūtanga Tapuhi Kaitiaki o Aotearoa and the Public Service Association (PSA) — which both represent mental health nurses — are calling for a full investigation by Te Whatu Ora and WorkSafe, and for the matter to be referred to the Health Quality & Safety Commission.

WorkSafe is New Zealand's workplace health and safety regulator, while the Health, Quality & Safety Commission's role is to monitor and improve the safety of our health system.

NZNO mental health nurses section chair Helen Garrick said she understood nurses were afraid, but warned against "knee-jerk reactions" like bringing in stab-proof vests.

However, nurses needed to be safe when attending callouts and "all aspects" of the incident needed reviewing, she said.

"We shouldn't accept that nurses have to deal with such a level of violence they need stab-proof vests."

PSA health national sector lead Sue McCullough said the nurse, a PSA member, had needed surgery after the attack, however had now been discharged from hospital and was recovering at home.

"Health-care workers' safety is paramount as they deliver essential health care to all New Zealanders."

McCullough said "devastating" incidents like this highlighted the consequences of "relentless health budget cuts".

Violence to nurses 'saddening'

Just days after the Rotorua stabbing, an emergency nurse at Middlemore Hospital was allegedly punched then choked to unconsciousness by a patient. It took five colleagues — including a nurse with rugby skills — to get the man off and subdue him before hospital security and police arrived at the same time, staff told *Kaitiaki*.

The nurse, a male, is recovering in hospital with lacerations but is also highly traumatised, colleagues have said. Middlemore Hospital has since stepped up security (https://www.rnz.co.nz/news/national/538678/health-new-zealand-to-increase-security-at-middlemore-hospital-s-emergency-department) after staff called for more security guards to be present in ED, and also offered mental health support to affected staff.

A 23-year-old man has been arrested and is facing charges of assault and impeding breathing in the Manukau District Court this month.

Te Whatu Ora national chief clinical officer Richard Sullivan has said it was "saddening" to hear of multiple incidents of violence against its staff recently.

Kerri Nuku

Te Whatu Ora was offering extensive support to affected staff at both Middlemore and Rotorua, he said.

"No level of violence is acceptable and we await the outcome of the police investigations underway into these incidents."

Minister of Health Shane Reti has also said violence against health workers was "unacceptable".

NZNO kaiwhakahaere Kerri Nuku has said nurses were increasingly facing volatile situations as hardship grew.

"Whānau are struggling with the stress of the rising cost of living and this leads to increasing levels of frustration which play out during home visits or long wait times at EDs."

Kaitiaki
NURSING NEW ZEALAND

NEWS

Diabetes nurse trailblazer among health professionals in New Year honours

BY KATHY STODART

January 13, 2025

A trail-blazing nurse in diabetes care and advanced nursing practice — Helen Snell — has been made a Member of the New Zealand Order of Merit in the New Year's honours list.

Snell is a nurse practitioner specialising in diabetes, and is nurse lead of the diabetes and endocrinology service based at Palmerston North Hospital.

In the New Year's honours list, she was made a member of the New Zealand Order of Merit for services to nursing and diabetes care.

Snell has been a trailblazer in improving standards of diabetes care, as well as a driving force for registered nurses (RNs) working in advanced practice roles.

In 2003, she became the 10th person to register as a nurse practitioner in this country, and the first to specialise in diabetes.

She led a successful pilot project for diabetes nurse prescribing in 2011, and oversaw the national roll-out of diabetes RN prescribing in 2012-2013. The project she ran later became a template for preparing RNs in other specialties to gain prescribing rights.

Helen Snell

Snell developed the National Diabetes Nursing Knowledge and Skills Framework for the MidCentral District Health Board and the Ministry of Health to ensure a consistent approach to diabetes care. She was project lead for the development of online diabetes learning modules for health professionals and consumers, initially launched in 2012.

Snell was the first non-physician president of the New Zealand Society for the Study of Diabetes, from 2019 to 2022, and was the first president of Nurse Practitioners New Zealand.

Other nursing and health-related honours include:

- **Dame Companion of the New Zealand Order of Merit**

  INGRID COLLINS, for services to Māori, business and health governance

Prominent Māori businesswoman Ingrid Collins (Ngāti Porou) has been made a Dame Companion of the New Zealand Order of Merit for services to Māori, business and health governance.

Ingrid Collins

Collins has been chair of Whangara Farms, a partnership of three Māori incorporations, since its inception in 2006, representing the largest of these properties, Whangara B5 Incorporation.

Whangara Farms is regarded as an exemplar of best practice, sustainability and innovation for Māori land development. Situated north of Gisborne, it was the first New Zealand beef farm to join McDonald's flagship farmers' scheme in 2018 — a programme set up by the fast-food giant to encourage its supplier farms to share knowledge about sustainable farming practices.

She was a member of the AgResearch Māori Advisory Committee from 2013 to 2019 and was appointed to the National Animal Welfare Advisory Committee from 2013 to 2015.

Collins has also had a career in health governance across a range of roles, including as chief executive and owner of Gisborne health centre Three Rivers Medical from 2005 to 2022, and nine years as chair of Tairawhiti District Health Board until 2011.

She serves as a trustee for a range of organisations, including the Matai Medical Research Institute, and Gisborne's Chelsea Private Hospital.

In 2007, she was made a Member of the New Zealand Order of Merit for her services to Māori.

Officer of the New Zealand Order of Merit

- **DEBRA SORENSEN, for services to Pacific health**

Debra Sorenson

Trained as a psychatric nurse, Debra Sorensen has been instrumental in developing health services for Pacific people in New Zealand.

Since 2008, she has been the chief executive of Pasifika Medical Association Group, overseeing its growth into a large and effective provider of health services for Pacific people in New Zealand.

This organisation also delivers the Ministry of Foreign Affairs and Trade's New Zealand Medical Treatment Scheme — a programme which organises access to life-saving medical treatment for people in Fiji, Kiribati, Samoa, Tonga, Vanuatu and Tuvalu

Sorenson has also chaired Pasifika Futures, a whānau ora commissioning agency for Pacific families, since 2014, and has been an adviser to several Pacific health ministers, also chairing the Pacific Expert Advisory Committee to the Minister of Health.

Sorenson has organised initiatives to raise funds for scholarships for young Pasifika people wanting to study health. She has also overseen ongoing support for humanitarian Pacific disaster relief work, including coordinating support for the 2019 measles outbreak in Samoa

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- **MURRAY TILYARD, for services to health**

Murray Tilyard

Murray Tilyard has been a leader in the field of general practice, with a particular emphasis on patient safety, particularly the safe use of medicines, and making research knowledge useful to primary care clinicians.

Now an emeritus professor of general practice at the Otago School of Medicine, Murray Tilyard was head of the school's department of general and rural practice from 1993 until retiring in 2022.

He established the Royal New Zealand College of General Practitioners (RNZCGP) Research Unit in 1981 and was a director until 1993.

Tilyard was also instrumental in setting up the New Zealand Formulary in 2012, which provides health professionals with independent information on best practice in use of medicines. He served as its chief executive officer and clinical advisor from 2011 to 2022, and remains its chair and chief clinical advisor.

He also set up the South Link Education Trust, and was the driving force behind other organisations including the Best Practice Advocacy Centre (BPACnz), InPractice which provides professional development programmes to medical practitioners, and BPAC Clinical Solutions, which provides electronic decision support tools for primary care in New Zealand.

Tilyard also led the New Zealand arm of the first international primary care patient safety study that set up a reporting system so that GPs could report safety incidents they had observed in their practices.

Member of the New Zealand Order of Merit

- **TANIA KINGI, for services to Māori and people with disabilities**

Tania Kingi (photo Q&A, TVNZ)

Tania Kingi (Ngāti Pukeko, Ngāti Awa, Ngāti Whakahemo, Ngāti Mākino, Ngāi Tai) is a disability rights advocate and leader in the social, health and disability sectors in Auckland.

Her work involves building connections and partnerships, raising awareness and creating change, particularly for Māori with disabilities (whānau hauā).

Since 2004, she has been chief executive of Te Roopu Waiora, a kaupapa Māori consumer organisation supporting whānau hauā through wellness services. This includes helping them reestablish connections with their whānau, hapū, iwi and communities.

She has served on numerous boards, committees and charities, including the New Zealand Blood Service, the Charities Commission, Whānau Ora Regional Leadership Group, Disability Committee to Auckland Council, the Accident Compensation Corporation's Rā Mātua Panel and the Ministry of Social Development's national complaints panel.

Kingi is helping to recover understanding of traditional Māori concepts of disability and is currently completing a doctorate of indigenous advancement in traditional Māori responses to disability.

- **IOSEFO JOSEPH FA'AFIU,** for services to mental health, youth and the Pacific community

Iosefo Joseph Fa'afiu

Iosefo Joseph Fa'afiu and his wife Lydia founded the HopeWalk Suicide Prevention Movement in 2015, after he lost a friend to suicide, which inspired him to unite people and address stigma.

The movement has inspired people in New Zealand, Australia, and Canada to participate in walking events to break down the stigma surrounding suicide and mental health, and help raise awareness. Over eight years, some 100,000 people participated in HopeWalk events worldwide.

Fa'afiu, a Samoan pastor and community leader in Papakura, led the Link4life Health Equity Campaign for Suicide Prevention, served as a member of the Pacific advisory unit for the Police in South Auckland and on the Counties Manukau Pacific Advisory Board.

To help support children's resilience, he has written two children's books which tackle bullying and identity issues, as well as the book *Little Poppy* (2017), which addresses the "tall poppy syndrome" in New Zealand society.

For high schoolers, he founded the the leadership workshop, Inspire, for high school leaders, and was a volunteer youth educator for Team Xtreme from 1999 to 2001, helping to educate 11- to 14-year-olds on how to deal with bullying, peer pressure and other life skills.

Fa'afiu has been a member of Planet Youth's governance group since 2021, a prevention model to reduce substance use rates among young people in Papakura.

- **PAUL MALPASS,** for services to health

Paul Malpass is a specialist general surgeon and public health physician, who has been contributing to his community, district health boards, government agencies and health accreditation for more than 45 years.

He began as a general surgeon with the Royal Air Force in 1972, and worked at Taumarunui Hospital from 1976, including as surgeon superintendent until 1992. He was appointed surgical director to the Midland Regional Health Authority from 1992 to 2000.

While serving multiple terms at the Waikato District Health Board, he was a strong advocate for rural health needs. He was the chief medical officer of the Bay of Plenty District Health Board between 2001 and 2008.

Malpass was the inaugural head of the Bay of Plenty Multidisciplinary Clinical School in 2008, and was clinical director of Taupō Hospital from 2013 to 2017.

From 2018 to 2023, he was a member of the Te Whatu Ora Waikato Consumer Council, which promotes consumer involvement in health services, and served on the Taumarunui Oranga Tamariki Care and Protection Resource Panel from 2022 to 2023.

Paul Malpass

Honorary Officer of the New Zealand Order of Merit

- **CLARE HUTCHINSON-DE RANITZ, for services to midwifery**

Clare Hutchinson-de Ranitz was a founding member of the New Zealand College of Midwives in 1990 and became the inaugural lead maternity carer (LMC) in the Waikato region, following the Nurses Amendment Act 1991.

As a LMC from 1991 until 2022, she delivered more than 5000 babies and provided feedback and advice to the college to document her and her colleagues' experiences.

She helped establish River Ridge Birth Centre in 1997 at Southern Cross Hospital in Hamilton to provide an alternative birthing option for women, other than hospital or home births.

When the centre closed in 2002, she set up River Ridge East Birth Centre (RREBC), a purpose-built primary birthing facility in Hamilton. She has overseen its operations since 2002, during which time more than 11,000 babies were born at the centre.

Clare Hutchinson-de Ranitz

To provide lactation consultant services for free, she helped create the Hamilton Breastfeeding Trust, with ongoing funding support secured from supporters and organisations. As a member of the Waikato Maternity Quality and Safety Committee since 2009, she has contributed to quality improvements to maternity services.

Kaitiaki
NURSING NEW ZEALAND

NEWS

Emergency nurses call for more security, counselling, after strangulation attempt

BY MARY LONGMORE

January 10, 2025

Staff at Middlemore Hospital's emergency department (ED) have asked for more security, after a nurse was punched then strangled to unconsciousness by a patient on Monday this week.

Photo: AdobeStock.

It took five colleagues — including a nurse with rugby skills — to get the man off and subdue him before hospital security and police arrived a short time later, staff told *Kaitiaki*.

A 23-year-old has been arrested and will face charges of assault and impeding breathing in the Manukau District Court on January 14, Police have confirmed.

The nurse, a male, is now recovering in hospital with lacerations, but — like his colleagues — was highly traumatised and upset, a nurse colleague said.

> **'I don't know why security didn't turn up . . . sometimes it will take a while because they are covering all the hospital.'**

The nurse was one of three nurses on duty in the emergency department (ED)'s short-stay unit on Monday afternoon and was about to change the patient's dressing when the man put his hands around his neck and began squeezing and shouting.

The patient was not flagged as dangerous or a mental health patient and acted "without any provocation", said the nurse colleague, who is also an NZNO delegate.

Another staff member said the man had been earlier dropped off at ED by police.

While there is usually a security presence in the ED, guards were elsewhere at the time — something staff had since raised with management, the nurse colleague said.

"I don't know why security didn't turn up . . . sometimes it will take a while because they are covering all the hospital."

Staff were "afraid, traumatised and emotional" and had requested strengthened security, with guards present in ED at all times. They had been given a week off work but so far neither the victim nor colleagues had been offered much-needed counselling, he said.

The Middlemore assault comes shortly after the stabbing of another nurse on December 28 in Rotorua, during an after-hours callout by Te Whatu Ora Lakes' acute mental health response team.

Violence 'unacceptable'

Te Whatu Ora national chief clinical officer Richard Sullivan said to hear of multiple incidents of violence against its staff recently was "saddening" and he promised Te Whatu Ora would beef up security and support for staff.

Richard Sullivan

"No level of violence is acceptable and we await the outcome of the police investigations underway into these incidents."

Welfare checks were ongoing with all staff involved, he said.

Sullivan said staff health and safety was "top priority" across Aotearoa New Zealand.

"We continue to work closely with our staff and hospital security to ensure additional security and support is available for staff."

Sullivan said Middlemore Hospital was one of eight high-priority EDs which were given $31 million extra security funding (https://www.beehive.govt.nz/release/extra-security-again-keep-eds-safe-summer) in the Budget. Those security measures — including extra training and 44 more staff — remained in place, he said.

The package also included $408,000 for "surge capacity" in all 33 EDs around the country, to allow extra security to rapidly respond to EDs in a major incident.

Minister of Health Shane Reti said violence against health workers was "unacceptable".

"Staff and patients deserve to feel safe in our hospitals and as they go about their work, which is why the Government prioritised funding for extra security in eight high-risk EDs and surge capacity across the country for busy periods."

Also included in the Budget was new training and support for ED security teams, clinical staff and behavioural incident leads, focusing on de-escalation and safe restraint, Reti said. This was now ready to go, with the first programme starting on January 13 and all eight high-priority EDs to be fully trained by May this year.

The high-priority EDs are in Dunedin, Christchurch, Wellington, Waikato, Waitematā, Middlemore, Waitakere and North Shore Hospitals.

Police are also investigating reports of a gun being fired in the Middlemore Hospital carpark last weekend. Nobody was injured and police say enquiries are continuing.

Shane Reti

Aggression 'constant'

Another Auckland nurse, who spoke to *Kaitiaki* on condition of anonymity, said she had been regularly abused and threatened over the years in her ED triage role.

She also said violence and aggression had noticeably worsened in recent years, due to rising poverty and addiction. Frontline nurses and health-care workers bore the brunt and needed more protection and support.

"It's just constant, all the time."

> **'There needs to be a change in management attitude and an understanding about the risk.'**

After a particularly scary incident in 2023, where a man threatened to rip her head off, spat on her and threw things at her, she called police. They arrested the man, who was imprisoned for threatening to kill.

She said security guards were not always in ED due to the size of Middlemore Hospital, which has 1000 beds as well as up to 250 ED patients. "There's not enough of them — they spend the majority of time in ED but also respond to calls throughout the hospital."

Management needed to take staff safety much more seriously, she said.

"There needs to be a change in management attitude and an understanding about the risk."

The senior nurse said she had been given no support or time off after the incident and simply continued working. She has since been diagnosed with complex post-traumatic stress disorder and needed ongoing counselling.

Calling for more protection, NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa kaiwhakahaere Kerri Nuku said nurses were increasingly facing volatile situations as hardship grew.

"Whānau are struggling with the stress of the rising cost of living and this leads to increasing levels of frustration which play out during home visits or long wait times at EDs."

She acknowledged the security boost, but said recruitment had been "too slow" by Te Whatu Ora.

Kaitiaki
NURSING NEW ZEALAND

NEWS

‘She bled for our people’ – nurses pay tribute to Dame Tariana Turia

BY RENEE KIRIONA

January 6, 2025

Nurses throughout Aotearoa passionate about achieving better Māori health outcomes are joining with te ao Māori to mourn the loss of Dame Tariana Turia – a former Associate Minister of Health and Whānau Ora Minister.

Dame Tariana Turia (image source - Te Ranga Tupua)

New Zealand Nurses Organisation Tōputanga Tapuhi Kaitiaki o Aotearoa (NZNO) Kaiwhakahaere Kerri Nuku says like nurses throughout Aotearoa, Dame Turia was passionate about achieving better health outcomes for Māori.

‘Dame Turia was the most influential Māori politician so far this century to shift thinking on government health policy.’

“Dame Turia was the most influential Māori politician so far this century to shift thinking on government health policy.

“She introduced the concept of whānau ora into the health system, and while that hasn’t been fully implemented yet, the seed has been planted.

Livestream of Dame Turia’s tangihanga can be watched online here: https://www.teaonews.co.nz/

“Dame Turia introduced policies aimed to achieve a smokefree Aotearoa. And she advocated for better support to improve the Māori nurse workforce and achieve pay parity for nurses everywhere, especially in the community.”

Kerri Nuku said the sacrifices Dame Turia made to advance Māori health, and Māori rights, would not be forgotten by the Māori nursing community.

“She bled for our people! Her achievements didn’t just happen, she had to fight for them.

‘She bled for our people! Her achievements didn’t just happen, she had to fight for them.’

“We can only imagine the outcast treatment she would have got by exiting one political party to build another political party.”

Kerri Nuku said much of what Dame Turia stood for was now under attack by the current Coalition Government but many Māori working in health are “drawing strength from her work”.

“Our aroha goes to the whānau pani of Dame Turia – thank you to her children and mokopuna for giving us the taonga they did.”

Kaitiaki
NURSING NEW ZEALAND

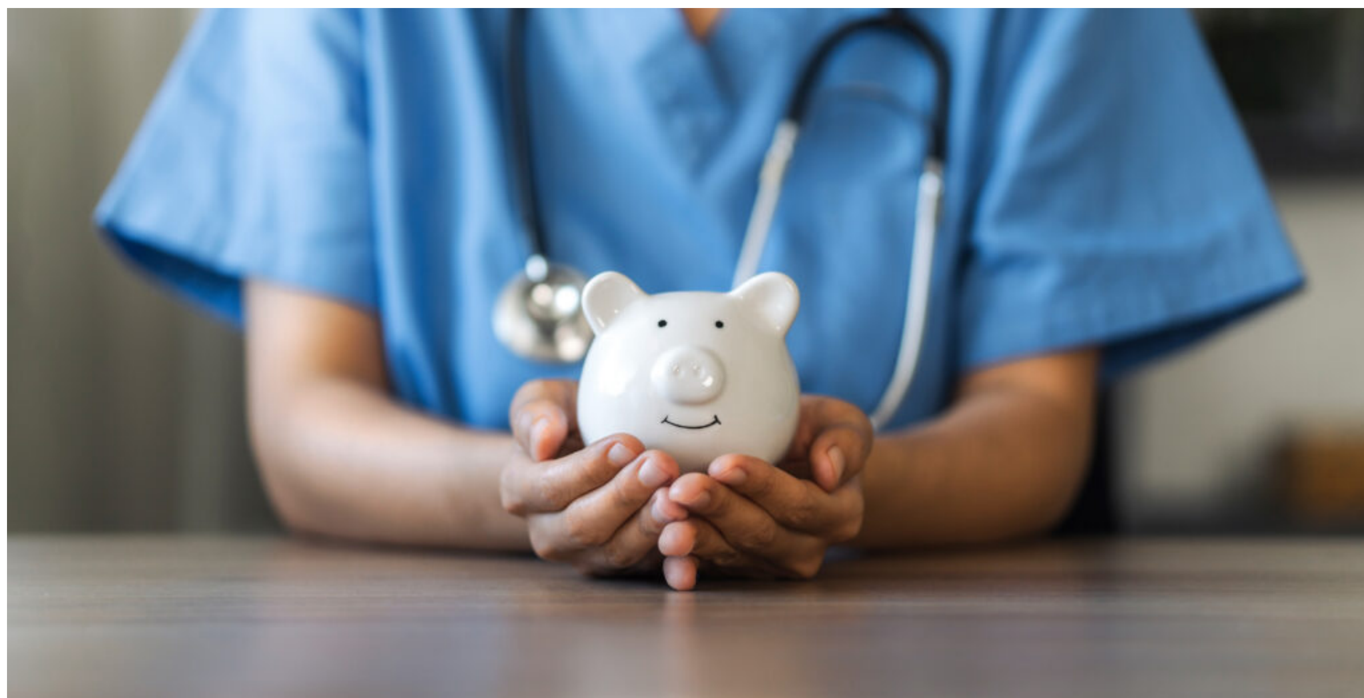
OPINION

‘Pay parity or pay equity or equal pay. I am confused! ‘

BY JEAN CLASSEY

January 27, 2025

What’s the difference between these three pay processes? An experienced NZNO delegate explains.



135”Pay parity or pay equity or equal pay. I am confused!”

This is the sort of statement I have often heard from my colleagues in my 12 years as an emergency department delegate, especially since NZNO raised the district health board nurses’ pay equity claim in 2017.

I have found that the three terms are often used interchangeably, and occasionally incorrectly, including by me. So, I am going to try to give a simple explanation of what the three terms mean and where they sit in the cycle of bargaining.

> **I have found that the three terms are often used interchangeably, and occasionally incorrectly, including by me.**

The facts and figures are all available on the NZNO website and the wider internet and what I have written has been found through research and asking questions of those in the know.

Jean Classey

- **PAY PARITY** means, very simply, two people with the same job title but different employers being paid at the same rate by both employers.

  An example of lack of pay parity would be a registered nurse (RN) employed by Te Whatu Ora with eight years of experience, who receives a salary of $106,739 or $51.17/hr.

  The same RN employed in the primary health sector by a GP practice covered by the current primary health care multi-employer collective agreement (PHC MECA) would earn a salary of $90,547.12 or $43.42/hr.

  Both these nurses have the same qualifications and experience but one earns $16,191.88 less per year. That's a difference of nearly 18 per cent, based on the nurse's employer.

  Both collectives described above are currently being renegotiated, with NZNO members covered by the PHC MECA claiming pay parity with Te Whatu Ora.

- **PAY EQUITY** is very different than pay parity. It describes work done in female-dominated professions (eg nursing and midwifery) being paid at the same rates as male-dominated professions (eg police) that can be measured as being of the same value.

Historically, there have been areas of work that are considered "women's work" and many health-care professions fall largely into this category, including nursing and midwifery. Over time, the pay for this type of work has fallen behind male-dominated work that has similar value.

The Equal Pay Amendment Act 2020 was passed into law to better address pay equity. The Act provides a robust and practical process to raise, assess and negotiate pay equity for female-dominated professions. It allows unions and employers to work through a claim collaboratively.

"Value" in this sense means measuring the work, and all the skills, knowledge and experience that go into performing that work, and is arguably the most important concept to grasp in pay equity. It goes beyond the stated duties and the required qualifications for a job.

> **These factors (and more) build a 'value' for a role and are then compared using the same measures against one that is historically male-dominated.**

Various tools are used that measure factors such as knowledge, both academic and lived experience, problem-solving, communication skills, te ao Māori skills, organisational and planning skills, people leadership, responsibilities such as managing financial and physical resources, working conditions (ie indoor vs outdoor, hazards faced, comfort etc) and the amount of emotional, physical and sensory efforts you might be required to exercise doing your job.

These factors (and more) build a "value" for a role and are then compared using the same measures against one that is historically male-dominated.

Once a claim is raised and is assessed as described above, negotiations can then take place to address inequities identified. This might be pay level; it might be terms and conditions that sit in an employment agreement other than salary. Once negotiations are complete, any pay equity settlement must be maintained through regular reviews.

Pay equity cannot be negotiated through the collective bargaining process and should not affect the outcomes of collective bargaining.

- **EQUAL PAY** is similar, but also different, to pay equity and pay parity. It very simply means that a person should be paid at the same rate and with the same or similar conditions as a person of a different gender doing the same job for the same employer.

This is largely done through collective bargaining for a single pay scale for a role. This eliminates differing pay rates based on individualist approaches, or so-called "performance pay" that historically has disadvantaged not only women but also Māori, Pacific and other minorities in the workplace.

Collective bargaining is used to address equal pay and pay parity, while the pay equity process is used to address pay equity claims. The two processes must be kept very separate.

Collective bargaining is based on current budgets and funding and its outcome very much depends on the determination of workers to back their negotiating team through the bargaining process. You can strike to support collective bargaining.

Parity is a standard claim for NZNO collective negotiating teams.

Pay equity is a slower and much more precise process. Negotiations only come at the very end of the process to address identified inequities that are identified through the assessment stage. The government must contribute where pay equity issues have been identified. You cannot strike to support a pay equity claim.

Parity is a standard claim for NZNO collective negotiating teams. In the case of nurse, midwife and health-care assistant pay, the Te Whatu Ora collective is used as the standard, having already been through a pay equity claim which has been settled.

The descriptions above are simplified — the processes and legislation governing what is described here are often very complex and slow moving.

Think of these processes as a duck moving against the current. On the surface, everything looks calm and relaxed, but below the surface there is a little engine paddling away like mad to achieve the outcomes that members need, often against quite a strong current. NZNO is that machinery.

Kaitiaki
NURSING NEW ZEALAND

OPINION

A multidisciplinary approach to nurse lecturing is needed in New Zealand

BY ANDREW REDPATH

January 23, 2025

Nurse educators need to be recruited from a broader range of expertise, a nurse lecturer argues.

Educators trained in pedagogy -- teaching methods -- are better equipped to design courses that engage students effectively and foster critical thinking. Photo: Adobe Stock

The evolving landscape of health care demands a shift in how nursing education is structured and delivered, particularly in the tertiary sector.

In New Zealand, as elsewhere, nurse educators play a vital role in equipping future health-care professionals with both practical and theoretical knowledge.

However, the current emphasis on advanced clinical nursing skills as a primary metric for recruiting nurse lecturers narrows the scope of nursing education. This approach risks undermining the broader competencies required to nurture well-rounded health-care professionals.

A multidisciplinary approach is needed to foster a more holistic learning environment, reflecting the complex realities of modern health-care practice.1, 2

Andrew Redpath

Limitations of clinical-only expertise

While advanced clinical skills are undeniably important, limiting the recruitment of nurse lecturers to those with specialised nursing experience constrains the educational framework. Academic teaching requires more than clinical knowledge — it involves pedagogical expertise, research literacy and a capacity to engage in critical discourse.

Nurse educators must foster skills such as leadership, health literacy, cultural competence and inter-professional collaboration, all of which transcend bedside practice.2

> **Nurse lecturers with diverse backgrounds – such as public health, education, management and social sciences – can bring unique insights into the curriculum.**

Moreover, tertiary institutions are not simply training grounds for clinical proficiency but are spaces where students learn to integrate knowledge from various disciplines, including public health, psychology, sociology and ethics.

Nursing care in New Zealand increasingly involves working within complex systems of primary, secondary, and tertiary care, requiring an understanding of health policy, digital health technologies, and community engagement strategies.1, 3 Therefore, the narrow focus on clinical nursing skills as a yardstick for employment creates a disconnect between the educational environment and the realities of health-care delivery.

The role of multidisciplinary learning

Incorporating multidisciplinary approaches into nurse education offers a way to bridge these gaps. Nurse lecturers with diverse backgrounds — such as public health, education, management and social sciences — can bring unique insights into the curriculum.

This variety ensures that nursing students develop a nuanced understanding of the social determinants of health, ethical decision-making and evidence-based practice. Furthermore, educators trained in pedagogy — teaching methods — are better equipped to design courses that engage students effectively and foster critical thinking.2

These skills are equally essential for producing competent nurses who can adapt to shifting health-care demands and contribute to policy development.

Additionally, the integration of indigenous knowledge systems into the curriculum, aligned with the principles of Te Tiriti o Waitangi, emphasises the importance of cultural safety in nursing education. A multidisciplinary faculty that includes expertise in Māori health and biculturalism ensures that nursing students can respond appropriately to the cultural needs of patients and communities.1, 3

Role of history and other disciplines in nurse education

The inclusion of historical research in nursing education is an example of how disciplines outside health care can enrich the learning experience and broaden the horizons of nurse lecturers.

History provides critical insights into the evolution of health-care systems, nursing practices, and patient care approaches, which are crucial for understanding contemporary challenges.

History provides critical insights into the evolution of health-care systems, nursing practices, and patient care approaches.

For example, examining historical nursing figures like Florence Nightingale and Mary Seacole allows educators and students to explore the roots of nursing ethics, advocacy, and the social impact of public health interventions. Such historical perspectives deepen students' understanding of the profession's legacy and the broader sociocultural contexts in which nursing operates.[2]

Additionally, history encourages critical thinking by enabling students to analyse patterns of health-care inequities and reforms over time. For example, studying the responses to past pandemics or the development of health policies can help nursing students understand the importance of evidence-based practice and systemic change in improving patient outcomes.

History encourages critical thinking by enabling students to analyse patterns of health-care inequities and reforms over time. Photo: Adobe Stock (AI-generated)

By integrating history into the curriculum, nursing education becomes more than a technical training ground — it fosters a reflective practice that encourages nurses to consider how their work fits into larger societal narratives.[4]

The value of history in nursing education extends to its ability to foster empathy and cultural competence. Understanding the historical experiences of marginalised groups, such as the impact of colonialism on Māori health in New Zealand, equips nurses with the cultural sensitivity needed to provide equitable care.

Incorporating such insights into lectures not only enhances the cultural responsiveness of nursing graduates but also aligns with the principles of Te Tiriti o Waitangi, which underpin health-care delivery in New Zealand.[3]

Beyond history, other disciplines like ethics, sociology and communication studies contribute significantly to the preparation of well-rounded nurse educators and students. Ethics fosters moral reasoning, sociology offers insights into the social determinants of health, and communication studies enhance patient-nurse interactions.

Together, these disciplines create a comprehensive framework for understanding the complexities of health care.[2]

Nurse educators play a vital role in equipping future health-care professionals with both practical and theoretical knowledge. Photo: Adobe Stock (AI-generated)

Rethinking employment criteria in the tertiary sector

To promote a more inclusive and effective nurse education framework, hiring policies in tertiary institutions must be re-evaluated. While clinical competence remains essential, it should not be the sole criterion for recruitment.

Greater value should be placed on pedagogical training, research experience, interdisciplinary collaboration and cultural competence. These qualities are indispensable for fostering a comprehensive educational environment that mirrors the realities of contemporary health care in New Zealand.[1]

A multidisciplinary approach to nurse lecturing is essential to meet the diverse challenges of health care in New Zealand. The tertiary sector must recognise that advanced nursing skills are only one part of the equation.

Broader competencies — such as teaching expertise, research acumen and cultural knowledge — are equally critical in preparing the next generation of nurses. A shift in recruitment practices to reflect these priorities will ensure that nurse education is aligned with the demands of modern health care and the principles of equity, collaboration, and continuous learning.

Andrew Redpath, RN, Dip (HE) Nursing Studies (Adult), BA (History), NZCATT, is a senior lecturer in the nursing school at the Manukau Institute of Technology. He served as a combat medical technician in the British Army before training as a nurse, and in New Zealand has worked in emergency departments and neonatal intensive care. He is completing a masters thesis on the experiences of the NZ Expeditionary Force in WWI.

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Kaitiaki
NURSING NEW ZEALAND

OPINION

‘I’m gonna rip your head from your body’ – ED nurse tells of constant aggression

BY ABBY*

January 16, 2025

‘If you spent a day with me in ED, you’d never come back.’ In the wake of a nurse strangulation attempt, a senior emergency nurse says staff are exposed to abuse and aggression most days.

Photo: AdobeStock

It was early July, 2023, when a man was brought into our triage area in the emergency department via ambulance.

He had been discharged that morning but hadn’t picked up his prescription. I asked him what he needed — did he need help to get the medication? Had his condition worsened?

He got up from the ambulance stretcher and stood over me at the triage desk, spat in my face,

> **called me derogatory names and threatened to kill me.**

He took exception to my questions and started throwing items at me. I contacted security but they never arrived. The ambulance triage area is just an open space. He got up from the ambulance stretcher and stood over me at the triage desk, spat in my face, called me derogatory names and threatened to kill me.

My colleagues continued to try and contact security and the associate charge nurse managers — but after he raised his fist at me and said he was going to "rip my head from my body" and there was still nobody to stop him, I called 111.

The operator could hear him yelling at me through the phone and the patients in the waiting room were standing at the desk telling us to phone the police. A nearby police unit arrived at the same time as our security team and the associate charge nurse.

The whole thing felt like hours, but it was probably only a couple of minutes. The attending associate charge nurse actually suggested the patient could remain in the waiting room — I said no, he couldn't. It turned out he had a long rap sheet of violence against women. He was arrested immediately and ended up being imprisoned for 14 months for threatening to kill.

> **Nurses are being gaslit into smiling through abuse and tolerating the intolerable.**

A couple of days later, another man turned up with tonsillitis. It had been treated but he didn't think it was getting better quickly enough. He told myself and another nurse he was going to "go home and come back and f**k us up and shoot us in the face with this gun".

This time I didn't even phone security, I called the police again. It turned out he had broken his bail conditions and there had been a warrant out for his arrest for over a year.

Our security team is stretched, covering the entire hospital. As far as I'm aware, there is not a designated security team for ED. Some of the guards think that it's our fault and suggest that nurses need to be nicer to patients.

Nurses are being gaslit into smiling through abuse and tolerating the intolerable. These actions aren't distress due to people being unwell and needing help, it is unprovoked aggression and abuse — people are walking in off the street calling us "f**king losers".

> **We have all these signs up about zero tolerance to violence, we don't accept violence in our workplace. It's absolute bullshit.**

If you spent a day with me in triage, you'd never come back. The threat always feels imminent — and now we have people with guns in Middlemore Hospital's carpark (https://www.rnz.co.nz/news/national/538291/gun-fired-from-car-outside-auckland-s-middlemore-hospital-prompts-police-investigation). Perspex won't stop a bullet.

We've had people arrive by ambulance saying they have weapons in their bags — they aren't removed from the department. It's incident after incident after incident — it's just constant, all the time.

Photo: AdobeStock

Now a Middlemore ED nurse has nearly been strangled to death and a Rotorua community health nurse stabbed — all in the past three weeks.

We nurses are put on a pedestal, we are told nursing is a vocation, but really that statement is a manipulation so we put up with poor working conditions, inadequate pay and now violence. There is no respect for us, for our safety.

We have all these signs up about zero tolerance to violence, we don't accept violence in our workplace. It's absolute bullshit. I've never seen management so apathetic about the behaviours we have to put up with.

> **I don't want to hold my breath for another two decades and watch people get hurt.**

Some nurses talk about safe staffing. This is not a safe staffing issue. Nurse-to-patient ratios have been an issue now for decades. I've been a nurse for 16 years. I don't want to tie violence in the workplace to safe staffing, because I don't want to hold my breath for another two decades and watch people get hurt.

So this — workplace violence — needs to be a separate, standalone issue.

We have trained security staff, but they are not always visible — sometimes they are doing hospital walkabouts or attending security calls in other parts of the hospital. There are supposed to be security guards standing at the front doors of triage, but this doesn't always happen.

Our hospital is around 1000 beds, and our ED has 145 beds but will have up to 250-plus patients. So it's not really achievable to have security covering it all, at least with current staffing. Our security is trying to manage what is also an untenable situation for them — there's just not enough of them.

I'm also certain none of them applied for a security job at a hospital expecting to be shot at or stabbed either, so there's probably fear from their side as well.

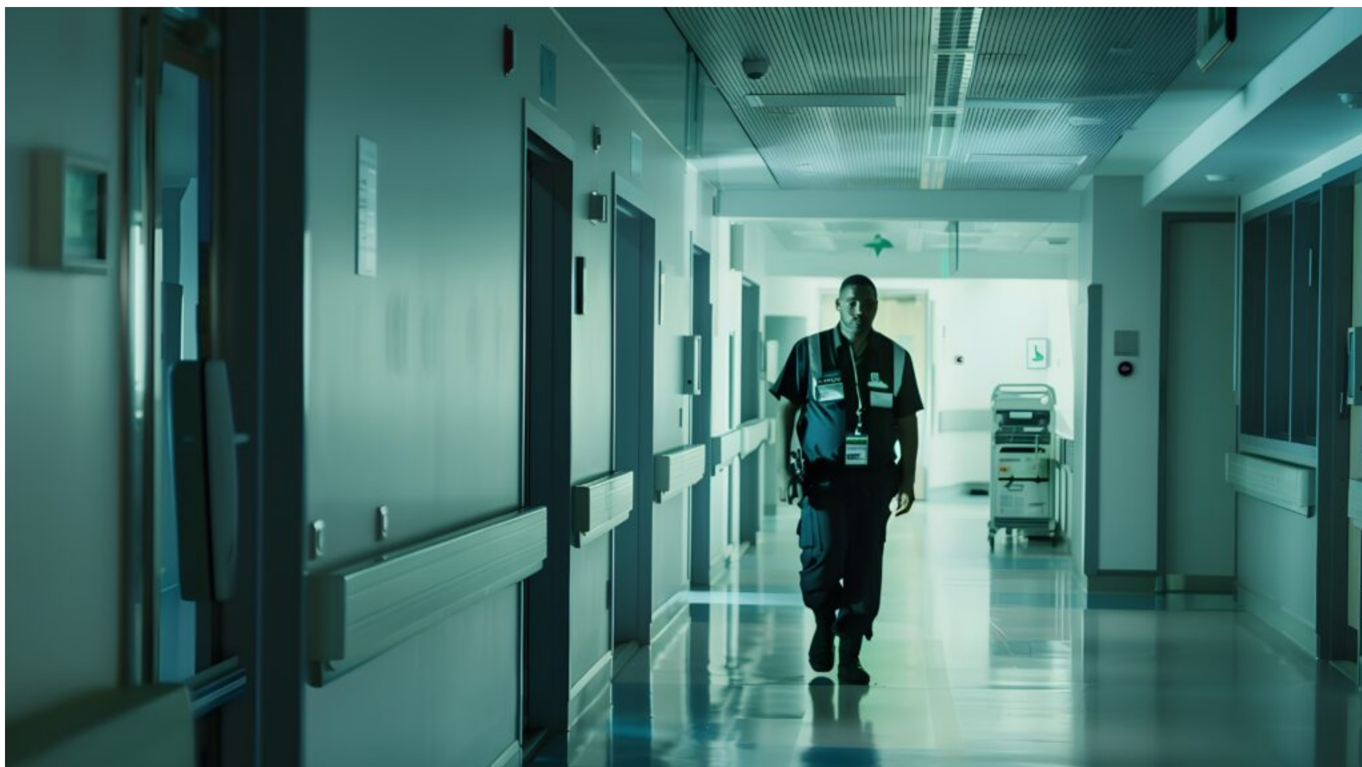


Photo: AdobeStock

I've noticed lately when we put a call through to security, they question why we need them. I would hope that this question is related to resource management rather than their willingness to attend — I wouldn't call them if I didn't need help.

> **The cracks aren't just beginning to show – they are now chasms.**

We have increasing numbers of patients who exhibit violence, have behavioural concerns or substance abuse issues. In addition to this, mental health services are under-resourced and mental health clients are managed for extended periods in our department.

Zero tolerance?

Staff will only feel safer if this is based on an foundation of actually having zero tolerance to violence. Every form of violence, whether it's verbal or physical, needs to be escalated to the leader of the area and there needs to be a solution in that moment.

And it can't just be: "Oh, they're patients and they need to be seen." These are often people who are not critically ill, but have social issues — they have nowhere to stay. They'll come into ED and kick off all of a sudden, then we try to get them to leave.

People don't even want to come to our department anymore because it's so dangerous.

Another thing I find extremely frustrating is the inequity in our profession's tolerance to violence. Nursing is a female-dominated workforce — would we see a male-dominated workforce accept so much day-to-day violence?

We get picked on because we're seen as smaller, weaker and probably won't fight back. For me, that's infuriating, because we've gone through the pay equity battle but our work environments are still not the same. Our current rate of remuneration definitely does not include loading for "danger pay".

> **We nurses are put on a pedestal, we are told nursing is a vocation, but really that statement is a manipulation so we put up with poor working conditions.**

Management attitude 'disappointing'

The attitude from management needs to change. I think they would find that patient care would actually improve if we developed strategies to care for our staff — and if we had a debriefing process and a genuine zero tolerance to violence policy.

After the first incident, in 2023, I just went straight back to work. I wasn't even taken off the floor. After it all happened, with a room full of waiting patients, I went back and triaged the rest. The only time I got to sit down was to give my statement to police — they didn't even send me out on a break. It felt like there was no support, business as usual.

> **I've worked in some isolated places in the world, but had never felt as unsafe as I did that night.**

I worked for another few weeks then ended up going on a long break to Australia. It took three months before I could come back.

Before I left, I emailed managers outlining the two incidents and my dissatisfaction with the level of response. Overall, the reply from management was positive and supportive but at the end of the day it was up to me to seek psychological support. And that was it, there was no debrief — I updated them when the men were sentenced, but basically by then it was long-forgotten.

I've worked in some isolated places in the world, but had never felt as unsafe as I did that night. The everyday violence and abuse we face is normalised, tolerated and minimised. The staff who I work with and police are supportive — but I have been overwhelmingly disappointed with the response from management.

Putting processes in place to manage these situations has fallen by the wayside as we struggle to keep the cogs of a busy under-resourced department turning. We are required to do more, with less. The cracks aren't just beginning to show — they are now chasms.

Nearly two years on and I still see a counsellor and have a complex post-traumatic stress disorder diagnosis as a result of the incidents. It's not really a nice thing to deal with — it doesn't feel good. It feels a little like a failure — like I haven't been able to manage a situation.

Most upsettingly, I know that I am just one of so many who have experienced the trauma of abuse in the workplace.

But the truth is no-one should be going to work every day worrying about being assaulted or killed.

** Abby is a senior emergency triage nurse at a major city hospital. Her last name has been withheld on request.*

See also: *Round-the-clock security needed in EDs, say emergency nurses.*

Kaitiaki
NURSING NEW ZEALAND

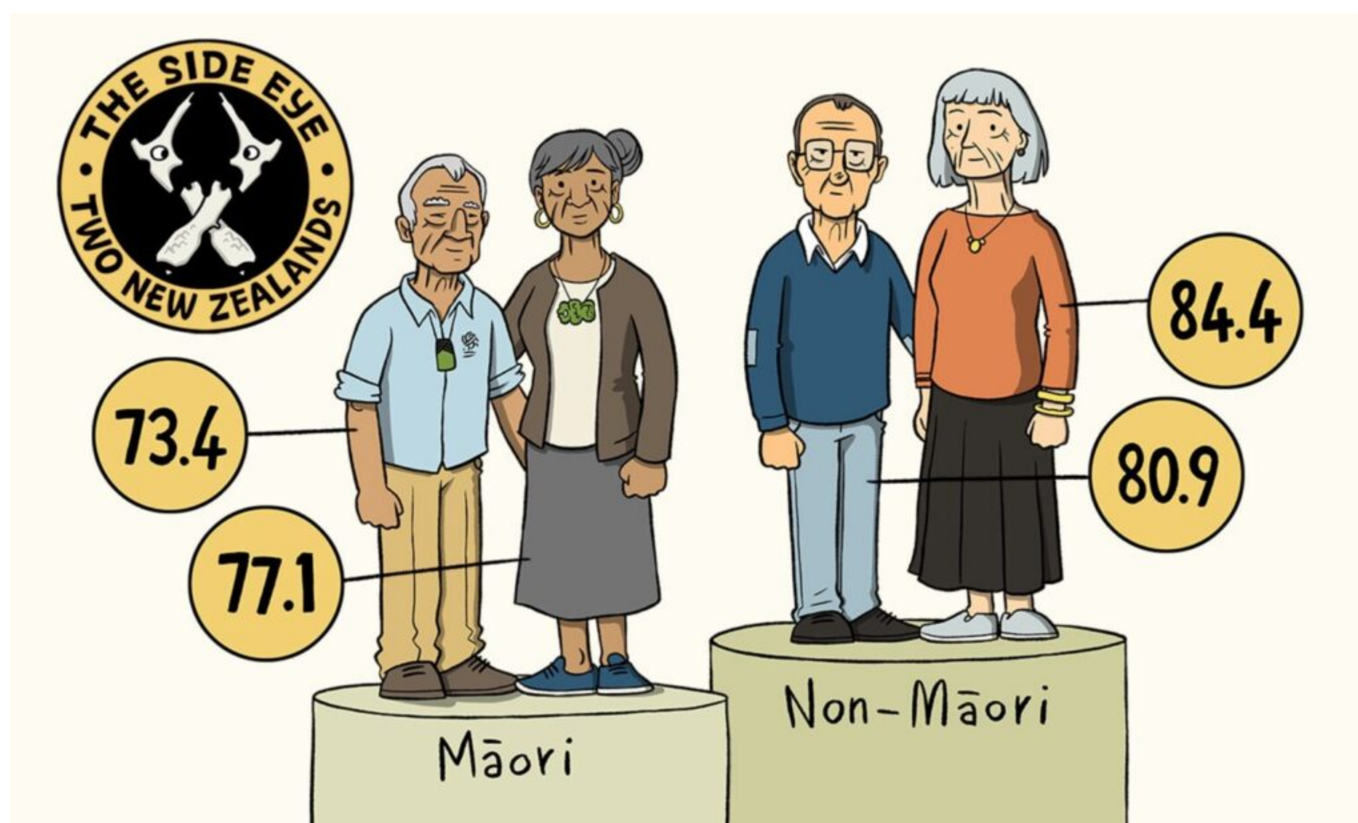
FEATURES

Treaty Principles Bill will further harm Māori health

BY RENEE KIRIONA

January 14, 2025

A nursing leader is concerned Māori will not get the chance to live longer and the same as non-Māori in New Zealand, if the coalition Government continues to attack the Treaty of Waitangi.



Graphic source credit: www.tuesdayclub.nz

Kerri Nuku – the kaiwhakahaere for the tāngata whenua arm of NZNO-Tōputanga Tapuhi Kaitiaki o Aotearoa – said the organisation has lodged its submission against the Principles of the Treaty of Waitangi Bill. Submissions on the Bill closed today.

"Māori are living seven years less than non-Māori – that's a fact," Nuku said.

"The makers of this Bill are saying it will make our nation more equal, but equal rights cannot be legislated for if there isn't an even playing field to build from.

"Treating everyone the same will not close the shameful life expectancy gap between Māori and non-Māori in this country.

"Tangata whenua actually need curated attention and action to get where non-Māori are right now."

NZNO represents more than 60,000 nurses, midwives, kaiāwhina and health-care workers – about 4000 of whom identify as Māori.

NZNO highlighted a number of concerns in its submission about the Bill.

Māori nurses

Kerri Nuku

Te Poari is the committee of Te Rūnanga o Aotearoa – the tangata whenua arm of NZNO.

NZNO believes the Bill will prevent Māori nurses from providing tāngata whenua with culturally appropriate health care that helps them navigate through the Aotearoa New Zealand health system, which has been found to be systemically racist.

“Without this assistance, Māori will continue to suffer poorer health outcomes and lead sicker and shorter lives than other New Zealanders,” said Nuku.

“Māori nurses have been key to building up Māori and iwi-led health services that deliver culturally safe care to our communities.

“The effectiveness of Māori and iwi-led health services have led to improvements in whānau health and this was evidenced during the Covid pandemic when Māori providers were vital to boosting Māori immunisations rates, further protecting all New Zealanders.”

Iwi-Māori Partnership Boards (IMPBs)

NZNO believes the Bill undermines the IMPBs, despite the coalition Government recognising the value in them.

"Minister of Health Dr Shane Reti has said he is committed to IMPBs and has said they are part of his 'long-term vision for Māori health' and will ensure Māori voices are heard in health decision-making.

"But under this Bill, Dr Reti's vision will be in jeopardy."

Source: Te Whatu Ora

Equal human rights

NZNO stated in its submission that it has already been proven (https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_195476216/Hauora%202023%20W.pdf) that Māori are more likely to suffer heart disease, cancers, diabetes and mental health issues. Research has found timely access to health care is a key issue.

The report also found that Māori nurses providing culturally safe practices are more likely to identify the risk of preventable illnesses, enabling early intervention and saving the health system money.

"The previous Government setup Te Aka Whai Ora in 2022 to reduce and eventually end Māori health disparities. One of the first acts of the coalition Government was to disestablish the Māori Health Authority on the basis it was special treatment.

"But Te Aka Whai Ora was designed to make health outcomes more equal."

Racial discrimination in the health sector

Source: STIR (Stop Institutional Racism)

NZNO also reminded Parliamentary select committee in its submission about the report (https://www.health.govt.nz/news/new-report-provides-important-data-on-peoples-experiences-of-racial-discrimination#:~:text='We%20are%20committed%20to%20creating,to%20address%20racism%20and%20discrimination:)by the Ministry of Health which identified Māori as having the highest rate of racial discrimination in the health sector; and another report (https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE772060) that found there was institutional racism in the health system that had seen Māori receive poorer quality of health-care.

Furthermore, the Human Rights Commission has identified under-representation of Māori in the health workforce as structural discrimination. Māori currently represent about 7 per cent of the nursing workforce despite Māori being 18 per cent of the population.

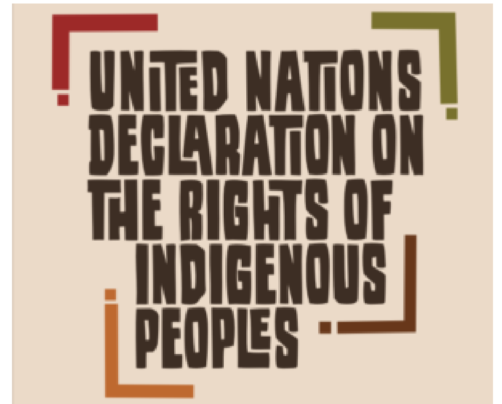
"Māori have never had equal treatment in the health sector and need additional and culturally appropriate support to have the same access and outcomes as other New Zealanders," said Nuku.

"Therefore this Bill, which states 'everyone is entitled, without discrimination, to the equal enjoyment of the same fundamental human rights' is nonsensical."

Pae Ora Act

The Pae Ora (Healthy Futures) Act 2022 is the Government's legislated aim for health-care service provision.

It references Te Tiriti nine times and principles 16 times. Those principles are both Treaty principles and health sector principles which include "ensuring Māori and other population groups have access to services in proportion to their health needs" and that the health sector should take measures to "protect and improve Māori health and wellbeing".



"This Bill is contrary to the Pae Ora Act and the United Nations' Declaration on the Rights of Indigenous Peoples," said Nuku.

Where to from here?

NZNO, and Māori nurses in particular, are in a unique position, said Nuku.

"They witness every day the inequities in the health sector which make Māori more likely to suffer from preventable illnesses, comorbidities and shorter life spans.

"Te Tiriti provides a foundation to help fix the serious and dire problems faced by Māori.

"Tāngata whenua have faced generations of systemic racism in the health sector. This means they are less likely to seek medical care when they are sick and more likely to drop out of the health system altogether," said Nuku.

NZNO is awaiting a response about its request to also be heard verbally on its submission.

Kaitiaki
NURSING NEW ZEALAND

COLLEGES & SECTIONS

Enrolled nurses finally recognised as skilled independent practitioners

BY MICHELLE PRATTLEY

January 17, 2025

Enrolled nurse section (ENS) chair Michelle Prattley explains why enrolled nurses will have more freedom to practise their nursing skills from January 20.

The enrolled nurses section (ENS) committee, left to right: Gillian Rahui, Melissa Peterson, Angela Ritchie, Debbie Handisides, Glenda Jensen-Schmidt, professional nursing advisor Suzanne Rolls, chair Michelle Prattley, Gwen Ahuriri, and Tina Giles.

Freed from being under the direction and delegation of our registered nurse (RN) colleagues, from this month enrolled nurses (ENs) will be recognised as skilled and autonomous practitioners.

From January 20, a new scope of practice (https://nursingcouncil.org.nz/Public/NCNZ/nursing-section/Enrolled_nurse.aspx) will allow us to practise instead in partnership and collaboration with our colleagues, as respected members of the nursing team.

We hope it will open up new opportunities for ENs, in emergency departments (EDs), GP practices, rural primary health, after-hours medical centres, private hospitals and prisons. Until now, these places have mainly been the domain of RNs — although prisons did begin recruiting some ENs (https://go.gale.com/ps/retrieve.do?tabID=T002&resultListType=RESULT_LIST&searchResultsType=SingleTab&retrievalId=a2b92903-e500-4bbe-9466-7d97e0df69e2&hitCount=1&searchType=AdvancedSearchForm¤tPosition=1&docId=GALE%7CA501159783&docType=Brief+article&sort=Relevance&contentSegment=ZONE-Exclude-FT&prodId=AONE&pageNum=1&contentSet=GALE%7CA501159783&searchId=R2&userGroupName=per_nzno&inPS=true) again in 2017

The new scope also requires ENs to be guided by te Tiriti o Waitangi and work in a culturally safe manner with tāngata whenua.

It also brings new leadership opportunities, such as being a shift coordinator — and, hopefully, pending the 2024/25 Te Whatu Ora collective bargaining — another step and pay grade. Adding a sixth step could allow an EN to earn more than $80,000 per annum if they were fully up-to-date with their professional development — so a very worthwhile career.

Five year fight

It was five years ago when we first began pushing for change. A 2019 survey of nearly 800 EN section members found two thirds were unhappy with working "under the direction" of RNs. They found it restrictive, demeaning and disrespectful, after 18 months of nursing training.

In practice, this meant we always needed RN supervision when working in acute settings such as hospitals and generally couldn't work in aged care or GP practices where little RN supervision is available. Community ENs couldn't sign off clinical patient assessments and clinical liaison ENs in hospitals were unable to sign off their EN students.

> **I chose nursing, because I'd had some health issues and wanted to give back what I had been given.**

So, we asked the Nursing Council to remove the direction and delegation requirement from our scope.

To our surprise, they decided to go further with a complete review of our scope as it hadn't changed since 2010. This has taken longer — but now we have a new scope and set of required competencies as well as updated education standards (https://nursingcouncil.org.nz/MyNC/NCNZ/News-section/news-item/2024/7/New-enrolled-and-registered-nurse-education-standards.aspx) to reflect our more collaborative relationship.

How I became an enrolled nurse

Michelle Prattley

I had been working in hospitality 16 years and decided I needed a career change. I chose nursing, because I'd had some health issues and wanted to give back what I had been given.

So I enrolled part-time in pre-health at Hagley Community College — then got made redundant from my hospitality job after the 2011 earthquakes. So the decision for me to change careers was a good one — I've never looked back. I love it!

I love helping and encouraging people. I work in a spinal unit and see people come in as acute patients, then their journey through to discharge. Six months after discharge, they come back for a three-day advanced re-assessment.

The updates also ensure we are guided in our practice by te Tiriti o Waitangi and equipped to provide culturally safe care for tāngata whenua.

After consultation, the new scope statement was launched at our ENS conference in Canterbury in May 2023 . After the Nursing Council updated both RN and EN competencies during 2024, our new EN scope was finalised in November 2024 and will come into effect on January 20.

For me, seeing the improvement in them from when they first arrived, to when they are discharged — and then when they come back for their first re-assessment — is a real buzz.

An enrolled nurse comeback?

Over the years, we have fought and fought to keep ENs in the workforce, so they didn't become extinct!

With this new scope, it does feel, finally, that we're being acknowledged as a skilled and respected part of the health-care team.

Our RN colleagues have been very supportive and excited for us and our new scope — they think it's great.

Bridging into registered nursing?

A lot of people who choose to train to be an EN over an RN say it's about time and money — 18 months versus three years.

Currently, the 18-month EN diploma cannot contribute towards a three-year bachelor of nursing (BN) required to become an RN.

But this may be changing. The Nursing Council has indicated it would considering making it easier for ENs to become RNs without starting over again. Ideally, an EN would only have to do another 18 months of study to become an RN.

The fight continues

We have made a bit of a comeback since ENs nearly died out in the 1990s. But there are still risks.

The employment market for EN graduates is currently really, really tough — as it is for all graduates, with the lack of recruitment going on by Te Whatu Ora. Only one in seven EN graduates were offered jobs at Te Whatu Ora last year — which is an even worse rate than the RN graduates.

> **With this new scope, it does feel, finally, that we're being acknowledged as a skilled and respected part of the health-care team.**

So — like so many in the Kiwi nursing workforce — most of the new EN grads now are heading for Australia.

We fought so hard to get the EN supported-entry programme ENSIPP (EN support into practice) up and running by 2020 in hospitals — but with so few graduates being employed, it's not being used to its full potential.

Meanwhile, as an ageing workforce, more and more ENs are retiring and not being replaced, or replaced with RNs.

We hope that will change with the new scope, which gives ENs more flexibility in their practice.

Michelle Prattley, pictured here with NZNO kaiwhakahaere Kerri Nuku and president Anne Daniels, was recently recognised for her services to NZNO-Tōpūtanga Tapuhi Kaitiaki o Aotearoa. As part of the Nursing Council's design group, Prattley helped develop the new EN scope of practice, education standards and competencies.

We are also concerned about health-care assistant (HCA) wishes to extend their duties into some areas we regard as EN work, such as patient observation and assessment and blood sugar and ECG monitoring. In some regions, this is already happening.

While we respect and value our HCA colleagues, we believe it is safer for patients to leave some tasks to the nursing workforce, which is regulated by the Nursing Council. We believe the core HCA role is to assist nurses with personal cares and tasks like transporting and feeding patients.

However, we appreciate that HCAs' workload can vary wildly from place to place as employers try to push more work on them. We agree they need a more clearly defined job description to protect both their own, and patient, safety.

And we'll keep fighting for ENs!

Enrolled nursing history

Enrolled nurses began as nurse aides in the 1940s, then became community nurses in the 1960s and enrolled nurses in the 1970s. But amid a health restructure, EN training ceased in the early 1990s.

But in 2000, after NZNO lobbying, it returned and — while the name changed again, to nurse assistants, for a few years — by 2008 we were back. By 2010, we had our own scope of practice and by 2011 the 18-month EN diploma was launched.

— Source: *Enrolled nurses making a difference*
(https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Enrolled%20Nurses/2023%20presentations/Becky%20Hick

mott.pdf?ver=ILihL4H-urNz1uVx1H4xZQ%3D%3D).

Kaitiaki
NURSING NEW ZEALAND

LETTERS

Compassionate and culturally-competent nurse sought for Gold Coast whānau

BY BRADLEY [LAST NAME WITHHELD]

January 7, 2025

We are a loving and dedicated Māori/ Polynesian family seeking a compassionate and skilled registered nurse or enrolled nurse to join our team in providing exceptional care for our child who sustained an acquired brain injury (ABI) at birth.

Our home on the Gold Coast is a supportive and nurturing environment. We are looking for a nurse who can fit seamlessly into our established care team, working collaboratively and exclusively with our five-year-old son to ensure his best possible care.

Our son has severe spastic quadriplegic cerebral palsy, gross motor function classification level five, secondary to hypoxic-ischemic encephalopathy (HIE), alongside Lennox-Gastaut Syndrome (LGS), a severe form of epilepsy, and various other complex medical needs. He requires 24-hour support, including respiratory assistance and management, careful management of ongoing neurological, gastrointestinal and airway challenges, and feeding via tube.

In line with our commitment to diversity and inclusion, preference will be given to candidates of Māori or Polynesian descent.

We are seeking dedicated RNs or ENs to join the multidisciplinary team which provides complex care for our son.

They will be responsible for the continuous development and implementation of individualised care plans and administering specialised treatments.

We are looking not just for another team member, but the right team member — a kind, caring, and empathetic person who will provide exceptional people-centred care.

We believe that for care to be truly impactful, there must be a meaningful connection between our son and his caregivers. This is not just about filling a position — we are seeking individuals who have the potential to connect with our son and become an integral part of our family-centred care team.

Our son is nil by mouth and receives all nutrition through pump feeding via an TPT (transpyloric) tube. As part of his care team, you would be working in a home-based environment, providing direct nursing care, supporting therapy sessions, and assisting with day-to-day activities. This role is crucial in ensuring our son's comfort, quality of life and the coordination of his complex care needs.

You would work exclusively with our son, allowing you to build a deep, meaningful connection and provide highly-personalised care.

The role offers 32-plus hours per week upon completion of training to help maintain a healthy work-life balance and prevent burnout among team members — ensuring you can provide the best care while also taking care of yourself.

Your ability to provide loving, caring, and nurturing support, along with your flexibility to cover a 24/7 roster, will be essential to our team's success.

We offer a supportive work environment, long-term work and competitive pay rates for the right person of Australian $115–200,000.

We would love to hear from you! For further details please contact: Frankie.kwn2024@gmail.com

Please introduce yourself and provide a brief overview of your professional experience, especially in paediatric or complex care settings.

Please share a little about your cultural background and how it shapes your approach to providing care.

Please mention if you have children of your own and how this might influence your empathy and understanding in caregiving.

Bradley [Last name withheld by request]

Gold Coast, Australia

Kaitiaki
NURSING NEW ZEALAND

LETTERS

A nurse explains why she'll never return to mental health nursing in NZ

BY ANNELIE GANNAWAY

January 8, 2025

It's the year 2014 and my husband and I are about to leave New Zealand and move to Sweden.

Former New Zealand mental health nurses Tim and Annalie Gannaway.

Kaitiaki had published an article (https://go.gale.com/ps/retrieve.do?tabID=T002&resultListType=RESULT_LIST&searchResultsType=SingleTab&retrievalId=366b2c60-ecf2-4cde-b977-fcc28312f72f&hitCount=1&searchType=AdvancedSearchForm¤tPosition=1&docId=GALE%7CA372093614&docType=Article&sort=Relevance&contentSegment=ZONE-Exclude-FT&prodId=AONE&pageNum=1&contentSet=GALE%7CA372093614&searchId=R1&userGroupName=per_nzno&inPS=true) about growing violence towards staff in mental health settings and I was one of the nurses interviewed for it after an assault in an acute unit in Auckland. I still have the article and laugh when I read that I was hoping to move to Sweden and work in a chocolate factory!

Both my husband and I used to work as registered nurses in mental health.

Coming back to Sweden (where I was born), we were still thinking this it would be just a one year break. We started off working in a pharmaceutical company packing medication. Almost like packing chocolate!

My husband is a true Kiwi and I never imagined him loving the Swedish winters – but we have been here 12 years now. But we are not working in mental health.

It took us a long time to even mention the sentence "working in mental health again" — and it took us quite a long time to realise how burnt out we were.

Here in Sweden it's called "hitting the wall". But we hit the wall without actually knowing what was happening. We have both now analysed our experiences in mental health and today it absolutely astounds me that we accepted the working conditions — which don't seem to have changed much since we left, according to my former colleagues and friends still working in mental health in New Zealand.

Training to be a nurse is about working with people and helping them heal. I was passionate about mental health (and still am), but was met by a politically-correct management that valued patients' rights before the safety of staff, in every way.

Annalie Gannaway, right, in 2014, with mental health nurses Noel Walker and Graham Kerstens who also experienced violence at work.

Psychotic patients always have the potential to act out — but how do we protect staff? There are rarely enough staff in a unit – so bring in security guards. We are not allowed seclusion rooms due to regulations — then we have to use more medication. Patients on illegal drugs always have the potential for violence – but if you choose to use illegal drugs then we can isolate you until the drugs are out of your system! Hard words?

We have both been involved in violent situations, many times — my husband more than I since "males are always required in restraints" etc. The day I had had enough was when I got attacked by a woman out of the blue. I was on my own. I was in a new part of the unit and my alarm did not work. I was found by colleagues and was lucky to get away with "just" bruises and a damaged neck.

But when I came back to work after two weeks, nothing had changed. That's what hit me. I left the unit in tears. No internal health and safety check, the alarm system in that part of the unit had not been fixed (that's the first thing I checked coming back). I got a nice talk with the manager, but no changes.

My husband knew I had "hit the wall", but did not realise at the time that he was burnt out too. His favourite saying coming home from work was: "I f@#king did not train to be a nurse to fight young kids on drugs all day".

I believe we need to look at mental health care differently. It's not just a patient rights issue or a nursing practice issue — it's about health and safety for everyone, staff and all the patients. Look at the environment — how do we make it safe? There needs to be enough staff — and I believe seclusion has to be an option.

Kiwi former nurse Tim Gannaway enjoys a BBQ Sweden-style.

Today, I work in a magic place, Mellannorrlands Hospice, in Sundsvall as a specialised enrolled nurse (my New Zealand nursing qualifications were not enough to practise as a registered nurse in Sweden). My husband, who has 35-plus years' experience as a nurse, works at a company producing dog food — mincing, packing and selling.

Would we move back to New Zealand? Absolutely, under other family circumstances — we both love New Zealand

Would we go back to nursing in mental health? Never!

Working in hospice, I use my communication skills to talk to grieving relatives and my "calming" skills to sooth dying patients. Staff are well supported and it's recognised that working with death is a challenge. Managers are there to support staff.

I often think my job is so easy in comparison to mental health, and of the suicides, the overdoses and all the trauma you share with patients in mental health, so often without support or understanding from management or the Government.

Annalie Gannaway

Sundsvall, Sweden

The Gannaways lakeside cottage.