Kaitiaki
NURSING NEW ZEALAND

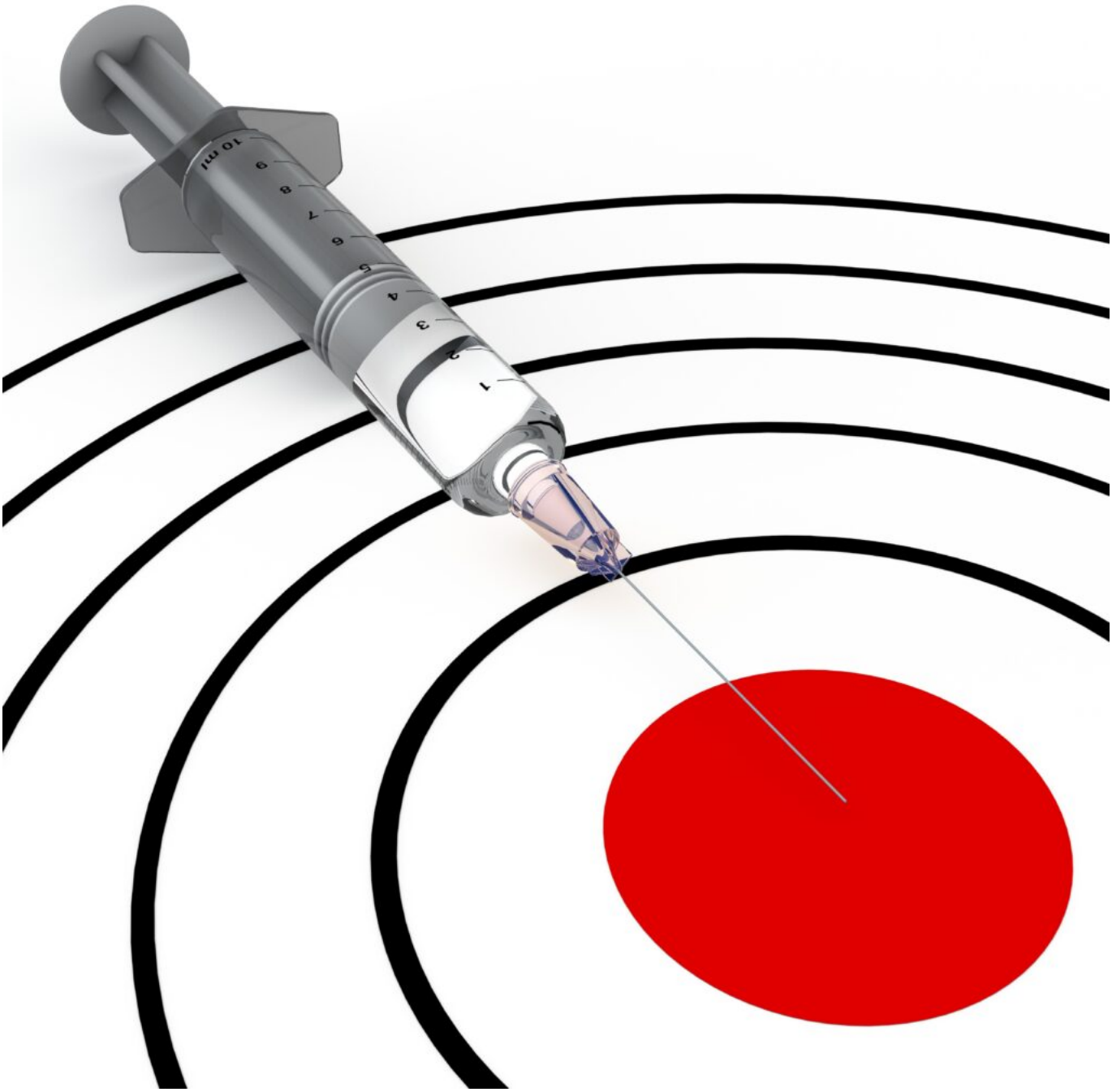
NEWS

Emergency nurses call for urgent meeting with Simeon Brown over ED targets

BY MARY LONGMORE

February 28, 2025

Fed up with being blamed for missing shorter-stay targets, NZNO's emergency nurses have requested an urgent meeting with new Minister of Health Simeon Brown to ask for more support.



On taking up the role last month, Brown said his focus was "delivering" the Government's five health targets, including that 95 per cent of emergency department (ED) patients be admitted, discharged or transferred within six hours.

At September 30, just 67.5 per cent (https://www.tewhatuora.govt.nz/corporate-information/planning-and-performance/health-targets/health-targets/performance) of patients had met this target — a drop of 3.7 per cent from the previous quarter.

College of emergency nurses (CENNZ) chair Lauren Miller said there was no way EDs could reach the 95 per cent target without more hospital bed availability and the committee had written to Brown to request a meeting on the issue as soon as possible.

"It's not an ED solution, it's a hospital-wide solution," she said. "If you don't have flow out the hospital's back end and we don't have

beds to go to, the ED targets are impacted because we can't get patients out."

While a six-hour maximum ED stay was a "great aim", it needed to be resourced, she told *Kaitiaki.*

> **'There are so many parts of the wheel that need to be resolved, for it to work.'**

More aged-care beds in the community was one thing that would help free up hospital beds, she said. Other factors included difficulties accessing primary health care, so people turned up at EDs for help instead, and a lack of available specialists to review ED patients and decide whether to admit them.

In smaller regions such as Taranaki, for example, EDs were often full to capacity, facing a hospital "bed block" — with no free beds — and delays to specialist reviews, particularly overnight.

"So you have to wait till the morning till you're reviewed — all these factors contribute to breaching the target," Miller said.

The five health targets are:

- **Faster cancer treatment**: 90 per cent of patients to receive cancer treatment within 31 days of the decision to treat (currently 84.6 per cent, slightly up from the previous quarter's 83.5 per cent).
- **Improved childhood immunisation rates**: 95 per cent of children to be fully immunised at 24 months (currently 75.7 per cent, slightly down from the previous quarter's 76.5 per cent).
- **Shorter stays in emergency departments**: 95 per cent of patients to be admitted, discharged or transferred from an ED within six hours (currently 67.5 per cent compared to to 71.2 per cent the previous quarter).
- **Shorter wait times for first specialist assessment**: 95 per cent of patients to wait less than four months (currently 61.2 per cent compared to 61.5 per cent previously).
- **Shorter wait times for elective surgery or treatment**: 95 per cent of patients to wait less than four months for elective treatment (currently 62.2 per cent — an improvement on the previous quarter's 61.4 per cent).

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

"There are so many parts of the wheel that need to be resolved, for it to work."

Without investing in those areas, the targets just piled more pressure on already-overstretched ED staff who were expending "huge amount of energy" trying to meet them.

> **'We're expected to do better, quicker, with less.'**

"Daily there is pressure to discuss all patients' timelines and an endless drive and focus on these targets that often are reported and reflect poorly on ED," Miller said.

"We're expected to do better, quicker, with less."

At the same time, ED patient acuity and numbers were growing, as waiting times at GP practices lengthened.

Dedicated patient flow coordinators would also help — as existed when National last brought in ED short-stay targets in 2011.

Health Minister Simeon Brown. PHOTO:PETER MCINTOSH, Otago Daily Times.

Only about 40 per cent of ED patients needed admitting to hospital, she said. The remaining 60 per cent, "we manage well".

Emergency doctors and GPs have also warned Brown the targets will not be possible (https://www.rnz.co.nz/news/top/541435/emergency-doctors-and-gps-warn-new-health-minister-government-health-targets-will-not-be-possible-without-more-funding) without more funding. Australasian college of emergency medicine Michael Connelly told RNZ setting targets without resourcing them was pointless as patient numbers and acuity continued to grow.

CENNZ also met Brown's predecessor, Shane Reti last year, to raise the same concerns and, before him, Ayesha Verrall who was Labour's health minister. Both listened but took no action, Miller said.

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NURSING NEW ZEALAND

NEWS

New nursing course: ancestor-inspired, inequities-driven

BY RENEE KIRIONA

February 25, 2025

Aotearoa now has a new nursing degree. And its birth and inspiration have been drawn from the stories of health justice in the country's most northern region and the realities there where tangata whenua face major health inequities.

The Ngāpuhi Nursing Sisters who rode horseback to get to the sick in isolated areas in the Far North (image source: 1901, Auckland Museum). Bottom images: Marketing photo for the new Northtec Bachelor of Nursing Māori programme (image source: Northtec)

The team behind the new Puawānanga Tapuhi Māori (Bachelor of Nursing Māori) course at Northtec is doing things differently to build the much-needed nursing workforce for their region, said nursing lecturer Pipi Barton.

Pipi Barton

Northtec's main campus is in Whangārei but the course will not be delivered from there. Instead, it will be taken to the Far North's small rural settlement of Ngawhā, and will be delivered on a campus developed with Northtec and Ngāti Rangi hapū, Barton says.

"The course will not be delivered Monday to Friday most weeks of the year. Instead, it will be delivered in blocks during dates more convenient for students so they can better balance their studies with their whānau, tamariki and mahi commitments.

"We've decided to take this kaupapa to the people, to the students – where they live. We know that to get these students to graduation, we have to reduce economic barriers and go to them.

"So our lecturers will travel to the students in these rural areas to continue their learning through academic support, tutorials, assessments, clinical support and pastoral care."

The holistic parts of the course have been inspired by the lived experiences of Māori ancestors from Te Tai Tokerau, says Barton.

"The Ngāpuhi Nursing Sisters are just one inspiration for us. Those wāhine defied all the odds to fight for their people, to travel long distances on horseback to tend to the sick in all those towns and areas where we will be delivering this course."

At the turn of the 19th century, five Māori women from Ngāpuhi wanted to go and fight in the South African War of 1899 – 1902 with their fellow countrymen. But they were rejected and told to stay home, says Barton. They then turned their "warrior spirit" to nursing the sick in their own Māori communities.

Moe Milne

"Health services were virtually non-existent at that time in Māori communities in the north and these women knew that, so they did something about it."

Moe Milne, a respected nurse and kuia from Ngāti Hine, was another inspiration behind the course.

"Whaea Moe has had this dream for 18 years and I was honoured that she shared her knowledge and experiences with me, not just as a nurse but also as an expert in Hauora Māori.

"I was privileged to hold the pen while she spoke during all our meetings to design the aspects of the course relevant to our programme," Barton says.

Work on the degree programme started four years ago under Te Pūkenga but got canned by the current Government last year, Barton says.

"The intention was to standardise all nursing programmes across all 13 nursing schools delivered at polytechnics throughout the country. The consultation process to develop the programmes had been huge, including, input from nurse educators across the country."

Rather than bin the Puawānanga Tapuhi Maori programme, Te Pūkenga ended up gifting it to Northtec to deliver. There are 13 schools of nursing throughout the country – four of which have a Māori focus.

Ross Smith (image source: Te Wānanga o Aotearoa)

The course, which was only officialised last month by NZQA and New Zealand Nursing Council, did not get much marketing time but started yesterday with 30 students.

The ao Māori aspects of the programme, which include te reo Māori and matauranga Māori, will be taught by Matua Ross Smith (Te Rarawa, Te Aupouri, Ngāpuhi), a respected Māori knowledge expert from Te Tai Tokerau.

The anatomy and physiology elements of the course will be taught by nurse lecturer Ary Pitman (Ngāti Wai).

Two more nursing lecturers were to be appointed at the end of this month, Barton says.

"Māori health services throughout Tai Tokerau are totally behind this course, even Te Whatu Ora because they can see the need for more Māori nurses."

Māori make up almost 19 per cent of this country's population but only seven per cent of the nursing workforce.

Behind the programme's name *Puawānanga Tapuhi Māori o te Kotiu* developed by Matua Ross Smith

The name Puawānanga comes from the clematis flower as seen here. Within that name is **wānanga** (**Puawānanga**) meaning to discuss and deliberate. Wānanga provides a fulsome, holistic view of all contributions to healing, both traditional (Māori) and contemporary (clinical).

Ko te puāwaitanga o te putiputi – The blossoming of the flower – the time has arrived where the seed has grown and blossomed into a flower – likened to ākonga who have successfully completed Puawānanga Tapuhi Māori (Bachelor of Nursing Māori) programme and applied for registration as a New Zealand registered Nurse.

Te Kotiu is the traditional name for Te Tai Tokerau.

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NEWS

Rotorua nurses raise violence, safety concerns with local MP

BY LYN LOGAN

February 21, 2025

Nurses in Rotorua this month raised concerns about violence and aggression and unsafe staffing with their long-time local MP Todd McClay.

Rotorua Hospital nurse delegates Robyn Thomas, far left, and Lyn Logan practise their three-way handshake with local MP Todd McClay. Logan is a member of NZNO's Te Whatu Ora bargaining team and Thomas part of NZNO's national delegates' committee.

At a meeting earlier this month with our local Rotorua MP Todd McClay to discuss health issues in our community, we raised our concerns about increasing levels of violence faced by nurses, particularly in mental health.

Just last month, a community mental health nurse was attacked while on an after-hours callout. That has impacted hugely on the mental health team. Since then, several staff have left Te Whatu Ora Lakes due to rising levels of aggression, higher workloads and lack of support for health-care workers.

We also highlighted the impact the Police decision to withdraw from mental health-related emergency calls (https://www.police.govt.nz/news/release/police-announce-phased-plan-reduce-service-mental-health-demand?nondesktop) unless there was immediate threat of harm or to life, would have on our workers in hospitals and the community — particularly the acute mental health crisis team.

In Rotorua, without extra resourcing our crisis response team has been struggling to meet the six-hour target (https://www.beehive.govt.nz/release/mental-health-targets-provide-foundation-build) set last year by Minister for Mental Health Matt Doocey for people who come to emergency departments (EDs) needing mental health and addiction support. We are seeing more and more such presentations both in EDs, and the community.

Our mental health facilities are also well below standard. The new hospital mental health inpatient unit, as well as being hit with delays (https://www.nzherald.co.nz/rotorua-daily-post/news/rotorua-hospital-mental-health-inpatient-unit-rebuild-budget-increases-by-17m/PN6G7UQE45GULFUBLQCAPGLIYY/), will have a similar number of inpatient beds as before, even though the need becomes greater every year.

Completion of Rotorua's new mental health inpatient facility has been delayed till the end of 2025, as it goes nearly $20 million over-budget.

We discussed long delays in accessing cancer and cardiac treatments in the Waikato region, compared to the rest of the country, and the impact this was having on our members' whānau.

We also raised our concerns about unsafe staffing and shared with him our local petition expressing this, signed by members during our nationwide strikes late last year.

We told McClay about our safe staffing tool CCDM (care capacity demand management) and how its recent pause in calculations by Te Whatu Ora had caused delays in getting enough workers on the floor. That meant there were shifts that were below safe staffing targets.

We told the minister how this affects patient care and can cause avoidable harm to them.

We also shared our concerns about our new graduates finding work at Te Whatu Ora — but also us senior nurses having the resources to support and develop them — especially in mental health with our high workloads and lack of nurse educators and clinical coaches.

We need to review these pathways and ensure we have better support systems to keep and grow our own nurses — this must be at the forefront of all initiatives and workforce plans from our Government.

We are grateful Minister McClay gave us enough time — beyond the expected 20 minutes — to discuss all these issues and assured us he would pass our concerns onto the Minister for Health.

We will also be writing to the new Minister of Health Simeon Brown to ask for a meeting when he comes to Rotorua this year.

Todd McClay responds: Rotorua nurses do an amazing job, often under challenging circumstances, and I took the opportunity during our meeting to thank them for the professional way they care for local people. I too am concerned about safety and I have spoken with the new Health Minister about the issues they raised with me. I'm open to meeting with them further to discuss their concerns and look for ways to support them. McClay is also Minister of Agriculture, Forestry, Trade and Investment and Associate Minister of Foreign Affairs.

- *Lyn Logan is a Rotorua emergency nurse, NZNO delegate and member of the Te Whatu Ora — NZNO bargaining team. Te Whatu Ora members are lobbying their local MPs as part of NZNO's collective bargaining campaign.*

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NEWS

Te Whatu Ora scraps proposed nursing leadership cuts

BY MARY LONGMORE

February 21, 2025

A proposal to cut 18 directors of nursing (DON) roles down to 14 at Te Whatu Ora has been scrapped after "strong" opposition.

Te Whatu Ora chief nursing officer Nadine Gray this week confirmed that, after consulting clinicians around the country, the proposal would not go ahead.

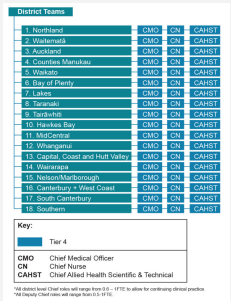
"It meant that the direction changed and we are now continuing with 18 [DONs] rather than 14 with no amalgamation of the roles and they're fulltime, not 0.4," she told *Kaitiaki.*

> **'It absolutely was a consultation and what we got to was a decision that having 18 nursing leaders across the country is really important.'**

Last October, Te Whatu Ora proposed merging 18 health districts into 14, suggesting replacing the four surplus DONs with part-time "nurse leads" in affected regions. The proposed mergers were for South Canterbury and Southern; Midcentral and Whanganui; Capital Coast and Hutt Valley with Wairarapa; and Bay of Plenty with Lakes.

At the time, chief clinical officer Richard Sullivan said it would "ensure more consistency" in clinical leadership nationally. However, it would also have yielded cost savings at a time Te Whatu Ora was under pressure to save $2 billion (https://www.thepost.co.nz/nz-news/350440473/health-nz-savings-target-now-2-billion).

At a glance: Te Whatu Ora clinical leadership changes going ahead. This chart indicates the new clinical leadership roles in each district — chief nurses replace what were formerly called directors of nursing.



- Chief nurses and medical officers will have a wider "whole of system" focus beyond their own hospital.
- District clinical chiefs (nurses, medical officers, allied health scientific & technical, midwifery and mental health & addiction) to work in partnership with regional deputy chief executives. They will also have the opportunity to work as a regional chief and bring their expertise to the wider regions.
- Hauora Māori services are being consulted on separately.

Te Whatu Ora national chief nurse Nadine Gray

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa leaders called the proposal another threat to nursing leadership.

But in December, Te Whatu Ora said it was "rethinking" after more than 1200 responses and 10 in-person consultation hui around the country.

"We received strong feedback . . . with many concerns about the potential to lose local clinical voice and autonomy . . . and destabilise leadership at an important time when districts are focusing on targets," its clinical leadership consultation decision document (https://www.nzdoctor.co.nz/sites/default/files/2025-01/Clinical-Leadership-Decision-Document-13-Dec-2024.pdf) states.

Gray said it was "absolutely" good news for nursing leadership that the 18 DON roles — many of which had midwifery leadership also — would remain.

"The feedback was actually heard from all of nursing, from all of clinical leadership and [every] district . . . of the importance of having that leadership which is visible, that's on the ground — there was nothing they said that we could disagree with," Gray said.

"It absolutely was a consultation and what we got to was a decision that having 18 nursing leaders across the country is really important."

All 18 current DON/director of nursing and midwifery roles would also be renamed "chief nurse", as an internationally-recognised title, in the restructure.

Only in Bay of Plenty, which had a bicultural nursing leadership model with two DONs — a Māori and non-Māori — would there be a job loss, as the two roles would merge into a single chief nurse.

"It's uncomfortable but both have been amazing and professional about the whole process," Gray said.

Recruitment was underway for all 18 chief nurses around the country and she hoped to have them in place by end of March.

Te Whatu Ora chief clinical officer Richard Sullivan

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NEWS

Another aged-care company plans major restructures

BY RENEE KIRIONA

February 20, 2025

Unions have been notified that Bupa, one of the biggest aged care companies in New Zealand, will be restructuring 17 of its sites all at once.

Protestors at Bupa's Wattle Downs facility in South Auckland.

A NZNO spokesperson confirmed nurses and care workers at some of the sites had planned to picket over the next few days to show their concerns at the restructuring.

NZNO was still assessing the specific impacts the restructure would have on its members but was concerned at a pattern of restructuring currently happening across the aged-care sector.

Erin Park in Manurewa – just one of the sites that will be affected (image source: Google Maps)

The country's other large aged-care company, Oceania Healthcare, recently let its workers know it would be making significant changes at five of its sites, that would impact on workers – nurses and care workers – and see their hours be reduced by at least a quarter.

That had led to a number of pickets at those sites.

Both Bupa and Oceania Healthcare appear to be in reasonable shape financially.

Glenburn in Auckland also affected (image source: Google Maps)

Kaitiaki reported on Friday that Oceania Healthcare boasts in its latest financial report upward arrows on all key economic outputs, from total comprehensive income to operating cashflow to assets.

Business Desk NZ (https://businessdesk.co.nz/article/business/bupa-posts-tepid-result-as-care-sector-flounders) reported last year that Bupa's operating profit had bounced back.

Both companies employed about 3000 workers each.

Affected Bupa sites

- Northhaven – Whangaparaoa Peninsula
- Merrivale – Whangārei
- Totara Gardens – Whangārei
- Erin Park – Auckland
- Hugh Green – Auckland
- Remuera – Auckland
- Sunset – Auckland
- Wattle Downs – Auckland
- Glenburn – Auckland
- The Booms – Thames
- Riverstone – Palmerston North
- Te Whānau – Levin
- Winara – Waikanae
- Crofton Downs – Wellington
- Fergusson – Wellington
- Stokeswood – Lower Hutt
- Whitby – Porirua

Affected Oceania Healthcare sites

- Lady Allum – Auckland
- Elmswood – Tauranga
- Bayview – Tauranga
- Heretaunga – Upper Hutt
- Green Gables – Nelson

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NEWS

Oceania Healthcare: Company books in good shape, but workers face more struggles

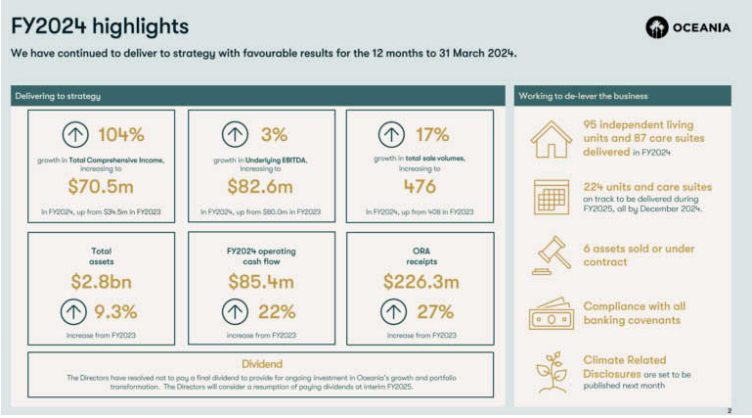
BY RENEE KIRIONA

February 14, 2025

New Zealand's largest rest-home owner Oceania Healthcare boasts in its latest financial report upward arrows on all key economic outputs from total comprehensive income to operating cashflow to assets. Every output has a good story for its board of directors and shareholders. But...

Board of directors for the country's largest rest-home company Oceania Healthcare (source: images and data sourced from oceaniahealthcare.co.nz)

But on the ground at many of their 38 aged-care facilities throughout the country, the stories are in stark contrast for hundreds of nurses and health-care workers who care for the company's elderly clients.



Oceania results presentation for the financial year ending 31 March 2024 (source: oceaniahealthcare.co.nz)

That is what led to the sudden protest pickets by staff at the Lady Allum Village in Milford, Auckland outside their workplace yesterday, and last month outside their employer's headquarters in downtown Auckland.

RNZ reported (https://www.rnz.co.nz/news/national/541822/slashed-staffing-hours-trigger-protest-at-auckland-aged-care-home) that the company plans to slash their hours by an average of a quarter.

Lady Allum nurses and health-care workers protesting outside their workplace yesterday.

"On average workers, some of whom have been here for 10 to 50 years, are losing about 25 percent of their take-home pay," said NZNO organiser Pooja Subramanian.

Oceania employs about 3000 staff throughout the country and at Lady Allum at least 100 staff would be affected by the restructures, said Subramanian.

Oceania is also proposing similar changes at its other sites – Heretaunga in Upper Hutt, Bayview in Tauranga, Elmswood in Auckland and Green Gables in Nelson.

Subramanian said the workers were naturally upset as many of them were already struggling financially and the latest cuts would only make surviving more difficult.

Not being able to afford their mortgage or rent or pay for their kids' schooling needs, were just some of the problems the workers were anticipating, said Subramanian.

The health and safety of frail elderly residents was also a concern for the workers, whose workloads had been getting heavier, even before the restructuring announcement.

"Aged care workers across the country are facing similar issues. It's an undervalued sector, they don't get paid enough, and their hours aren't consistent," said Subramanian.

Lady Allum site in Milford, Auckland (source: Google Maps)

Oceania Healthcare national operations manager Jodie Schorn told RNZ that discussions with unions and staff were still ongoing.

She said their objective was ensuring fair shift allocation while maintaining high-quality care.

"We reject any suggestion that these changes will impact the quality of care our residents receive."

However, NZNO was challenging that, arguing that the proposed restructures at Lady Allum involve significant changes to staffing levels, roles, and rosters, which could lead to:

- Fewer experienced staff available to provide care
- Increased workloads for remaining staff
- Delays in responding to calls and emergencies
- Reduced support for essential daily activities like meals, hygiene, and mobility
- Changes affecting take-home pay

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NEWS

Grandfather excited at Whitireia growing the next wave of 'warrior nurses'

BY RENEE KIRIONA

February 13, 2025

Like many other grandparents and parents, Bob Rolleston travelled hundreds of kilometres across the country early this morning to give his mokopuna granddaughter to Whitireia's bachelor of nursing Māori. He has worked in what he calls the "broken health system" but today he got more hope after seeing the huge interest by his moko and many other Māori in becoming "warrior nurses."

Today Ngāti Toa Rangatira, the mana whenua where the programme is located in Porirua, welcomed with a pōwhiri almost 100 aspiring first-year students onto Takapuwahia Marae – the biggest intake the institute has ever had for the BN Māori.

Bob with his mokopuna Mina who is excited about becoming a nurse

Since the course was born in 2009, it has taught students the same as other nursing degree courses throughout the country, but with another cultural layer that dives deep into te ao Māori and Māori health issues.

Jeanette Grace (Ngāti Toa, Ngāti Tuwharetoa, Ngāti Koata), dean of Whitireia's Te Wānanga Māori school, told the students at the pōwhiri that they can expect to come out of the programme not just as qualified nurses but nurses who are "critical thinkers, politically astute who challenge institutional racism and the health inequities facing their people".

New wave of students gathered at Takapuwahia Marae

"To the whānau of our new students who've come today – we thank you for giving us your whakapapa. We will look after them and when they've finished their mahi on this course, we will return them to you with more skills and knowledge that'll benefit your whānau, hapū and communities."

Rolleston (Ngai Te Rangi, Te Arawa) travelled more than 500km from Tauranga to the pōwhiri to support his granddaughter Mina Fields-Rolleston who has been accepted onto the course.

Rolleston spoke of the importance to grow the Māori nurse workforce.

“I’ve worked in the health system and it can be very scary for Māori patients. Seeing Māori working as nurses and doctors does make things less difficult for them.

> **‘I’ve come here to give Whitireia my mokopuna – the taonga of our whānau. We support her to become not just a nurse but a warrior nurse who is just as good with the clinical as she is with the cultural.’**

The 22-year-old has moved from Hamilton to do the three-year course.

“In the Waikato I worked at a kaupapa Māori health service and I could see the need for more Māori nurses. The nurses there inspired me to take this leap. I’m excited and hungry to learn everything it takes to be a nurse,” said Mina.

Grace said about 100 applications for year one of the course had been received and 62 had been approved.

“We still have a few applications to process and interviews to do today and tomorrow.

“From the kōrero we’ve had with the applicants so far, there’s a common drive. And that is them wanting to help make a positive difference for their people. They know things aren’t good out there for Māori and they want to help and be part of the solution.”

Mereruia Rikihana

Mereruia Rikihana (Ngāti Raukawa ki te Tonga, Ngāti Konohi), a teacher on the course, described the massive turnout as “a great day for nursing and the nation”.

“So many of these new students have picked up their families, their kids and moved here to study on this course, because it is unique and well established.”

While Māori make up about 17 per cent of the country’s population, they only make up seven per cent of the country’s nursing workforce, said NZNO kaiwhakahaere Kerri Nuku.

“We need culturally safe staffing ratios and to achieve that, we need more Māori nurses. The less Māori we have to support Māori patients, the more likely they are to turn up with multiple comorbidities.”

Since its inception 16 years ago, the Whitireia course has had the backing of the Wellington region’s two iwi – Ngāti Toa and Te Āti Awa / Taranaki whanui.

Taranaki whanui leader Kura Moeahu recently told hundreds of practising nurses at the indigenous nurses Aotearoa conference that his iwi saw the dire need for more Māori nurses and that was why they partnered with Whitireia.

“Our iwi services are crying out for more Māori nurses. So it is in our interests to ensure these students stay the course and that’s why we manaaki and support them with pastoral care, equipment, kai and travel.”

The new students start their course on Monday.

Kura Moeahu speaking at the 2024 Indigenous Nurses Aotearoa Conference

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NEWS

Doctors and nurses touched by karakia in 12-hour surgery

BY RENEE KIRIONA

February 12, 2025

More and more Māori families are taking their cultural and spiritual practices into hospitals as a way to calm the nerves of their relatives going into surgery.

Kingi Biddle and whānau gathering for karakia before he is wheeled into surgery at Waikato Hospital (Image source: Kingi Biddle)

That's what happened recently on level 3 at Waikato Hospital as the whānau of Māori broadcaster Kingi Biddle (Ngāti Whakaue-Te Arawa) from Rotorua gathered in his room before he was taken to theatre for what would be a 12-hour surgery to remove tumours in his throat.

"All the doctors and nurses told Kingi that they were touched with the karakia before the surgery and that it made them try extra hard," said Kingi's wife Wendy Biddle.

"They all came to see him the following morning as they were blown away due to the wairua in the room. There were about 10 of them and none of them were Māori, which really impressed us."

Initially the karakia was only intended for Kingi's whānau, but the medical team asked if they could be part of it too, said Kingi who is now recovering well back at his home in Rotorua.

"We let the medical team know two weeks before surgery that we wanted to do a karakia before I was taken to surgery. Then the doctor asked if she and her team could come too. I thought that was really really awesome.

"Our karakia is real, it does make a difference. It is rongoā [medicine, healing]. Karakia can change things. I could feel the warmth in my throat, the healing that was happening. I could see the peaceful calm in the team before I was put to sleep.

"We often think of karakia as a tick box, but it is real. It guides us – the hand of the surgeon, others doing work on the patient and the patient," said Kingi.

Kingi Biddle (image source: Te Tatau o Te Arawa)


Kingi with his kids (image source: Anipātene Biddle)

The surgery was a success as all tumours had been removed.

Kingi said the reciting of karakia was a normal regular practice within his household and whānau. His wife remarked that he is sometimes referred to as the "karakia king" by many of his relatives.

"Around the time of Covid-19 a couple years ago, Kingi set up a group on Facebook where he does karakia livestreams most nights. It is called Karakia o te Ahiahi Po (https://www.facebook.com/share/g/12DMH59Lvu8/)," said his wife Wendy.

"A lot of our relatives from Te Arawa (of all and many different religions) who have faced loss, uncertain times, depression and who want a piki te wairua (a positive uplift), have joined the group to be part of his karakia."

The moment lasted for about 10 minutes, starting with a kōrero from Kingi's daughter Anipātene Biddle, followed by a karakia led by his son and nephew. The event was captured in a livestream (https://www.facebook.com/share/v/12Hruqm9MLg/) on Facebook.

John Kopa, the head of Te Puna Oranga Māori cultural team at Waikato Hospital, said he was proud of the medical team.

"We've been working hard to ensure staff not only recognise the clinical needs of our whānau but also the cultural needs," said Kopa.

"Māori take things like karakia and wairuatanga very serious and it is good to see that our clinicians are making time and space for them. We've definitely come a long way in 20 years."

Kaitiaki
NURSING NEW ZEALAND

NEWS

‘Unappreciated and underpaid’ primary health nurses speak out

BY MARY LONGMORE

February 10, 2025

As a third of general practices close their doors to new patients, frontline nurses put out a desperate plea for more funding.

Photo: AdobeStock.

Rotorua practice nurse Alisa Williams loved her job in a kaupapa Māori general practice.

“The environment was fabulous. I loved, loved, loved the environment and my workmates as well.”

Despite that, she recently quit for a better-paid hospital job.

“We were just getting slammed. Doctors, nurses, reception — all the staff,” Williams told *Kaitiaki*. “We’d end up with patients who needed to see a doctor and the doctors were slammed as well . . . so we’d just have to refer them to ED as there was no availability to see them.”

So when a hospital role came up in her specialty — sexual and women's health — she applied and got it.

> **'We were just getting slammed. Doctors, nurses, reception – all the staff.'**

Alisa Williams

Williams said she was sad to leave primary health, her passion, just three years after graduating but trying to give quality care in 15 minutes was a lot of pressure — especially with an increasing push across the sector to see more patients and get more funding.

"I was always going over time, so you start feeling that pressure — I'd be doing notes at home well into the night."

Leaving meant "I did feel I was letting my people down," said Williams whose iwi are Te Arawa and Whakatohea.

But the opportunity to move into an area of interest with "significantly" more pay and less pressure — "all those things" — contributed to her decision.

"We've all got families and bills to pay," she said. "The money's better, the work conditions are better — where I am is less stress."

Williams is one of many primary health (PHC) nurses deserting the sector for better pay elsewhere.

Others are barely hanging in there.

NZNO's college of primary health nurses chair Tracey Morgan has said nurses are "hōhā"(angry) with the latest three per cent pay offer from PHC employers, with many contemplating leaving.

Nurses in hospitals got paid up to 18 per cent more, despite having the same skills and qualifications, she said.

A recent Victoria University study (https://www.rnz.co.nz/news/national/540200/staff-shortages-key-driver-as-more-general-practices-turn-away-new-patients) has found a third of general practices last year stopped taking new patients, mainly due to staff shortages. Calling for urgent intervention, researcher Jackie Cummings said the pay disparity between community and hospital workforces was to blame.

Williams agrees.

"In my experience, there wasn't enough staff and it wasn't well paid enough. There's been talk that the pay rate is being looked at . . . but nothing happens."

Wellington primary health nurse Emma Mokalei says practices must be funded enough to provide quality care to patients and fair pay to staff — or risk burnout and more resignations.

Pay rises in the 2023/24 NZNO-PHC collective did help gain and retain PHC nurses amid a critical global shortage — but salaries have continued to lag behind Te Whatu Ora, she said.

"It's always going to come down to funding — for enough staff, to keep our doors open and keep us going and providing the best care for our patients," she said.

Emma Mokalei

"We've got lots of in-house services to offer but if we can't retain the staff, then we can't offer those services — so then the community loses out."

Currently, a shortage of GPs was putting the most pressure on nurses in many practices.

> **'...we have high needs in the community and try to give the best care possible but [were] not able to do that'.**

Several had left primary health recently due to pressure to take on more patients than they could safely manage, she said. Practices are funded per registered patient.

"That was super stressful – we have high needs in the community and try to give the best care possible but [were] not able to do that," she said. "We had a few doctors leave which put the pressure massively on nurses to upskill."

Now there was just one GP, instead of four serving about 4000 patients, with telehealth services, nurses and agency doctors filling the gaps. But this was not fair on nurses.

"We're not there to be doctors. If I'm working like a doctor but not getting paid like a doctor, I'll probably move."

Despite the pressures and lower pay, primary health was still preferred by many nurses as there were no shifts and it could be balanced with family life.

Nurses and doctors go 'hand in hand'

GP shortages also made it harder for nurses to complete their community prescribing and nurse practitioner (NP) papers, which all require supervision, Mokalei said.

"Nurses and doctors seemingly go hand in hand and are unable to function without one or the other."

Another Wellington primary health nurse, Eileen McAtee, said lack of funding meant there were few incentives to upskill. She and a colleague recently trained as community nurse prescribers but didn't get a pay rise.

Being paid less than hospital nurses makes her feel bad, especially as the work was becoming more complex.

"It does have an impact on how under-appreciated you feel — it's about feeling valued for what you do," said McAtee, who works at a community mental health service.

McAtee said the pay gap had lessened since before 2023 when it was as wide as $10 per hour. An extra eight per cent parity boost for PHC nurses under Labour in 2023 did bring them closer to hospital rates but they were "falling behind again" since Te Whatu Ora's latest pay deal.

Meanwhile, patients were becoming more challenging with "huge" mental health issues.

"We're just managing more and more – they get seen by CRS [Te Whatu Ora crisis resolution services] then get discharged straight back to us with very high acuity, suicidal ideation, chronic symptoms."

This week alone, there had been four severe mental health crises at her service.

New Minister of Health Simeon Brown Brown has said access to primary health is a top priority (https://www.rnz.co.nz/news/top/540296/predictable-beginning-of-health-system-collapse-general-practice-aotearoa) for him and floated telehealth as a solution. But this was no silver bullet for the sector, especially when managing community mental health struggles, McAtee said.

"Telehealth I really don't think is the answer for people in acute mental distress because often what people are missing is a connection."

Eileen McAtee with colleague Elliot Pepper at the Council of Trade Unions' fair pay rally last year.

Pay equity claim for primary health nurses

In 2023, NZNO raised a pay equity claim that as a female-dominated workforce, primary health-care nurses and administrators have long endured gender-based pay discrimination.

Last year, the claim expanded to include 750 employers — almost all the country's general practices and urgent care clinics. The claim — which requires extensive work to prove under the Equal Pay Act — is ongoing with progress expected this year.

NZNO pay equity claims have also been raised for nurses, midwives, kaiāwhina and administrators working in hospice, Plunket, district nursing, Awanui Laboratories and Sexual Wellbeing, and also for nurses in aged care who are not covered by the care and support workers claim. Details for each can be found here (https://maranga-mai.nzno.org.nz/pay_equity).

In 2024, NZNO, PSA and E tū joined forces to lodge a pay equity claim for 60,000 care and support workers with the Employment Relations Authority.

In July 2023, after a long battle to decide how far back nurses were owed, more than 30,000 NZNO Te Whatu Ora members voted to accept a $4 billion pay equity deal, paving the way for claims across other nursing sectors.

Kaitiaki
NURSING NEW ZEALAND

OPINION

‘The way illegal drugs are discussed can cause more harm than the drugs themselves’

BY PHIL TANSEY

February 20, 2025

A mental health nurse cautions against labelling all drug use as negative, and stigmatising people in the process.

Cannabis -- 'historically the most stigmatised drug'. Photo: Adobe Stock

I am writing in response to the *Kaitiaki* article Community mental health nurses consider stab-proof vests after knife attack. Firstly I would like to send my best wishes to the nurse affected and hope that her recovery goes well.

This may be a contentious topic, considering the severity of this incident, but one comment in the article is an example of the way we speak about drugs that ultimately causes more harm in the health and social sector than most drugs do.

One person quoted in the article acknowledges that the knife attack is a “rare and random incident” but then says: “We’re seeing more of a society that is highly distressed due to social situations and increased drug use — and just

generalised antisocial behaviours."

Social situations and social attitudes play a pivotal role in the experience of illicit drug use. In his 1971 book *The drugtakers: The social meaning of drug use*, Jock Young describes the connection between the social and the pharmacological effects of a drug.[1]

He argues that drug-taking is a two-way process where the drug alters the metabolism of the drug-taker, who then interprets the bodily changes into subjective experiences according to expectations, social situation, and prevailing mood. These subjective experiences revert back on to and change an already altered metabolism.[1]

Therefore, the way society views individual drugs, or drugs as a whole, plays a vital role in the effects of a drug on an individual.

Important to be accurate and specific

This makes it imperative to be accurate and specific when discussing illicit drugs and to stipulate which drugs we are talking about — otherwise the public, and often health professionals who lack experience in this field, are getting inaccurate information.

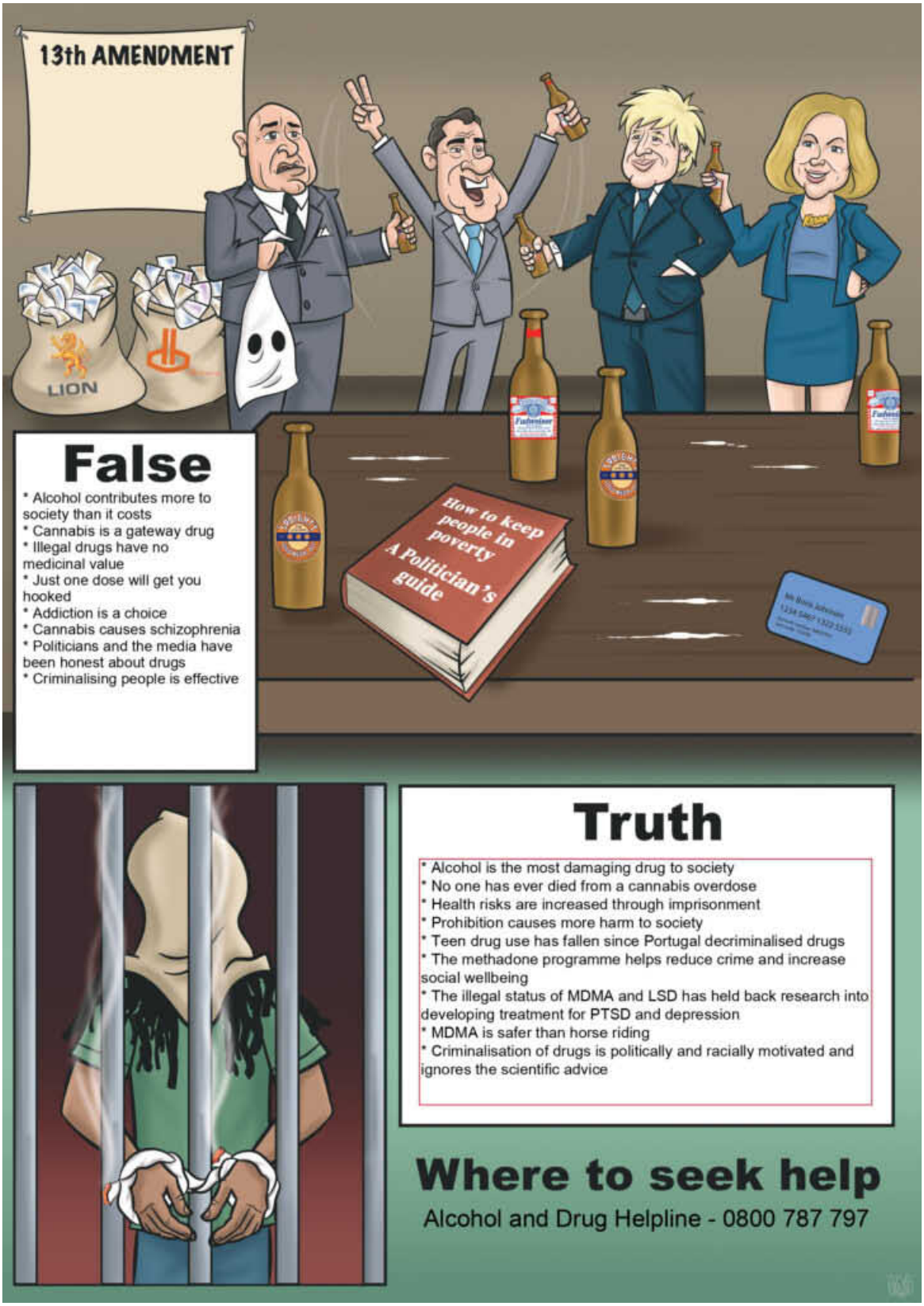
The article did not mention any particular drug, and in doing so, appears to paint all substances as negative, where it is simply not that black and white — many drugs that are currently illegal can have a range of positive effects on users, particularly related to their mental health.

From my experiences working in the mental health and addictions and medical sector, methamphetamine and alcohol are the substances causing the most harm, resulting in admissions to the health system.

> **From my experiences working in the mental health and addictions and medical sector, methamphetamine and alcohol are the substances causing the most harm.**

The harms that are caused by these two substances far outweigh the so-called dangers of other classifications of illegal drugs. Yet methamphetamine gets thrown in with other drugs which are enjoyable and far less harmful; and alcohol is legal and enjoyed by many politicians, including cabinet minister Chris Bishop who, as recently as 2023, owned shares in a craft brewery.[2]

Cannabis — the world's oldest medicine — is historically the most stigmatised drug — its users have been criminalised, imprisoned and suffered huge health and social consequences as a result.[3]



This poster was designed by the author for a postgraduate paper.

This is despite evidence that shows the "harms" of cannabis use are less than legal drugs such as alcohol, and that state-controlled legalisation would lead to improved health and social outcomes.[4], [5]

David Nutt, an English professor of neuropsychopharmacology, and an outspoken champion of evidence-based drugs policies, has said the United Kingdom's National Health Service could save itself billions of pounds a year by fully implementing the legal use of medicinal cannabis.[6]

It could replace other over-prescribed medications for use, among other things, as a relaxant,[7] and to treat seizures,[8], [9] eating disorders[10] and depression.[11]

Leading scientists are questioning why people suffering from chronic pain, post-traumatic stress disorder (PTSD), and anxiety still face restricted access to these legally available treatments, with costly private prescriptions often their only option.[12] The same could be said for New Zealand, which, in the current climate, would be a better option for saving the health system money, instead of cutting staff.

One of the conventional narratives is that cannabis "makes you paranoid". In reality, it is the ongoing criminalisation of, and societal hysteria about, a relatively safe drug that causes the paranoia — the labelling of the drugtaker as "antisocial", "criminally minded", or "on the wrong path" etc.

Another label thrown at cannabis is that is a "gateway" to harder drugs. As Carl Hart, a leading psychologist and neuroscientist known for his research on drug abuse and addiction highlights, the vast majority of cannabis smokers do not go on to use harder drugs.[13], [14]

In the early 1970s, United States President Richard Nixon, who started the country's war on drugs, appointed a conservative Republican majority to a National Commission on Marihuana and Drug Abuse.[15] After 18 months of testimony from dozens of experts, commission chairman Raymond Shafer concluded that cannabis was neither physically addictive nor a "gateway" drug, yet it was heavily criminalised anyway.

Negative narrative

Despite the evidence about cannabis, this negative narrative is still used to this day, including in the debate leading up to New Zealand's 2020 cannabis referendum. New Zealanders were asked to vote on whether to legalise the sale, use, possession and production of recreational cannabis.

By a small majority, New Zealanders, including a number of health workers, voted against reducing harms to health and social care. The "no" vote was supported by the National Party, including those with links to the alcohol industry — society's most harmful drug.[16], [17] This is a conflict of interest that causes more harm to the health system.

Research on psychedelics

In my research for a master's in health science, I am investigating the effect on individuals of the criminalising of psychedelic drugs due to prohibitive drug policies. There is limited information available in New Zealand on this specific topic, which is harmful in itself.

However, research does exist on how criminalisation of drug users affects the individual. The negative effects include separation from whānau, financial stress, and stigmatisation by staff in the health system. I have personally witnessed the judgmental attitude of some health staff towards drug users and some of the care given them has been poor.

In terms of psychedelics, and indeed cannabis, you need to question why they are illegal. MDMA (ecstasy), LSD, ketamine, and psilocybin (magic mushrooms) are far safer than alcohol. MDMA has been shown to be less harmful than horse riding.[18] Yet we do not stigmatise and criminalise those who enter the health system as a result of falling from a horse.

The negative effects [of criminalisation] include separation from whānau, financial stress, and stigmatisation by staff in the health system.

Scientist Albert Hoffman, who synthesised LSD, took the world's first known deliberate "acid" trip in 1943. He died in 2008 aged 102, famously taking LSD well into his 90s. Meanwhile, classic psychedelics, ie LSD and magic mushrooms, have been shown to reduce the propensity to commit crime.[19], [20] The illegal status of MDMA and LSD has held back research into the development of treatment for PTSD and depression.

Ketamine, which is used legally for anaesthesia but gaining more of a reputation for its psychedelic properties, is a very safe drug.[21] Many years ago, I took it recreationally, but it helped me medicinally at a very tough personal time, alleviating depression and helping me see a pathway forward in my life. Why is this considered a crime?

Young people self-stigmatising

Worryingly, we see evidence among youths who vape that they are self-stigmatising about their use, as well as feeling attacked and judged by hypocritical adults.[22]

Framing addiction as something bad has the effect of further stigmatising an already stigmatised population. For example, it is unhelpful for politicians to label youth vaping as "bad", as former health minister Ayesha Verral and Finance Minister Nicola Willis did in a radio discussion (https://www.newstalkzb.co.nz/on-air/wellington/wellington-mornings-with-nick-mills/audio/politics-thursday-nicola-willis-and-ayesha-verrall-talk-vaping-tax-cuts-and-grant-robertsons-legacy/), especially when evidence shows that such comments worsen the mental health of youth and drug users.

Like many other drugs taken recreationally, vaping is a social connector, while also playing a positive role in the treatment of mental health and addictions patients on the unit where I regularly work.

Young mental health patients describe vaping as helping them relax and de-stress. Graphic: Adobe Stock

I speak to many patients about the benefits they get from vaping. They all say it calms them, de-stresses them, and reduces anxiety and boredom. In a society with high levels of social distress, should we not see this as an effective tool that alleviates many issues that arise from stress and anxiety? Or would we rather continue with stigmatisation?

Self-stigmatisation is detrimental to mental health and causes far more harm than vaping does. It can lead to negative self-thoughts, suicide ideation, lack of self care, and social withdrawal.

The mental health and addictions sector is understaffed and is unable to recruit the numbers needed. This should not come as a surprise, considering the negative light shone on mental health and drug use by politicians and the media.

Ongoing misinformation about drugs and the resulting stigmatisation of users needs to be addressed from the perspective of health, not political expediency.

Phil Tansey, RN, PGCert Addiction, PGDip HealthSci, has more than a decade of experience in medical and mental health and addiction nursing. He is currently studying for a master's in health science, on the topic of criminalising psychedelics.

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Kaitiaki
NURSING NEW ZEALAND

FEATURES

Chief nurse opens up on the challenges of working at Te Whatu Ora

BY MARY LONGMORE

February 27, 2025

Despite grief at the "once in a generational opportunity" lost with the dissolution of Te Aka Whai Ora/Māori Health Authority, chief nurse Nadine Gray tells *Kaitiaki* she will not stop raising its Māori health kaupapa.

Nadine Gray (supplied).

Chief nurse Nadine Gray, (Te Whakatōhea), is surprisingly honest about the challenges of working at Te Whatu Ora.

Having come from Te Aka Whai Ora, where she was also chief nurse before its dissolution last June, she is still mourning the loss of its

Safe staffing?

Asked if she believes Te Whatu Ora is now completely safely staffed with nurses — contrary to what frontline

targeted approach to improving Māori health.

> **'We know that what's required is addressing Māori health need. Although it has probably become more silenced than when we were at Te Aka Whai Ora.'**

However, Gray says she won't stop raising Māori health inequities — despite a Government directive to the public service (https://www.stuff.co.nz/nz-news/350414578/public-services-must-be-needs-based-over-ethnicity-govt-says) to take a needs-based, rather than ethnicity-based, approach.

"We know that what's required is addressing Māori health need. Although it has probably become more silenced than when we were at Te Aka Whai Ora – because that was a once in a generational opportunity," she told *Kaitiaki* in a face-to-face interview recently.

"There may never be anything like it again and, from my own challenge of going through that — a grief for something that could have been — you can't not continue to talk about the kaupapa."

Māori endure a life expectancy seven years lower than non-Māori, and have higher disease rates across the board including for cancer, diabetes, cardiovascular and asthma.

As chief nurse at Te Whatu Ora, Gray says she remains as driven as ever to improve Māori health. Asked how, given the political brief, she says she will keep the kōrero going.

"I think you talk about it. You raise it. And I'm surrounded by amazing Māori and non-Māori leaders currently who do raise it so I'm in a clinical leadership team where equity matters — although it may be languaged differently around need and addressing need in vulnerable populations."

> **'Te Aka Whai Ora… was a once in a generational opportunity – there may never be anything like it again.'**

Gray acknowledges, too, the ongoing voice of NZNO-Tōpūtanga Tapuhi Kaitiaki o Aotearoa in "banging the drum" on the need for more Māori nurses. "I couldn't agree more," she says.

nurses are saying — Gray says there are still some shortfalls in mental health and addictions.

A revamped version of safe staffing tool care capacity demand management (CCDM) has now rolled out nationally — ahead of the mid-year budget cycle — after its staffing calculations were paused to iron out inconsistencies across 20 regions.

While cautious to discuss CCDM in detail, as safe staffing is a part of NZNO–Te Whatu Ora collective agreement bargaining currently underway, Gray says it's a key tool and there are no plans to get rid of it. "CCDM's not going anywhere, and I'm really excited to think about its future direction."

"The negotiation is around how decisions are made with the FTE [full-time-equivalent staffing] uplifts and I know that's where the rub has been," she said.

"There is absolute need for quality improvement around the processes we've been using now we are one organisation, and adherence to one SOP [standard operating procedure] around calculating FTE."

But certain environments — like emergency departments, mental health and addiction units — had different staffing mixes to other inpatient wards CCDM was designed for.

"So we needed to do this [pause] to have assurance that we are calculating what we require in our health services."

Nursing DNA

Born into a strong nursing family in Ōpōtiki, Gray started her nursing career in aged care — as she noted last year when hundreds of new nursing graduates missed out on hospital jobs.

She went on to work in different specialties, such as medicine and neurosurgery, before finding her "clinical home" in emergency nursing.

Married to a military man, she's moved around a lot over the years, working at emergency departments (EDs) around the country including Auckland and Hutt Valley. She's been a duty nurse manager, patient flow coordinator and worked in community urgent care before moving into specialist cancer care for Māori.

"What led me there, [is that] I wanted to give back because I cared for my mother who passed away from cancer."

Her mother was Janet Maloney-Moni, the country's first Māori nurse practitioner (NP) and trailblazer in primary care advanced practice, who died in 2014 at just 62.

"Unfortunately she got cancer and it was very rapid so I basically left Wellington overnight and cared for her till she passed away," Gray says.

"So when that [cancer] role came available, it just really appealed to me in terms of improving outcomes for Māori in cancer care."

Gray says her desire to tackle Māori inequities hasn't waned.

> **'It doesn't waver my drive for ensuring that we improve outcomes for Māori, within the sphere of control and influence that we have.'**

Nadine Gray's mother Janet Maloney-Moni, New Zealand's first Māori NP.

"I think because I could channel that empathy, having known what could have been different within my own whānau – not just mum but we've had cancers in my whānau. So I think there's a driver."

Cancer is an area of particular inequity — Māori are 20 per cent more likely to get cancer and twice as likely to die from it.

So being a nurse leader in an organisation instructed not to recognise (https://www.stuff.co.nz/nz-news/350414578/public-services-must-be-needs-based-over-ethnicity-govt-says) evidence-based ethnic population health statistics — especially when the inequities affect her and her whānau personally — she acknowledges is a challenge.

"It doesn't waver my drive for ensuring that we improve outcomes for Māori, within the sphere of control and influence that we have," she said. "Because it is never going to go away. The kaupapa actually endures no matter whether I'm on the frontline of clinical practice or whether I'm in the bureaucratic arm of health."

From a whānau of Ōpōtiki Māori nurse leaders — past president of Te Kaunihera o ngā Neehi Māori (National Council of Māori Nurses) Hemaima Hughes is her aunt — Gray trained at the Waikato Institute of Technology (Wintec). She went on to do a Masters of Health Science at University of Auckland, where she researched the importance of mātauranga Māori in for students at Te Whare Wānanga O Awanuiārangi. That work that led her to Manatū Haoura (Ministry of Health) as clinical chief advisor. She then became principal advisor nursing at Te Aka Whai Ora / Māori Health Authority in 2022, before taking up her current role in mid-2024.

It's not been smooth sailing.

Amid mounting financial pressures last year, Te Whatu Ora implemented a hiring freeze which commissioner Lester Levy swore would not impact frontline staff.

But when just three in five mid-year nursing graduates and a little over half the year's end cohort were employed by Te Whatu Ora (compared to the normal 90+ per cent intake) NZNO student leaders accused Te Whatu Ora of failing its most basic duty — protecting New Zealand's future nursing workforce.

Nadine Gray's aunt, Māori nursing educator Hemaima Hughes, speaks at the 2023 celebration of 50 years of nursing tertiary education.

Fronting the issue, Gray blamed fewer vacancies and low turnover after employing nearly 3000 nurses over the previous year — something former CEO Margie Apa publicly blamed (https://www.rnz.co.nz/news/political/535614/health-nz-says-nursing-hires-one-of-reason-for-deficit) for blowing the organisation's budget.

Later, a release of internal emails to *Kaitiaki* showed Gray arguing for placing new graduates, especially Māori and Pasifika.

By November, she was urging nearly 800 jobless graduates to consider roles in primary, community and aged care, saying "all roles will offer valuable work skills and experience".

Te Whatu Ora is also offering incentive payments (https://www.tewhatuora.govt.nz/for-health-professionals/health-workforce-development/nursing/primary-and-community-sector-placement-funding) of $20,000 for rural, provincial or Māori and Pacific providers to hire and mentor new graduates; or $15,000 for urban primary health practices.

With enough funding for 200 such placements, there have been 127 applications from nurses and 191 potential vacancies identified so far, she said.

"My role is to look beyond this year — how do we continue to drive that? How do we get funding in outer years to continue to really stimulate graduates going into primary, community and aged care?"

Today, there are still about 530 graduates from 2024 in the talent pool looking for work — including 19 who turned down their Te Whatu Ora offers.

Gray says an extraordinary set of circumstances are behind the lack of jobs. Internationally-qualified nurses now make up nearly half the nursing workforce after being fast-tracked into New Zealand amid a global nurse shortage post-COVID.

Nadine Gray, left, and her twin sister Renay Jones with their mother Janet Maloney-Moni.

> **'Naturally a graduate wants to work in a hospital where there are all the specialties . . . but we also need our nurses right across the health system to deliver care.'**

"There are unintended consequences of that [now], where we have more nurses than we do jobs, so that has impacted our supply — which is our new grads," she says. "The economic climate right now is also not helping as our turnover is extremely low [1.9 per cent]."

But there are other opportunities here — and Gray says she wants to do some "myth-busting in nursing that 'thou shalt not be a nurse unless you've worked in a hospital'."

"Naturally a graduate wants to work in a hospital where there are all the specialties . . . but we also need our nurses right across the health system to deliver care."

Janet Maloney-Moni as an enrolled nurse.

As a new graduate in the early 2000s herself, she got turned down for a hospital role and applied for a position in aged care instead "and it was fine".

Aged care, along with primary and rural health, needs nurses — but those sectors can pay up to 20 per cent less than hospitals, which she acknowledges: "Yes, that's a work on".

"There's an appetite to want to grow graduates in those spaces . . . but they've got to be in the right places, with supervision. It's not just a job, it's a supported space."

Those new graduates in community roles were also welcome to join Te Whatu Ora's nurse-entry-to-practice (NETP) programmes in their district (https://www.tewhatuora.govt.nz/for-health-professionals/health-workforce-development/nursing/new-nursing-graduates) for further support, she said.

"The first step is never the wrong one – even if you're part-time. Your first year is around gaining clinical experience and being supported in your first year of practice."

The future of nursing in Aotearoa?

Nursing, says Gray, is still a "great career" — in fact she's keen to spend more time in community clinical practice this year because "nursing brings me joy".

New Zealand is world-leading in advanced nursing practice such as nurse prescribing and NP scopes of practice, says Gray. Taking some Australian state chief nurses and midwives on tour last year, she visited some "amazing practices where there was integrated practice humming".

> **'For me, I really want to make space for celebrating the work that nurses do . . . the magic nurses bring every day.'**

"I'm talking about new graduate, RN, community prescriber, NP and GP — and that's the transformational model we require when we think about putting patients and whānau at the centre of why we're here."

Australian state chief nurses and midwives visit, December 2024

"It's to deliver care and access to care to patients of whānau when and where they need it, by the right people. So I firmly believe that nursing is the transformation that the health system needs, because we're in every corner, at every touch point and we can do a lot within our scopes," says Gray.

"For me, I really want to make space for celebrating the work that nurses do. We need to lift up and give positive stories about the magic that nurses bring every day to the health system. We get a lot of negative."

Kaitiaki
NURSING NEW ZEALAND

FEATURES

‘We are potentially watching our daughter die’ – Christchurch nurse aide’s plea for help

BY MARY LONGMORE

February 14, 2025

A Christchurch family say they have been unable to get the specialist inpatient care they desperately need after their adult anorexic daughter Emma Gallagher severely relapsed last year.

Emma Gallagher (right) with mum Della Connolly, who says she never imagined having to provide urgent care to their daughter at her age.

Instead, her elderly parents John and Della Connolly, in their 60s and 70s respectively, have been caring for her at their home — and believe she would have died otherwise.

“My husband and I have been potentially watching our daughter die,” Della Connolly, a nurse aide, told *Kaitiaki.* “It had been a nightmare watching Emma fading away and nobody cares.”

Diagnosed with anorexia nervosa at 14, their daughter Emma Gallagher was admitted twice to the South Island eating disorders service (SIEDS) in the 1990s. She again was treated by them again in 2021 as an outpatient.

> **‘It just seems everywhere we go for help we are declined . . . They basically just washed their hands of her.’**

The family's latest ordeal began when Gallagher, who is 49 and weighs just 37kg, relapsed following a relationship breakup at the end of 2023 and related financial pressures.

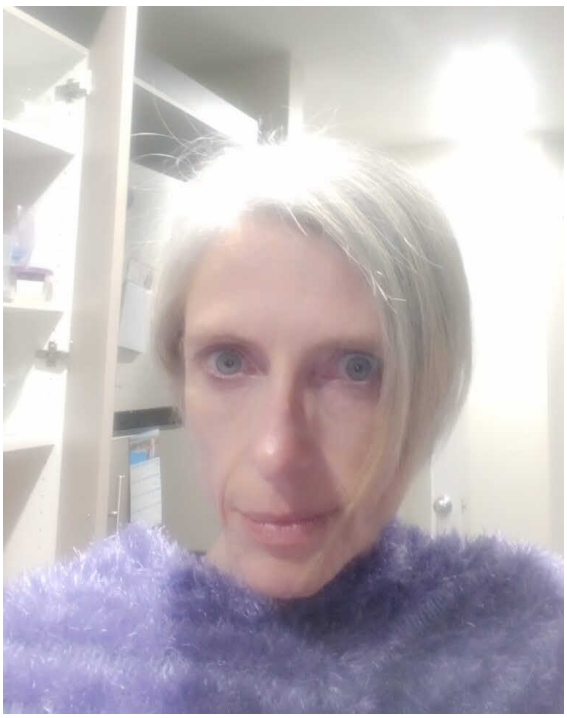
"I became very mentally unwell," Gallagher told *Kaitiaki*. "I had a plan to . . . take my own life. I was not getting any sleep at all — I was just in a dark hole and couldn't get out of it."

Her GP was concerned about her suicidal thoughts, and in March 2024 referred her to Te Whatu Ora's mental health crisis team.

Gallagher initially turned down their help, and continued to spiral. In June, fearing for her life, her parents tried to get her admitted to an acute mental health ward at Hillmorton Hospital — but were told the ward did not have expertise in eating disorders.

Gallagher agreed to see the mental health crisis team in July, after a counsellor also referred her. She was given a weekend of residential respite care and a change in medication, and encouraged to continue her counselling and dietitian support as well as practising mindfulness.

> **'If being 37 kilos doesn't indicate that I have an issue, what has to happen?'**



Emma in June 2024

But, continuing to struggle with suicidal thoughts and eating, Gallagher asked to be admitted as an inpatient to SIEDS so she could gain weight and feel better physically and mentally. She told her GP this would help her cognitively get through her mental health crisis — an approach which was backed by her dietitian, her medical notes show.

Gallagher has provided her medical files to *Kaitiaki*.

Her GP then referred her to SIEDS for inpatient care and feeding on July 30. But SIEDS turned her away, saying her situation was more of a stress-related mental health crisis than an eating disorder problem.

"We would not consider a referral to the eating disorders inpatient unit

Te Whatu Ora responds: 'We have empathy'

Hillmorton Hospital general manager of specialist mental health Vicki Dent told *Kaitiaki* that Gallagher's referral was declined due to clinical reasons, not lack of beds.

"While we have empathy for Emma on her health journey and acknowledge the distress and concern her parents have for the wellbeing of her daughter, Emma's referral to SIEDS was declined based on her clinical presentation and management at that time," she said via email.

South Island Eating Disorders Services (SIEDS) had a triage team of senior clinicians who reviewed referrals from different parts of the system, she said. A decision was then made on prioritising them.

based on her current presentation," SIEDS nurse manager wrote in its referral letter shared with *Kaitiaki* by Gallagher.

SIEDS acknowledged the GP and dietitian concerns about Gallagher's suicidal ideation and severe malnourishment in the letter, but advised that she should continue with her therapy for now.

> **'I hope you reconsider seeing her, as her function is now affected by her psych. issues.' – GP**

Gallagher had also changed her mind about wanting inpatient care as she was worried about stopping work, the letter noted.

On August 20, her GP again referred Gallagher for urgent SIEDS inpatient support, saying she was "chronically suicidal", severely malnourished and no longer able to work.

Hillmorton Hospital in Christchurch where the South Island Eating Disorders Service (SIEDS) is located.

"Our practice HIP [health improvement practitioner] has done her best to help her but her issues are all complex and not suitable to be managed by me. I hope you reconsider seeing her, as her function is now affected by her psych. issues," the GP wrote.

But again, SIEDS declined the referral, saying her issues were related to pre-existing trauma which she was already in therapy for.

However, she was referred to a local Māori mental health trust, Purapura Whetu, whose support worker did provide "amazing" general support for the whole family, Gallagher said.

"She comes to GP appointments with me, helps me set goals . . . she's a really good support."

Specialist help 'declined'

In September, Te Whatu Ora's crisis mental health team also discharged Gallagher, saying they were having difficulty engaging with her and she should continue with existing counselling, dietitian and Purapura Whetu support.

Her GP's request in September for a community nurse to visit Gallagher at home was also declined.

"It just seems everywhere we go for help we are declined," Connolly said. "They basically just washed their hands of her. There's just nowhere for Emma to get help — there' s nowhere for us to get help."

Her local MP, Reuben Davidson, wrote in her support but after unsuccessfully seeking intervention from the ministers of health and mental health, Della Connolly contacted *Kaitiaki.*

Dent acknowledged a growing demand for eating disorder services, but said SIEDS was "working hard to manage this".

Such disorders varied in intensity, severity and duration but most could be treated on an outpatient basis or managed in other areas of the health-care system, such as general practice, crisis resolution and ACC, she said.

There were currently 33 people waiting for admission to SIEDS' outpatient service and six people for an inpatient bed — which were available for people in the South Island who had a primary diagnosis of an eating disorder and had not been able to make progress from evidence-based outpatient treatment, she said. These people continued to be under the care of specialist mental health teams.

SIEDS was based in Canterbury and provided a specialist inpatient service for the South Island, alongside specialist outpatient treatment for those in Canterbury.

As it was not an emergency service, all its referrals were triaged weekly. Those needing more urgent help were advised to use crisis resolution services or be referred to the emergency department by their GP. However, people could be re-referred to SIEDS.

> **‘I feel like I’ve got this huge team of people who are lifting me up and holding me at the moment – but it shouldn’t be them who’re having to do this.’**

In October, with the support of Nationwide Health and Disability Advocacy Services, Gallagher also laid a complaint with Te Whatu Ora over SIEDS’s refusal to treat her, warning her current therapy wasn’t enough and she was at “high risk of dying”.

In a response seen by *Kaitiaki*, Te Whatu Ora Canterbury said as Gallagher’s weight had remained stable [around 37kg] since she was last seen by SIEDS in 2022, and her blood tests showed she was medically stable, there was no indicate her anorexia was worsening.

The average weight of an 11-year-old child is 35kg.

Photo: AdobeStock.

“Based on the medical information available, our assessment is that you are not of this outcome [high risk of dying] from your long-standing anorexia,” their October 23 letter said.

Response ‘patronising’

She was advised to remain in the care of her GP, be guided by her dietitian and contact its crisis mental health team if needed.

Gallagher said being told her eating disorder was not the problem, it was a mood disorder, felt “really patronising” and was wrong.

“The actual problem is that I’m malnourished. . . I can’t be in the now, I can’t sit still, my mind can’t function properly because I’m so malnourished,” said Gallagher, who wanted supervised eating to allow her to gain weight and improve cognitively to allow her to focus on her broader mental health issues.

> **‘I want to be a voice but I’m just exhausted from fighting the system.’**

“If being 37 kilos doesn’t indicate that I have an issue, what has to happen?”

Gallagher said she was offered nothing in support, except to continue with her regular sessions with a dietitian and psychologist and take more anti-depressant medication.

Speaking out ‘to help others’

In December, Gallagher laid a complaint with the Health & Disability Commissioner. However this was also rejected, principal advisor Amanda James saying the office could not “compel a provider to provide a specific treatment”.

Gallagher then moved into her parents’ home. Connolly said providing the required level of care was extremely demanding and “like having a toddler” again.

> ‘What we’ve had to do as a family, is create our own eating disorders unit.’

“She wanted [father] John to hand her the plate so she could eat it,” Della Connolly said. “I didn’t ever imagine that we would be doing this at our age.”

Gallagher — who is slowly stablising but still not gaining weight — said her family should never have been put into that situation.

“What we’ve had to do as a family, is create our own eating disorders unit . . . it shouldn’t have to be my mum and dad’s responsibility to feed me. It’s so wrong.”

The family blame an under-resourced, overstretched mental health system. Hillmorton’s eating disorders’ inpatient unit has just eight beds — they had been told there was a long waiting list, Gallagher said.

“All of us in the health system know how underfunded the health system is, how bad it is – but the public don’t know.”

She said she was “lucky” she had a family, friends and employer who all stepped in to support her.

“I feel like I’ve got this huge team of people who are lifting me up and holding me at the moment – but it shouldn’t be them who’re having to do this.”

Gallagher said she wanted to speak out about her experiences to help others.

“I just want to highlight the fact that there are people like me who are being discriminated against because they may have suffered from it for years. Because the eating disorders system doesn’t want to deal with it,” she said.

“I want to be a voice, but I’m just exhausted from fighting the system.”

Kaitiaki
NURSING NEW ZEALAND

FEATURES

Former NZ mental health nurse finds peace working at holistic Swedish hospice

BY ANNELIE GANNAWAY

February 13, 2025

Former mental health nurse Annelie Gannaway explains why the hospice she works in is not a sad place.

Annelie Gannaway (right) with guest Kerstin Sundberg and fellow Mellannorrlands nurse Annelie Ehnberg.

Some things are just meant to happen!

Living in New Zealand in the late 1990s, I trained to be a nurse knowing that mental health was a great interest and was going to be my future area of work.

Returning home to Sweden in 2014, to an area unknown to me (close to my Mum — the reason my Kiwi husband and I came back to Sweden), I was looking for a change. I wanted a break from the violence and aggression I was experiencing in my daily work in mental health.

One day, I read an article in a magazine about Mellannorrlands Hospice in Sundsvall, a small northeastern city in Sweden.

Mellannorrlands Hospice, Sundsvall.

The article described a hospice philosophy where the guest (we don't say patient!) and their family are truly the focus and the aim is to make the last part of someone's life as meaningful as possible.

I remember reading the words: "*You don't come to hospice to die, you come here to live as well as possible.*" I also remember how the founder, Dr Matthias Brian, was interviewed and talked about death as a natural part of life, and how the deceased guest in their coffin always left through the front entrance without any secrecy — the same way they once arrived.

Once a year, children who have had a friend or relative at the hospice are invited to a day of remembrance. The day finishes with children releasing a balloon with a message for their loved one into the sky to the music of "Circle of Love" — a very beautiful and emotional day.

I read the article to my Kiwi husband and he said: "Perhaps we can be volunteers there one day." We bought a little cottage in Sundsvall and were out walking one day around a beautiful lake. We saw a house with a huge deck filled with sun umbrellas and people having coffee. I said: "We must try that cafe one day." It turned out to be Mellannorrlands Hospice, and its guests were enjoying time in the sun with family, friends and staff.

I work there now and I am so grateful to be part of this amazing place. I feel that I contribute something important every day, with a group of passionate colleagues. We are part of making someone's last weeks or days worthy, to ease pain and anxiety and support grieving relatives and friends.

Work has to be about more than a pay cheque, otherwise you do not make it long in our team.

Mellannorrlands Hospice is run by a not-for-profit trust. Fees are generally paid by the Government and no-one in need is turned away for financial reasons.

The words “non profit” are important to me, but that does not mean we do not care about money. As staff , we are all careful not to waste anything, knowing that whatever money we save in our daily work will benefit our guests through such things as delicious home-cooked food, including home-baked bread and cakes.

Our guests are referred to us by doctors in the community or by hospitals. All have specialised palliative needs, such as difficult-to-treat pain, anxiety or depression, or a family is in need of extensive support.

A fountain at the hospice entrance brings the sound of water.

Our guests are all ages, mostly with a diagnosis of end-stage cancer, COPD (chronic obstructive pulmonary disease) or heart failure.

The cornerstones of palliative care are: Pain relief, communication, teamwork and support to families. All our staff have a genuine interest in palliative care. Work has to be about more than a pay cheque, otherwise you do not make it long in our team.

Personality and life experience are as important as clinical skills. Our guests are welcome to have friends and family to stay and visiting pets are also welcome.

We want a homely environment and try to pay extra attention to children as relatives of a parent, or grandparent, who is dying. We have had children staying in hospice with a dying parent for weeks — we support the children, talk about death and we try to make their loss more bearable.

> **Death is the only thing we are all guaranteed to experience. And still . . . it can be very difficult to talk about.**

We have arranged weddings with short notice for guests and made a nice Christmas day for a family a week before Christmas as Dad was not going to live that long. Staff have put out pleas on social media to fulfil final wishes for a guest. One guest wanted to be with a horse for the last time. A lovely woman came to hospice with a pony and carriage and our guest had a lovely day going around the area in a horse carriage.

Death is the only thing we are all guaranteed to experience. And still . . . it can be very difficult to talk about. Our mission is to make death a natural part of living. We never say that someone has "departed" or "left us". If we staff use those words, someone always replies: "And where have they gone?" We DIE and it is very important to say that, especially when dealing with children. If you just leave, you usually come back again!

The hospice wintergarden with large green plants and a lake view.

Our team consists of a doctor, registered and enrolled nurses, a cook and a cleaner. We have a visiting priest and an occupational therapist available. Our focus, in everything we do, is to make things as good and comfortable as possible for the guest. We are flexible in our day and follow the rhythm of our guests.

A holistic view in palliative care means being aware of the concept "total pain". The word pain most often refers to physical pain, which can be eased by medication. In palliative care, we often meet social pain, existential pain or psychological pain, which can also manifest as physical pain.

To feel cut off from a social context and not be part of family decisions, or losing your role at work, can make someone feel lonely, sad and in pain. To have thoughts and worries about the dying process, what happens after death, how the family is going to manage and so on, can also make someone unsettled and feel pain.

We try to identify the pain and give our guests what they need, whether it be medication, someone to talk to, a feeling of safety and connection or reassurance their family is getting the support they need.

My journey had to take the detour through mental health to get to palliative care, but I do believe I am better at what I do today thanks to my previous experience.

Some guests need an "ending" — a finalising of their life which can be made through writing, photos, recordings — or sometimes just facilitating a meeting with someone they want to talk to.

It is very special and precious to get to comfort someone at the end of life. It always astounds me how "ready" most people are and how very peaceful most deaths are.

Hospice is not a sad place! As staff , we have a lot of fun and our guests often handle the situation by using humour.

The day room with fish tank and TV.

There is a candle hanging from the ceiling in the wintergarden. When a guest has died, the family gets to light the candle and it burns until the guest leaves the house, which can sometimes take one or two days. Some weeks, the candle is always alight.

Physically caring for very sick and dying people can be hard and supporting grieving families can be challenging. Support from colleagues and management is essential. We finish each shift with "mirroring" — a short gathering where we all say how we feel about the day, what's been good, what could be better, how the teamwork's been, if there is anything that has touched us more than usual today. It is important to leave some feelings at work!

From mental health to palliative care . . . it's about supporting people in crisis. Listening and helping people use their own strengths to manage life and death. My journey had to take the detour through mental health to get to palliative care, but I do believe I am better at what I do today thanks to my previous experience.

— Annelie Gannaway formerly worked as a mental health nurse in New Zealand.

Kaitiaki
NURSING NEW ZEALAND

FEATURES

Cathy Andrew – a passionate advocate for regional education

BY THE COMMUNICATIONS TEAM, UNIVERSITY OF CANTERBURY

February 7, 2025

Helping establish graduate-entry and advanced nursing practice courses have been highlights of Cathy Andrew's role as executive dean of the University of Canterbury's faculty of health.

Cathy Andrew with Governor-General Dame Cindy Kiro after her investiture as an Officer of the New Zealand Order of Merit in 2023.

From working as a nurse to leading the health faculty of a large university, Cathy Andrew (https://www.canterbury.ac.nz/about-uc/contact-us/staff-directory/cathy-andrew) has always been committed to helping people thrive.

She says her pathway to becoming executive dean of the faculty of health at Te Whare Wānanga o Waitaha — University of Canterbury was unconventional.

"I've never studied full-time at a university, and I've never studied on-site as a university student. For my bachelor's, my master's, and my PhD, I lived in a different location to where I was studying, and I studied part-time while working full-time, so I haven't had the traditional academic history that most people have when they're in an executive dean role."

During Andrew's nursing career, she worked in mental health, in the intensive care unit at Christchurch Hospital, and in private cardiothoracic care in London.

She says she enjoyed supporting patients at pivotal moments in their lives. "I like people, and I want them to live their best life, no matter what's going on for them.

Cathy Andrew — associate professor and executive dean at the faculty of health, University of Canterbury.

'A challenge and a privilege'

"As a nurse you see the fragility of human existence at its most raw, you're with people in happy times and with people who are facing life-changing events, for themselves and their family members. So that's a challenge and a privilege all mixed into one."

Andrew moved into the education sector in 1993, lecturing for several years before becoming head of nursing at Christchurch Polytechnic Institute of Technology (now Ara Institute of Canterbury).

> **'As a nurse you see the fragility of human existence at its most raw'**

She started at the University of Canterbury in the school of health sciences in 2020. The university established the faculty of health in 2021 with Andrew, an associate professor, as acting executive dean, and she says it still feels new and exciting.

A highlight for her has been supporting the development of a new master of health sciences (nursing) (https://www.canterbury.ac.nz/study/academic-study/qualifications/master-of-health-sciences) course as an accredited and Nursing Council-approved graduate-entry programme, with the first cohort of students starting last year.

The course offers people with an undergraduate health-related degree the opportunity to apply to become a registered nurse (RN) after two years of full-time study, instead of the usual three-year nursing degree.

This year the university will start advanced practice nursing programmes for RN prescribers and nurse practitioners, she says.

Courses all 'blended delivery'

"All our courses are offered via blended delivery [both online and in-person] on a platform called Tuihono UC | UC Online (https://uconline.ac.nz/) – the nursing team describe it as blended learning on steroids.

"It means we can offer nursing to new students and RNs living in areas such as Marlborough Sounds, Golden Bay and Central Otago with clinical providers supporting the students locally. This is a great opportunity to diversify the workforce and make education accessible and more affordable, regardless of where a student lives."

Her own experience of studying by distance as a young person in Nelson gave her a passion for equity in education.

"I feel very strongly that people living regionally and rurally should have the ability to access a university education if that's what they want. It's not cheap to get a tertiary education and if you add accommodation and travel on top, it's a barrier for a lot of people.

"As an institution, we have a responsibility to use education technologies and everything available to ensure people can access what we're offering," Andrew says.

> **‘I feel very strongly that people living regionally and rurally should have the ability to access a university education if that’s what they want.’**

Andrew is committed to programmes that boost Aotearoa New Zealand’s health workforce, and her significant contribution to nursing education was recognised when she was a made an Officer of the New Zealand Order of Merit in the 2023 King’s Birthday and Coronation Honours.

She says it was a huge surprise to receive the email from the Department of Prime Minister and Cabinet informing her of the honour and initially she thought the message was spam. She says she’s been lucky with the opportunities that have come her way.

Chair of NETS

Her career has spanned New Zealand, Australia, the United Kingdom, and the South Pacific. She has served as chair of the Nursing Education in the Tertiary Sector (NETS) network for several years and been a trustee of the Nurse Maude Association since 2013, as well as consulting on nursing education nationally for the Nursing Council of New Zealand.

One of the highlights of the executive dean role at the University of Canterbury is being part of graduation ceremonies and seeing students achieve their qualifications.

“I’ll call out a name and I know the backstory for that person and their whānau, what’s led to them being able to walk across the stage, and it can be quite emotional – your eyes well up.”

Outside of work she is a dedicated family person. “That’s what I love doing, spending time with my family. So that’s my happy place outside of work.”

She says studying through university’s faculty of health is an excellent pathway for those who like engaging with people — as well as nursing, it offers qualifications in social work, psychology, counselling, and speech and language pathology, along with sport and sport science.

“It’s a really fantastic blend and there’s so much bouncing of ideas between the different teams to inform teaching and research,” Andrew says. “If you want to make a difference in the lives of others then health is a really good place to be. It’s about finding your niche because there is such variety.”

Kaitiaki
NURSING NEW ZEALAND

COLLEGES & SECTIONS

‘We do give really great care’ – emergency nurses bear the weight of systemic failings

BY LAUREN MILLER

February 28, 2025

NZNO’s college of emergency nurses (CENNZ) talks short-stay targets, the need for 24/7 security and their desire to provide safe care.

College of emergency nurses New Zealand (CENNZ) committee. Chair Lauren Miller is at far left.

As the most visible and high-profile public face of the hospital, we in emergency departments (EDs) tend to wear the wider problems of the health system.

We are the path of least resistance to health care, because we're free, our doors are open 24/7 and we provide care at no cost. People will always be welcomed in. And more and more are coming (https://www.nzdoctor.co.nz/article/news/undoctored/critical-condition-emergency-departments-harming-whole-health-system) because they can't get into their GP practices, as many are at capacity and unable to enrol new patients (https://www.rnz.co.nz/news/national/540200/staff-shortages-key-driver-as-more-general-practices-turn-away-new-patients).

While managing increasing presentations, we are also being told by the Government we must do more, move faster — get 95 per cent of patients through EDs within six hours.

> **The vast majority of patients who breach the targets by staying more than six hours are those who have been seen by us and are waiting for a hospital bed on a ward.**

But whether we have enough staff to manage our current workload let alone go faster is unclear — for the past three months Te Whatu Ora has paused its safe staffing calculations and hiring as it tweaks the former region-by-region tool CCDM (care capacity demand management) into a nationally consistent one.

So we are currently flying blind on whether our staffing levels are actually safe for the patients coming on the day, especially when it comes to senior nurses.

But given that previous calculations have shown up to 48 per cent understaffing in some of the larger EDs, our staffing levels probably aren't safe. Pausing the CCDM calculations hugely heightens the risk — to patients, staff, everyone — of something going wrong.

> **We simply can't get patients out of ED if there are no hospital beds to admit them to – and hospitals can't discharge elderly patients if there are no aged-care beds for them to go to.**

But without significant investment and intervention from this Government into the health system as a whole, the risk to patients — and to us — will continue to grow.

As we have flagged with the new Minister of Health Simeon Brown , it's not just ED which should be the focus, it's the whole hospital — and community. We simply can't get patients out of ED if there are no hospital beds to admit them to — and hospitals can't discharge elderly patients if there are no aged-care beds for them to go to.

That leaves a bed block — and apart from having to care for patients in corridors or short-stay beds — there's not a lot we in ED can do about it.

The vast majority of patients who breach the targets by staying more than six hours are those who have been seen by us and are waiting for a hospital bed on a ward.

EDs continue to give some really great care. On average, we refer about 30 to 40 per cent of ED patients on to be admitted to wards. The remaining 60 per cent, who are discharged, we manage well — if the targets were measured just for them, you'd find a different scenario.

> **We believe this Government's 'ruthless focus on execution' of health targets, without any support, funding or resourcing is not achievable.**

In some EDs, we've even seen a rise in the number of lovely compliments we've been getting from patients, who perhaps are aware of the pressures we face, or see that we are doing our best to care for them.

We believe this Government's "ruthless focus on execution (https://www.rnz.co.nz/news/top/541435/emergency-doctors-and-gps-warn-new-health-minister-government-health-targets-will-not-be-possible-without-more-funding)" of health targets, without any support, funding or resourcing, is not achievable.

We have not been able to employ as many new graduates as usual, as Te Whatu Ora says there are not the vacancies. In Whakatāne, for example, we got one instead of the four or so we normally take on. Wellington got six instead of eight and Taranaki got two instead of four.

We are also having to heavily advocate throughout the country to maintain a safe level of senior nurses in EDs, so that is a big concern.

While CCDM is still not fully up and running in every ED, we do want it to be and are concerned about the pause. But at the moment, with the current cost pressures Te Whatu Ora is under, there is not even a guarantee that hospitals will budget to fill the staffing shortfall it calculates.

Security 'high priority'

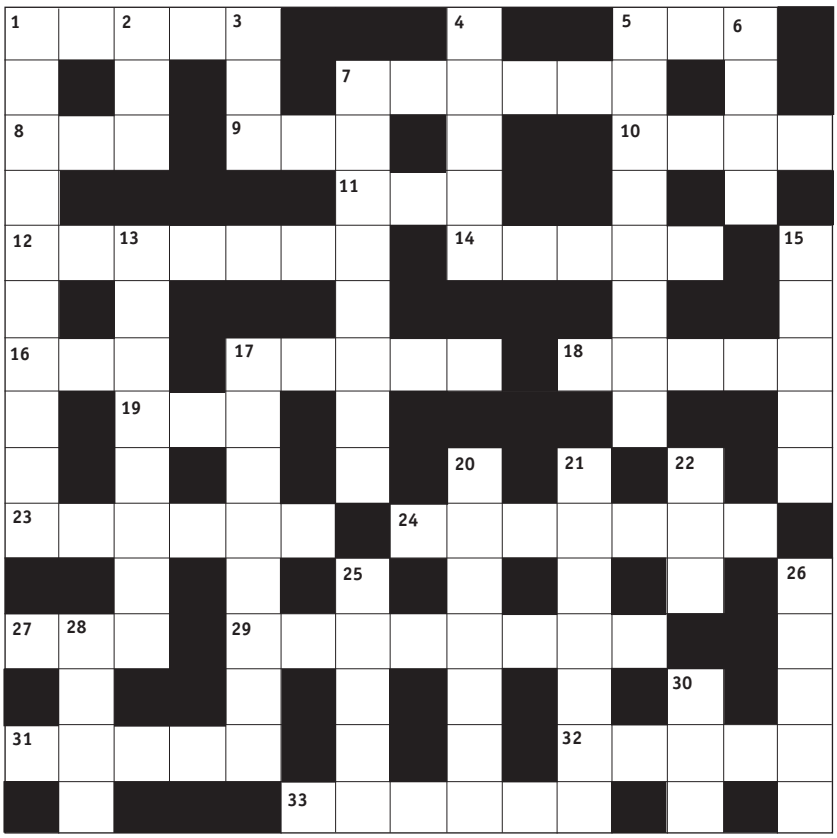
After a shocking summer of violence for nurses including in EDs, better security is also a high priority.

We support the new safety training currently being rolled out, but — again — believe it has not been adequately resourced and was rushed. We were not given enough time to roster around the four-week programme, or funding to backfill clinical staff to attend.

We would also have loved for CENNZ to been consulted on developing the programme — we are New Zealand's national committee of emergency nurses! So not only are we emergency nursing's professional voice, we have a network of emergency nurse leaders, managers and educators who can contribute.

- *Lauren Miller is CENNZ chair.*

February 2025 crossword



ACROSS

1) Togetherness.
5) Word play.
7) One in charge.
8) 1440 minutes.
9) Food (Māori).
10) US award for TV excellence.
11) Take legal action against.
12) Hire.
14) Elevate.
16) Metal with chemical symbol Sn.
17) Hit with fist.
18) Love, compassion (Māori).
19) Animal's covering.
23) Instructions for medicine's use.
24) Job opening.
27) Small head movement.
29) Class of nurse requiring 18-month diploma.
31) Stinging insects.
32) Related to nose.
33) Get very cold.

DOWN

1) Comprehend.
2) Climbing plant.
3) Asian beast of burden.
4) Medical tech using light.
5) Stress.
6) Without feeling.
7) Weekly NZ magazine.
13) Bewildered.
15) Digging tool.
17) Improvement
20) Lack of success.
21) Hot spice.
22) Very cold; unfriendly
25) Mistake.
26) Grown-up.
28) To do with the mouth.
30) What's left after fire.

December answers

ACROSS: 1. Strike. 8. Triage. 9. Cilantro. 10. Target. 12. Crook. 14. Copy. 17. Air. 18. Ear. 19. Degree. 21. Loch. 22. Clinical. 23. Opium. 25. Nephew. 27. Pyre. 28. Budget. 29. Whooping cough.
DOWN: 1. Shortage. 2. Icing. 3. Exactly. 4. Retch. 5. Atom. 6. Minors. 7. Meri Kirihimete. 11. Recruit. 13. Carol. 15. Pumice. 16. Wellbeing. 20. Eloped. 24. Myth. 25. Nero. 26. Pēpi. 28. Bio.