Kaitiaki
NURSING NEW ZEALAND

NEWS

Are you a late-career nurse or caregiver? Fill out this survey about your career

BY KATHY STODART

March 31, 2025

If you're a late-career nurse or caregiver — aged 50 and above — an important new workforce survey is seeking your opinions about your career.

Photo: Adobe Stock

NZNO members aged 50 years and above are being emailed a survey seeking their views about their career plans and retirement.

The purpose of the survey, being conducted by a joint NZNO/University of Otago research team, is to find out why and

How to access the survey

when late-career nurses and caregivers are planning to retire and/or change their working patterns.

The researchers say the aim is to identify the profile, views and needs of late-career nurses, and to determine what strategies a workplace could use to support them. The data gathered could also potentially assist with workforce planning.

The survey is a repeat of a workforce study of late-career nurses done by NZNO in 2012. The earlier survey collected a large amount of important workforce data. However since then, the research team says, there have been substantial socio-economic, cultural, health care and community changes.

"Repeating this survey will enable comparison of the two data-sets and importantly, provide insights from late-career nurses today on how the workplace can respond to and accommodate their needs."

The research team consists of Raewyn Lesa, an aged care clinical manager with links to postgraduate nursing at the University of Otago; Lorraine Ritchie, a nurse consultant for Health NZ Te Whatu Ora — Southern, and a professional practice fellow at the University of Otago; NZNO researcher Sue Gasquoine; and NZNO professional nursing adviser Wendy Blair.

All NZNO members aged 50-plus will be sent an email about the survey, which will include an information sheet, survey link and QR code.

You can also download the participant information sheet here and access the survey itself here (https://www.surveymonkey.com/r/28P9WGQ), or via this QR code:

Lead researcher Lorraine Ritchie said replicating the 2012 survey would be fascinating as so much had changed in the profession since then. Older nurses could face a range of work issues such as ageism, reduced health and stamina, and keeping up with technology. The survey wanted to find out how these issues affected them, and whether more flexible work practices could help retain these experienced nurses.

She said it was important to find out whether older nurses were treated differently, and to find ways for the different generations of nurses to work together better.

Nurses and caregivers who wish to participate should read the participant information sheet and then fill in the anonymous survey. They will be asked at the end of the survey if they wish to participate further in the study by agreeing to an interview.

The survey takes 10-15 minutes to complete.

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Bupa aged-care workers prepare to hīkoi in protest over proposed cuts

BY MARY LONGMORE

March 28, 2025

Aged-care workers are preparing to hīkoi from the Auckland Domain to Bupa's head office in Newmarket next Tuesday, a day before the profit-making global company reveals whether it's going ahead with cuts to worker hours at 17 care homes around the country.

Long-time Bupa health-care assistant Trish McKillop, third from left, and colleagues are fighting cuts to hours and less flexible shifts.

Sixty-five-year-old widow Trish McKillop has worked more than 23 years at a Bupa care home in Auckland — but she is preparing to walk away if the profitable company goes ahead with a proposed cut to hours.

So she is joining a protest hīkoi next Tuesday, April 1, in Tāmaki Makaurau/Auckland, where seven Bupa care homes are affected. Bupa's is proposing cuts to 17 of its 40 aged-care homes around New Zealand and will announced its decision on April 2.

A hīkoi protesting the proposed cuts is being held 3.30–4.30pm on Tuesday April 1. It will start on the corner of Park Road and Carlton Gore Road by the Auckland Domain.

'It's going to affect the workers being able to put food on the table.'

An NZNO delegate, McKillop said it meant many workers were losing up to eight hours a week — and sometimes more.

NZNO members Iliui Tuala (closest) and Ngatamariki Miimetua (second from right) picketing at Bupa's head office earlier this month with E tū members.

"The biggest thing for people is the loss of their hours. It's hit the morale of the staff — a lot of people are worried whether they're going to have a job," McKillop told *Kaitiaki.* "It's going to affect the workers being able to put food on the table."

The proposed changes would also see workers forced to rotate their shifts every six weeks, making it impossible for many workers with young families to juggle childcare, said McKillop, an NZNO delegate.

> **'I'm angry Bupa wants to do this proposal and we workers are supposed to just accept it – and they keep making all those millions while we just roll over.'**

Safer age care – training

NZNO is running Age Safe training in Auckland, Wellington, Hamilton and Christchurch for its delegates, nurses and health-care assistants working in aged care, as part of a campaign for better staffing.

NZNO industrial advisor Louisa Jones said the training was focused on turning around the staffing issues in the aged care sector, for worker health and safety and to be able to deliver quality care for residents.

So far, delegates have shared deeply

"There are also lots of young mums who need to go and pick up their children at 3pm — daycare doesn't go till 11pm at night," she said. "It's not just about the loss of hours and money, it's the impact on people's lives."

McKillop, too, would no longer be able to help her own children with childcare through the week if the changes went ahead — which would be a deal breaker for her.

"If it happens, I probably will just go on my pension and just survive. I'd have to give up my job that I actually love."

She enjoyed looking after residents and families, often towards the end of a person's life.

"Caregiving is not all about taking them to the toilet, it's the whole thing of looking after a human being, and their spiritual side."

Palmerston North members and supporters picket outside Bupa's Riverstone care home on March 12.

McKillop said she felt angry at being put in this position after so many years of loyal service to Bupa.

"I'm angry because it's going to affect my whole family life, then I'm forced to throw the job I've actually given over 23 years to, because I have to help my grandchildren," she said.

"I'm angry Bupa wants to do this proposal and we workers are supposed to just accept it – and they keep making all those millions while we just roll over."

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 nearly tripled after tax to just under $12 million in the year to December 2023.

important experiences with one another about the current understaffing, and discussed a vision and plan for the future.
Details can be found on the Age Safe Facebook (https://www.facebook.com/agesafeaotearoa) and Instagram (https://www.instagram.com/age_safe_aotearoa/) pages or Age Safe website (https://maranga-mai.nzno.org.nz/age-safe).

Age Safe training with aged care staff in Auckland.

Age Safe training with staff in Hamilton.

'I'm fighting for other staff, who have family and little ones to deal with.'

Health-care assistants and NZNO delegates Iliui Tuala and Ngatamariki Miimetua have worked at Bupa's Glenburn home in New Lynn, Auckland, for 13 and 30 years respectively. They endured cuts to worker hours last June and are taking to the picket lines to stop any more.

"It's not affecting me but I'm fighting for other staff, who have family and little ones to deal with," Tuala told *Kaitiaki*. "We want more hours — it's not enough income for families and doesn't work with family routines too."

Bupa workers, with the support of their unions NZNO and E tū, picketed Bupa's head office on March 19 after earlier delivering a petition over the proposed cuts.

Miimetua said many staff had quit last year after the cuts shaved $100 to $200 off their weekly pay packet. "It was scary — some people lost a lot of money to pay their bills and their earnings went down."

> **'We want more hours – it's not enough income for families and doesn't work with family routines too.'**

She has also been out picketing this month and will be on next week's hīkoi to try and stop anymore cuts. "We want some changes but [the bosses] aren't listening."

Bupa has cited flexibility and financial viability as its rationale for the cuts. However, NZNO says its members are concerned about the impact on residents as well as a loss in take-home pay for the workers who care for them.

Workers and supporters picketing outside Bupa's Sunset home in Blockhouse Bay, Auckland, on March 18.

A Bupa spokesperson said the organisation had been consulting on its proposal, which it took "very seriously" and was currently reviewing feedback.

> **'I'd have to give up my job that I actually love.'**

"Where we have completed consultation, we have incorporated changes based on the feedback from our people. When we talk with our people about the final decision, we will include the feedback."

An NZNO picket at Bupa Riverstone in Palmerston North also drew support from the Tertiary Education Union.

'Caregiving is not all about taking them to the toilet, it's the whole thing of looking after a human being, and their spiritual side.'

NZNO organiser Lewis Wheatley said the feedback had been primarily through collective action such as picketing and a petition from workers.

See also: :'*They've got no heart for people*'.

On the Whangapāraoa Peninsula in Auckland, Bupa's Northhaven home workers and supporters picket on March 12.

Bupa's Remuera care home workers and supporters picket on March 12.

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Mental health nurse leader slams ‘distracting’ assistant psychologist role

BY MARY LONGMORE

March 26, 2025

Mental health nurse leader Helen Garrick says a new associate psychologist role being introduced here is a “distraction from the shortage of psychiatrists and mental health nurses”.

Photo: AdobeStock.

Instead, the Government needed to invest in attracting, training and retaining more mental health professionals amid a 650-strong shortage, said Garrick — chair of NZNO’s mental health nurses section.

Minister for Mental Health Matt Doocey this month announced a new one-year post-graduate diploma at Canterbury University from 2026 for psychology graduates, which would allow them to become psychology associates.

‘This is a distraction from the shortage of psychologists, psychiatrists and mental health nurses.’

"Every year there is a large amount of psychology students who graduate with an undergraduate degree but are unable to progress further due to the limited number of post-graduate clinical pathways," Doocey said in a release.

They could then, with the appropriate support, work in areas with few psychologists such as rural and hard-to-reach communities, he claimed.

A clinical psychologist requires a masters degree — a minimum of two years' study beyond a three-year undergraduate degree — plus 1500 hours of supervised practice. All up it would take at least six years.

Mental health nurses section chair Helen Garrick .

Mental health nurses usually do a one-year nurse-entry-to-specialist-practice (NESP) supported-entry programme after a three-year nursing degree.

Garrick said the associate psychologist role appeared to be a mix of psychology, mental health nursing and social work which had emerged from the United Kingdom where it had also been controversial.

Instead, the Government should fund more post-graduate placements and supervision for clinical psychologists, as well as better support for an under-stress mental health nursing workforce.

"Why create another role? We already have established workforces for mental health nursing, clinical psychology and social work," Garrick told *Kaitiaki.*

"This is a distraction from the shortage of psychologists, psychiatrists and mental health nurses. These professions need to be recruited and retained."

Over 200 psychologists have also signed a letter written by clinical psychologist Laura Barkwill to Doocey warning the new role could harm patients and "dumb down" the profession, RNZ reported (https://www.rnz.co.nz/news/political/547554/fears-over-minister-s-bid-to-loosen-psychologist-rules). Barkwill and others have also launched a petition (https://our.actionstation.org.nz/petitions/protect-public-safety-and-psychology-in-new-zealand-a-petition-by-psychologists-and-supporters) against the move they say is a dangerous "shortcut" to a psychologist title.

The mental health nurses section last year met Doocey to discuss how to better support mental health nurses, especially for acute services.

Workforce funding 'reprioritised'

But instead of investing in the long-term workforce, Doocey had diverted $10 million set aside by Labour for that purpose, into its mental health "innovation fund (https://www.rnz.co.nz/news/political/541697/frontline-mental-health-cash-used-for-controversial-fund)", Garrick said. The fund required organisations applying to have $250,000 co-funding — something Labour's mental health spokesperson Ingrid Leary has said shuts out community mental health groups.

"It's outrageous to suggest community mental health groups have hundreds of thousands of dollars sloshing around in their bank accounts," she told RNZ (https://www.rnz.co.nz/news/political/524547/unfair-criteria-shutting-mental-health-groups-out-of-government-funding-labour) recently.

Royal Australian and New Zealand College of Psychiatrists (RANZCP) chair Hiran Thabrew has also suggested the money be invested in training more mental health professionals (https://www.rnz.co.nz/news/political/541697/frontline-mental-health-cash-used-for-controversial-fund).

Garrick said there had been little engagement with the mental health sector by the Government, who last year gave $24 million (https://www.rnz.co.nz/news/political/517470/coalition-confirms-24m-for-gumboot-friday-charity-i-am-hope) to celebrity Mike King's youth mental health charity I Am Hope without any competitive process.

Hiran Thabrew

"Where was the procurement process? Where are the outcome measurements for that particular service? What other services were considered for that money? As there are some very good youth mental health services out there – why were they not offered the chance to bid for $24 million dollars? That's a hell of a lot of money," Garrick said.

Mental Health Minister Matt Doocey (right) with I Am Hope founder Mike King last May, announcing $24 million in funding for King's youth mental health service. Photo: STUFF.

"So that's really causing quite a stir out there in the mental health sector because it looks like no matter what you do and how you try to do it well, somebody else can just walk in and grab the money first."

The NZ psychologists board has warned (https://psychologistsboard.org.nz/supervision-survey/) that introducing associate psychologists could increase the workload for already-stretched psychologists who must supervise them.

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Primary health-care nurses take offer but pay parity still on their radar

BY RENEE KIRIONA

March 25, 2025

Primary health-care nurses are one step closer to getting the same pay as their fellow nurses working in hospitals or at Te Whatu Ora.

A majority of primary health-care nurses, represented by New Zealand Nurses Organisation Tōpūtanga Tapuhi Kaitiaki o Aotearoa, have accepted an offer that will see their pay increase by five per cent immediately and another three per cent in July, said Tracey Morgan, spokesperson for the NZNO primary health-care bargaining team.

That is a total pay rise of eight per cent which will close the pay gap by that much but there is still a gap, Morgan said, and NZNO was still researching the full extent of that gap.

There are currently about 3500 primary health nurses who are NZNO members.

"We've won a battle but not the war to get every nurse, everywhere paid the same," Morgan said.

Tracey Morgan

> **‘We’ve won a battle but not the war to get every nurse, everywhere paid the same.’**

“Until that pay gap is closed, and pay parity is achieved, we will likely continue to see the exodus of nurses from primary health to hospitals.

“We need nurses to stay in primary health, otherwise the crisis we see in our hospitals is going to get worse,” Morgan said.

> **‘We need nurses to stay in primary health, otherwise the crisis we see in our hospitals is going to get worse.’**

“Too many people don’t have access to primary health-care, as many GP practices aren’t taking new enrolments because they are finding it too hard to get nurses and doctors.

“This problem spills over to hospitals, too many people end up there which creates tsunamis that overwhelm an already in crisis secondary health workforce,” Morgan said.

The PHC bargaining team started talks with 477 PHC employers in August last year.

“We’ve gone from no offer to hōhā to a 2.5 per cent offer last year, to what we have now. So that’s progress but we will not be stopping there. Right now, we have a bit of breathing time to plan our next steps in the bigger fight for pay parity.”

Other matters the team managed to negotiate in the PHC multi-employer collective agreement included:

- Full reimbursement of annual practicing certificate fees
- Long service leave from 10 years instead of 15
- A lump sum payment equivalent to three per cent of base pay back to July 2024 for qualifying staff
- A five per cent increase from ratification and signing
- Three per cent (or the full capitation funding increase if less than three per cent) from 1 July, 2025

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NEWS

Napier stands with Buller – kaumātua recall last closure

BY RENEE KIRIONA

March 21, 2025

Communities in small towns and cities, where vital health services are being threatened, are getting behind the Buller Declaration to demand action from the Government.

Malcolm Mulholland and NZNO members getting ready to take the Buller Declaration to Aotearoa. (PHOTO: PETER MCINTOSH, OTAGO DAILY TIMES)

The declaration is a petition calling on the New Zealand Government to address the quality of the country's health system and services.

Malcolm Mulholland of Patient Voice Aotearoa (PVA) created the petition last year when the Government cut after-hours primary care services in the small South Island town of Westport, in the Buller District.

For the past couple of weeks, PVA has been undertaking a roadshow, holding public hui with different communities facing a similar situation as Buller. Mulholland wants them to know they are "not alone" and there is a need for heartland communities to unite.

Nurse Nayda Heays speaking at the Buller Declaration hui in Napier.

Last week the roadshow reached Napier in the Hawkes Bay where local patients, whānau, nurses and community leaders gathered.

Nayda Heays, a local nurse and representative member on Te Runanga o Aotearoa NZNO, said the people of Napier were dreading recent news from Te Whatu Ora that it planned to cut their 24/7 walk-in medical centre and replace it with a telehealth service like it has in Buller.

Yesterday, the Government announced (https://www.beehive.govt.nz/release/enhanced-urgent-care-service-napier)it would not close the centre, after seeing the high level of anger from the Napier community.

Heays said there would likely be more preventable casualties if the medical centre was flipped into a soley telehealth service. She said her and others would still have their guard up, watching this government despite yesterday's announcement.

"Some of our kaumātua have told me that they saw the aftermath in their families and the community when the Government closed down Napier Hospital 25 years ago," Heays said.

> **'Those were haunting memories for a lot of kaumātua. They recall many people got hurt, got sicker when that hospital was shut down.'**

"A few of our kaumātua believe some of their sick Māori relatives died earlier than they should have because there was no hospital to help them and they couldn't afford or had no car to get to the hospital in Hastings.

Members of the public gathered at the Buller Declaration hui in Napier.

"These people actually need to be seen, in person, by a doctor or nurse. Making a phone or video call isn't good enough and many of them will not be able to get to the nearest hospital 25km away in Hastings.

"So yes, our community is standing with Buller on this one."

Napier has a population of about 67,000 people and deserved not only a hospital of its own but "most definitely a 24/7 medical centre at the very least," Heays said.

"I agree with patients, whānau and our community when they say the Government needs to stop cutting the hell of our communities and get more serious about training and retaining our health-care workforce."

That sentiment was also shared by other nurses where the Buller roadshow had visited, including, the hui in Wellington City where ED nurse Ryan O'Donnell spoke about what he was seeing on the ground.

Nurse Ryan O'Donnell (PHOTO: ROBERT KITCHIN, STUFF)

"What is the crisis? From a perspective such as mine, a mere nurse on the ground running from trolley to trolley to trolley administering IV morphine to control pain and olanzapine to ease psychosis, it is that people cannot access the health-care they need in primary and secondary services.

"This is not the fault of any service in the community. GPs are seeing their patients as much as they possibly can, and I'm sure they wish they could see them more. District nurses are fighting the uphill battle of never-ending new referrals and updated referrals, meanwhile their staff numbers are dwindling slowly but surely."

O'Donnell also commented on the third assertion of the Buller Declaration which states that rural, Māori and low-income populations are disproportionately impacted by the crisis.

'As someone who resembles Pākehā in almost every possible way...I don't think I'm the one to speak at length about the third assertion other than to say that it is very much visible.'

"I can tell you, that's exactly what I am seeing in my work – disproportionate morbidity and mortality rates that Māori people face when presenting to the emergency department with a health issue.

"I still don't make it to many patients as quickly as they or I would like. But the increased number of nurses [in certain spaces] does feel better, and it does feel like part of the solution.

"This is only a microcosm though, this one emergency department where this one metric has improved. District nurses are losing numbers, GPs don't have the numbers, specialist services don't have capacity because they don't have the staff.

"Retaining health-care professionals is one of the key steps to addressing the crisis, but that's hard to do if those professionals face a crisis every day that demoralises the very reason they got into the profession in the first place – to be able to care for people."

Lucy McLaren, a primary health nurse and NZNO board member from Greytown who has been attending the roadshow hui, said the news yesterday was good for Napier but that there were some deep underlying issues the Government needed to fix in the health system, starting with shortages in the workforce.

Nurse Lucy McLaren pictured in the middle.

"We keep looking for an equal health system when we actually need an equitable health system," she said.

"I have two nurses for daughters...they are both talking about moving to Australia in the next 12 to 18 months and I imagine, like my brother who trained as a doctor, they will stay in Australia. The money is better, the work life balance is better, the cost of living is better."

There needed to be more priority on training, retaining and valuing the health workforce for Aotearoa by the government, McLaren said.

"New Zealand has become a training hub for Australia and the international health market and when the Prime Minister makes incorrect statements about our pay implying we're greedy, why would you stay why would you stay."

Over the next two months, the roadshow will be taken to at least 20 other towns throughout the North Island. Check out PVA's Facebook page (https://www.facebook.com/patientvoiceaotearoa) for hui dates and locations. PVA plans to present the petition to Parliament in November.

The Buller Declaration asserts:

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

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NEWS

NZNO Pacific nurse leader recognised after 40 years of nursing

BY MARY LONGMORE

March 20, 2025

NZNO Pacific nurse leader Abel Smith has been awarded life membership by the Pasifika Medical Association (PMA), for his work in Pacific nursing over 40 years.

Abel Smith.

PMA is a network of more than 7000 Pacific health professionals in New Zealand and across the Pacific region.

Smith had "a wealth of experience" in nursing and Pacific health, PMA's latest newsletter (https://pmamembers.glueup.com/en/organization/6176/campaign/343863) says. Not only was he president of the Fiji Nurses Association NZ and a senior lecturer at the Aniva (https://www.pacificperspectives.co.nz/aniva) Pacific leadership programme, Smith sat on several boards and governance groups related to Pacific health, research and education — and was PMA's longest-serving director.

‘We need to get into those spaces so we can be masters of our destiny.’

Smith — who is NZNO’s Pacific nursing section treasurer and 2015 NZNO award-winner for services to nursing — said it was nice that both he, and nursing, were being recognised by his medical peers.

After 40 years working in nursing, leadership and education, Smith said his main focus was now supporting more Pacific nurses into leadership and governance roles, which he believed would make the biggest difference to Pacific health.

“We work, but we do not govern [enough],” Smith told *Kaitiaki.* “I want to grow Pacific governance — because that’s where decisions are made that give direction to leaders. We need to get into those spaces so we can be masters of our destiny.”

Pacific people in New Zealand die, on average, almost 10 years earlier than non-Pacific (https://www.stuff.co.nz/pou-tiaki/131565895/new-zealands-ethnic-health-inequities-avoidable-unfair-and-unjust-academic-says) and non-Māori (Māori die seven years earlier) as well as higher rates of chronic illnesses such as type-2 diabetes.

‘We are often told to stay in our lane – but where is our lane?’

Smith, who is director of nursing Pacific at Te Toka Tumai, Auckland Hospital, said there was much work to do to strengthen the Pacific nursing and health workforce — including stepping up into leadership for truly long-lasting change.

“We are often told to stay in our lane — but where is our lane?” Smith said. “There is no lane for nurses — and we need to claim that space.”

Just over three per cent of nurses in New Zealand identify as Pacific, compared to a general population of nine per cent.

Smith also spoke at the recent NZNO colleges and section forum, where he said Pacific nurses needed more support to expand their scope and step into leadership.

After 25 years, there were just 12 nurse practitioners (NPs) of Pacific descent in New Zealand — and just one of seven who completed a PhD last year went on to become an NP.

The Pacific nurses section planned to work closely with the national NP training programme to support more Pacific NPs, said Smith, who is Fijian.

Smith was awarded lifetime PMA membership in 2022, however the announcement was delayed amid the pressures of COVID-19 on the Pacific workforce, he said.

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NEWS

‘Scary time’ for workers trying to improve Māori health

BY RENEE KIRIONA

March 14, 2025

“It is a very scary time right now for nurses, whānau ora navigators and other kaimahi working to keep Māori communities alive longer,” says Tracey Morgan, chair of NZNO’s College of Primary Health Care Nurses.

Theresa Olsen - general manager of the Kokiri Marae Health and Social Services in Lower Hutt

And that's a view shared by Theresa Olsen, the general manager at Kōkiri Marae in Seaview, Lower Hutt, where she leads a large team of social, health and whānau ora workers. Olsen is also respected in the community and was last year's Kiwibank Wellingtonian of the Year.

"Our service will lose 17 whānau ora navigators and because of that we are really worried that we will not be able to keep up with demands," Olsen said.

Morgan said she has been fielding calls from many nurses working in primary health care throughout the country, concerned about many things but especially the impact of losing hundreds of whānau ora navigators who they have been working closely with for more than a decade.

Tracey Morgan

“Many of our nurses work closely with whānau ora navigators who play a vital role in advocating for and guiding so many whānau with serious health and socio-economic issues,” Morgan said.

‘This latest chop, will mean much more work for our nurses who are already nearing burn out point.’

“Nurses and navigators have worked successfully together, including, during the Covid response.

“Having the whānau ora navigators allows our nurses in the community to focus on the clinical.”

Source: Kokiri Marae Health and Social Services

“This is yet another attack on the voice and mahi of Māori. And as a collective we all need to stand together and stop this Government from bringing down the strength of the health and wellbeing of all,” Morgan said.

The decision announced by the Government last week, will see more than 500 whānau ora navigators throughout the country lose their jobs. Four new commissioning agencies will replace the previous three agencies.

Olsen said Kokiri helps about 200 of Lower Hutt’s most vulnerable whānau.

“Whether it is education, health, poverty these whānau have extremely high needs. And they don’t trust easily either, so any new provider is going to have their work cut out for them.”

‘Oranga Tamariki is broken yet they have chosen to dismantle us [Māori organisations] and not them.’

Olsen said a lot of whānau and staff were starting to lose hope which started with the Government cutting Te Aka Whaiora, then cutting legislation to eliminate tobacco – one of the biggest preventable killers of Māori people.

“I don’t have any message for the new commissioning agency, just the Government – why would you break something that’s not broken?”

The staff at Kōkiri have already been given verbal notice.

“We can’t even tell them whether or not the new agency will contract us. It may decide to go with another provider. So yes, we are all very unsettled at the moment.”

The new commissioning agency for Wellington region will be Te Rūnanga o Ngāti Toa which is expected to take over the role from the previous agency Te Pou Matakana on July 1.

Nurses from Kokiri Marae Health and Social Services

Source: Kokiri Marae Health and Social Services

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NEWS

Bowel cancer screening changes ‘dangerous for Māori’, say Māori health leaders

BY MARY LONGMORE

March 11, 2025

Changes to free bowel cancer screening age eligiblity will leave more Māori and Pacific people at risk of dying, say nursing and Māori health leaders.

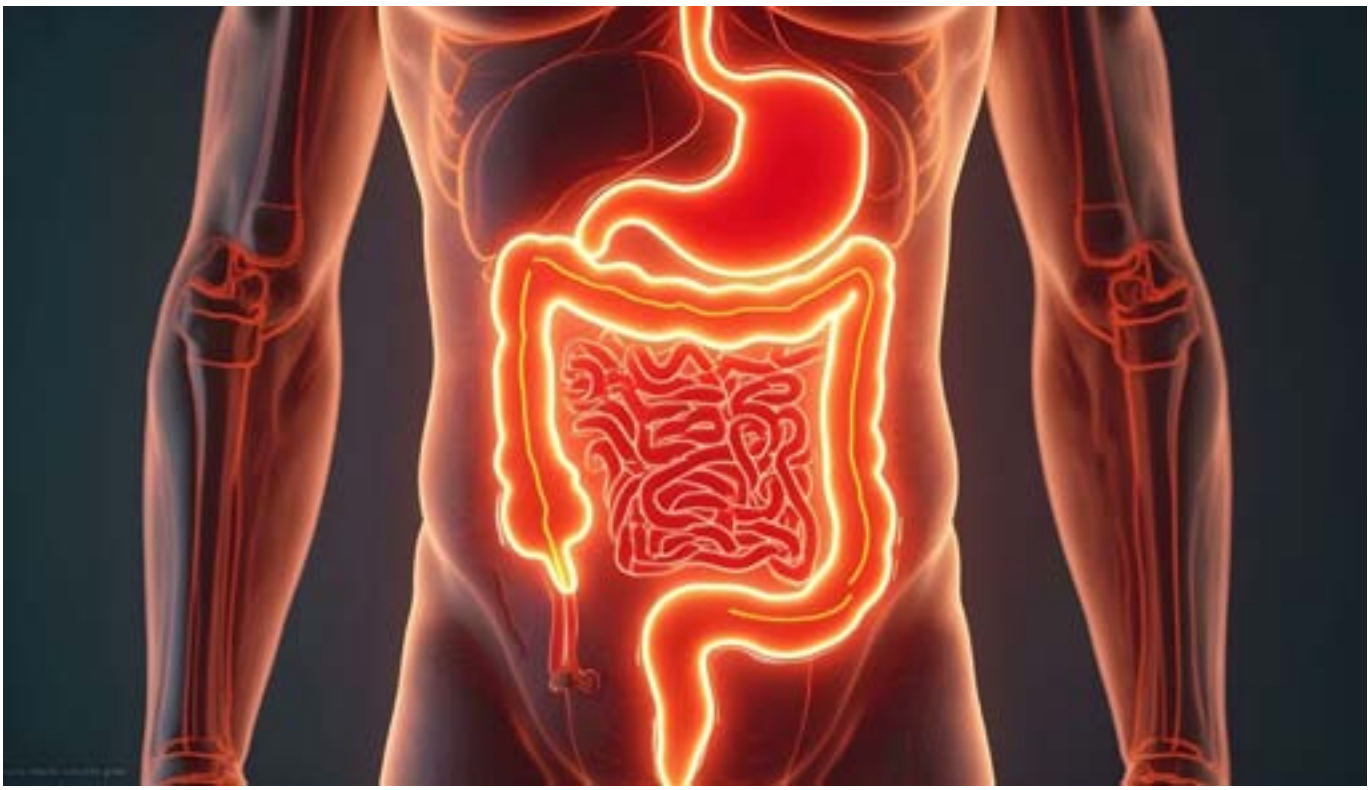

Photo: AdobeStock.

Minister of Health Simeon Brown this month announced he was scrapping plans to lower the free screening age from 60 to 50 for Māori and Pacific peoples. Instead, he would use the funding to extend free screening to all New Zealanders aged 58 to 74.

Costing $36 million over four years, the move would see 122,000 more people eligible for testing in its first year and save “hundreds” of lives over decades, Brown claimed in a release.

> **‘This decision smacks of political ideology over commonsense health policy and must be reversed.’**

Simeon Brown.

But NZNO kaiwhakahaere Kerri Nuku said the move would worsen already-poor health inequities for Māori and Pacific people, a "shockingly high" 21 per cent of whom experienced bowel cancer. This compared to 10 per cent for non-Māori.

The Cancer Society described Brown's data as "very selective (https://www.1news.co.nz/2025/03/06/bowel-cancer-screening-age-to-be-lowered-to-58/)".

Nuku said it was not only selective but "outright dangerous to the lives of Māori and Pacific people".

"The Coalition Government claims to put need before race but there is a clear evidential need to screen Māori and Pacific people at an earlier age."

Bowel Cancer New Zealand has warned the change would mean 100,000 Māori and Pacific people aged 50 would miss out on earlier screening (https://bowelcancernz.org.nz/new/prime-minister-new-screening-age-announcement/) and be at greater risk of later stage bowel cancer when screened eight years later.

"This decision smacks of political ideology over commonsense health policy and must be reversed," Nuku said.

Kerri Nuku

> **'More than half of Māori diagnosed with bowel cancer are under 60, compared to a much smaller proportion of non-Māori.'**

Gary Thompson, chief executive of the Māori cancer specialist network, Hei Āhuru Mōwai, said he, too, condemned the Government's decision not to prioritise Māori and Pacific health. Its chair, Nina Scott, has described it as "institutionalised racism (https://www.rnz.co.nz/news/national/544072/experts-on-why-bowel-cancer-screening-changes-are-a-concern)"

Rawiri McKree Jansen, GP and member of Hei Āhuru Mowai, said Māori bowel cancer rates were rising while those of non-Māori declined.

McKree Jansen — formerly Te Aka Whai Ora's chief medical officer — said lowering screening eligibility for Māori and Pacific communities would create equitable health outcomes for everyone.

Gary Thompson

"More than half of Māori diagnosed with bowel cancer are under 60, compared to a much smaller proportion of non-Māori. Māori are also more likely to die within two years of diagnosis."

In 2022, the Labour-led Government promised to extend the free screening age to 50 for Māori and Pacific communities (https://www.beehive.govt.nz/release/budget-2022-funding-lower-starting-age-bowel-screening-m%C4%81ori-and-pacific-peoples) to reduce health disparities.

"It's clear the [National-led] Government has abandoned this priority," McKree Jansen said.

In December, the Government scrapped bowel cancer screening pilots for Māori and Pacific people aged 50-plus in Waikato, Tairāwhiti and

Midcentral. Waikato's two-year pilot finished that month, while Tairāwhiti's and Midcentral's are due to finish later this year.

Dr Rawiri McKree Jansen

However, Te Whatu Ora says (https://www.tewhatuora.govt.nz/health-services-and-programmes/national-bowel-screening-programme/about) people who have been involved with the pilots would continue to be invited for screening until they are eligible for the national programme (or enter into treatment or further investigation).

Cancer Society NZ director George Laking has also said Brown's approach would not bring equitable health outcomes for Māori and Pacific communities.

"Because bowel cancer is happening at a younger age for Māori and Pacific, that is the reason why the screening programme should be available at a younger age for Māori and Pacific," he told TVNZ (https://www.1news.co.nz/2025/03/06/bowel-cancer-screening-age-to-be-lowered-to-58/).

Brown has said the Government plans to progressively lower the age of eligibility for free bowel cancer screening to align with Australia's, which is 45 — a pre-election promise (https://www.nzherald.co.nz/nz/politics/election-2023-promises-for-nurses-pay-child-poverty-reduction-bowel-cancer-screening-chris-and-chris-come-to-life-in-fiery-leaders-debate/D47CDSHRN5AFNGS6EZGN6JGV6Q/) made by Prime Minister Christopher Luxon. However, he has not been so far able to provide a time-frame on this, saying it depended on capacity at Te Whatu Ora.

He told RNZ that currently Te Whatu Ora could not yet provide enough colonoscopies to lower the screening age beyond 58, but the Government "wanted to go further" (https://www.rnz.co.nz/news/political/544033/government-promises-to-further-drop-bowel-cancer-screening-age) and had asked Te Whatu Ora for a plan to rapidly increase colonoscopies.

Bowel cancer screening changes at a glance:

- Bowel Cancer NZ statistics (https://bowelcancernz.org.nz/wp-content/uploads/2024/07/BCNZ-Media-Release-screening-kits-24-Jul-2024.pdf) show 21 per cent of bowel cancers for Māori and Pacific people occur under the age of 60, compared to 10 per cent for non-Māori/Pacific.
- In May 2022, the Labour-led Government announced $36,000 over four years (https://www.beehive.govt.nz/release/budget-2022-funding-lower-starting-age-bowel-screening-m%C4%81ori-and-pacific-peoples) to drop the age of eligibility for free bowel cancer screening from 60 to 50 for Māori and Pacific people. This was projected to save 44 lives each year.
- But Simeon Brown says lowering the eligibility age to 58 for all would save 566 lives over the next 25 years (https://www.beehive.govt.nz/release/bowel-screening-changes-save-hundreds-lives) — 176 more than a Māori/Pacific-specific approach.*
- Lowering the screening age will begin in October 2025 in two regions, then in March 2026 in the remaining two regions.
- New Zealand has one of the highest rates of bowel cancer globally, with more than 3300 people diagnosed and 1200 dying every year.

** Kaitiaki is awaiting responses on the difference in projected figures on lives saved.*

Kaitiaki
NURSING NEW ZEALAND

NEWS

‘They’ve got no heart for people’ – hīkoi planned over Bupa’s proposed cuts

BY MARY LONGMORE

March 10, 2025

After 23 years working at Bupa’s Sunset facility, enrolled nurse (EN) Epenesa Mutimuti says she will walk away if a proposal to cut staff and hours goes ahead.

Moamoa Kanikua protesting at Bupa Te Whānau in Levin last week.

One of the country's largest aged-care providers, Bupa — a global company — has proposed restructures at 17 of its 40 care homes across New Zealand. Many include cuts to care hours, with Bupa claiming the need for financial viability.

Yet 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 nearly tripled after tax to just under $12 million in the year to December 2023.

In Mutimuti's workplace — Bupa Sunset in Blockhouse Bay, Auckland, which has about 127 residents — Bupa was proposing to cut 12 nursing roles down to eight; and 45 caregiving roles down to 36.

Epenesa Mutimuti, second from left, was among NZNO members who work at Bupa's Sunset aged-care facility in Blockhouse Bay, Auckland, who delivered a 79-signature petition to Bupa head office to stop the cuts.

"We're already struggling with 12 nurses — and now they're looking at cutting caregivers also," Mutimuti told *Kaitiaki.* "How're we going to manage? The cares for the residents is going to be very much compromised."

Mutimuti said many workers didn't know how they would survive if the cuts went ahead.

"Most people worry about how they're going to live, how they're going to survive, how their family's going to function if they cut the hours down because most people have kids. Some people have lost almost half of the hours, some almost 10 [hours per week]– it makes a lot of difference to people's income."

Social media protest warnings not our policy' – Bupa

Reports that workers at some sites have been warned off protesting and told by managers that their social media would be checked are not company policy, says Bupa.

The warnings of disciplinary action have meant many staff are scared to be photographed or videoed while protesting.

However, a Bupa spokesperson told *Kaitiaki* that Bupa supported its people's right to protest on issues that matter to them and engage on social media.

"We only ask that it is done in a respectful manner that does not impact the care of our residents or their daily lives, nor bring the business into disrepute."

Staff are also not allowed to wear their uniform or name badge while protesting and any comments to media are made as individuals not Bupa representatives, a letter to staff states.

Workers protest at Bupa Remuera Care last Thursday.

She said Bupa was making good money, yet it was the frontline workers who were being sacrified. "Why can't they cut the people on the top? They just come down and cut the floor.

"They've got no heart for people, they never think of people supporting their families — they just cut, that's it."

Protests have been underway at Bupa homes around the country, including Remuera Care and Wattle Downs in Auckland, and Te Whānau in Levin, with more planned this week. Details can be found here. (https://www.facebook.com/agesafeaotearoa)

A hīkoi is also planned for April 1, from 3.30 to 4.30pm, from the Auckland Domain to Bupa head office in Newmarket.

Bupa has given April 2 as its final decision deadline.

A Bupa spokesperson said overall the proposal would increase rostered care hours.

> **'Why can't they cut the people on the top? They just come down and cut the floor.'**

Mutimuti was among workers who delivered a petition to Bupa head office late last month over the proposed cuts.

A relative joins the protest at Bupa's Te Whānau Levin last week.

Another large aged-care company, Oceania, was also proposing cuts to worker hours which NZNO calculates could lose them up 25 per cent of take-home pay. Both companies employ about 3000 staff.

The pickets come as NZNO launches its age safe campaign (https://maranga-mai.nzno.org.nz/age-safe) to improve the quality and safety of aged care in Aotearoa.

Its goals are:

- Mandatory minimum staffing levels to allow safe and quality care.
- Transparency to ensure funding is passed on to frontline staff.
- Culturally-safe care to ensure kaumātua receive care that respects their cultural values and practices.
- Empowering workers to advocate for safer workplaces and fair pay.
- Mobilise communities to support aged-care reform.
- Build relationships with like-minded organisations such as Age Concern, Grey Power and Te Ohu community alliance to reform aged care.

Aged-care workers are encouraged to report understaffing incidents here. (https://www.jotform.com/242737043711856/)

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NURSING NEW ZEALAND

NEWS

Extra 60 primary health NPs ‘nice’ but long-term pay boost needed, say nurses

BY MARY LONGMORE

March 7, 2025

NZNO’s primary health care nurses are welcoming training places for an extra 60 nurse practitioners (NPs) in primary health each year — but say only pay parity will stem the exodus of nurses from the sector.

Photo: AdobeStock.

“They’re dangling carrots and continuing to pull us along,” NZ college of primary health care nurses chair Tracey Morgan told *Kaitiaki*. “But just do it — invest in primary health care.”

Until then primary and community care would remain in “crisis”, with chronic staff shortages, she said.

Incentives for more Māori nurses in primary health were also needed, she said.

College of primary health care nurses chair Tracey Morgan and Minister of Health Simeon Brown.

Minister of Health Simeon Brown said from next year, he would put $34.2 million into training an extra 60 primary health NPs each year for the next five years.

By increasing nurses' skills and qualifications, more patients could be seen sooner and pressure on doctors was eased, he claimed.

> **'Just do it – invest in primary health care.'**

Already, 120 NP training places have been confirmed for 2025 — similar to last year. About half of those are for primary health and the other half for hospital specialties.

The further 60 will bring the NP intake up to 180 for the next five years, from 2026 — 120 of which will be primary health specialists.

But Morgan said urgent help was needed right now amid short staffing which saw a third of GP practices turn patients away (https://www.rnz.co.nz/news/national/540200/staff-shortages-key-driver-as-more-general-practices-turn-away-new-patients). Paying PHC nurses the same as hospital nurses would stem the nurse exodus, she said.

"We can't wait another 12 months," she said. "The important thing is to invest in primary health for the long-term."

Nurse Practitioners NZ chair Chelsea Willmott said she was pleased to see the national NP training programme (https://nurseworkforce.blogs.auckland.ac.nz/nptp/) was getting ongoing funding, after "significant delays in commitment".

Chelsea Willmott

"We are pleased a focus is being given to rural health-care services and encourage further discussion on how this novice workforce will be supported and adequately mentored into the specialty of primary health care."

Willmott also called for expanded prescribing powers for mātanga tapuhi/NPs to allow them to deliver primary health care to their best ability.

Brown also announced $21.6 million to provide advanced training for up to 120 registered nurses (RNs) working in primary health to help them become prescribers or NPs.

> **'Once the incentives run out, these clinics will still struggle to keep the doors open and see new patients.'**

In primary health, Brown has also announced 100 new two-year clinical placements for overseas-trained doctors; incentives to recruit 400 RN graduates per year for three years; a new 24/7 video consultation service and a $285 million funding boost for general practice over three years.

GP practices and other community providers would be paid $20,000 per graduate nurse in rural areas or $15,000 in cities to recruit up to 400 new graduates each year for five years in the $30 million initiative.

But Morgan said the move would be a "temporary reprieve" at best.

"Paying incentives to hire nurses to aged care providers, and now primary and community providers, won't address the underlying cause of chronic staff shortages. Once the incentives run out, these clinics will still struggle to keep the doors open and see new patients."

The PHC nurse graduate recruitment scheme was touted in November by Te Whatu Ora chief nurse Nadine Gray, after hundreds of graduates were left jobless by Te Whatu Ora. However, with 200 primary health graduate roles available in

2024, Brown has doubled that for 2025.

A $285 million “performance-based uplift” in funding over three years would also provide financial incentives to general practices to open to new patients, meet health targets for childhood immunisations and provide timely appointments, Brown claimed.

Kaitiaki
NURSING NEW ZEALAND

NEWS

Government committed to pay parity for primary health nurses, claims Simeon Brown

BY MARY LONGMORE

March 6, 2025

Minister of Health Simeon Brown says the Government is "absolutely committed" to pay parity for primary health-care nurses — but it would take time.

College of primary health care nurses chair Tracey Morgan and Minister of Health Simeon Brown.

Asked how long, Brown's office was not able to provide an estimated timeline by *Kaitiaki's* deadline this afternoon.

The Post yesterday reported Brown saying it was "not my job (https://www.thepost.co.nz/politics/360601564/nurse-pay-parity-not-my-job-health-minister-says)" to fix a pay gap of up to 20 per cent for nurses who work in primary health compared to hospitals.

"Ultimately, all of those are to do with negotiations between their employers and employees. That's not my job," he told the news outlet.

> **'The Government is absolutely committed to pay parity for primary care nurses, but we know this will take time.'**

Christopher Luxon (right) with then-Prime Minister Chris Hipkins during the 2023 pre-election Newshub leaders debate where he promised to pay all nurses the same, no matter where they worked.

Even after being reminded of Prime Minister Christopher Luxon's pre-election debate promise (https://www.youtube.com/watch?v=NAXkCQu_hhc&t=2347s) to pay all nurses the same no matter where they worked, Brown didn't back down, *The Post* reported.

"Whether they're in aged care, whether they're at GP community practices, or in the DHB-equivalent system they should be paid the same," Luxon told journalist Paddy Gower during the September 2023 *Newshub* leaders' debate.

'Out of context'

A spokesperson today told *Kaitiaki* Brown's comments were "taken out of context".

"The Government is absolutely committed to pay parity for primary care nurses, but we know this will take time."

Brown had been referring to pay negotiations between private practices and the nurses they employed, the spokesperson said.

> **'Our focus, now, is shifting that emphasis back to primary care because that's where most people access health care.'**

"Nurses working in private GP clinics are not employed by the Government, which means any pay negotiations are between the private practice as the employer and the nurse as the employee — and that's what the Health Minister's comments refer to."

Nurses working in hospitals had seen their pay increase "significantly" over the past few years, up to $125,000 — which was on a par with New South Wales, Australia, the spokesperson said.

"Our focus, now, is shifting that emphasis back to primary care because that's where most people access health care."

In fact, the highest rate for registered nurses (RNs) working at Te Whatu Ora is $106,739 per annum. To bring that up to $125,000 would still mean another 19 per cent in overtime and penal rates — well beyond a eight-hour shift, NZNO analysis has found.

> **'We primary nurses have waited such a long time for this – we want this escalated as soon as possible.'**

NZ college of primary health care nurses chair Tracey Morgan said pay parity with hospital nurses was urgently needed to address staff shortages in primary health, so it was "awesome the minister is taking nurses seriously and addressing the systemic problem that we've had".

"Maranga Mai (https://maranga-mai.nzno.org.nz/why_we_support_maranga_mai), every nurse everywhere. We primary nurses have waited such a long time for this — we want this escalated as soon as possible."

NZNO primary health-care (PHC) nurses are currently in pay negotiations with a group representing about 500 general practices and after-hours/urgent care centres after the 2023/24 multi-employer collective agreement (MECA) expired in June.

Morgan — who is part of the bargaining team — has said lesser pay rates were driving nurses out of primary health-care.

- *This article was updated on March 13 to clarify that the $125,000 figure named by the minister includes penal rates.*

Kaitiaki
NURSING NEW ZEALAND

NEWS

87-year-old resident takes to Bupa picket line in South Auckland

BY MARY LONGMORE

March 3, 2025

A family of unionists hit the picket line recently to support striking staff at Bupa's South Auckland home in Wattle Downs — led by their 87-year-old mum who lives there.

Bupa Wattle Downs resident Shirley Jordan on the picket line this week. Photo: E Tū.

Bupa has proposed restructuring 17 sites — a move which would reduce the total number of nursing and caregiving hours and has led to several pickets in Auckland including two at Wattle Downs so far. A third at Wattle Downs is planned for this Wednesday at 1.30pm.

Resident Shirley Jordan was on the frontline of the first one on February 21 at Bupa's Wattle Downs facility in Manukau — unbeknownst to her daughter, Linda Jordan.

Mum turned to me and said: 'You know, I can just see your father standing next to you'.

“When they did the first picket, we didn’t know anything about it, they kept it all hush hush — then I said to my husband: ‘There’s mum, she’s out there on the picket line’!”

Last Thursday, Shirley was joined on a second picket by Linda, Linda’s husband Owen Thompson and two granddaughters, along with a few other residents.

“We said ‘we have to do something — this isn’t good enough’,” Linda said.

Bupa resident Shirley Jordan (in wheelchair) with daughter Linda Jordan (on mobility scooter) and son-in-law Owen Thompson and Shirley’s great grandchildren picketing outside Bupa Wattle Downs last week. Photo: E Tū.

“Mum turned to me and said; ‘You know, I can just see your father standing next to you’,” Linda said.

“Dad was a strong unionist, I’ve been a strong unionist — my husband is as well. So it was just a natural thing for us to go out there and support the workers. These are people who work really, really hard to make sure the residents are looked after well.”

Shirley had been living at Bupa Wattle Downs for about six years and the family were deeply concerned about the impact of cuts on residents and workers.

“There are times now the residents say they are waiting too long [for care] . . . if they cut more stuff, something else has to go.”

After Shirley was taken out, Bupa management had warned staff they were not allowed to take residents out to the picket line, Linda said. Despite that, several more had turned out last week to protest with the help of their families.

NZNO members who work at Bupa's Sunset aged-care facility in Blockhouse Bay, Auckland, delivered a 79-signature petition to Bupa head office to stop the cuts.

Bupa is one of the country's largest aged-care providers with 3000 workers. It reported an operating profit of just under $12 million (https://businessdesk.co.nz/article/business/bupa-posts-tepid-result-as-care-sector-flounders) in the year to December 2023.

Affected sites in the northern region are Erin Park, Glenburn, Hugh Green, Merrivale, Northhaven, Remuera, Sunset, Totara Gardens and Wattle Downs; in the central region Crofton Downs, Fergusson, Riverstone, Stokeswood, Te Whānau, Whitby and Winara; and The Booms in Thames.

Workers have also been picketing at Oceania aged-care facility Lady Allum in Milford, Auckland, after the company proposed roster changes there — as well as four other sites: Green Gables, Heretaunga, Bayview and Elmwood.

Last week's picket at Bupa Wattle Downs.

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

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,

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.

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.

Kaitiaki
NURSING NEW ZEALAND

OPINION

I love my country, but it doesn't want me

BY SARAH ELISAIA

March 19, 2025

A young New Zealand nurse explains why she left for Australia — her childhood dream of nursing had rapidly turned to burnout.

Sarah Elisaia -- working in Australia has rewarded her with financial security, greater work/life balance, and less anxiety about patient safety.

My earliest memory of knowing that I wanted to become a nurse is my primary school graduation, where they had the students make a PowerPoint slide to answer the question, "What do you want to be when you grow up?"

After four years of study and 1100 hours of unpaid clinical placements, I began work as a registered nurse in February 2020. I was thrown in the deep end and braved the first year of my career through a global pandemic, serving my community and being labelled a "health-care hero."

Over the next three years, I saw up close the underfunding, undervaluing and neglect of patients' rights imposed by successive governments on the health-care system.

I clocked out of most shifts exhausted, feeling guilt and anxiety for my patients.

For all the talk of heroes, our pleas for what seemed like bare-minimum resourcing constantly fell on deaf ears. I clocked out of most shifts exhausted, feeling guilt and anxiety for my patients.

In 2023, the number of New Zealanders migrating to Australia nearly doubled, with the nursing profession overrepresented in this figure. I decided to follow suit and leave the country that had nourished my childhood dream but quickly transformed that dream into burnout.

Terribly homesick

The decision has rewarded me with financial security, greater work/life balance, and less anxiety about patient safety. On paper, it's a no-brainer, and yet I still feel terribly homesick.

I recently returned home to visit family and friends, and took the time to attend the nationwide nurses' strike at Auckland City Hospital. I watched as a crowd of my former colleagues passionately waved signs that read, "Look after us, so we can look after you," "Are you joking? We are not coping!" and, "If nurses are outside, there's a problem inside."

Everything is on the chopping block

The extreme budget cuts made by the coalition Government are the most recent acute flare of this chronic illness in the system. Everything is on the chopping block.

In 2022, the Association of Salaried Medical Specialists reported that we needed 12,000 extra nurses to keep pace with Australia. Yet at the heart of the current cuts is the claim that New Zealand has 3000 more nurses than it can afford in the budget.

Returning home for a visit in December last year, she joined former Auckland City Hospital colleagues on strike.

When asked if we needed those 3000 nurses for the system to function properly, health commissioner Lester Levy couldn't answer. The answer is yes, those nurses and resources are desperately needed, and people will die without them.

However the prevailing logic of this Government is that the budget can somehow be detached from the resources needed to keep people alive and healthy. You can't help but suspect that they are setting the system up to fail on purpose.

> **We're trained to a high standard in our home country, then forced abroad to try and make a life and pay our bills.**

Accompanying me at the strike was my two-year old niece. I took photos of her carefully wrapping her tiny hands around a "safe staffing now" sign the same size as her. In that moment, I was overwhelmed with how each day was a missed opportunity to watch my niece grow and become her own person. I spent each day of my trip home soaking up the joy of being around my favourite people in the entire world. I wasn't prepared for how much grief and heartache was waiting for me once I returned to video calls instead of cuddles.

'Each day was a missed opportunity to watch my niece grow.'

Back here in Australia, I'm constantly reminded that New Zealand nurses are internationally renowned and sought after for our dedication, skill and attitude. We're trained to a high standard in our home country, then forced abroad to try and make a life and pay our bills.

I do wonder how many of us are yearning for home the way I am? If our government treated nurses with respect by way of safe staffing, pay equity and workforce empowerment, how many of us would be booking the next flight home? How many families would be able to forge memories together instead of via FaceTime and WhatsApp?

A blessing and a burden

My mantra is that if you didn't want to be a nurse anymore, you simply wouldn't be. It is both a great blessing and burden to be responsible for the lives and wellbeing of others. There are countless other career paths that are easier emotionally, spiritually, physically, and financially.

Yet as a nurse, I feel that it is our responsibility to believe in better for all of us, and that means to debunk the lie that we can't fund the health system adequately. New Zealand has accepted this lie for years, and the truth is a measly three-hour flight away.

As business-orientated as health care is becoming, the greatest cost on a balance sheet will always be someone's life. ACT party minister Brooke Van Velden boldly put on record that when it comes to government spending, "we completely blew out what the value of a life was", insinuating that there is money to save in lieu.

It is ideology like this that is sending hordes of our young workers abroad, and driving this acute phase of illness that threatens the entire nursing profession in New Zealand.

Nurses are trained and experienced in recognising a deteriorating patient. As a society, we'd be wise to start observing signs of deterioration too. What are the nurses saying?

- *This article was originally published in the New Zealand Herald.*

Kaitiaki
NURSING NEW ZEALAND

OPINION

‘The past 14 years of my life’. Holiday pay battler reflects on her long fight

BY CATH HELLYER

March 3, 2025

Health-care assistant (HCA) and NZNO delegate Cath Hellyer shares her relentless 14-year battle for correct holiday backpay which led to a $15.2 million payout for 4000 Hawke’s Bay workers in November. But it’s still not over.

A professional accountant is highlighting important tax details to a client. The close-up image captures the accountant's hand and pen over financial documents, symbolizing precision and expertise in tax preparation.

The 2003 Holidays Act brought with it a complicated array of new leave entitlements which many payroll systems – across government departments, police, hospitals, banks and businesses – failed to correctly calculate. Work to reform the Act continues today.

In the mid-2000s, it soon became clear many of our members working shifts at Hawke’s Bay district health board (DHB) had not been paid correctly for their leave — payments that needed to reflect the complexities of shift work, penal rates, on-call, overtime and so forth.

Te Whatu Ora almost on track for 100 per cent settlement by end 2025

Te Whatu Ora interim chief human resources officer Fiona McCarthy said she recognised remediation payments were taking longer than everyone hoped and apologised for that but “we are making progress”.

What is it about health that makes it so hard to get what we are owed?

As an NZNO delegate, I took up the issue — and the battle for corrected holiday backpay began in Hawke's Bay.

Fellow delegates and I started raising it at some of the joint NZNO-DHB management forums in place at the time and there was a lot of talk — but nothing happening. Every month, I add 'Holidays Act compliance' to the agenda, and by 2019 it had become a standing item.

Our members, as those at many other DHBs, were becoming increasingly aware they were being paid incorrectly

In 2016, NZNO and other unions like E Tū, the Public Service Association (PSA) and APEX (for allied, scientific and technical staff), doctors unions as well as the Council of Trade Unions (CTU), set up a national working group on holiday remediation with DHBs. It was agreed that payments would go back to May 1, 2010 — six years from the date non-compliance was identified, as required by law.

So far, $308.2 million in holiday remediation had been paid to 41,929 current staff at 10 regional Te Whatu Ora payrolls — South Canterbury, Taranaki, Bay of Plenty (interim partial payment (https://www.tewhatuora.govt.nz/corporate-information/news-and-updates/over-32-million-in-holidays-act-remediation-payments-made-to-health-nz-bay-of-plenty-staff) due to be completed this year), as well as Hawke's Bay and the Auckland districts. With 13 more to go, Te Whatu Ora says it estimates it will complete most payments to current employees by July 2025 and all by the end of 2025.

The first payments to former employees will start in early 2025 and be completed by the end of 2025 — with the exception of Auckland City which is still to be confirmed.

In Hawke's Bay, we also set up a local union-DHB steering group which began meeting with DHB managers and accountants in May 2020.

Wellington nurses and NZNO delegates Hilary Gardner and Mae Gadd get ready to bill Te Whatu Ora chief executive Margie Apa $2.1 billion for eight years of incorrect holiday payments last October.

We all debated long and hard how to interpret the Holidays Act when it came to annual leave, long-service leave and shift leave, as well as hours worked versus contracted hours. We covered everyone except cleaners, who were mostly contractors and had already received their Holidays Act compliance payments in 2019.

But there were many delays and frustrations. It took months to simply define what "a week" meant. DHB support agency, TAS (technical advisory services) pulled out of the national group. Some DHBs were upgrading their payroll systems and others weren't. It was a bit of a mess.

Members, understandably, were becoming increasingly frustrated as the months and years passed and other workers — at NZ Police, banks, Heinz-Wattie's — got their holiday backpay. Was the Government committed to paying us health workers or not?

Members 'losing faith'

Locally, members were also losing faith with the national working party and feelings were running high.

They started asking about interest payments on money owed and emailing then-Minister of Health Andrew Little. He promised it would be paid by February, 2022 — this turned out to be another broken promise.

What is it about health that makes it so hard to get what we are owed?

We did not feel it was acceptable to expect an overworked essential workforce to wait another five years to be paid what we were rightfully owed.

Former Minister of Health Andrew Little.

Finally, in March 2022, our DHB (now Te Matau Māui Hawke's Bay) brought in consultants, payroll experts and new accountants to prepare for mass payments to eligible staff.

I was tasked with tracking down former staff who were eligible — it finally felt like we were making progress.

But colleagues with terminal illnesses were also approaching me, fearing they would be gone before seeing their entitlements. Others were retiring or leaving New Zealand or hospitals for better-paid jobs elsewhere.

This all spurred me to push harder to get this resolved.

Hours contracted versus hours worked

One of the key problems was a lack of communication with grassroots members by NZNO. It felt like things were being decided for us by union staff and the employer and I felt members needed to be leading the discussion.

There were rumours that NZNO was preparing to accept a deal where staff would be paid according to their contracted hours — not hours actually worked.

> **By now, some of our members owed holiday back pay were in their 80s!**

At the time, there were global nursing shortages and staff were working a lot of extra shifts to try and keep patients safe. I knew nobody would want to keep doing that if it wasn't contributing to their annual leave balances.

So I went into bat big time with then-chief financial officer Andrew Boyd at Te Matau a Māui Hawke's Bay. By the end of those discussions I felt like I almost had an accounting degree! But we agreed staff would continue to receive annual leave for hours actually worked, if greater than contracted hours, and I was grateful for Boyd for listening and signing it off.

In January 2023, at a combative delegates meeting with Little in Hawke's Bay, I complained to Andrew Little about how long it was taking to give us our backpay. He replied by saying it was a big piece of work.

In July and September that year, 34,000 current workers at Te Whatu Ora's Auckland, Counties Manukau and Waitematā regions, and at four former partner health services (Health Alliance, Health Partnerships, Health Source and Northern Region Alliance) got $246.5 million in holiday backpay.

More delays

We in Hawke's Bay were lined up to be next. We were due to be paid in August 2023, but the date kept being pushed back as Te Whatu Ora struggled to find payroll staff.

November . . . then March 2024 rolled around with still no payments.

Our Hawke's Bay members were voicing their displeasure and I demanded an explanation for the seven-month delay. Te Whatu Ora said it needed more run-throughs to make sure payroll system was working correctly.

Many Hawke's Bay workers were coping with the after-effects of Cyclone Gabriel and had still not seen any money from insurers, Government or local authorities after their homes had been damaged or destroyed. A lot of them had been counting on the Holidays Act back pay coming through in 2023, as promised.

I knew more delays would not go down well with our members.

Late 2023, with the support of NZNO's chief executive Paul Goulter and industrial advisor David Wait, we delegates met with Te Whatu Ora national managers Elizabeth Jeffs and Jim Green. They said holiday remediation had been a large and complex piece of work but promised to pay Hawke's Bay workers between March and November 2024 — nine months later than promised.

Another blow came when we were told that staff who had changed their jobs within the organisation would only be paid up until the change — even though they had not broken their service. NZNO advised that Te Whatu Ora Auckland's Te Toka Tumai had done it this way, so we must also.

I argued against this but to no avail — it was very frustrating. Auckland considered this to be "too big a piece of work". We in Hawke's Bay felt we were being forced to do things Auckland's way because they were bigger — and we were not happy about it.

> **You left us in the dark to cope with your employees' frustration, anger, bitterness, disbelief and disgust.**

Later NZNO confirmed that that under the collective agreement, when members moved roles it did not mean they had terminated their original employment — it was just that the payroll system was technically incapable of recognising this. But by then it was a done deal.

By now, some of our members owed holiday backpay were in their 80s!

Hope . . . and despair

Finally, we were assured payments would be coming on August 15, 2024. Everyone was pleased, ready and waiting.

Anger, sadness, disbelief, bitterness and disgust soon followed. Under the leadership of newly-appointed commissioner Lester Levy, Te Whatu Ora decided to withhold the $15 million it owed to Hawke's Bay members due to its well-publicised financial pressures from a $1.4 billion overspend. (https://www.nzherald.co.nz/nz/health-nz-cant-cut-14-billion-without-eating-into-front-line-analysis/5XDNEU2XJBGDFKHUDKWXIL7UCE/)

Tears and fears about being unable to pay bills and mortgages came gushing out. What a weekend that was — the calls, texts and emails never stopped.

Lester Levy being grilled at Parliament last year. PHOTO: ROBERT KITCHIN/STUFF

This was the tenth time promised payments had been rolled over.

I sat down and wrote a email to Levy and Te Whatu Ora chief executive Margie Apa. Here are some excerpts — I pulled no punches.

Once more, you as our employer have let your Hawkes Bay employees down five days out from paying us which you agreed to pay on 15 August 2024. This has been owed to us for well over 14 years in the form of Holidays Act remediation payment.

You, with no thought of what will happen to your employees, have made this decision that has huge impact on this region.

Your failure and lack of courtesy to even give the local unions delegates working party notification of your decision to use our money at our cost has caused huge issues.

You left us in the dark to cope with your employees' frustration, anger, bitterness, disbelief and disgust in our unpaid time not knowing what was happening.

This is showing us all, your total disrespect of us as your employees, your lack of empathy to the situation we now find ourselves and once more showing that if it suits you, you will stoop to stealing and using our money for what you want instead of it going to the rightful recipients, the hospital employees.

I sent a similarly angry email to NZNO management for their lack of action. We in Hawke's Bay were fed up and wanted to make some noise and go public!

Recently departed Te Whatu Ora chief executive Margie Apa with NZNO organiser Sue Wihare after NZNO members and staff presented her with a $2.1 billion 'bill' for overdue corrected leave payments for 228,000 staff and former staff.

On Monday I waited to be summoned — and possibly sacked! — by management over the letter. Instead, a week later, our local Te Whatu Ora working party manager rang me to apologise for the failures in communication and payment, saying they had been told not to discuss it.

As they continued to refuse to pay us, I began to investigate taking legal action — and warned Te Whatu Ora I was doing so.

'Bittersweet' victory

Whether or not that made difference, I can't say. But on November 1, I was advised payments were imminent. Time will tell, I thought. Everything was crossed, hoping.

On November 14, the payments came through.

They ranged from 20 cents (for someone who's just started in the hospital kitchen!) to $20,000 for someone who had been there for the 14 years since the battle formally began . But most got something between $6000 and $12,000 after tax.

> **Coping with people's dashed hopes time after time – and high, often angry, emotions – has not been easy.**

To say staff were pleased is an understatement.

For me it is bittersweet victory that took far too long. I am happy people have got the money they've been owed – but frustrated for those who still have to wait simply because they changed roles within Te Whatu Ora. Colleagues have also retired or died waiting.

Coping with people's dashed hopes time after time – and high, often angry, emotions – has not been easy.

It has also been frustrating that we were expected to do it Auckland's way, as a smaller region.

The biggest frustration though is that it took 14 years to sort out an accounting error. That we were given 13 cancelled dates before achieving payment — that's 13 times dealing with disappointed, angry staff.

But I am grateful, too. It has been an interesting ride with many learning experiences. I want to thank my working group colleagues who supported me and my NZNO organiser Lyn Williams who listened to me over the years. Paul Goulter and David Wait who also listened and communicated. I know I was a pain in their necks as I refused to back down. And I'm also grateful to the Hawke's Bay Hospital payroll manager Caroline Kelly who thought outside the square so we could get the payments through in a timely fashion.

In the end, it took the trust of staff in me to get us there, and that is appreciated.

Still fighting for those who have died

Now I am tracking those families of members who have died waiting — so far I have located about 28. I don't want to wake up and find that my people – Hawke's Bay people – who have changed jobs or retired have not been paid what they're owed.

I'd quite like to retire but I'm going to hang in there and hold Te Whatu Ora to their promise to pay everybody by the end of 2025.

Already, Te Whatu Ora has broken its promise that it would pay everyone by the end of 2025, and has pushed it out to 2026. We will see.

I'll be doing my best to make damn sure they keep their word.

Updated remediation payment timeline

District/Project	Estimated Remediation Date	Estimated Formers start date
Wairarapa	March 2025	Q3 2025
Northland	April 2025	Q2 2025
Nelson / Marlborough	April 2025	Q3 2025
Hutt Valley	April 2025	Q3 2025
Capital and Coast	May 2025	Q4 2025
Southern	May 2025	Q3 2025
Tairāwhiti	June 2025	Q2 2025
Waikato	March 2025 interim / Full payment to be confirmed	Q4 2025
Canterbury / West Coast	June 2025	Q3 2025
Whanganui	August 2025	Q3 2025
Mid Central	October 2025 tbc	Q4 2025
Lakes	October 2025	Q4 2025
Bay of Plenty	Interim completed December 2024, Full payment June 2025	Q2 2025

District/Project	Estimated Remediation Date	Estimated Formers start date
Taranaki	Completed December 2024	Q1 2025
South Canterbury	Completed December 2024	Q2 2025
Hawke's Bay	Completed November 2024	Q2 2025
Auckland Metro	Completed July /September 2023	TBC
RMO Transfers	TBC	n/a
Transferred employees	TBC	n/a

Kaitiaki
NURSING NEW ZEALAND

FEATURES

Māori nursing leaders fight attack on Māori health – SOS to United Nations underway

BY RENEE KIRIONA

March 28, 2025

In the last two remaining NZNO leadership profiles, Kaitiaki talks to Te Rūnanga o Aotearoa NZNO kaiwhakahaere Kerri Nuku and tumu whakarae Tracy Black. They share the mahi done so far and their focus for the rest of the year.

Just some of the Māori nurses from Te Rūnanga o Aotearoa NZNO

Nuku and Black are forces to be reckoned with, both in nursing and their respective iwi. Nuku is a midwife and hails from Tainui, Ngāi Tai and Ngāti Kahungunu. Black is a nursing manager at a hospital and hails from Ngāi Tūhoe, Whakatōhea, Ngāti Kahungunu and Ngāpuhi.

The two roles have come out of NZNO's commitment to Te Tiriti o Waitangi and its mission to not only promote nursing and midwifery but also improve the health status of all peoples of Aotearoa New Zealand. Māori life expectancy is seven years lower than non-Māori and they are more likely to suffer heart disease, cancers, diabetes and mental health issues.

Tracy Black (left) and Kerri Nuku

NZNO is the country's biggest health union with 63,400 members who are nurses, midwives, health-care assistants and allied health professionals. Of those, around 4000 are Māori.

Like the NZNO president, the kaiwhakahaere is a governance position and must be across the entire organisation as well as lead Te Rūnanga o Aotearoa, the tāngata whenua arm of NZNO. The tumu whakarae supports the kaiwhakahaere.

Since the coalition Government came to power in late 2023, it has launched a series of attacks on Māori. These attacks have been on Māori language and identity, on Māori rights to self-determination and sovereignty and – of most concern to Nuku and Black – on policies to reduce health inequities and reduce inequality.

"Right now we should be pushing for safe staffing ratios, especially culturally safe staffing ratios, and retaining and building our workforce but this coalition Government is making it impossible for us to progress those things," Nuku said.

> **'There's aren't many initiatives that are fit for Māori, fit for purpose in the current health system but this Government is mutilating them.'**

"The focus for Te Rūnanga for the rest of the year is to fight these attacks because they are taking Māori health backwards, they are taking the health of the entire nation backwards."

NZNO kaiwhakahaere Kerri Nuku and chief executive Paul Goulter presenting their submission on the Principles of the Treaty of Waitangi Bill

Fighting proposed legislation

Both Nuku and Black hit the ground running in the first two weeks of the year, to get submissions across the line on two controversial proposed laws.

"They snuck in a paper on their proposed Regulatory Standards Bill the first week of this year, while many people were still in holiday mode, but we managed to get a submission in on that."

> **'All nurses, not just Māori nurses, should be scared about the proposed RSB because it has the potential to undermine the mana of our profession, to deregulate us, to replace us.'**

In January, Te Rūnanga also managed to speak to the Principles of the Treaty of Waitangi Bill which would remove the current principles and replace them with others that would undermine the spirit of the treaty, Nuku said.

"That Bill is relevant to every nurse, in hospitals and in communities, because if those principles are removed, it will cost more patient lives. That loss will start with Māori lives, but it will eventually reach non-Māori too."

Te Rūnanga member and nurse Rangi Blackmore-Tufi took part in the hīkoi from the top to the bottom of the North Island

Walking the talk – showing face

Black spoke about Te Rūnanga also joining a hīkoi of about 100,000 people to Parliament in November last year. She and Nuku mobilised hundreds of members in the regions to show up at the hīkoi as it travelled down the North Island to Wellington.

It was the largest political rally in the nation's history, led by Māori in opposition to the Principles of the Treaty of Waitangi Bill. It saw New Zealanders of all ethnicities and religions stand together.

> **‘In te ao Māori, emails and letters and texts don’t work. To be taken seriously, you need to show up so the people can see your face, see you walking your talk so that’s what we as Māori nurses, as NZNO did.’**

“Several of our members even took a week off work to be part of the hīkoi. Te Rūnanga is very much about kotahitanga or the unity of people as a way to create change, so we needed to be there.”

Only a week before the hīkoi arrived in the capital, Te Rūnanga helped to build momentum for it by organising a rally at Parliament to speak out against the attack on Māori and on health.

Showing up at other annual key events in te ao Māori was also important, Nuku said.

“Delegations of Te Rūnanga have attended every event in the Māori calendar so far this year including Ratana and Waitangi. It’s important we stay connected, and that we are visible to not just our patients but the whānau and iwi they come from.

“Being present at these events allows us to hear their realities, their concerns with the health system and that helps to inform what direction we need to be taking,” Nuku said.

Source: John Campbell, 1 News – interview with health leaders

Turning up the volume on Māori health

Through all the submissions, hīkoi and rallies, Te Rūnanga has taken every option to voice its concerns on other decisions the Government has made that are hurting Māori health, Nuku said.

> **‘It seems this Government is firing a missile at Māori, at health at least once a month. I’ve never spoken with as many media in my life as I have since this Government got into power.’**

“We’ve spoken out against its decision to chop Te Aka Whai Ora, an agency set up to give Māori oversight of the health services delivered to Māori.

“We’ve spoken out against them reversing attempts to increase Māori clinicians in medical schools and reducing clinical measures to target and promote Māori access to surgery, despite clear evidence that Māori are not accessing sufficient surgical treatments to meet their needs,” Nuku said.

“We’ve spoken out against its decision to scrap a long-term internationally acclaimed programme to reduce smoking and even promoting tobacco lobbyists to Cabinet.”

Tobacco is a leading cause of death for Māori.

Te Rūnanga has also voiced its opposition to the Government tampering with a screening programme for bowel cancer for Māori despite evidence that the programme has saved lives.

"This is just what's happening in the health sector. I haven't even got to the list of things they are doing across other sectors like housing, social issues, civics and justice," Nuku said.

United Nations' New York headquarters (source: UN Media Division)

Sending an SOS to the UN

Next month Nuku, and NZNO primary health-care nursing leader Tracey Morgan, head to the United Nations in New York. It is not their first time there, but it will be the first time they, with the support of the Global Alliance of Indigenous Peoples, ask the UN to take action by sending an investigator to Aotearoa.

> **'We will be appealing to the UN to send a Special Rapporteur on Human Rights to Aotearoa. If they can't stop this attack on us, then at least they can let the world know what's happening to us.'**

While in New York, Nuku and Morgan will be telling the in-depth story of the attacks on Māori, in an intervention workshop.

"We have only three minutes to tell the story to the main assembly. Attendees who want to know more, can come to a side-event we have planned."

The last time a UN Special Rapporteur came to Aotearoa was in 2005 when the then Government stopped Māori from accessing the courts to have claims heard to the ownership of the foreshore and seabed.

Making cultural the norm and keeping Māori nurses safe

At Waitangi earlier this year, Te Rūnanga launched its report on cultural safe staffing ratios and why it matters.

“Too many Māori people, in the past and right now, have had terrible experiences in the health system due to institutional racism.

“This leads many Māori to not access health services, and they end up sicker or dead – that’s the reality and it will continue until the system supports the introduction of culturally safe staffing ratios, which shouldn’t be seen as an ‘add on’ but as essential.”

Nuku and Black were also concerned about the safety of Māori nurses, midwives and health-care workers.

“It’s so hard to be Māori right now. There are so many spaces where its unsafe to just be Māori. So we are looking at how we can help them with that, help them get through,” Black said.

“We have an annual event called the Indigenous Nurses Conference in August, where hundreds of Māori nurses can come together and share their concerns and look at solutions, but we are looking at other things too.”

At the last conference, the members received an enlightening kōrero from Kura Moeahu – a rangataira of Taranaki whānui in Wellington.

Kura Moeahu

“I see in our hospitals, GP clinics and in the community, that our nurses are burnt out. All our nurses – Māori and Pākehā. I believe in wairuatanga [spirituality]. I believe that karakia can calm us, that it can re-energise us,” Moeahu said.

“It can’t take away all our problems, but it can give us clarity. Find the time and space, even if its during what little break times you have, even if it’s in the storeroom. Karakia koutou mā.”

Kaitiaki
NURSING NEW ZEALAND

FEATURES

‘Distressed IQNs, a distressed domestic workforce, and distressed new graduates’ – a nursing pipeline and workforce in crisis

BY KATHY STODART

March 11, 2025

The Government spent more than $50 million on the recruitment and education of migrant nurses in the two years after COVID-19 pandemic restrictions ended, which has led to a serious imbalance in the nursing workforce.

Picture: Adobe Stock

That’s the view of nursing academic and researcher Sharon Brownie, who told *Kaitiaki* that these policies were designed to ease a nursing shortage which worsened during the COVID-19 pandemic when normal migration patterns were disrupted.

Government policies directly after COVID-19 restrictions ended led to a huge influx of migrant nurses — 31,720 IQNs joined the New Zealand register between the start of 2022 and the end of 2024 — which used up the recruitment budget and failed to support domestic nursing students.

Sharon Brownie

The outcome has been an imbalance in the nursing workforce, tilting much too heavily toward IQNs, who now make up 46.8 per cent of those on the nursing register (according to December 2024 Nursing Council data). Brownie said the outcome of these policies, which led to a hiring freeze, was "distressed IQNs, a distressed domestic workforce, and distressed new graduates".

Unable to find work

Many recently-arrived IQNs were now unable to find work, despite large financial outlays, while the domestic workforce was struggling to integrate the quantity of nurses new to New Zealand practice.

Meanwhile, hundreds of new graduates, having answered their country's call to alleviate a nursing shortage, found themselves unable to find work, saddled with a large student loan, and struggling to pay their bills. According to Te Whatu Ora, at the end of January, 580 of the most recent November 2024 graduates were still seeking nursing jobs.

Brownie said graduate-entry nursing students were worse off, as they were not entitled to a student allowance.

In an article titled "Growing our own, the abyss of data monitoring and support for New Zealand's domestic nursing workforce pipeline" (https://www.nzno.org.nz/resources/kaitiaki/kaitiaki_nursing_research), published in the 2024 edition of NZNO's nursing research journal, *Kaitiaki Nursing Research*, Brownie and fellow researcher Patrick Broman, a specialist demographer, described New Zealand's increasing reliance on IQNs as a "national nursing workforce crisis".

They said IQNs should be "valued, welcomed and appropriately supported". However balance was needed across the IQN and domestic workforce. They also said the transition to practice in New Zealand was difficult for many IQNs as "they enter a fragmented and uncoordinated system no more capable of looking after them than it is of looking after its own".

> **Graduate-entry nursing students were worse off, as they were not entitled to a student allowance.**

The health system appeared to be "devoid of a single point of governance, funding, data and performance monitoring, or accountability". They said a whole-of-government approach to fixing the domestic nursing pipeline was urgently needed.

Brownie told *Kaitiaki* that in data she tracked using Official Information Act requests, she found that in the two years following

Tell your story of how you became an NZ nurse

What were your experiences and challenges as a New Zealand nursing student or a recently arrived migrant nurse?

A team of researchers, including Sharon Brownie and Patrick Broman, are conducting a study on this subject and want to hear from you. Participants will initially fill in an online survey, and will then be invited to take part in an interview to further expand on their experiences.

The study has been designed to increase understanding of the support available to nurses during training and for internationally qualified nurses (IQNs) on arrival in New Zealand.

The researchers are also seeking information on the challenges you have faced during your training or entry to New Zealand. The information will help in advocacy for future support.

If you interested in taking part, first read the participant information sheet then fill in and sign the participant consent form and send it to Jenny Song (Jenny.Song@wintec.ac.nz) or Jia

the opening of the border, the Government spent more than $50 million on policies to encourage the inflow of migrant nurses.

CAP fees reimbursed

The Ministry of Health had paid $17.8 million to offshore nursing recruitment agencies. And it set up a fund to reimburse IQNs for their competency assessment programme (CAP) fees once they got a job in New Zealand. These CAP programmes, offered by a range of tertiary education and private providers in New Zealand, cost around $10,000 a head.

Between March 2023 and March 2024, 3350 IQNs had their CAP fees reimbursed to the tune of $26.54 million,and a further $7.64 million in reimbursement was paid out between April and July 2024. The ministry told her they had hired two extra staff to process CAP reimbursement.

In that time, domestic nursing students, many of whom struggle financially, received no extra financial support.

"A lot of support has been given to recruitment, education and fees reimbursement of IQNs who are new to New Zealand. Similar levels of support in some areas have not been available to New Zealand citizens who have chosen to be nurses. And many of those New Zealand citizens who have chosen to be nurses have been driven into poverty and now have no jobs. In terms of cost to the Government, how many are now on jobseeker unemployment benefits?"

Rong Yap (yapjr1112@gmail.com). If you agree to take part in a follow-up interview, you will receive a $50 grocery voucher.

The survey can be accessed here (https://bit.ly/nsiqn) or via the following QR code:

According to Nursing Council quarterly data reports, a total of 31,720 IQNs joined the New Zealand register between the start of 2022 and the end of 2024. During 2022, with pandemic restrictions easing halfway through the year, a total of 4928 IQNs joined the register. This doubled to 11,660 in 2024, and tripled to 15,132 in 2024. From the start of 2023 to the end of 2024 the proportion of IQNs in the workforce rose from 36 per cent to 46.8 per cent.

Domestic numbers steady

Over these three years, the number of New Zealand-trained nurses joining the register each year remained reasonably steady, just above or below 2500 (2363 in 2022, 2572 in 2023, and 2445 in 2024).

However, large number of IQNs had now given up on New Zealand, due to being unable to find work. The Australian Health Practitioner Regulation Agency has reported nearly 12,000 nurses migrating there from New Zealand in the past year, and most are understood to be IQNs.

Brownie said the current Government was resetting some policy — CAP reimbursement was now only available to experienced specialist IQNs. And the new Social Investment Agency has been established with an emphasis on use of government data and cross-sector consultation to inform decision-making.

Brownie, a New Zealand-registered nurse and midwife, has practised in a variety of nursing fields, and has extensive experience working across departments in the fields of health education, economic development and employment, in New Zealand, the Middle East, Africa and Australia.

> **'And many of those New Zealand citizens who have chosen to be nurses have been driven into poverty and now have no jobs.'**

She has a particular interest in capacity building of services, workforce development, remote rural and regional development and equity of access, and has worked with both the WHO and ICN on a range of major reports related to

nursing workforce status, planning and utilisation.

She now holds academic positions in both New Zealand and Australia, as director of health strategy and partnerships at Swinburne University of Technology in Melbourne, and as adjunct professor in the centre for health and social practice at Waikato Institute of Technology (Wintec) in Hamilton.

Ethnic and cultural balance vital

She said a vital reason for maintaining a well-balanced workforce was the need to maintain an ethnic and cultural balance with the patients and communities that nurses cared for. Research showed that no matter where in the world, patients responded better to a nursing workforce that matched it in culture and language. In New Zealand, this was particularly so for Māori and Pacific people.

While working in the Middle East, she had argued that more Arabic-speaking nurses were needed, and had helped Arab countries establish their own schools of nursing, rather than relying on expatriate IQNs.

"If you want to have meaningful and effective therapeutic communication, and if you want to be able to get people to improve their health status and manage the health challenges that they have, you have to have a congruence [match], both linguistic and cultural, between the carer, the patient and their families.

Brownie and Broman found it impossible to get good data to provide a comprehensive picture of the state of the New Zealand nursing pipeline and workforce.

"Which is why, for example, for nurses who are not Māori, it's important that they understand Māori ways of knowing and being, and there's such an emphasis in our curricula in New Zealand on those things," Brownie said.

She said health workforce planning was complex, but the International Council of Nurses (ICN) had told countries that they had to get better at it. What was needed was a whole-of-government approach to workforce planning — including health, education, immigration, and regional development — informed by good data.

However, in their *Kaitiaki Nursing Research* article, Brownie and Broman found it impossible to get good data to provide a comprehensive picture of the state of the New Zealand nursing pipeline and workforce.

Patrick Broman

In their article they said New Zealand was not alone facing challenges regarding its homegrown nursing workforce. In a recent report, Sustain and Retain in 2022 and Beyond (https://www.icn.ch/resources/publications-and-reports/sustain-and-retain-2022-and-beyond), ICN had said each country needed to undertake "immediate and ongoing assessments of the local nursing workforce, including factors such as new-graduate entries, retirements, turnover, retention and migration (both incoming and outgoing), to underpin data-informed planning for nursing workforce education, development and retention.

"Against this backdrop, we have attempted to access data to inform a current state-assessment of New Zealand's domestic nursing workforce pipeline. While some data was easily sourced, access to a full and complete picture proved impossible," Brownie and Broman said.

Brownie was a member of the expert panel that contributed to the World Health Organization's first international state of nursing report in 2020. The profile for New Zealand noted this country's nursing workforce was 27.25 per cent foreign-trained, the highest of the countries studied — and just over half what it is now.

The two authors said the effects of the pandemic and of the uncertainty and change brought about by reforms of the health and vocational education sector had exacerbated New Zealand's dependence on IQNs.

Brownie and Broman said responsibility for, and information related to, the pipeline and workforce were held by many entities including the Ministries of Health and Education, the Tertiary Education Commission, New Zealand Qualifications Authority, Te Whatu Ora, the Department of Immigration with the Ministry of Business Innovation and Employment, and the Nursing Council.

Fragmented inconsistent information

"Information is fragmented and often inconsistent, and while some information is gleaned via parliamentary questions and official information requests, the overall picture remains incomplete," they said.

"Analysis of data that can be collected paints a disturbing picture of a lack of unified governance, of uncoordinated data monitoring and of insufficient support for the preparation of a domestic nursing workforce."

The major problems they identified were:

- **Poor nursing and education workforce data**

Despite attempts to improve it, there were ongoing problems of inaccessible and inconsistent nursing workforce data.

"For example, the training funder (TEC) does not hold specific data about nursing enrolments and is unable to determine whether student intakes have declined or increased," Brownie and Broman said. TEC has advised that it holds data about course completions rather than enrolments.

Inquiries about which providers were funded to provide postgraduate papers linked to the nurse-entry-to-practice programme were refused on the basis it was too time intensive to collate the information.

Te Pūkenga was unable to provide updated information on the turnover of nurse educators since the reform of vocational education started, on the basis that it was fragmented across different payroll systems.

- **The impact of vocational sector reform**

Prolonged change and funding shortfalls had adversely affected the Te Pūkenga network which graduates about 70 per cent of New Zealand's nurses, while the process of creating a unified nursing curriculum was troubled.

The authors noted a "large-scale loss of nursing leaders from the sector" — with a 38 per cent retention rate for heads of nursing at Te Pūkenga schools of nursing in the period from January 1, 2019, to July 5, 2023. And data obtained under the OIA showed at least 69 nursing educators had left their jobs at Te Pūkenga in 2023 alone.

Nurse educators were undervalued, and their pay gap with Te Whatu Ora nurses was widening. Brownie said there were also significant pay differentials across Te Pūkenga and between university and polytechnic nurse educators.

They also found worrying trends in student attrition. Te Pūkenga released data via OIA request in 2023 showed first-year attrition rates from 2022 enrolments as high as one third at Unitec and Weltec-Whitireia and above 20 per cent at Eastern Institute of Technology, Manukau Institute of Technology, Northtec and Wintec. Attrition continued into the final year — up to 15 per cent in third year at some providers.

"Urgent research is required into why nursing students are abandoning study throughout the programme, including those close to completion. Additionally there is a need to identify effective mitigation strategies to reverse these trends."

Nursing educators are undervalued and their pay gap with Te Whatu Ora nurses is widening. Photo: Adobe Stock

- **Lack of support for graduate-entry students**

Because graduate entry students are in postgraduate programmes, they are not entitled to student allowances, nor social welfare benefits as they are full-time students.

"Graduate-entry nurses enter the workforce on the same pay and conditions as those coming via the undergraduate pathway and yet they cannot access support during study."

Brownie said the irony was they were saving the Government money by taking an expedited two-year course to become registered nurses, but were not entitled to financial support they could access if they chose to do the three-year BN degree.

- **Disparity of outcomes for Māori and Pacific students**

Brownie and Broman emphasised the pivotal role of Māori and Pacific nurses in the health service due to their cultural competence and understanding of their communities' health needs, but found their attrition rates were higher than for all students.

Via an OIA request to Te Pūkenga they found that, averaged across Te Pūkenga's 13 providers, Māori bachelor of nursing (BN) attrition rates in 2022 were 24.4 per cent from first year, 21 per cent from second year and 13.9 per cent from third year. Averaged attrition rates for Pacific students were 33.4 per cent from first year, 34.8 per cent from second year, and 13.5 per cent from third year.

"A continued failure to address this issue will ensure continued under-representation of Māori and Pacific nurses and hinder efforts towards a more inclusive and equitable health-care system."

Kaitiaki
NURSING NEW ZEALAND

COLLEGES & SECTIONS

‘We can turn this around’: Nurses’ emotional plea for a safer health-care system

BY MARY LONGMORE

March 17, 2025

Nurses can be change agents for a better health system, say leaders at NZNO’s 2025 college and section forum.

College and section leaders at the forum.

In a powerful kōrero about the ongoing violence faced by nurses, NZNO president Anne Daniels spoke of the violence and alcoholism she endured within her family as a child.

But, at 14, she changed her life. Nursing too could also change — and must, she said.

> **‘I was powerless – but we don’t need to stay in that place. We can change it.’**

“I spent my childhood running away from home with my mother down the street. When I was 14, on one particular day I couldn’t

‘Modern-day colonisation’

Kaiwhakahaere Kerri Nuku described Coalition Government policies as “modern-day colonisation” that continued to harm Māori.

As citizens and nurses/ health workers, it was important to understand what lay behind today’s inequities and take action where possible, she said.

“Being part of this big organisation is not just about being a voice, it’s about

stand it anymore, so I ran next door and asked Mrs Jones if I could use her phone and I rang the police. The police answered the phone and said, 'This is a private matter'.

NZNO president Anne Daniels.

"I was powerless — but we don't need to stay in that place. We can change it," she told about 50 specialist nurses from NZNO's 20 colleges and sections in Wellington this month.

"What I did after that day, is I told Mum I couldn't stay and watch what was happening. And I left home, got myself a job and I kept going to school."

Nurses, too, needed to be "change agents of our profession", she said. "We have to do it for ourselves, with our patients who are also suffering. Together, we need to make this change."

Violence 'huge problem'

Violence and aggression was a huge problem, experienced by many nurses particularly in emergency departments (EDs). Yet few reported such incidents, Daniels said.

"We can be part of changing that if only we do one thing – and that is report."

Nurses and caregivers could also share their experiences with unsafe staffing here (https://www.jotform.com/250296897972073) which would support NZNO legal action against Te Whatu Ora over its failure to provide a safe and healthy workplace.

"We can stand up and fight back, using our political, professional and industrial power. Those stories we tell can link those three corners up . . . and go to the courts of this land where we can change our story to realise the best outcomes for ourselves and our patients."

> **'We can turn this around. . . we can actually change the health of our population.'**

Change was also needed in the community, Daniels said.

"We are siloed — primary health and aged care have been poor cousins. We know there is absolute disparity for people working in those sectors being paid less, with worse conditions," she said.

creating the biggest change we possibly can."

> **'Colonisation was brutal and intentionally annihilated and dispossessed Māori.'**

From banning of traditional Māori healers — tapuhi — at the turn of the 20th century, to suppressing all traditional medicines with the Tohunga Suppression Act in 1907, "intentional acts of dispossession" had continued till today, Nuku said.

"This process of colonisation was brutal and intentionally annihilated and dispossessed Māori."

By seeking to redefine te Tiriti o Waitangi through the Treaty Principles Bill and disestablishing Te Aka Whai Ora just nine months after it began, the Coalition Government had shown a "reckless disregard" for Crown-Māori relationships, Nuku said.

Such actions would only impact Māori health, when Māori already struggled with the poorest health outcomes. Meanwhile, Māori nurses were stuck at just seven per cent of the workforce — while migrant nurse numbers had risen dramatically in recent years.

"For many, especially Māori, this has been a time of deep breaths," said Nuku, who urged college and section members to be brave and be prepared to get political.

NZNO Māori nursing governance board, Te Poari, wanted to work with colleges and sections to "hold the line so that no Government can hide behind introducing shoddy ways of getting policies across the line".

"Our responsibility is to hold everybody accountable to ensure there is transparency, that there is a well-thought out consultative process

"We can turn this around. . . If we focus on those, particularly primary health, we can actually change the health of our population."

She said it was very important for nurses to lead the way, with the guidance of NZNO strategy Maranga Mai! (https://maranga-mai.nzno.org.nz/).

. . . and our responsibility is to work together with colleges and sections, which we intend to do."

Deregulation

Other nurses spoke of the potential dangers of proposed changes (https://www.health.govt.nz/system/files/2024-12/H2024053431.pdf) to the Health Practitioners Competency Assurance Act 2003, fearing a risk to patients if less-costly unregulated workers replace skilled nurses or other kaiāwhina.

Neonatal nurses college of Aotearoa secretary Michelle Willows (left) and chair Merophy Brown.

This was already happening, some said.

Neonatal nurses college Aotearoa secretary Michelle Willows said changing a nappy might seem like an easy task "but someone who is not qualified in our speciality does not understand the fragility of pre-term neonatal skin or the potential long-term developmental harm that could be caused from simply handling or positioning a baby in the wrong way".

'Unleash your power'

Kaiwhakahaere Kerri Nuku laid a strong wero for colleges and sections to "unleash the power" of nursing's professional voice at a time of great challenge.

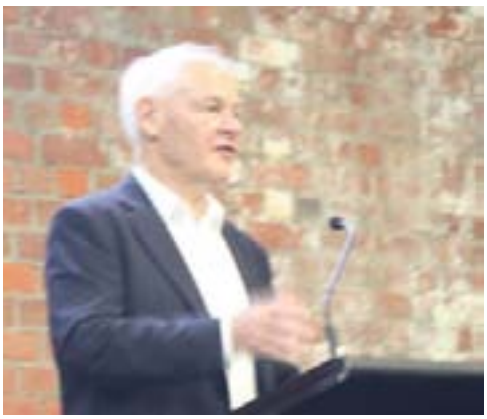
Nurses were being forced to work within a health budget which did not reflect patient need and Te Whatu Ora had failed to employ almost half the country's graduates in 2024 — and even fewer for enrolled nurse graduates, she said.

"The only people who understand the crisis are the people represented in this room," she said. "How do we shift the power of politics to be the power of the professional voice? That's our challenge . . . and our challenge has never been more significant than now."

NZNO kaiwhakahaere Kerri Nuku.

'Your voice is the most trusted, most respected and most acknowledged. The public listen to you and respond.'

NZNO chief executive Paul Goulter also challenged college and section members to speak out as experts in their field.



NZNO chief executive Paul Goulter.

"Your voice is the most trusted, most respected and most acknowledged. The public listen to you and respond."

NZNO's purpose was to become the leading voice of health — and as such advocate for a quality public health system that was equitable, accessible, affordable, recognised te Tiriti o Waitangi "and actually does the business". To achieve that, members needed to lead the drive for change, he said.

"I'm deliberately challenging our leadership of colleges and sections to step up . . . I reckon you've done really well so far, but there's a whole lot more to do."

Goulter said there must be no separation between NZNO's industrial, professional or political parts:

"We are only going to win this by joining up, working together and leveraging our strengths in such a way that ensures colleges and sections are the leading voice in their specialty . . . and we have a health system that everyone in this country is going to be proud of."

Some of NZNO's professional nursing leaders during a question and answer session.

Kaitiaki
NURSING NEW ZEALAND

COLLEGES & SECTIONS

Speaking out 'daunting but worth it' – nurses share wins, hopes and challenges

BY MARY LONGMORE

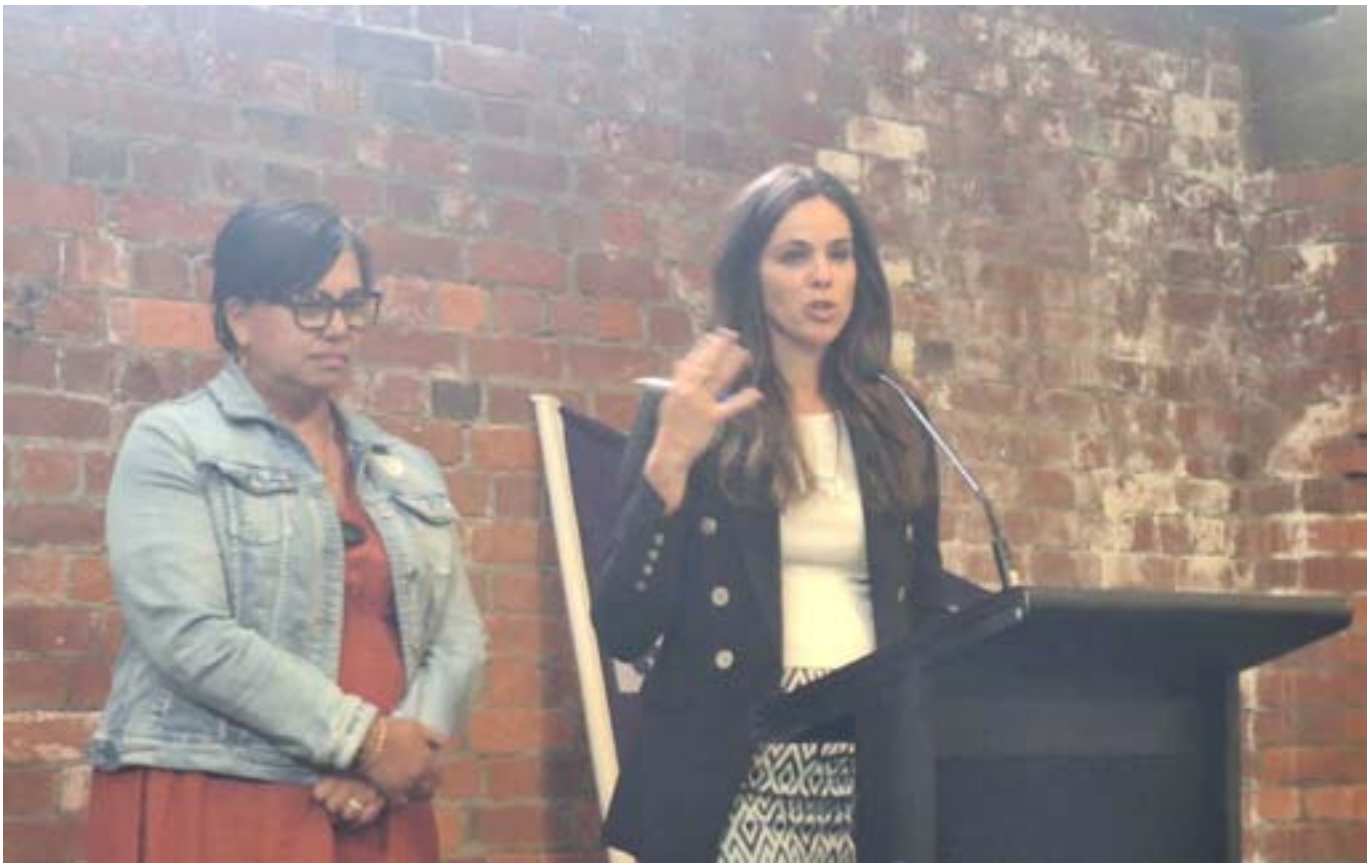
March 17, 2025

More than 50 NZNO college and section members and staff gathered in Wellington earlier this month to share their mahi and figure out how to be the leading professional voice in their fields.

College and sections 2025.

Speaking up is "very daunting but definitely worth it", NZNO's college of emergency nurses NZ (CENNZ) told the annual college and section forum in Wellington this month.

With a large part of the forum focused on raising the professional voice of nurses to influence political decision-making, CENNZ member Lydia Moore said the college last year decided to speak out more in the media on the challenges faced by nurses. "It was very daunting but definitely worthwhile."



College of emergency nurse members Natasha Hemopo, left, and Lydia Moore.

Chair Lauren Miller had taken every opportunity to speak to media — including *Kaitiaki* — on the challenges of six-hour ED stay targets and unsafe staffing levels, and had also written to both health ministers, Moore said. "This did lead to a face-to-face [with Shane Reti] — although whether it did anything is hard to say."

> **'It's amazing how a small collective change makes a big difference.'**

CENNZ had also seen its Māori members increase from eight to 11 per cent; and Pasifika members from two to four per cent over the past two years, after developing a Māori health strategy led by member Natasha Hemopo. One action was to make grants more accessible to Māori members, which had a big impact.

"It's amazing how a small collective change makes a big difference."

College of primary health care nurses had also taken up the challenge to be the professional voice for primary health care (PHC), chair Tracey Morgan and member Rosie Katene said.

Primary health nurses Tracey Morgan and Rosie Katene.

"If you're not on the menu, you're not at the table," Morgan said. "So we took that challenge, and went to Paul [Goulter, NZNO CEO] and said, 'We will be in every space, every opportunity in primary health we can — we want to be the voice'."

College of air and surface transport nurses (COASTN) said, that after a three-year fight, they had managed to get a nurse representative across all four workstreams of a proposed restructure of air ambulance transfers. This proposal could affect flight nurses if they were replaced by paramedics, the college said, via their professional nursing advisor Annette Bradley-Ingle.

> ‘If you’re not on the menu, you’re not at the table.’

Flight nurses, like all nurses, were experiencing increased workloads and many transfers were done by nurse-only teams. Hawke’s Bay Hospital region had about 2000 flights yearly, Nelson/Marlborough about 1200 and Dunedin about 800.

About half of these were nurse-only, Bradley-Ingle said. “This is the level of skills that the nurses have. When you start looking at those numbers of flights with nurses involved and [with] only about 500 nurses flying, it gives you a sense of the workload these nurses take on.”

Flight nurses numbers were “steadily climbing — we like that for our pilots as well” — at just under 500, a huge portion of whom were COASTN members.

Women’s health college’s Judith Beattie.

The women’s health college, too, had increased its membership from 517 to 672 over the year, member Judith Beattie said. Some of its members were taking on roles formerly the domain of doctors, such as hysteroscopy (examining the uterus) and colposcopy (examining the cervix).

“So we’ve had these leaders in our committee really leading the way in nurse practitioner work within New Zealand.”

The college had also pushed, through submissions, for funding a wider range of medications such as contraceptive pills.

Aotearoa college of diabetes nurses chair Amanda de Hoop said members had made several submissions over the year to improve access to medications for patients. It had also successfully lobbied the Nursing Council to add the medication Victoza to the nurse prescribing list

Neonatal nurses speak out on unsafe staffing

Most neonatal units have been running at “unsafe” levels of 120 to 130 per cent occupancy over the past six-12 months, neonatal nurses college Aotearoa secretary Michelle Willows told the forum.

“This impacts on whānau quality of care, breaches in confidentiality, loss of dignity, increases in errors and omissions and incidents of direct harm,” she told the forum.

One neonatal unit reported a shocking 224 adverse incidents in the past six months — a 200 per cent increase — “and, in their words, they felt very unsafe”.

Neonatal nurses college Aotearoa secretary Michelle Willows, left, and chair Merophy Brown.

Sixteen of the country’s 23 neonatal units reported staff vacancies of up to 20 per cent, hampered further by CCDM [safe staffing tool care capacity demand management] calculations not being added to budget and being told they’re not allowed to recruit, Willows said. “Despite what is being reported [by Te Whatu Ora]. . . there is a recruitment freeze.”

To cope, units are forced to do “patchwork” staffing, where nurses are redeployed from other areas without specialist neonatal knowledge and skills.

> ‘The most vulnerable New Zealander is 350g and currently being cared for in a neonatal unit in this country.’

(https://nursingcouncil.org.nz/common/Uploaded%20files/NCNZ004-Medicines-August-2024.pdf) which would benefit whānau with type 2 diabetes.

Aotearoa college of diabetes nurses chair Amanda de Hoop.

In growing its reach and diversity, the college also now had a representative on the Mahitahi Matehuka diabetes national clinical network and was considering a bicultural leadership model. While this prospect was exciting, de Hoop said she was mindful that Māori membership was low and she did not want to burden the few Māori members in the college.

> **'Insanity is when you do the same things over and over and expect different results.'**

The college of respiratory nurses had also made several submissions over 2024, including on proposed downgrades to insulation requirements in homes; and on the return of prescription charges including for inhalers, chair Jacqueline Westenra said.

Pacific nursing section (PNS) member Abel Smith said the section — which was 17 years old this year — wanted to take a different approach to expanding and empowering the Pasifika nursing workforce including nurse practitioners.

Pacific nurses section's Abel Smith.

"Insanity is when you do the same things over and over and expect different results," Smith said. "This year we're determined to do things differently."

Despite seven Pacific nurses graduating with a PhD last year, only one had become an NP, he said. And after 25 years of the NP role's existence in New Zealand, there were only 12 of Pacific descent. "There's something wrong and we need to do something about it."

PNS planned to become more involved with the nurse practitioners' training programme (NPTP) governance, Smith said.

> **'My view after 30 years is that mental health is the Cinderella of health services.'**

Nursing research section members, in a recording, said they had grown to 370 members in the past year and were enjoying high levels of social media engagement through Facebook and LinkedIn.

A research hui last year had been a great chance for emerging nurse researchers to practise their presenting skills and now the section was keen to explore hosting online workshops and grow its mentoring support.

"Sent for anything from an hour to eight hours of a shift, this adds increased layers of risk for everybody."

Willows said it was "shocking" but not new — similar unsafe staffing issues had been identified in 2019 "but nothing has changed".

The college was working with NZNO researchers to bring stories and data together and push for safely staffed units. "We really want to do something about it — we want to change this and collaborate with all of you."

The college shared a slideshow featuring a single family over five days who endured separation from visiting whānau, a medication error, being refused help with pumping breast milk and a refusal to use the baby's Tongan name, instead referring to him as "Jack".

"The most vulnerable New Zealander is 350g and currently being cared for in a neonatal unit in this country. Him and his whānau and all the children we care for deserve to have the right skills to care for him properly," Willows said.

Mental health nurses section member Bruce Tomlinson shared the challenges facing mental health nursing, particularly lack of staff. Māori mental health fared the worst, he said.

Mental health nurses section member Bruce Tomlinson.

"My view after 30 years is that mental health is the Cinderella of health services – and unfortunately Māori mental health has been the Cinderella service of a Cinderella service."

This had a significant impact on Māori, as well as Pasifika, communities, whose whānau were often left to deal with mental health issues unsupported.

The withdrawal of police from all but the most severe mental health callouts was one of the biggest pressures facing mental health nursing, Tomlinson said.

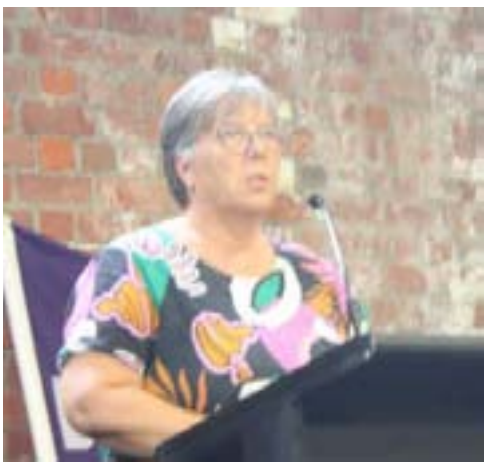
College of gerontology nursing chair Bridget Richards put a call out for more registered nurses (RNs) working with older people — whether in hospitals, communities or aged residential care — to share their experiences for NZNO's age safe campaign (https://maranga-mai.nzno.org.nz/age-safe). Contact: nznogerontology@gmail.com.

"It's really important to get the RN voice out there . . . we want a proper 360 view of what's going on."

> **'If you don't have ENs in your workplace, can you advocate for us? We are a very important workforce.'**

Particularly high numbers of internationally-qualified nurses (IQNs) in aged care currently, meant there were not many vacancies for new graduates — also struggling to find work in hospitals.

The college was open to all nurses who worked with older adults, even outside of aged residential care, she said.



College of gerontology nurses chair Bridget Williams.

"Nearly everybody in here will be looking after older adults but don't see themselves as specialist in that area. Actually you are – that's what we do, day in day out. Eighty per cent of people in Te Whatu Ora hospital beds are over 70 so please use our resources," Williams said.

The infection prevention and control (IPC) nurses college was pushing to become the leading voice in its field, by connecting with Te Whatu Ora and chief nurse Nadine Gray, member Angie Foster said.

Membership had grown from 866 to 944 over the past year, much of which was driven by its Facebook page. However, it was still not representative of the number of IPC practitioners.

Infection prevention and control nurses college Angie Foster.

Nursing leadership section representatives said membership had grown to 800 and it hoped to take its coaching and mentoring workshops beyond the provinces into mainstream centres this year.

College of critical care nurses' Rachel Atkin and Alicia Osland said social media use was also driving higher engagement, particularly through

College of critical care members Rachel Atkin (left) and Alicia Osland.

events such as webinars. The college was also partnering with its Australian equivalent to access professional development workshops, webinars and conferences.

With 1234 members currently, the college wanted to reach out and recruit nurses who worked in high dependency and coronary care as well as in intensive care units.

Enrolled nurses section representative Debbie Handisides called on colleagues to advocate for ENs in their workplace, now an expanded EN scope of practice allowed them to work "everywhere".

"If you don't have ENs in your workplace, can you advocate for us? We are a very important workforce and . . . we've extended our scope so we can work everywhere. Thank you for being a voice for ENs where and whenever you can."

College of respiratory nurses chair Jacquie Westenra.

The section would also be celebrating 60 years of enrolled nursing in Aotearoa this year.

The gastroenterology nurses college said it was developing guidance on safe care for transgender patients as well as lobbying the Government and Te Whatu Ora to reverse its decision to remove priority bowel cancer screening for Māori and Pasifika. It also planned to work more closely with Pharmac on its drug consultation process to try and get better medication options for gastroenterology patients.

Kaitiaki
NURSING NEW ZEALAND

PRACTICE

‘Recovery capital’ in addiction treatment: What is it, and why is it important?

BY BRENT DONCLIFF

March 31, 2025

Health professionals have a vital role in putting addicts in touch with the inner and outer resources that will support them on the road to recovery.

Recovery is a process that is different for each person. Photo: Adobe Stock

Recovery from substance dependence, and making the necessary changes to one’s lifestyle and skills to support this, can take time — and is different for every person.

One of the key strategies for treating substance dependence is to determine what factors will help the person in their recovery. These factors can be personal, social, environmental or community-related, and can include personal health, social networks, housing, transport, employment, and cultural support. These things are what is known as “recovery capital”.

A key role for the clinician in the early stages of assessment is to determine the person’s circumstances and what their goals are for their life and their journey away from substance dependence. The clinician has an important role as a resource at all stages in the recovery journey, to ensure the person is aware of the various supports and strategies which may be available as part of their recovery capital.

The road to addiction

The use of addictive substances can progress from casual use, to hazardous use, through to a significant substance-use disorder or addiction.1 For many people, the road to addiction can start in their formative years.2 Over a decade ago it was reported that 90 per cent of New Zealand adolescents would have used alcohol before age 14 years.3

The road to addiction can start in early teen years. Photo: Adobe Stock

According to more recent figures, of young people aged 14-15 years, up to 30.3 per cent have used alcohol, 7.9 per cent tobacco and 7.8 per cent cannabis.4

For some, substance use can contribute to the development of co-morbid mental health issues.5 In the United States, 37 per cent of people who have problematic alcohol use, and 57 per cent of people with problematic use of other substances, also have at least one diagnosable mental health disorder.6

Effects of continued harmful substance use can include physical injury, cardiovascular disease, cancer, liver cirrhosis, brain damage, mental health problems, foetal alcohol spectrum disorders, respiratory disease, and oral health issues.7 There are also social, financial, occupational, spiritual and legal complications associated with severe substance misuse and addiction.8, 9, 10

People on the trajectory towards a substance-use disorder can start to lose their links to the resources they need to have a full and productive life. This is why restoring those links to their recovery capital — the internal and external resources which help a person recover from the grip of a substance use disorder — is so important.11

Using a harm-reduction approach

Both abstinence and harm-reduction approaches are used in substance addiction treatment in New Zealand.

Under the harm-reduction model of treatment, participants are not required to completely abstain from substance use at the start of their treatment, but are helped with strategies to minimise the harm their drug use causes themselves and others around them. Through a therapeutic relationship with health professionals, they are helped to set goals, and change damaging behaviour. 12

This approach is not only helpful for the individual, but also for society as a whole, bringing more people into treatment who, for whatever reason, are not ready to abstain. It thereby eases stresses on communities, reduces transmission of diseases, and takes pressure off health and justice systems.13

The harm-reduction ethos is reflected in New Zealand health programmes such as nicotine replacement,[14] opioid substitution[15] and drug testing.[16, 17]

Part of the harm-minimisation strategy in New Zealand for opioid addiction is the opioid substitution treatment (OST) programme,[15] and embedded in the OST philosophy of treatment is the concept of recovery.[18] Recovery capital has been identified as a key component in addressing opioid dependence and is specifically mentioned in the Ministry of Health's OST guidelines.[18]

What is 'recovery'?

There is no universally agreed definition of "recovery" from addiction – whether as a process, lifestyle or end-goal.[19, 20, 21] However it has been usefully described in this way: *"Recovering from addiction is more likely seen in people motivated to change and it requires mastering effective coping, stress management, and reinforcement skills".*[22]

According to other researchers,[23] the concept of recovery has been adopted from the mental health consumer movement, and involves *"a more personal sense of recovery—involving a process of learning how to manage daily life in the presence of, or within the limitations imposed by, an ongoing disorder".* This does not have to mean total abstinence — rather identifying the barriers to change and addressing those.

Recovery has also been defined as *"... the ways in which persons with or impacted by a mental illness and/or addiction experience and actively manage the disorders and their residual effects in the process of reclaiming full, meaningful lives in the community".*[24]

Recovery from addiction is a process that involves a person identifying and using resources and supports that will enable them to improve their quality of life. Some elements of recovery are summarised in the table below.[21]

Table 1: Elements of recovery from substance misuse

Core elements of recovery	Other common elements of recovery
Having capacity for growth and development.	Being able to enjoy life.
Being honest with oneself.	Handling negative pressure or feelings without problematic substance use.
Taking responsibility for personal change.	Contributing to family, community, and self.
Reacting to pressure in a balanced way.	

Recovery from substance use has been described as both a process[20, 23, 25, 26, 27] and a lifestyle[28] and is not undertaken in isolation from other aspects of the person's life.

> **Recovery can be a lifelong and at times turbulent process.**

It can be a lifelong[29] and at times turbulent process[30] which involves addressing many interrelated factors in the person's life. Recovery capital can serve as a lens to help the person identify both assets and barriers that need to be addressed in their recovery process.[30]

Recovery capital can be divided into specific domains – social capital, physical capital, human capital and cultural capital – these are defined in Table 2 below.[30, 31, 32]

Table 2: Domains of recovery capital

Recovery capital domain	Definition
Social capital	The resources a person gains as the result of their network of relationships.
Physical capital	The financial and economic benefits a person gains from interacting and engaging in the real world.
Human capital	The human attributes, such as knowledge and skills, positive general and mental health, and other traits which allow the person to function in society.
Cultural capital	The norms of belief and behaviour which enable a person to meet their own needs and exploit opportunities for development and progress within their own cultural group.
Community capital	Societal attitudes, supportive policies and resources that aid recovery from substance use problems.

Social supports are an important aspect of recovery capital. Photo: Adobe Stock

Behaviours required to maintain recovery are different to those needed to initiate recovery.[33], [34] Initial work, such as reducing substance use and addressing any urgent consequences of prolonged or dangerous substance use, tend to overshadow other longer-term goals such as healthy eating, physical activity and meaningful work which help to maintain recovery.[34]

Programmes such as fitness and education enhance clients' social engagement and and help build social capital,[35] while stable employment is another significant positive influence.[36]

Negative recovery capital

Situations which hamper or put at risk a person's recovery are described as "negative recovery capital".[31] Examples include where a person belongs to a culture where drug use is tolerated, and/or expected, or where the person is engaging in criminal activity with frequent incarceration (or the risk of incarceration).[37], [38]

Other barriers to recovery could include untreated mental illness, lack of transport to attend appointments or employment, criminal history and associated discrimination, ongoing financial stress and poor income, and lack of accommodation.

Patton and fellow researchers describe negative social capital as the "pains of recovery" — factors which hamper the person's progress away from substance addiction. These are outlined in Table 3 below.[39]

Table 3: Recovery capital and 'pains of recovery'

Domain	Early recovery: recovery capital	Early recovery: the pains of recovery	Sustained recovery: recovery capital	Sustained recovery: the pains of recovery
Personal		• Uncovering unresolved trauma. • Low self-esteem. Uncovering other addictions. • Navigating a new self/world. • Purposeless/hopelessness.	• Living a life beyond that which was envisioned. • Post-recovery identities.	• Fluctuating levels of self-esteem. • Mental health issues. • Relapse.
Social	Mutual aid groups – gaining new friendships and tools for recovery.	• Family trauma and tensions. • Cutting off drug-using friendships.	• Stable and supportive romantic relationships. • Family reconciliation. • Social networks (via work, education, and recovery groups).	• Ongoing family trauma.
Community		• Unsecure housing. • Unemployment and menial jobs. • Negative experiences with professionals. • Stigma.	• Stable, secure accommodation. • Discovery of purpose. • Fulfilling employment and promotions.	

There is significant work to be done in the early stages of recovery. The person needs to determine their life goals, including what needs to be done to reduce and ideally abstain from substance use.

They must also identify and address the triggers which lead them to substance use in times of stress – rather than using other problem-solving techniques.

Health professionals have a role to play in this process. Table 4, below, outlines a model of recovery which incorporates three key perspectives – recovery experiences, the processes of recovery, and recovery-oriented clinical practice.[40], [41], [42], [43]

Table 4: Major themes of recovery[40]

Context	Themes and sub-themes
Recovery experiences	• Experiences of being normal. • Respecting and accepting oneself. • Being in control. • Recovery experienced as intentional. • Recovery experienced as material and social.

Context	Themes and sub-themes
Processes of recovery	• Recovery processes as step-wise, cyclical, and continuous. 1. Process involving steps forward and steps backward. 2. Process involving all aspects of one's life. • Recovery as everyday experiences. 1. Struggling to achieve or remain in a normal, ordinary life. 2. Accessing resources, possibilities, and enjoyment. • Recovery as relational. 1. Developing and maintaining supportive relationships. 2. Accessing supportive environments. 3. Engaging in relational hope.
Recovery-oriented practice	• Helping and supporting. 1. Being helped on one's own terms. 2. Timely helping. 3. Creative and collaborative helping and supporting. 4. Applying helpful actions. 5. Helping for different needs. • Collaborating and relating. 1. Relational characteristics. 2. Characteristics of professionals in collaborative relationships. 3. Organisational conditions and strategies. • Identity integration in practice. 1. Promoting individual identity. 2. Promoting strength-oriented identity. • Generating hope through nurturing and helping. 1. Supporting service users to become hopeful. 2. Generating hope in the context of difficulties.

It is important to understand that when a person has been under the influence of addictive substances for some time, this will have gradually changed their behaviour. They will need to readjust to a lifestyle where normal is being without the influence of addictive substances.

This type of behaviour change is likely to take time, and is not a linear process — the journey towards recovery may be filled with advances and regressions.

Recovery potential varies significantly across individuals and populations, and different people value aspects of recovery differently.[44], [45]

> **The key element of clinical practice when assisting someone on their journey of recovery is recognising that everyone is unique and what works for one person may not work for another.**

In clinical practice, assessment of a person's recovery capital is best undertaken in the early stages of screening, to establish the level of intervention they may need. For example, an individual, even if they have a severe dependence problem, may also have a high potential of recovery capital. And an individual with a dependence problem of low severity may also have high potential recovery capital and thus may only need brief intervention.[32]

The key element of clinical practice when assisting someone on their journey of recovery is recognising that everyone is unique and what works for one person may not work for another. Therefore, the clinician must engage with the person and understand their particular circumstances, including any barriers towards making positive changes in their life. Recovery is unlikely to be successful where there are significant barriers, whether they be personal, interpersonal, environmental, social, or societal.

For the health professional, positive engagement with the person is key. Where the clinician develops a therapeutic alliance with the person, and seeks regular feedback from them, they are able to jointly identify desired outcomes and change the direction of treatment direction as needed.46, 47

An important part of the clinician's role is to be a resource at all stages in the recovery journey, to ensure the person is aware of the various supports and strategies which may be available as part of their recovery capital.

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Disclaimer: The ideas and opinions expressed by the author in this article are not intended to imply that they are (or are not) in any way part of the philosophy or operational procedures of Te Whatu Ora/Health New Zealand – Te Tai o Poutini/West Coast Region. They are solely the expressions of the author, based on literature research and consolidation, collective experience, and wisdom.

- *This article was reviewed by Anthony O'Brien, RN, MPhil, PhD, associate professor of nursing at the University of Waikato.*

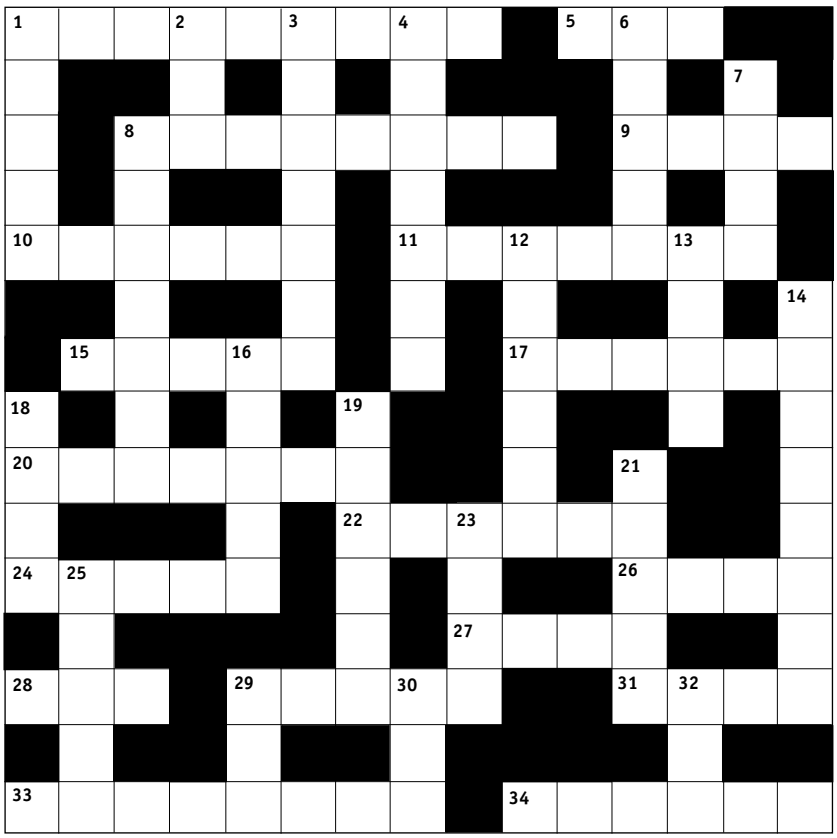
References

1. US Department of Health and Human Services. (2016). Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health. (https://www.ncbi.nlm.nih.gov/sites/books/NBK424857/pdf/Bookshelf_NBK424857.pdf)
2. Clarke, D. (2005). Factors leading to substance abuse, and implications for gambling in New Zealand. (https://prism.ucalgary.ca/server/api/core/bitstreams/cc89b6f9-2757-4eab-9de2-5e2811d73cb2/content) *International Journal of Mental Health and Addiction, 3*(1), 41-52.
3. Office of the Prime Minister's Science Advisory Committee. (2011). *Improving the transition: Reducing social and psychological morbidity during adolescence – A report from the Prime Minister's Chief Science Advisor. (https://dpmc.govt.nz/sites/default/files/2021-10/pmcsa-Improving-the-Transition-report.pdf)*
4. Gurram, N., & Brown, L. (2020). Substance use behaviour among 14 and 15-year-olds: Results from a nationally representative survey. (https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE55072625) Health Promotion Agency/Te Hiringa Hauora.
5. Todd, F. C. (2010). Te Ariari o te Oranga: The assessment and management of people with co-existing mental health and substance use problems. (https://www.health.govt.nz/system/files/2011-11/te-ariari-o-te-orang-teariari-13-04-10.pdf)Ministry of Health.
6. Robinson, L., Smith, M., & Segal, J. (2024). Dual diagnosis: Substance abuse and mental health. (https://www.helpguide.org/mental-health/addiction/substance-abuse-and-mental-health) *HelpGuide.org.*
7. Counties Manukau AOD Provider Collaborative. (n.d.). A Snapshot of Substance Use and Health Impacts: An overview for health professionals in Counties Manukau. (http://www.aodcollaborative.org.nz/vdb/document/112)
8. Chen, G. (2009). Gender differences in crime, drug addiction, abstinence, personality characteristics, and negative emotions. (https://doi.org/10.1080/02791072.2009.10400536) *Journal of Psychoactive Drugs, 41*(3), 255-266.
9. Daley, D., & Feit, M. (2013). The many roles of social workers in the prevention and treatment of alcohol and drug addiction: A major health and social problem affecting individuals, families, and society. (https://doi.org/10.1080/19371918.2013.758960) *Social Work in Public Health, 28*(3/4), 159-164.
10. Nurco, D. N. (1987). Drug addiction and crime: A complicated issue (https://doi.org/10.1111/j.1360-0443.1987.tb01427.x) [Editorial]. *British Journal of Addiction, 82*(1), 7-9.
11. Karl, T. (17th February 2023). Five dimensions of recovery capital — do I know the basics? (https://r1learning.com/blog/2020/recoverycapital) R1 Learning.
12. Psychology Today. (2025). *Harm Reduction.* (https://www.psychologytoday.com/nz/basics/harm-reduction)
13. Ramprashad, A., Burnett, G. M., & Welsh, C. (2022). Harm reduction: Not dirty words any more. (https://doi.org/10.1016/j.psc.2022.04.005) *Psychiatric Clinics of North America, 45*(3), 529-546.
14. Abrams, D. B., Glasser, A. M., Villanti, A. C., Pearson, J. L., Rose, S., & Niaura, R. S. (2018). Managing nicotine without smoke to save lives now: Evidence for harm minimization. (https://doi.org/10.1016/j.ypmed.2018.06.010) *Preventive Medicine, 117,* 88-97.
15. Deering, D., Sellman, J. D., & Adamson, S. (2014). Opioid substitution treatment in New Zealand: A 40 year perspective. (https://nzmj.org.nz/media/pages/journal/vol-127-no-1397/opioid-substitution-treatment-in-new-zealand-a-40-

year-perspective/3c93b9ae3d-1696474217/opioid-substitution-treatment-in-new-zealand-a-40-year-perspective.pdf) *New Zealand Medical Journal, 127*(1397), 57-66.
16. Groves, A. (2018). 'Worth the test?' Pragmatism, pill testing and drug policy in Australia. (https://doi.org/10.1186/s12954-018-0216-z) *Harm Reduction Journal, 15*(1), 12.
17. Know Your Stuff NZ (https://knowyourstuff.nz/).
18. Ministry of Health. (2014). *New Zealand practice guidelines for opioid substitution treatment. (https://www.health.govt.nz/publications/new-zealand-practice-guidelines-for-opioid-substitution-treatment-2014)*
19. Best, D., Beckwith, M., Haslam, C., Alexander Haslam, S., Jetten, J., Mawson, E., & Lubman, D. I. (2016). Overcoming alcohol and other drug addiction as a process of social identity transition: the social identity model of recovery (SIMOR). (https://doi.org/10.3109/16066359.2015.1075980) *Addiction Research & Theory, 24*(2), 111-123.
20. National Institute on Drug Abuse. (2021). Recovery. (https://nida.nih.gov/research-topics/recovery)
21. Zemore, S. E., Ziemer, K. L., Gilbert, P. A., Karno, M. P., & Kaskutas, L. A. (2023). Understanding the shared meaning of recovery from substance use disorders: New findings from the What is recovery? study. (https://doi.org/10.1177/11782218231199372) *Substance Abuse: Research and Treatment, 17*.
22. Afaq, M. Y. M., Rehna, T., & Akhtar, Z. (2022). The journey from drug addiction to drug recovery; a case report of an inpatient rehabilitation. (https://doi.org/10.47391/JPMA.2419) *Journal of the Pakistan Medical Association, 72*(7), 1435-1437.
23. Davidson, L., Rowe, M., DiLeo, P., Bellamy, C., & Delphin-Rittmon, M. (2021). Recovery-oriented systems of care: A perspective on the past, present, and future (https://doi.org/10.35946/arcr.v41.1.09). *Alcohol Research: Current Reviews, 41*(1), 09.
24. Davidson, L., & White, W. (2007). The concept of recovery as an organizing principle for integrating mental health and addiction services. (https://doi.org/10.1007/s11414-007-9053-7) *Journal of Behavioral Health Services & Research, 34*(2), 109-120. (p113)
25. American Society of Addiction Medicine. (2018). Public Policy Statement on the Role of Recovery in Addiction Care. (https://cfpclearn.ca/wp-content/uploads/2022/08/ASAM-Recovery-Statement-2018.pdf)
26. Center for Substance Abuse Treatment. (2007). National Summit on Recovery: Conference Report. (https://webcitation.org/6IML7OyMP) DHHS Publication No. (SMA) 07-4276. National Summit on Recovery, Washington, D.C.
27. Hagman, B. T., Falk, D., Litten, R., & Koob, G. F. (2022). Defining recovery from alcohol use disorder: Development of an NIAAA research definition. (https://doi.org/10.1176/appi.ajp.21090963) *American Journal Of Psychiatry, 179*(11), 807-813.
28. McLellan, T. (2012). What is recovery?? Revisiting the Betty Ford Institute consensus panel definition. (https://doi.org/10.3109/14659891.2010.514520) *Journal of Substance Use, 17*(2), 134-137.
29. Best, D., & Hennessy, E. A. (2022). The science of recovery capital: where do we go from here? (https://doi.org/10.1111/add.15732) *Addiction, 117*(4), 1139-1145.
30. Hennessy, E. A. (2017). Recovery capital: A systematic review of the literature (https://doi.org/10.1080/16066359.2017.1297990). *Addiction Research & Theory, 25*(5), 349-360. (p349)
31. Cloud, W., & Granfield, R. (2008). Conceptualizing recovery capital: Expansion of a theoretical construct. (https://doi.org/10.1080/10826080802289762) *Substance Use & Misuse, 43*(12/13), 1971-1986.
32. White, W. L., & Cloud, W. A. (2008). Recovery capital: A primer for addictions professionals. (https://www.researchgate.net/publication/291781390_Recovery_capital_A_primer_for_addictions_professionals) *Counselor, 9*(5), 22-27.
33. Humphreys, K., Moos, R. H., & Cohen, C. (1997). Social and community resources and long-term recovery from treated and untreated alcoholism. (https://doi.org/10.15288/jsa.1997.58.231) *Journal of Studies on Alcohol and Drugs, 58*(3), 231-238.
34. Laudet, A. B., & White, W. L. (2008). Recovery capital as prospective predictor of sustained recovery, life satisfaction, and stress among former poly-substance users. (https://doi.org/10.1080/10826080701681473) *Substance Use & Misuse, 43*(1), 27-54.
35. Morton, S., O'Reilly, L., & O'Brien, K. (2016). Boxing clever: utilizing education and fitness to build recovery capital in a substance use rehabilitation program. (https://doi.org/10.3109/14659891.2015.1077281) *Journal of Substance Use, 21*(5), 521-526.
36. Lee, B. K., & Ofori Dei, S. M. (2022). Changes in work status, couple adjustment, and recovery capital: Secondary analysis of data from a congruence couple therapy randomized controlled trial. (https://doi.org/10.1177/11782218221088875) *Substance Abuse: Research and Treatment, 16*.
37. Sigodo, K., Davis, S., & Morgan, A. (2020). The practitioners' perspective on the upside and downside of applying social capital concept in therapeutic settings. (https://doi.org/10.1111/hsc.12959) *Health & Social Care in the Community, 28*(4), 1261-1269.

38. Best, D., Vanderplasschen, W., & Nisic, M. (2020). Measuring capital in active addiction and recovery: the development of the strengths and barriers recovery scale (SABRS). (https://doi.org/10.1186/s13011-020-00281-7) *Substance Abuse Treatment, Prevention, and Policy, 15*(1), 1-8.
39. Patton, D., Best, D., & Brown, L. (2022). Overcoming the pains of recovery: the management of negative recovery capital during addiction recovery pathways. (https://doi.org/10.1080/16066359.2022.2039912) *Addiction Research & Theory, 30*(5), 340-350. (p343)
40. Klevan, T., Sommer, M., Borg, M., Karlsson, B., Sundet, R., & Kim, H. S. (2023). Toward an experience-based model of recovery and recovery-oriented practice in mental health and substance use care: An integration of the findings from a set of meta-syntheses. (https://doi.org/10.3390/ijerph20166607) *International Journal of Environmental Research and Public Health, 20*(16), 6607.
41. Klevan, T., Bank, R.-M., Borg, M., Karlsson, B., Krane, V., Ogundipe, E., Semb, R., Sommer, M., Sundet, R., Sælør, K. T., Tønnessen, S. H., & Kim, H. S. (2021). Part I: Dynamics of recovery: A meta-synthesis exploring the nature of mental health and substance abuse recovery. (https://www.mdpi.com/1660-4601/18/15/7761) *International Journal of Environmental Research and Public Health, 18*(15), 7761.
42. Klevan, T., Sommer, M., Borg, M., Karlsson, B., Sundet, R., & Kim, H. S. (2021). Part III: Recovery-oriented practices in community mental health and substance abuse services: A meta-synthesis. (https://www.mdpi.com/1660-4601/18/24/13180) *International Journal of Environmental Research and Public Health, 18*(24), 13180.
43. Sommer, M., Biong, S., Borg, M., Karlsson, B., Klevan, T., Ness, O., Nesse, L., Oute, J., Sundet, R., & Kim, H. S. (2021). Part II: Living Life: A meta-synthesis exploring recovery as processual experiences. (https://www.mdpi.com/1660-4601/18/11/6115) *International Journal of Environmental Research and Public Health, 18*(11), 6115.
44. Best, D., Gow, J., Knox, T., Taylor, A., Groshkova, T., & White, W. (2012). Mapping the recovery stories of drinkers and drug users in Glasgow: Quality of life and its associations with measures of recovery capital. (https://doi.org/10.1111/j.1465-3362.2011.00321.x) *Drug & Alcohol Review, 31*(3), 334-341.
45. Bowen, E. A., Scott, C. F., Irish, A., & Nochajski, T. H. (2020). Psychometric properties of the assessment of recovery capital (ARC) instrument in a diverse low-income sample. (https://doi.org/10.1080/10826084.2019.1657148) *Substance Use & Misuse, 55*(1), 108-118.
46. Tilsen, J., & McNamee, S. (2015). Feedback informed treatment: Evidence-based practice meets social construction. (https://doi.org/10.1111/famp.12111) *Family Process, 54*(1), 124-137.
47. Winkeljohn Black, S., Owen, J., Chapman, N., Lavin, K., Drinane, J. M., & Kuo, P. (2017). Feedback informed treatment: An empirically supported case study of psychodynamic treatment. (https://doi.org/10.1002/jclp.22529) *Journal of Clinical Psychology, 73*(11), 1499-1509.

March 2025 crossword



ACROSS

1) Nutrition expert.
5) Lower border of garment.
8) Eating disorder.
9) Connects vehicle's wheels.
10) Noisy summer insect.
11) Ability to share someone else's feelings.
15) Cancer therapy (short form)
17) Dead body.
20) Holder for weapon.
22) Trusted advisor.
24) Vital element of ground transport.
25) A plan, or thought.
27) Back of neck.
28) Pen fluid.
29) Study of numbers.
31) Pronged tool.
33) Psychoactive drug, used recreationally and medically.
34) Acute.

DOWN

1) Ancient Greek column.
2) X, in Roman numerals.
3) Violent spinning air column.
4) Nervousness.
6) Precise.
7) Pottery material.
8) Ethanol.
12) Union protest line.
13) Subtribe (Māori).
14) Helpful criticism.
16) Paid accommodation.
18) Masticate.
19) Axilla.
21) Response to loss.
23) Women who have taken religious vows.
25) Reddish dye.
29) Large extinct bird.
30) "I have, you have, she ___"
32) In debt to.

February answers

ACROSS: 1. Unity. 5. Pun. 7. Leader. 8. Day. 9. Kai. 10. Emmy. 11. Sue. 12. Recruit. 14. Raise. 16. Tin. 17. Punch. 18. Aroha. 19. Fur. 23. Dosage. 24. Vacancy. 27. Nod. 29. Enrolled. 31. Wasps. 32. Nasal. 33. Freeze.
DOWN: 1. Understand. 2. Ivy. 3. Yak. 4. Laser. 5. Pressure. 6. Numb. 7. Listener. 13. Confused. 15. Spade. 17. Progress. 20. Failure. 21. Cayenne. 22. Icy. 25. Error. 26. Adult. 28. Oral. 30. Ash.

Kaitiaki
NURSING NEW ZEALAND

LETTERS

Changes to NZNO membership fees

BY PAUL GOULTER

March 31, 2025

It is the usual practice that NZNO increases membership fees each year according to the consumer price index (CPI).

Kia ora member,
It is the usual practice that NZNO increases membership fees each year according to the consumer price index (CPI). We know times are tough financially for everyone, but these regular smaller increases have helped us meet our costs, which are continually on the rise. This is in contrast to more significant fee increases every few years.

You will see from our fortnightly reports, an incredible amount of work is happening across NZNO under Maranga Mai! such as pay equity, pay parity, collective agreement negotiation, member support, the staffing shortage struggle and many others. Just as the cost of living is increasing for all of us individually, those impacts are being felt in the costs of the mahi of the union.

Recognising the financial situation of many members, the board has worked hard to limit this year's fee increases to 2.2 percent from 1 April 2025, matching the CPI and the rate of inflation for the December 2024 quarter.

As a reminder, all income-based reduced fees expire 31 March – members need to reapply each year.

Please email membership@nzno.org.nz if you believe you will be eligible for one of the low-income earner discounted rates after 1 April.

The new membership fees are set out in the table below. If you pay by automatic payment, please update the amount you pay accordingly to coincide with your first payment after 1 April 2025. You do not need to do anything if you pay by direct debit.

MEMBERSHIP FEES – EFFECTIVE 1 APRIL 2025					
	Annual	**Half yearly**	**Quarterly**	**Monthly (20th)**	**Fortnightly**
Nurse practitioners, registered nurses and midwives, Health Professionals New Zealand members not affiliated to their professional bodies and not mentioned elsewhere	$654.36	$327.18	$163.58	$54.51	$25.17
Enrolled nurses, registered obstetric nurses and College of Midwives members, Health Professionals New Zealand members with affiliations to their own professional bodies	$522.64	$261.31	$130.65	$43.53	$20.10
Caregivers, health care assistants, aides, Karitane nurses, clerical, non-clerical support workers and all other support workers	$390.37	$195.18	$97.59	$32.52	$15.01

MEMBERSHIP FEES – EFFECTIVE 1 APRIL 2025					
	Annual	**Half yearly**	**Quarterly**	**Monthly (20th)**	**Fortnightly**
REDUCED FEE CATEGORIES					
Members who have declared their income less than $36,000 gross per annum	$304.06	$152.02	$76.01	$25.32	$11.68
Members who have declared their income less than $26,000 gross per annum	$243.15	$121.57	$60.78	$20.23	$9.35
Those on parental and full-time postgraduate study leave, members not in nursing practice/unwaged, enrolled bridging students working part-time, members of another union affiliated to NZCTU					
OTHER					
All students in the BN, midwifery or enrolled nurse programme who are not working in the health sector	Free				
Students on Competency Assessment Programme (CAP) courses or those retired from nursing but wishing to retain membership	$53.85				
Those retired from nursing but wishing to retain access to Kaitiaki Nursing New Zealand	$105.84				

Ngā mihi,
Paul Goulter, CEO
NZNO Tōpūtanga Tapuhi Kaitiaki o Aotearoa

Kaitiaki
NURSING NEW ZEALAND

LETTERS

Help write the last chapter on cervical cancer

BY MARIA DE CORT

March 25, 2025

It's not often we can shout about a good news cancer story, but we have one shaping up and you can be a part of it.

Aotearoa New Zealand can eliminate cervical cancer. Together, we can save countless lives and leave a powerful legacy for generations to come.

The path to ending cervical cancer is clear. We have the tools – human papillomavirus (HPV) vaccination and cervical screening mean cervical cancer deaths are preventable. What we need now is the Government's commitment and investment to help us reach elimination. That's where heroes like you come in.

The Cancer Society and its partners launched *The Book that Ended Cancer*, but a crucial part is missing – the chapter where we stand up and join a chorus of voices calling for action.

Think about it: your name in a book that tells the story of how we ended a cancer that has impacted so many lives across generations. Your signature will strengthen the call for dedicated funding and resources to make this vision a reality.

Ready to be part of this incredible story? It takes just a minute to become a hero. Head to endcervicalcancer.org.nz (https://www.endcervicalcancer.org.nz/) to read the story and add your name to the book help us close the final chapter on cervical cancer.

You'll see on the campaign site that the Women's Health College, NZNO, logo is already proudly displayed as a hero organisation. Now we are calling for the power of numbers and encourage you to sign as individuals. As trusted health professionals, you can help spread the word to your networks too. You will find resources on the campaign site we welcome you to use to raise awareness.

Maria De Cort
senior communications advisor,
Cancer Society of New Zealand

Kaitiaki
NURSING NEW ZEALAND

LETTERS

New website discusses health needs of New Zealand and Pacific nations

BY JOCELYN PEACH

March 12, 2025

Nursing has much to be proud of over the past 120 years. We can learn from how nurse leaders have managed situations in the past that are not dissimilar to challenges that we face today.

I am fortunate to have been involved in New Zealand nursing for 50 years.

Over the past year, I have developed a website that is gradually bringing together information, updates, challenging ideas, examples of practice innovations and interviews with people of influence who contribute to meeting the health needs of New Zealand and Pacific nations.

Each month, items are added to show and excite nurses and health planners about nursing's contribution to health and to inspire us to go beyond where we are now.

I invite nurses to visit my website (http://www.nursingchampionz.nz) and contribute, to show the strength of nursing in current and future practice.

Any nurses who would like to talk to me or contribute ideas to the website, please email me at JRPeachRN@gmail.com.

Jocelyn Peach
nursingchampionz.nz (https://www.nursingchampionz.nz/)