

NEWS

## **'Rage, rage, rage' drives mass turnout to Budget 2025 pay equity protest**

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BY KAITIAKI COEDITORS

*May 22, 2025*

They came in their hundreds, wearing bright lipstick. They chanted. They sang. And hundreds of people loudly supported four alternative pledges ahead of the National-led Government's Budget 2025.



*A pay equity protestor at Parliament ahead of Budget 2025.*

The four pledges, developed by the Council of Trade Unions (CTU), were:

- To restore all 33 pay equity claims including for care and support workers, teachers and library assistants.
- To reverse its recent [Equal Pay Act amendments](#) which prevented working people in women-dominated occupations to attain pay equity.
- To deliver pay equity settlements to all workers waiting for their claim.
- To fight for pay equity "on the streets" and at the ballot box.

In the end, nurses accused the Government of "magical thinking" in its Budget 2025, which NZNO leaders said "utterly failed" to address the crisis in primary and community health care; or to address underfunded Māori and iwi providers.

**'But the biggest injustice of all has been the nurses and kaimahi hauora that work within Māori and iwi providers and Pacific providers.'**

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Instead, Budget 2025 took what Finance Minister Nicola Willis [estimated was \\$12.8 billion](https://www.rnz.co.nz/news/political/561806/budget-2025-coalition-claws-back-savings-from-pay-equity-kiwisaver-in-budget) (<https://www.rnz.co.nz/news/political/561806/budget-2025-coalition-claws-back-savings-from-pay-equity-kiwisaver-in-budget>) from 33 scuppered pay equity claims for low-paid workers in female-dominated occupations like nursing, teaching, caregiving and social work, to pay for [tax incentives for business](https://www.rnz.co.nz/news/business/561835/budget-2025-depreciation-tweaks-really-positive-accountant) (<https://www.rnz.co.nz/news/business/561835/budget-2025-depreciation-tweaks-really-positive-accountant>).

NZNO primary health care nurses college chair Tracey Morgan said there was nothing to address staff shortages, nor a 10 per cent wage gap for nurses in her sector.



*Kerri Nuku addresses the crowd at Parliament during the pay equity protests on Budget day 2025.*

"Instead, the Coalition Government has enabled further privatisation of the health system by giving \$164 million to mainly Australian-owned [urgent care franchises](https://www.rnz.co.nz/news/national/561409/budget-2025-new-funding-for-after-hours-care-not-going-to-go-very-far-gp-and-urgent-care-doctor) (<https://www.rnz.co.nz/news/national/561409/budget-2025-new-funding-for-after-hours-care-not-going-to-go-very-far-gp-and-urgent-care-doctor>) most New Zealanders can't afford to go to."

Earlier, speaking to hundreds of protestors at Parliament, NZNO kaiwhakahaere Kerri Nuku said nurses and health workers were "devastated" after about 10,000 lost their claims "overnight".

"Shock and anger — that's what we heard from our members when, in an instant, all their hopes of having the gender discrimination that has kept their wages low their entire working lives were left in tatters."

Ten of the 33 scrapped pay equity claims included NZNO members from care and support, community, aged care, Plunket, hospice and laboratories, among others.



*Tracey Morgan*

**'There was a lack of natural justice and nobody had any input at all – and it sucks.'**

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Plunket and hospice nurses would have to restart their almost-completed claims, while primary health nurses had [accepted their last offer](#) "because they were led to believe they were on the cusp of closing the pay gap — to be equal", Nuku said.

"But the biggest injustice of all has been the nurses and kaimahi hauora that work within Māori and iwi providers and Pacific providers," she said.

"They already face the struggle of trying to provide culturally-safe care . . . in a health system that does not recognise whānau."

Post-Budget, NZNO president Anne Daniels said the Government's [promise to fix or rebuild four hospitals](https://www.rnz.co.nz/news/political/561814/budget-2025-no-surprises-in-health-some-prescriptions-to-go-annual) (https://www.rnz.co.nz/news/political/561814/budget-2025-no-surprises-in-health-some-prescriptions-to-go-annual), increase inpatient beds nationwide and fund several smaller projects for \$1 billion was "magical thinking".



"The Finance Minister [Nicola Willis] has found her [unicorn](https://www.thepost.co.nz/politics/360696553/nicola-willis-reveals-cover-no-bs-growth-budget) (https://www.thepost.co.nz/politics/360696553/nicola-willis-reveals-cover-no-bs-growth-budget) after all. This is kicking the can down the road for a future government to acknowledge it can't be done."

The Budget yesterday [revealed \\$1 billion plans](https://www.beehive.govt.nz/release/billion-dollar-investment-hospitals) (https://www.beehive.govt.nz/release/billion-dollar-investment-hospitals) to redevelop Nelson Hospital with a new inpatient building and refurbishment of its two main buildings. A new emergency department would also be built at Wellington Hospital and electrical, heating and fire safety systems upgraded at Palmerston North and Auckland hospitals, as well as Auckland outpatient clinic, the Greenlane Clinical Centre.

However, with no new operational spending beyond last year's \$1.37 billion, and a hiring freeze, the health system would continue to struggle with understaffing, Daniels said.

"Finance Minister Nicola Willis was right. This is a no-BS Budget — a no basic services Budget."



NZNO members were out in force at Parliamentary protests yesterday.



Earlier, Minister of Health Simeon Brown made a pre-Budget \$164 million commitment over four years for [urgent after-hours care](https://www.rnz.co.nz/news/top/561409/budget-2025-new-funding-for-after-hours-care-not-going-to-go-very-far-gp-and-urgent-care-doctor) (https://www.rnz.co.nz/news/top/561409/budget-2025-new-funding-for-after-hours-care-not-going-to-go-very-far-gp-and-urgent-care-doctor) in Whangārei, Palmerston North, Tauranga, Dunedin and Counties Manukau; and to extend existing services in Lower Hutt, Invercargill and Timaru.

GPs have questioned how they will be staffed, amid primary health workforce challenges.

NZNO chief executive Paul Goulter has said nearly [300 more full-time primary health nurses were needed](#) — yet they were paid up to \$10,000 per year less than nurses in hospitals.

Much of that difference was due to Te Whatu Ora's [pay equity settlement](#), he said.

### Pay equity 'ripped away'

Protesting aged care workers were among hundreds of workers who turned out at Parliament ahead of the Budget 2025 announcement, enraged by the Government's [mass-scrapping of pay equity claims](#).

An estimated 350,000-plus workers in women-dominated occupations would be affected, CTU national secretary Melissa Ansell-Bridges said.

**'We know what we are standing for is right – we are on the right side of history ... Hopefully at some point they [in Government] will realise they are not.'**

The Government had "ripped away" pay equity claims from more than 180,000 women — and stalled pay equity reviews for another 170,000 who had won deals, she said.



Wellington hospice nurse Fiona McDougal with aged care and support workers at the pre-Budget pay equity protest.

The Government was “stealing from the future pay packets of New Zealand women” to give tax breaks to wealthy landlords and tobacco companies, she said to cries of “shame”.

### **‘I’ve been 40 years a nurse and have felt undervalued a lot of that time.’**

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“We know what we are standing for is right — we are on the right side of history. . . Hopefully at some point they [in Government] will realise they are not.”

Aged-care workers, who must now refile their pay equity claim, told *Kaitiaki* they were upset their hard work was not recognised, especially as they were constantly short-staffed.

Wellington hospice nurse Fiona McDougal said the scrapping of pay equity claims took those nurses outside hospitals still fighting for equal pay by surprise.

“It wasn’t something we were expecting — it was never mentioned in the Coalition [agreement]. . . There was a lack of natural justice and nobody had any input at all — and it sucks,” she told *Kaitiaki*.

“I’ve been 40 years a nurse and have felt undervalued a lot of that time.”

Her message to Government on Budget day? “We deserve this — give us pay equity now!”



CTU national secretary Melissa Ansell-Bridges.



Therese O'Connell and Pinky Agnew.

Retired union organiser Therese O'Connell said she was driven by "pure anger" to attend, along with activist Pinky Agnew who said she came out of "rage, rage, rage".

## **'We put our lives on the line. We were essential workers once upon a time. Now we're unessential!'**



Jo-Chanelle Pouwhere

E tū care worker Jo-Chanelle Pouwhere said the Government had forgotten about its frontline workers — who were leaving the country.

"We put our lives on the line. We were essential workers once upon a time. Now we're unessential," she told the crowd.

"Well I'm telling them to go kiss my fat \*\*\*."

Public Service Association (PSA) librarian assistant Tessa Bowler said she was one of many women "who had pay equity stolen from us".

"The end of our claim has been devastating," said Bowler. "It would have meant a better life ... trips to the dentist ... car repairs — those sort of basic things that make life a bit easier."



PSA librarian Tessa Bowler

Lillian Pak and Jaimee Whitney — who came dressed as handmaidens from *The Handmaid's Tale* TV series set in a dystopian place called Gilead where women are subservient to men — said they felt New Zealand was heading in that direction with the scrapping of pay equity claims.



*NZEI delegate Helena Tihani and whānau*

NZEI delegate and teacher aide Helena Tihani said their mahi was "often quiet and behind the scenes but it is powerful and it holds our schools together".

"As a Māori woman, who is a teacher aide, it's more than just a job to me. It's a way to serve our tamariki, uplift our culture and support our whānau," she said.

"We support our children, helping them feel seen, heard and valued, especially for those who need extra help."



Lower Hutt aged care workers turned out to protest scrapping of their pay equity claim, ahead of Budget 2025.

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NEWS

## 'We need you to stand with us' – Te Whatu Ora bargaining team call on members

BY MARY LONGMORE

May 28, 2025

It's time to stand up, says NZNO's Te Whatu Ora bargaining team after eight exhausting months of negotiation led to an offer they say fails to lock in safe staffing, graduate employment or match the cost of living.



Some of NZNO's bargaining team in Wellington this week: Left to right: Glenda Huston, Rachel Thorn, Al Dietschin, Dawn Barrett, Noreen McCallan and Maria Tutahi (standing). Absent are Lyn Logan, Debra Handisides, Grant Cloughley and Nano Tunnickliff.

"It's really frustrating," team member, Whangārei emergency nurse Rachel Thorn told *Kaitiaki*. "We need you all to stand by us."

Members last week overwhelmingly rejected Te Whatu Ora's offer and will hold mass union meetings around the motu next week from June 3 to 13 at which they will decide whether to go on strike again. The schedule for meetings can be found [here](https://maranga-mai.nzno.org.nz/hnz_meetings) ([https://maranga-mai.nzno.org.nz/hnz\\_meetings](https://maranga-mai.nzno.org.nz/hnz_meetings)).

The May 9 offer failed to show a commitment to safe staffing, nurse-patient ratios, full graduate employment or boosting senior nurses' pay, the bargaining team said. Nor did it allow directors/associate directors of nursing and/or midwifery into the collective agreement, as sought — instead suggesting they start a new one.

### **'NZNO members are ready and willing to keep fighting for a fair and just wage increase.'**

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It offered a one per cent pay rise, which would only take effect from April this year rather than last October when the previous agreement expired, followed by another one per cent in April 2026.

HCA's, too, are only being offered a review of their role rather than the desired professional development pathway, says bargaining team member Al Dietschin, who is an HCA himself.

The team also wanted to see Te Whatu Ora commit to recruiting to shortfalls, as recommended by safe staffing tool CCDM (care capacity demand management), and pay that reflected the value of senior nurses and matched the cost of living.

And while Te Whatu Ora had agreed to investigate culturally appropriate nurse-to-patient ratios, there was no commitment to implementing them — or CCDM — as NZNO sought.

An offer of a \$2000 increase to step five of the enrolled nurses (ENs) salary scale, in recognition of their expanded scope, while appreciated, would not kick in till next year, said Glenda Huston, herself an EN.



*Nelson's Te Whatu Ora members on strike in December, earlier in negotiations.*

A tikanga allowance, too, was not specific to nurses, team member Maria Tutahi said.

NZNO's detailed claims can be found [here](https://maranga-mai.nzno.org.nz/2024_claims) ([https://maranga-mai.nzno.org.nz/2024\\_claims](https://maranga-mai.nzno.org.nz/2024_claims)).

NZNO's [bargaining team](https://maranga-mai.nzno.org.nz/bargaining_team_2024) ([https://maranga-mai.nzno.org.nz/bargaining\\_team\\_2024](https://maranga-mai.nzno.org.nz/bargaining_team_2024)) of 10 — representing about 35,000 members who work at Te Whatu Ora — began negotiating the 2024-26 collective agreement eight months ago, in September. They have since endured 16 meetings with Te Whatu Ora, [nationwide strikes](#) in 2024 over early-stage bargaining, and facilitation at the Employment Relations Authority (ERA) earlier this year.

In a series of non-binding [recommendations](#) ([https://assets.nationbuilder.com/nzno/pages/2955/attachments/original/1747083378/3365983\\_NZNO\\_Recommendation\\_29\\_April\\_2025.pdf?1747083378](https://assets.nationbuilder.com/nzno/pages/2955/attachments/original/1747083378/3365983_NZNO_Recommendation_29_April_2025.pdf?1747083378)), the ERA urged NZNO to drop claims related to graduate employment and director of nursing roles; and for Te Whatu Ora to better communicate with NZNO on CCDM staffing calculations.

### **Te Whatu Ora 'disappointed'**

Te Whatu Ora acting northern deputy chief executive Mike Shepherd said it was "very disappointed" by the rejection of its "fair" offer which adopted all the ERA's recommendations.

The offer provided "assurances" that CCDM would inform safe staffing decisions and that nurse-patient ratios would be investigated, he said.

Citing "sizeable" pay rises for its nurses previously, Shepherd said Te Whatu Ora expected further discussions with NZNO and was committed to settling the agreement.

Te Whatu Ora said financial pressures meant it was "limited" in what pay rises it could provide. It was required to balance its books in 2026/27; reduce its deficit from \$1.1 billion to \$200 million and follow the Government's new [workforce policy statement](https://www.beehive.govt.nz/release/new-direction-public-service) (<https://www.beehive.govt.nz/release/new-direction-public-service>) which demanded "fiscal sustainability" as a priority.

Full details of its offer can be found [here](#) ([https://assets.nationbuilder.com/nzno/pages/2955/attachments/original/1747083379/HNZ\\_Offer\\_-\\_final\\_12\\_May\\_2025.pdf?1747083379](https://assets.nationbuilder.com/nzno/pages/2955/attachments/original/1747083379/HNZ_Offer_-_final_12_May_2025.pdf?1747083379)).

NZNO-Tōpūtanga Tapuhi Kaitiaki o Aotearoa chief executive Paul Goulter said the results of the five-day online ballot, which closed at midday Friday, May 23, gave a clear message: "NZNO members are ready and willing to keep fighting for a fair and just wage increase."

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NEWS

## BUDGET 2025: Funding primary care nurses the answer to the health crisis

BY CO-EDITORS, KAITIAKI

May 21, 2025

To fix chronic staff shortages stopping New Zealanders seeing their GPs when they're sick, the coalition Government must use Budget 2025 to keep nurses in the sector by paying them the same as hospital nurses, the New Zealand Nurses Organisation (NZNO) says.



**NZNO chief executive Paul Goulter says after recent wage rounds come into effect in July, most primary and community care nurse will still earn an average of 10 per cent or \$10,129 less a year than their hospital counterparts.**

"There are currently 4884 FTE nurses working in primary and community care. NZNO calculations show that 274 more FTE nurses are needed in the sector to cover the care of the 300,000 New Zealanders who can't even enrol with a primary health organisation such as a GP clinic.

In a [pre-budget announcement](https://www.beehive.govt.nz/release/new-and-improved-urgent-and-after-hours-healthcare) (https://www.beehive.govt.nz/release/new-and-improved-urgent-and-after-hours-healthcare) earlier this week, Health Minister Simeon Brown said \$164 million (over four years) would be allocated to parts of the urgent care arm of primary care. Among other things, he said the funding would create 120 training

places for nurse practitioners in primary care, but that still fell short of what is needed according to NZNO calculations.

## 274 more FTE nurses needed for 300,000 New Zealanders who can't get a GP

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"That means Budget 2025 needs to provide \$52.3 million to ensure there is a sustainable primary and community health nursing workforce that can care for all New Zealanders. This would help take the pressure off hospital emergency departments which are overwhelmed with people who can't see their local doctors when they first get sick," Goulter says.

"The difference in pay with hospital nurses largely reflects the [pay equity settlement](#) Te Whatu Ora nurses received. Following the Coalition Government's gutting of the pay equity scheme and having to refile the primary and community care claim, this gap is only going to widen."

## If the coalition Government is serious about fixing the health system, it needs to fix primary and community care.

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"Shovelling three times the amount to overseas owned urgent care franchises which most New Zealanders can't afford to go to, is not the solution," Goulter says.

NZNO primary health-care nurses college chair Tracey Morgan says earning \$10,129 a year more would have a considerable impact on primary and community care nurses.

"Having that additional income would pay the average rent of a home in Hamilton, near where I live, for a third of the year. It could make the difference between a primary and community nurse staying in their role, helping whānau they have watched grow up, rather than leaving for better paid work in hospitals or overseas.

"We have the same skills and qualifications as hospital nurses. It is only fair that we are paid the same," Morgan says.

### Background:

– [Research published](https://www.thepress.co.nz/nz-news/360629004/second-among-equals-study-shows-primary-healthcare-neglected-despite-being-govt-priority) (<https://www.thepress.co.nz/nz-news/360629004/second-among-equals-study-shows-primary-healthcare-neglected-despite-being-govt-priority>) in the Journal of Primary Health Care has found that New Zealand invests 5.4 per cent of its total health funding in primary care.

– Other OECD countries allocate an average of 14 per cent of their health spending to primary care.

– [Evidence shows](https://www.nzherald.co.nz/nz/we-dont-need-to-create-a-different-health-service-we-need-to-invest-in-the-current-one/600JAQPGYBFY3COUAELDVUX6R4/) (<https://www.nzherald.co.nz/nz/we-dont-need-to-create-a-different-health-service-we-need-to-invest-in-the-current-one/600JAQPGYBFY3COUAELDVUX6R4/>) that for every \$1 spent on primary care, \$14 is saved in hospital-based, or secondary health care.



Tracey Morgan – chair of the college of primary nurses, NZNO

NEWS

## Regulatory Standards Bill: 'Nurses need to be worried'

BY RENEE KIRIONA

May 21, 2025

Nurses need to be very worried about the Regulatory Standards Bill – the latest law the Government is proposing, according to a registered nurse who has been monitoring the development of bill.



*Rangihana Blackmore-Tufi talks haka, Regulatory Standards Bill and pay equity at the steps of Parliament during the Toitū te Haka rally this week.*



*Luke Wigram*

The Government claims the bill would “reduce the amount of unnecessary and poor-quality regulation by increasing transparency and making it clearer where legislation does not meet standards”.

But Luke Wigram, an NZNO member based in Akaroa, said the bill, which was tabled in Parliament last night, would be detrimental to the way the country has been run and to the quality and safety of existing regulations, including nurse and health-related regulations.

“The bill if made a law will give the Government more power than ever before to play with our profession as nurses, even though most of its ministers have no idea at all about what our jobs involve,” he said.

## **'It will give the Government more power than ever before to play with ou**

"This bill will reduce the powers of the Nursing Council to determine what's appropriate. And likely silence or delete important knowledge and skills like cultural competency in our code of conduct," Wigram said.

The Nursing Council is the regulatory authority responsible for the registration of nurses. Its primary function is to protect the health and safety of members of the public by ensuring that nurses are competent and fit to practice.

In a statement, the council told *Kaitiaki* that it was currently revising its code of conduct, which all registered nurses are required to uphold, which would go out for consultation later in the year.

"The code of conduct is already scrutinised by the Regulations Review Committee and may be disallowed by the House of Representatives."

The council's main concern was that the focus of the principles in the bill was "narrow in nature" with an emphasis on property rights, individual freedoms and liberties.



*Nursing Council chief executive Catherine Byrne*

## **'I'm here as a Māori nurse and wahine.'**

"As the primary function of the Nursing Council is to protect the health and safety of the public, we believe that having such prescribed principles could conflict with our key purpose and would likely cause some contention. For example, when considering the individual freedoms and liberties of a nurse, versus the impact on public safety," the statement said.

The council is also concerned with the proposed creation of a Regulatory Standards Board, as a mechanism for addressing legislation deemed inconsistent with the principles outlined in the proposed bill.



*Dr Gary Payinda*

"While it is vital that regulation meets the standards required, the proposed board would sit outside the judiciary and provide non-binding recommendations, bringing into question the associated costs and effectiveness of this approach."

The council is one of 18 regulatory bodies in the country — another is the Medical Council.

One of its members, emergency doctor [Gary Payinda](https://youtu.be/az8QyviViNc) (<https://youtu.be/az8QyviViNc>), described the bill as a "power grab over doctors' and nurses' councils".

"This will give Government the power to break down our professions – nurses, doctors, physiotherapists, paramedics, dentists and others. These groups currently have the ability to regulate themselves and discipline themselves within certain bounds. Now Ministers want to

interfere," Payinda said.

## **'This is very much down the Donald Trump playbook – having the ability to interfere with professions that can regulate themselves.'**

“So, if the Medical Council interviews a doctor, assesses them, and finds they are a danger so turns them down, a minister can then over-rule that council's decision. This is very much down the Donald Trump playbook – having the ability to interfere with professions that can regulate themselves.”

A rally was held May 20 at Parliament by Toitū te Tiriti – the group which led the largest march in the history of this country last year, to oppose the Principles of the Treaty of Waitangi Bill. The rally heard from Māori lawyer Tania Waikato who described the Regulatory Standards Bill as the “Principles of the Treaty of Waitangi Bill – Number 2.”

## Nurse Tiger



**Auckland-based nurse Rangi Blackmore-Tufi talks haka, Regulatory Standards Bill and pay equity at the steps of Parliament during the Toitū te Haka rally on May 20.**

Just last week the Waitangi Tribunal called for the Regulatory Standards Bill to be halted until the Government consults with Māori.

Auckland nurse Rangi Tufi-Blackmore told *Kaitiaki* it was nice to see so many workers and unions turn out in support of those impacted by the proposed changes to Government regulation including Māori and health professionals. The mass cancellation of 33 pay equity claims was also a huge issue for women, health workers and Māori, she said.

“So I’m here as a Māori nurse and wahine,” said Tufi-Blackmore, who travelled from Auckland for the protest.

The rally was primarily about Parliament's Privileges' Committee punishing suspensions of Te Pāti Māori MP Hana-Rāwhiti Maipi-Clarke and co-leaders Rawiri Waititi and Debbie Ngārewa-Packer for performing a haka in Parliament during the reading of the now-dumped Treaty Principles Bill in November.

Protest organiser Toitū te Tiriti spokesperson Eru Kapa-Kingi said they were being punished for exercising tikanga Māori.

Māori health leader Lady Tureiti Moxon told [Radio NZ](https://www.rnz.co.nz/news/political/561265/waitangi-tribunal-recommends-immediate-halt-regulatory-standards-bill-for-meaningful-consultation-with-maori) (<https://www.rnz.co.nz/news/political/561265/waitangi-tribunal-recommends-immediate-halt-regulatory-standards-bill-for-meaningful-consultation-with-maori>) that the bill posed a serious constitutional threat to Māori rights and Te Tiriti o Waitangi.

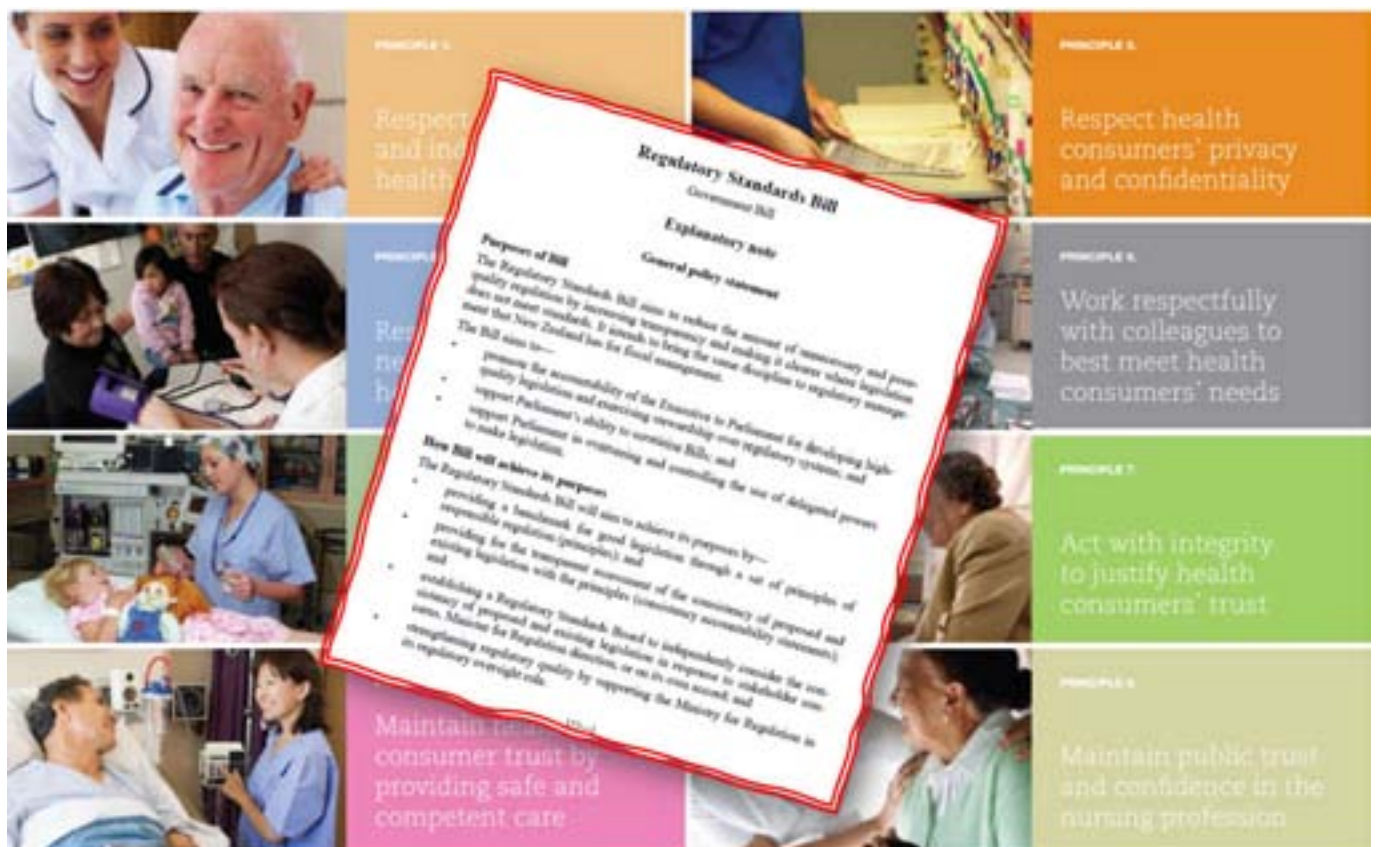
“The Waitangi Tribunal has confirmed what many of us have been saying: that this coalition government is using its unbridled power to the detriment of our nation.

"It has calculatingly sidelined Māori, purposely ignored its Treaty obligations, and is pushing forward with legislation that could undermine areas from health equity to tino rangatiratanga."

The bill comes at a time the Government is also proposing to cut back on health workforce regulation with changes to the 2003 Health Practitioners Competency Assurance Act – [something health unions, including NZNO, and the Nursing Council have warned would risk patient safety.](#)



Toitū te Tiriti leader Eru Kapa-Kingi



Source: Current code of conduct for nurses – Nursing Council overlaid by title page of the bill

NEWS

## **‘It’s up to you now’ – proposed new NZNO constitution goes to all-member vote**

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BY MARY LONGMORE

*May 21, 2025*

‘It’s up to you now’ – that’s the message from NZNO constitutional review panel co-chair Grant Brookes, as all-member voting opens on a proposed new NZNO constitution.



*Photo: AdobeStock.*

“To change the structure and governance of NZNO is ultimately a decision for our members,” Brookes told *Kaitiaki*.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO’s constitutional review began five years ago.

The constitutional review panel, which has an equal mix of NZNO board and Te Poari members, has been working on the draft since 2020, including consulting with member groups and Te Poari — NZNO’s Māori governance arm.

## **‘This is your chance to have your say on what kind of organisation you want NZNO to be.’**

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Member groups at an NZNO special general meeting on April 7 agreed to put the proposed new constitution to a member ballot. This followed the endorsement of the proposed draft constitution by NZNO’s Te Rūnanga — Māori member group — on April 4 at a special hui ā-tau.

The panel has said the new constitution, if adopted, would create a more unified, egalitarian, democratic and te Tiriti-led organisation.

NZNO’s regional councils and national membership committee would be replaced by local organising groups partnered with Te Rūnanga members to create new rūpū (groups) called ngā hapū.

NZNO’s “hierarchical” structure with a chief executive role and board of directors would be replaced with a national secretary role and national executive to bring it into line with “more egalitarian” union structures, the panel’s [presentation](https://www.nzno.org.nz/get_involved/conference_and_agm/sgm_information) ([https://www.nzno.org.nz/get\\_involved/conference\\_and\\_agm/sgm\\_information](https://www.nzno.org.nz/get_involved/conference_and_agm/sgm_information)) shows.



*NZNO constitutional review panel co-chairs Kathryn Chapman (NZNO Te Poari) and Grant Brookes (NZNO board of directors).*

Te Poari would have equal status with the national executive, both meeting at least three times a year in joint hui to decide major issues.

More detailed coverage and background can be found here: [Proposed constitutional shake-up would see ‘more egalitarian’ and te Tiriti-led NZNO.](#)

Brookes said after five years of work — including dozens of presentations to member groups around the country — he was pleased to see the draft constitution reach an all-member vote.

“It’s over to members now,” he said. “This is your chance to have your say on what kind of organisation you want NZNO to be.”

The ballot opened this week on Tuesday, May 20, and will close at midday on June 17.

Voting is online and instructions have been emailed by returning officer Warwick Lampp of [electionz.com](https://www.electionz.com) (<https://www.electionz.com/home/>) directly to members or by mail for those without an email address on record.

The result will be announced on June 18.

The current and proposed new constitution can be viewed on the NZNO website [here](https://www.nzno.org.nz/about_us/governance/2025_member_constitution_ballot) ([https://www.nzno.org.nz/about\\_us/governance/2025\\_member\\_constitution\\_ballot](https://www.nzno.org.nz/about_us/governance/2025_member_constitution_ballot)).

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NEWS

## Bonding scheme is 'plaster on a gunshot wound', says nursing leader

BY RENEE KIRIONA

May 16, 2025

The Government's move on pay equity has swamped any benefit of the new bonding scheme for health-care workers, says a primary health care nursing leader.



Last month the Minister of Health Simeon Brown announced a bonding scheme in which more than 900 newly-qualified health professionals were set to receive financial support to kick-start their careers in health, particularly primary health care.

But the chair of NZNO's college of primary health care nurses Tracey Morgan said the Government's announcement it would halt all pay equity claims threatened any benefits of the scheme.

"These bonding scheme numbers are like putting a band-aid on a gunshot wound – the bleeding will just not stop, especially in light of [the pay equity] news," Morgan said.

Brown said [the voluntary bonding scheme](https://www.tewhatauora.govt.nz/for-health-professionals/voluntary-bonding-scheme/the-voluntary-bonding-scheme) (<https://www.tewhatauora.govt.nz/for-health-professionals/voluntary-bonding-scheme/the-voluntary-bonding-scheme>) provided financial incentives to encourage new graduates to stay and work in the country – particularly in hard-to-staff regions and specialties where they were needed most.

Where the 422 registered nurses have been bonded to	
District Area	Number
Lakes	1
Hawkes Bay	4
Wairarapa	4
Tairāwhiti	5
Whanganui	5
Hutt Valley	5
Nelson Marlborough	6
Taranaki	8
Northland	13
West Coast	13
MidCentral	16
Not sure	17
South Canterbury	20
Southern	24
Waikato	31
Bay of Plenty	14
Capital and Coast	29
Canterbury	40
Waitemata	46
Auckland	59
Counties Manukau	62

Source: Te Whatu Ora

"We want more of our nurses, midwives, anaesthetic technicians, and other critical health professions to stay in New Zealand after they graduate," Brown said.

“We know there is further work needed to improve access to primary care and boost the primary care workforce, which will be the focus of the intake for 2025.”



Tracey Morgan

However, Morgan said while the scheme would see 649 new nurses and midwives stay grounded in the country for the next three to five years, the pay equity halt could force more than 3500 experienced nurses in primary health care to consider whether they look for jobs in other sectors. Some may also head overseas to work as nurses while others stay and “continue to bleed”.

**‘This morning a woman who has been a nurse for more than 40 years, told me she quit her job after seeing the news last night. She’s sick of fighting for fairer pay.’**

Where the 55 enrolled nurses have been bonded to	
District Area	Number
Bay of Plenty	0
Lakes	0
Tairāwhiti	0
Taranaki	0
Hawkes Bay	0
Wairarapa	0
Hutt Valley	0
West Coast	0
South Canterbury	0
Nelson Marlborough	1
Waitemata	2
Waikato	2
MidCentral	2
Not sure	2
Northland	3
Whanganui	3
Auckland	4
Capital and Coast	4
Counties Manukau	5
Southern	12
Canterbury	15

Source: Te Whatu Ora

“There’s likely to be many nurses like her who sadly will leave over the next three to five years. And the numbers could be more than what the Government is bringing in the door via their scheme — so two walking out the back door, one walking in the front door is a very real risk right now.”

The bonding scheme kickstart for new graduates (172 midwives, 422 registered nurses and 55 enrolled nurses) was simply not enough, Patient Voice spokesperson Malcolm Mullholand said.

“Having just toured the country including rural New Zealand, patients, nurses, doctors and health-care workers are crying out for more health professionals — and that was before their careless pay equity decision,” he said.

“These new bonding scheme numbers most probably will not have any real impact on the ground as nurses and doctors already working in those districts have told me they need thousands more health professionals right now — 900 just will not cut it.”

There did not appear to be any relief in the latest bonding numbers for rural and Māori communities, Mullholand said.

**‘It’s insulting to see that almost half the districts in this country got no enrolled nurses in this scheme, including Tairāwhiti and West Coast.’**

Where the 172 midwives have been bonded to	
District Area	Number
West Coast	0
Hawkes Bay	1
Lakes	2
Whanganui	2
Tairāwhiti	3
South Canterbury	3
Northland	4
Taranaki	4
Wairarapa	4
Nelson Marlborough	4
Capital and Coast	6
MidCentral	7
Southern	8
Hutt Valley	9
Bay of Plenty	11
Waitemata	14
Auckland	15
Waikato	15
Counties Manukau	27
Canterbury	33

Source of data: Te Whatu Ora

“Tairāwhiti has the highest Māori population in the country and serious health inequities. Then there’s the West Coast, one of the country’s most rural areas, whose hospital in Buller has no after-hours emergency service anymore.”

A Bay of Plenty nurse who recently moved overseas to Queensland told *Kaitiaki* that the bonding scheme did not work for her.



*Malcolm Mulholland*

"You have to bleed for three years to get the first financial incentive then bleed again for another two years to get the next drop," the hospital nurse, who wants to remain anonymous, said.

"I gave up, didn't stick around for the three years because the bleeding just got too much. I said ka kite to Aotearoa and chose a nursing job in Australia that pays me a lot more, even if I add in the bits and pieces from this scheme.

"It wasn't just the money that made me leave my homeland. The chronic shortage in the health workforce had led to burn-out and a toxic environment that spread through the hospital I was working at," the expatriate nurse said.

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NEWS

## Struggling hospice nurses 'shattered' by pay equity changes

BY KAITIAKI COEDITORS

May 16, 2025

On hospice awareness week, hospice nurses say they are demoralised and angry after the Government ditched their pay equity claim last week.



Hospice nurse and NZNO delegate Donna Burnett.

Minister for Workplace Relations and Safety Brooke Van Velden last week announced the Government was [discontinuing all current pay equity claims](#) — and raising the bar on lodging new ones.

This week's [hospice awareness week](https://www.hospice.org.nz/campaigns) (https://www.hospice.org.nz/campaigns), from May 12 to 18, comes as hospices struggle to keep their doors open because of what they say is insufficient Government funding.

NZNO delegate and hospice nurse Donna Burnett said now its nurses and aides were shattered after losing their pay equity claim despite two years' of work.

## **‘Now we have to begin again under new rules which have significantly changed the process.’**

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“On top of this, with the swipe of a pen and in a blink of an eye, the Government pulled pay equity out from under us.”

Many would likely leave the sector or country in search of better paid jobs, she warned.

The Tōpūtanga Tapuhi Kaitiaki o Aotearoa–NZNO [hospice pay equity claim](https://maranga-mai.nzno.org.nz/hospice_pay_equity) ([https://maranga-mai.nzno.org.nz/hospice\\_pay\\_equity](https://maranga-mai.nzno.org.nz/hospice_pay_equity)) was raised in late 2023 and covers 27 hospices where NZNO has members.

After interviewing members about the skills, responsibilities and conditions, along with comparative roles in male-dominated occupations — “comparators” — the work assessment part was nearly complete, NZNO’s pay equity advisor Glenda Alexander told *Kaitiaki*.

“Now we have to begin again under new rules which have significantly changed the process.”

The hospice claim, alongside nine others for NZNO, was among 33 thrown out by the Government on May 8 when its pay equity law changes [passed under urgency](https://www.rnz.co.nz/news/political/560257/pay-equity-amendment-bill-passes-under-urgency) (<https://www.rnz.co.nz/news/political/560257/pay-equity-amendment-bill-passes-under-urgency>).

They are: Aged care and support staff (with other unions); aged care nurses; Plunket; primary practice and urgent care; private hospitals; community nurses and carers; midwives; Sexual Wellbeing Aotearoa; Laboratory nurses and staff.

Prime Minister Christopher Luxon said the changes — including tougher bars for claims requiring work to have been done by a workforce comprising 70 per cent women (instead of 60 per cent) for at least 10 years — would save the Crown “[billions](https://www.rnz.co.nz/news/political/560101/pay-equity-legislation-could-save-billions-for-government-pm)” (<https://www.rnz.co.nz/news/political/560101/pay-equity-legislation-could-save-billions-for-government-pm>)”.

But Burnett said New Zealand’s aging population meant the crisis for hospices would only worsen unless the Government stepped up to properly fund the sector.

## **‘Dying New Zealanders and their whānau have enough to worry about without not being able to access hospice care because of short staffing.’**

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“We are meant to be raising awareness about hospices this week. But the reality is people need to be aware of what’s happening to us nurses and HCAs because it impacts our patients,” she said.

Without enough funding, or pay equity settlement, hospices would keep losing nurses and HCAs to better-paying hospitals, jobs or overseas, she warned.

“Dying New Zealanders and their whānau have enough to worry about without not being able to access hospice care because of short staffing,” Burnett said. “That’s a direct result of Government decisions.”

### **Hospices ‘at risk of disappearing’**

Hospice New Zealand chief executive Wayne Naylor said hospices were “[at risk of disappearing](https://www.stuff.co.nz/nz-news/360684741/hospices-risk-disappearing-without-more-government-money)” (<https://www.stuff.co.nz/nz-news/360684741/hospices-risk-disappearing-without-more-government-money>)”, particularly in smaller regions, due to chronic underfunding.

### **At a glance:**

New Zealand’s 32 hospices provided free care to nearly 11,000 people who died last year— almost a third of all deaths in New Zealand. They also cared for another 9000 people living with a terminal illness. That support cost \$226 million, \$114 million of which was provided by Government. Hospices raised the remaining \$112 million through its opportunity shops, donations, fundraising and bequests.

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Naylor said he was “extremely concerned” about the impact of ditching nurses’ pay equity claims, warning dying patients may have to foot the bill.

“If the Government doesn’t act now to invest fairly in hospice care, it is the terminally ill . . . and their loved ones who will pay the price.”

Already, at least 35 per cent of hospice nurses’ current salaries came from fundraising and donations. Hospices simply could not afford to keep funding a widening gap, he said.



“Some have paid their nurses more than they can afford just to keep their nurses and keep providing care. Some can’t even do that and are looking to cut back services.”

The recent [Sustainable funding for hospice services](https://www.hospice.org.nz/hospices_under_significant_cost_pressure_a_landmark_report_shows_the_real_value_of_hospices_to_health_system) ([https://www.hospice.org.nz/hospices\\_under\\_significant\\_cost\\_pressure\\_a\\_landmark\\_report\\_shows\\_the\\_real\\_value\\_of\\_hospices\\_to\\_health\\_system](https://www.hospice.org.nz/hospices_under_significant_cost_pressure_a_landmark_report_shows_the_real_value_of_hospices_to_health_system)) report showed hospices were a smart investment, relieving pressure on aged care, hospitals and emergency departments and saving the health system \$110 million annually, Naylor said.

#### **‘More robust’ approach – Brown**

Minister of Health Simeon Brown claimed the Government was committed to pay equity — but was taking a “more robust” approach.

“Our Government is taking a more robust approach to pay equity, ensuring outcomes are fair, backed by evidence, and deliver lasting value for both workers and taxpayers,” Brown told *Kaitiaki*.

“The right to equal pay remains as it ever was. Pay parity remains. Collective bargaining remains, and there are no changes to settlements that have already happened under pay equity.”

The Government was committed to removing sex-based discrimination across workforces, including the health workforce which has historically been a large employer of women,” he said.



Simeon Brown

### **NZNO to urgently refile pay equity claims**

NZNO was urgently working to refile the 10 pay equity claims it had so far raised across several sectors as quickly as possible and would be keeping members informed of progress, Alexander said.

She estimated up to 90 per cent of NZNO’s 62, 500 members could be affected by the pay equity changes — 56,250 members. That included 37,500 Te Whatu Ora members, after a review initiated last year of their \$4 billion [2023 pay equity settlement](#) was also ditched, she said.

Unlike pay parity — which is about paying all nurses the same no matter where they work — pay equity is about ensuring workers in female-dominated occupations such as nursing, caregiving, midwifery, teaching and social work are paid the same as similarly skilled male-dominated occupations. Pay equity claims are not part of collective bargaining and can include back pay to compensate for historic underpayment. Pay equity settlements must be regularly reviewed to ensure pay doesn’t lag again.

Find further details here: [Pay parity or pay equity or equal pay — I am confused!](#)

Kaitiaki will be providing further coverage of the impact of pay equity law changes on NZNO members in coming days.

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NEWS

## **'It's about respect': Nurses protest at Parliament over pay equity claims**

BY MARY LONGMORE

May 15, 2025

Nurses were among many angry women workers who brought their mothers, children and wider whānau to Parliament today to protest the Government's [mass dumping of pay equity claims](#).



*Left to right: Wellington primary health nurse Rose Stewart with daughter Lucy Stewart joined paediatric nurse Mel Anderson with her son Alex at a Parliamentary breakfast to protest loss of all current pay equity claims for women.*

"It's not just about the money — it's about respect, dignity and justice for women," Wellington nurse and NZNO delegate Mel Anderson told attendees at the Labour-Greens hosted Parliamentary breakfast, flanked by her children, mother and wider whānau. "To have them all stopped is utterly gut-wrenching."

Anderson said she had seen the positive effect of Te Whatu Ora's 2023 [pay equity settlement](#), which had led to improved morale and reduced turnover.

"As a result of this progress, I know I am being paid fairly for my skills and my knowledge."



*Wellington nurse Mel Anderson, centre, with her family before she spoke at a Parliamentary breakfast about the impact of pay equity law changes.*

"But the loss of all current pay equity claims means my colleagues in the community, health and education sector will not get the same opportunity for fair pay and respect," she said.

**'Our grandmothers, our mothers, us – and, now unfortunately, our daughters and our grand-daughters as well are going to have to continue this fight.'**

"By halting these claims, the Government is undermining the progress we've made and sending a message that women in low-paid industries are not worth fighting for."

Wellington primary health nurse Rose Stewart, who attended with her daughter Lucy Stewart, said nurses were "very angry" with the unexpected decision. She was personally affected, by the loss of a Sexual Wellbeing Aotearoa pay equity claim — one of an estimated 50,000-plus NZNO members impacted.

Green Party co-leader Marama Davidson said it was important for communities to come together and fight against the shared harm caused by the current Government.

"They just cannot get away with the urgency with which they have sought to hurt women."

**'The only c-word I can think of is 'change this Government' because it's really really damaging.'**

Labour's education and women spokesperson Jan Tinetti said women's battle for pay equity "doesn't end here".



*Children supported their mothers at Parliament's protest breakfast.*



*CTU national secretary Melissa Ansell-Bridges, right, with baby Sofia and mum Judith.*

"We had . . . one of the most egregious pieces of legislation passed in urgency last week. This is so gutting for so many people, particularly so many women around the country!"

Tinetti said, like many women, she was extremely angry. But from the anger must come action, she urged. “We need to stand up together and fight back.”



Wellington nurse Mel Anderson with daughter Ella.

“Deliberate distractions” would not stop women standing up against the law change, said Tinetti, in an apparent reference to Workplace Relations Minister Brooke Van Velden’s own [allegations of sex-based discrimination](http://rnz.co.nz/news/political/560988/brooke-van-velden-drops-c-word-in-parliament) (<http://rnz.co.nz/news/political/560988/brooke-van-velden-drops-c-word-in-parliament>).

Council of Trade Unions (CTU) national secretary Melissa Ansell-Bridges, who brought her mum Judith and baby daughter Sofia, said women’s fight for equality had been around for generations — and now would likely continue for many more.

“Our grandmothers, our mothers, us — and, now unfortunately, our daughters and our grand-daughters as well are going to have to continue this fight because of the way this Government has gutted the Equal Pay Act last week.”

Ansell-Bridges said she could barely express the anger in words she had felt and heard from others around the motu since last week’s Equal Pay Act amendment. “But at the same time, [I felt] the determination that has been felt by everyone who has been involved in this fight — for generations, and decades,” she said.

“We’re not going to stop until everyone in this country is paid what they’re worth.”

E tū co-president Muriel Tunoho said the Government had “kicked a hornets’ nest” with its move. But she was excited to see communities turn out in protest, and move from anger to hope.

“This struggle is about restoring the mana of wāhine. We don’t deserve to be treated like this,” she said.



Kids joined the intergenerational pay equity protest at Parliament today.

"The only c-word I can think of is 'change this Government' because it's really really damaging. The harm this Government is raining on tangata whenua, women, workers, rainbow communities — and we want to stand up collectively to fight against that."

Mel Anderson called on the Government to support its lowest-paid women workers.



*E tū co-president Muriel Tunoho*

"Stand with us, in our fight for equity and show us that New Zealand is a country that values and respects its workers regardless of gender. Because when we thrive, Aotearoa thrives."

Tens of thousands of NZNO nurses, midwives and kaiāwhina are likely to be impacted by the Government's mass-dumping of pay equity claims — alongside [tough new thresholds for claims](https://www.rnz.co.nz/news/political/560849/pay-equity-claims-what-they-are-and-how-they-re-changing) (<https://www.rnz.co.nz/news/political/560849/pay-equity-claims-what-they-are-and-how-they-re-changing>).

The change also affects the early childhood, primary and secondary teacher workforces as well as social workers. Estimates have suggested more than 150,000 women workers could be affected.



*CTU national secretary Melissa Ansell-Bridges with Labour's education and women's spokesperson Jan Tinetti and Green Party co-leader Marama Davidson.*

NZNO — which had [10 pay equity claims](https://maranga-mai.nzno.org.nz/pay_equity) ([https://maranga-mai.nzno.org.nz/pay\\_equity](https://maranga-mai.nzno.org.nz/pay_equity)) scrapped under the law change — would refile its claims and would keep members updated, chief executive Paul Goulter told *Kaitiaki*.

They were for care and support workers (with other unions); aged care nurses, Plunket; primary practice and urgent care; private hospitals; community nurses and carers; midwives; Sexual Wellbeing Aotearoa; laboratory nurses and staff.

NZNO is calling on members to sign and share the protect [pay equity petition](https://www.together.org.nz/fbt_for_pay_equity?utm_campaign=protect_pay_equity&utm_medium=email&utm_source=together) ([https://www.together.org.nz/fbt\\_for\\_pay\\_equity?utm\\_campaign=protect\\_pay\\_equity&utm\\_medium=email&utm\\_source=together](https://www.together.org.nz/fbt_for_pay_equity?utm_campaign=protect_pay_equity&utm_medium=email&utm_source=together)) which calls on Government to restore all existing pay equity claims.



*Labour's associate finance spokesperson Barbara Edmonds was happy to do some baby-minding of CTU national secretary Melissa Ansell-Bridges' baby Sofia.*

Mel Anderson Respect dignity and justice for women



NEWS

## Outrage, shock and fury as Government halts pay equity claims

BY MARY LONGMORE

May 8, 2025

Low-paid women across health-care, education and many other sectors were devastated today, after Minister for Workplace Relations and Safety Brooke Van Velden announced the Government was [halting all current pay equity claims](https://www.rnz.co.nz/news/political/560069/government-halts-all-current-pay-equity-claims-makes-it-harder-to-lodge-new-ones) (<https://www.rnz.co.nz/news/political/560069/government-halts-all-current-pay-equity-claims-makes-it-harder-to-lodge-new-ones>) — and making it harder to lodge new ones.



*Hundreds turned out to a snap protest at Parliament organised by unions within a couple of hours of the announcement.*

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa has at least 10 pay equity claims in play across aged care, primary health, hospice, Plunket, community health and laboratories. A pay equity claim is when a group of workers, primarily women, seek financial settlement for historic underpayment on basis of gender.

**‘This is a blatant and shameful attack on women.’**

Despite years of work in some cases, most would now have to start all over again — and promised reviews of existing claims would be wiped.



Some younger protestors at Parliament today.

"It's absolutely disgusting," long-time NZNO aged-care worker Marianne Bishop told *Kaitiaki*. "It's going to have a huge impact — it's going to make it harder to recruit and retain staff in an area where it's already hard."

"Why would you want to work hard in aged care, when you can get the same amount at a supermarket or McDonalds?"

### **'What choice do we have? We show up and fight.'**

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NZNO chief executive Paul Goulter described it as an attack on long-underpaid female workers.

"This is a blatant and shameful attack on women," said Goulter, adding that it would only widen the pay gap between men and women.



*Unions including NZNO turned out at Parliament today against the Government's 'attack on women'.*

Primary health and aged-care nurses in particular now face a major setback in their pay equity claims. Having to start claims afresh is a blow to all members with claims, but particularly Plunket and hospice workers whose claims were almost complete, he said.

Van Velden said changes to the Equal Pay Act in 2020 by the Labour-led Government had "created problems" allowing claims to be raised without enough evidence.

This had so far cost the Crown \$1.78 billion — costs which would now "significantly reduce", said Van Velden, who is the ACT Party deputy leader.



*NZNO organiser Laura Thomas, who was involved in the 2017 care and support workers pay equity claim — now lapsed.*

The Government would now be raising the claim threshold, so tasks would have had to have been performed by mainly women for at least 10 years and by a workforce that was at least 70 per cent female, [Van Velden said](https://www.beehive.govt.nz/release/changes-improve-pay-equity-process) (<https://www.beehive.govt.nz/release/changes-improve-pay-equity-process>).

### **‘Today is an absolutely shameful day.’**

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After the urgent amendments — introduced today — passed, current claims would be discontinued but new claims could be raised “if they meet the new requirements”.

#### **‘Shame, shame, shame’ chanted at Parliament**

Workers, women, unions including NZNO and left-wing political parties, turned on a stunning and spontaneous display of outrage at Parliament just hours after the announcement.



*Green and Labour Parties both promised to restore the current pay equity claims legislation.*

Stephanie Mills, national secretary of the primary teachers' union NZEI — which represents teacher aides — told an angry 300-plus crowd it was the "start of a war, not just on women, but on children and families.

"What choice do we have? We show up and fight."

Council of Trade Unions national secretary Melissa Ansell-Bridges said its members were "so upset that this Government does not value its workers and women.

"Today is an absolutely shameful day," she said as the crowd responded: "Shame, shame, shame".



*Council of Trade Unions national secretary Melissa Ansell-Bridges at today's snap rally. Labour leader Chris Hipkins looks on.*

Māori, Pasifika and disabled women bore the brunt of the pay injustice, Ansell-Bridges said.

E tū president Muriel Tunoho said the move was “disastrous” and a “massive step backwards.

“Governments come and go but unions and workers will always be here!”

Green Party co-leader Marama Davidson, who only recently returned to politics after breast cancer treatment, promised to return women their right to equal pay — “one of the simplest things to pledge, if I’m honest”.

In 2017, thousands of care and support workers represented by three unions — NZNO, PSA and E tū — achieved an historic \$2 billion pay equity settlement in 2017 for 55,000-plus workers in aged residential care, disability and home care support sectors. However, it lapsed in 2022 and a new claim has since been raised.

#### **Retired activist weeps ‘tears of anger’ over news**



*Despite mobility issues, retired unionist Therese O'Connell was at Parliament within minutes of hearing the news that all current pay equity claims were being killed off. "I cried tears of anger."*

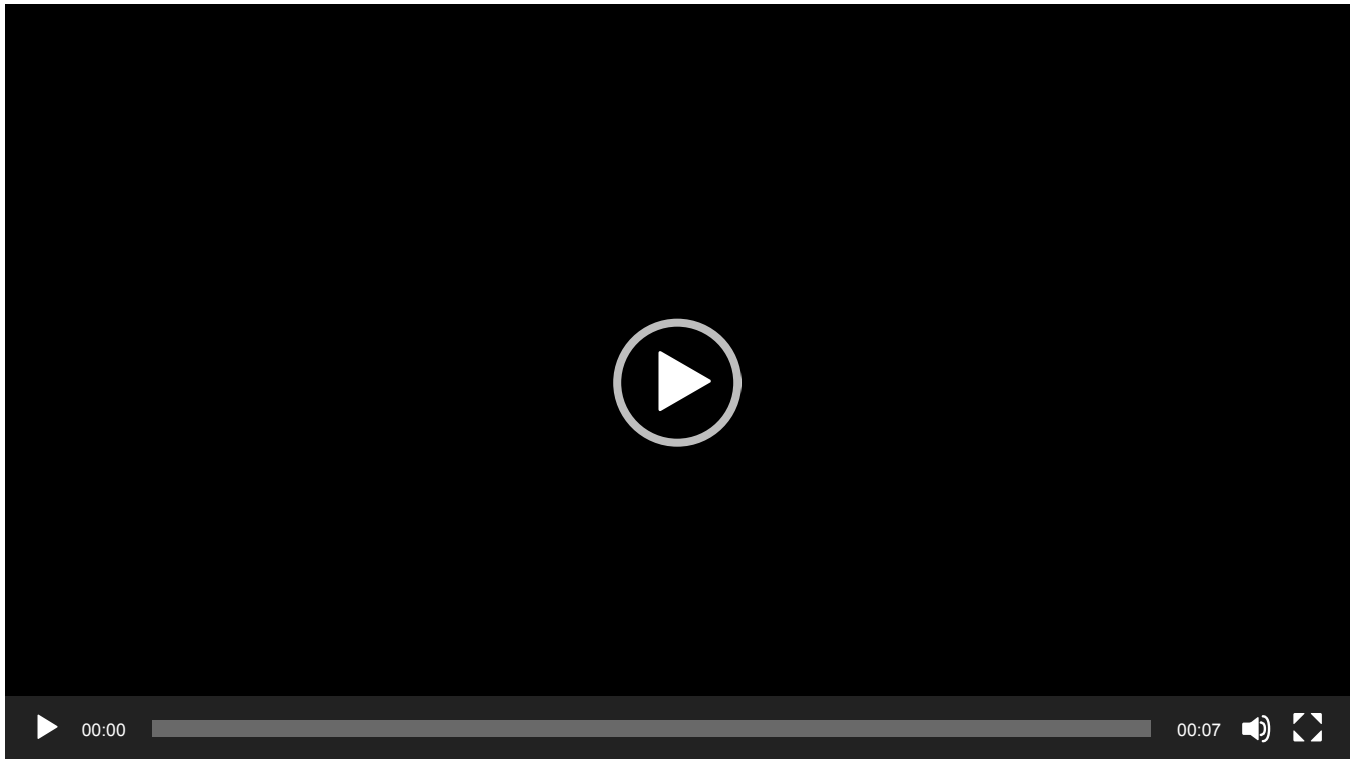
Long-time unionist and activist Therese O'Connell grabbed her walker, left her retirement village and was at Parliament within 20 minutes of hearing the announcement.

### **'I am absolutely furious ... how could they do this?'**

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"I was absolutely furious," said O'Connell, a retired organiser at what was formerly the NZ Clerical Workers' Union. "This is such an important issue for low-paid women workers and it's never been resolved."

O'Connell said she wept "tears of anger" over the news. "How could they do this?"



NEWS

## 2025 survey will capture students' lived experience

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BY KAITIAKI COEDITORS

May 8, 2025

NZNO student leaders say the 2025 survey launched this week will capture the lived experiences of nursing students — including the financial challenges they are facing.



*NZNO student leaders, left to right: National student chair Bianca Grimmer, Te Rūnanga Tauira vice chair Alana Borell, national student vice chair Rochelle McKelvie and Te Rūnanga Tauira chair Davis Ferguson want to know what other nursing students are experiencing.*

Co-leaders Davis Ferguson and Bianca Grimmer said the two-yearly survey would guide NZNO's national student unit (NSU) on how best to support Aotearoa's future workforce.

"This will help highlight key challenges and inform action," Ferguson told *Kaitiaki*. "It also strengthens our advocacy for paid training by providing many years of evidence directly from tauira."

Ferguson is chair of NZNO's Māori student committee, Te Rūnanga Tauira, while Grimmer is national student chair. Both are co-leaders of the NSU under NZNO's bicultural model.

The NSU's last survey, in 2023, found [a third of students were reconsidering their career](#) choice due to short-staffing pressures amid a global nursing shortage.

Today's workforce is facing very different challenges. Te Whatu Ora [hired just over half](#) of last year's nursing graduates into supported-entry positions, claiming it was sufficiently staffed after a recruitment drive. Usually, it hires 80 to 90 per cent of them, former chief executive Margie Apa told Parliament's Health Select Committee last year.

However, nurses say [unsafe staffing levels persist](#) in many areas due to budget pressures.



The 2025 student survey will cover finances, clinical placements and educational support, graduate employment, cultural safety and health and wellbeing.

Its results would be shared with nursing school heads in July, and be published in *Kaitiaki*.

Launched this week, it can be accessed [here](https://www.surveymonkey.com/r/NSUsurvey2025) (<https://www.surveymonkey.com/r/NSUsurvey2025>) or by scanning the QR code above or in the poster, below.



**Tell us what you think!**

## **2025 NZNO National Student Unit Survey**

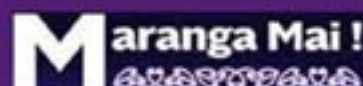
NZNO is conducting a survey to understand student nurses so we can work to help to better conditions into those you deserve!

The topics of the survey include:

- Finances
- Clinical placement & education
- Future employment
- Cultural safety
- Health and Wellbeing



Complete the survey from **5 May to 2 June** on the Survey Monkey link emailed to you and go into the draw to win one of three \$100 Prezzy cards



NEWS

## **'It's chaos' – nurses, doctors brave weather bomb to strike, rally over 'dangerous' health system**

BY KAITIAKI COEDITORS

May 2, 2025

Despite an epic weather bomb dropping on 'May Day', May 1 saw large strikes and rallies throughout the country as nurses, doctors and other health workers joined in a desperate call for a safer health system.



*Nelson nurses escaped the worst of the country's terrible weather to rally for a safer health system.*

This week's scenes of doctors and nurses striking together outside the country's biggest hospital, Auckland City, will likely continue and spread until "dangerous" understaffing is addressed by the Government.

That was the messages of 370 perioperative nurses from Auckland City, Starship and Greenlane hospitals who went on strike this week over not being paid for overtime they are forced into, due to understaffing.



Perioperative nurses, including Chloe Fitzgibbons at front lying down, say they are fed up with being underpaid for forced overtime.

Perioperative nurse Chloe Fitzgibbon told *Kaitiaki* seeing so many health workers turn out was “awesome”.

“For us nurses, it’s been an ongoing debate between Te Whatu Ora and NZNO. We are being forced to stay overtime as it’s our ‘due diligence’ as nurses yet paid incorrectly!”

**‘We deserve better so we can look after our patients and perform at our best.’**

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She said hard-working nurses “deserved better”.

“Te Whatu Ora needs to hear our experiences and act on it. We deserve better so we can look after our patients and perform at our best.”

The nurses were joined by about 5000 senior doctors around the country from the Association of Salaried Medical Specialists (ASMS) union, striking over what

they say is a relative pay cut from Te Whatu Ora, who offered them a 1.5 per cent pay increase.

Hundreds of other nurses, midwives and health-care workers also turned out around the country calling for a safer health system. Other unions also turned out to support May Day — a traditional day of celebration for workers.



RN Sophie Tomes at this week's strike in Auckland.

Auckland registered nurse (RN) Sophie Tomes told Auckland's rally it was becoming ever harder to give good care to patients.

## **‘Understaffing is dangerous not only for our staff but our patients as well!’**

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“When I interviewed for my first nursing job, a year and a half ago, I told them that I became a nurse because my passion is caring for others. This is still true, but it is becoming increasingly difficult to provide the quality of care I strive towards,” she said.



Hutt Hospital nurses supporting striking docs

Tomes said in her hospital understaffing was a constant problem “and it is dangerous not only for our staff but our patients as well”.

She “rarely” had time to shower her patients, who often had to wait more than 10 minutes to be helped off the toilet when she was busy.



*Striking perioperative nurses outside Auckland City Hospital this week, with striking doctors.*

"Too often patients' medication is delayed because I've been too busy to administer them on time," Tomes said. "This is not only dangerous for my patients but soul crushing for me."

It was also nurses who mostly fielded the family's complaints, she said. "All we can do is our very best with what we have which is not enough."

#### **'A disgrace'**

NZNO chief executive Paul Goulter told a 500-strong raincoated crowd that the strike reflected desperate measures frontline hospital staff — doctors and nurses — had been forced to take.

"I acknowledge the senior doctors here. Just like nurses, it's a tough gig calling a strike which just shows the desperation that you have in your struggles to achieve legitimate outcomes."



*NZNO nurse Rangī 'Tiger' Blackmoore-Tufi rarks up the Auckland crowd.*

Goulter said the Government was a “disgrace”, overseeing a chaotic health system, yet refusing to fix it.

He called on the Government to start working with staff, their representatives and the unions to turn around the health system into one Aotearoa deserves.

Minister of Health Simeon Brown has urged doctors to return to negotiations but has not yet commented on the perioperative nurses' strike.

This May Day, NZNO members joined other union members around the country in 'fight back for health' events, part of the NZ Council of Trade Unions' 'fight back together' campaign.

#### **Wellington nurses brave 'life-threatening' weather to support striking doctors**



*Paediatric dentist Erin Mahoney turned out in the Hutt.*

Defying severe weather in Wellington, which saw schools and roads closed, a hardy group of doctors turned out to strike outside Hutt Hospital — with the support of nurses, radiologists, dentists and health unions.

Despite banners being whisked skywards by gale-force winds, the strikers were buoyed by coffee, constant tooting and a loud playlist as they shivered for an hour in the wild wind.

**‘We’re all here because we care about our population, we care about the people in New Zealand.’**

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Hutt hospital paediatric dentist Erin Mahoney said it was all about health professionals “standing united” despite atrocious weather. Like many other areas, she said acute paediatric dentistry had long waiting lists.

NZNO nurse delegate Eden Baker said she was braving the conditions to support her doctor colleagues.

“I believe this is really important for New Zealand people. We’re all here because we care about our population, we care about the people in New Zealand, and we want to make sure they have the best health care, because that is what we deserve.”

**‘They’ve got a choice – they can give money to big tobacco or put it back into the health system.’**

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Hutt emergency doctor Tanya Wilton said the ED was constantly short of doctors and nurses and struggled to hold onto staff. She said Te Whatu Ora’s latest 1.5 per cent offer to doctors was a “relative pay cut” and provided little incentive for doctors to stay in New Zealand.

“They’ve got a choice – they can give money to big tobacco or put it back into the health system.”

About 5000 ASMS members around the country went on a 24-hour strike till 11.59 Thursday night after a 1.5 per cent offer from Te Whatu Ora they said failed to take into account staffing shortages or how to achieve the Government’s toughened health targets.



NZNO nurse Eden Baker turned out to support striking doctors in the Hutt, despite the nurses’ rally being cancelled due to wild weather warnings.



Wellington radiologist Arun George with emergency doctor Tanya Wilton appreciated the support of nurses.

Wellington Hospital radiologist Arun George travelled to support the strike, warning the current Government's privatisation agenda was destroying the public health system in his area of work.

### **'The last one [Government] didn't do much good, but this one is doing harm.'**

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"The last one [Government] didn't do much good, but this one is doing harm," he said.



ASMS executive director Sarah Dalton, left, with supportive unionist Harriet Wild and baby Wilfred braved extreme weather conditions.

Supporter Harriet Wild, a union staffer, even turned out with her baby, Wilfred.

Wellington psychiatrist Alain Marcuse said Wellington and Wairarapa mental health services were "catastrophic" and desperately understaffed with doctors and nurses.

Public Service Association members also joined the rally, saying the doctors had supported their striking allied health workers in 2024.



*Psychiatrist Alain Marcuse had to hold on tightly to his sign in the high winds.*

**Eden at the rally**



Nurse Sophie



*RN Sophie Tomes speaks of the "dangerous" realities facing patients and nurses*

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OPINION

## **‘Time to get noisy’ – Auckland nurse explains why he voted down Te Whatu Ora’s offer**

BY TROY STEWART

May 30, 2025

This Government knows the cost of everything and the value of nothing, says NZNO delegate Troy Stewart.



*NZNO members were among many workers in woman-dominated occupations making noise at Parliament this month over the mass-cancellation of pay equity claims.*

I have been a nurse for eight years in this country. Over those eight years, I have been through a huge number of ups and downs, both clinically and personally.

I can confidently say that never have I ever seen such blatant disrespect — not only to nurses, but our health-care system as a whole — as what the current Government is levelling at us.

## Our Government serves the wealthy few at the expense of the many.

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Under the guise of saving money for “[the country](https://www.nzherald.co.nz/nz/politics/prime-minister-christopher-luxon-finance-minister-nicola-willis-to-speak-post-budget-in-auckland/YER63KGZGZBYXPPFELAOLR37HQ/#google_vignette)” ([https://www.nzherald.co.nz/nz/politics/prime-minister-christopher-luxon-finance-minister-nicola-willis-to-speak-post-budget-in-auckland/YER63KGZGZBYXPPFELAOLR37HQ/#google\\_vignette](https://www.nzherald.co.nz/nz/politics/prime-minister-christopher-luxon-finance-minister-nicola-willis-to-speak-post-budget-in-auckland/YER63KGZGZBYXPPFELAOLR37HQ/#google_vignette)), they have made the intentional choice to give tax cuts to [landlords](https://www.1news.co.nz/2024/03/12/cuts-to-public-services-as-landlords-await-a-29b-tax-break/) (<https://www.1news.co.nz/2024/03/12/cuts-to-public-services-as-landlords-await-a-29b-tax-break/>) and [tobacco](https://www.rnz.co.nz/news/in-depth/523526/govt-set-aside-216m-to-pay-for-heated-tobacco-product-tax-cuts) (<https://www.rnz.co.nz/news/in-depth/523526/govt-set-aside-216m-to-pay-for-heated-tobacco-product-tax-cuts>) companies, then turn around empty-handed, saying: “Sorry, we have nothing left for our public health system.”



Troy Stewart

A Government should serve the people. But our Government serves the wealthy few at the expense of the many.

The evidence is really clear that the more we, as a country, invest in health care, the [healthier and richer we are overall](https://www.nzdoctor.co.nz/article/undoctored/prevention-better-cure-why-we-need-keep-investing-public-health) (<https://www.nzdoctor.co.nz/article/undoctored/prevention-better-cure-why-we-need-keep-investing-public-health>). The investments we don't make now become the emergencies we have to face tomorrow.

This Government knows the cost of everything and the value of nothing.

The [rollback of pay equity](#) claims is the latest attack on health-care workers by this Government.

Pay equity has been long fought for and heralded as both fair and needed for all nurses, midwives and care and support workers by Kiwis who see and appreciate the work we do. Why should decent pay, equity and safe staffing for health-care workers be scrapped to pay for this Government's budget and wayward priorities? Why are nurses and patients paying for tax cuts to landlords and big tobacco? Make it make sense.

The negative difference this Government is making to our lives as nurses can be felt on the ward floor. Before the 2023 general election, many of Te Toka Tumai Auckland hospitals were in the middle of a clearly needed staffing uplift.

But after this Government came in, an entire district — Waitemata, which includes Waitākere and North Shore hospitals — was prevented from recruiting to its recommended safe staffing levels.

## Why are nurses and patients paying for tax cuts to landlords and big tobacco?

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And now, in meetings I have been a part of as an NZNO delegate, Te Whatu Ora is saying hospitals around the country need to operate at 20 per cent below recommended staffing levels on a morning shift . . . because the one thing we know patients love is when the staff can't reach them on time!

**'Sheer disdain' for nurses**



Troy Stewart speaking at NZNO's Waitematā hui for health in April.

**Now we need to act – to make sure we hit them in the pockets with strikes, since we know money and power is what they care about.**

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The sheer disdain shown to nurses by this Government is astounding.

Former health minister Shane Reti repeatedly said that “[recruitment, retention and remuneration](https://waateanews.com/2024/02/21/health-workforce-numbers-growing/) (<https://waateanews.com/2024/02/21/health-workforce-numbers-growing/>)” were the number one priority for health.

Yet after coming into power, they went STRAIGHT to what is objectively a [hiring freeze](#) (despite their claims it isn't one), [attacked our safe staffing](#) programme, rolled back pay equity — and are now [offering us an effective pay cut](#).

So they lied to us. With the loss of pay equity claims, staff hiring freezes, outsourcing to private hospitals and ongoing underfunding of health, they have pulled the rug right out from our public health-care system. This Government is [gutting the entire public sector](https://www.rnz.co.nz/news/political/507556/government-accused-of-quietly-expanding-remit-of-public-service-cuts) (<https://www.rnz.co.nz/news/political/507556/government-accused-of-quietly-expanding-remit-of-public-service-cuts>) for the sake of lining their own pockets.

So, what are we going to do about it?

#### **‘We need to get angry’**

I voted NO to the [proposed offer](#). That's a start. Now we need to act — to make sure we hit them in the pockets with strikes, since we know money and power is what they care about. Not nurses complaining, not the public getting sick — they care about money and getting re-elected. Let's make it harder for them on both fronts. We need to get angry, creative and noisy.

I am glad nurses have not meekly accepted the unacceptable. It is time to fight, nothing will change and in fact it can and will get worse unless we stand up for ourselves and our patients.

Don't let the wealthy few determine our future. As the most recent Minister of Health Simeon Brown [has revealed](https://www.rnz.co.nz/news/political/544055/health-minister-simeon-brown-announces-major-overhaul-of-health-sector) (<https://www.rnz.co.nz/news/political/544055/health-minister-simeon-brown-announces-major-overhaul-of-health-sector>) with his plans for private sector partnerships, they want their private health care. We want our public health care. And we are going to make that resoundingly clear.

We are not alone; our senior doctors and allied health staff are in the same position. Everyday working Kiwis stand with us. The stars are aligned, together we can save our public health system, if we dare.

— *Troy Stewart is an NZNO delegate and Auckland nurse.*

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OPINION

## Vulnerable women need safe hands of a nurse – women’s health college

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BY SARAH MARSHALL

May 21, 2025

Skilled nurses with the confidence to advocate for patients are essential for the care of vulnerable women and patients, argues NZNO’s women’s health college in the face of Government moves to loosen health workforce regulation.



Photo: AdobeStock.

Nurses are an integral part of New Zealand’s health system. We nurses pride ourselves on our ability to advocate for patients and work autonomously.

Many of us in women’s health have serious concerns about the Government’s proposed changes to health workforce regulation: [Putting patients first: Modernising health workforce regulation](https://www.health.govt.nz/publications/putting-patients-first-modernising-health-workforce-regulation) (<https://www.health.govt.nz/publications/putting-patients-first-modernising-health-workforce-regulation>).

Minister of Health Simeon Brown [has claimed](https://www.beehive.govt.nz/release/reducing-red-tape-put-patients-first) (<https://www.beehive.govt.nz/release/reducing-red-tape-put-patients-first>) updating the 2003 Health Practitioners Competency Assurance Act would bring a more “streamlined” patients-first

approach and reduce “overly bureaucratic” regulatory red tape when bringing in new roles or overseas-qualified workers.

The changes he’s proposing would allow Government to intervene in regulators’ decisions, group up to 18 health regulators together — and see essentially less regulation for new roles, such as [physician associates](#), and other overseas-qualified health workers.

**We constantly work in the grey areas of emotions, vulnerabilities and individual needs – not black and white.**

Other worrying suggestions include that nursing students need only do 800, rather than 1000, hours of clinical placement, and [cultural safety requirements be dumped](#).

In our area of work, a well-regulated nursing workforce is essential to build trust with wāhine often in extremely vulnerable positions. This requires insight, skill and training which allow safe and appropriate care and decision-making.



*Women's health college committee, left to right: Jackie Gartell, Sarah Marshall, Julia Anderson (professional nursing advisor) Sandy Hamilton, Lauren Moore, Judith Beattie and Jill Lamb (chair).*

Trust also comes from good cultural competency and te Tiriti o Waitangi awareness.

Cultural safety is integral to providing safe health care in New Zealand, directly impacting on patients’ clinical outcomes and willingness to engage with health services. We cannot provide patient-centred care without whakawhanaungatanga — building relationships.

#### **Proposed changes ‘risk patient safety’**

Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO chief executive Paul Goulter has called for the “poor and flawed” proposal be withdrawn.

In a submission, NZNO said the 2003 Health Practitioners Competency Assurance Act was

Nursing and midwifery is not as simple as completing tasks, as the proposal assumes. We constantly work in the grey areas of emotions, vulnerabilities and individual needs — not black and white.

## **Our renowned nurses' and midwives' intuition is real, crucial to women's health and based on our knowledge and experience.**

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Nurses have advocacy skills based on their knowledge and critical-thinking abilities. Our renowned nurses' and midwives' intuition is real, crucial to women's health and based on our knowledge and experience.

We do not believe this document offers a patient-centred model of health, as it claims. Patient safety comes from regulations — and a regulated workforce. Like nursing.

In the new proposal to “modernise” the health workforce, there are a vast number of anecdotal claims but very little robust evidence. This is deeply concerning. If the evidence for deregulating is not strong and robust, patient safety will be jeopardised.

The general consensus within current regulatory bodies, such as the [nursing](https://www.nursingcouncil.org.nz/Common/Uploaded%20files/Public/Nursing/News%20and%20Media%20Releases/Media%20releases%20folder/2025-04%20Nursing%20Council%20submission%20on%20modernising%20health%20workforce%20regulation%20-%20FINAL.pdf) (<https://www.nursingcouncil.org.nz/Common/Uploaded%20files/Public/Nursing/News%20and%20Media%20Releases/Media%20releases%20folder/2025-04%20Nursing%20Council%20submission%20on%20modernising%20health%20workforce%20regulation%20-%20FINAL.pdf>) and [medical councils](https://www.mcnz.org.nz/about-us/news-and-updates/submission-on-putting-patients-first-modernising-health-workforce-regulation/) (<https://www.mcnz.org.nz/about-us/news-and-updates/submission-on-putting-patients-first-modernising-health-workforce-regulation/>), according to their submissions, is that our current regulations and processes are working well to keep patients safe.

### **Lack of evidence**

We believe if changes are being proposed, they should be supported by robust evidence.

Yet the proposal has vast amounts of anecdotal and fictional patient scenarios. Both Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO and the Association of Salaried Medical Specialists (ASMS) have complained to director-general of health Audrey Sonerson that it lacked evidence and was [highly misleading, politicised and obfuscating](https://www.thepost.co.nz/politics/360654592/slippery-health-doc-subject-several-complaints) (<https://www.thepost.co.nz/politics/360654592/slippery-health-doc-subject-several-complaints>).

intended to protect patients from harmful incompetence or bad practice.

The current proposal to loosen regulation risked both patient safety and undermining regulators with political agendas, as well as dismissing cultural safety obligations “critical” to safe care for Māori.

The Nursing Council has also said any easing of health workforce regulation would risk patient safety.

Its [submission](https://www.nursingcouncil.org.nz/NCNZ/News-section/news-item/2025/04/Submission-to-consultation-Putting-Patients-First.aspx)

(<https://www.nursingcouncil.org.nz/NCNZ/News-section/news-item/2025/04/Submission-to-consultation-Putting-Patients-First.aspx>) said proposed health workforce deregulation would create a more expensive, bureaucratic and risky workforce regulation model which “diminishes the professionalism of a nurse”.

Greater Government oversight, as proposed, “risks the independence of decision-making” for regulators which may negatively impact public safety, said the council, which is the regulator for 85,000 nurses in New Zealand.

It also said the consultation questions were “leading, ambiguous” with no opportunity to expand on some of the more complex questions.

The Nursing Council's other key points were:

- Cultural safety was a “fundamental component” of public safety. “It requires nurses to reflect on and understand themselves and their biases, enabling care that is culturally responsive and free from judgement.”
- A move away from profession-led regulation would likely reduce public trust and confidence in the nursing workforce.
- Merging regulators would be expensive, disruptive and bureaucratic.
- The Nursing Council is fit for purpose and “agile”, registering almost 27,000 internationally-qualified nurses in the two years to December 2024.
- The current regulation model took a long-term approach, uncompromised by political electoral cycles.

The Government is also taking on health regulators through its [Regulatory Standards Bill](#), which nurses and doctors fear will impact patient safety.

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This suggests the proposal is driven by a constrained funding environment, rather than what is safe and patient-centred. Yet there are no projections of cost savings in the document.

**We believe that disestablishing or loosening regulations would be unsafe to both patients and staff.**

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Determining what can and cannot be done by health workers without the oversight of a regulating body such as the Nursing Council or Medical Council, for political gain, compromises the integrity of our profession.

Ultimately, such changes to regulation would pose a serious risk to patients, potentially leading to a lack of clinical knowledge, oversight and experience.



*Photo: AdobeStock.*

Nor is the proposal correct in its claim that regulatory bodies do not seek public input. Our regulatory body is the Nursing Council, which has a proven record of public consultation on proposed changes to things like scope of practice, competencies and other nursing practice-related issues.

**We would also go so far as to say that . . . allowing ministerial input would risk making Government priorities central to health care, rather than those of patients.**

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This proposal also assumes our current regulatory bodies are overly bureaucratic, again with no supporting evidence.

We believe that disestablishing or loosening regulations would be unsafe to both patients and staff. We would also go so far as to say that grouping regulatory bodies, as proposed, and allowing ministerial input would risk making

Government priorities central to health care, rather than those of patients or health professionals.

We strongly believe that our regulatory bodies have the essential clinical knowledge and skill to determine what safe practice is. Undermining this would be risky for patients and staff, bring poorer patient outcomes and a rise in complaints to the health and disability commissioner.

There is plenty of [evidence](https://grattan.edu.au/report/safer-care-saves-money/) (<https://grattan.edu.au/report/safer-care-saves-money/>) that more adverse events would cost the health system significantly more than providing safe care up front.

### Risks of new roles

Our workforce is already under high pressure and stress, so being forced to supervise new, potentially less regulated roles with varying skills and qualifications is not a safe solution. Nurses cannot take on this responsibility.

While bringing new roles like physician associates into the health workforce might be seen as a [quick and cheap fix](#), we believe it would risk patients, the public credibility of the health workforce and burnout for those of us already stretched yet expected to monitor them.

## **Diluting the workforce to include less regulated roles is not a safe or reasonable solution.**

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There is much robust [literature](https://pmc.ncbi.nlm.nih.gov/articles/PMC9082217/) (<https://pmc.ncbi.nlm.nih.gov/articles/PMC9082217/>) that shows safe working conditions for clinicians equates to safe patient care. Diluting the workforce to include less regulated roles is not a safe or reasonable solution.

The proposal strongly focuses on overseas recruitment. Yet there are a significant number of New Zealand nurse graduates looking for jobs currently. Recently, advertised nursing roles in Wellington and Christchurch received about 100 applicants each!

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— Gynaecology nurse Sarah Marshall is a member of NZNO's women's health college. This article is drawn from the college's submission on proposed regulation changes with additional edits by Kaitiaki coeditors.

- Consultation ended on April 30. A Ministry of Health spokesperson told Kaitiaki it had begun analysing more than 3000 submissions received. All, including emails, would be considered as part of its advice to Minister of Health Simeon Brown. A summary would be published "in due course". Neither the ministry nor minister's office were able to say when a decision was expected.
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OPINION

## 'Show some respect to nurses' – Steve Chadwick on halting of pay equity claims

BY STEVE CHADWICK

May 13, 2025

Primary and Community Health Association (PCHA) chair Steve Chadwick says New Zealand's struggling health system and nursing workforce have been dealt another significant blow by the mass dumping of 33 pay equity claims this month.



Protestors at Parliament on May 6 when the Government announced plans to scrap 33 pay equity claims underway and raise the bar.

The Government's fast-tracked changes to the Equal Pay Act 1972 and halting progress of any existing claims is a kick in the gut to the many nurses who work in primary and community health care.

It shows absolute disregard for the important role that primary and community care nurses and carers play in the health of New Zealanders.

### At a glance

*An estimated 150,000-plus women will be impacted by the mass halting of 33 current pay equity claims. Those include 10 claims from NZNO on behalf of care and support workers,*



Steve Chadwick.

The Government's Pay Equity Amendment Bill passed under urgency on May 8, also [tightens the pay equity criteria](https://www.rnz.co.nz/news/top/560417/opposition-ramps-up-to-government-s-pay-equity-move) (<https://www.rnz.co.nz/news/top/560417/opposition-ramps-up-to-government-s-pay-equity-move>), making it harder for claims to be sought. Additional to this, any existing [pay equity claims will be halted](#) and those claims will need to be resubmitted under the new and

more stringent criteria.

*primary health nurses, health-care assistants (HCAs) and administrators, community nurses, Plunket nurses, hospice nurses and HCAs, aged-care nurses, sexual health nurses and laboratory nurses.*

I call on Minister of Health Simeon Brown to show more respect for the many nurses and carers who have dedicated their lives to supporting their community.

## **What the Government is actually doing is saying to local communities: 'You don't matter.'**

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Halting pay equity claim action and amending the equal pay laws means community nurses and carers who have been battling for years to close the pay gap with their hospital counterparts will have to go back to the drawing board.

Brown should be ashamed of this action. It is wrong and it is abusive.



NZNO's Pacific nursing section committee has made their feelings about the Government's decision to axe all current pay equity claims and raise the bar for lodging claims with their sign: 'Do not discriminate against Pacific Women. We deserve pay equity.'

What the Government is actually doing is saying to local communities is: 'You don't matter. Your jobs and your health are not a priority to us.'

What is also alarming is that the Government's reason for this action is to "[reduce the cost to the Crown](https://www.rnz.co.nz/news/political/560069/government-halts-all-current-pay-equity-claims-makes-it-harder-to-lodge-new-ones)" (<https://www.rnz.co.nz/news/political/560069/government-halts-all-current-pay-equity-claims-makes-it-harder-to-lodge-new-ones>).

This signals that the Government is intent on crushing the health system in order to pay for tax cuts and money for landlords. This will send the health of individuals, families and communities, many of whom are already struggling under this Government, into further decline.

That in itself is a false economy and drives false savings. While the Government pinches money from community services, it will inevitably have to spend more money to prop up hospital services when people become very unwell.

It's completely nonsensical.

- *Chair of the Primary and Community Health Association (PCHA), Steve Chadwick is a former Labour Party Minister for Women's Affairs and Associate Health Minister. Also a nurse, in the 1970s and '80s Chadwick was a union representative at the New Zealand Nurses' Association (which merged with the Nurses' Union to become NZNO in 1993). She was mayor of Rotorua from 2013 to 2022.*
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OPINION

## 'We are burning out' – Pacific nurses speak out on understaffing

BY IMELDA ROKOUA

May 9, 2025

A survivor of domestic violence who became a nurse to give better care than she experienced says constant short-staffing is making it really hard.

**Waitematā**  
**Hui for Health**



RN Imelda Rokoua (second from left) with EN colleague Ngatokotoru Ngaporoveta (second from right) and Green MPs Ricardo Menéndez March (far left) and Hūhana Lyndon who attended the Waitematā hui for health.

I came into nursing because I had a passion for helping people and because of my personal experiences.

I am a survivor of domestic violence from a previous relationship while I lived in Fiji.

I remember making my way to the hospital with injuries. Being on the islands, as some of us are familiar with, can mean endless stares and questions from strangers while waiting in line to be seen,

### 'When we struggle, so do whānau'

Auckland enrolled nurse (EN)  
Ngatokotoru Ngaporoveta spoke of the  
"increasing pressure" on health  
workers — and the impact on families.

as well as a lack of empathy and emotional support from hospital staff.

I promised myself I would not let anyone else feel this helpless and unsupported.



*Imelda Rokoua with her son shortly after arriving in New Zealand from Fiji.*

I came to New Zealand in 2005 as a single mum with a five-year-old son, full of hope and determined to make a positive difference when the chance came.

I worked tirelessly as a team leader, then customer service manager at a cleaning company before we were finally granted residency in 2009. That opened the door to studying nursing, which I did at Unitec

Institute of Technology in Waitakere.

### Patient-centred care

As a Pacific nurse, providing the patient-centred holistic care that each person deserves is imperative. For example, using the [Fonofale](https://www.xn--tepkenga-szb.ac.nz/mi/te-pae-ora/living-well-learning-well/fonofale) (<https://www.xn--tepkenga-szb.ac.nz/mi/te-pae-ora/living-well-learning-well/fonofale>) health model links well to other Pasifika cultural points of view, even though it comes from a Samoan perspective.

It is a fale (house) and is made up of these key elements: the falealuga (roof), pou (posts), fa'avae (foundation) and the cocoon (which represents the time, environment and context), all of which affect and shape who you are. These elements represent our overall wellbeing.

**I want to emphasise that nurses cannot fulfil their role effectively without the public's confidence and trust.**

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Each is essential for building and maintaining good health and wellbeing, which are at their strongest when they are in balance.

The [code of conduct](https://nursingcouncil.org.nz/Public/NCNZ/nursing-section/Code_of_Conduct.aspx) ([https://nursingcouncil.org.nz/Public/NCNZ/nursing-section/Code\\_of\\_Conduct.aspx](https://nursingcouncil.org.nz/Public/NCNZ/nursing-section/Code_of_Conduct.aspx)) in New Zealand for nurses is framed around trust, integrity, partnership, and respect — the four core values nurses are expected to uphold. I want to emphasise that



*Ngatokotoru Ngaporoveta and Imelda Rokoua.*

"When our health system is struggling, so too are our whānau, our communities, and our future generation," she said. Too often, it was vulnerable communities like Māori, Pasifika and rural who were hit the hardest.

"We cannot ignore the strain that is being placed upon us. Our hospitals, our health-care facilities, are facing the harsh reality of short staffing."

Such pressures directly impacted on the wellbeing of Māori, whose concept of health went "beyond the physical" to balancing emotional, social and spiritual.

"When our health-care system is understaffed, when those who care for us are stretched thin, that balance is disturbed, and it is our whānau who bear the brunt of it."

Aotearoa's health-care system needed to be rooted in whanaungatanga — the interconnectedness of all people, she said.

"How can we uphold the mana — the dignity — of both the patient and the health-care worker?"



nurses cannot fulfil their role effectively without the public's confidence and trust.

But with continuous staff shortages, providing holistic patient-centred care has been a struggle.

The lack of resources has led to us burning out as we try to juggle so many tasks.

Every day, I experience self-conflict after completing a shift, when I ask myself why I even came today, when I could not do my best for my patients?



Imelda Rokoua talking at the April hui for health

How do I build their trust and confidence if we do not have enough staff and resources to do what's best for them?

Ensuring their safety at a bare minimum is pivotal — but getting by like this is not enough. We walk on eggshells daily as we struggle to make decisions about our patients' health without enough staff to share the work safely

around.

This feeling not only affects us nurses at work. It also affects our families at home because there are feelings of hopelessness about whether the situation will ever improve.

## My personal story is not as important as what will happen next.

Hence, I cannot give myself 100 per cent as a mum, wife and individual when I am with my family. They do not deserve this. Having family in our lives gives us a sense of completeness. Family is part of our physical wellbeing (the pou) and integral to the wellbeing and health of Pasifika people.

My personal story is not as important as what will happen next. Let's all call on the Government to fund our health system properly, so we can provide the kind of excellent and culturally-appropriate care we want to.

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— This was adapted from kōrero given by Auckland RN Imelda Rokoua and enrolled nurse Ngatokotoru Ngaporoveta at Waitematā's hui for health last month. Organised and run by NZNO members for patient advocates, health workers, unions, local and national politicians, the next one is on [May 15 in Ōtautahi/Christchurch](https://marangamai.nzno.org.nz/otautahi-canterbury-hui_for_health) ([https://marangamai.nzno.org.nz/otautahi-canterbury-hui\\_for\\_health](https://marangamai.nzno.org.nz/otautahi-canterbury-hui_for_health)).

See other stories from the hui: [Students are sleeping in cars](#) and [Soul-crushing work of a nurse today](#).

*Seats for Government invitees' Minister of Health Simeon Brown, East Coast Bays MP Erica Stanford and MP for Kaipara ki Mahurangi Chris Penk remained vacant at the hui.*

Ngaporoveta said it was time for the Government to listen to workers and invest in the health workforce "as part of a long-term strategy for holistic equitable health care".

From the Cook Islands, Ngaporoveta told *Kaitiaki* she also identified as Māori through her husband and children.

Other NZNO nurses and health workers who shared their experiences included Neil Warrington, Jean Classey and Sophie Tomes, who spoke about the impact of constant short-staffing. Nursing student Megan Budgen also spoke about the [pressures on nursing students](#).

As well as the Green Party MPs, Hūhana Lyndon and Ricardo Menéndez March, Te Pati Māori staff and Labour MP Camilla Belich also turned up on a very stormy April night.



*Despite a stormy night in Tāmaki Makaurau, there was a lively turnout to the Waitematā hui for health.*

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OPINION

## 'Soul-crushing' work of a nurse today

BY SOPHIE TOMES

May 9, 2025

Just 18 months after graduating, Auckland nurse Sophie Tomes explains why she is struggling with physical pain and mental anguish every day.

**Waitematā**  
**Hui for Health**



Auckland RN Sophie Tomes at this month's nurse and doctor strikes on May Day (May 1).

When I interviewed for my first nursing job about 18 months ago, I told them my passion was caring for others.

This is still true — however it is becoming increasingly difficult to provide the quality of care I strive towards.

The Government has claimed they are investing more than ever in health — but it is not enough.

**This is not only dangerous for my patients but it is also absolutely soul-crushing for me.**

We are still grossly underfunded and understaffing plagues our hospitals. This is dangerous for both staff and patients.

We desperately need more funding for more staff.

### **A day in the life of a nurse**

To give you a better understanding of what unsafe staffing looks like, I will tell you about my average shift as a ward nurse.

I arrive at work 15 to 30 unpaid minutes early to ensure I can properly plan my shift. Within the first two hours, I am responsible for receiving handover, medications and checking the vital signs of at least five patients.

That doesn't include additional patient needs such as feeding, repositioning and toileting.

The rest of my day involves additional medications and infusions, taking bloods and inserting intravenous lines; providing education to patients and their families; documenting my care; discussions with other health professionals; and further observations.



*Sophie Tones, centre in pink, with other speakers at the recent NZNO hui for health in Waitematā.*

Rarely do I have the time to offer my patients a shower.

Too often patients will wait more than 10 minutes to get off the toilet because I am too busy to help them. Too often their medications are delayed because I have been too busy. Too often their dressing changes are delayed because they are time-consuming and time is something we are always short of.

Understaffing means I am forced to provide substandard nursing care to my patients.

## **The decision-makers do not have to look into the eyes of elderly men and women who are in pain.**

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This is not only dangerous for my patients but it is also absolutely soul-crushing for me.

We nurses are the ones that have to field complaints from patients and their families about how they haven't been showered or waited too long on the toilet — not the Government, not Minister of Health Simeon Brown, not Prime Minister Christopher Luxon.

The decision-makers do not have to look into the eyes of elderly men and women who are in pain from sitting on a hard plastic chair for 20 minutes feeling like we nurses don't care. We care more than they know but all we can do is our very best with what we have, which is not enough.



*A lively audience attended the April 16 hui for health in Waitematā's Te Manawa venue despite a wild and stormy evening.*

And, this is all on a day when we only have five patients — sometimes we have six. That leaves us just one hour and 20 minutes per patient which, when you think about all the tasks I have just mentioned, is clearly not enough.

We generally have seven or eight nurses on shift. Te Whatu Ora considers us fully staffed with nine — but we need at least 10 to deliver the kind of care our patients deserve.

## **At my hospital, we have many empty wards with no one to staff them.**

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At my hospital, we have many empty wards with no one to staff them. All while patients are lining up in emergency department (ED) corridors and sleeping in our day lounges with hand bells to alert staff of their needs.

National has claimed they have overhauled the health system to [reduce](https://www.rnz.co.nz/news/political/522883/totally-bloated-new-health-nz-te-whatu-ora-boss-lester-levy-lays-into-reduce) [https://www.rnz.co.nz/news/political/522883/totally-bloated-new-health-nz-te-whatu-ora-boss-lester-levy-lays-into-](https://www.rnz.co.nz/news/political/522883/totally-bloated-new-health-nz-te-whatu-ora-boss-lester-levy-lays-into-reduce)

bureaucracy)

[bureaucracy](https://www.rnz.co.nz/news/political/522883/totally-bloated-new-health-nz-te-whatu-ora-boss-lester-levy-lays-into-bureaucracy) (<https://www.rnz.co.nz/news/political/522883/totally-bloated-new-health-nz-te-whatu-ora-boss-lester-levy-lays-into-bureaucracy>). However what you don't see is the hoops that have to be jumped through to hire the nurses and health-care assistants (HCAs) we so desperately need. The delays create a severe bottleneck.

We are not only facing increased work-related stress, emotional distress and decreased work satisfaction.

Understaffing is leading to physical pain. I am 22 years old with chronic back pain and I frequently get home with sore joints and aching legs from spending the majority of my eight-hour shift on my feet — and I am not the only one.

This is not good enough. This is a political choice. The choice has been made to prioritise tax cuts over our nurses and health-care system. Something needs to change. Now.

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- *Sophie Tomes is a registered nurse and NZNO delegate born and raised in West Auckland working within the public health system. This article was adapted from a kōrero she gave at the [May Day strikes and rallies](#) and hui for health in Waitematā in April. The next hui is on [May 15 in Ōtautahi/Christchurch](#) ([https://marangamai.nzno.org.nz/otautahi\\_canterbury\\_hui\\_for\\_health](https://marangamai.nzno.org.nz/otautahi_canterbury_hui_for_health)).*

See also nursing student Megan Budgen's kōrero: [Students are sleeping in cars](#) and: [We are burning out](#) by nurses Imelda Rokoua and Ngakokotoru Ngaporoveta.

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PRACTICE

## Small steps, big impact: How to activate wellbeing in our patients

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BY SOPHIE BALL

May 26, 2025

Simple straightforward tools can work well to improve patients' mental health in primary care.



*Uncovering activities the person used to enjoy can help with creating a plan to improve their mental wellbeing. Photo: Adobe Stock*

I remember meeting Sarah\*, a young mum, during a six-week postnatal checkup. She was struggling with postnatal depression and felt overwhelmed.

Medication wasn't her preference, and the waiting list for therapy was long. These were the options I usually discussed. "Will I ever feel like myself again?" she asked. How could I respond?

As community-based health professionals – whether nurses, midwives or GPs – we often meet people like Sarah, individuals whose mental wellbeing is impacting their daily lives.

It is not uncommon for patients to not want to take medication – and indeed, in mild-to-moderate cases of low mood, medication is less likely to be effective – and there can be barriers or reluctance for psychology or counselling support. What can we add in these cases?



GP and author Sophie Ball

### Rediscovering life

Behavioural activation is a part of cognitive behavioural therapy (CBT). It is one of the quickest and most effective options for depression, with changes seen in just a few weeks. It is perfectly suited to be used in a community setting, where we need simple and effective options to discuss with our patients to improve their mood.

### Practical tools

But how do I do "behavioural activation," you may ask. Here are two types of questions that can help you put this theory into practice.

#### Coping questions

These questions help identify current coping mechanisms:

- "How are you coping?" (It's okay to ask this more than once!)
- "In the last week, what has helped you cope?"
- "What gives you strength day to day, to be able to cope and not give up?"
- "What things will help you cope this week if there are tough moments?"

Common answers include:

**Routine:** *"I keep going with the things I have to do each day, like making the lunchboxes and getting the kids to school."*

**Activity:** *"Getting outside to clear my head."*

**Connection:** *"I talk to my friends."*

We can use these answers to come up with an activity-focused plan with our patient. We may talk about building on a strategy by discussing adding to the existing:

**Routine:** *"It sounds like a routine really helps you when things are tough and you feel like you are just going through the motions. I wonder if we could add to your routine, for example, walking to meet the kids from school so you get some time outside, or maybe you have other ideas of something small we could add to your routine to support your mental health?"*

**Activity:** *"It sounds like being outside gives you clarity when you are feeling low or stressed. Could it be worth us coming up with a plan so you regularly get little bits of time outside? What could be possible with how life is at the moment?"*

**Connection:** *"How often would you get a chance to talk to your friends? Is there a way to make this a regular thing? Have you talked to any of them about your health? Do you think that would be helpful?"*

Once we have this personalised information, we could put it into a specific plan, which could be to try gardening for about 20 minutes after work twice in the next week. It is important that the person feels confident that they can succeed, even if we need to start smaller and suggest, for example, five minutes of gardening as a start.

### **Treasure hunt questions**

Another way to ask a question to help with behavioural activation is a "treasure hunt" question. These questions uncover activities the person used to enjoy or find helpful:

- "When you felt better a few months ago, what did a typical day look like?"
- "What activities have you enjoyed in the past?"
- "What did you do for fun before you felt like this?"

If someone is restarting an activity, it can be more of a challenge than increasing or working with something they are already doing. We want to start small but still be activity-focused.

So ideally, someone may say they will plan to start walking. Rather than them just thinking about walking and other exercise options, we might like to make a more specific, action-focused plan. It could be to look online at the local gym classes and at a potential walking route.

These plans can be used instead of, or alongside, other options like medication and therapy. It is important to have a back-up plan in place for if things worsen; a good option can be the free phone/text 1737.

Always make a plan to follow up to see if things have improved, or adjust and reconsider the plan if there has not been any improvement. Sometimes you will find small changes can make a big impact.



*"What do I say next? Everyday mental health conversations in primary care" was co-written by Sophie Ball and Liz Moulton. Use the QR code below to get a discount on the book.*



### **Making a community-based plan**

When working with Sarah, we discovered she used to love painting. She still has all the things she needs at home to restart this. Together, we created a plan: she would try getting out her materials and doing this again one day in the evening once her partner is home.

She suggested she spend one nap time every day on this, but we agreed that an initial goal could be to spend some of a nap time two to three times in the next week painting. I would speak to her again in a week's time with a phone consult follow up.

### **Summary**

By using coping and treasure hunt questions, health-care professionals, including nurses and midwives, can help people reconnect with activities that bring them joy and meaning.

Behavioural activation empowers individuals to take small, manageable steps toward improved mental wellbeing. The beauty of this approach is its simplicity and accessibility. Small changes really can make a big difference.

*\* Sarah is a fictional patient based on encounters with real patients over the author's career.*

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**Sophie Ball** is a GP with a strong interest in straightforward conversations about mental health, and co-author of a recently published book *What do I say next? Everyday mental health conversations in primary care*. For further information about the book, go to [www.drsophiejadwigaball.com](http://www.drsophiejadwigaball.com) This article is adapted from one originally published in *NZ Doctor*.

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OPINION

## 'Students are sleeping in cars' – nursing student speaks out on financial challenges

BY MEGAN BUDGEN

May 6, 2025

An Auckland nursing student asks why students can't get more financial support while on clinical placement.

**Waitematā**  
**Hui for Health**



*Left to right: Third-year nursing student Megan Budgen, with patient advocate Malcolm Mulholland and Green Party MP Hūhana Lyndon at April's hui for health in Waitematā.*

I stand before you on behalf of the future of Aotearoa's health-care system — student nurses.

I started to do my nursing degree as I wanted to help, and work with our most vulnerable — those who might otherwise fall through the cracks. But I can't do that without finishing my degree.

Over the course of our three-year degree, students are expected to work a minimum of 1100 unpaid clinical hours — that's about 137.5 full working days.

**We're the unpaid workforce propping up an overstretched, understaffed system.**



*Nursing student Megan Budgen speaking at last month's hui for health.*

I say minimum because if we need to repeat a paper for any reason, we have to do redo the clinical hours for that paper.

We're not sitting in lecture halls during those hours. We're on the wards. We're doing real work, taking on up to three patients per shift in some papers, carrying out all their cares, assessments, and documentation—under the supervision of our preceptors, our registered nurses.

We're the unpaid workforce propping up an overstretched, understaffed system.

### **I don't know why student nurses are not paid for our training while police cadets are. Can anyone explain that?**

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To do these placements, many of us must take unpaid leave from our part-time jobs. Yet we're still expected to cover things like transport, hospital parking, uniforms, and meals and on top of that, we are still in a cost-of-living crisis.

I don't know why student nurses are not paid for our training while police cadets are. Can anyone explain that?

#### **'The future is dropping out'**

We're told constantly we're "the future of health care"—but the future is dropping out.

According to NZNO's national student unit (NSU)'s [2023 survey](#), one in three nursing students drop out in their second year, most of them Pasifika and Māori students. Not because they're not capable — but because they simply can't afford to continue.



*Budgen (centre, in black top with white writing) with other nurses and health workers, patient advocate Malcolm Mulholland (third from right) and Green Party MPs Ricardo Menéndez March (far right) and Hūhana Lyndon (second from right) at April's hui for health in Waitematā.*

I personally know students who are living out of their cars, couch surfing, and skipping meals just to be able to show up to placement. I have personally skipped meals and had to rely on the help of others to help me make ends meet while on placement.

It's scary checking my bank account daily and trying to work out if I can afford both to eat and cover the cost of public transport to my placement that week. More likely than not, it ends with me skipping meals.

And when we finally get to the end of the tunnel, what's waiting? In the most recent intake, only [52 per cent of new grads were offered a job](#) through the supported-entry programmes NETP (nurse-entry-to-practice) and NESP (nurse-entry-to-specialist-practice). A few years ago, under the previous government, that number was close to 100 per cent.

That's not a coincidence. That's a system in crisis.

I want to become a nurse because I want to help change how patients — especially the ones who are struggling — are treated. But right now, we students are the ones struggling to get through our degree without issues.

I'm asking this Government to not forget us when they talk about health care. Fund the system properly. Pay the nurses a fair wage. Ensure we have safe staffing. And yes — pay us student nurses for our clinical placements.

We aren't asking for a lot, just a chance to be fully present while on placement for our patients.

#### **'Please care for us'**

I am feeling anxious. I'm about to head into my next hospital placement starting in June, which is four weeks of rotating shift work. That means I'm rostered Monday to Sunday, day or night, including public holidays. And as a student, I still am expected to give my everything through those shifts, likely as long as 12 hours, which means I am unable to work part-time to support myself.

So, I ask MPs, when you next sit in Parliament to think and ask yourself: Why are you giving landlords tax cuts while our health-care system is left to carry the cost?

I stand here on behalf of the next generation of nurses. We are ready to care for this country. We just need this country's Government to care for us too.

NZNO nursing students' petition for paid training can be found [here](https://maranga-mai.nzno.org.nz/student_nurses) ([https://maranga-mai.nzno.org.nz/student\\_nurses](https://maranga-mai.nzno.org.nz/student_nurses)).

Kaitiaki invited Minister of Health Simeon Brown to respond to Budgen's fears for nursing students. However his office did not respond.

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- Megan Budgen is a third-year Māori nursing student, a member of the NZNO national student unit's Māori arm Te Rūnanga Tauira, and a student representative at Auckland University of Technology's school of nursing. This

article is drawn from her kōrero at NZNO's April 16 community hui for health in Waitematā which can be watched in full [here](https://maranga-mai.nzno.org.nz/waitemat_hui_for_health_16_april_2025) (https://maranga-mai.nzno.org.nz/waitemat\_hui\_for\_health\_16\_april\_2025). The next hui is on [May 15 in Ōtautahi/Christchurch](https://maranga-mai.nzno.org.nz/otautahi_canterbury_hui_for_health). (https://maranga-mai.nzno.org.nz/otautahi\_canterbury\_hui\_for\_health)

See also: [We are burning out](#) by nurses Imelda Rokoua and Ngakokotoru Ngaporoveta and the: [Soul-crushing work of a nurse today](#) by RN Sophie Tomes.

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FEATURES

## Military nurses mark 110th anniversary at Hawke's Bay Hospital Anzac Day service

BY TE OPE KĀTUA O AOTEAROA DEFENCE FORCE STAFF

May 8, 2025

The 110th anniversary of the formation of the New Zealand Defence Force's Royal New Zealand Nursing Corps (RNZNC) was celebrated at the annual Hawke's Bay Fallen Soldiers' Memorial Hospital Anzac Day service.



*Hospital chaplain Rev Jeannine Epplett (left) and former military nurse and matron of the hospital Major (Rtd) Sylvia Frame with the memorial board presented by the RNZNC to the hospital. Photos: Suzanne Stewart, Health New Zealand.*

Nurses were first engaged in the New Zealand armed forces as early as the Boer War, in 1899, when 27 nurses saw active service.

The Corps was formed in 1915 from civilian nurses who volunteered for service during World War I, and since then the role of the military nurse has formalised into the professional military nursing capability it is today.

**‘The military nurses we honour here today stood up and said, ‘We will not let our boys face war alone. We will go with them.’**

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Although the Corps is an Army capability, its nursing officers work with all three military services and have to adapt to any working environment across land, sea and air.

Since the formation of the Corps, nursing personnel have been engaged with every major conflict that New Zealand has ever been involved with.



*Major Buffy Little salutes after laying a wreath.*

Today they are deployed domestically and internationally on exercises and have served in recent New Zealand Defence Force operations in countries such as Egypt (Sinai), Iraq and Afghanistan.

This year's service at the hospital was led by local nurses who are members of the Corps, and to mark the special relationship they have with the hospital, the Corps presented its centenary book and a memorial board of its nurses

who have served there to chief nurse Karyn Bousfield-Black.

**‘Nurses are present throughout the lifespan and are dedicated to providing care whenever and wherever it is needed most.’**

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The MC for the day, Senior Nursing Officer Major Sarah Linehan, said the Anzac Day hospital service is always special, just like the relationship between the RNZNC and the hospital.

“To honour the service of nurses and nursing today on Anzac Day, when we honour our fallen, is fitting. Nurses are present throughout the lifespan and are dedicated to providing care whenever and wherever it is needed most,” she said.



*The Anzac Day service begins at Hawke's Bay Fallen Soldiers' Memorial Hospital.*

“Whether military or civilian nursing, it is not for the faint-hearted. Kia aroharoha kia maia – compassion with courage is the motto of the RNZNC and can also be applied to our civilian colleagues.”

**‘Long before nursing became the profession it is today, people were taking care of one another.’**

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Attendees at the service, held outside the hospital chapel which is itself dedicated to nurses, paid tribute to generations of military nurses, and Bousfield-Black spoke of the deep connection between care and courage.

"Long before nursing became the profession it is today, people were taking care of one another," she said.

"The military nurses we honour here today stood up and said 'We will not let our boys face war alone. We will go with them'.

"It's very special to be able to acknowledge and reflect on the contribution of nursing and military nursing on Anzac Day. About 400 Kiwi nurses served in the First World War and more than 4000 in the Second World War. Their bravery, resilience, compassion and care should be remembered along with that of our soldiers."

Hawke's Bay Hospital's link with the RNZNC remains strong, with military nurses conducting clinical placements to maintain professional currency, as they do at other hospitals around New Zealand.

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FEATURES

## Dhyanne Hohepa: 'A light in the dark for Māori nurses'

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BY RENEE KIRIONA

May 6, 2025

Dhyanne Hohepa is a leader among Māori nurses driven by aroha and passionate about clinical excellence.



*Dhyanne Hohepa with her Māmā*

Every day as a nurse practitioner (NP), Hohepa walks the kaupapa “kia anga whakamua te titiro – looking backwards to move forwards into the future,” successfully and organically weaving into her work, her Māori culture, values, identity and history.

“I’m always excited about sharing with my peers my lived experience as an NP trying to navigate a broken system and to uplift nursing standards for Māori and Pacific peoples by indigenising a health system that demands cultural transformation and innovation,” said Hohepa.

“Clinical excellence with a cultural focus has been my long-standing philosophy.”

Hohepa became a registered nurse in 2007, and an NP in 2018. She said her drive to become an NP was to help improve the health of all peoples, with a focus on Māori and Pacific populations, and marginalised populations such as takatāpui (rainbow community) who have the worst health status in the country.

NZNO kaiwhakahaere Kerri Nuku said Hohepa is emerging as “a light in the dark” for Māori nurses not confident enough to take up the NP challenge.

“They hear stories about an NP who is trying to indigenise a part of the health system, and that it is working. Her work is telling them it is okay to take your Māori to work, you don’t need to leave it at home.”

## **‘Hohepa is emerging as ‘a light in the dark’ for Māori nurses not confident enough to take up the NP challenge.’**

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Hohepa is particularly passionate about helping to lift the low number of Māori and Pacific NPs. About 9 per cent of NPs identify as Māori yet they make up 17 per cent of the country’s population. About 2 per cent of NPs identify as Pacific but are 7 per cent of the population.

That passion has led her to become an academic mentor on the country’s nurse practitioner training programme, at the University of Auckland, supporting indigenous and Pacifica nurses on their NP journey.

Last year, Hohepa received Te Akenahi Hei Memorial Award for best Māori nurse of the year. This is one of the most prestigious nursing awards from NZNO.

Hohepa grew within her tribe, Ngāti Raukawa ki Wharepūhūnga, and learned the ways of her people from her grandmother and elders of her tribe. She also has tribal connections to Ngāti Tūwharetoa, Tanui, Te Arawa and Ngāpuhi. She is bilingual, also being a speaker of te reo Māori – a language which 20 years ago was on the brink of dying.



Kerri Nuku

“Due to the process of colonisation, my late kuia was the last native speaker within my immediate family.”

Hohepa graduated with a bachelor in health science (nursing) in 2007 and has held a masters in nursing since 2015. She has worked predominately in primary health-care, including, general practice, marae-based clinics, accident and medical clinics, prison (correctional) nursing and more recently spent two years within the emergency department.

Hohepa credits her journey to the love of her whānau – unconditional aroha from her parents, brothers, sisters, nephews, nieces, children and supportive partner.

“For me, kia anga whakamua te titiro is about being inspired by our ancestors and learning from their experiences. It’s about being driven by our mokopuna, our children,” said Hohepa.

“My cup is filled with the cultural expressions of my people, kapa haka, karakia and tikanga that I endeavour to incorporate into my everyday being.

“The success of Māori, is the success of their village that surrounds and nurtures them.”

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COLLEGES & SECTIONS

## Travel, camaraderie and superb hand hygiene – welcome to the world of perioperative nursing!

BY EMMA LADLEY

May 27, 2025

NZNO's perioperative nurses college (PNC) chair Emma Ladley wants to see more nursing students learn about perioperative nursing in their undergrad studies.



NZNO's perioperative nurses college committee members, including chair Emma Ladley at far left.



I always knew I wanted to become a perioperative nurse. I wanted to travel overseas and do nursing work at the Fred Hollows Foundation or on the Mercy Ships — that's what really drove me into the operating theatre.

But when I was studying, perioperative nursing wasn't really mentioned much. In our second year, we talked about speedy recovery and how to put a pair of gloves on — but it was literally one page.

So students don't always know how broad the perioperative continuum is. There are admission, pre-anaesthetic, pre-surgery and post-rehabilitation clinics; in theatre post-anesthetic care unit or recovery, high-dependency unit — the list goes on.

**In theatre, we only have a small snippet of time to build those relationships – so those few minutes we have with them are so important.**

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I chose perioperative for my final nine-week clinical placement, which was my first exposure to the operating theatre environment. And I loved it — the fast-paced environment, the different surgeries and the team work.



*NZNO perioperative nurses college chair Emma Ladley.*

I ended up getting a job there straight after graduating seven years ago. I was lucky I'd had the nine weeks of experience, but it would have been good to have had more education about the perioperative environment. For example, the legal and ethical aspects of patient consent, preparation — no eating or drinking, how to best recover a

patient, what pain management looks like. And what nurses actually do in the operating theatre — why we're so important!

Perioperative nurses give exceptional patient care, but so much of nursing is about the therapeutic relationship with your patient.

On the wards, students and nurses often have longer-term patients, so we are talking to them throughout the day, changing their wound dressings and things like that. But in theatre, we only have a small snippet of time to build those relationships — so those few minutes we have with them are so important. They're nervous, they're anxious, they're scared about what's going to happen — and we nurses are there to support and reassure them.

So it would be great — for us and for the patient — to be better prepared for quickly building those connections.

One of my goals as chair is to raise the profile of perioperative nursing in nursing education. We're going to reach out to the heads of nursing schools in June and also hope to have a kōrero with the Nursing Council about whether it might be possible to bring a bit more about perioperative nursing into the nursing curriculum at our 20 nursing schools, whether polytechnic or university.

We think it should be more widely available as a placement and there should be at least three exposure days in theatre for all nursing students during their degree.

#### **'Exciting' space to work in**

Hospital ward nursing and community mental health are a big focus of undergraduate nurse education. But a huge chunk of nursing is also related to surgery, directly or indirectly. Illness and trauma can both lead to surgery, there is elective surgery, as well as urgent and emergency, so it would be good to see this specialty reflected more in our training.

### **We are a really fun college to be part of and it's an incredibly supportive network professionally.**

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A lot of people I've talked to say they took a gamble choosing perioperative nursing, as they didn't know much about it. But, like me, they went into theatre on their graduate NETP (nurse-entry-to-practice) placements and loved it.

In theatre, every day is different — especially in elective orthopaedics, where I work. There are different parts of the body we operate on, so one day we're working on hands, the next day it's feet, then spines or joints the next. So it's always changing, a great team environment and you're always there for the patient. It's an exciting space to be in — I love it!

The technology gets better and better every year, too.

We get surgical plume (vapor with human cellular byproduct) when we're using the diathermy pen with its electric currents to make incisions and cauterise bleeding during surgery. But there are now pens with suction that vacuum up the plume — which is obviously much better for health.

#### **A brief history of NZNO theatre nurses**

In 1969, a group of Wellington theatre nurses started meeting to discuss their specialty. In 1971, it became part of the NZ Nurses Association (which merged with the Nurses' Union in 1993 to become NZNO), and was joined by other theatre nurses around the country. In 1974, the group launched its first edition of *The Dissector* and by 1975 had formally become the association's theatre nurses section.

In 1977, the section was renamed the "perioperative nurses association of NZNO" to recognise the extension of operating theatre nurses into pre-operative and post-operative roles. In 2001, the section attained college status, and became the perioperative nurses college.

— Source: NZNO library, [perioperative nurses college website](https://www.nzno.org.nz/groups/colleges_sections/colleges/perioperative_nurses_college/resources#History) ([https://www.nzno.org.nz/groups/colleges\\_sections/colleges/perioperative\\_nurses\\_college/resources#History](https://www.nzno.org.nz/groups/colleges_sections/colleges/perioperative_nurses_college/resources#History)) and long-time college member Karen Hall, who presented on the college history at its 2024 conference. Her presentation '[Our History](https://www.proquest.com/docview/3182511368?sourcetype=Scholarly%20Journals)' (<https://www.proquest.com/docview/3182511368?sourcetype=Scholarly%20Journals>) was published in the latest *Dissector* edition.

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There is a real push in the United States to make these mandatory, for smoke-free theatres, which would be great for us workers.

### **Perioperative college – join us!**

We've had a real growth spurt over the past year and now have about 500 members. The visibility we gained through our conference last October was really helpful.

With about 3200 perioperative nurses nationwide, according to the Nursing Council's [workforce data](https://nursingcouncil.org.nz/common/Uploaded%20files/Public/Publications/Workforce%20Statistics/workforce_statistics/Workforce%20statistics%202022%E2%80%9323.pdf) ([https://nursingcouncil.org.nz/common/Uploaded%20files/Public/Publications/Workforce%20Statistics/workforce\\_statistics/Workforce%20statistics%202022%E2%80%9323.pdf](https://nursingcouncil.org.nz/common/Uploaded%20files/Public/Publications/Workforce%20Statistics/workforce_statistics/Workforce%20statistics%202022%E2%80%9323.pdf)), that's not bad, but we would love to see more, especially on the committee. Currently I'm chair, treasurer and secretary, so it's a bit hectic!

We are a really fun college to be part of and it's an incredibly supportive network professionally.

**A lot of people I've talked to say they took a gamble choosing perioperative nursing, as they didn't know much about it.**

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I got involved as a new graduate, because my preceptor was heavily involved and I started going along to meetings then became Christchurch representative on the national committee.

Being in the college gives you access to lots of specialised education and expertise. We do regular webinars every six weeks, there are heaps of resources for members on our website and there is a wide network of specialist nurses available to advise.



Emma Ladley at the Association of Perioperative Registered Nurses conference in Boston this year.

Someone might ask on WhatsApp about hand hygiene, as it's so different in theatre than on the ward, and there are 20 people with deep knowledge who reply in two heartbeats: "This is what we do up in Auckland" or "This is what we do in Dunedin". So having those contacts is really great.

### International opportunities

It's such a rewarding space to be in, surrounded by all these people who are equally passionate about perioperative nursing.

As for becoming chair, when [former chair] Cassandra Raj resigned late last year, I said I'd do it for a year if there wasn't anyone else. So, here I am — at least until October when Lucy Middleton is going to take over.

Our committee meets three times a year, in Auckland, Wellington or Christchurch. As chair, there are also international responsibilities. I sit on the board for the International Federation of Perioperative Nurses (IFPN) and the college is also part of the US-based Association of Perioperative Registered Nurses (AORN).

This year, with funding from the PNC, I was able to go to the [AORN conference](https://www.aorn.org/surgical-expo/conference) (https://www.aorn.org/surgical-expo/conference) in Boston in April to maintain those relationships, see what's happening in the world and then bring new and exciting ideas back to the college and New Zealand perioperative nursing.

There were hundreds of perioperative nurse-led research projects on display as well as the latest technology, with a huge focus on artificial intelligence (AI) and how it can help with rostering and health policy analysis.

As a college, we are busy updating our [knowledge and skills framework](https://www.nzno.org.nz/groups/colleges_sections/colleges/perioperative_nurses_college/resources#K&S) (https://www.nzno.org.nz/groups/colleges\_sections/colleges/perioperative\_nurses\_college/resources#K&S), after the [change in scope](#) for RNs and ENs last year; as well as our [RN anaesthetic assistant role](https://www.nzno.org.nz/groups/colleges_sections/colleges/perioperative_nurses_college/resources/registered_nurse_assistant_to_the_anaesthetist) (https://www.nzno.org.nz/groups/colleges\_sections/colleges/perioperative\_nurses\_college/resources/registered\_nurse\_assistant\_to\_the\_anaesthetist) — another theatre nursing role.

Our quarterly professional journal, [The Dissector](https://www.nzno.org.nz/groups/colleges_sections/colleges/perioperative_nurses_college/the_dissector) (https://www.nzno.org.nz/groups/colleges\_sections/colleges/perioperative\_nurses\_college/the\_dissector), is now available online as we seek to reach more nurses.

Overall, we are just really keen to get our voice out there to shape the future of perioperative care and keep growing our membership.

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- *Emma Ladley is chair of the perioperative nurses college and a Christchurch perioperative nurse.*
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LETTERS

## **Women's Refuge seeking wāhine for history project**

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BY ELIZABETH ASHBY

*May 29, 2025*

Women's Refuge is starting a project to record our "her-story" (history). We want to gather the stories of wāhine who have been involved with Refuge as staff, kaimahi, or volunteers.

# What does the Her Story project do?

Collects  
Refuge stories  
from across  
the motu

Records oral  
histories by  
Refuge, for  
Refuge!

Documents  
Refuge's Her  
Story (our  
history)

Strengthens  
Refuge's collective  
identity &  
specialist role in  
the sector

Links new  
kaimahi to the  
movement

Keeps the  
essence &  
kaupapa of  
Refuge alive

Celebrates  
Refuge  
kaimahi

Honours the  
stories of  
wāhine toa &  
celebrates their  
pivotal roles in  
making wāhine  
& tamariki safer  
in Aotearoa

## Get involved now!

Email: Elizabeth at [elizabeth@refuge.org.nz](mailto:elizabeth@refuge.org.nz)

We are specifically looking for expressions of interest from or recommendations of wāhine involved from the very beginning of Refuge, or in our early days, from 1970 to 1990. If you know of anyone that would be interested in

speaking with us, we'd be grateful to hear from you.

I'm happy to talk to anyone who would like to know more about this exciting project ([elizabeth@refuge.org.nz](mailto:elizabeth@refuge.org.nz)).

Elizabeth Ashby

*Research associate, Women's Refuge*

[Kids in the Middle](https://womensrefuge.org.nz/kids-in-the-middle/) (<https://womensrefuge.org.nz/kids-in-the-middle/>)

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LETTERS

## New Zealand Nurses Memorial Fund is here to help

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BY BEVERLY HENDERSON

*May 1, 2025*

In these difficult and uncertain economic times, when many people are experiencing financial hardship, help is available from the New Zealand Nurses Memorial Fund (NZNMF).

Recently, recipients have been given funds for sudden unexpected illness and urgent dental care. Other recipients include single parents struggling financially, amongst others.

So, as managers and colleagues, we encourage you to spread the word to any nurse who you think might benefit from funding from the Nurses Memorial Fund.

The fund's philosophy is that it is there to help when social services and someone's own resources are not enough to meet their needs. It is closely allied with NZNO; however applicants do not need to be a member to apply for assistance.

NZNMF was established as a benevolent fund in 1917 in memory of the 10 nurses lost in the sinking of the *Marquette* and has supported many nurses in times of financial hardship and emergencies for more than 100 years. We welcome applications from nurses with at least two years' post-registration experience in New Zealand.

The fund's income comes from interest on its investments and also from bequests, donations and membership subscription. You can become a member or life member and support the fund to help others. You can also encourage donations and bequests. The fund is a registered charity (Charity No. CC288878).

**Applications** for assistance or donations can be made to the NZNMF committee by email [nznmfund@gmail.com](mailto:nznmfund@gmail.com) or by post to: NZNMF, PO Box 5363, Dunedin 9054.

**Annual subscription:** \$10 and life membership \$100.

**Bequests** are welcomed.

Beverly Henderson, secretary  
NZ Nurses Memorial Fund

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