

NEWS

## 'They came on a good day' – Wellington nurses say new ED must be safely staffed

BY MARY LONGMORE

June 30, 2025

Up to 66 nurses short and dozens of patients stacked in cramped corridors — that's the day-to-day reality of Wellington Hospital's cramped emergency department, say nurses.



Ministers Nicola Willis and Simeon Brown announcing a \$100 million funding boost for Wellington Regional Hospital last month, with (left to right) Te Whatu Ora director of operations Jamie Duncan, deputy chief executive central region Robyn Shearer and head of infrastructure central region Steve Crombie.

Minister of Health Simeon Brown and Minister of Finance Nicola Willis visited Wellington Regional Hospital last month, after announcing it would be getting a \$100 million chunk of a new [\\$1 billion health infrastructure fund](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>) announced in Budget 2025.

### Wellington ED 'over capacity' – NZNO

NZNO members who work in Wellington ED have repeatedly raised concerns about continued overcrowding since mid-2024 — with

That would allow its already-underway new ED to be built by 2029 with 87-beds/treatment spaces — 34 more than the current 53. It would also fund new medical and surgical assessments units with an extra 16 beds; another 36 inpatient beds; four intensive care beds; and 36 new outpatient spaces — all scheduled for completion in 2027 with construction beginning next year.

**‘We are trying to deliver a service that meets the standards of emergency nursing, and are facing extremely challenging situations where we’re over capacity and nursing patients in unconventional spaces.’**

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In total, there will be another 126 beds/treatment spaces than currently exist, said Brown, with extra inpatient beds “easing admission bottlenecks” in ED.

#### **New ED ‘must be staffed’**

On a Wednesday morning in late May when the ministers visited, there were about six or seven ED patients waiting on beds in corridors, but staff tell *Kaitiaki* there are usually many more — up to 27 some days.

“It’s not reflective of how we work every day — and after they left, all the patients arrived!” said one nurse, who asked not to be named.

Current recommendations were for 135 full-time-equivalent (FTE) nurses to be on the roster, an ED staff member said. Instead, there were just under 100 — leaving it 36 FTE short.

On top of that, for safe staffing levels — according to safe staffing tool CCDM (care capacity demand management) but not yet approved by hospital management — recommended another 30 or so FTE nurses for the ED roster, ED staff said.

That meant the total nursing shortfall in ED was 66 FTE, staff told *Kaitiaki*.

“Front-of-whare [project name] approval is fantastic but that’s five years away. Will we still have to work in the current space in the current conditions, with the current staffing for the next five years?” asked one.

some patients waiting as long as 65 hours in ED.

In an April letter to Te Whatu Ora central region deputy chief executive Robyn Shearer, NZNO requested managers meet with nursing staff as soon as possible about “continuing over-capacity”. Much of the problem was a lack of inpatient beds for ED’s medical or mental health patients.

A promised overcrowding plan had not been provided, and even when ED was full, no hospital spaces were made available for patients, the letter said.

“When ED is over-capacity, the hospital seems to continue to do surgery and business as usual, despite the risk to the organisation and our NZNO members.”

The hospital was slow to recruit and the loss of an 18-bed temporary medical ward had had a “serious flow-on effect” for ED patients.

Shearer replied in June, saying the hospital was “actively recruiting” to vacancies including six new senior nurse FTE approved. ED was a priority when nurses needed to be called in from other parts of the hospital.

When ED was full, she said elective surgery was deferred so other areas of the hospital could be used.

As for a 65-hour waiting time?

“We agree this is a concern for those few patients who end up with a longer stay in the ED observation unit than we would like. We work hard to get patients out of the EDOU within a 24-hour maximum.”

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*Simeon Brown and Nicola Willis are guided around the refurbishment of the Old Children's Hospital on May 28 by Te Whatu Ora Capital, Coast and Hutt Valley programme director Karyn Hathaway — a former nurse. The area will temporarily house ED services until the new ED is completed in 2029.*

Caring for critically-unwell patients in corridors was not safe for either patients or staff — particularly when the ED was working below recommended safe staffing levels, the nurse said.

**'I think the new build will be great, so long as the rest of the hospital sort out their business, otherwise we will be shifting the overcapacity problem to a new area.'**

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"We are trying to deliver a service that meets the standards of emergency nursing, and are facing extremely challenging situations where we're over capacity and nursing patients in unconventional spaces."

Another problem was moving ED patients onto wards, if they were full.

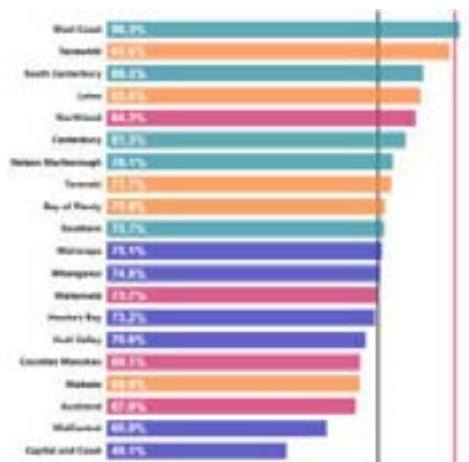
"I think the new build will be great, so long as the rest of the hospital sort out their business, otherwise we will be shifting the overcapacity problem to a new area," one nurse said.

#### **Wellington ED 'the worst'**

Brown told media at the visit that Wellington ED was the [worst-performing in the country](https://www.tewhatuora.govt.nz/corporate-information/planning-and-performance/health-targets/health-targets/performance#health-target-results) (<https://www.tewhatuora.govt.nz/corporate-information/planning-and-performance/health-targets/health-targets/performance#health-target-results>), with an outdated layout that contributed to long wait times. His office later provided confirmation that just 49 per cent of Wellington ED patients were seen within six hours — bottom of the table.

Some wait more than 60 hours, staff have told *Kaitiaki*.





Source: Te Whatu Ora

Brown said the planned upgrades would address that, improving patient flow between ED and the wards and supporting modern models of care, as well as creating a better working environment for staff.

Asked by *Kaitiaki* if he would also staff up ED to help it better meet its six-hour targets — which may now become [legally binding](https://www.rnz.co.nz/news/political/564131/cabinet-approves-suite-of-amendments-to-pae-ora-healthy-futures-act) (<https://www.rnz.co.nz/news/political/564131/cabinet-approves-suite-of-amendments-to-pae-ora-healthy-futures-act>) — Brown said that [\\$16.68 billion funding](https://www.beehive.govt.nz/release/budget-prioritises-frontline-health-services-workers) (<https://www.beehive.govt.nz/release/budget-prioritises-frontline-health-services-workers>) (announced in Budget 2024, over six years to 2030) would “ensure Health New Zealand can invest in frontline resources”.



“We’re not just investing in the infrastructure, we’re investing in the people required so they can give the quality and timely care people needed.”

Te Whatu Ora director of operations Capital, Coast & Hutt Valley Jamie Duncan said the ED was “constantly responding to fluctuations in patient demand and acuity” and staffing needs changed accordingly.

The ED was currently recruiting to ED nursing vacancies for “faster review and treatment of patients”, Duncan said.

“We are committed to delivering a new ED in 2029 that meets the needs of our community for timely quality health care, and we are focused on ensuring we have the workforce in place to support that model of care.”

Emergency doctors have also spoken out about the lengthy wait times, Association of Salaried Medical Specialist member Thomas Carter telling [The Post](https://www.thepost.co.nz/nz-news/350396502/two-day-ed-wait-times-risking-lives-senior-doctor) (<https://www.thepost.co.nz/nz-news/350396502/two-day-ed-wait-times-risking-lives-senior-doctor>) they risked the chance of death, longer stays and hospital-acquired infections. “We cannot continue to cause harm,” he said late last year, after leaked figures revealed more than 400 patients waited 48 hours or more in EDs. More than half were in the central region, including Wellington.

#### Wellington ED: At a glance

Work on Wellington’s ED began in 2023, after \$100 million was allocated in the 2022 Budget by the Labour-led Government. In 2023, [\\$10 million](https://www.stuff.co.nz/national/wellington/132277027/wellington-hospitals-emergency-department-to-get-new-beds-revamped-assessment-area) (<https://www.stuff.co.nz/national/wellington/132277027/wellington-hospitals-emergency-department-to-get-new-beds-revamped-assessment-area>) of that was released by then-health minister Ayesha Verrall for Te Whatu Ora to develop a business case, planning consents and designs for a new ED with an extra 35 beds.

Another \$30 million was released in December 2024 for preparatory building work for the ED — which will be located alongside the main entrance; along with the remaining \$60 million, a spokesperson for Brown confirmed.



*Visiting ministers thanked ED staff “for all you do” at the current ED, Te Pae Tiaki, last renovated about 20 years ago.*

At a media event at the hospital on May 28, Brown and Minister of Finance Nicola Willis announced the Government would contribute a further \$100 million-plus to allow the new ED to be built by 2029; along with a new adjoining medical assessment and planning unit (MAPU), surgical assessment and planning unit (SAPU), transit lounge and behavioural assessment unit.

Another 36 inpatient beds, four intensive care beds and 36 new outpatient spaces were also announced, all scheduled for completion in 2027.

2025	2026	2027	2028	2029	2030
Existing and design works	Construction begins	New Medical Assessment and Planning unit opens	Construction continues	New Emergency Department opens	Project completion
Refurbishment of spaces		New Surgical Assessment and Planning unit opens		(No Emergency Department refurbished) (Small surge space)	
Department	Current state	Redevelopment	Future state		
ED	33 patient bays, reception	+10 patient bays, reception	43 patient bays, reception		
		+24 triage, treatment, procedures, consult rooms	24 triage, treatment, procedures, consult rooms		
	Total 63	Total +34	Total 97		
ICU beds/bays	24	+4	28		
WIPU beds/bays	24	+2 (plus 3 consult rooms)	26 (plus 3 consult rooms)		
SAPU	14 beds/bays	+9 beds/bays	23 beds/bays		
		+5 chairs	5 chairs		
Consult/treatment spaces (ambulatory)	73	+36	109		
Equivalent beds	300	+36	401		
Total points of care in these spaces*	632	+126 Points of Care	876		

\*Additional points of care across Wellington Regional Hospital are being delivered that are not included in this table. This table is a point-in-time snapshot and subject to change.





NEWS

## 'Don't forget us' says primary health nursing leader

BY RENEE KIRIONA

June 24, 2025

Increases in primary care funding announced today must be passed on to nurses to fix chronic staff shortages so New Zealanders can get in to see health-care professionals faster.





Tracey Morgan

That's the call from Tracey Morgan, chair of the NZNO college of primary health-care nurses which is urging primary health-care employers to pass this funding increase on to them via their wages.

"This will help stem the flow of nurses out of primary care and into hospitals if employers don't forget us," Morgan says.

The Government funds GP clinics based on the number of enrolled patients they have, regardless of the services they receive, through what's called the [capitation system](#).

Health Minister Simeon Brown [today announced](#)

(<https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.beehive.govt.nz%2Frelease%2Fgps-receive-record-funding-boost&data=05%7C02%7CRenee.Kiriona%40nzno.org.nz%7C6b71ce8c519e42306d1708ddb2aee8c7%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C638863186490254472%7CUnknown%7CTWfPbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOilwLjAuMDAwMCIsIlAiOiJXaW4zMlslkFOljoitTWfPbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=GrpowIH4a79h17s3%2BRQbuEMTlrtMnwVsOny5vmTZ2sl%3D&reserved=0>)

capitation funding for this year is set to increase by 13.89 per cent.

"A skilled nursing workforce is desperately needed to keep care in the community, ensure vaccination targets are met, ease pressure on hospital emergency departments and prevent long term conditions worsening," Morgan says.

"During collective agreement bargaining last year, primary care nurses were 16 to 18 per cent behind their hospital-based colleagues in pay. The employers told the union that if the money was available, they would willingly pass it on to nurses."

**'It's not news that many of our members are giving up on their passion, their love for working in communities...'**

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There are about 3500 nurses across primary health-care and many of them working in GP or medical centres whose owners will get this latest funding increase.

Primary care nurses will receive a three per cent increase in July through their collective agreement which also gave them a further five per cent on ratification earlier this year, Morgan says.

"However, this will still have them 10 per cent behind hospital nurses with the same qualifications.

"Simeon Brown says this funding boost is to help patients see their doctor and nurse earlier. The ability to recruit and retain primary health-care nurses is vital to achieving this," Morgan says.

"It's not news that many of our members are giving up on their passion, their love for working in communities, and heading closer to the edge of the cliff in hospitals or leaving the profession entirely."







NEWS

## 'They're crushing us' – perioperative nurses take to the picket line

BY MARY LONGMORE

June 25, 2025

More than a 100 perioperative nurses, health-care assistants (HCAs) and hospital colleagues and supporters turned out onto the streets outside Whangārei Hospital yesterday in a 12-hour rolling strike.



Perioperative nurses on the picket lines today outside Whangārei Hospital.

NZNO delegate Steph Moule said the picket had been high energy and gone “really really well” with high levels of support from the public, the mayor and doctors — including Association of Salaried Medical Specialists delegates.

**‘Basically we haven’t got enough staff to be able to cover when people are off sick.’**

“It’s good — we’re doing what our public wants us to do,” she told *Kaitiaki*.

Moule said she hoped Te Whatu Ora would reconsider its 2024-26 collective [bargaining offer](#) of a one per cent pay rise this year, and invest in its hospitals to be safely staffed.



Whangārei Mayor Vince Cocurullo joined Tuesday's strike.

"They're crushing us. We want to care for our patients properly but the more budget cuts they make . . . it's affecting patient care. Nurses want to be able to give the best care they can."

Te Whatu Ora acting northern deputy chief executive Mike Shepherd has [disputed the hospital is understaffed](#), telling *Kaitiaki* there were no longer vacancies in the perioperative department.

"While NZNO has suggested staffing is one of the issues they are striking over, the current vacancy rate in the perioperative department at Whangārei Hospital is currently only four FTE [full-time-equivalents] . . . and recruitment has occurred to these roles."

#### 'Fair' offer?

Shepherd also said he believed the pay offer was "fair" while "affordable", and urged nurses to return to bargaining.

Moule said it was less about vacancies than not having enough staff in the team to cover the workload, which meant nurses were constantly being asked to come in on their days off.





*Striking nurses and kaiāwhina were kept fed by NZNO staffer Jacynda Greenwood.*

"Basically we haven't got enough staff to be able to cover when people are off sick," she said. "They rely on our goodwill to give up our rest day and come and cover acute theatre. . . . So if they keep doing that, to save money, we're more fatigued and more likely to make mistakes, so it will impact on patient safety."

Moule said the region had high health needs, which included its health workers, who deserved to rest on their days off.

### **'What they're feeling, we're all feeling across the board.'**

"We haven't got great health outcomes in Northland, she said. "We all live here — we are those statistics."

Vacancies also took a long time to recruit to, she said.

"We'd like to see our employer do some meaningful negotiations with our team around our collective agreement. But also to actually start addressing our public health system and put some money into it."



*NZNO delegate Steph Moule*



*Perioperative nurses and HCAs across theatre, surgical admissions and PACU services during rolling strikes today.*

Whangārei nurse and delegate, Chantelle Thompson, joined her perioperative colleagues on the picket line, to show her support.

**‘We’d like to see our employer do some meaningful negotiations with our team around our collective agreement.’**

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“What they’re feeling, we’re all feeling across the board,” she told *Kaitiaki*. “I work in surgical services so the effects on them, roll onto us on the ward.”

“We support them in what they want to achieve . . . we are in it all together!”

At Whangārei Hospital today, surgical admission unit (SAU) staff went on strike first at 7am, followed by theatre nurses at 11am then post-anaesthetic care unit (PACU) nursing staff at 3pm.

Thousands of Te Whatu Ora members at [nationwide union hui](#) this month called on Te Whatu Ora to return to the bargaining table with a better offer or face nationwide strikes

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NEWS

## Perioperative nurses in Whangārei to strike over unsafe staffing

BY KAITIAKI COEDITORS

June 23, 2025

About 100 NZNO perioperative nurses and health-care assistants (HCAs) at Whangārei Hospital are set to strike tomorrow over what they say are chronic and ongoing staff shortages.



Whangārei members with Green MP Hūhana Lyndon at the May Day rallies for health on May 1.

Surgical admission unit (SAU), theatre and post-anaesthetic care unit (PACU) staff are carrying out three rolling four-hour strikes beginning at 7am and ending at 7pm on Tuesday, June 24.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO delegate Steph Moule says the nurses and HCAs are standing up for their patients, who needed to be safely cared for.



**‘Our patients deserve safe staffing levels. Not burnt out nurses and HCAs who don’t have time to give them the care they need.’**

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*Whangārei theatre nurse Steph Moule (second from left) with colleagues Sacha Young (ED), Alison Davie (intensive care unit) and Bridget Firth (ED), who all spoke at the recent ASMS-NZNO hui for health in Whangārei.*

“Our patients deserve safe staffing levels. Not burnt out nurses and HCAs who don’t have time to give them the care they need,” she said “Our members will not accept patient safety being threatened by unrealistic budget cuts.”

Moule said overworked nurses and HCAs were also facing an effective pay cut, after Te Whatu Ora offered a one per cent pay rise this year, with a further one per cent next April, in [2024-2026 collective agreement negotiations with NZNO](#).

**‘Our aim is to cause as much disruption to management at the hospital rather than patients.’**

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“That doesn’t keep up with the cost of living and will see nurses and health care workers and their whānau going backwards financially.”

Thousands of Te Whatu Ora members at [nationwide union hui](#) this month called on Te Whatu Ora to return to the bargaining table with a better offer or face nationwide strikes.

At Whangārei Hospital tomorrow, SAU staff strike first at 7am, followed by theatre nurses at 11am then PACU nursing staff at 3pm.

“Our aim is to cause as much disruption to management at the hospital rather than patients, to try and get them to put pressure on Health New Zealand and the Government to get around the table and do something . . . like hire more staff,” she told *Kaitiaki*.



*North Shore Hospital theatre nurses show their support for striking Auckland theatre nurses late last month.*

### **Patient safety 'priority' – Te Whatu Ora**

Te Whatu Ora northern acting deputy chief executive Mike Shepherd told *Kaitiaki* patient safety was a priority. Contingency plans were in place and Whangārei Hospital had worked with NZNO to ensure life-preserving services were running during the strike.

Shepherd was "disappointed strike action had gone ahead when bargaining was ongoing.

"We believe we have made a fair offer that addressed the union's priority claims and included targeted and general pay uplifts that were affordable for Health NZ."

He also disputed the short-staffing complaints, saying Whangārei hospital's perioperative departments had just four full-time-equivalent (FTE) vacancies, which had now been recruited to.

Shepherd urged nurses to return to the bargaining table. "We remain committed to settlement of the collective agreement."

Whangārei's strike action by about 100 staff comes as 370 perioperative nurses from three Auckland hospitals [are on strike for a month](#) over what they say is short staffing, forced overtime and incorrect payments.

NZNO delegate Haim Ainsworth said in Auckland lack of staff and an assumption day staff would stay on into the night meant perioperative nurses were forced to stay on after hours and paid a lesser overtime rate, instead of the callback rates they were entitled to.

See also: [A striking perioperative nurse shares the challenges she faces every day.](#)



NEWS

## Bupa workers: 'It's like working in hell'

BY RENEE KIRIONA

June 23, 2025

Residential aged-care workers across the country are starting to feel the pressure of recent restructuring that involved major work roster changes.



A mixture of images captured of aged-care workers around the country affected by the Bupa restructuring.

That's according to three NZNO members who work as nurses and healthcare workers and who want to remain anonymous out of fear of being punished by their employer.

Bupa is one of the country's largest aged-care providers and [earlier this year](#) it introduced sweeping changes in the work rosters of staff at 17 of its sites, citing a need for more "efficiency".

**'I can't afford to bring my car to work anymore.'**



Despite its workers opposing the change proposal, and reinforcing that with a [hīkoi](#) in April to Bupa's head office in Newmarket and 25 protests nationwide, the company decided to go ahead with the restructuring.

As a result, hundreds of aged-care workers have either had their hours reduced or workloads increased.

Bupa's spokesperson told *Kaitiaki* that change is challenging and that their "new digital rostering system aimed to improve care for residents by better matching the skills of their staff to resident needs and ensuring consistent care."

However, one worker disagreed with that.

"My hours haven't been cut but the workload has increased. Before I would care for four elderly residents each day, now I'm caring for six. And that's not fair on them or me because it means I'm constantly rushing and not giving each of them the quality care they need and deserve," one worker said.

### **'I love working with the elderly but right now it's like working in hell'**

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"We also don't have time anymore during our work hours to do the compulsory training Bupa requires of us, so we end up doing this in our own time.

"Sadly, a lot of our international workers here are too scared to speak up, so they don't fight or rock the boat. I'm not angry with them and I always try to be there for them, regardless."

Bupa also told *Kaitiaki* that their new roster system supported "staff wellbeing, avoiding double shifts, providing adequate rest and fairly distributing all shift types."

Another worker also disagreed with Bupa.

"I love the residents here but it's too much of a struggle now. I can't afford to bring my car to work anymore so I train and bus, which takes more time and isn't safe when I'm working late shift.

### **'I'm missing out on my child, my husband and those special occasions. If nothing changes soon, I will leave.'**

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"I'm tired. I am only getting one weekend off every sixth weekend. I'm missing out on my child, my husband and those special occasions. If nothing changes soon, I will leave. Some of our workers have already left.

"I love working with the elderly but right now it's like working in hell."

Another worker said most residents at the site she worked at needed hospital-level care.

"We are getting more and more residents who have complex needs – dementia, incontinence and less mobility so they are at risk of falling quite a lot. Caring for these residents requires two workers for safety reasons.

### **'Stop feeding private corporates who have no passion for the health of these old people.'**

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"Bupa doesn't care about them or us. This is about profit for them and that's why the Government needs to return the care of some of this country's most vulnerable people back to the public health system. Stop feeding private corporates who have no passion for the health of these old people."

(<https://etu.nz/wp-content/uploads/2025/05/Aged-residential-care-funding-report-2025-E-tu-and-CICTAR.pdf>) A bargaining team is currently being put together to negotiate the collective agreement for aged-care workers who are members of a union. The focus for that bargaining will be on work rosters, as a result of so many workers telling their unions that the new roster system is not good for them and residents.

NZNO is also linking up with [Unicare](https://uniglobalunion.org/about/sectors/care/) (<https://uniglobalunion.org/about/sectors/care/>), a global union federation which is dealing with Bupa in a number of countries.

A recent [report](https://etu.nz/wp-content/uploads/2025/05/Aged-residential-care-funding-report-2025-E-tu-and-CICTAR.pdf) (<https://etu.nz/wp-content/uploads/2025/05/Aged-residential-care-funding-report-2025-E-tu-and-CICTAR.pdf>) by E tū union, which has many members working in aged care, and The Centre for International Corporate Tax Accountability and Research, has recommended that the Government: 'Explore whether long-term demand for aged residential care is better delivered through both the public and private sector, rather than relying solely on private sector delivery.'

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NEWS

## Nominations open for Māori nursing awards

BY RENEE KIRIONA

June 17, 2025

Nominations are open for the 2025 Te Pātaka Whaioranga (PHARMAC) Tapuhi Kaitiaki Awards.



2024 awardees: From left: NZNO kaiwhakahaere Kerri Nuku with recipients Shannyn Bristowe (Ngāti Porou, Ngāpuhi) and Stacey Wharewera (Ngāti Awa, Te Whānau-ā-Apanui) and PHARMAC director Trevor Simpson.

The awards are in their eighth year and recognise the key role Māori nurses play in influencing health outcomes for whānau.

Some truly exceptional nurses and tauira have been recognised over the past seven years through these awards, and this year will be no different.

The Tapuhi Kaitiaki Awards are offered in two categories, each with a prize pool of \$10,000.

The first category for nurse practitioner/nurse prescriber recognises Māori nurses who are on a professional development journey to advance their clinical practice and expertise. The second category, Māori nurse mātauranga, supports nurses and tauira to further their study and or develop an innovative way to help whānau, hapū and iwi to access and understand their medicines.





"We need a health system that supports services run by Māori for Māori in order to improve the health of our whānau, hapū and iwi. These awards are a crucial way to tautoko that aspiration, especially for our nurses who are studying to be nurse prescribers and nurse practitioners so they can serve their people where their medical access is limited," NZNO kaiwhakahaere Kerri Nuku said.

"Māori nurses are not only dedicated professionals but great innovators. These awards provide a wonderful opportunity to showcase their day-to-day mahi for the betterment of their people, hei oranga motuhake mo ngā whānau, me ngā hapū, me ngā iwi katoa."

She said the awards are a great example of how PHARMAC is working across the health system to strengthen relationships with Māori health professional groups and uphold the articles of Te Tiriti across all its work.

"We are honoured to be part of this initiative to celebrate and support the incredible contributions and aspirations of Māori in the health sector."

Applications close on July 15. To apply [click here](https://www.nzno.org.nz/groups/te_runanga/awards) ([https://www.nzno.org.nz/groups/te\\_runanga/awards](https://www.nzno.org.nz/groups/te_runanga/awards))

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NEWS

## GP practice funding bump must be passed on to nurses, says primary health leader

BY KAITIAKI COEDITORS

June 19, 2025

A nine per cent funding boost for GP practices and urgent medical centres must be passed on to nurses to fix chronic staff shortages, say NZNO's primary health care nurses.



Photo: AdobeStock.

The Government funds GP clinics based on the number of enrolled patients they have through what's known as a [capitation](https://www.tewhatauora.govt.nz/for-health-providers/primary-care-sector/capitation-rates) — per capita — system.

NZNO college of primary health care nurses chair Tracey Morgan says a capitation funding increase of just [four per cent last year](https://www.nzdoctor.co.nz/article/news/pushed-practices-increase-patient-fees-7-16-offset-underfunding) was widely condemned, resulting in fee hikes of up to 16 per cent by many general practices / urgent care centres.

**‘A skilled nursing workforce is desperately needed to keep care in the community, ease pressure on hospital emergency departments and prevent long-term conditions worsening.’**

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Tracey Morgan

However 2025/26 capitation funding is set to increase by 9.13 per cent, as long as general practices agree to limit any fee rises to three per cent, according to documents [leaked to NZ Doctor](https://www.nzdoctor.co.nz/article/news/9-cent-capitation-offer-table-conditional-capping-fees-increase?check_logged_in=1) ([https://www.nzdoctor.co.nz/article/news/9-cent-capitation-offer-table-conditional-capping-fees-increase?check\\_logged\\_in=1](https://www.nzdoctor.co.nz/article/news/9-cent-capitation-offer-table-conditional-capping-fees-increase?check_logged_in=1)).

But for those who don't limit their fee rises, the funding uplift would be just 6.43 per cent, the health publication reported.

Morgan urged primary health care employers to pass this funding increase on to practice nurses via their wages to help “stem the flow” of nurses out of primary care.



Primary health care nurses in Kāpiti, Wellington, in October 2024 during early stages of pay bargaining.

“A skilled nursing workforce is desperately needed to keep care in the community, ease pressure on hospital emergency departments and prevent long-term conditions worsening.”

Practice nurses were currently paid up to 18 per cent less than their hospital-based colleagues. But they were told by employers during bargaining last year that if more money were available, they would willingly pass it on, Morgan said.



In March, Tōputanga Tapuhi Kaitiaki o Aotearoa — NZNO's primary health care nurses accepted a [five per cent pay rise](#), with another three per cent rise due on July 1 — a total of eight per cent.

However, this would still leave them 10 per cent behind hospital nurses with the same qualifications, Morgan said.



*GenPro chief executive Mark Liddle.*

General Practice Owners (GenPro) Association chief executive Mark Liddle told *Kaitiaki* it was difficult to comment publicly as the 2025/26 capitation increase had not yet been confirmed.

However, GenPro had bargained with NZNO “in good faith” and had advised all its members to make sure they complied with the agreed three per cent rise on July 1, he said.

GenPro, along with ProCare and Green Cross, represents about 490 general practices and urgent care centres in multi-employer collective agreement negotiations with NZNO. NZNO has about 3500 practice and urgent care primary health nurse members.

Morgan said recruiting and retaining enough primary health care nurses was vital to achieving shorter waiting times, something the Minister of Health [Simeon Brown said was a priority](#)

(<https://www.rnz.co.nz/news/political/540336/simeon-brown-lines-up-ed-wait-times-primary-healthcare-for-fix-list>) when he took up the role in January.

A Te Whatu Ora spokesperson confirmed it was in negotiations with primary health organisations on capitation funding for 2025/26 but wouldn't comment on specific figures until negotiations were complete and agreement was reached.

“As part of this process, proposals are shared in confidence with sector partners to support robust discussions.”

NZNO is also urgently working to refile a pay equity claim for its primary health members in GP practices and urgent care centres, after the Government unexpectedly [dumped 33 pay equity claims](#) including primary health nurses' last month.

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NEWS

## Back to the table – members call on Te Whatu Ora to make a better offer

BY MARY LONGMORE

June 16, 2025

Thousands of nurses, midwives and kaiāwhina around the country have called on Te Whatu Ora to make them a better offer — or face strike action.



*Tauranga members made their feelings clear at union hui last week.*

At more than 50 union meetings around the country over the past fortnight, members considered how to respond to Te Whatu Ora's offer for its 2024-2026 collective agreement with Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO.

The collective covers about 36,000 NZNO members who work at Te Whatu Ora.

Members had already [strongly rejected the offer](#), made on May 9, which did not commit to safe staffing or nurse-to-patient ratios, match cost of living increases or guarantee full nurse graduate recruitment, the bargaining team told *Kaitiaki* last month.

And after the final mass union hui on Friday — in Dargaville, Ashburton, Taumarunui and Gisborne — it became clear members were deeply unsatisfied, voting to:

- Call on Te Whatu Ora to return to bargaining with an offer that includes safe staffing and cost-of-living pay increases.
- Endorse a nationwide 24-hour strike and local actions (if bargaining fails).



Dunedin members hui

A planned strike ballot this week is now on hold. But bargaining team member Noreen McCallan said the expectation was Te Whatu Ora would bring an improved offer to the table that would meet cost-of-living increases and provide safe staffing so nurses and kaiāwhina could provide good patient care.

If not, strike plans would progress, she said.

**‘People see how busy nurses and health-care assistants are when they go to hospitals – and they see them having to ration care because they are continually short-staffed.’**

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On June 3, Te Whatu Ora [publicly called](https://www.tewhatauora.govt.nz/corporate-information/news-and-updates/health-new-zealand-calls-on-nurses-union-nzno-to-return-to-bargaining) (https://www.tewhatauora.govt.nz/corporate-information/news-and-updates/health-new-zealand-calls-on-nurses-union-nzno-to-return-to-bargaining) on NZNO to return to bargaining, interim chief executive Dale Bramley saying it was “disappointed” members had rejected an offer he believed was “fair”.

In a media release, Bramley said nurse pay rises had outperformed the broader labour market between 2011 and 2024, with the top salary step increasing by \$45,377 in that time.

However, he acknowledged that increase included nurses’ historic \$4 billion [pay equity settlement](#) in 2023.





Some of NZNO's bargaining team in Wellington last month — 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 Tunnicliff.

NZNO chief executive Paul Goulter slammed what he described as an attempt to to publicly “vilify” nurses, by conflating a hard-fought gender-based pay correction with bargaining.

Nor would it work, he said.

“People see how busy nurses and health-care assistants are when they go to hospitals — and they see them having to ration care because they are continually short-staffed and under-resourced.”



Whakatāne members make their feelings clear in last week's hui.

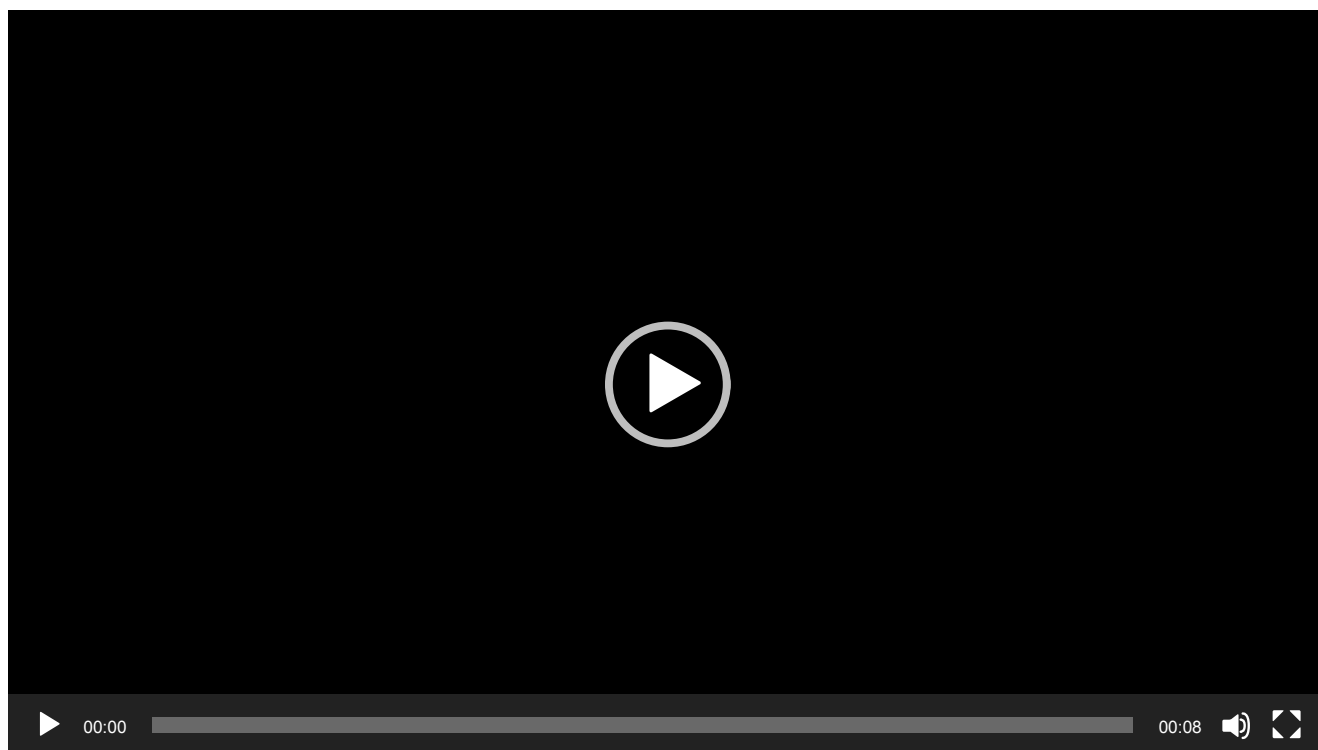
Most people wanted the Government to support nurses by paying them fairly and safely staffing hospitals, he said.

### Back to the bargaining table this week

Bargaining resumes this week on Wednesday, June 18.

Bargaining began in September 2024, with [initial strike action](#) in December over pay and safer staffing, amid a nationwide pause on safe staffing calculations by Te Whatu Ora.

Nurses also joined striking doctors on nationwide [May Day rallies](#), alongside 370 Auckland [perioperative nurses' striking](#) over forced overtime at incorrect pay rates.



NEWS

## Pay equity changes may discourage students from studying nursing, says Massey lecturer

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BY JESSIE DAVIDSON

June 12, 2025

Massey nursing students say they feel discouraged about entering Aotearoa's health workforce following government changes to pay equity laws that have wiped out a claim for thousands of nurses.



Photo: Adobe Stock

The [changes](#), introduced by Workplace Relations Minister Brooke van Velden, have scrapped 33 existing pay equity claims, which will now need to be restarted under tougher criteria.

Head of Massey's nursing school, Nicolette Sheridan, said the amendment to the Equal Pay Act could discourage students from studying nursing.

**She said the change in legislation will disproportionately impact women and undermine the nursing profession.**

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"Some students may decide now is not the time to become a nurse," she said.

"Students who consider nursing as a career commonly want to help others, but salary will play some part in their decision."

Sheridan said the change in legislation will disproportionately impact women and undermine the nursing profession.

"Halting existing pay equity claims and making it harder to lodge new ones undermines nurses and is unjust."

Two years ago, nurses employed by Te Whatu Ora — Health New Zealand successfully claimed pay equity and received a salary boost. However, this settlement only applied to nurses employed by Te Whatu Ora, leaving out thousands working in primary care, hospices, aged care and Plunket.

Around a year ago, those nurses filed their own equity claim. Now, that claim has been derailed.

Of New Zealand's 63,000 nurses in 2024, only around 29,000 were employed by Te Whatu Ora. That left more than 33,000 nurses — over half the workforce — still earning up to 20 per cent less.

#### **Risk of new grads avoiding primary care**

As nurses can earn more in hospitals, Sheridan said there was a risk that new graduate nurses may not consider working in primary and community care — including primary mental health where staffing is short.

In March, the Minister of Health, Simeon Brown, announced a [funding boost](#) for the primary and community sector to support the placement of 400 new graduates.

However, Sheridan said this funding boost did not address the pay equity gap.

Sheridan said that while this is a setback, it isn't the first. She encouraged students to embrace nursing as a career and make difference in people's lives.

Nursing students spoken to by Massey University student magazine *Massive* under the condition of anonymity due to fear of future job opportunities, echoed Sheridan's concerns.

**Sheridan said that while this is a setback, it isn't the first. She encouraged students to embrace nursing as a career and make difference in people's lives.**

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One nursing student said, "I decided to become a nurse to help those who needed help the most. But it doesn't seem like anyone is trying to help us."

Another student believed the move was "outrageous".



*Massey nursing school head Nicolette Sheridan*

## Government 'failing us'

"Our Government is failing us, and it feels like Health New Zealand is turning a blind eye because they've already had their claim accepted."

Under the amended legislation, female claimants can only compare their work to similar male-dominated industries. The workforce making a claim also must be 70 per cent female, and the claim must have merit and not just be arguable.

A [petition](https://www.together.org.nz/fbt_for_pay_equity) ([https://www.together.org.nz/fbt\\_for\\_pay\\_equity](https://www.together.org.nz/fbt_for_pay_equity)) launched by unions, including NZNO, is calling on the Government to reverse the changes and deliver full pay equity. It now has more than 76,000 signatures.

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- This article was first published in the Massey University student magazine [Massive](https://www.massivemagazine.org.nz/articles/lf4ioro5mmxek4l3mj6nhg7zkgjlc) (<https://www.massivemagazine.org.nz/articles/lf4ioro5mmxek4l3mj6nhg7zkgjlc>), and is reproduced with minor editing by *Kaitiaki* staff.
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NEWS

## Nurse who became leader in health quality and safety honoured for King's Birthday

BY KATHY STODART

June 10, 2025

Gillian Bohm, a nurse who has led nationwide improvement of health care quality and safety, has been made an Officer of the New Zealand Order of Merit in the King's Birthday list.



*King's Birthday honours in health. Top row: Gillian Bohm, Ngatepaeru Marsters and Hariata Vercoe. Bottom row: Tina Gilbertson, Terry O'Regan and Papali'i Seiuli Johnny Siaoosi.*

Bohm, who has received the honour for services to health, began nursing in 1967, and has since gone on to become a key founder and leader of quality improvement and quality assurance systems in health care in New Zealand.



She helped set up the Health Quality & Safety Commission in 2010 and became its chief adviser for quality and safety in 2011, a post she still holds.

Earlier national leadership roles included senior advisor at the Health Funding Authority, principal advisor at the Ministry of Health, and inaugural chief advisor on the ministry's quality improvement committee.

She started New Zealand's first-ever quality improvement science education programme while at HQSC, and helped develop the Health and Disability Services (Safety) Standards.

In 2007 she directed the establishment of the first National Mortality Review Committee. She has been an active member of the Australasian Institute of Clinical Governance, the Joint Commission International, and the Australian Association for Quality in Health Care.

Bohm has also been a leader in advancing consumer participation in the design, delivery and evaluation of health and disability services. She is committed to implementing HQSC's strategic priority to improve health equity and Māori health.

Other nursing and health-related honours include:



*Gillian Bohm*

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- **Member of the New Zealand Order of Merit**

#### **NGATEPAERU MARSTERS, for services to midwifery and Pacific communities**



*Ngatepaeru Marsters*

Ngatepaeru Marsters has played an important role in the development of New Zealand's Pasifika midwifery workforce.

A midwife for 25 years, Marsters is a Cook Island Māori, who began her career as a lead maternity carer in South Auckland. Later she spent nine years at the Auckland University of Technology's (AUT's) south campus focused on developing the Pasifika midwifery workforce.

This was a collaboration between AUT and Counties Manukau District Health Board (now Health NZ Counties). Since 2014, she has helped to develop this collaboration into a national initiative that has doubled numbers of practising Pasifika midwives.

She also played a key role in a grassroots Pasifika midwives' group known as the "Aunties" that provides a mentoring programme which practises Pacific village values.

She is a foundation member of Pasifika Midwives Aotearoa and a member of the College of Midwives' national board.

Her work has centred on improving outcomes for whānau through advocacy, and providing a safe service by an appropriate workforce to bring about positive change.

Marsters is a member of the Tagata Moana Maternity Trust in Māngere, South Auckland, which, together with Turuki Healthcare and Nga Hau o Māngere Birthing Centre, provide maternity care and a community-led wraparound service for whānau.

#### **HARIATA VERCOE, for services to Māori, health, and the community**

Hariata Vercoe (Ngāti Pikiao, Ngāti Kea/Ngāti Tuara, Ngāti Whakaue, Ngāti Manawa, Ngāti Makino, Te Rarawa) was born and raised in Rotorua, and over 40 years has provided her community with leadership and a range of services, particularly in Māori health.

As chief executive officer of Korowai Aroha Health Centre, a kaupapa Māori health provider in Rotorua, since 2012, her focus is on making sure services are accessible and welcoming to whānau.

She is also a layperson member of the Nursing Council, appointed by the health minister for a three-year term in 2021.

Vercoe has established a number of successful health and social service programmes including Tāne Takitu Ake for Māori men, respiratory and diabetes services, and hāpū mama and community Māori nursing services. She is also a trustee for the Rotorua Community Hospice.

(See co-editor Renee Kiriona's [interview](#) with Hariata Vercoe.)



*Hariata Vercoe (Photo: Mark Coote for Nursing Council)*

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- **King's Service Medal**

#### **TINA GILBERTSON, for services to midwifery**

Tina Gilbertson has contributed to the midwifery profession as a leader and educator in the far south for more than 30 years.

"It's a very privileged place to be, to be with a family, with a mother as they welcome their child to the world," she told the *Otago Daily Times*.

She registered as a midwife in the 1980s and for 28 years provided community and hospital-based care to pregnant women and babies throughout the Otago region.

Gilbertson held a number of midwifery roles for the Otago District Health Board, including acting service leader, maternity service manager and midwifery director between 2003 and 2006, during which she developed a midwifery professional development and recognition programme, which was subsequently adopted throughout New Zealand health institutions.



*Tina Gilbertson*

She has served as a lecturer at both the Dunedin School of Medicine and the Otago Polytechnic, and has held a number of senior roles in the Southern District Health Board since 2007, including knowledge centre manager, acting and deputy chief nursing and midwife officer, and director of quality.

From 2022, Gilbertson was the nursing director of Central Otago health services at Dunstan Hospital in Clyde, shifting into a quality and patient safety role in 2025 while mentoring her successor.

#### **TERRY O'REGAN, for services to nursing and the community**

From Haast in the south to Karamea in the north, Terry O'Regan has served the West Coast for more than 40 years as a public health nurse.

He trained in psychiatric and general nursing, practising initially in Christchurch from the 1960s before transferring to Greymouth to complete the general nursing programme and working in all areas of Greymouth Hospital.

He was appointed district nurse in Haast in the early 1980s, utilising his broad experience in psychiatric, emergency and general nursing.

Recognising the need for rural nurses to have time away for study and holidays, he became the relief rural health nurse for the entire West Coast for more than 20 years, travelling the distances in his campervan.

His rural nursing experience and skill in palliative care and support has allowed rural people to stay in their homes and communities when unwell.

O'Regan served on the Grey District Council for the eastern ward for one term.

**PAPALI'I SEIULI JOHNNY SIAOSI, for services to health and the Pacific community**

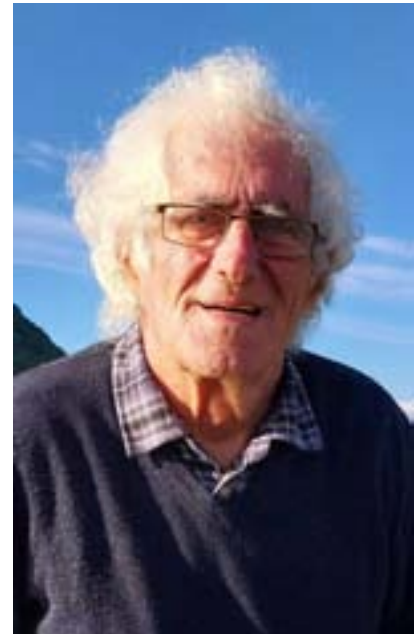
Based in Auckland, Papali'i Seiuli Johnny Siaosi has been a transformative leader in Pacific health and wellbeing, particularly in the field of mental health and addiction.

Siaosi has built on his own experiences as a survivor of abuse to advocate for and support both survivors and those who experience mental health issues and addictions.

He is a Pacific matua (elder) and consumer advisor for Takanga A Fohe Pacific Mental Health and Addictions Services with Te Whatu Ora.

Siaosi is also matua/co-founder and chair of ThreeVillage1Island — a national network of Pacific people in Aotearoa with lived experience of disability, addiction and mental illness, working on solutions to these issues based in Pacific cultures. "When we honour lived experience as expertise, healing becomes our shared language," he says.

Another of Siaosi's roles was as a Pacific advisor to the Royal Commission of Inquiry into Abuse in State and Faith-based Institutions.



*Terry O'Regan (photo courtesy Greymouth Star)*



*Papali'i Seiuli Johnny Siaosi*





NEWS, FEATURES

## **Hariata Vercoe: Not a nurse but she's got their backs**

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BY RENEE KIRIONA

*June 10, 2025*

Hariata Vercoe is not a nurse but she has their backs. After 40 years of service to Māori, health and the community, the chief executive officer at Rotorua's Korowai Aroha Health Centre, and member of the NZ Nursing Council, has joined the New Zealand Order of Merit.



*Hariata Vercoe*

Vercoe told *Kaitiaki* that she did not want to talk too much about herself. That she wanted to use the opportunity to honour the legacy of Māori nurses who established the centre but have passed away. And to highlight the importance of the Māori nursing workforce going forward.

## Honouring nurses who have passed



"All I've really done is manage this special kaupapa, keep it alive. Korowai Aroha started because several nurses were working at Rotorua Hospital, getting sick of seeing so many Māori people die on their watch," Vercoe says.

"They could see there was nothing meaningful in the community to prevent the illnesses too many Māori people were dying of, so they put their heads and their hearts together and weaved that with the tikanga and cultural knowledge they had."

The founding nurses who birthed Korowai Aroha in 1992 were Ivy Curtis, Nellie Curtis, Ruth Faulds, Miriarangi Heke, Wima Kameta, Charlene Kershaw, Rosaline Ransfield and Ngaire Whata. All of them were affiliated to Te Arawa – the tribe whose area includes Rotorua.

The late Dame Tariana Turia paid tribute to them in a speech from 2009 when she was Associate Minister of Health.

"I want to pay tribute to the vision that a group of Māori nurses had in those early days, of believing in ourselves – knowing that Māori can do it for ourselves.

"We are indebted to their imagination and their belief that the health and wellbeing of the community could be achieved under the korowai of Māori worldviews," Turia said.

## Having the backs of nurses today

Korowai Aroha currently has two nurse practitioners and six nurses who support the organisation's 10,000 enrolled clients. They even have a nurse specifically dedicated to kura kaupapa Māori (immersion Māori schools), diabetes and respiratory issues.

"It's important that our nurses know that we – from our board to management – have their backs," Vercoe says.

"When our nurses need support to become prescribers and practitioners, we 100 per cent back them on that journey.



**Kath Holmes**  
Te Arawa | Te Aitanga-a-Māhaki  
Nurse Practitioner  
Master of Nursing (Hons)

"There's a lot happening in the political space, but we will not go backwards and we are constantly looking at ways to support our nurses to keep moving forward.

"The nurses are not just the clinical experts, they come from the communities they are caring for and we recognise their value to our kaupapa."

Most of the graduate nurses that Korowai Aroha employs come from the local Toi Oho Institute of Technology.

"In the past few years, we've managed to give full-time work to all graduates who've done placements with us. Our nurse retention rate is amazing, when they come here they tend not to leave," Vercoe giggled.



**Aleisha Thompson**  
Ngāti Raukawa  
Clinical Nurse Lead  
BNUR, PGDipHSc



“Manaakitanga” was key to retaining all staff.

“We practice manaakitanga at every level of this organisation – from the board to the clients and our kaimahi. That’s our x-factor,” Vercoe said.



**Sharon Williams**  
Ngāti Tūwharetoa | Ngāi Tahu  
**Nurse Practitioner**  
Master of Nursing (Hons)

## **Governments come and go – ‘we still get the business done’**

Vercoe has seen many Governments come and go, and it has been her responsibility for at least 20 years to ensure Rotorua’s largest Māori health provider keeps providing “hauora to the people.”



*Just some of the registered nurses and nurse prescribers at Korowai Aroha.*

“Sadly, right now it is about survival and competition for many health providers around the country but not here, not for us.

“Here in Rotorua we work with other groups, even the other Māori health provider here. We work with NGOs, Pākehā and Māori, and marae, hapū and iwi groups. We will work with anyone who can help us get hauora to the people,” Vercoe says.

**‘We do the business but we do it our way, using cultural knowledge and our values that we were raised with. It is common to see doctors and traditional healers working together here.’**

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In the past few years, Korowai Aroha has had to deal with COVID-19, a homeless pandemic and now anti-Māori political policies being executed. But they are all “things to learn from,” she says.

“We learnt a lot from COVID – how to mobilise our people to get vaccinated and how to rebuild trust with them, because many of them had the perception that we were government.

“The homeless pandemic we saw and are still seeing in Rotorua, is another negative we are learning much from. Our nurses have become so much more resilient and dedicated, even establishing a night event once every two months where the homeless who have no GP can go for free health checks.

**‘We are also learning from this Government. We are learning how to be stronger and smarter.’**

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## An old style of leadership shines through

From a western perspective, Te Rūnanga o Ngāti Pīkiao, the other Māori health provider in Rotorua, might be classed as Korowai Aroha's "competition." But that is not the case, according to its chairwoman Mapihi Raharuhi who affiliates to the same tribe as Hariata.

"We have nurses and GPs just like Korowai Aroha, but it's not a competition for either of us.

"We've always respected Hariata's willingness to work together with us on so many things including COVID and clinics in the community, just to name a few," Raharuhi says.

"Hariata has a special kind of leadership, and it comes from her being a wahine Māori raised with values of manaakitanga which her parents lived and breathed everywhere they went – from the marae to the hapū, local sports clubs and even in choirs."

As a local Māori health administrator, Raharuhi appreciated the value of "walking in both worlds – te ao Māori and te ao Pākehā."



*Mapihi Raharuhi*

"Korowai Aroha has done so well because they have a leader in Hariata who knows how to do both the 'business' and 'the whakapapa' – get the contracts, deliver on them, actually over-deliver on them, get the right staff, make the right environment for them and look after our people all at the same time," Raharuhi says.

## Wanted to be a nurse

While reluctant to talk about herself, Vercoe did tell *Kaitiaki* that she should have become a nurse.



*Team Korowai Aroha – GPs, nurses, healthcare workers, community workers, managers at a marae-based wānanga last year.*

"I worked in forestry before entering health and when I got to Korowai Aroha many years ago, the penny dropped – I should have been a nurse," says Vercoe as she laughed.

"But I've found other ways to care – and that's through managing this place."

Hariata has eight siblings and was raised firstly at Horohoro then at Okere Falls, on the western end of Lake Rotoiti near Rotorua where she continues to reside today.

Through her dad she is comes from Te Arawa tribes – Ngāti Pikiao, Ngāti Kea/Ngāti Tuara, Ngāti Whakaue, Ngāti Manawa and Ngāti Makino. Through her mum she hails from Te Rarawa.

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NEWS

## Te Whatu Ora members consider 'hard-hitting' strike action as mass union meetings begin

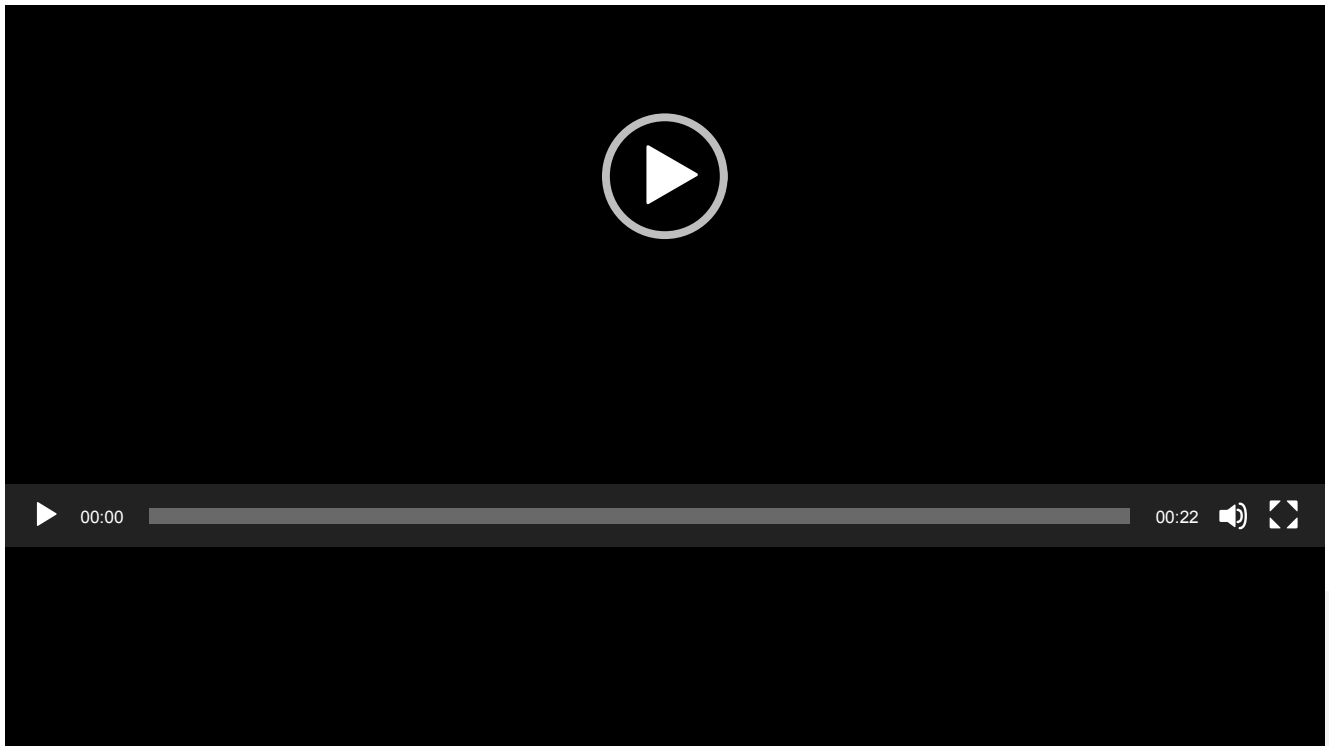
BY MARY LONGMORE AND RENEE KIRIONA

June 6, 2025

Extended 24-hour strike action could be on the cards next month, as nurses' and other Te Whatu Ora health-care workers' frustration spilled over at the start of nationwide union meetings this week.



Te Whatu Ora members around the country are bussing to their union meetings this and next week to consider strike action. This is the Wellington bus.



Details 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)).

There are 54 meetings in total, at which members will decide whether to take strike action and call for a better offer, after decisively [rejecting Te Whatu Ora's offer](#) last month.

NZNO's bargaining team says the offer fails to secure safe staffing and graduate employment or match the cost of living.

A strike ballot will then be held between June 16 and 19.

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In Wellington, more than 200 Te Whatu Ora nurses, midwives and health-care assistants turned out in pouring rain to express their dissatisfaction and determination to take “hard-hitting” strike action.

Many were impatient to strike as soon as possible.

Māori health nurses Tuppy Parker and Kirimoana Pook said they were “definitely” understaffed with not enough Māori health specialist nurses covering Wellington, Hutt and Keneperu hospitals — despite Māori having higher health needs.



*NZNO members Tuppy Parker and Kirimoana Pook braved stormy conditions to bus to their NZNO hui to discuss Te Whatu Ora's latest pay offer.*

Waiting for the bus, endocrine nurse Pip Cresswell said they were not at all happy with Te Whatu Ora's offer, which did not provide for safely staffed workplaces or a cost-of-living pay rise.

**'This Government doesn't care about you if you are a woman, if you are poor, if you are Māori.'**

"We're very tired of being stomped on by the Government and feel devalued."





Wellington endocrine nurses like Pip Cresswell (in red) say they are tired of being “stomped on”.

NZNO delegates Karen Durham and Heather Brown said nurses were “sick” of working in understaffed conditions and were prepared to take action.

Hutt Hospital delegate Nathan Clark told members they needed to decide whether to accept or reject the offer, which would be an effective pay cut.

“Do we accept one per cent — an effective pay cut? Or say ‘we are in this for the long haul’ and make a stand’.

“We need to send a really clear message,” he said. “What are we prepared to do?”

“Strike!” was the reply from more than 200 members across the region.

NZNO delegate Grant Brookes — also a board member — said NZNO was at a “fork in the road”.

Government health funding was inadequate while privatisation was increasing and “truly radical” [deregulation](#) — including fewer clinical practice hours for students and potential abolition of the Nursing Council — was on the cards, he said.



Wellington nurse delegates Karen Durham and Grant Brookes after the Lower Hutt/Wellington hui.



Waikato members Maria Tutahi (NZNO bargaining team) with Simone Tutahi and Poihaere Whare.

"Do we go down a path worse for patients, whānau and communities, and worse for us?" Brookes asked.

Citing successful [actions in Napier](#) over loss of its after-hours urgent care and by [junior doctors](#) (<https://www.rnz.co.nz/news/national/517022/junior-doctors-strike-over-pay-and-conditions>) last year, Brookes said industrial action could make a difference.

"We can change the path this Government is on . . . that is the power of industrial action."

**'I really care about my patients – they're the number one reason I turn up to work and I want them to be safe.'**

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Paediatric community nurse and NZNO delegate Amanda Rogers spoke about possible local actions to put pressure on employers, in conjunction with other health unions.





Wellington nurse Amanda Rogers said at the Wellington hui: 'If we do nothing, nothing will happen.' Delegates Hayden Wallace, Nathan Clark and Grant Brookes are seated (left to right).

"All I know is if we do nothing, nothing will happen and we'll be left with the status quo."

NZNO's Keneperu Hospital delegate Hayden Wallace said it was important members took the time to vote in this month's ballot.

At the central Auckland hui, nurses said they wanted a commitment to safe staffing and for nurses to be paid what they're worth — but most of all, didn't want to let their patients down.





Central Auckland members after their NZNO union hui this week.

"I really care about my patients — they're the number one reason I turn up to work and I want them to be safe and have the best possible experience they can," one said.

## **'Do we go down a path worse for patients, whānau and communities, and worse for us?'**

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Another said she turned out to the meeting to support all the nursing team and make sure health care and its workers were valued.

One critical care nurse stood up to say: "This Government doesn't care about you if you are a woman, if you are poor, if you are Māori."

### **'More need to step up – think about the collective'**



Trish McNair

While on the bus from Kenepuru Hospital to the meeting at Lower Hutt yesterday, NZNO delegate Trish McNair said she hoped members would step up to take strike action..

"I am about to retire soon but I still very much care about the collective because I can see the systemic failure that's coming."

McNair said she planned to keep talking about the importance and benefits of strike action.

### **Wellington nurse Sarita Sharma explains why she wants to go on strike for safe staffing**

Sarita Sharma





Waikato Te Whatu Ora members meet

#### **Te Whatu Ora urges 'return to table'**

Te Whatu Ora has said it was "disappointed" its offer was rejected, interim chief executive Dale Bramley this week calling on NZNO to return to the bargaining table to resolve 2024/26 negotiations.

However, it would be ensuring members were able to attend the mass union meetings from June 3 to 13 while continuing to deliver health and hospital services, he said.

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NEWS

## 'Have your say' – NZNO backs people's pay equity 'select committee'

BY KAITIAKI COEDITORS

June 6, 2025

NZNO members are being urged to submit their views to a new "people's select committee" formed in protest at the Government's sudden scrapping of 33 pay equity claims last month.



Representing a third of the pay equity claims scrapped by the Coalition Government, Tōpūtanga Tapuhui Kaitiaki o Aotearoa — NZNO is throwing its full support behind the [people's select committee](https://www.stuff.co.nz/politics/360701651/former-mps-unite-peoples-select-committee-pay-equity) (<https://www.stuff.co.nz/politics/360701651/former-mps-unite-peoples-select-committee-pay-equity>) on pay equity, launched by ex-National MP, Dame Marilyn Waring.

**'It was anti-democratic and an attack on women for the Government not to have consulted the workers whose lives they were changing.'**

NZNO primary health care nurses college chair Tracey Morgan said it was "devastating" for about 5000 primary health care members when their claim was [scuppered last month](#) without warning or legitimate reason.

"It was anti-democratic and an attack on women for the Government not to have consulted the workers whose lives they were changing," Morgan said.



The Government's amendments to the 1972 Pay Equity Act also made it harder to raise new claims, and were rushed through [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) on May 8 which meant there was no public consultation.

NZNO members had 12 pay equity claims being progressed across the health sector including aged care, primary health, hospices, Plunket, community and laboratories when the scheme was [gutted on May 6](#).

These claims covered almost 10,000 nurses, health-care assistants (HCAs), allied health workers and administration staff. A further 35,000 Te Whatu Ora members had their pay equity review halted by the changes. The review would have ensured pay equity was maintained with comparative male-dominated occupations.

Primary and community health nurses — like their hospice, Plunket and aged care colleagues — accepted lower wage increases in their collective agreements on the understanding they were likely to receive pay equity settlements, said Morgan.



Tracey Morgan

**They are strong wāhine who helped establishment the previous system to address the gender discrimination which has kept down their wages their whole working lives.**

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"Now they can have their say," said Morgan, who urged all nurses and kaiāwhina to [submit their views](https://www.payequity.org.nz/) (https://www.payequity.org.nz/) to the select committee so they can be heard when it meets in August.



*Nurses are among thousands of women estimated to be impacted by the Government's move.*

The [people's select committee](https://www.stuff.co.nz/politics/360701651/former-mps-unite-peoples-select-committee-pay-equity) (https://www.stuff.co.nz/politics/360701651/former-mps-unite-peoples-select-committee-pay-equity) comprises 10 women and former MPs from across the political spectrum, including Labour, NZ First and the

Green Party. They are former Labour MPs, Lianne Dalziel, Nanaia Mahuta, Lynne Pillay and Steve Chadwick; former National MPs Marilyn Waring, Jackie Blue, Jo Hayes and Belinda Vernon; former Green Party MP Sue Bradford and former NZ First MP Ria Bond.

"They are strong wāhine who helped establishment the previous system to address the gender discrimination which has kept down their wages their whole working lives," Morgan said.



*Public Service Association national secretary Fleur Fitzsimons (far left) joined former National MP Dame Marilyn Waring and Whānau Manaaki Kindergartens chair Martin Robinson at the launch of the people's select committee on pay equity. Photo: David Unwin, The Post.*

Waring has said the respected former parliamentarians would hold their own select-committee style inquiry and aimed to report back by the end of the year.

"We have a good spread of women who want to hear the evidence that Parliament should have heard," Waring told [Stuff](https://www.stuff.co.nz/politics/360701651/former-mps-unite-peoples-select-committee-pay-equity) (<https://www.stuff.co.nz/politics/360701651/former-mps-unite-peoples-select-committee-pay-equity>) at the May 26 launch in a select committee room dedicated to women leaders.

Most New Zealanders – 68 percent – believe the Government should have consulted on the changes, [a new poll](https://www.rnz.co.nz/news/political/563007/more-kiwis-oppose-than-support-government-s-pay-equity-changes-new-poll-shows) (<https://www.rnz.co.nz/news/political/563007/more-kiwis-oppose-than-support-government-s-pay-equity-changes-new-poll-shows>) has found.

They are estimated to impact at least 180,000 people working in low-paid female-dominated occupations.





NZNO and other union members were out in force at Budget day protests over the scrapping of pay equity claims.

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NEWS

## Nearly 400 Auckland perioperative nurses strike over 'forced overtime'

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BY MARY LONGMORE

*June 3, 2025*

Auckland perioperative nurses say forced overtime and sneaky ditching of callback payments has driven them to take strike action.



*Auckland perioperative nurses and NZNO delegates Haim Ainsworth and Deborah Harnett.*

About 370 perioperative nurses across Auckland City, Starship and Greenlane hospitals, last week began a month-long strike which will see them refuse to be on-call for after-hours surgery till June 23.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO delegate Haim Ainsworth said with no permanent overnight perioperative coverage and “chronic” staff shortages, nurses had a rotating on-call night roster at the three hospitals.

### **‘Who do you want at 3 o’clock in the morning? Somebody who’s already worked their 10-hour shift?’**

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But instead of going home for a break between their regular shift and being on-call overnight, nurses often felt forced to stay on to care for patients. This was because of their duty of care to patients under the Nursing Council's code of conduct — but also an assumption from management they would stay on instead of asking permission before surgery began.

That meant nurses often ended up working several hours into the night, on the back of a 10-hour shift. This was hugely risky to both patients and nurses, Ainsworth said.

“Who do you want at 3 o’clock in the morning? Somebody who’s already worked their 10-hour shift? Or someone who’s got home and had their hour-and-a-half of sleep and then come back again?”



*Striking perioperative nurses outside Auckland City Hospital earlier this month.*

Often, the on-call nurse then had to return for another full shift, Ainsworth said.

“They’ll be on call and very often back the next day. Even with the mandated nine- hour break, it still means people aren’t sleeping properly, aren’t getting a full night’s sleep, and not getting away from the job — so they’re tired and exhausted.”

**‘We’d actually like to get a decent night’s sleep and go home on time.’**

Nor were the after-hours surgeries always urgent, but at times an attempt to clear long elective or other non-urgent backlogs.

#### **Loss of on-call payments**

On top of that, the on-call nurses forced to stay on were only paid standard overtime rates of time and a half — rather than double-time callback rates, he said. That could mean up to \$150 difference per on-call shift.





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

About 10 years ago, the three hospitals generally paid staff callback rates even if they hadn't been able to physically leave the hospital in between day and evening surgeries.

Nurses wanted a return to callback payments; safe staffing to reduce overtime pressures; urgent surgeries only after-hours unless nurses agreed to participate — and to have a break for patient safety as well as their own, Ainsworth said.

"We'd actually like to get a decent night's sleep and go home on time."

### **'Patient safety' our priority – Te Whatu Ora**

Te Whatu Ora acting northern deputy chief executive Mike Shepherd said they valued the dedication of staff and acknowledged the industrial action of NZNO members.

However, the striking perioperative nurses were already paid extra for being on-call and, separately, for working overtime, he said.

"In most cases these nurses are being paid more than provided for in the collective agreement."

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

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Patient safety would be a priority, with contingency plans and an agreement with NZNO to provide [life-preserving services](#) during the on-call periods over the month, as required under the Employment Relations Act.

The Auckland perioperative nurses also went on rolling two-hour [strikes](#) on May Day — May 1 — over the issue, alongside thousands of doctors nationwide protesting understaffing.

Perioperative nurse Chloe Fitzgibbon told *Kaitiaki* then that nurses were being expected to work overtime without being paid properly.

"We deserve better so we can look after our patients and perform at our best."

See also: [Travel, camaraderie and superb hand hygiene — welcome to the world of perioperative nursing!](#)

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OPINION

## **'Society's deepest wounds': Whangārei emergency nurse speaks out on inequities**

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BY BRIDGET FIRTH

*June 30, 2025*

'This isn't a funding shortfall, it's a shift of values,' a Whangārei ED nurse tells an audience who attended a packed out hui-for-health in her city.



*Photo: AdobeStock.*

I have looked into the eyes of a mourning mother while I pick up her miscarried foetus from the floor.

I have looked into the eyes of a wife who is holding the hand of her dying husband who two hours ago walked himself to the ambulance.

I have looked into the eyes of the whānau who have brought their one-year-old child in after six earlier visits, who now needs resuscitation and immediate intervention from Starship Hospital.

## Looking into the eyes of the most vulnerable

I have looked into the eyes of a mother while I handed her her dying baby.

I have looked into the eyes of a teenager while I administer life-saving medicine in the back corridor of the emergency department.

I have looked into the eyes of a child who is struggling to breathe and can't understand why.



*Whangārei emergency department nurse Bridget Firth describes her experiences to a packed hui-for-health on June 17. NZNO ED delegate Sacha Young, who also spoke, is waiting to her left.*

I have looked into the eyes of someone's grandfather who desperately wants me to sit with him and talk, while I'm forced to leave the room without giving him the time he needs.

I have looked into the eyes of our most vulnerable.

**This is my job, these are real stories, these are real people, these are your friends, your parents, your tamariki, OUR community.**

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This is my job, these are real stories, these are real people, these are your friends, your parents, your tamariki, OUR community.

I was born and raised in the North Island and found my home here in Te Tai Tokerau. I was lucky enough to be raised by a nurse (along with an incredible dad). This not only gives you immense strength as a child but also provides you growing up with many stories of inequities and poverty and an ability to make change in people's lives.

I want to acknowledge my mum, and her career as a midwife and nurse. A woman who still provides me with every amount of support a nurse needs.

I am a nurse in Whangārei emergency department, an area of nursing where I find immense joy, challenge and satisfaction. I am incredibly passionate about nursing, a career I believe is one of the most important. I find myself





*Whangārei ED doctor Gary Payinda also spoke at the hui for health.*

here tonight as a delegate who is sick of whining and ready to stand up and speak.

I'm ready to speak on behalf of my colleagues, past and present. I am ready to speak on behalf of my family — my children, my husband, my brothers and sisters and all the tamariki in my life. But, most importantly, the faces and hearts of the people's lives I have the privilege of being part of when I go to work. And I promise you, it's a privilege.

**I find myself here tonight as a delegate who is sick of whining and ready to stand up and speak.**

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These people deserve better. These people deserve the best.

The last few months, I have found myself in an emotional place in my career where I haven't been before. I find myself stretched between sadness and anger.

I have felt that the lack of understanding about health is personal. I can't help but think they just don't care.



*NZNO members who spoke at the hui for health in Whangārei earlier this month. Left to right: Sacha Young (ED), Stephanie Moule (theatres), Alison Davie (ICU) and Bridget Firth (ED).*

What I find really interesting is that ministers and MPs come to our place of work and they come smiling and they come with management. They come when it's the quietest part of the day and they visit the new builds and to-be-builds.

**These people deserve better. These people deserve the best.**

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I challenge them to turn up on Monday afternoon, when the waiting room is full of 30 patients, some of whom nurses are very worried about; the staff have clocked up 10,000 steps, the coordinator is being challenged every second of their shift looking for a space to put the sickest patients, supporting their drowning staff, trying to find more people to help — and constantly working with other specialties to coordinate effective and timely care.



*Bridget Firth. Photo supplied by ASMS.*

Come on the rainy days, when we get out buckets for the many leaks.

Come on the days that the nurses are in tears from being abused by patients.

Come on the days when the mental health patient has been waiting 12 hours for a bed to be free in an appropriate space.

Come on the days when we line the back corridor with ambulance patients.

Come on the days when we resuscitate patients in a room that is a third of the size we need.

Come on the days we don't have enough staff.

Come on these days — the days we need you to see.

The hospital is constantly patched up with staff who are working extra shifts, being redeployed to areas they are uncomfortable or unfamiliar with — giving the best care they can, but what is essentially not the best care for the patient.



*About 120 people turned out to Whangārei's hui for health on June 17. Photo: Association of Salaried Medical Specialists.*

Stop sending emails that start with: “We value you”, because the only person I ever truly believe is the patient.

Working in health gives you a front-row seat to society's deepest wounds. And you see how many of them are rooted in injustice.

This isn't a funding shortfall, it's a shift of values. It's not mismanagement, it's a model. And in Te Tai Tokerau, we've been told to accept less for decades. Fewer doctors, fewer nurses, fewer services and longer waits.

But the truth is this: This is not about what we can afford. It's about who the system is being rebuilt to serve.

To the people who make decisions about health, think long and hard about how it feels to look into the eyes of our most vulnerable.

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*– Bridget Firth is an emergency nurse and NZNO delegate. This article was based on her kōrero at an NZNO – Association of Salaried Medical Specialists hui for health on June 17 in Whangārei.*

See also: [A striking perioperative nurse shares the challenges she faces every day.](#)

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OPINION

## A striking perioperative nurse shares the challenges she faces every day

BY STEPH MOULE

June 23, 2025

Forced overtime, understaffing and patient pile ups — NZNO delegate Steph Moule shares her daily experiences as a perioperative nurse.



Whangārei theatre nurse Steph Moule (second from left) with nursing colleagues Sacha Young (ED), Alison Davie (intensive care unit) and Bridget Firth (ED) who all spoke at an NZNO-ASMS hui for health this month.

About 21 years ago I relocated from the United Kingdom to Whangārei where I studied for three years to become a registered nurse (RN) here in Aotearoa, New Zealand.

I joined the hospital theatre team in 2008, and am working there still.

Typically, my day begins with finding out if we have enough suitably-skilled nurses to run our theatre operating list, if our patients require a ward bed — and if there is a bed available for them when they are ready to leave the recovery ward.

Next, I check if we have instruments for the patients' surgery and that they are sterile. Our ageing sterilisation department's equipment is frequently breaking down, resulting in delays sterilising instruments.

**Sometimes there is no-one to take over from the nurses so they can finish on time to pick up their children from childcare.**

Then I check our patient is fit for our procedure. If not, I have to rearrange the order of the list or arrange for the patient to be rebooked. I met a patient recently who had been waiting four years for joint replacement surgery!

If there is an unexpected problem during surgery, and the patient needs a ward bed when the plan was to send them home, I will need to arrange that for them.



*Whangārei Hospital.*

Sometimes the booked operating theatre list may be interrupted by an urgent acute case. This delays — and sometimes cancels — the booked patients' surgery, and can mean the whole list finishes late.

Sometimes there is no-one to take over from the nurses so they can finish on time to pick up their children from childcare, causing stress for them and their families. This is forced overtime.

Some lists are overbooked. When this happens, nurses will alert management who may decide to keep patients starved and waiting on the off-chance a space will become available for their surgery to go ahead on another theatre's list.



Patients and nurses are both unhappy if this happens; and it is particularly hard if they are young children and cannot eat anything all day.

### **Very few nurses work full-time due to the heavy workload – we need to rest to safely care for our patients.**

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We also regularly have the [mobile surgical bus](https://mobilehealth.co.nz/mobile-surgical-unit/) (<https://mobilehealth.co.nz/mobile-surgical-unit/>) parked in our carpark. Running this, alongside our existing surgeries, means we have 10 theatre lists running simultaneously. This puts huge pressure on our surgical assessment unit (SAU) nurses.

Recently, we had all nine of our hospital theatres running when a call came through from the obstetrician who had a patient needing an immediate emergency caesarean. We had no available operating theatre, therefore our only option was to perform her surgery in our recovery ward.



*Perioperative nurse Steph Moule speaking at the NZNO-ASMS hui for health in Whangārei on June 17.*

Added to these challenges is that we don't have anywhere near enough storage for our very expensive equipment, which is getting damaged clogging up our corridors.

Almost daily, nurses on their days off are getting messages asking for volunteers to pick up extra shifts to cover sick leave. Very few nurses work full-time due to the heavy workload — we need to rest to safely care for our patients.

### **We had no available operating theatre, therefore our only option was to perform her surgery in our recovery ward.**

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This month, one of our most senior experienced theatre nurses retired. We already have other senior nurse vacancies that are not being filled due to the senior nurse pay scale still not being addressed. This means our current senior nurses have to share the extra workload caused by delays in recruitment.



Thankfully, an internationally-qualified nurse has now started with us — but it took 18 months for her to get through all the paperwork required.



*A large 120-strong crowd turned out to hear frontline health workers talk about their experiences at the NZNO-ASMS hui for health. Photo: ASMS.*

As nurses, we also invest in teaching nursing students — sharing our skills and knowledge, as we support them on their three-year journey to become RNs.

Te Whatu Ora are not recruiting all our new graduates, despite having vacancies. Therefore, many of our precious home-grown nurses are being forced to look overseas for work.

Our minister of health will often say how many nurses they have recruited — but does he ever tell us how many have left?

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*— Perioperative nurse and Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO delegate Steph Moule spoke at the joint NZNO–Association of Salaried Medical Specialists’ (ASMS) ‘hui for health — your health system in crisis’ on June 17 in Whangārei. This viewpoint draws from her kōrero.*

See also: [‘They’re crushing us’ — perioperative nurses take to the picket line](#)

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OPINION

## The end is nigh

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BY RUSSELL MURPHY

*June 12, 2025*

Counties Manukau-based Russell Murphy is a registered nurse who specialises in mental health. In this viewpoint, he shares with us his very real and raw lived experience and his reluctance to retire from the job he loves.



*Russell Murphy and wife Karen, also a nurse*

With the finish line nearly in sight it is time to reflect and even celebrate my 40-plus years as a nurse.

At the age of 19, I made the decision to enter the nursing workforce, initially as a nurse aide, then onto completing my training and gaining my qualification as an RN.

## **'I can remember the shock, if not horror, on my father's face when I told him about my decision to become a nurse. My old man was in the army.'**

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I can remember the shock, if not horror, on my father's face when I told him about my decision to become a nurse. My old man was in the army. He thought I was going to follow in his footsteps as a many young men my age did back then.

I can recall friends that I went to school with questioning the decision and asking why I did not want to build houses or fix cars. To be honest none of the trades really did it for me, as I did not aspire to live in a workshop or on top of a roof in winter.

Nursing was a choice made by a workmate of mine at the time. I was working in a factory filling in time before my planned big OE. The chap I was working alongside saw how disinterested I was in what we were doing and suggested that I consider nursing. The mere thought had never crossed my mind but, when the suggestion was made it intrigued me. I thought about a job where I could help others which stimulated the process of further investigation.

Within several weeks I had an interview and began working as an assistant in a psychopaedic facility at Mangere Hospital in South Auckland. For those not familiar with the term psychopaedic it was a discipline that specialised in the care of persons with an intellectual disability.

I recall on day one being ushered to the ward by a male supervisor and introduced to a female nurse about the same age as me. She took me around the ward and showed me what is expected of a nurse aid. At this particular hospital, there were probably 200 female staff and about 12 males.

Much to my delight, I married this young woman several years later and we had three children. Both of us remain in the profession to this day. After several years, I completed my hospital training so I could at least have a say in the direction of the care and treatment of those we served.

Other than a two-year break in the late 1980s I have always worked as a nurse. Once Mangere Hospital closed, I worked in the community supporting those who had considered Mangere Hospital their home. Memories of those times are mixed. I recall how grossly under-resourced we were and how few nurses were charged with the responsibility of caring for far too many souls, all of whom needed total care.

I also reflect on the comradery of the people I met who also choose to dedicate their lives to working with people with profound disabilities. Sacrifices were many when I first started as a nurse. I could no longer play competitive sport as the roster made my availability sporadic at best. I lost contact with people I grew up with and soon found that being invited to occasions such as 21<sup>st</sup> birthdays were few and far between due to my work hours.

As the years passed, I tried many different roles within nursing and even retrained as a registered nurse in the mid-2000s. I finally settled into psychiatry as it gave me the opportunity to see people gaining wellness through their recovery journey. I got to know the people that used the service very well, as many would come to our attention multiple times over the years.

## **'Mental health also involved no blood which is a bonus because I am not great when it comes to serious injury and I definitely do not like people dying around me.'**

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As a student on both occasions that I trained I needed to complete placements at general hospitals and saw people pass away. Most saw this as an occupational reality however for me it had much more of an impact. I felt for the families that had lost a loved one hence my decision to specialise in mental health.

Within my time as a mental health nurse, I have done much. I made a point of exploring opportunities and applied for many roles, including, being a manager and a charge nurse. I have always worked in acute services which I find rewarding and varied with no day being the same.



I took an opportunity to apply my skills in the remote outback towns of Australia to see if I could help in towns where there is a huge lack of skilled staff. Over the last eight years or so I have worked in the home-based treatment team which provides interim support for those in crisis up until the acute nature of their presentation has been resolved.

In 2024, I turned 65 and planned to leave the service in April of 2025.

However, while away on holiday my wife and I met a couple who had recently retired and once aware of our plan, strongly encouraged us to think it over. They suggested that although they were looking forward to their golden years, they found not working a challenge. They talked about loss of purpose and a sense of emptiness. My wife looked at me and seeing the expression on her face, I agreed to wait another six months or so.

The funny thing about the coming of age is that well before one is due to leave you really don't give it much thought other than to say I can't wait to retire. It is not until the curtain is starting to close that you realise that you are no longer required and that you are the next cab off the rank to part this world or even worse, need care yourself. Although, and I hope that this is many years away for the wife and I, it is the reality of the aging process.

We plan to travel, health allowing, however, this is not sustainable for the long term. My wife loves spending time in the garden so she will be right for the first hour of every day. In my case, I share no such passion so I need a reason to get up in the morning. I am considering volunteer work to fill in a few days of the week but what scares me is what then.

### **'It will be sad to say goodbye to a profession that we have endured so many years.'**

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A job that has provided me with so many good memories. The people I have met on my journey and the folk I have supported and helped along the way. From a naive yet passionate young man to a senior citizen considered old by many that bears the wrinkles of someone that has been around longer than most.

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OPINION

## **Bowel-screening changes will leave gastroenterology nurses and doctors with more cancer diagnoses**

BY KAREN KEMPIN

*June 11, 2025*

A gastroenterology nurse leader says she 'cannot fathom' Government moves to condemn more Māori and Pasifika to bowel cancer diagnoses.



*Karen Kempin says she cannot fathom why the Government has decided to condemn more Māori and Pacific people to bowel cancer deaths.*

One of the hardest parts of being a nurse endoscopist is having to tell a patient and their whānau about a colorectal cancer diagnosis.

I answer their questions, hold their hands, cry with them and try to help them understand the extensive path ahead of them of testing, surgery, chemotherapy and radiation. Sometimes I know that palliative care will be needed too, which means the cancer has advanced beyond cure.

Sadly, as a gastroenterology nurse, this is often part of my work day now.

One way to avoid such a horrible diagnosis – and to prevent bowel cancer – is through screening. That's why we have a [national bowel screening programme](https://www.tewhatauora.govt.nz/health-services-and-programmes/national-bowel-screening-programme/about) (<https://www.tewhatauora.govt.nz/health-services-and-programmes/national-bowel-screening-programme/about>).

Through screening, and then colonoscopies if there is a positive results, pre-cancerous polyps can be found and removed in the one appointment. It is fast and relatively painless. In fact, many patients say getting ready for the test is worse than the test itself.

## **Why should nurses like me and my medical colleagues be left to pick up the pieces when a patient has to be told they have bowel cancer, when we could have stopped it earlier?**

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The other important fact is that the cost of having a colonoscopy is far, far less than the cost of treating bowel cancer.

As a nurse practitioner — and chair of the Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO gastroenterology nurses' college – my work is dedicated to early detection and saving lives, so I welcome any investment in preventative bowel screening.

So, it is hard to fathom why the Government is [reallocating \\$36 million](#) set aside to help redress a known health inequity by lowering the starting screening age for Māori and Pacific patients from 60 to 50. This would have caught many more advanced polyps and early cancers and saved more lives.



*Photo: AdobeStock. Medically accurate illustration of small intestine cancer*

By [moving the funding](#) to instead screening the general New Zealand population from age 58 — two years earlier — we will find fewer polyps and condemn many more Māori and Pasifika people to a bowel cancer diagnosis.



## The Government should do the right thing and reinstate the planned age extension for Māori and Pacific patients.

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The Government has done this in spite of all the evidence showing that Māori and Pacific patients aged between 50 and 60 are a high-risk group — including [advice from its own health officials](#) (<https://www.thepost.co.nz/politics/360614507/health-ministrys-bowel-screening-a>) that would have seen twice as many Māori and Pacific lives saved.

In fact [research](#) (<https://onlinelibrary.wiley.com/doi/10.1111/ans.16636>) by the Royal Australasian College of Surgeons suggests more strategies are needed to boost access to colonoscopies for Māori, who access them at a far lower rate than non-Māori.

Twenty two per cent of Māori are diagnosed with bowel cancer in their 50s compared to 12 per cent for New Zealanders overall, according to [Bowel Cancer NZ](#) (<https://bowelcancernz.org.nz/?wpdmdl=10906>). And early colorectal cancer rates for Māori are growing faster than the rest of the population, at 36 per cent compared to 26 per cent, according to [University of Otago research](#) (<https://www.otago.ac.nz/news/newsroom/early-onset-bowel-cancer-on-the-rise>).

### Why is the Government cutting a life-saving approach?

Finding pre-cancerous colon polyps and removing them while having a colonoscopy check stops cancer developing. So why is the Government cutting a programme extension that gives early access to life-saving testing for this high-risk group?

This Government has instructed public health-care providers to tighten their belts and spend their limited budgets in a way that will maximise the value for the taxpayer. Yet, they don't follow their own edicts.

## The Government has condemned many more New Zealanders to hearing the worst news.

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The Government should do the right thing and reinstate the planned age extension for Māori and Pacific patients.

It should also follow through with Prime Minister [Christopher Luxon's pre-election promise](#) (<https://www.rnz.co.nz/news/national/498977/charity-expects-political-leaders-to-make-good-on-debate-night-bowel-cancer-promises>) to bring the national bowel screening programme up to the same standard as other countries we compare ourselves to. Australia and many European countries provide bowel screening to everyone from the age of 50 and New Zealand should too.

Why should nurses like me and my medical colleagues be left to pick up the pieces when a patient has to be told they have bowel cancer, when we could have stopped it earlier through the national bowel screening programme?

The Government has condemned many more New Zealanders to hearing the worst news.

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- *Karen Kempin is a Hutt Valley-based nurse endoscopist, nurse practitioner and chair of NZNO's gastroenterology nurses' college.*
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OPINION

## The main character in pay equity

BY NADIA ABU-SHANAB

June 4, 2025

Working people are a main character in politics. Not just a group that stuff happens to, but people capable of making things happen.



*Workers Lillian Pak and Jaimee Whitney protested on Budget day by dressing as handmaidens from The Handmaid's Tale TV series set in dystopian "Gilead" where women are subservient to men.*

My three-year-old daughter's early childhood teacher knows each child by name. She greets everyone, big and small, at the entrance each morning. Even the tone and volume of her voice somehow meets every child exactly as they are. Gentler for the ones who find drop-offs hard. Energetic and robust for my girl. She wears handmade silver jewelry and a wide smile.

**'My dad is in a hospice. I see what care workers do. Most of my mates are care and support workers too.'**

This particular Friday, she approaches me, brows furrowed. She knows I work for a union. She's fuming, and my line of work is the ramp that allows her to launch right in. She heard Brooke Van Velden on the radio, peddling outrage about the word c\*\*\*t. The whole spectacle around the c-word seems, in its pure cynicism, to hit the precise nerve that makes swearing irresistible.

Our Government just surgically butchered the Equal Pay Act by removing every last tooth from pay equity. She tells me this corroborated something she's felt throughout her decades of teaching: a sense of not being valued. Something about the "urgency" of these changes brought it into sharp focus — like a magnifying glass held over tinder, catching the sun's rays at just the right angle.

**But pay equity seems to combine a bunch of ingredients that transform people – taking those who were already leaders in their jobs and uncovering a confidence to be ambitious, not for themselves, but for others.**

Over six years, I've listened to thousands in early childhood talk about their jobs: "I love teaching; I've been doing this for 25 years and my 18-year-old son earns more; I wish I had eight arms so I could hold them all; I want to do what I'm qualified to do, not just crowd control; the children deserve better; politicians should come and do what we do for a day; they wouldn't; they couldn't; if only they cared how important it was to get it right for children in their first 1000 days."

Organisers can uncover anger with the right questions, but contrary to what the National Party claims, unions can't manufacture it out of nothing. The kind of people working in jobs covered by pay equity claims don't all follow politics, but they've got political acumen — bullshit detectors and a healthy cynicism about men in suits. No amount of spin about how pay equity is "still here" will disorient them.





*NZEI Te Riu Roa delegate Helena Tihani, with whānau, speaks at Budget day pay equity protests.*

The people — mainly women — impacted by the 33 pay equity claims extinguished overnight have, at their fingertips, a unique power to instigate a political reckoning. I know because I know them. I've worked alongside some of the women, men, and non-binary people who got involved in their claims.

**Right now, there's a rural midwife somewhere who's been awake all night guiding a mum and baby through the life-and-death dance of childbirth.**

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There's something the process does. Some of my colleagues argue it's unique to pay equity. I've seen people changed by other processes of struggle too. But pay equity seems to combine a bunch of ingredients that transform people — taking those who were already leaders in their jobs and uncovering a confidence to be ambitious, not for themselves, but for others.

The ingredients are the things that give unions a heartbeat. It's not complicated stuff. Opportunities for regular people to come together and work on a shared mission. Time and space is a luxury to many of these women — between kids, grandkids, ailing parents, and relentless economic pressure. Any time we get to be with people who share our values and challenges, we are able, through the mirror of close others, to reflect on the value of what we contribute. We raise our expectations.

Equally important, in a world where the collective changes most working people experience are losses — natural disasters, restructures, and redundancies — pay equity was a rare place where the change working people got was good. They won. They returned to workplaces acknowledged as the people who slogged for years to get everyone life-changing bumps in pay and recognition.

For every pay equity leader involved in a claim, there are thousands more doing their jobs with the knowledge they belonged to a group who'd recently won claims or had them well underway. All these people know how to get shit done without enough time or resources.

Right now, there's a rural midwife somewhere who's been awake all night guiding a mum and baby through the life-and-death dance of childbirth. She did this after driving out into the wops armed with a satellite phone. Birth is undeterred by cyclones and power cuts.

**I'm a security guard and this Government f\*\*ked us out of fair pay too. They have to go.**

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These are the people we trust with our beloved babies and nans. They run our schools, hospitals, and libraries. They are everywhere we still get to congregate together. National's PR professionals can't outsmart them. And no amount of sponsored reels of a shiny-headed Luxon "going for growth" can compete with their intimate reach into our lives. Thousands of aunties embedded in communities are the OG viral marketing. Unlike politicians, our communities actually believe them.

Saving money is the explicit bit of the pay equity changes. The Government isn't cheap with everyone though. They freely give our money to private schools or shitty multinational school lunch providers who skim profit off hungry kids. They aren't cheap with the publicly funded early childhood companies David Seymour conspired with to remove "expensive" safety measures and pay protections for relief teachers.





*Hundreds turned out to protest the mass ditching of pay equity claims impacting women across female-dominated workforces such as nursing, midwifery, teaching, early childhood and care and support.*

Brooke Van Velden once said something like, “a human life came to be valued too much during Covid”. She justified the recent changes to pay equity by saying claims were getting “distorted” and being used so that sectors could collectively bargain. They were lifting conditions for large groups of workers, and people were thinking about what they had in common with their colleagues. Why prefer workers divided, weak and competing amongst themselves?

We have a Government who'd rather unions went away. More for workers equals less for their ultra-wealthy donors. The axe they took to pay equity was more than a budget cut — it was an axe to a mechanism that promoted solidarity between workers across their claims. But we have a saying: sometimes, if it's too brazen, a bosses' attack can organise workers better than the union.

## **A group of nurses are off back to work in the midst of a health-care crisis we all know they are not the cause of, but the cure to.**

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The Government just set in motion the biggest round of collective bargaining the country has ever seen. Only an out-of-touch leader — one that doesn't actually move in circles with these workers — would gamble their power on a wilful underestimation of what 350,000 of them are capable of. In a country where that's nearly one in 10 voters, and a record-low number of women voted National in the last election, you'd think twice.

Last month, pay equity leaders' interests lay across 33 distinct claims, each on a journey around their very particular work. Today, nearly 10 per cent of voters share a common material interest. At the [Budget pay equity rally](#) I ask a woman why she's there: “My dad is in a hospice. I see what care workers do. Most of my mates are care and support workers too.” Unprompted, she adds, “I'm a security guard and this Government f\*\*ked us out of fair pay too. They have to go.”

## **You'd be a real egg to take on every single one of those groups in one swoop.**

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I look around at the crowd. There are women of all ages. Plenty of men too. A group of nurses are off back to work in the midst of a health-care crisis we all know they are not the cause of, but the cure to. You'd be foolish to underestimate any one group of these skilled claimants and what they're capable of. But together — with time to strategise and some tools to move others — you'd be a real egg to take on every single one of those groups in one swoop.



The sheer numbers and sway of those impacted — joined up with everyone else this Government has shafted — is something there's no blue billboard big enough to cover up. Next election, hundreds of thousands will vote on a bad-faith pay offer.

It's easy for a CEO-type in public office to forget who ultimately employs them. A government, and every single one of its ministers, can be replaced. Reviewing the evidence, there are a few people we're sure are paid more than they're worth. And it's not the librarians.

**Only an out-of-touch leader – one that doesn't actually move in circles with these workers – would gamble their power on a wilful underestimation of what 350,000 of them are capable of.**

Working people are a main character in politics. Not just a group that stuff happens to, but people capable of making things happen. An obvious fact, really — although one you'll seldom recognise the clues of unless you train yourself to. Perhaps next year, pay equity leaders will train us all to recognise not only their work, but their power – as it really is.

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— Nadia Abu-Shanab is a mum, trade unionist, educator and writer based in Te Whanganui a Tara / Wellington. This article was first published on [Nadia's Substack](https://nadiaas.substack.com/p/the-main-character-in-pay-equity) (<https://nadiaas.substack.com/p/the-main-character-in-pay-equity>) and is republished with permission.

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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 Waitemata 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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FEATURES

## 'The virtual first responder' – Healthline celebrates 25 years

BY ROBYN BERN

June 23, 2025

Since it launched 25 years ago, an estimated 3.45 million people have contacted Healthline — which is playing a critical role in improving access to care.



Whether it is for a 2am check on their baby's continuous crying, a rash on an arm, or information about where to get more help, the people of Aotearoa know they can rely on the free, 24/7, trusted health advice and information from Healthline clinicians.

They have relied on that for 25 years – a milestone that is being acknowledged this month.

Thousands of people across Aotearoa have a Healthline magnet on their fridge, have the 0800 611 116 number in their phone, and rely on unseen Healthline nurses and paramedics. Healthline plays a critical role in improving access to care.

*Helen Parry was one of the first nurses on the Healthline team in 2000 and her family were surprised when she said she was going to be providing health triage over the phone. "I was really pleased to be part of such an*

*innovative new way to care and a wonderful service," said Parry.*

The Healthline service has grown from an initial 16 nurses managing 20,000 calls in its first year, to more than 150 nurses and paramedics managing 400,000 contacts annually – that's more than 1000 every day.



What started as a phone service in May 2000 has expanded to include online services, with callers able to share videos and photos to help Healthline clinicians provide the most accurate advice.

*Hannah Sleeman lives in a remote area of Waikato and has used Healthline several times, including when her sore ear symptom was quickly identified by a Healthcare clinician as shingles, and she was advised to see a doctor. She was given the costs and locations of local clinics and was able to get the care she needed quickly.*

In addition to calling the trusted 0800 611116 number, people now access Healthline's [healthy.org.nz](http://healthy.org.nz) (<http://healthy.org.nz>) website for reliable health information, and can request a call back from a clinician, if their query isn't urgent. The service also now includes the option for people to speak with a Māori clinician.

### **The service also now includes the option for people to speak with a Māori clinician.**

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Healthline is funded by Te Whatu Ora — Health New Zealand and since 2015 has been run by Whakarongorau Aotearoa / New Zealand Telehealth Services.

Whakarongorau chief executive Glynis Sandland describes Healthline as “a virtual first responder for health queries, across multiple digital channels.

“It also plays a critical role in the health sector — with 84 per cent of Healthline callers able to stay safely at home or get care in the community, significantly reducing strain on our hospital emergency departments.

# 25 YEARS of Impact on New Zealand

FREE health advice  
when you need it

## Healthline

0800 611 116

Powered by  
Whakarongorau Aotearoa /  
New Zealand Telehealth Services

### From 16 nurses to 3.45 million Kiwis served:

Over our 25-year journey, Healthline has grown from a **small team of 16 nurses** to a trusted nationwide service that has **supported more than 3.45 million** New Zealanders through approximately **6.7 million** health concerns.

#### KEEPING FAMILIES TOGETHER AT HOME



Every day, approximately **250 people** are directed to walk-in clinics instead of emergency departments.

**840** out of every **1,000** callers stay safely at home or get care in their community.

Parents no longer need to bundle sick children into cars at 3am – they can call us first.

#### THERE WHEN YOU NEED IT MOST



Around **1,000+** people every day call Healthline when they're worried about their health.

Healthline resolves approximately one-third of calls with safe home-care advice, refers roughly one-third to GPs or health services, and directs less than one-third to urgent care facilities or, when necessary, emergency departments.

**98%** of people follow our advice – because when you're scared or uncertain, you need guidance you can trust.



#### BECAUSE CARE SHOULDN'T BE COMPLICATED

Phuket, Women's Refuge, mental health services – one call connects you to the right support.

Connected to My Health Record systems – faster care when information is already available.

From Northland to Southland – same quality care, local knowledge.

#### THE WORRIES WE HELP WITH



EVERY YEAR, PEOPLE TRUST US WITH:

**52,000** requests for health info – “Is this normal?”

**26,000** calls about stomach bugs – “Will my child be okay?”

**18,000** abdominal pain concerns – “Should I drive to hospital?”

**15,000** rash queries – “What does this look like to you?”

**14,000** fever calls – “How high is too high?”

#### THERE FOR EVERYONE



More than **120** Māori and Pacific people call us daily – because caring for whānau starts with accessible health advice.

Available **24/7** and in multiple languages – health concerns don't wait for office hours.

From teenagers with first-aid questions to grandparents managing chronic conditions – we're here for all ages.

#### WHEN EVERY SECOND COUNTS ...



→ **264** chest pain calls every week – helping people get the right care at the right time.

→ **10%** of callers share photos – showing us what worries them, helping us help them better.

→ People sharing images and video are half as likely to need emergency care.

#### SAFE HANDS, SMART SYSTEMS



• **Independent Clinical Governance Committee** – experienced doctors and experts overseeing clinical safety, ensuring patient compliance, and monitoring quality outcomes.

• **Nurses, paramedics, and health advisers available 24/7** – whether your child has a nasty fall at 3am or you're worried about chest pain.

• **ISO 9001 accredited** – world-class standards for your phone call.

#### TECHNOLOGY THAT JUST WORKS



- Microsoft and Spark keep your calls secure, with local data storage.
- Valentia's platforms let you share photos – because describing that weird rash is nearly impossible.
- Connected to your My Health Record – your story follows you, not the other way around.



#### INNOVATION THAT CONNECTS CARE

- From phone calls to GP bookings – **26 years** of working how we help New Zealanders access healthcare.
- **New virtual GP pathway** – when you need more than advice, we'll connect you to a consultation.
- **Seamless journey from advice to action** – no more hanging up wondering what to do next.
- **Taking the guesswork out of follow-up** – when our clinicians say “see a GP,” we'll help make it happen.

#### 25 YEARS OF BEING THERE



- Through midnight fevers and morning-after injuries.
- During earthquakes, pandemics, and personal crises.
- From worried parents to confused teenagers to elderly people managing medications.
- **FREE, always** – because health advice shouldn't depend on your bank balance.

#### OWNED BY YOUR COMMUNITY



- **ProCare and Pegasus Health** own us – so when you call, you're talking to people who understand your GP.
- **Taki-O-Autahi** partnership with Te Arawa Lakes Trust, Te Hau Ora o Ngāpuhi, and Te Tahurangi o Heretaunga – because sometimes you need someone who speaks your language, and understands what's important to you.

#### WHEN YOU NEED MORE THAN WORDS



Here **Honua St John** and **Wellington Free Ambulance** – they handle **43,000+** non-urgent calls yearly.

**National Poisons Centre** and **Immunisation Advisory Centre** – for those “my kid ate what?” and vaccination questions.

#### THE RIPPLE EFFECT



- Every **ED visit avoided**, means space for those who really need emergency care.
- Self-care advice helps people feel confident managing minor health issues.
- Early guidance can prevent small problems becoming big ones.
- Families sleep better knowing help is just a phone call away.



Powered by  
Whakarongorau Aotearoa /  
New Zealand Telehealth Services

“We know that Healthline is considered by many as a taonga / treasure for the people of New Zealand,” Sandland said.



*Elle Edwards is a mother who was unsure what to do when she accidentally took a double dose of medication late in the night. She called Healthline to ask if she could breastfeed her baby. "They were so helpful and patient and reassuring," said Elle.*

"Our clinicians are all experienced and specifically tele-triage trained experts and are seriously good at what they do. That's why 98 per cent of people who contact Healthline follow the advice they are given," Sandland said.

**'Clinicians have seen it all'**

"Over the last 25 years, Healthline clinicians have seen it all and they have supported people through major events including the Canterbury earthquakes, measles outbreaks, and the COVID pandemic.

"Healthline has a proud and impactful past, and a very important future. That is definitely something to celebrate," she said.

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**Robyn Bern** is the director of external communications for Whakarongorau Aotearoa — New Zealand Telehealth Services.

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FEATURES

## **Nursing sisters overcome the odds**

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BY RENEE KIRIONA

*June 4, 2025*

The Witton sisters have weathered a pandemic, cyclone, poverty, two jobs each and multiple other challenges during their three-year journey to becoming qualified nurses.



*Jessica (left) and sister Katrina with their parents Tim and Teia.*

207The duo live in Hastings, hail from Ngāti Porou (Tokomaru Bay) and were raised at Waiouru by a family of medics who served in the army.

During the 2021 COVID lockdown, they both made a decision to change their line of work and enrol in the Bachelor of Nursing programme at Eastern Institute of Technology.

It was not a joint plan as they did not know the other had signed up to the course.

“We had both enrolled and didn’t even know it until later on. Lucky we both did, because we’ve been able to keep each other strong during those three years of hard out study,” Katrina said.



## Their inspiration – Dad almost dies

Jessica, 28, who managed a local café and also held down a job as a dispatcher at a processing plant, was inspired to take up nursing because of her dad's near-death experience when she was 13.

"Our dad ended up in ICU and he was really, really sick. We weren't sure if he was going to make it. He ended up in an induced coma for 10 days. And that was a really scary time for our family.

"The nurses who cared for him were amazing. They were really good with my dad and our family, keeping us informed of what was going on. When I got older and asked myself the question 'what do I want to do?'

"I kept coming back to those times. I decided I wanted to care for people just like those nurses who helped my dad during the toughest time in our lives."

Today Jessica is doing exactly what those nurses did, as she enters the third month of her new job as an ICU nurse at Hastings Hospital.

The older sister Katrina, 33, worked as a forklift supervisor and dispatch coordinator before enrolling in nursing studies. Her 'why' was based on her own health experiences, as a patient pursuing fertility treatments, and as a support person for patients.



*Katrina's parents cared for their moko Kimiora Witton-Turetahi a lot so their daughter could study.*

"I started wanting to work and create change in women's health, as there is an infamous lack of research and consideration into women's health issues. My time in study inspired me to expand that kaupapa further to all vulnerable whānau who fall through the cracks from issues that are no fault of their own, particularly our Māori and Pasifika whānau," Katrina said.

"I became frustrated and angry at how the smallest thing, like lack of transport, money for appointments or childcare could result in an entire whānau not being able to access decent healthcare interventions. It inspired me to muck in, find barriers, do what I could to break them down and advocate for our people.

"As a result, I found myself graduating into a community nurse, and working at Te Kupenga Hauora – Ahuriri, a Māori health organisation and iwi health provider which does just that."

"Most of my mahi is going out to the community in mobile clinics and right now, most of the whānau I am seeing are homeless. I provide them with health checks and health education, but I feel their pain is bigger than what I can fix," Katrina said.

"Most of them actually have serious mental health issues but there's just not enough support services here for them. I get so frustrated and angry with that. My heart sinks when I hear they've been discharged from hospital back onto the streets.

"This is why its so important that the Government properly funds mental health and Māori health providers who will be able to do so much more than they do, if resourced better," Katrina said.



*Jessica at the graduation walk.*

## They made it

Graduating with their nursing degrees last month was a reminder to both sisters of a strong resilience they did not think they had.

"Our cohort started with roughly 100 students but only about a half made it through," Jessica said.

"Most of them pulled out because of economic pressures and the mental health they suffered by losing their homes and part-time jobs to Cyclone Gabrielle and struggles of not being able to afford to do placement."



*Katrina receiving her degree at the graduation ceremony.*

Katrina was so passionate about the need to pay students while on placement, that she helped to lead a nationwide campaign last year to highlight the issue.

"I was part of the National Student Unit (NSU) and co-chaired the Te Matau-a-Maui region as the National student rep alongside the Te Runanga Taurira rep. NSU organised a nationwide 'Taurira Rise Up!' rally which was to petition the Government for funded training for student nurses due to the 33% drop out rate.

"I could feel the struggle and pain of so many taurira. That's why I fought as hard as I could when we as nursing students campaigned last year to get paid while on placement.

"At times, I had to send my child to my parents, who live more than 40km away, so I could hold down my placement and do two part-time jobs at the same time," said Katrina who is the sole parent of a four-year-old daughter.

"I'd finish my mahi at the meatworks around 7am then head straight to the hospital to have a shower and start my placement there. Then after that I'd rush back home to care for an elderly relative of a friend."

Her sister Jessica also held down three part-time jobs while studying.

### **It's about mana, not money**

While many nurses are leaving Aotearoa to work overseas where the pay is more, the sisters are fine to stay put for now.

**'Our people, especially Māori, are here and they need us. We know the pay is better overseas, but money isn't the measure of mana for us.'**

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"Yes, nurses, especially those in primary care need to be paid more fairly, but I wouldn't move away from home because of that," Katrina said.

"Right now, I am doing the same work as those ICU nurses who saved my dad's life, so Aotearoa is me right now," Jessica said.

Māori nurse membership has been at eight per cent for 40 years and more Māori nurses are needed to grow a culturally safe workforce, Katrina said.

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COLLEGES & SECTIONS

## 'I don't know why everyone doesn't want to work in aged care' – college of gerontology nursing chair

BY BRIDGET RICHARDS

June 24, 2025

'It's about humanity' — gerontology nursing leader Bridget Richards reckons aged care is incredibly fulfilling.



*The NZNO college of gerontology nursing committee — left to right: Professional nursing advisor Marg Bigsby with Alice Street, Kim Brooks, Christy Reedy, Sarah McIntosh, Bridget Richards (chair), Regan Gilchrist, Victoria Traynor (Australian aged care specialist and conference presenter), Aloha Sison and Lou Fowler at the May 2025 gerontology conference 'The silver tsunami'.*

I first began working with older adults in a nursing home in Worcestershire, UK, before I even began my nurse training at Guy's Hospital in London.





I was a health-care assistant (HCA) and loved working there — it stood me in really good stead, learning how to talk to all kinds of people. I'd cared for people who were dying and had all sorts of conversations before I even began my training.

After I graduated, I carried on working with older people, including at a rural community hospital on the Welsh border which ran a rapid response / intermediate care service to try and prevent hospital admissions for older adults.

A few years down the track, my husband and I decided to emigrate to New Zealand with our children in search of better lifestyle opportunities.

Landing in Waikato, I got a job as clinical nurse specialist at the hospital's older persons rehabilitation service.

I later worked as a community support coordinator, then qualified as a nurse practitioner (NP) before returning to residential aged care. Nowadays, I still work for an aged-care provider in Waikato, providing primary health care to residents.

**Gerontology is caring for older adults, who are everywhere – primary health, communities and hospitals, as well as rest homes. And wherever they are, we are.**

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So I've pretty much been working with older adults my entire career — more than 40 years! And I love it. Pay gap aside, I don't know why more nurses don't want to work in aged care — it's a very varied and satisfying role.

And gerontology is caring for older adults, who are everywhere — primary health, communities and hospitals, as well as rest homes. And wherever they are, we are.

At our "[silver tsunami — surfing the waves of ageing](https://forumpoint2.eventsair.com/college-of-gerontology-nursing-nzno-2025) (<https://forumpoint2.eventsair.com/college-of-gerontology-nursing-nzno-2025>)" conference in May we had attendees across all those areas coming to hear speakers like Australia's professor of healthy ageing Victoria Traynor.



*Aged care commissioner Carolyn Cooper speaking at the college of gerontology nursing's May conference 'The Silver Tsunami'.*

### **Like whānau**

In older persons' care, it's different every single day.

In a GP practice, for example, you tend to get everyone coming in with coughs and colds at the same time. Or everyone's slipping on ice and needing X-rays.

This week, I had a resident who couldn't sleep because of a sore shoulder who needed a physio referral. And another who was really confused and needed hospitalisation for low sodium. She's back now, and I've written her a wee note to remind her that she needs to pee and have plenty of salt!

You can also build deeper relationships with people than in a hospital, where they come and go.

**Sometimes it's hard to remain detached – I don't think you really can. It's about humanity, being human.**

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One of my residents is not doing very well so I'm just popping in to check on her regularly. It's like a hospice relationship. It's lovely — you get close to people. It's professional, but you also share things with them, like a family member. So they're often like whānau.

Residents have said I'm like a daughter to them. So it can be very satisfying — but also sad as you know they're not going to be around forever — none of us are!

Sometimes it's hard to remain detached — I don't think you really can. It's about humanity, being human. Someone's distressed, so you hold their hand, that sort of thing.

### **Improving older adult care in Aotearoa**

At the college, we're really focused on trying to improve the care and experiences of older adults in Aotearoa so people can have the best quality of life possible until the end — and then the best quality death. It's one of those things we only get one go at.

Last year, we submitted on the Ministry of Health's review of the 2019 End of Life Choice Act, to say nurse practitioners (NPs) should be allowed to provide care from the start of someone's assisted dying journey, not just at the end. That would mean patients could continue to be cared for by their primary health NP, if the NP is willing.

As a result, allowing NPs to provide better continuity of care to assisted dying patients, through NPs, was one of the ministry's recommendations (20) in its [review](https://www.health.govt.nz/publications/review-of-the-end-of-life-choice-act-2019) (<https://www.health.govt.nz/publications/review-of-the-end-of-life-choice-act-2019>).



*College of gerontology nursing chair Bridget Richards, right, with NZNO professional nursing advisor Marg Bigsby in September 2024 about to present at Parliament's health select committee inquiry into how aged care can better support people with cognitive disorders.*



We also gave an oral submission to Parliament's health select committee [looking into aged care](https://www.parliament.nz/en/pb/sc/make-a-submission/document/54SCHEA_SCF_68DED697-E85E-4888-DE1A-08DC7A1062A5/inquiry-into-the-aged-care-sectors-current-and-future#:~:text=The%20closing%20date%20for%20submissions,people%20experiencing%20neurological%20cognitive%20disorder s.) ([https://www.parliament.nz/en/pb/sc/make-a-submission/document/54SCHEA\\_SCF\\_68DED697-E85E-4888-DE1A-08DC7A1062A5/inquiry-into-the-aged-care-sectors-current-and-future#:~:text=The%20closing%20date%20for%20submissions,people%20experiencing%20neurological%20cognitive%20disorder s.](https://www.parliament.nz/en/pb/sc/make-a-submission/document/54SCHEA_SCF_68DED697-E85E-4888-DE1A-08DC7A1062A5/inquiry-into-the-aged-care-sectors-current-and-future#:~:text=The%20closing%20date%20for%20submissions,people%20experiencing%20neurological%20cognitive%20disorder s.)), on how to better care for the growing numbers of younger patients with degenerative neurological disorders like Parkinson's Disease, as well as brain and spinal injuries.

Then in April this year, we met the Ministry of Health's ageing well team to discuss planning needs for older people over the next 10-plus years.

**We're so used to being understaffed that we feel like frogs in a pot of water that's gradually being heated up.**

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We've updated our gerontology nursing [knowledge and skills framework](https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_gerontology_nursing/knowledge_and_skills_framework) ([https://www.nzno.org.nz/groups/colleges\\_sections/colleges/college\\_of\\_gerontology\\_nursing/knowledge\\_and\\_skills\\_framework](https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_gerontology_nursing/knowledge_and_skills_framework)) and are keen to get more older person services — like district nursing, general practice, hospices and hospitals — to join up and share resources with residential aged care, especially at weekends.

But we've love to hear what our members' priorities are — how can we help them and be their voice? Let us know at: [nznogerontology@gmail.com](mailto:nznogerontology@gmail.com).

There are nearly 600 of us in the college but we're all working in our own little areas around the country and so it's good to connect and share our expertise and experiences.

**Not enough staff. Full stop.**

A huge problem in aged care is not enough staff. Full stop. We're so used to being understaffed that we feel like frogs in a pot of water that's gradually being heated up.

When COVID came along, we suddenly had to be everything to our residents because family couldn't visit. We had staff who would work, eat and sleep there, to keep residents safe.

**At the college, we're really focused on trying to improve the care and experiences of older adults in Aotearoa so people can have the best quality of life possible until the end.**

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After that, we lost a lot of staff — and it just hasn't bounced back.

Being paid more would definitely help. Currently, aged care nurses and HCAs get paid about 20 per cent less than our friends at Te Whatu Ora.

So I'm involved with NZNO's [Age Safe campaign](https://maranga-mai.nzno.org.nz/age-safe#:~:text=Age%20Safe%20is%20about%20improving,care%20workers%20and%20kaumatua%2Fresidents.) (<https://maranga-mai.nzno.org.nz/age-safe#:~:text=Age%20Safe%20is%20about%20improving,care%20workers%20and%20kaumatua%2Fresidents.>), which is advocating for more funding from Te Whatu Ora to allow care that meets residents' needs — both clinically and culturally.

We want:

- Mandatory minimum staffing levels that allow us to give safe and quality care.
- Funding transparency and reform, so we can make sure money intended for staffing is passed on by the employer and nurses and kaiāwhina are paid fairly.
- Culturally safe care for kaumātua.

## Unionising aged care!

We also have a lot of internationally-qualified staff in aged care — about 80 per cent — which can make it hard to grow union membership. Many come from countries where unions are not strong or don't even exist and are on working visas tied to their employers which can make them a bit nervous about challenging them.

Also, some of the larger private aged care chains offer indemnity insurance. But what staff don't realise is, that wouldn't cover them if they had failed to follow the employer's policies, so it's really important they join a union, for their own protection and also to grow the collective voice and power of aged care workers.

Whether it's NZNO or another union, I don't mind — just join a union!

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- *Waikato nurse practitioner Bridget Richards is chair of the NZNO college of gerontology nursing.*
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LETTERS

## Nurses sought to speak at Digital Health Week 2025

BY KATHY STODART

*June 3, 2025*

Health Informatics New Zealand (HiNZ) is looking for nurses to speak and share their work at its Digital Health Week NZ 2025 conference in November.



**DIGITAL  
HEALTH  
WEEK  
NZ** powered by  **HiNZ**

**24–27.11.2025** EXPO + EVENTS \\\  
ŌTAUTAHĪ CHRISTCHURCH

**CALL FOR SPEAKERS CLOSES 27 JUNE**

For nurses interested in speaking at this conference, proposals should be submitted by Friday June 27.

This year HiNZ is celebrating its 25th anniversary, and where it all started 10 years before that, in 1990, as NINZ (Nursing Informatics NZ). We are particularly keen to hear from and celebrate nurses at this conference as they had the foresight to create the organisation and event.

As nurses, you may want to reflect on the past 25 years of data and digital health and share your vision for the next 25 ahead.

This year, HiNZ is embracing the power of “collabor-action” at the conference — where working together drives real impact. We’re inviting nurse speakers to lead discussions and share case studies that highlight how partnerships, shared goals, and integrated systems are improving outcomes and driving change.

If you’re passionate about data, integration, change management, or leadership in digital health, we want your voice in the room and as a speaker you get a 10 per cent discount on attending the conference.

Join us at Te Pae Christchurch Convention Centre, November 25-27, at our first South Island conference in 10 years.



Don't miss your chance to be a part of this special celebration and submit your speaker proposal now.

Rebecca McBeth, editor, media channels  
*Health Informatics New Zealand (HiNZ)*

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