

NEWS

'Just the beginning', say fed-up nurses and kaiāwhina as 24-hour strike wraps

By Mary Longmore

July 31, 2025

After tens of thousands of nurses, midwives and health-care assistants hit the picket lines, members warn more strikes are coming.



Nurses Sarita Sharma and Maelene Gatinao finish the 24-hour strike with a flourish outside Wellington Hospital this morning. Wellington photos: Jo Coffey.

As a 24-hour nationwide strike concluded at 9am today with a final flourish of banners, members at Auckland, Whangārei and Christchurch hospitals revealed plans for more strikes in August, in their local area.

Nurses and kaiāwhina around the motu were again out on picket lines early this morning, determined to protest their working conditions to the bitter end.

‘More people should walk out on their jobs, so the Government can see how badly we’re impacted.’

One, Wellington nurse Sarita Sharma who picketed in a classic rainy and windy morning straight after a night shift doing life-preserving services, said they were fed up with understaffing most days — and were prepared to make a stand.

“We’re really tired. Every shift, we are short of staff,” she told *Kaitiaki*.

“More people should walk out on their jobs, so the Government can see how badly we’re impacted.”



Members braved a wet and windy Wellington morning to protest to the bitter end of 24-hour strike action.

Hutt Hospital delegate Trevor Harris — who also hit the picket lines this morning for a final stand with colleagues — said the biggest issue was staffing.

“We’re all upset, because safe staffing has gone out the door,” he told *Kaitiaki*. At the same time, there were more patients with delirium or dementia on the wards because of a shortage of beds in the community.

“This is putting pressure on staff, and they’re not hiring or replacing staff who leave.”



Nurses Nickie Moore and Helsa Fairless brave the Wellington elements in the strike's final hours.

On his ward, staff had been calling for more health-care assistants (HCAs) for “years”, said Harris, an HCA. “Two on the floor is simply not enough.”

‘They struggle and work their butts off taking care of people.’

An urgent need for safer staffing for patients has been at the heart of strike action for many members, Tōpūtanga Tapuhi Kaitiaki o Aotearoa – NZNO chief executive Paul Goulter said.

Data obtained by NZNO has shown [56 per cent of all day shifts](https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6902/exasperated-hospital-nurses-striking-over-chronic-short-staffing) (https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6902/exasperated-hospital-nurses-striking-over-chronic-short-staffing) in surgical wards across 16 districts were understaffed last year.

Goulter said concerns over chronic staff shortages had been raised “repeatedly” since bargaining began almost a year ago in September 2024.

Yet Te Whatu Ora continually refused to acknowledge the concerns, which he said was “exasperating” for members.

“Nurses, midwives and HCAs want to give their patients the care they need, when they need it. Instead they are stretched too thin and their patients forced to wait for care.”



Paywrangles

However, Harris said Te Whatu Ora nurses — who have been offered a [two per cent pay rise this June](#) (backdated) followed by one per cent next June — also deserved a pay rise that matched the cost-of-living.

16-year-old Max Cahir — whose mum Rachael Cahir is a nurse — turned out this morning before school to stick up for nurses, telling Kaitiaki “nurses work hard and deserve our support”.

NZNO is seeking a three per cent pay rise from April this year (backdated) and another two per cent next April.

“They struggle and work their butts off taking care of people,” Harris said of his nursing colleagues.



Wellington nurse Emma Allen on the frontline in the last hours of the strike on Thursday.

‘Thank you’ – Te Whatu Ora message to hospital staff

Te Whatu Ora chief executive Dale Bramley said despite heavy winter occupancy, hospitals got through the strike without any serious incidents which was “testament to all those staff and volunteers who provided support”.

Bramley — who was appointed in June, four months after Margie Apa resigned from the chief executive role — thanked the contingency and life-preserving services staff who worked to provide care.

Thousands of patients whose planned procedures were deferred because of the strike would be contacted to reschedule, he said. Te Whatu Ora was “committed” to settling the 2024-26 collective agreement with NZNO.

Yet some Crown board members were being given an [80 per cent pay rise](#) (<https://www.teaonews.co.nz/2025/07/29/80-pay-rise-for-crown-board-members-out-of-touch-with-most-who-are-doing-it-tough/>), Harris said. “Why don’t they give us frontline workers some?”



Christchurch members picketing at dawn today in the last hours of the strike.



Nurse Abbey Kingston-Burke (left) and recently retired GP and women's health specialist Jim Aubrey were supporting the NZNO strike this morning.

"We encourage the union to focus its efforts on bargaining, so we can resolve the outstanding issues."

Goulter said that no further meetings had been set up at this stage. "We want to negotiate a settlement that meets the needs of both parties."



Tauranga members on strike

NEWS

‘Nurses are part of our family’ – author pays back support with march alongside strikers

By Joel Maxwell

July 30, 2025

Author Emily Writes joined marchers in central Wellington during Wednesday's strike — lending support to the profession that became part of her family after her son's health struggles.



Author Emily Writes and canine friend Pipatita joined NZNO members marching up Molesworth St on Wednesday

Writes was joined by her tiny canine friend, Pipatita, breed “menace”, and human friend, nurse and NZNO member Catriona Fay for the hīkoi up Molesworth St.

Writes said she was there on behalf of her entire whānau, “because we absolutely love the nurses”.

“They have saved our baby’s life, and been part of our child’s life for 12 years now, giving him care for over a decade.”

She said she stood with the nurses, midwives and health-care assistants. “We 100 per cent support them in everything they do — and it’s not fair they’re being treated the way they are.



Author Emily Writes, left, with canine friend Pipatita, and human friend Caitriona Fay and Pickle the golden retriever.

More than 36,000 Tōpūtanga Tapuhi Kaitiaki o Aotearoa New Zealand Nurses Organisation (NZNO) members turned out in force on Wednesday around Aotearoa as a 24-hour strike launched.

Writes said health-care staff in Health NZ were “incredible” and the country needed them.

She said from the moment her son was born he needed health-care. “He’s had many, many surgeries from when he was a baby — just two weeks ago he had surgery.”

Every single time they had been in hospitals, the nurses and health-care assistants had been “incredible”.



NZNO members marched up Molesworth St in central Wellington with safe staffing in their sights.

“They have become like family to us. we see all of the sacrifices they make, we see the long hours they do, we see the pressure that’s on them because of poor resourcing. And we see them give and give and give.

“They truly are like family to us, and we stand with family.”

NEWS

More than 36,000 voices shake 'ivory towers' as members walk off hospital floors around Aotearoa

By Joel Maxwell and Renee Kiriona

July 30, 2025

NZNO members shook Aotearoa's "ivory towers" with 36,000 combined voices as they walked off hospital floors around the country on Wednesday morning.



Southland: Members march in Invercargill

Auckland – early

It's still dark on Wednesday morning but Auckland registered nurse Dawn Barrett is preparing for a big day.

It's the calm before the storm — and, she says, there's even fine weather Auckland.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa New Zealand Nurses Organisation (NZNO) members turned out in force on Wednesday around Aotearoa as a 24-hour strike launched.

Barrett, who works at Greenlane Clinical Centre said nurses, quite simply, were tired.

"Essentially we've had austerity measures . . . on the health system where they want to cut back the spending by a great deal . . . and I understand it's even a bigger aspiration for next year."



NZNO members gather in central Wellington to shake some ivory towers.

Barrett would be joining the members gathering in central Auckland for a march to Aotea Square later that day.

These members faced more workload, less resources, and were "slammed constantly", she said.

Hospitals were being run on goodwill — with a continual chipping away of staffing to save money.

"It's just become impossible to keep giving this goodwill. We're running out of steam."

09.00 – Kenepuru hospital

Members are gathering outside this community hospital in Porirua, north of Wellington.



Kenepuru community hospital nurse Yvonne Coughy, front, joins the picket.

They're a small staff, but about 40-odd show up with placards and flags in a bitter wind on Raiha St.

One of them is RN Yvonne Coughy who works in the hospital and speaks over the beeps of passing cars.

She's there, she says, because she wants safe staffing — and this means safety for patients. "That's the most important thing."



NZNO members on strike at Kenepuru Community Hospital.

Working unpaid overtime, stretching shifts out by hours, missing study days because of staff shortages, and missing lunch breaks – nurses did it because they wanted the best for their patients, she said.

Relying on this goodwill simply wasn't fair, Coughy said.

At a glance

- From Wednesday to Thursday, 36,000 Te Whatu Ora nurses, health-care assistants and midwives went on strike for safe staffing and patient safety for 24 hours.
- Pickets, marches and other events launched around the country as health-care staff walked off the floor at 9am in Aotearoa's hospitals.
- Members [voted to strike](#) following a Te Whatu Ora offer considered worse than its previously-rejected May offer, and no new offer from Monday's mediation.
- It comes as new nursing graduates, and 2024 graduates, face a job shortage in hospitals — [only 45 per cent matched with work](#) in the mid-year Advanced Choice of Employment (ACE) programme.

10.00 – Wellington

It's Molesworth St — the one with Parliament and The Beehive on it, but down the very end there's an "ivory tower".



Emma Kuea, health-care assistant, and mental health nurse Oscar Fernandez, outside Kenepuru Community Hospital.

Porirua community health nurse Bee Rutledge is standing outside Te Whatu Ora headquarters, with hundreds of NZNO members and supporters, speaking via loudhailer to the people upstairs.

Walk down nearby Lambton Quay and you'll find every single person wanting a pay rise if you asked them, she says to the crowd.

"I stand here, hand on heart, saying I don't want more pay — I want more staff."



Community health nurse from Porirua Bee Rutledge speaks out front of Health NZ.

At the end of the day, she said, understaffing was “unethical, unacceptable and unsafe”.

“You’re in there in your ivory towers, sitting there sipping your mochaccino — it’s unacceptable”.

Rutledge was one of hundreds who joined the march that drew in members from around the region to bring their message to Molesworth.



Down in Wellington city for the march are Hutt Hospital nurses, from left, delegate Maree Hunt and Cathie Verkade.

People in the community should know that when they went to hospital they get timely, efficient treatment — not discharged only to have to return a few days later, Rutledge said.

10.30 – Invercargill

There's a coffin here. It has a skeleton on it.

Southland strikers are marching and noisy and they've put in the hard yards coming up with placards for strike day.



Out on strike are mother-and-daughter nursing duo, from left, Alice Gillan-Sutton and Allie Sutton.

Delegate and Te Runanga member Charleen Waddell says there's purple caped crusaders on the picket, and someone made a coffin for the day.

Emblem of the dire state of the health system, skeleton Arthur Healthcare is sitting on it, she says.

"It's a good vibe, everyone's come out — we left the hospital and we walked down to our green space where we are. Our firefighters came out and made sure the roads are safe for us."



NZNO members went all-out on Wednesday — dragging along a home-made coffin and skeleton Arthur Healthcare, symbol of the health system, to their picket.

It was all about safe staffing, she said. "We need staff. We need the colleagues alongside us."

11.00 – Auckland, again

The noise from the crowd in central Auckland is nearly deafening.

The vibe, delegate Liandra Conradie said, was amazing. "Sorry, it's a bit noisy. We're about to start our march to Aotea Square. The crowd is massive."

She was excited and the members were happy to be out and about.

"Our New Zealand whānau deserve better. They deserve nurses that can look after them. They deserve not to wait for . . . six months for an appointment."



Delegate Liandra Conradie, centre, joins the rowdy march in central Auckland.

Staff were "100 per cent" being forced to support the system through goodwill, she said. "That's exactly why we're on strike today."

12.30 – Tauranga

NZNO delegate Melissa Jacobsen is in a car — talking before getting some photos sorted and heading back out on the picket from 02.30.

They had an amazing turnout when they walked off the floor at Tauranga hospital that morning.

She walked around all the wards to make sure that patients were safe, and remaining staff were safe, then they all met downstairs to walk outside together.

"It was great. I think it was the largest turnout that I have seen in any of our strikes or pickets ... I think that we had the largest number that I've known of in Tauranga."



Flanked by firefighters, the members — led by Melissa Jacobsen, centre, walk off the floor in Tauranga hospital.

No new offer

The strike came after last-minute mediation held Monday where Health NZ offered no changes to its previous deal.

Ahead of the strike, NZNO chief executive Paul Goulter said Te Whatu Ora refused to meet an urgent claim to recruit roles necessary for safe staffing.

"NZNO has raised concerns about chronic and ongoing staff shortages continually throughout the collective agreement bargaining process which began last September."

The strike was just the beginning, Goulter said: members at Auckland City Hospital's Cardiothoracic and Vascular Intensive Care Unit and Whangārei Base Hospital's Ward 4 were balloting on a week-long redeployment strike next month.



NZNO members march up Molesworth St in Wellington to the Health NZ HQ.

"In Christchurch, also at their request, members are balloting on a two-hour full strike for workers in theatre, the post-anaesthetic care unit and radiology at Christchurch Hospital."

'We're disappointed in you'

Meanwhile a Te Whatu Ora media statement ahead of the strike said the organisation was disappointed NZNO was taking action with a "fair offer" on the table.

"We believe the offer we have made to the union is a fair one given our current financial constraints."

The statement claimed Te Whatu Ora remain completely committed to safe staffing.

NEWS

‘PS – go hard’ – primary health-care nurses’ words of support for Te Whatu Ora strikers

By Joel Maxwell

July 28, 2025

Nurses took an oath, clinical nurse co-ordinator Ayla Evans-Warmenhoven said, and frankly it’s getting tough keeping it.



Clinical Nurse Co-ordinator Ayla Evans-Warmenhoven

As strike action begins Wednesday for Te Whatu Ora members, their primary health-care counterparts have shared words of encouragement, solidarity — and a little bit of spiciness — with *Kaitiaki*.

Evans-Warmenhoven pointed out that every nurse took an oath to do no harm, but understaffing was making this tough to uphold.

"We are only human. You cannot run us like machines, doing back-to-back shifts, missing precious whānau time, hitting rock bottom with burn out – all while trying to simultaneously deliver a high-quality standard of care."

Read this story in te reo Māori [here](#).

Evans-Warmenhoven said she'd heard horror stories about what was happening inside some hospitals because of inadequate staffing and workplace stress.

"Patients being left in pain for hours, patients not having proper care plans resulting in patient and whanau aggression and basic health rights not being met."



She had been nursing for a decade but had never been so worried for the health system.

"I support the strike that they are doing, not only for fair pay to reflect the tiring work these people do, but more importantly for safe staffing."

At a glance

- On July 30-31, 36,000 Te Whatu Ora nurses, health-care assistants and midwives will strike for safe staffing and patient safety for 24 hours.

- Pickets, marches and other events will run around the country as health-care staff walk off the floor at 9am in Aotearoa's hospitals.
- Members [voted to strike](#) following a Te Whatu Ora offer that was considered worse than its previously-rejected May offer.
- It comes as new nursing graduates, and 2024 graduates, face a job shortage in Te Whatu Ora — [only 45 per cent matched with work](#) in the mid-year Advanced Choice of Employment (ACE) programme.



The NZNO colours will be flying again on Wednesday and Thursday as 24 hours of strike action launches for Health NZ members. (File photo)

Meanwhile, RN Sajitha Ferry said standing together as a single health sector was vital for getting results.

Working in the disability sector she understood first-hand about the challenges of chronic understaffing, unsafe workloads and burnout, she said.

"These issues impact not only health workers but the safety and dignity of those we care for every day."

Ferry said the collective courage of striking nurses, kaiāwhina and midwives was inspiring — and necessary for the future of nursing and patient wellbeing.

‘We are only human. You cannot run us like machines.’

“Kia kaha, and thank you for leading this important stand for change. I am with you.”

There were shorter but succinct messages of support from the likes of primary health practice nurse Pip Carter, who said strikers should “go hard” for the cause.

“We totally tautoko those in Te Whatu Ora taking strike action. Arohanui to you all.”

Aged care national delegate Brianna Dynes thanked the striking members for standing up for making Aotearoa better for its aging community.

“Let’s make some changes for the better.”

What’s happening in the main centres?

- Auckland: Wednesday, 11am, gather for march from Te Komititanga (harbour end of Queen St) to Aotea Square.
- North Shore hospital: Wednesday, 9am, join the picket outside the hospital on Shakespeare Rd.
- Waitākere hospital: Wednesday, 9am, join the picket outside the hospital on Lincoln Rd.
- Middlemore: Wednesday, 5pm, gather outside Middlemore hospital with battery-powered candles, glow-sticks, torches for show of solidarity.
- Hamilton: Wednesday, 9am meet outside Waikato ED to picket and march to Hamilton lake, then back to picket till 2pm.
- Wellington: Wednesday, 9am, walk off floor from Hutt and Wellington hospitals, meet at Wellington train station at 9.45am for march to Te Whatu Ora HQ on Molesworth St.
- Christchurch: Wednesday, 9am, picket hospital if dry, and Te Whatu Ora corporate if wet till other campuses arrive, then march to the Bridge of Remembrance.
- Dunedin: Wednesday, 9am, march from Dunedin hospital to museum for picket and community event.

Click [here](https://maranga-mai.nzno.org.nz/te_whatu_ora_strike_july_2025?page=1) (https://maranga-mai.nzno.org.nz/te_whatu_ora_strike_july_2025?page=1) for all the events on Wednesday and Thursday.

NEWS

'Shocking' low job rates for our latest nurse graduates, figures reveal



By Joel Maxwell and Mary Longmore

July 25, 2025

Less than half — just 45 per cent — of registered nursing graduates have been matched to supported-entry roles at Te Whatu Ora after mid-year finals, *Kaitiaki* can reveal.



Newly graduated nursing students in the mid-year cohort have just sat their state final exams.

Students sat their state exams last week, and were potentially matched with hospital jobs through Te Whatu Ora's advanced choice of employment (ACE) programme.

But just 323 of 722 applicants were successfully matched — less than 45 per cent, the latest figures, released to *Kaitiaki* by Te Whatu Ora show.

They reflect a continuing plummet in job rates for our newest nurse graduates since just three in five were employed this time last year — “[blindsiding](#)” the mid-year 2024 cohort.

‘It’s not looking very hopeful for those of us who are graduating next year.’

And just 549 of the current applicants are 2025 graduates — the other 173 graduated in 2024 but are still struggling to land their dream hospital role. Another six of the matches were for jobs outside Te Whatu Ora — likely in primary health where graduates are being steered.

This suggests a growing logjam as graduates over the past two years desperately jostle for work — or eye Australia, as NZNO’s [recent student survey](#) suggests.



NZNO student leaders, left to right: National student chair Bianca Grimmer, former Te Rūnanga Taurira vice chair Alana Borell, former national student vice chair Rochelle McKelvie and Te Rūnanga Taurira chair Davis Ferguson..

NZNO national student unit chair Bianca Grimmer said the match rate for Kiwi graduates was “shocking”.

“It just emphasises the snowball effect and that, while it’s all well and good to say ‘jobs will become available, you’ve just got to hold out’. If there are more grads applying for jobs now . . . well, there’s just no workforce planning behind that,” she said.

‘They’re literally going ‘please come over’ to nurses.’

“It’s not looking very hopeful for those of us who are graduating next year.”

Previously, Te Whatu Ora employed around 80 to 90 per cent of new nurses on graduation, former chief executive [Margie Apa](#) told the health select committee in 2024.

‘Grass is greener’ across the ditch

Grimmer said lots of students were looking at Australia, where there seemed to be far more opportunities and support for new graduate nurses.

“The grass is definitely greener overseas.”



Te Whatu Ora chief nurse Nadine Gray

Grimmer had just been at a careers expo with an Australian stand trying to lure nurses to that country. “They’re literally going ‘please come over’.”

Te Whatu Ora chief nurse Nadine Gray — who earlier this month [publicly urged](https://www.tewhatauora.govt.nz/corporate-information/news-and-updates/chief-nurse-encourages-graduate-registered-nurses-to-explore-all-opportunities) (<https://www.tewhatauora.govt.nz/corporate-information/news-and-updates/chief-nurse-encourages-graduate-registered-nurses-to-explore-all-opportunities>) graduates to look for jobs outside hospitals — said those who missed out would go back into the “talent

pool”, which was open to prospective employers across the health sector.

Last year, 85 per cent of RNs who applied to ACE eventually found jobs and in 2023, 84 per cent did, said Gray, without specifying where they were working.

Look ‘across the health system’ – chief nurse

“Graduate RNs often look to hospitals for their first role, and while we are working to employ as many graduate RNs as possible, I want to encourage students to look right across the health system when looking for their first job,” Gray said in a statement.

The news comes as thousands of NZNO’s Te Whatu Ora members prepare for [24-hour strike action on July 30–31](#), after 2024–26 pay talks broke down. A key NZNO claim rejected by Te Whatu Ora was to guarantee all nursing graduates full-time permanent employment.

‘Nurses who have a purpose, and a ‘why’ as to why they want to do what they’re doing are way stronger to the health system to be working in those areas.’

Gray told *Kaitiaki* the “vast majority” of graduates who had been matched would be in an 0.8 full-time-equivalent (FTE) role or higher. However, there would be 0.6 FTE roles offered both by Te Whatu Ora and others, and she encouraged graduates to “consider all offers” including in primary, community health and aged care.

“Nursing offers diverse career pathways outside of hospitals, with interesting and challenging work that can contribute ... to the lives of others.”



NZNO student leader Bianca Grimmer. (File photo)

A \$30 million initiative to recruit [400 graduates per year into primary health](#) over the next three years was announced in March by Minister of Health Simeon Brown. Te Whatu Ora would pay rural practices \$20,000 and urban practices \$15,000 per graduate per year over five years, the minister said.

Grimmer said it was “all well and good” to push students towards the likes of primary health-care — but there were shortages everywhere.

“Nurses who have a purpose, and a ‘why’ as to why they want to do what they’re doing are way stronger to the health system to be working in those areas.”

‘Huge blow’

It was a huge blow to students who did not get a match, after the hard work they’d put in.

As part of ACE, the nursing entry-to-practice programme (NETP) and nursing-entry-to-specialist-practice (NESP), for mental health nursing, include mentoring, orientation and professional development for new nurses.



Graduates still have to find income while they wait to find nursing jobs.

Last year, *Kaitiaki* reported on 770 nurse graduates who felt abandoned and blindsided [after discovering they had missed out on hospital jobs](#). Many graduated with hefty student debt, and families to support.

Previous figures showed that about 65 per cent of last year’s graduates eventually found work specifically in Te Whatu Ora through the ACE programme — down from about 75 per cent in 2023.

Meanwhile Grimmer said there was a decreased turnover rate of existing staff in hospitals. “That’s what we’re really trying to put our finger on — why is the turnover rate not happening?”



Bianca Grimmer said appeals to New Zealand nurses to work in Australia were not slowing down.

It could be that people were looking at an unstable employment market and holding on to their current job, Grimmer said.

After last year's hiring blow-up, many first-year students considered whether they should quit before they invested too much time and money in the course.

'Even if we have a strong pull towards nursing, it's not attractive anymore.'

Nobody had told Grimmer they regretted sticking with nursing, but their journey became harder when they had to ask if their "why" was still big enough to continue, she said.

The message from the Government seemed to be "what is the point in upskilling?", she said. "Even if we have a strong pull towards nursing, it's not attractive anymore."

It would also be difficult for 2024 graduates to build and maintain technical skills "when you're pushed into a retail job just to make ends meet".

The story so far

Last year *Kaitiaki* covered the hiring blow-up in-depth. It started in August as mid-year [graduates felt broken and abandoned](#). Then followed a [ministerial response](#). By the end of the

year we discovered [hundreds had missed out on jobs](#). Then it was the turn of [enrolled nurses to miss out](#). We uncovered more information [through an official information request](#). Once again the minister tried [to steer nurses to primary health](#). Finally the [chief nurse discussed the issue with Kaitiaki](#).



Some of Tōpūtanga Tapuhi Kaitiaki o Aotearoa – NZNO student members at conference last year.

NEWS

‘Kia tū māia’ – ngā kupu tautoko a ngā tapuhi hauora matua ki ngā kiriporotū o Te Whatu Ora

By Joel Maxwell

July 28, 2025

Nurses took an oath, clinical nurse co-ordinator Ayla Evans-Warmenhoven said, and frankly it's getting tough keeping it.



Clinical Nurse Co-ordinator Ayla Evans-Warmenhoven

As strike action begins Wednesday for Te Whatu Ora members, their primary health-care counterparts have shared words of encouragement, solidarity — and a little bit of spiciness — with *Kaitiaki*.

I mua i te tīmatanga o te porotū i te Wenerei mā ngā mema Te Whatu Ora, ka tohatoha ō rātou hoa mahi i te rāngai hauora mātāmua ētahi kupu tautoko, hei akiaki, hei whakakotahi — hei kai pūhahana noki — ki a Kaitiaki.

Evans-Warmenhoven pointed out that every nurse took an oath to do no harm, but understaffing was making upholding this tough.

Ka kīia e Evans-Warmenhoven ka kī taurangi ia tapuhi, ia tapuhi kia kaua e whakawhara i te tangata, engari me oke ururoa rātou kia whai tonu i tēnei oati.

"We are only human. You cannot run us like machines, doing back-to-back shifts, missing precious whānau time, hitting rock bottom with burn out – all while trying to simultaneously deliver a high-quality standard of care."

"He tāngata noa iho mātou. Kaua rawa koe e whakahaere mātou hei karehiko, e tohe ana kia tutuki i te nui o ngā mahinga, ā, ka mahue i a mātou te nohotahi me te whānau, ā, kei raro e putu ana mātou nā runga i te ruha — i te wā tahi ka okea kia tuku i te kounga o ngā ratonga atawhai.

Evans-Warmenhoven said she'd heard horror stories about what was happening inside some hospitals because of inadequate staffing and workplace stress.

Hei tā Evans-Warmenhoven, kua rangona e ia ngā pakiwaitara whakaohorere mō ngā āhuatanga i roto i ētahi o ngā hōhipera, nā runga i te kōpaka i ngā kaimahi me te pōkaikaha o ngā tāngata i te wāhi mahi.

"Patients being left in pain for hours, patients not having proper care plans resulting in patient and whanau aggression and basic health rights not being met."

"Kua waiho ngā tūrora i raro i te mamae mō ngā hāora maha, kāhore i tukuna ngā mahere atawhai ki a rātou me te aha ka riri ngā tūrora me ō rātou whānau, ā, kāhore i tutuki ngā mōtika māori."



She had been nursing for a decade but had never been so worried for the health system.

E 10 tau a ia e nēhi ana engari ināianeī e waipuketia ana tōna āwangawanga mō te punaha hauora.

"I support the strike that they are doing, not only for fair pay to reflect the tiring work these people do, but more importantly for safe staffing."

"Kei te tautoko ahau i tā rātou porotū, kāhore anake mō te utu tika hei mahi houhare, engari pū mō te whakawhiwhi mahi haumaru noki."

At a glance

- On July 30-31, 36,000 Te Whatu Ora nurses, health-care assistants and midwives will strike for safe staffing and patient safety for 24 hours.
- Pickets, marches and other events will run around the country as health-care staff walk off the floor at 9am in Aotearoa's hospitals.
- Members [voted to strike](#) following a Te Whatu Ora offer that was considered worse than its previously-rejected May offer.
- It comes as new nursing graduates, and 2024 graduates, face a job shortage in Te Whatu Ora — [only 45 per cent matched with work](#) in the mid-year Advanced Choice of Employment (ACE) programme.

- I te Hūrae 30-31, ka porotū ngā nēhi, kaiāwhina me ngā tapuhi whakawhānau e 36,000 mō te whakawhiwhi mahi haumaru me te hauora o ngā tūroro, mō ngā hāora e 24.
- Ka tū mai ngā porotū, ngā hīkoi me ētahi atu momo taiopenga puta noa i te whenua i muri i tā ngā kaimahi hauora wehe i ngā hōhipera o Aotearoa i te 9am.
- Kua [pōtīhia e ngā mema](#) kia porotū nō muri i tētahi tono a Te Whatu Ora kua whakaarohia he kino ake i tā rātou tono i te Mei e parahako kē ana.
- Ka porotū ngā mema i te wā tahi kua pā mai te kōpaka i ngā tūranga HNZ mō ngā kiriwhakapōtae hou, me ngā kiriwhakapōtae 2024 noki — [ko te 45 pae hēneti noa iho kua tūpono](#) ki tētahi tūranga i te kaupapa ACE, tau-waenga.



The NZNO colours will be flying again on Wednesday and Thursday as 24 hours of strike action launches for Health NZ members. (File photo)

Meanwhile, RN Sajitha Ferry said standing together as a single health sector was vital for getting results.

Heoi anō, hei tā te RN a Sajitha Ferry, e matea ana te tū kotahi kia whakakotahi i te rāngai hauora hei whaihua mō te katoa.

Working in the disability sector she understood first-hand about the challenges of chronic understaffing, unsafe workloads and burnout, she said.

Nā runga i tāna mahi i te rāngai whaikaha i mōhio pū a ia ki ngā wero nui o te kōpaka i ngā tūranga mahi, te taumahatanga o te mahi nui me te pōkaikahatanga, hei tāna.

"These issues impact not only health workers but the safety and dignity of those we care for every day."

"Ka tāmi mai ēnei take i te hauora o ngā kaimahi hauora, ā, me te noho haumaruru, te amaru hoki o ngā tūroro e atawhaingia ana rangi atu, rangi mai."

Ferry said the collective courage of striking nurses, health-care assistants and midwives was inspiring — and necessary for the future of nursing and patient wellbeing.

Hei tā Ferry he whakaohohotanga tō te māia a ngā tapuhi, kaiāwhina me ngā tapuhi whakawhānau e porotū nei — e matea ana hoki tēnei mō te wā heke o ngā nēhi me te hauora o ngā tūroro.

'He tāngata noa iho mātou. Kaua rawa koe e whakahaere mātou hei karehiko'

"Kia kaha, and thank you for leading this important stand for change. I am with you."

"Kia kaha, ngā mihi nunui hoki ki a koutou mō tā koutou arahi hei huri i tēnei ao. Kei tō koutou taha ahau hoki."

There were shorter but succinct messages of support from the likes of primary health practice nurse Pip Carter, who said strikers should "go hard" for the cause.

Poto pea ngā kupu, engari nui ngā kōrero a ētahi atu, pēnei ki te rite o te tapuhi hauora mātāmua a Pip Carter nāna i akiaki i ngā nēhi "kia tū maia" mō te kaupapa.

"We totally tautoko those in Te Whatu Ora taking strike action. Arohanui to you all."

"E tautoko mārika ana mātou i a rātou i Te Whatu Ora e porotū nei. Arohanui ki a koutou katoa."

Aged care national delegate Brianna Dynes thanked the striking members for standing up for making Aotearoa better for its aging community.

Kua mihia e te māngai ā-motu mō ngā take pēperekōu a Brianna Dynes ngā mema e porotū ana mō tā rātou tū e pai ake ai Aotearoa mō tāna hāpori pēperekōu.

"Let's make some changes for the better."

"Kia huri tātou i tō tātou ao, e pai ake ai."

What's happening in the main centres?

- Auckland: Wednesday, 11am, gather for march from Te Komititanga (harbour end of Queen St) to Aotea Square.
- North Shore hospital: Wednesday, 9am, join the picket outside the hospital on Shakespeare Rd.
- Waitākere hospital: Wednesday, 9am, join the picket outside the hospital on Lincoln Rd.
- Middlemore: Wednesday, 5pm, gather outside Middlemore hospital with battery-powered candles, glow-sticks, torches for show of solidarity.
- Hamilton: Wednesday, 9am meet outside Waikato ED to picket and march to Hamilton lake, then back to picket till 2pm.
- Wellington: Wednesday, 9am, walk off floor from Hutt and Wellington hospitals, meet at Wellington train station at 9.45am for march to Te Whatu Ora HQ on Molesworth St.
- Christchurch: Wednesday, 9am, picket hospital if dry, and Te Whatu Ora corporate if wet till other campuses arrive, then march to the Bridge of Remembrance.
- Dunedin: Wednesday, 9am, march from Dunedin hospital to museum for picket and community event.

Click [here](https://maranga-mai.nzno.org.nz/te_whatu_ora_strike_july_2025?page=1) (https://maranga-mai.nzno.org.nz/te_whatu_ora_strike_july_2025?page=1) for all the events on Wednesday and Thursday.



NEWS

Love, anger, and a reminder to men – mammoth pay-equity petition delivered at Parliament

By Joel Maxwell

July 23, 2025

It's simple – Wendy Rees loves people, loves her patients, but she's really angry.



NZNO delegate and palliative care nurse Wendy Rees at Parliament for the pay equity petition handover.

The NZNO delegate is closing in on a decade nursing — but spoke to *Kaitiaki* beside a lamp post in front of Parliament as she joined a multi-union rally delivering a mammoth petition to protect pay equity.

In only a few months, the unions, including Tōpūtanga Tapuhi Kaitiaki o Aotearoa – NZNO, gathered nearly 94,000 signatures before handing them to Opposition parties on Parliament's steps on Wednesday.

Rees, a specialist palliative care advanced registered nurse, has seen nurses leaving the hospice sector in droves this year alone.

She's angry to see that knowledge, experience and expertise – from health-care assistants to senior nurses to new graduates — draining away because of pay inequity.



NZNO nursing delegate Sarita Sharma joins in the rally at Parliament.

"I was one of a team of two until recently and my colleague left into a sideways position for a private entity for \$30,000 more."

In May [the Government axed all 33 current pay equity claims](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkaitiaki.org.nz%2Farticle%2Foutrage-shock-and-fury-as-government-halts-pay-equity-)

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[claims%2F&data=05%7C02%7CJoel.maxwell%40nzno.org.nz%7C83401a3f1bcb41efb6d108ddc9a26615%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C638888421539447369%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMilslkFOljoiTWVpbiIsIlldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=BQdBy1JfE5UdMXDOYIKeODWg%2B6V%2BLjT5fHt3K4Q%2BxU%3D&reserved=0\)](#) worth \$12.8 billion ahead of Budget 2025.

It installed tough new thresholds for bargaining to even recommence. NZNO had 12 active claims covering 13,231 members in play, plus one review for Te Whatu Ora members, covering about 40,000. All up more than 50,000 members — including a Plunket settlement only weeks from completion.

The petition called for a reversal of all cancellations, for law changes to be undone and for pay equity settlements to be delivered to every worker.



The NZNO supporters gather to listen to speeches as the pay equity petition is delivered.

Standing in the crowd watching the politicians speak was hospital registered nurse and NZNO delegate Sarita Sharma holding a Maranga Mai flag.

Sharma is at every rally like this, supporting the union. Today will be a warm-up of sorts for the following week where she'll be part of [Health NZ staff strikes](#): "Yes, of course" we would see her there.

On Wednesday she was focused on protecting pay equity. Staff-patient ratios were too high, and getting heavier by the day — all the while safe staffing was becoming worse, she said.

Meanwhile Qiigle Pheenyx, home-help support worker in aged care, and E Tū member, has a question for PM Christopher Luxon and the rest of the Government.



Do they not think they'll get old, need help, one day too?

"I wonder how they feel about their own parents or themselves or their grandparents if they're in the situation requiring help?"

Pheenyx said she wanted to swear when she found out the Government was axing the pay equity claims. She lost potentially tens of thousands from her own pay packet over the past few years because of pay inequity.

"For women in particular, we're the ones who do most of the mahi in this field . . . 90 per cent is females, we do amazing work and we care."



Qiigle Pheenix, home-help support worker in aged care, wonders whether the Government thinks they'll ever get old.

She signed the petition "ages ago" and was rapt with the number of signatures. "Hopefully that gets them to stand up and listen."

Labour workplace relations spokeswoman Jan Tinetti said the Government, without any warning during elections, or a select committee process, had ripped up claims and "gutted" the Pay Equity Act.

There was an outpouring of support from New Zealanders all over the country and all political persuasions, against the Government, she said.

The full extent of the Government's betrayal of New Zealand women was seen in The Budget — "\$12.8b that should be in the pockets of women".



Greens MP Kahurangi Carter receives the pay equity petition.

Te Pāti Māori co-leader Debbie Ngarewa-Packer said she held the belief that the likes of her grandchild should “never have to go backwards”.

She thanked women’s allies at the hui — men — and drew laughter from the crowd as she reminded them, “you all came from us”.

“You wouldn’t be here, and sadly some of those politicians making dumb decisions wouldn’t be here, if it wasn’t for women.”



A blaze of colour lit up Parliament's steps as unions gathered and presented the pay equity petition.

Ngarewa-Packer asked the gathered crowd to promise her one thing — that in 2026 they would not let “this s***-head government” win reelection.

Meanwhile, NZNO [will push ahead to test the new thresholds](#) by re-raising its claims. Pay equity advocate Glenda Alexander has said in *Kaitiaki* while there is a [widespread view](#) (<https://business.scoop.co.nz/2025/05/18/women-in-funded-sector-unlikely-to-get-pay-equity/#:~:text=What%20this%20could%20mean%20is,safety%20spokesperson%20Jan%20Tinetti%20s%20aid.>) that the new barriers are prohibitively high, “we are determined to test this”. This would hold the Government to account, where and if NZNO found itself unable to progress the claims.

“Until then, we won’t know for sure how strong they are.”

NEWS

‘Big leap forward’ for NZNO, as new constitution voted in by members

By Mary Longmore

July 18, 2025

A historic new constitution for Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO that fundamentally changes its structure to become more egalitarian and te Tiriti-led has been voted in by members.



Constitutional review panel co-chairs Kathryn Chapman and Grant Brookes at NZNO's Waitaha Canterbury regional convention earlier this year. Photo: Erica Donovan.

Co-chair of NZNO's constitutional review panel, Grant Brookes, said NZNO had taken a "big leap forward as a democratic, member-driven union based firmly on Te Tiriti o Waitangi".

The new constitution will bring a new structure for NZNO. Regional councils and the national membership committee will be replaced by local organising groups which will partner with NZNO Te Rūnanga (Māori council) members to create new rōpū (groups) called ngā hapū.

The chief executive role will be replaced with that of national secretary and and board of directors by a national executive, to bring NZNO into line with "more egalitarian" union structures, the panel's [presentation](https://www.nzno.org.nz/get_involved/conference_and_agm/sgm_information) (https://www.nzno.org.nz/get_involved/conference_and_agm/sgm_information) outlines.

NZNO's Māori governance board, Te Poari, will have equal status and decision-making power with the national executive.

The panel has said the new structure would bring a more unified, egalitarian, democratic and te Tiriti-led organisation.

The new constitution has been five years in the making, after members voted to [review the existing constitution in 2020](#).

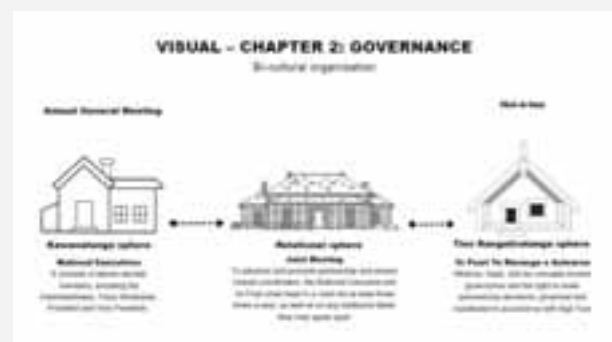
Since then, a constitutional review panel, with an equal mix of NZNO board and Te Poari members, has been drafting a new foundational document, in consultation with members and membership groups around the motu.

'NZNO has taken a big leap forward as a democratic,

'Step in right direction' – kaiwhakahaere

NZNO kaiwhakahaere Kerri Nuku said the new constitution was a "step in the right direction" in a longer bicultural journey for the organisation.

In the [Matike Mai](https://matikemai.maori.nz/wp-content/uploads/2024/01/MatikeMaiAotearoa25Jan16-1.pdf) (<https://matikemai.maori.nz/wp-content/uploads/2024/01/MatikeMaiAotearoa25Jan16-1.pdf>) bicultural model, which underpinned the new constitution, there were three elements: Kawanatanga (executive/elected leaders), tino rangatiratanga (self-determination for Māori) — and the "relational" sphere where both came together.



"While there are steps towards ... a bicultural way, it's still in an early journey towards actualising a Matike Mai model where there is true self-determination within Te Rūnanga [NZNO's Māori member network) sphere."

Nuku said the new NZNO structure was more inclusive but it remained to be seen how the relationships worked in practice.



member-driven union based firmly on Te Tiriti o Waitangi.

On April 7, 2025, member groups at an NZNO special general meeting agreed to put the proposed new constitution to a member ballot. This followed the endorsement of the proposed draft constitution by NZNO's Te Rūnanga on April 4 at a special hui ā-tau.

It then went to an all-member vote on May 20 run by independent election management company, [electionz.com](https://www.electionz.com/home/) (<https://www.electionz.com/home/>).

By the close of a nearly month-long ballot on June 17, 10.75 per cent of NZNO's 62,132 eligible members had voted — 6680 people. Of them, 3340 voted for the new constitution and 2503 against it. Another 837 abstained.

Drawing on a bicultural model developed by [Matike Mai](https://matikemai.maori.nz/wp-content/uploads/2024/01/MatikeMaiAotearoa25Jan16-1.pdf) (<https://matikemai.maori.nz/wp-content/uploads/2024/01/MatikeMaiAotearoa25Jan16-1.pdf>) for a new national constitution for Aotearoa, the NZNO proposal would see Te Poari continuing to exercise tino rangatiratanga (self-determination) for its Māori members through its Te Rūnanga arm.

The NZNO national executive would govern other members and a partnership body of both called the "joint hui" would meet at least three times yearly to make shared decisions on major issues.

'Huge' amount of work

Brookes said members could be "very proud" of taking a strong stand which would bring new opportunities to achieve NZNO's [Maranga Mai!](https://maranga-mai.nzno.org.nz/why_we_support_maranga_mai) (https://maranga-mai.nzno.org.nz/why_we_support_maranga_mai) goals for a more equitable and safely staffed health system, with a representative and fairly paid nursing workforce.

NZNO kaiwhakahaere Kerri Nuku.

"We can put a structure in place but if you're not talking to one another or sharing the reciprocity or equalising of mana, then it won't go any further and it will cause people lots of headaches."

Conversely, if it was well-implemented, it could be truly transformational, she said.

"The more we do that, the more we can start to push ourselves into different spaces and truly start to embrace a more inclusive way of implementing a bicultural way of working."



Margaret Mutu

Mātike Mai was developed by Auckland professor of Māori studies Margaret Mutu and the late constitutional lawyer [Moana Jackson](#) — a long-time supporter of Te Rūnanga o Aotearoa NZNO.



Moana Jackson speaks at NZNO's indigenous nurses Aotearoa conference in 2021.

NZNO president Anne Daniels acknowledged the “huge” amount of work involved with the review over the past five years, as the panel sought member feedback through NZNO annual general meetings and regional conventions.

‘It’s my hope that by being a more inclusive, more open ... we will be able to find innovative and different ways of engaging members.’

“It’s my hope that by being a more inclusive, more open and also working together much more appropriately from a cultural safety and partnership point of view, we will be able to find innovative and different ways of engaging members — no matter where they work or who they work for.”

Daniels told *Kaitiaki* while pleased the new constitution had been supported by members, voting engagement was low as was often the case for leadership and constitutional matters.



Anne Daniels

“That’s an important challenge for us as an organisation to turn around.”

The panel members are Grant Brookes (board), Kathryn Chapman (Te Poari), Nayda Heays (Te Poari), Isla Taunoa (Te Poari), Nano Tunnickliff (board) and Simon Auty (board). Kathryn Chapman replaced Tracy Black as co-chair late last year.

Next steps

NZNO chief executive Paul Goulter said work to register the new constitution with the Register of Incorporated Societies was underway. It would come into effect on the date registration is confirmed, but it is not yet clear how long that will take.

‘The more we can start to push ourselves into different spaces and truly start to embrace a more inclusive way of implementing a bicultural way of working.’

Goulter said members had voted in a ground-breaking constitution which meant NZNO would become a genuinely bicultural organisation.

Now the mahi would begin to implement the new structure, he said.

The new, yet-to-be registered, constitution can be viewed on the NZNO website [here](https://www.nzno.org.nz/about_us/governance/2025_member_constitution_ballot) (https://www.nzno.org.nz/about_us/governance/2025_member_constitution_ballot).

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

NEWS

'It's the polar opposite' – southern delegates discover public vibe on health, strike

By Joel Maxwell

July 16, 2025

They hustled a spot at the biggest crafts market in Invercargill – then a group of NZNO delegates got a grassroots vibe check: nurses or the Government?



NZNO delegates in Invercargill, from left, Bronwyn Dawson, Lyndal Ramsay and Maike Rickertsen. In the foreground is Arthur Healthcare, skeleton.

NZNO delegates gathered signatures at Invercargill's Southern Crafters Market for [a petition launched last September](#) — The Buller Declaration, calling for the Government to deal with the health system crisis.

Southland delegate Maike Rickertsen said the market, held at Stadium Southland, was a huge event running over the weekend with more than 200 stalls.

Read this in te reo Māori [here](#).

Rickertsen pitched the stall idea at a delegates meeting last week then set about getting a foot in the highly-coveted market door. With no crafts to sell and only a jar of giveaway lollies and a publicity skeleton in tow, the nurses got a spot anyway — free — thanks to organisers' generosity.



NZNO delegate Pearl Silk signs the Buller Declaration with her family joining in too.

"They all had their own journeys probably in the health system," she said.

Eight delegates, including a student, pitched in to help – three heading off to work shifts after their time at the stall.

The group added another about-1000 signatures to the petition over a weekend of non-stop engagement with visitors — only a single person having a bad word to say about nurses.

Beforehand, the nurses worried the public didn't support their cause — but that fear quickly evaporated.



Taking their turn at the table are, from left, Emily Balaam and Charleen Waddell.

“It was the polar opposite, and everyone really hates the Government,” Rickertsen said. Health Minister Simeon Brown was also hugely unpopular amongst this craft-loving community.

The stall came after about 36,000 Te Whatu Ora members [voted to strike later this month](#): giving the nurses a chance to test community reactions.

At the market, an online survey run by the members drew 97% support from 36 responses for the strike. When it came to the state of the health system, “everyone’s had a gutsful”, Rickertsen said.

“And honestly the stories that we got out of people were just heartbreaking. I mean, we know how it is, but oh my God.”



Supporter Klaus Rickertsen backs up model Arthur Healthcare, seated, with Bronwyn Dawson and Maike Rickertsen having a kōrero with community members lining up to sign the Buller Declaration. Rickertsen said the weekend was full-on for the delegates, but ultimately the support was "far better than we thought it would be".

Meanwhile sitting amongst the quince chutney preserves and woodcrafts of the Deep South's biggest craft market was Arthur Healthcare — a bandaged skeleton chilling on a camping chair.

Rickertsen said he was a symbol of the health system, and something of an eye catcher and conversation-starter for curious passers-by.

NEWS

‘He āhuatanga tauaro’ – ka kite ngā māngai Murihiku i ngā piropiro tūmatanui mō te hauora me te porotū

By Joel Maxwell

July 16, 2025

They hustled a spot at the biggest crafts market in Invercargill – then a group of NZNO delegates got a grassroots vibe check: nurses or the Government?



NZNO delegates in Invercargill, from left, Bronwyn Dawson, Lyndal Ramsay and Maike Rickertsen. In the foreground is Arthur Healthcare, skeleton.

NZNO delegates gathered signatures at Invercargill's Southern Crafters Market for [a petition launched last September](#) — The Buller Declaration, calling for the Government to deal with the health system crisis.

Kua kohia ngā waitohu e ngā māngai NZNO i tā Waihōpai Southern Crafters Market [hei tapiri ki tētahi petihana i whakarewaina i tērā Hepetema](#) – e kīia nei ko te Buller Declaration, e tonotono ana i te Kāwanatanga kia whakatika i te pūnaha hauora e mōrearea nei.

Southland delegate Maike Rickertsen said the market, held at Stadium Southland, was a huge event running over the weekend with more than 200 stalls.

Hei tā te māngai Murihiku a Maike Rickertsen, kua tū te māketē nui rawa, neke atu i te 200 ngā wāhi hokohoko, i te mutunga wiki kua hipa ki te Stadium Southland.

Read this story in English [here](#).

Rickertsen pitched the stall idea at a delegates meeting last week then set about getting a foot in the highly-coveted market door. With no crafts to sell and only a jar of giveaway lollies and a publicity skeleton in tow, the nurses got a spot anyway — free — thanks to organisers' generosity.

Kua marohia e Rickertsen te mahere i tētahi hui o ngā māngai i tērā wiki, kātahi ka tohea kia whiwhi i tētahi wāhi hokohoko e tino paingia ana. Ahakoa he kore mahi toi kia hoko atu, me ngā rare me tētahi anga kōiwi whakatairanga noa iho ā rātou, i mau i ngā nēhi tētahi wāhi – he kore utu – nā runga i te aroha o ngā kaiwhakarite.



NZNO delegate Pearl Silk signs the Buller Declaration with her family joining in too.

"They all had their own journeys probably in the health system," she said.

"Tērā pea kua takahi rātou i ō rātou ake haerenga i te pūnaha hauora," ka kī a ia.

Eight delegates, including a student, pitched in to help – three heading off to work shifts after their time at the stall.

He tokowaru o ngā māngai, e tae rā anō ana ki tētahi ākonga, i mahia – he takitoru kua wehe atu ki ō rātou mahinga i muri mai i tō rātou wā i te wāhi hokohoko.

The group added another about-1000 signatures to the petition over a weekend of non-stop engagement with visitors — only a single person having a bad word to say about nurses.

Kua tāpiri te hunga tata ki te 1000 o ngā waitohu ki te petihana i roto i ngā rā whakatā tino nui te kōrerorero ki ngā manuhiri — kotahi anake te tangata i whakahē ki te kaupapa o ngā nēhi.

Beforehand, the nurses worried the public didn't support their cause — but that fear quickly evaporated.

Nō mua atu kua āwangawanga ngā nēhi tērā pea kāhore te marea i tautoko i te kaupapa — engari i tere whakaeto taua āwangawanga.



Taking their turn at the table are, from left, Emily Balaam and Charleen Waddell.

"It was the polar opposite, and everyone really hates the Government," Rickertsen said. Health Minister Simeon Brown was also hugely unpopular amongst this craft-loving community.

"He āhuetanga tauaro katoa, ā, ka tino whakahē te katoa ki te Kāwanatanga," ka kī a Rickertsen. Kāhore rātou o te hāpori mahi toi i paku rata ki te Minita Hauora a Simeon Brown noki.

The stall came after about 36,000 Te Whatu Ora members [voted to strike later this month](#): giving the nurses a chance to test community reactions.

Kua whakatūria te wāhi hokohoko i muri i tā ngā mema Te Whatu Ora e 36,000 [pōti kia porotū i te whiore o te marama](#).

At the market, an online survey run by the members drew 97% support from 36 responses for the strike. When it came to the state of the health system, "everyone's had a gutsful", Rickertsen said.

I te māketē, kua whakarite ngā mema i tētahi tirohanga tauanga tuihono e toia ana te tautoko a te 97% o ngā kaiurupare 36 i te porotū. E pā ana ki te āhuetanga o te pūnaha hauora, "ka

tino hōhā te katoa”, ka kīia e Rickertsen.

“And honestly the stories that we got out of people were just heartbreaking. I mean, we know how it is, but oh my God.”

“Me pono, e tino pōuri ana ngā kōrero a ngā tāngata. Āe, kei te mōhio kē mātou ki te āhuatanga engari e hika.”



Supporter Klaus Rickertsen backs up model Arthur Healthcare, seated, with Bronwyn Dawson and Maike Rickertsen having a kōrero with community members lining up to sign the Buller Declaration.

Rickertsen said the weekend was full-on for the delegates, but ultimately the support was “far better than we thought it would be”.

E ai ki a Rickertsen, he nui te mahi i ngā rā whakatā engari i te mutunga iho “kua pai rawa ake te tautoko i tā mātou i kawatau ai”

Meanwhile sitting amongst the quince chutney preserves and woodcrafts of the Deep South's biggest craft market was Arthur Healthcare — a bandaged skeleton chilling on a camping chair.

Heoi anō, e noho ana a Arthur Healthcare i runga i tētahi tūru puni hei whakatā i waenga i ngā tiamu quince chutney me ngā mahi toi rākau o tā Te Murihiku māketē mahi toi nui rawa — he anga kōiwi e mau ana i ngā tākaikai.

Rickertsen said he was a symbol of the health system, and something of an eye catcher and conversation-starter for curious passers-by.

Hei tā Rickertsen, he tohu a ia o te pūnaha hauora, ā, kua hopua e ia ngā karu, ā, ka tahuna ngā kōrero a ngā kaititiro.

NEWS

'We're angry now': Nurses reject 'worse' offer and vote to strike

By Kaitiaki coeditors

July 11, 2025

Disappointed, hopeful . . . and now angry.



Te Whatu Ora members in North Shore at mass union meetings last month to discuss Te Whatu Ora's offer.

About 36,000 Te Whatu Ora nurses and kaiāwhina around the country today voted to go on 24-hour strike, from 9am, Wednesday July 30, to 9am, Thursday July 31.

It follows an offer from Te Whatu Ora that — after 10 months of bargaining — failed to secure safely staffed hospitals, cost-of-living pay rises or support for New Zealand-trained nurse graduates.

At a glance: Key changes in latest offer

- A pay increase of two per cent, instead of one per cent, in 2026 — but in June instead of April. NZNO says it does not match cost of living.
- A three-month longer term for the collective

‘There was no way we were going to take that offer. We’ve come so far on pay equity and this is just taking us right back.’

Nor did it offer nurses working longer shifts any extra pay for taking on supervisory duties.

Wellington nurse and NZNO delegate Mel Anderson said it was even worse than Te Whatu Ora’s May offer, [which members rejected](#).

“There was no way we were going to take that offer. We’ve come so far on pay equity and this is just taking us right back,” she told *Kaitiaki*.

Te Whatu Ora’s continuing refusal to implement safe nurse-to-patient ratios was hard to understand, she said.

“It’s just so crap, there’s nothing. They’ve just taken everything away that was wanted by the members,” Anderson said.

In the latest offer, shift coordinators would only get paid for an eight-hour shift — not longer ones.

“I just can’t believe it — why they think nurses doing 12-hour shifts want to do four hours of shift coordination and not being paid for it! I don’t even have words for that.”

agreement, which NZNO says will erode the value of the wage increase.

- A \$325 lump sum payment (pro rata) in June 2025 and June 2026.
- A tikanga allowance has been removed with no explanation.
- A kaupapa Māori dispute resolution process has been removed with no explanation.
- Removal of shift coordinator allowance for members working 10 and 12-hour shifts — a move NZNO says is “nonsensical”.
- No further details on how it will prioritise safe staffing and use of the CCDM tool.
- Removed an obligation to consider evidence for nurse-patient ratio changes.
- No guarantee to employ new graduates.

A more detailed breakdown is available [here](#).
(https://assets.nationbuilder.com/nzno/pages/1671/attachments/original/1751412053/Te_Whatu_Ora_offer_to_NZNO_30_June_2025.pdf?1751412053)



Mel Anderson with daughter Ella at a parliamentary pay equity event in May.

Nurses were feeling “disrespected”, she said. “We’re disappointed — and we’re angry now.

“We can see that the health system is crumbling around us and they don’t even seem interested in negotiating with us.”

Lack of support for new graduates

Anderson said a lack of support for graduates was also disappointing, after NZNO pushed for full employment of New Zealand-trained nurses.

"On my ward alone, we've had no students this year and it's so upsetting for me that we're not growing our own nurses," Anderson said.

"We've had such amazing students come through and I'm just so disappointed for them."



Chantelle Thompson on the sausage sizzle during NZNO's 2024 safe staffing bus tour.

Last year Te Whatu Ora employed [just over half of new graduates](#) at end of year, compared to previous rates of about 90 per cent.

This week chief nurse Nadine Gray [publicly urged nursing graduates to look beyond Te Whatu Ora](#)

(<https://www.tewhatuora.govt.nz/corporate-information/news-and-updates/chief-nurse-encourages-graduate-registered-nurses-to-explore-all-opportunities>) for work — signalling there may not be many supported-entry roles for mid-year graduates about to hit the job market.

Whangārei nurse and NZNO delegate Chantelle Thompson said the biggest issue for everyone she spoke to was the lack of care for safe staffing, more than pay.

"It's not necessarily to do with a lack of pay increase, but more around the lack of care for safe patient-to-staff ratios, a lack of understanding and care for the need for more funding to put into the health system for better services, resources, staffing."

Workers were feeling "strong and collective in our thoughts to stand together and fight against this ridiculousness this Government seems to keep pushing on public services, us being included", Thompson said.

"One of the biggest things is feeling very undervalued and that our public health system doesn't matter."

Christchurch health-care assistant (HCA) Michelle Genet – an NZNO delegate at a Te Whatu Ora-owned aged care facility — said serious strike action was overdue.

"We've had enough of Te Whatu Ora taking its time replacing workers, relying on casuals and delaying on advertising positions. They are putting all of us, especially our vulnerable residents, at risk," she said.

"It is not safe and if this nonsense continues, a lot of our HCAs and nurses will not stick around. Several of them have already left for overseas."

Genet said it was likely that family of the residents would be approached to feed the residents during the 24-hour strike.

'It is not safe and if this nonsense continues, a lot of our HCAs and nurses will not stick around. Several of them have already left for overseas.'

"The families of our residents understand our situation – they know we are asking for things that will only mean better care for their loved ones."

'Patients at risk'

NZNO chief executive Paul Goulter said Te Whatu Ora had failed to address NZNO's safe staffing concerns which had been repeatedly raised during negotiations over the past nine months.



South Auckland members on rolling strikes for safer staffing early on in bargaining, December 2024.

This was despite data obtained by NZNO showing 50 per cent of all day shifts were understaffed in hospitals across 16 districts, he said.

"Patients are at risk because of short staffing. Nurses, midwives and health-care assistants are stretched too thin and can't give patients the care they need. This is heartbreaking for our exhausted members who became health-care workers because they want to help people," Goulter said.

A pay offer which failed to match the cost of living would do nothing to stop more nurses and health workers moving to Australia in search of better paid work, following in the footsteps of 30,000 who left over the past year, he said.

Te Whatu Ora 'disappointed'

Te Whatu Ora acting chief executive Robyn Shearer said the organisation was disappointed by nurses' decision to strike over its "reasonable" offer and concerned about the impact on patients.

The reality was Te Whatu Ora was operating within "tight financial constraints", she said, adding that in the past 14 years nurses' salaries had outpaced the broader labour market.

She urged NZNO to return to bargaining.

Goulter has previously admonished the organisation for conflating a [2023 pay equity settlement](#) over long-standing gender-based inequities with collective agreement pay bargaining.

NEWS

‘This will be your legacy David Seymour’ – ACT’s Regulatory Standards Bill blasted by NZNO at hearing

By Joel Maxwell

July 11, 2025

It's a legacy — but one of Māori illness and early deaths.



NZNO kaiwhakahaere Kerri Nuku and chief executive Paul Goulter make their submission to the parliamentary select committee considering the Regulatory Standards Bill.

Kaiwhakahaere Kerri Nuku has slammed David Seymour for leaving a legacy of early deaths for Māori as part of the NZNO select committee submission on his Regulatory Standards Bill.

It came as NZNO chief executive Paul Goulter said the Bill ignored the place of Te Tiriti in Aotearoa and jeopardised public health.

"We see it as promoting a supremacy of individual-based property rights, over important collective rights," he said.

'The Regulatory Standards Bill will remove the Crown's obligation to Te Tiriti of Waitangi and silence the voice of Māori in decision-making in health.'

The Bill threatened the long-established public health system — which despite currently being under strain, was a collective right of all New Zealanders, he said.

"The direction of the Bill threatens the collective right by holding it secondary to the individual right."



Auckland-based nurse Rangī Blackmore-Tufi taking part in a recent rally against the Regulatory Standards Bill.

He said public health initiatives such as fluoridation protecting communities would be held subject to the rights of individuals to remain unprotected.

Nuku said Māori nurses and health-care assistants were in a unique position to witness everyday inequities in the health sector – leaving Māori more likely to suffer preventable illness, and comorbidities.

"Our people are dying, already, at a faster rate."

Te Rūnanga was concerned the Bill would continue these health inequities, through ACT's effort to "expunge history and the intergenerational trauma of Māori", she said.

This trauma left many fearing and mistrusting doctors and hospitals, leaving them with higher rates of the likes of diabetes, asthma, heart disease and lung cancer.



David Seymour

"The Regulatory Standards Bill will remove the Crown's obligation to Te Tiriti of Waitangi and silence the voice of Māori in decision-making in health."

Nuku said the Bill would leave a legacy for ACT leader David Seymour — that Māori remain sicker than others and continue to die at a faster rate than non-Māori.

"This is devastating We urge the . . . select committee to recommend Parliament vote this Bill down at its next reading."

ACT's regulatory power grab

National promised to support the Bill as part of its coalition agreement with ACT.

If passed, it would force laws to be checked against a set of ACT's principles espousing the likes of individual liberty and freedoms. There would be no principles covering Te Tiriti.

'This is devastating – we urge the . . . select committee to recommend Parliament vote this Bill down at its next reading.'

Lawmakers and regulators would have [to assess regulation](#) against the principles, and if they don't match, ministers would have to explain why. It would come into effect from January 1, next year.

ACT leader David Seymour claimed it would would raise the political cost of bad regulation, potentially cut red tape and cast "sunlight" on politicians' activities.



NZNO kaiwhakahaere Kerri Nuku and chief executive Paul Goulter make their submission to the select committee considering the Regulatory Standards Bill.

"It will finally ensure regulatory decisions are based on principles of good law-making and economic efficiency."

The anti-Treaty pincer movement

In May an urgent Waitangi Tribunal hearing found that if passed without meaningful Māori consultation the Bill would breach the principles of the Treaty.

Experts at the hearing slammed the bill as part of a legislative pincer movement by ACT — alongside its now-dumped [Treaty Principles Bill](#).

Its proposed regulatory standards board would act as an anti-Waitangi Tribunal, Te Tiriti expert Carwyn Jones said. It could be called through public complaints to hold inquiries and make non-binding recommendations — much like the tribunal.

However, in the board's case it could then systematically recommend removing Treaty principles from legislation.

- [Kaitiaki's 200-words-and-done summary of what the Regulatory Standards Bill means for nurses.](#)
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NEWS

Te Whatu Ora offer further devalues Māori

By Co-Editors, Kaitiaki

July 9, 2025

Health New Zealand Te Whatu Ora's removal of both clauses involving Māori from their offer in collective bargaining shows not only disrespect but a spurning of their legal obligations, NZNO kaiwhakahaere Kerri Nuku says.



NZNO kaiwhakahaere Kerri Nuku

NZNO has been involved in protracted talks with Te Whatu Ora for months. The new offer from Te Whatu Ora to NZNO members on 30 June failed to include a tikanga allowance and kaupapa Māori dispute resolution process clauses.

"These clauses were included in the previous offer in May but have been removed without explanation in the latest offer," Nuku says.

“With massive Māori health needs and a huge shortage of Māori nurses this move devalues...”

“With massive Māori health needs and a huge shortage of Māori nurses this move devalues them and would further motivate them to move on to overseas countries like Australia.

“With cultural obligations to their community, the big picture is that this would further perpetuate gaps in health care, including Māori continue to die at a faster rate.”

Te Whatu Ora has an obligation to Māori, starting from Te Tiriti o Waitangi and the Pae Ora (Healthy Futures) Act 2022, she says.



Health Minister Simeon Brown

These obligations require Te Whatu Ora to actively protect Māori interests, ensure equitable health outcomes, and support Māori self-determination in health matters.

“But moves such as these seem to be strategic in the systemic eradication of Māori rights by the coalition Government.”

Nuku says two weeks before the offer from Te Whatu Ora, the Health Minister promised changes to the Healthy Futures Act ‘would also strengthen the Hauora Māori Advisory Committee ([HMAC](#))

[“I strongly doubt this is what the HMAC would advise. It seems that they’re either speaking with forked tongues, or one hand does not know what the other is up to.](https://www.health.govt.nz/about-us/new-zealands-health-system/health-system-roles-and-organisations/health-committees-and-boards/hauora-maori-advisory-committee/membership-of-the-committee)”.
(https://www.health.govt.nz/about-us/new-zealands-health-system/health-system-roles-and-organisations/health-committees-and-boards/hauora-maori-advisory-committee/membership-of-the-committee)’.</p></div><div data-bbox=)

“We call on the Minister to encourage Te Whatu Ora to reinstate the clauses back into the offer.”

NEWS

Nursing students ready to walk: “Hire us or we will leave”

By Co-Editors, Kaitiaki

July 9, 2025

Concerning interim findings of the NZNO 2025 Student Survey has found most students will go overseas if they can't get jobs in New Zealand.



Homegrown nursing students are likely to go overseas if they can't get a job in their homeland

This comes as Te Whatu Ora refused to address NZNO claims around its obligation to employ new graduates in collective agreement negotiations.

The survey was completed by 1246 nursing students, and NZNO national student co-chair Bianca Grimmer said the results were crystal clear – “hire us or we will leave”.

"The survey shows 61.86% of students were considering seeking a nursing job overseas if they were unable to get a new graduate job in Aotearoa New Zealand. This increased to 73% of Māori respondents.



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

"This is a significant potential loss of our domestic nursing workforce."

Finances remained a significant issue for all students and was linked to high levels of stress by 80.39% of respondents, Bianca Grimmer said.

"An increased fear of not getting work is exacerbated by most students' money concerns issues, many of whom depend on funding from student loans for their survival.

"We have a health system in crisis. At a time when we desperately need more homegrown nurses, the Government and nursing schools really need to do more..."

"We have a health system in crisis. At a time when we desperately need more homegrown nurses, the Government and nursing schools really need to do more to encourage students to stay in their studies and come out well and ready to nurse."

At least 35.61% of respondents said they did not work in paid employment and 61.58% of respondents had to significantly reduce their paid work hours during placement, she said.

"Paying all students the minimum or living wage while on clinical placements would make a massive difference to graduate numbers. Nursing students need assistance while they study."

NZNO Te Rūnanga Tauira chair Davis Ferguson said Māori and Pacific students are essential, and better cultural support in nurse training would result in a health system that better meets the needs of Māori and Pacific peoples.

“The lack of appropriate cultural support in nursing studies is an issue the Government and training providers need to urgently address.”

The full findings of the survey will be made available on the NZNO website later this year.

NEWS

Te Whatu Ora refuses to address patient safety concerns

By Co-Editors, Kaitiaki

July 4, 2025

Te Whatu Ora is refusing to address calls to prioritise patient safety by adequately resourcing safe staffing levels, NZNO says.



NZNO members throughout the country responding to the latest offer by Te Whatu Ora.

A new offer from Te Whatu Ora to NZNO members has failed to include measures to address staffing concerns despite it being raised continually throughout the bargaining process.

NZNO chief executive Paul Goulter says an earlier offer from Te Whatu Ora committed to acting on safe staffing research the two organisations had agreed to do together.

“

**Can we please
arrange a rolling
weekly strike for 4
weeks? It is just not
good enough.**

Member response to pay offer

“Te Whatu Ora has removed that from their latest offer without explanation. This demonstrates their focus is on cost cutting, not patient safety.

“A survey of our members shows nurses have grave concerns that continued understaffing is putting their patients at risk. Overworked staff are unable to give patients the care they need and leads to staff burnout,” Goulter says.

De
spi

te claiming there is no nursing shortage, Te Whatu Ora continues to understaff shifts. NZNO has received staffing figures under the Official Information Act for 631 wards using the safe staffing Care Capacity Demand Management programme (CCDM).

“These figures show from January to October last year almost half (or 47.1%) of all wards were understaffed 20% of the time. That means nurses and health care assistants are working in understaffed wards at least one shift a week,” Goulter says.

“We are also continuing to see acute levels of understaffing in emergency departments, mental health, women’s health and children’s wards.”

“

**I think patients
deserve a safe
prompt health-care
system and this offer
pushes safety aside.**

Member response to pay offer

“

**Tell them to take a
running leap. That’s
disgusting, under
valuing us and one
huge insult.**

Member response to pay offer

Goulter says Te Whatu Ora acting chief executive Robyn Shearer claimed this morning that clinical need “isn’t an easy thing” to resolve through collective bargaining.

“It is concerning that Robyn Shearer isn’t aware CCDM has been in the Te Whatu Ora/NZNO collective agreement since 2010,” he says.

NEWS

Care worker: 'They stole my dream to build on my whenua'

By Renee Kiriona

July 3, 2025

Tiaho Whakamarurangi had dreams of returning to her ancestral Māori land on the banks of the Waikato River.



Tiaho Whakamarurangi has been caring for the elderly for more than three decades. She knows she needs to plan her own retirement, but the pay equity cut is making it difficult for her.

But that hope was drowned by the Government on May 6 when it cut the pay equity claims of thousands of workers – mainly women like Whakamarurangi.

Opposition MPs presented giant bank cheques stating “\$20,644.45 – cancelled by the Government” to three care and support workers on Tuesday at Parliament. PSA analysis showed that was the amount owed to care and support workers for the [pay equity claim](#) the Government cancelled.



Whakamarurangi, a member of NZNO, was among the workers who received one of those cancelled cheques.

‘The pay increase would have allowed my whānau and I to start building on our whenua, but that’s not going to happen now.’

“I’ve been a care worker in aged care for 33 years and the pay increase would have allowed my whānau and I to start building on our whenua, but that’s not going to happen now.

“We have the land through my kuia, my dad’s mum, but we just don’t have enough capital,” Whakamarurangi said.



Lisa Marriner (right)

"That amount might not mean much to politicians who today got a real pay rise, but for me and other care workers, it would have been life changing."

"My kids and mokopuna [grandchildren] know who they are and where they are from, but being on the land is healing for us, it would have been a good place to retire," Whakamarurangi said.

'Yes, care work is heart-warming but I'm not being dramatic when I say we face physical harm at work.'

NZNO member Lisa Marriner told the gathering at Parliament that she was a third-generation aged care worker.

"I've spoken with so many care workers, up and down the country, and our pay is simply too low even though we are qualified and experienced.

"Yes, care work is heart-warming but I'm not being dramatic when I say we face physical harm at work. We are seeing more people with cognitive decline," Marriner said.



Toni-Marie Gilsonan (middle)

"Had our pay equity claim gone ahead, we would have seen more fair pay. So pay us what's fair and write the cheque."

PSA member and home care support worker Toni-Marie Gilsonan also received a cancelled cheque.

'As a single mother raising three sons...I'm receiving this for all our grandmothers, mothers and daughters who do this mahi.'

"As a single mother raising three sons, as a care and support worker and a PSA member, I'm receiving this for all our grandmothers, mothers and daughters who do this mahi."



Jo-Chanelle Pouwhare

E tū disability support worker Jo-Chanelle Pouwhare also received a cancelled cheque.

‘They [the Government] had a chance to invest in the women of this country.’

“They [the Government] had a chance to invest in the women of this country – the women who keep the wheels going around and around.”

“I thank the Labour, Greens and Māori parties for supporting us on this kaupapa. We will fight with you all and I think you would be a fabulous coalition.”

The event was hosted by Labour MP Jan Tinetti and Green MP Teanau Tuiono, following a request by PSA.

OPINION

Pay equity changes ‘a major regression in women’s rights’

By Judy McGregor

July 31, 2025

The cancelling of pay-equity claims is a significant regression in women’s rights in this country and had no political mandate.



Photo: Adobe Stock

The coalition Government has overturned legislation, gutted mechanisms and eliminated women’s involvement in decision-making about gender-based pay discrimination in Aotearoa New Zealand.

The changes, announced in the May 2025 Budget, are a matter of economic and political discrimination against women, which has resulted in significant injustice.

The Government had no political mandate for the changes, given that radical change to the pay equity regime was not contemplated in any party political manifesto at the last general election. The changes constitute the most significant regression of women's economic and political rights in 35 years.

Changes occurred without consultation

The pay equity of 180,000 women, many low paid, involved in 33 claims which had been lodged and were undergoing due process, has been cancelled by this austerity legislation. The unheralded changes occurred without consultation with women and the public.

Over four years, \$12.8 billion had been set aside in the Government's accounts to remedy gender pay discrimination, funding which has now been diverted for other use.

In addition, women whose pay equity claims had been previously settled have now also been denied reviews for a decade. Employers' powers have been significantly strengthened, including veto powers, to ensure that previously legitimate claims for pay equity will be considerably reduced and far fewer settlements, if any, will be implemented.

All of these arbitrary and discriminatory changes were made despite the Government in its most recent report to the United Nations Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW) claiming practicality, utility and effectiveness for the law it has now overturned and the mechanisms and tools that it has now disbanded.

The changes constitute the most significant regression of women's economic and political rights in 35 years.



Her *Caring Counts* report had key role in Kristine Bartlett case

Dame Judy McGregor is a former newspaper editor and academic, was the first Equal Employment Opportunities Commissioner for the Human Rights Commission and chaired the Waitemata District Health Board through the COVID-19 pandemic.

Her *Caring Counts* report played a key role in promoting the Kristine Bartlett union-inspired case that achieved better pay for workers in the aged-care sector in 2017.

The report was based on the three weeks she spent undercover, experiencing first-hand what she branded as "slave labour".

Discrimination against women

The Equal Pay Amendment Act 2025 had the effect of substantially destroying the previous pay equity system. Prior to its elimination, 13 claims had been successfully settled, including a [claim by 38,000 nurses employed by Te Whatu Ora — Health New Zealand](#).

This particular claim, like others that had been settled, contained a process requiring periodic reviews, which had to take place at least once every three years.

Thirty-three claims were in process when the 2025 legislation was passed. The new law means:

- All current unsettled claims were cancelled.
- All settled claims had their review clauses eliminated, whether they were in pay equity claims, collective agreements or individual employment contracts.
- Women involved in settled claims were prohibited from raising a new claim for 10 years
- Employers can decline to participate in a multi-employer claim.
- The concept of “arguability” in previous legislation as a gateway to raising a claim has been replaced by an employer or employers deciding whether the claim has “merit.” If employer(s) say “no”, claimants have no options other than to litigate or abandon their claims.
- Comparators have been curtailed by a mandatory narrowing. Comparators employed by the same employer must be used if they exist. If not, comparators employed by similar employers must be used. If there are none available in either class, comparators in the same industry or sector must be used.
- Employment lawyers say the new comparator provisions will magnify and perpetuate inequity.¹ One of the biggest claims now defeated by the legislation is that of the 65,000 care and support workers who work in the community, in mental health and in aged care. Given the heavily female nature of this employment, there may be no available comparators under the austerity legislation. This in effect means that an inferior class of low-paid, female employee has been created.
- The denial of women’s rights is compounded by the retrospectivity of the legislation. Parliament’s Legislation Design and Advisory Committee (LDAC), which is available to help better lawmaking, has guidelines which state: *“The starting point is that legislation should not have a retrospective effect. It should not interfere with accrued rights and duties”* and *“legislation should have prospective not retrospective effect”*. The presumption against retrospective legislation which leads to uncertainty and injustice is contained in section 12 of the Legislation Act 2019.
- Significantly, many women in pay equity claims now have no domestic remedies available in the meantime because of the legislation. This means the act potentially breaches Article 2(3) (a) of the International Covenant on Civil and Political Rights which states: *“Each State Party undertakes to ensure that any person whose rights or freedoms . . . are violated shall have an effective remedy, notwithstanding that the violation has been committed by persons acting in an official capacity.”*



Aotearoa New Zealand was once the poster child for women's equality, being the first nation state to grant full women's suffrage. Postcard: Schlesinger Library, RIAS, Harvard University, via Wikimedia Commons

Denial of rights to participate in legal and policy decisions that directly affect them

1. Lack of consultation

A new and significant feature of the Government's regression on pay equity was the shutting out of women's voices, involvement and agency in all aspect of the pay equity changes. This democratic deficit is damaging to public trust in legislative governance.

Participation in the formulation of government policy is specifically mentioned in CEDAW, Article 7. This obligates the Government to ensure to women on equal terms with men, that they enjoy the right to participate in policy formation. The Coalition Government is likely to claim that Article 7 does not apply in this case because men were not consulted either.

There was no prior consultation with the Ministry for Women, no external consultation with any major women's civil society groups or NGOs or with individual experts with pay equity expertise. Trade unions which have been at the forefront of pay equity claims were not consulted either. This troubling lack of trust in stakeholders and disregard for tripartite industrial processes is a new dynamic in the political-policy nexus surrounding pay equity.

Since the 1972 Equal Pay Act, equal pay and pay equity progress has been characterised by task forces, reports, inquiries, legislative developments and varying degrees of political will. Despite often distinct political differences, pay equity development took place in an environment where women were able to access the process as workers and advisers. The new

no-trust dynamic is especially damaging to effective policy development to advance women's rights.

2. Poor parliamentary processes and human rights implications

The disclosure report on the legislation indicated there was no regulatory impact statement to inform policy decisions on the Bill when it was introduced to Parliament. Those most directly affected, low-paid women, were also not considered in policy analysis nor was any analysis undertaken on whether the bill was consistent with the Treaty of Waitangi, due to “ministerial time constraints”.^{[2](#)}

The general public, women's groups and Opposition MPs were denied access to the advice given to Cabinet about the human rights implications of the Equal Pay Amendment Bill 2025 before it became law.

They were ‘alarmed that the human rights implications were not disclosed or examined and regarded as insignificant’.

When the cabinet paper was released, the traditional section on the human rights implications was redacted so it could not be read. It can be presumed the redacted section would have referenced the Government's obligations under CEDAW Article 11(1)(d), *“the right to equal remuneration, including benefits, and to equal treatment in respect of work of equal value as well as equality of treatment in the evaluation of the quality of work”* and ILO Convention 100 relating to Equal Remuneration.

Four Equal Employment Opportunities (EEO) Commissioners (the current Commissioner and all three former commissioners) with the Human Rights Commission formally called on the Government to release the human rights analysis. They were “alarmed that the human rights implications were not disclosed or examined and regarded as insignificant”.^{[3](#)} No response was forthcoming.

The current EEO Commissioner, Gail Pacheco, made a subsequent request under the Official Information Act. The Government continues to withhold the human rights implications on the grounds of “professional legal privilege”. It is unprecedented for the human rights implications of bills not to be disclosed in this manner.

3. Urgency and no select committee

Aotearoa New Zealand does not have a written constitution. Its human rights legislation consists of the Human Rights Act 1993 (HRA) and the New Zealand Bill of Rights Act 1990 (NZBORA). Neither are entrenched and cannot be used to strike down inconsistent legislation,

although an amendment to the Human Rights Act allows complaints about discriminatory enactments.

Aotearoa New Zealand continues to be asked by various UN treaty committees to strengthen constitutional safeguards, to no avail. The brutal and radical changes to pay equity legislation are a contemporary example of the pitfalls of the unbridled power inherent in parliamentary sovereignty.

The use of urgency by successive governments has been criticised domestically by a raft of researchers, legal experts and Opposition politicians because of its negative impact on the quality and integrity of law-making.⁴ Its use is increasing rapidly and the Government is likely to set a record for speed on controversial law change,⁵ much of it dismantling workers' protection and rights. The changes to workers' protections are driven by the ACT Party, which has an unashamed ideological affection for the concept of "the market rules".

The new no-trust dynamic is especially damaging to effective policy development to advance women's rights.

If a bill is introduced under urgency, this foreshortens democratic deliberation. Urgency closes off formal avenues for public feedback through a select committee, which is a unique feature of Aotearoa New Zealand's law-making process.

The Equal Pay Amendment Act 2025 was passed under urgency being announced on a Tuesday morning, introduced into Parliament a few hours later and passed by Wednesday evening. No select committee examination took place.



The pay equity of 180,000 women, many low paid, has been cancelled by this austerity legislation. Photo: Adobe Stock

Government rationale

Why has the Government undertaken such a policy change? The answer is partly ideological and mostly financial — about resources and priorities. ACT leader David Seymour categorically

told the media that axing pay equity settlements had “saved” the Government’s 2025 Budget.

The estimated reductions allowed Finance Minister Nicola Willis to reallocate \$12.8 billion in savings, previously reserved to pay for gender discrimination in employment. As Public Service Minister, she abolished a specialist pay equity unit within the Public Service Commission to assist unions and employers with pay equity claims, also without consultation.

Government ministers pay muted rhetorical homage to what they call “sex-based discrimination”. But paying for gender-based pay discrimination has been sacrificed for other political priorities.

Why has the Government undertaken such a policy change? The answer is partly ideological and mostly financial – about resources and priorities.

New Zealand did not lack the resources to settle legitimate claims. It had the \$12.8 billion earmarked for pay equity, but chose to take money owed to under-valued women to balance its books.

The UN committee monitoring the International Covenant on Economic, Social and Cultural Rights states:

“A failure to remove differential treatment on the basis of a lack of available funds is not an objective and reasonable justification unless every effort has been made to use all resources that are at a State party’s disposition in an effort to address and eliminate the discrimination as a matter of priority.”[6](#)

Previously a poster child for equality

Aotearoa New Zealand has previously been regarded internationally as a poster child for gender equality. However, this Government has fundamentally and deliberately backtracked on pay equity. Women feel angry at the disrespect shown to them by a policy change made about them, without them. They are despairing of the halt to pay equity progress given Aotearoa New Zealand was the first nation state to grant women’s suffrage.

The Pay Equity Coalition Aotearoa (PECA) has formally advised the UN Committee on the Status of Women of these fundamental breaches of the political, economic and social rights of women in this country.

It has also requested that a committee member visit this country to hear the stories and witness personally the anger and despair of thousands of women, many of them Māori, Pacific and migrant women workers, who are now condemned to decades, if not a lifetime of poverty wages.

See also: [‘We won’t back down’ — NZNO pushing ahead with 12 pay equity claims](#)

This article is an edited version of a submission, written by Judy McGregor, from the Pay Equity Coalition Aotearoa (PECA) to the United Nations Committee on the Status of Women on gender pay discrimination in Aotearoa New Zealand. PECA is a national coalition of unions representing women workers in the care and support, health, education sectors, and in the public service, and women’s civil society organisations.

- Of the 33 existing pay equity claims which were cancelled, 12 were from NZNO or NZNO with other unions.

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OPINION

Government got a cheek to be ‘disappointed’ – Starship nurse

By Haim Ainsworth

July 30, 2025

Haim Ainsworth is a 37-year veteran nurse and staff nurse at Starship Children's Hospital in Auckland. He brought the house down when he took to the stage to speak at Auckland's strike action rally which saw thousands of nurses turn out.



Haim Ainsworth speaking to his fellow nurses, midwives and health-care workers at today's strike in Auckland central

So I read or heard somewhere this week that the Minister of Health and others in Government were 'disappointed' that we were taking industrial action today.

'Disappointed'? Hmmm. I don't know about you, whānau, but I'm pretty matekiri myself!

I'm disappointed with the lack of support shown to nurses by this Government. I'm disappointed with the lack of commitment shown to health care by this Government.



The 'disappointed' crowd of striking health workers in Auckland central.

I'm disappointed that this Government has consistently ignored our requests and concerns.
I'm disappointed that this Government has failed to stem the deluge of our colleagues heading overseas, fed up with the conditions we work under.

It's the tired and exhausted night shift health-care assistants who do the work of two or three because there is no one else – THEY get to be 'disappointed'.

I'm disappointed by the rhetoric this Government has used when talking about us and the doubts they have thrown on us during this contract negotiation. Rhetoric that often paints us as greedy, as selfish, as somehow unpatriotic.

Yep. I'm disappointed. Simeon, I think the offer your negotiation team brought was 'disappointing'.

And I think, if anyone gets to be disappointed that this is where we find ourselves, then it's us. It's the 36,000 NZNO members who stand together around this great nation today who get to be 'disappointed'. Not you Simeon. Not you Christopher [Luxon]. Not you.



Simple message but Government too 'disappointed' to hear it.

It's the tired and exhausted night shift health-care assistants who do the work of two or three because there is no one else — THEY get to be disappointed.

It's the hospital-based midwife doing the work of more than themselves — THEY get to be disappointed.



NZNO delegates Haim Ainsworth and Deborah Harnett, who have previously spoken out about [perioperative nurses being forced to do overtime](#).

It's the senior nurses who haven't had their claims addressed . . . again — THEY get to be disappointed.

It's the nurses who file DATIX [patient risk reports] after DATIX to call attention to the lack of staffing because there are no reliable safe-staffing ratios in operation in this country — THEY get to be disappointed.

'Y'know who I'm NOT 'disappointed' in? Nurses, midwives and HCAs working in the Te Whatu Ora workspace. I'm not 'disappointed'. I'm not hōhā because of them.' I'm proud.

AND It's the people of this nation — from the far north to the far south — watching their services get scrapped, their access to care diminished, their carers undervalued, and their confidence in the system eroded by the policies and neglect of this government — THEY get to be disappointed.

Not the politicians. Not hospital administrators.

Y'know who I'm NOT disappointed in? Nurses, midwives and HCAs working in the Te Whatu Ora workspace. I'm not disappointed. I'm not hōhā because of them. No. I'm PROUD. I'm proud of us. I'm proud of what we do every day — day in day out. I'm proud of our commitment to providing the best high-quality care to our patients that we can.



Even a nurse's pet dog was 'disappointed.'

And let's be clear here. When I say 'patients' I'm not talking about faceless and nameless NHI numbers. I'm talking about our neighbours, our community members, our whānau. Our fellow New Zealanders.

Because I believe that what we do is the height of patriotism. Literally birthing and bathing and bringing our countrymen and women and children into health.

We don't come to nursing because it is easy or lucrative. We come to it because we care. But we do need a committed and compassionate partnership. And that is where this Government has let us down, this is where they have 'disappointed' us, and they have 'disappointed' our fellow countrymen.

'It is not you, night shift HCA. It is not you, hospital-based midwives. It is not you, new graduates. It is not you, staff nurses. It is not you. It is not me.'

Our health-care system cannot survive on the smell of oily rags and the goodwill of an exhausted workforce. It takes a financial commitment and a philosophical commitment.

This Government, however, has decided that millionaire landlords and tobacco companies are the philosophical partners they choose over the wellbeing of the people of this nation. They have made their commitment known.

They have shown us by underfunding. They have shown us by under=investing. They have shown us who they undervalue.



So 'disappointed' she might go overseas.

From our hungry school children. To our poor and unhoused. They have shown us who they value, and who they do NOT.

And THEY DO NOT VALUE us. OR THE WORK WE DO!

It is not you, night shift HCA. It is not you, hospital-based midwives. It is not you, new graduates. It is not you, staff nurses. It is not you. It is not me.

If you really value something Mr Luxon, you put your money (which is actually OUR money), where your mouth is. If you really value something, Mr Brown, you put effort and commitment behind it. To lift it up!

You don't come up short for almost a year where you have treated us like serfs begging for crumbs.

Because — y'know what — if you do, you'll be left 'disappointed' all right. Every single time.

OPINION

‘Solidarity means standing together’ – delegate calls on members to stick together on strike day

By Troy Stewart

July 18, 2025

As Te Whatu Ora prepare to go on a nationwide 24-hour strike at the end of this month over stalled bargaining talks, Auckland delegate Troy Stewart explains why it's important everyone takes part.



NZNO's Te Whatu Ora members on strike in Palmerston North last December.

It's time to take our strikes seriously.

The membership has [spoken, loud and clear](#) and now we need to honour that decision with unity and resolve.

We can't afford to have our Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO members crossing the picket line.

Striking means withdrawing our labour. That's not just a personal act, it's a powerful collective statement.

Solidarity means standing together even when it's inconvenient, even when it's hard, because we know the stakes are bigger than any one of us.

When anyone works above the life-preserving services (LPS) roster or ignores strike action, as happened late last year, it undermines all of us. It sends a message to Te Whatu Ora and the Government that they don't need to address our demands.

But when we hold the line together, we show them that our workforce is united, disciplined and determined. That is what forces change.

Being in a union means believing in solidarity. Solidarity means standing together even when it's inconvenient, even when it's hard, because we know the stakes are bigger than any one of us.

When someone crosses the picket line, they are not just making a personal decision — they are weakening the pressure we've spent months building. They are hurting the cause we are all fighting for.

We're striking for the future of the nursing profession. For safe staffing. For decent pay. For the ability to do our jobs without burnout, without moral injury, and without constantly apologising to patients for a system that has failed them.



Troy Stewart

These strikes aren't just about renewing our employment agreement. They are about saying clearly: this crisis in health cannot continue.

Safe staffing can't wait. Pay that keeps up with inflation can't wait. We are not just defending what we've won through pay equity, we're protecting the very viability of our profession.

'Disrespect'



Te Whatu Ora members on early rolling strike earlier in bargaining, last December.

Crossing a picket line also disrespects the sacrifices others are making. Many members will be losing pay to strike. They are doing it because they believe it is the only path to real change. Crossing the line undermines that sacrifice, while taking advantage of the benefits those strikes are trying to achieve. That's not fairness. That's not solidarity.

Around the world and across history, working people have stood on picket lines to win weekends, fair wages, safe conditions and dignity on the job. Those victories weren't handed down by kind employers or governments. They were fought for and won solidarity.

We need everyone in. Not on the sidelines. Not indifferent.

This is not a typical bargaining campaign. This is a turning point. A test of how far we are willing to go to protect our future and the future of public health care in Aotearoa, New Zealand.

We need everyone in. Not on the sidelines. Not indifferent. We are the union, and our union is only as strong as the members who show up for each other.

If you're unsure how to participate, or if you need support to be able to strike, reach out to your local NZNO delegate or organiser — if you don't know who they are, call NZNO 0800 28 38 48 or email nurses@nzno.org.nz.

'No-one left behind'

We will find a way forward together. No one gets left behind. Even if you didn't vote for strike action, the majority did. That's what union democracy looks like. Our power comes from numbers. Undermining that weakens all of us.



Te Whatu Ora Taupo members on strike in December.

There was a time when working people knew that crossing a picket line was one of the most damaging things a worker could do to their colleagues. Let's bring that understanding back — not to shame people, but to invite them back into the movement.

This is a fight worth showing up for. If someone is working above the LPS roster, talk to them. Encourage them to stand with us.

Let's rise to this moment and show what collective strength looks like. For ourselves. For each other. For our patients. For our profession.

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

See also: [Time to get noisy — Auckland nurse explains why he voted down Te Whatu Ora's offer.](#)

OPINION

‘We won’t back down’ – NZNO pushing ahead with 12 pay equity claims

By Glenda Alexander

July 22, 2025

Despite warnings the new thresholds for pay equity claims are impassable, Tōpūtanga Tapuhi Kaitiaki o Aotearoa – NZNO won’t be deterred, says long-time nursing pay equity advocate, Glenda Alexander.



NZNO members and staff like organiser Laura Thomas turned out in force on Budget Day 2025 to protest the Government's shock cancellation of pay equity claims.

NZNO has always been a trailblazer when it comes to fair pay for female-dominated occupations such as nursing, midwifery and support workers.

We were a key backer of the Employment Relations Act in 2000, which replaced the 1991 Employment Contracts Act with less adversarial laws supporting collective bargaining for workers.



Glenda Alexander — long-time nursing pay equity campaigner

And we were one of the first unions to win a national multi-employer collective agreement (MECA) in 2004, with then-district health boards. That resulted in the biggest pay jolt members covered by that MECA had seen for many years.^{[1](#)}

We fought hard with other unions to win a historic [\\$2 billion care and support workers' pay equity settlement](#) in 2017, locking in pay increases for the next five years, to 2022.

And when the Labour-led Government amended equal pay laws in 2020 allowing female-led workforces to raise pay equity claims outside court, we went into bat for our 30,000-plus members working at Te Whatu Ora.

At a glance: Pay equity changes

- All 33 existing pay equity claims are cancelled and must be raised again under new rules. Of these, 12 were from NZNO or NZNO with other unions.
- New restrictions on what male-dominated workforces can be used to compare salaries (comparators) of the female-dominated occupations. First, they should be **employed by the same employer**. If there is none, it should be another **employer with workers doing the same or similar work**. If there is none, they should be employed in the **same industry, sector or occupation**.
- The employer can now determine comparators.
- Pay equity claims settled prior to May 15, 2025, (when the amendments came into law) cannot be used as benchmarks.
- New claims must meet a new "merit" standard before being raised rather than "arguability", as previously.
- A workforce must now be 70 per cent female to be eligible to raise a claim, instead of 60 per cent. (This is not a barrier to us in nursing, which is nearly 90 per cent female.)
- Employers can opt out of a multi-employer claim without a reason.
- Parties must assess market factors that potentially affect pay.
- A new 10-year rule means settled claims such as Te Whatu Ora nurses and three NZNO/PSA/E tū care and support worker claims cannot be reviewed, only re-raised after 10 years. That means it will be 2027 before [65,000](#) care & support workers can re-raise their claim and

That led to another historic [\\$4 billion pay equity settlement](#) in 2023 and paved the way for more claims across nursing sectors.

We'll stand our ground

So we certainly won't be backing down now, in the face of this Government's sudden and [sweeping erasure](#) in May of all 33 current pay equity claims, worth an estimated \$12.8 billion, alongside its introduction of tough new thresholds.

Instead, we're going to push on and re-raise our claims.

With NZNO's [12 active pay equity claims](#) (https://maranga-mai.nzno.org.nz/pay_equity) — alone, or with other unions — on behalf of 13,000 members, plus a review of 36,000 Te Whatu Ora members' 2023 settlement, now dumped, the income of more than 50,000 hard-working nurses and kaiāwhina across hospices, hospitals, aged care, primary health and in our communities depends on it.

And while there is a [widespread view](#) (<https://business.scoop.co.nz/2025/05/18/women-in-funded-sector-unlikely-to-get-pay-equity/#:~:text=What%20this%20could%20mean%20is,safety%20spokesperson%20Jan%20Tinetti%20said.>)

that the new barriers are prohibitively high, we are determined to test this. Until then, we won't know for sure how strong they are.

and 2033 for Te Whatu Ora nurses and kaiāwhina.

For more details, see NZNO's [pay equity factsheet](#)

(<https://www.nzno.org.nz/Portals/0/Files/2025/2025-06-06-PE-Fact-Sheet-DRAFT.pdf?ver=IQjkr9EichbWGVy-gqJ6Fw%3d%3d>).

Updates on each claim can be found [here](#) (https://maranga-mai.nzno.org.nz/pay_equity).



Kristine Bartlett, who fronted 2017's historic pay equity deal for care and support workers, addresses a pay equity rally in 2023.



Hundreds of workers turned out on Budget day in May to protest pay equity changes.

What now?

First up will be those claims which were furthest along — Whānau Āwhina Plunket and hospices.

For Plunket, after nearly two years of work, a settlement was just weeks away.

Using the 2023 Te Whatu Ora settlement as a comparison, we were getting close to confirming the pay gap between a hospital and Plunket RN — estimated to be at least 18 per cent — before the shock May move tore it from our nurses' hands.

So, losing that as our benchmark settlement was truly gutting — we could see the finish line.

And for hospices, even with 27 employers involved, we were close to settlement — work which is all now down the drain as we start again.

From there will be primary practice and urgent care nurses. This was a complex claim due to having around 800 employers involved and had been particularly challenging to set up — hence it was especially devastating when all that work was extinguished.



Te Rūnanga o Aotearoa NZNO kaiwhakahaere Kerri Nuku spoke at Budget day pay equity protests.

Aged-care nurses are also a priority, with the sector enduring a huge staffing crisis, before we start re-raising all remaining claims as quickly as possible for our members in community care, Sexual Wellbeing Aotearoa and laboratories.

The three [claims](#)* raised jointly in 2022 by NZNO with E tū and the Public Service Association (PSA) for care and support workers — a 65,000-strong workforce across aged care, disability, home and mental health support — after the 2017 deal expired must now be shelved until 2027.

There's not many things you go into, with the rules clearly established and agreed at the outset, that allows another party to come in and completely change the rules.

This is because of a new rule barring claims from being reviewed or raised within 10 years of a previous settlement — another change we are calling to be reversed.

That also impacts on our Te Whatu Ora members, whose 2023 settlement was due for review, but must now wait till 2033 to ensure they are not falling behind similar male-dominated occupations.

Te Whatu Ora nurses' settlement out of bounds

Another nonsensical blow is that we cannot now use pay equity claims settled prior to the May 15 amendments as comparators.

This rules out the 2023 Te Whatu Ora settlement — despite us demonstrating their nurses' work is "the same or significantly similar" work to members in other sectors, as the Equal Pay Act requires.

As far as we're concerned, the work of a nurse is the same, no matter where they work. We proved it through the Plunket and hospice nurse claims work assessment process — which provided evidence to show it was easily comparable with that of Te Whatu Ora nurses.

It's an obvious comparator and would have resolved pay equity and pay parity — paying all nurses, everywhere, the same — in one hit.

So, losing that as our benchmark settlement was truly gutting. We could see the finish line. We weren't over it but we could see it — and now there's no longer a finish line!

There's not many things you go into, with the rules clearly established and agreed at the outset, that allows another party to come in and completely change the rules, with no transition, no consultation — nothing.



Limits on male-dominated comparisons

Prior to May, we were able to work with employers to identify comparable male-dominated workforces doing “the same or significantly similar” work against which to establish pay equity rates. As long as they were 50 per cent male, willing to participate in the work assessment process and share their pay rates, it was all good! We ended up using police — sergeants, senior sergeants and detectives — along with mechanical engineers and corrections, customs and fisheries officers as our comparisons.

We must now find other male workforces within the same employer doing “the same or significantly similar” work. If there isn’t one, we need to find an employer with workers who do the same or significantly similar work. If there isn’t one, we have to find a workforce that is employed in “the same industry, sector or occupation” doing the same or significantly similar work.

But in a female-dominated field like health, it’s very hard to find a comparable male workforce — there is not even a common view on the definition of a “sector”.

It is not clear what the options might be unless we are able to go outside the health sector.

On top of all that, employers can now also veto comparators and, if none can be found, can opt out of the claim, without having to give a reason.



(https://www.together.org.nz/fbt_for_pay_equity) A cross-union [petition](https://www.together.org.nz/fbt_for_pay_equity)

(https://www.together.org.nz/fbt_for_pay_equity) demanding the Government undo its mass cancellation of pay equity claims and deliver pay equity to people in female-dominated professions has drawn nearly 90,000 signatures.

It is being handed over to Parliament on

Wednesday July 23 at 1pm. NZNO members and pay equity supporters and whānau are invited to attend. Sign the petition [here](https://www.together.org.nz/fbt_for_pay_equity) (https://www.together.org.nz/fbt_for_pay_equity).

Time to 'get political'

Even before all these changes, raising pay equity claims was time-consuming and complex. While there were hurdles, they were overt and transparent — we knew what we needed to do; there were milestones we needed to meet.

But when National-ACT-New Zealand First came into power in October 2023, the pay equity claims process began to languish. It was constantly shifting sand – they kept changing the rules.

In May 2024, the Government [disbanded the Public Service Commission's pay equity taskforce](https://www.rnz.co.nz/news/political/515831/pay-equity-taskforce-disbanded-no-longer-required-minister) (<https://www.rnz.co.nz/news/political/515831/pay-equity-taskforce-disbanded-no-longer-required-minister>) — set up by Labour three years earlier to support the pay equity claims and bargaining. So that was another hit to our claims' progress.



Hospice and aged-care workers were among hundreds of protesting the wipeout of 33 pay equity claims in May.

The Government also dismantled the [funded sector framework](https://www.publicservice.govt.nz/assets/DirectoryFile/Cabinet-Paper-Pay-Equity-Reset.pdf) (https://www.publicservice.govt.nz/assets/DirectoryFile/Cabinet-Paper-Pay-Equity-Reset.pdf) which supported pay equity claims outside Te Whatu Ora such as those raised by primary practices. The framework ensured claimants were following the easier new pathways laid out in 2020 changes to the Equal Pay Act. It also allowed ministers to signal their commitment to funding claims.

While it's about pay, it's also about sex-based discrimination – which should not still be happening in 2025.

For us, these were clear signals that the Government no longer saw it as their role to be funding pay equity settlements.

We knew to get any momentum we had to make it political. While it's about pay, it's also about sex-based discrimination — which should not still be happening in 2025.

It's a human rights issue — and we shouldn't have to fight so hard for fair pay with even more barriers put up.

And while the amendments clearly create more barriers than we've ever had, NZNO will never give up on its mission to ensure members get the pay and recognition they deserve for their work.

**We started with a representative claim involved 15 employers [in June last year](#) first, then raised two more late last year when it became clear the Government was hell-bent on repealing all the 2020 fair pay mechanisms. That meant any settlement of the representative claim would not extend to the wider care and support workforce. The second claim was for 200 employers, with a third to capture any remaining employers.*



NZNO president Anne Daniels was among those at pay equity protests in May.

— Glenda Alexander is NZNO's pay equity advisor

- *This article was amended on 24 July, 2025, to specify there were 12 NZNO pay equity claims and one review affected by the changes, representing more than 50,000 members.*

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OPINION

It's time to say enough is enough: Addressing workplace violence against nurses

By Adetoun Oyekunle

July 17, 2025

Many nurses and other health-care workers see violence as part of the job or fear retaliation if they speak up. This has to stop.



An NZNO survey of mental health nurses found 76 per cent had been threatened and 40 per cent physically assaulted in a single year. Photo: Adobe Stock

The reality

Imagine turning up for duty knowing you might be punched, kicked, spat on or sworn at before the shift ends — and being told it is “just part of the job”. For many health-care workers across New Zealand, that is not exaggeration but everyday truth.

The World Health Organization (WHO) defines workplace violence as “incidents where staff is abused, threatened, or assaulted in the circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, wellbeing, or health”. For nurses, such incidents jeopardise physical security, erode mental health, accelerate burnout and hasten turnover — ultimately undermining patient care.

Global estimates suggest that more than half of nurses experience some form of workplace violence during their careers.^{[1](#)} Emergency departments, mental health units and aged-care facilities remain high-risk environments.^{[2](#),[3](#)} The International Labour Organisation has labelled violence in health care a critical occupational safety issue, yet global rates continue to rise.



Adetoun Oyekunle

The pattern in New Zealand is just as alarming. A recent NZNO survey of mental health nurses revealed that 76 per cent had been threatened and 40 per cent physically assaulted in a single year.^{[4](#)} Earlier research showed one in three nurses nationwide endured physical assault over a 12-month period, with verbal abuse even more common.^{[5](#)}

Global estimates suggest that more than half of nurses experience some form of workplace violence during their careers.

Violence and aggression — fuelled by chronic understaffing, rising patient acuity and thin on-site security — have become an almost daily reality, leaving many nurses genuinely fearful each shift. Rather than tackle the root causes, many hospitals still normalise aggression with a weary “keep calm and carry on”. These assaults breach the Health and Safety at Work Act 2015, yet many incidents are never reported.^{[6](#)}

A senior emergency department nurse, exhausted after another volatile day, summed up the gap between law and lived experience: “If you spent a day with me in ED, you’d never come back.”^{[7](#)} The widening gap between statutory obligation and the reality on our wards and hospitals at large now demands urgent, decisive action.

The cost

Violence leaves scars that go far deeper than bruises. Study have shown that nurses who had been assaulted in the previous year were almost twice as likely to screen positive for anxiety or depression and loss of confidence in their ability to perform their jobs effectively.^{[8](#)} Repeated exposures have been linked to conditions such as post-traumatic stress disorder,^{[9](#)} sleep disturbances, and burnout.^{[10](#)}

Burnout, already a severe issue in nursing, is exacerbated when nurses feel unsafe and unsupported in their work environments. Beyond the physical harm, the psychological impact of these experiences is devastating.

The repercussions of workplace violence go beyond individual health and have a significant impact on job satisfaction and retention. Nurses who experience violence often report diminished job satisfaction, which can lead to increased absenteeism and a higher likelihood of leaving the profession.^{[11](#)}



Violent incidents leave staff fearful and susceptible to depression, anxiety, post-traumatic stress and sleep problems. Photo: Adobe Stock

This attrition exacerbates the ongoing nursing shortage, placing additional strain on health-care systems and potentially compromising patient care. When nurses are overworked due to staffing shortages, patient outcomes decline. Errors increase, patient mortality rates rise, and health care becomes less safe for everyone.

This is not just a nursing problem but a public health crisis. When health-care organisations fail to protect their staff, they are not just losing nurses, they are jeopardising patient care.

In addition, workplace violence against nurses has significant financial implications, both for the individuals affected and the health-care organisations they work for. The International Council of Nurses estimates that each nurse who quits costs a health system about US\$36,900 in recruitment, orientation and lost productivity — money that could have funded extra staff or upgraded security.

When health-care organisations fail to protect their staff, they are not just losing nurses, they are jeopardising patient care.

When violence drives skilled health-care staff out the door and erodes the judgment of those who remain, the whole health system pays. Addressing workplace violence and protecting nurses from harm is not only a moral imperative but also an economic necessity for the sustainability of healthcare institutions.[12](#), [13](#)

Turning the tide

Addressing workplace violence in health care demands a comprehensive, system-wide response. A successful strategy must combine strong prevention programmes, better security, thorough staff training and reliable psychological support. Health services need clear, strictly enforced zero-tolerance policies that include mandatory incident reporting, penalties for offenders and protections for whistle-blowers.[14](#)

Under-reporting remains a major barrier. Many nurses and other health workers see violence as part of the job or fear retaliation if they speak up, which blocks progress.[15](#) Studies show staff often stay silent because they lack managerial support or doubt anything will change.[16](#), [17](#)

Many nurses and other health workers see violence as part of the job or fear retaliation if they speak up.

Accurate reporting is essential to understanding the extent of workplace violence and developing effective interventions.[18](#) Health-care organisations therefore need a culture of

safety and transparency so nurses feel confident to report incidents without negative consequences.

Physical safeguards are just as important. Hospitals can cut risk by redesigning layouts to remove isolated work areas, improving surveillance, installing rapid-alert systems and increasing security staff in high-risk zones such as emergency and psychiatric units. Such measures have all been linked to notable drops in violent incidents.[19](#), [20](#)



A woman's neck with traces of violence. Photo: Adobe Stock

Health-care organisations need a culture of safety and transparency so staff feel confident to report incidents without negative consequences. Concurrently, regular training in verbal de-escalation and non-violent self-defence equips nurses to recognise early warning signs and respond effectively. Simulation-based refreshers ensure these skills remain current throughout a nurse's career.[21](#), [22](#)

Because violence leaves emotional as well as physical wounds, support services must be part of the package. Nurses who experience violence often develop post-traumatic stress, depression, anxiety, sleep problems and burnout.[23](#)

Counselling, peer-support groups and trauma-informed care should be readily available, and flexible rosters or leave options can aid recovery. Research shows that timely emotional support improves long-term wellbeing and helps retain staff.[24](#), [25](#)

Nurses who experience violence often develop post-traumatic stress, depression, anxiety, sleep problems and burnout.

Finally, lasting progress depends on collaboration: nurses, hospital managers, security teams, law-enforcement agencies and policymakers must all contribute to safety planning, nurses must have a genuine voice in decisions, and hospitals must work with legislators to strengthen legal protections.

The New Zealand Nurses Organisation continues to push for decisive action, and union negotiations are vital for ensuring resources are allocated to violence-prevention initiatives. Supporting nurses and other health-care workers and acknowledging their vulnerability to violence is crucial for improving both staff retention and the quality of patient care; therefore, health-care leaders must take immediate and decisive action to ensure that nurses can perform their duties without fear for their safety.

It is time to say, "Enough is enough," and create a safer, more supportive workplace for those at the heart of health care.

See also: [Employers disregard for safety pushes nurse out of the profession.](#)

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OPINION

200-words-and-done: What does the Regulatory Standards Bill mean for nurses?

By Joel Maxwell

July 11, 2025

Nurses are busy – here's Kaitiaki's 200-words-and-done explainer of what ACT's Regulatory Standards Bill means for everyday health-care workers.



Auckland-based nurse Rangī Blackmore-Tufi taking part in a recent rally against the Regulatory Standards Bill

Imagine David Seymour looking over the Government's — and your — shoulder, 24/7.

Under this Bill, if new laws don't match lawmaking principles set by ACT then ministers must explain why.

Old laws must be checked against these principles too.

What does this mean for health? Regulatory bodies like [the Nursing Council of New Zealand](#) might have to defend professional standards against what are essentially political principles.

Bill principles emphasising individual liberty, touted as non-binding, could clash with the likes of cultural safety training and equity-focused requirements – or simply the general collective-good goals of health care.

Meanwhile, wallet-focused principles pushing for benefits to exceed costs don't sit well with the financially messy work of keeping people healthy and alive. That's expensive.

Te Tiriti? No mention of it in the principles. It could widen the inequity gap for Māori. It could transplant its own principles over Treaty principles in laws.

Regardless, if passed without proper consultation with Māori, the Bill would breach Treaty principles, the Waitangi Tribunal says.

Actually, the Bill would create what's been called an anti-Waitangi Tribunal: a board investigating complaints about breaches of ACT's principles.

The board's recommendations are non-binding, but health care could be targeted for public complaints and board inquiries.

See also: [*NZNO chief executive Paul Goulter and kaiwhakahaere Kerri Nuku speak to select committee hearing submissions on the bill.*](#)

OPINION

Dunedin's grassroots movement for culturally safe care tired of fighting

By Munisha Singh, Zarghona Lafaie, Kym Makenesi, Louela Turner and Anna Egbuji
July 10, 2025

There were three tragic adverse events within the Southern District Health Board (DHB) that resulted in the loss of lives in 2022. These were not just clinical failings, they were devastating reminders of how cultural misunderstanding, lack of awareness and systemic inequities can have fatal consequences. Four health professionals team up to share their views with us.



Time to speak up -- health-care assistant Kym Makanesi (top left), registered nurses Zarghona Lafraie (top right) and Anna Egbugi (bottom left) and clinical nurse specialist Munisha Singh.

Those events laid bare the urgent need for a health-care system that truly sees, hears, and responds to the cultural realities of the diverse people it serves.

In the wake of this grief, we — health-care workers from the women and children's service — made a decision: we had to do better.



Munisha

We had to listen more, include more and centre the lived experiences of those who have long been marginalised in our system.

In March 2023, we facilitated the first multi-ethnic study day for Southern DHB, now Te Whatu Ora – Southern. The event was deeply moving.

It brought together health-care professionals and members of ethnically minoritised communities — many of who shared personal experiences of feeling unseen, unheard or unsafe within our services.

Their courage in speaking out affirmed what many of us already knew: cultural safety is not a checkbox, it is a matter of dignity, trust and often survival.

The study day became the catalyst for forming a working group and developing a multi-ethnic engagement strategy.

Although the strategy was approved by the DHB's clinical council, it was required to operate within existing budgets and align with broader national objectives.

'We continued independently, grounded in our belief that equitable, culturally safe care is a human right.'

Not long after, key support roles were disestablished due to organisational restructuring. The formal momentum stalled but our commitment did not.

We continued independently, grounded in our belief that equitable, culturally safe care is a human right.

From this, [Worldwide Mosaic](https://worldwidemosaic.co.nz/) (<https://worldwidemosaic.co.nz/>) was born – a grassroots initiative led by a team of six professionals, all with extensive experience working alongside minority communities in Dunedin.

From Pakistan (clinical nurse specialist – paediatric respiratory)

"A critical goal of mine is to improve health outcomes for all by implementing quality and safe health for all our minority communities in Aotearoa New Zealand which strongly aligns with the principles of the Te Tiriti o Waitangi and my passion for equity."

Zarghona

From Afghanistan (registered nurse)

"Working with refugees is incredibly impactful and rewarding. Many organisations need volunteers to help with various tasks, from language tutoring to job training and mentorship. I am passionate about raising awareness about refugee issues and advocating for policies that support refugees can make a big difference."

Kym

From the Cook Islands (health-care assistant)

"I am a dedicated health-care professional with a deep commitment to advocating for and improving the health outcomes for Pasifika and minority groups in New Zealand. In the past three years, I have been working

At the heart of Worldwide Mosaic is our four-hour cultural awareness workshop, focused specifically on the experiences and needs of Muslim, refugee, Pasifika, Filipino and African communities.

What makes this workshop powerful is not just the content – it's who creates it. The material is directly informed by those with lived experience.

‘This is not academic theory – it is real, lived truth.’

Community members have shaped the narratives, shared the challenges and offered insights on what respectful, culturally safe care looks and feels like.

This is not academic theory – it is real, lived truth.

And it challenges us, as health-care professionals, to confront the ways in which power, privilege, racism and systemic discrimination continue to shape clinical practice.

The workshop explores:

- Education as a catalyst for systemic change
- Empowering staff to foster inclusive, culturally responsive environments
- Cultural literacy and the celebration of diversity
- Effective verbal and non-verbal communication across cultural boundaries
- Racism, equity vs equality and unconscious bias
- Stereotyping, privilege and power imbalances in health-care
- Cultural traditions and beliefs that influence health behaviours and decisions

‘Our goal is to equip staff not only with knowledge but with empathy – the kind that can change the quality of every patient interaction.’

Our goal is to equip staff not only with knowledge but with empathy – the kind that can change the quality of every patient interaction.

tirelessly to bridge the gap in health disparities.”

Anna

***From South Africa
(registered nurse)***

“I am deeply committed to fostering a country where individuals from all walks of life can thrive. My passion lies in promoting understanding and equality among people of diverse ethnicities and cultures. I believe that by celebrating our differences and working together towards a common goal, we can create a more unified and harmonious society.”

In 2024, our initiative gained national recognition.

We were honoured to present at the NZNO conference, the Paediatric Society conference, Mercy Hospital, Plunket – South Island, Mindz in Action business conference, a neonatal conference, Royal Australian and New Zealand College of Obstetricians and Gynaecologists conference and various Te Whatu Ora – Southern gatherings.

Most recently, the Midwifery Council of New Zealand accepted our workshop as fulfilling the additional four-hour cultural education requirement (to be completed by 2027).

While this does not replace the mandatory Ngā Maia modules, it marks a crucial step forward – offering practical, community-informed training that addresses ethnic diversity in Aotearoa.

‘Despite this progress, deep-rooted barriers persist within our healthcare system—a system that was never designed to serve everyone equitably.’

But recognition alone is not enough.

Despite this progress, deep-rooted barriers persist within our healthcare system—a system that was never designed to serve everyone equitably.

Power imbalances are entrenched.

Racism, both overt and unconscious, continues to shape the quality of patient care and limit professional opportunities for many.

Privilege operates invisibly, reinforcing structures that silence and marginalise minoritised voices.

Funding priorities and leadership pathways too often exclude those who understand these lived realities best.

‘Cultural safety must never be viewed as a ‘nice to have’ or optional extra – it is a non-negotiable foundation of ethical, compassionate care.’

Cultural safety must never be viewed as a ‘nice to have’ or optional extra – it is a non-negotiable foundation of ethical, compassionate care.

Yet, despite clear evidence and national validation of our work, and despite urgent calls from the communities we serve, we have struggled for over two years to secure meaningful acknowledgment or support from nursing leadership and senior management within Te Whatu Ora – Southern.

This silence is more than disappointing, it is a painful reminder of how power and privilege can perpetuate systemic racism, even within institutions committed to care.

We are not asking for accolades or applause. We are asking for acknowledgement.

Because the lives and well-being of patients depend on it. Because the integrity of our health-care system depends on dismantling the entrenched barriers of racism, power and privilege that compromise equitable care.

‘We cannot deliver true cultural safety without confronting these uncomfortable truths head-on.’

Because we cannot deliver true cultural safety without confronting these uncomfortable truths head-on.

The lack of institutional support threatens the sustainability and reach of this vital work. But we will not be deterred. Despite the resistance, we see glimmers of hope.

We see nurses and midwives stepping up leaning in, asking hard questions, reflecting deeply on their practice. We see a new generation committed to unlearning bias and advocating for systemic change. We see compassion growing, carried forward by community voices and lived experience.

This is a call to all of us – leaders, clinicians, policymakers—to stop perpetuating racism and inequity through silence and inaction.

To recognise that confronting power and privilege is essential to delivering health-care that truly serves every person in Aotearoa New Zealand.

We persist because we must. Because the future of health-care depends on it.

OPINION

ICN trip inspires new nurse to pursue leadership

By Sione 'Ulufonua

July 4, 2025

Attending the ICN Congress in Helsinki this year was an exciting and inspiring experience for new graduate nurse Sione 'Ulufonua, who now wishes to pursue a nursing leadership role.



Three Tongan health professionals from Auckland at the ICN Congress in Helsinki last month. From left: Siona Vaka (doctor), Sione 'Ulufonua (new graduate nurse and author of this article), and Makoni Havea (nurse practitioner).

The 2025 International Council of Nurses (ICN) Congress was held last month, in Helsinki, the capital of Finland.

I attended as a proud kiwi, but quickly noticed the lack of representation of Australasian and Pacific nurses. This has inspired me to work hard for a leadership role in nursing.

I didn't know anything about this year's ICN congress until I saw a YouTube video about the 2023 conference in Montreal, and thought Helsinki 2025 would be an amazing experience to attend for professional development. So I went ahead and paid my registration fee, and booked airfares and accommodation.



Looking at the ICN Helsinki website, I noticed there was going to be a Students & Early Career Nurses (SECN) Assembly at the congress. There were only 200 spaces available, and it was filling up fast.

I quickly registered and sent all the relevant information, such as evidence of post-graduate studies, name of university, nursing organisation affiliation, place of employment, and so forth. About two weeks before the congress started, I received an email confirming my place in the Students & Early Career Nurses Assembly.

Excitement and apprehension

Once I decided to attend the congress, I felt a mix of excitement as well as apprehension for safety reasons, as the host city, Helsinki, is close to where the war between Russia and Ukraine is taking place.

When I received confirmation that I had a place in the SECN Assembly, I was over the moon, and the excitement trumped my apprehension. I felt that this was an opportunity too good to miss.

Despite the long flights (Auckland-Sydney-Singapore-Helsinki), jetlag, and adjusting to local time, it was an amazing, eye-opening experience. At Singapore's Changi airport, I ran into two Tongan health professionals from Auckland, Dr Sione Vaka and nurse practitioner Makoni Havea. They were on their way to Helsinki too, and I was glad to have their company.

For me it was a proud moment when I heard New Zealand called onto the stage.

Around 6000 nurses and scholars from across the globe attended the biennial congress.

The opening ceremony was electrifying — it was like the Oscars for nurses. For me it was a proud moment when I heard New Zealand called onto the stage, represented by NZNO kaiwhakahaere Kerri Nuku, president Anne Daniels and two other kaitiaki, during the parade of ICN member countries.



Sione 'Ulufonua (with microphone) takes part in the question and answer session at the Student and Early Career Nurse Assembly at the ICN Congress.

Another proud moment was when our former prime minister Helen Clark addressed the Congress. To see kiwis on an international stage is inspirational.

During the parade of ICN members, nurses from each country cheered for their representatives. We did our best, shouting at the top of our voices to make sure people knew there were kiwis in the crowd.

Lack of Pacific representation

However I could not help but notice the lack of representation from our neighbouring Pacific nations. I cannot recall Fiji, Samoa, Tonga or any other Pacific islands being called onto the

stage during the parade of members. There could be various reasons, but it highlighted an issue. Why?

I was also surprised to be the only kiwi among the 200 representatives from across the globe who took part in the SECN Assembly. Again, I asked myself, why?

However I thought I did not spend this money to come all the way here for nothing. The Q&A session was time-constrained, and I hustled for the microphone to make our voices heard from the land down under. I also attended sessions throughout the congress which were relevant to the emergency department (ED) — my area of nursing.

I hustled for the microphone to make our voices heard from the land down under.



Sione 'Ulufonua in Helsinki.

This is a phenomenal global event — it is where you witness the ICN chief executive, president and board members share the vision, mission and representation of nursing worldwide.

It is where scholars share their research and studies from communities across the world. It is a platform for nurses worldwide to network and share issues facing the profession globally. It is also a space for sharing new ideas and finding practical solutions for delivering healthcare to all corners of the world.

A new ICN president and board members have been elected to take the reins for the coming years. Outgoing president Pamela Cipriani, during her tenure, emphasised the word “influence”, that nurses across the world can influence decision-making for the health and wellbeing of their citizens.

Nurses should be empowered

New president, Jose Serrano, in his speech emphasised the word “empowerment” — nurses should be empowered with the tools, authority, autonomy, and respect they need to excel in their roles.

I left ICN Helsinki 2025 feeling empowered. The lack of representation from New Zealand, Australia and our neighbouring Pacific Islands has sparked a strong interest in me to pursue leadership and to advocate for strong participation from our corner of the world. For our issues, our ideas to be heard — after all, we are part of the global nursing family.

My action plan is to pursue mentorship and leadership training, as well as undertaking further studies, research, and hard mahi.

Sione 'Ulufonua, RN, is a new graduate nurse, and Tongan New Zealander, who works at Te Toka Tumai, Auckland City Hospital, in the emergency department and clinical decision unit.

PRACTICE

No, it's not all in their head – how to avoid 'diagnostic overshadowing' for patients with a mental health history

By Anthony O'Brien, Carolyn Swanson, Debbie Peterson, Ruth Cunningham and Stefan Heinz

July 1, 2025

Do people with a mental health and addictions history get a raw deal when presenting to health services with physical symptoms? This can happen where the clinician is not alert to the problem of 'diagnostic overshadowing'.



Diagnostic overshadowing occurs where a clinician mistakenly attributes physical symptoms to a person's existing mental health condition.

Introduction

In February this year, differential diagnosis became an expected competency for registered nurses (RNs) in New Zealand.^{[1](#)} This change recognises nurses' skills in using clinical reasoning to formulate a prioritised set of possible diagnoses when assessing a patient.

Although the Nursing Council states that a differential diagnosis is not an "official" diagnosis, including differential diagnosis in the scope of nursing practice makes clear that nurses need an understanding of the diagnostic process and how clinical assessment contributes to diagnosis.

Diagnosis can be a powerful tool in health care. Through diagnosis, health problems, including disease states, are identified, leading to appropriate recommendations for treatment.

This article focuses on one potentially problematic aspect of the diagnostic process which is known as diagnostic overshadowing. This occurs where one diagnosis "overshadows" another, with the result that important health problems are not addressed. Our focus is on diagnostic overshadowing as experienced by people with mental health and substance use conditions (MHSUC).

We discuss why diagnostic overshadowing is problematic and offer some suggestions for avoiding it. Included are excerpts from recent New Zealand research^{[2](#), [3](#)} in which health consumers describe their experience of diagnostic overshadowing.

What is diagnostic overshadowing?

In the context of people with MHSUC, diagnostic overshadowing is the term used to describe a clinician's misattribution of physical health symptoms to an existing mental health or substance use problem.

It is the phenomenon where clinicians overlook physical symptoms in a consumer with a history or diagnosis of MHSUC, or misattribute physical symptoms to an existing mental health condition.

A typical scenario might be where a consumer who has previously been diagnosed with depression presents to a health provider with abdominal pain. The health provider, noting the previous diagnosis of depression, then begins to focus on the person's mood and mental state, without first taking an accurate history of the consumer's pain symptoms.

In the following example, a consumer describes how a GP focuses on anxiety rather than her physical symptoms:

"My GP often tries to blame any physical problem I have on my anxiety. I know my own anxiety pretty well now, I know what it feels like and how it behaves. It frustrates me when my GP is not willing to investigate my symptoms and just says 'it could be your anxiety'."

(woman aged 26-35)

In another example, a consumer's ankle pain was overlooked because she had a previous diagnosis of bipolar disorder. The consumer's mental health diagnosis has "overshadowed" the assessment to the point where a full and accurate assessment is not undertaken.

"I went to seek help for a sore ankle, the doctor replied with a 'tell me about your bipolar disorder'. Turns out I had a torn ligament, diagnosed by someone else. My treatment was delayed and I felt humiliated."

(woman aged 36-45)

Related to diagnostic overshadowing is the concept of therapeutic overshadowing. This refers to inferior treatment or no treatment being offered to people with MHSUC because the clinician does not believe the consumer is capable of managing their treatment or recovery and/or that people with MHSUC have lower capacity to respond to treatment.

Consequences of diagnostic overshadowing

In New Zealand, people with MHSUC experience significantly worse health outcomes than members of the general population.[4](#) These outcomes include delayed diagnosis, lower life expectancy and premature mortality.

Although some of the difference in mortality arises from "unnatural" causes (suicide, homicide and accidents), most of the excess mortality comes from "natural causes": dying prematurely from physical health conditions including cardiovascular disease, respiratory disease, diabetes and cancer.[4](#)

These disparities are accentuated for Māori with MHSUC who experience higher all-cause mortality in addition to higher rates of hospitalisation for diabetes, injury/poisoning and general physical health conditions.[5](#)

In New Zealand, people with mental health and substance abuse problems experience significantly worse health outcomes than members of the general population.

Consequences of diagnostic overshadowing are more severe for people with more severe MHSUC (schizophrenia, bipolar disorder, moderate to severe depression) and can be illustrated by considering cancer diagnosis and survival. The concept of treatment overshadowing is illustrated in the case of cancer, discussed below.

Cancer diagnosis and survival

Although the incidence of many cancers is similar in those with MHSUC compared to the general population, mortality rates from cancer are higher for those with severe mental illness.[6](#)

In New Zealand, the risk of death from breast and colorectal cancer in those with a diagnosis of schizophrenia or bipolar disorder is significantly higher than the risk to members of the general population. People with MHSUCs are diagnosed later and are more likely to experience comorbidity.^{[7](#)}



People with a mental health history are less likely to receive adequate cancer care. Photo: Adobe Stock

International evidence also suggests that people with MHSUC are less likely to receive adequate treatment for cancer.^{[8](#)} These health disparities are reflected in marked differences in survival.

Timing of cancer diagnosis is also important. Receiving a cancer diagnosis as part of an emergency presentation (acute or emergency hospital admissions) is a marker of the timeliness of access to and quality of health care (from screening and diagnosis through to treatment and follow-up). High rates of diagnosis on presentation to emergency departments indicates lack of access to screening and early diagnosis.

In New Zealand, people using specialist mental health and addiction services are more likely to receive a diagnosis of prostate, lung, breast or colorectal cancer within 30 days of an emergency presentation.^{[9](#)} The likely reason for this is that this population have not been screened in primary care or have not been referred for specialist assessment. Emergency department presentation, usually for reasons unrelated to cancer, has become the pathway to cancer diagnosis.

Proportions of diagnoses on emergency presentation for each form of cancer compared by diagnosis and mental health service use are shown in Figure 1 (below). Differences are more marked for people with a diagnosis of schizophrenia or bipolar disorder.⁹

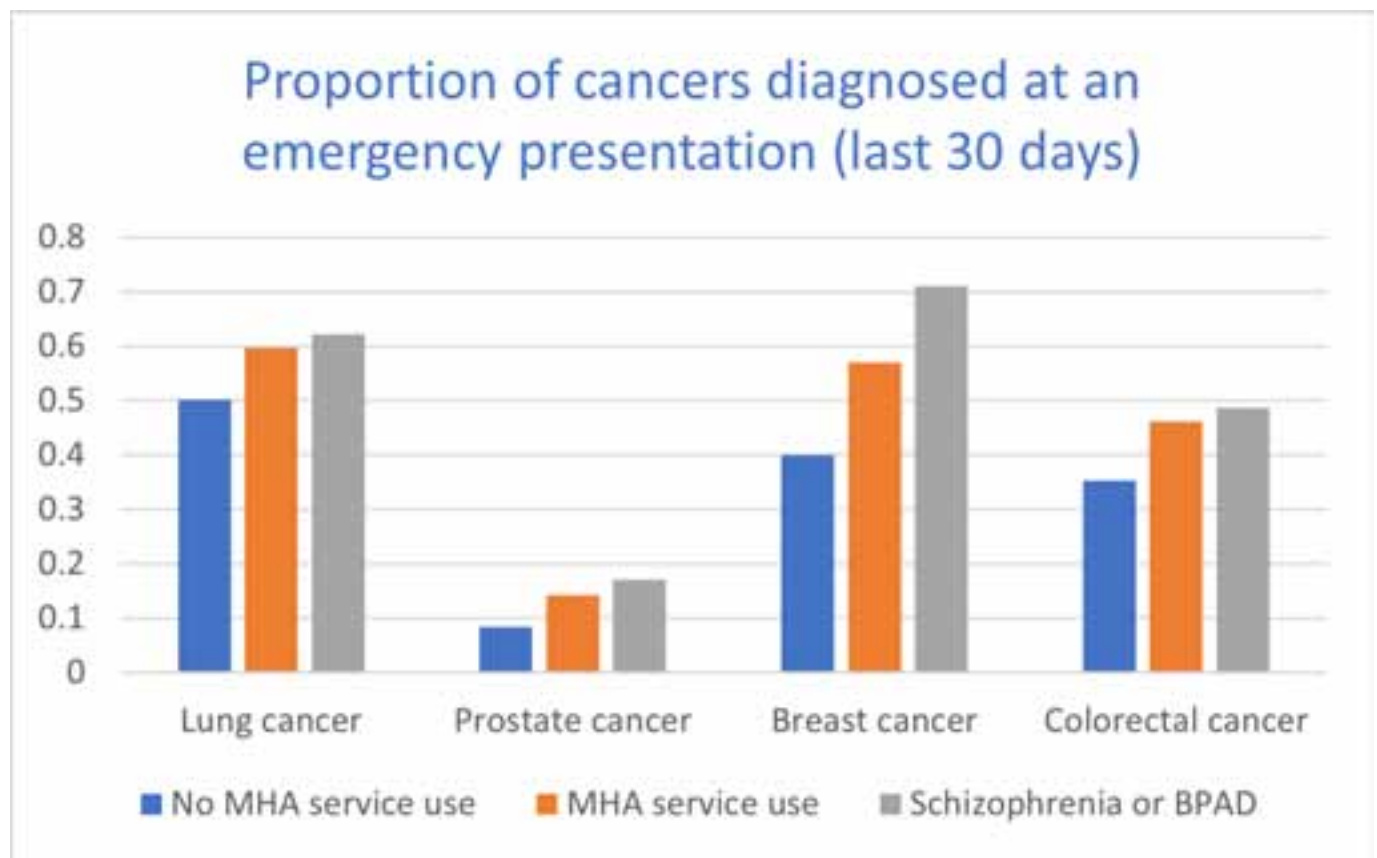


Figure 1. Proportion of cancers diagnosed as an emergency (emergency presentation within 30 days of diagnosis). MHA = Mental health and addiction; BPAD = Bipolar affective disorder. Graph shows rate ratios.

The importance of nursing assessment

A critical component of the nursing process is assessment, listening to a consumer's concerns, observing signs and symptoms, attending to non-verbal cues, and exploring patterns that might help understand what is happening for them.

Assessment is defined by the Nursing Council¹ as "A systematic procedure for collecting qualitative and quantitative data to describe progress and ascertain deviations from expected outcomes and achievements" (p9). The process of assessment is described as going "... beyond technical and organisational skills to a willingness to connect with the recipient." (p10).

It is this process of connection that can help avoid the pitfalls of diagnostic overshadowing.

It is this process of connection that can help avoid the pitfalls of diagnostic overshadowing. In the New Zealand context, nursing assessment incorporates the values of the consumer within a bicultural, holistic framework.¹⁰ The hui process is recommended to create a respectful, culturally safe place in which nurses can listen to the concerns of consumers.¹¹

Assessment should occur in the context of a therapeutic relationship based on trust, respect and empathy. That relationship should value lived experience and facilitate effective communication.

As nurses develop their practice in differential diagnosis, it will be important that they don't position themselves as the experts on consumers' problems but rather remain open to listening to and responding to consumers' concerns.

A critical component of the nursing process is assessment, listening to a consumer's concerns, observing signs and symptoms, attending to non-verbal cues, and exploring patterns.

Consumers consistently report collaboration as important in health care and appreciate clinicians' engagement and listening to understand their health problems.^{12, 13} Accurate diagnosis is enhanced by the understanding and empathy developed within a therapeutic relationship.

"I changed to my current GP service because of the exceptional care, they are accommodating, listen rather than speak over you and work with you to find the best solution for you."

(woman aged 26-35)

Avoiding diagnostic overshadowing

Avoiding diagnostic overshadowing starts with the clinician using critical self-reflection and becoming aware of whether bias is affecting their assessment. Sources of bias could be observations of the practice of experienced nurses or other professionals, societal views about people with MHSUC, or ideas encountered in education programmes.

Nurses and other health professionals share many of the biases common in the general public and so, without the opportunity for critical self-reflection, are likely to introduce those biases into their practice.

One specific strategy to minimise overshadowing is to take the approach that symptoms should be treated the same in all patients, including those with a history of MHSUC.

The benchmark for practice is that consumers with MHSUC should receive the same assessment for a physical symptom as those without MHSUC, even if a psychosomatic cause

may be higher on the differential diagnosis list.

Another strategy is to share diagnostic uncertainty with the consumer.

Consumers want to be listened to, validated, taken seriously and have the same consideration and investigation for a physical cause for their symptoms as someone without a history of MHSUC.

Another strategy is to share diagnostic uncertainty with the consumer.¹⁴ As clinicians, we are often unsure of what an accurate differential diagnosis is. We may not have sufficient history, a consumer may be uncomfortable about sharing aspects of their health, there may be a need for laboratory tests, or we may want to observe to see how symptoms evolve.

In such cases uncertainty can be shared with the consumer, with a discussion on the best plan of care, and a time for review.

Structural aspects of diagnostic overshadowing

Nursing practice occurs within a social context, in which there are prevailing narratives about MHSUCs, as well as other factors that relate to a person's perceived social level — factors that have an impact on health experience and health care.

In addition to discriminatory attitudes towards people with MHSUC,³ factors such as social deprivation, racism, sexism and resource constraints all shape health care and nursing practice.

Nurses share the cultural resources of their society, including attitudes to people with MHSUC, racism and sexism. In addition, nurses practise within a context of limited resources and institutional policies which also have an impact on practice.

In a health setting which is understaffed, and with a restricted range of services, nurses may be under pressure to make decisions quickly. In such circumstances it is less likely that nurses will have the opportunity to critically reflect on their practice and on how their decision-making is influenced by unconscious bias.

In a health setting which is understaffed, and with a restricted range of services, nurses may be under pressure to make decisions quickly.

Nurses, like other health professionals, are likely to fall back on familiar heuristics (rules of thumb) to make quick decisions. Nursing as a profession therefore has a responsibility to

ensure that health service resourcing and policies support nurses to undertake sound clinical assessments and not uncritically follow short cuts in the assessment process.

A group of researchers led by psychiatrist and educator Javeed Sukhera have described how discriminatory attitudes can become incorporated into an organisation's processes as "structural stigma".

They define this term as " . . . *how inequity is manifested through rules, policies, and procedures embedded within organizations and society at large. Structural stigma is also prominent within clinical learning environments and can be transmitted through role modeling, resulting in inequitable treatment of vulnerable patient populations.*"¹⁵ (p127)

These authors propose a four-part model for addressing structural stigma. Their model is based on a clinician using critical reflection, both on their own individual practice and on structural aspects of the practice setting. The model is summarised below in Table 1.

Table 1. A proposed framework for addressing structural mental health and substance use stigma in education for health professionals (adapted from Sukhera et al, 2022)¹⁵

Component	Focus	Example
Recognise	Recognising how structural stigma manifests during care processes	During handover a consumer with a history of substance use is admitted with pain. One nurse refers to the consumer's request for pain relief as "drug seeking". Another nurse comments that other consumers with similar presentations require pain relief and argues that both consumers should receive the same treatment.
Reflect	Reflecting critically on how assumptions, values, and biases underpin systems of care	A consumer with a MHSUC is admitted from the emergency department with a relapse of a respiratory disorder precipitated by not taking prescribed medication. Rather than blame the consumer for being "non-compliant", the charge nurse encourages nurses to consider whether factors such as cost or access to transport might have contributed to the consumer's relapse.
Reframe	Reframing situations to highlight structural components and enhance connection	A consumer on a medical ward has a diagnosis of schizophrenia and is referred to by some staff as "a schizophrenic". An

		alternative framing of “a person with severe mental health problems” is used instead of the diagnostic label.
Respond	Role modeling structural humility and by advocating for structural change	Nurses in a primary care clinic engage in community-level advocacy, including codesign of an initiative to ensure consumers with MHSUC have access to exercise programmes to improve their physical health.

The role for nursing education

Nursing education programmes have a role to play in raising awareness of diagnostic overshadowing and raising faculty and students’ awareness of the problem, and how to avoid it. Beginning with learning the practice of therapeutic relationships, education can also help students develop the critical self-awareness needed to address discrimination and unconscious bias.

In New Zealand, nursing education can learn much from the teaching of cultural safety, which begins with reflection on one’s own identity and place within practices of colonisation in New Zealand.¹⁶

The skill of critical self-awareness is readily transferable to differential diagnosis. Nurses providing preceptorship in clinical practice can also help students develop awareness of diagnostic overshadowing by exploring with students examples of bias in the assessment process. These can include, for example, how the nurse’s own health experience might influence her perception of a consumer’s presentation.

Conclusion

New competencies for nursing practice in New Zealand provide an opportunity for reflection on the role differential diagnosis plays in clinical practice, the problem of diagnostic overshadowing with people with MHSUC, and strategies for preventing bias in the diagnostic process.

A wide range of information and resources to help nurses develop their practice to avoid discrimination and promote the physical health of people with MHSUC is available at the [Equally Well](https://www.equallywell.co.nz/tupuanuku-research/) (<https://www.equallywell.co.nz/tupuanuku-research/>) website.

Addressing diagnostic overshadowing has the potential to improve inequities in health outcomes experienced by people with MHSUC and to promote person-centred nursing care in the context of a therapeutic relationship.

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FEATURES

Amidst airstrikes, NZNO helps bring nursing knowledge to conflict zone

By Joel Maxwell

July 22, 2025

It's safe to publish the name of the man speaking from the other side of the world, Thant Zin, because it's a very common one in Myanmar, we've been told.



Maternity care and the single operating theatre at the Karenni state hospital.

On February 1, 2021, this man's world changed forever. The Myanmar military took over the country in a coup and everyday people like him faced an uncertain future.

Suddenly, even offering his name came with personal security concerns.

The young doctor spoke to *Kaitiaki* as leader of a project to build a sustainable health-care workforce in a conflict-torn corner of Myanmar — now fully-funded by a \$35,000 grant from Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO.

Back in 2021, the first professionals to oppose the coup were health-care professionals, he said.

After a year on the frontline against Covid, where just taking oral swabs from patients was dangerous, they were angry to then have the country taken over by the military.

They joined the nationwide civil disobedience movement — where more than 80 per cent of the health-care workforce, nurses, health-care assistants and doctors went on strike, Thant Zin said.



Emergency care in action at the Karenni state hospital.

"After the crackdown, when the military started shooting people, still we continued our strike up to June, July, 2021," said Thant Zin.

In that year after the coup, according to Human Rights Watch, the military killed more than 1500 people in a violent crackdown on resistance.

Many of the striking workers never returned to their old positions. Some stayed on in the civil disobedience movement: volunteering to work in regions like Karenni state, Thant Zin said.

After the crackdown, when the military started shooting people, still we continued our strike up to June, July, 2021.

Karenni state, in eastern Myanmar on the border with Thailand, has seen intense conflict since the coup. About 90 per cent of the state remains out of military control, he said. Governance is fractured, thousands of locals are displaced, and civil disobedience movement workers often don't speak the local languages.

It's now the monsoon season in Karenni state, so health-care workers are dealing with dengue fever and influenza and flooding — seasonal events, but not the only challenges.



The men's ward at Karenni state hospital.

"There are more challenges. First there's the airstrikes, they are more frequent these days, the airstrikes by the military."

If there's one upside, he said, it's that the region borders Thailand — making it difficult for the military to attack without infringing the border. "But because the conflict is scattered everywhere, it blocks transportation routes, it's so difficult to get the medical supplies and also teaching materials."

There's demand for emergency and trauma care for those wounded in the conflict, but health-care workers are trying to focus on primary care too, he said.

First there's the airstrikes, they are more frequent these days, the airstrikes by the military.

"Those areas have been ignored so there are more re-emergences of TB and malaria. There is also a lack of vaccinations."

Frozen international aid has only made training more difficult. Despite this, local networks established the Karenni Medical College and a small hospital. Here there are only a handful of teachers, nurses, and administrative staff available.

Building a health-care workforce in a conflict zone

International development agency [UnionAID](https://unionaid.org.nz/) (<https://unionaid.org.nz/>) — created through New Zealand's unions — approached NZNO with the proposal for the project.

Its primary goal is to boost and upskill the local health-care and medical workforce — with initiatives including recruiting international medical and nursing experts to volunteer as teachers and engaging with students through online learning.



NZNO kaiwhakahaere Kerri Nuku and president Anne Daniels.

It would create a centre of excellence with accreditation and degrees for Karenni nurses and doctors.

And, it would mean that even if the civil disobedience movement volunteers leave, the locals can continue the services.

NZNO kaiwhakahaere Kerri Nuku said backing the project was about reaching out and helping those in need – part of a responsibility as global citizens.

Nobody should live in situations like the military control in Myanmar, she said.

“We can’t look at health as a one-dimensional thing. We’ve got to look at its broadest freedoms, and as an organisation we’ve got to show our commitment to that.”



Nursing in Aotearoa has challenges – but none like those faced by health-care workers in conflict zones.

NZNO president Anne Daniels said it was no surprise the board supported the project given the political situation in Myanmar.

“They don’t actually have a thing called democracy, but they well and truly have a thing called oppression.”

This project thumbed its nose at that kind of oppression, she said, while supporting people to stand up for themselves, and improve their own health and wellbeing.

‘Maybe tomorrow there will be change’

Thant Zin, currently not in the state, said he felt a responsibility to help because of the opportunities he’d had in his own life.

He came to New Zealand in a six-month young leaders programme run by UnionAID back in 2017, so he had a taste of what stable government was like.

"We don't have that, we used to have that — just a tiny window — I got a lot of opportunity as a young leader but the current generation, they deserve it."

The young people will be the ones joining and ultimately running the health-care services. Thant Zin said he wanted to help these new generations.

"They want to create a better future for themselves and also the next generation. The older politicians don't see the future sometimes — they even miss the present — but I think things will change eventually."

- *The project is a collaboration between civil disobedience movement nurses and midwives networks, the University of Medicine Magway Alumni Association and Karenni doctors' networks. They previously established the Karenni Medical College and a small hospital.*
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FEATURES

'We no longer had to stress about kai'

By Renee Kiriona

July 4, 2025

Sophie Beca was doing it tough in her final year of a nursing degree until she won an award that helped her get through.



Breaking down barriers: Sophie Beca

In 2022-23, a total of 3230 students enrolled in registered nurse training but only 435 of them were Māori, and even less than that have graduated. Economic pressures are a leading factor in why so many Māori do not complete their nursing studies.

Beca was the 2024 recipient of the [Māori Nurse Mātauranga Award](https://www.nzno.org.nz/groups/te_runanga/awards#Pharmac) (https://www.nzno.org.nz/groups/te_runanga/awards#Pharmac), offered by PHARMAC in conjunction

with Te Runanga o Aotearoa NZNO, which is open to Māori trainee nurses who wish to further their study in community focused activities and development or would like to develop an innovative way to assist whānau, hapū and iwi to access and understand their medicines.

“Receiving the Pātaka Whaioranga Tapuhi Kaitiaki Award meant the world to me and my whānau. It lifted a huge weight off our shoulders,” Beca said.

‘This tautoko gave me the push I needed to keep going. Without the constant financial pressure.’

“My partner and I no longer had to stress about putting kai on the table or how we were going to afford transport to placement. That relief brought so much peace to our home, and it reminded me of the strength that comes from awhi and manaakitanga.”

Beca hails from Ngāti Porou, Ngāti Kahungunu ki Wairoa and Rongomaiwahine.

She said the award allowed her to focus more on her studies without the worry of making ends meet.

“This tautoko gave me the push I needed to keep going. Without the constant financial pressure, I was able to fully focus on my studies and cross that finish line.

“It removed a barrier that so many of us face and gave me the space to thrive, not just survive.”

Today, Beca is working as a registered nurse with Hutt Union Health Centre.

“I’m proud to be here today as someone who can awhi our people with care that is grounded in our tikanga and wairua. This award helped me become someone my whānau and community can look to and be proud of.”

Beca said nursing had “transformed” her.



Sophie Beca at her graduation

‘Our tūpuna didn’t walk before us for nothing – keep striving, keep rising, and

remember who you are.'

"It has grown my confidence and shown me just how much strength and patience I carry within myself. It's shaped me into a confident, capable wahine Māori who knows her worth and walks with purpose, knowing that every day I'm making a difference in people's lives."

Beca is also passionate about collective action.



Click on this image to apply for this grant

"It's made me want to be more involved, to stand alongside other Māori nurses and contribute to a collective future where our voices are strong and our presence is seen, heard, and felt in every corner of the health-care system."

"My aspiration for Māori nurses is that we keep thriving. That we take up space in all areas of health and keep walking with mana. Our presence matters, and we have so much to give – not just as nurses but as Māori nurses."

Her message for Māori nursing students was to back themselves.

"Back yourself. As Māori, we have so much potential within us – sometimes all it takes is one brave jump. Yes, there are barriers, but they can be broken. We are capable."

"Our tūpuna didn't walk before us for nothing – keep striving, keep rising, and remember who you are."

COLLEGES & SECTIONS

‘We like a steady climb’ – flight and land transport nurses on the up

By Lynette Will

July 25, 2025

NZNO college of air & surface transport nurses (COASTN) have fought long and hard for a voice on air ambulance restructuring — and they have won.



Class of 2025: COASTN's hardy aeromedical retrieval course participants this year.

We transport nurses, like nurses everywhere, are experiencing increased workloads – both on land and air. Yet we continue to champion excellence across Aotearoa with a strong focus on



professional development, collaboration and innovation in 2025.

While most flight teams are a mix of doctors and nurses — and sometimes paramedics — many are nurse-only teams.

Hawke's Bay Hospital, for example, has about 2000 flights a year, while Dunedin Hospital has about 800. About half of flights from both those regions last year were led by nurse-only teams.

The Nelson-Marlborough hospital region too, has high numbers of flights, with about 1200 last year — 700 of which were run by nurses. Waikato Hospital's neonatal intensive care unit (NICU) needed 132 flights last year — mostly transferring premature babies needing urgent care into specialist NICUs, including many nurse-led teams.



Nurses on the 2025 COASTN aeromedical retrieval course earlier this year.

With only 500 or so flight nurses currently working in New Zealand, these numbers give a sense of the workload and responsibilities we take on as experts, with proven knowledge of the aeromedical environment and effects of altitude on patient and crew physiology.

Flight nursing is a relatively new specialty, and a complex one, practised in a high-risk environment, often in isolation and requiring a high level of clinical skill, knowledge and responsibility.

Our members often have specialist knowledge in areas like adult medical and surgical, paediatric and neonatal intensive care, cardiac and emergency care. This is the level of skill that our expert flight nurses have.

Our members work in both air and road ambulances – from inter-hospital transfers to rescue and disaster response flights. Sometimes we need to get patients from one hospital to another, for specialist services. Or from their remote homes or health service to a larger hospital — and we help everyone from older adults to premature babies. We are on clinically-crewed rotary-wings (helicopters) and fixed-wing (planes) teams as well as in the road ambulances which support them.

The voice of flight nurses at the top

For the past five years, the Government has been restructuring Aotearoa's air ambulance services through its [aeromedical commissioning programme](https://www.tewhatauora.govt.nz/health-services-and-programmes/aeromedical-commissioning-programme) (<https://www.tewhatauora.govt.nz/health-services-and-programmes/aeromedical-commissioning-programme>).

COASTN has worked exceptionally hard to make sure there is a nursing voice on the various committees involved. And we have succeeded! After three years of fighting, we now have a COASTN representative on each of the four workstreams — clinical and technical; infrastructure; workforce and coordination/governance.



COASTN 2025 aeromedical retrieval course.

Our numbers have been steadily climbing – we like that for our pilots as well! We now have nearly 500 members – 476 — which is pretty much all the flight nurses in Aotearoa. A huge number of the country's nurses who fly are in the college.

The bravest part for nurses who sign up for this is they have to let themselves be strapped into a helicopter frame, blindfolded, turned upside down and dumped into the water!

Our college committee is made up of flight nurses from all around the country, except for gaps coming up in Dunedin, Nelson and Auckland. We would also love more representation from Northland and nurse-led services. But we're a small community and everyone pretty much knows everyone, so I reckon we'll shoulder-tap someone eventually.



COASTN committee members, left to right at back: Sam Collis, Andy Gibbs, Patrice Rosengrave, Lynette Will, Tania Parr and Jackie Hardy. In front are Avryl Way and Jodie Purches.

Serving on the committee is a rewarding way to contribute to the advancement of transport nursing, influence educational initiatives, and support your peers across the country. If you are passionate about the profession and keen to make a difference, we warmly invite you to put your name forward.

We will have our annual general meeting on October 17. This will be a vital opportunity for members to engage in the governance of the COASTN, reflect on its achievements and help shape our future direction.

Aeromedical retrieval course

Our five-day aeromedical retrieval course based at Auckland University of Technology's Manukau campus in February each year has been running for 10 years now. 2026 dates will be released soon, on our [website](https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_air_surface_transport_nurses/aeromedical_retrieval_course) (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_air_surface_transport_nurses/aeromedical_retrieval_course). This comprehensive programme equips nurses with the critical skills and knowledge for safe and effective patient transport in aeromedical environments.

All had done the HUET training and all survived that crash, so it's exceptionally valuable.

The course is a huge commitment for members, with a mix of simulated and real-life practical training – such as being dumped in the bush and finding your way home!

The bravest part for nurses who sign up for this is they have to let themselves be strapped into a helicopter frame, blindfolded, turned upside down and dumped into the water! This is known as the HUET – helicopter underwater escape training – where you have to get yourself out, underwater, blind and in the dark.

It's worth it though. In September 2023 a Westpac rescue chopper crashed [in dense bush on Mt Pirongia in Waikato](https://www.rnz.co.nz/news/national/558386/transport-watchdog-reveals-cause-of-2023-mount-pirongia-rescue-helicopter-crash) while trying to rescue an injured tramper. The three trained staff aboard – pilot, paramedic and winch operator – all had done the HUET training and all survived that crash, so it's exceptionally valuable.



Wellington, from COASTN's photo gallery. Photo: Andy Gibbs.

About 15-20 people do the training each year and we always prioritise our New Zealand nurses – although we have been able to offer a couple of places for our Australian colleagues in recent years.

We've also had nurses from further afield, like Papua New Guinea, enquire – something we hope we can help with in future.

Your voice and involvement are vital to the strength of our college.

We are currently reviewing the course content to ensure it remains relevant, evidence-based and responsive to the evolving needs of transport services across Aotearoa. This will be done in time for our 2027 course.

We have reached out to hospital transport services nationwide to find out what current challenges, skill gaps and emerging priorities are. This reflects our commitment to providing education that is both practical and future-focused.

There is also a scholarship available for a fully-funded place on the course, for COASTN members only.

Conference 2025

A highlight this year will be our [COASTN symposium — synergy in motion](#) taking place on October 16 and 17 in Dunedin. This two-day event promises to bring together transport teams from across the motu to share knowledge, explore emerging trends, and strengthen professional networks. The symposium will feature a diverse programme of speakers, focused on the unique challenges and innovations in air and surface transport nursing. We are excited to announce our keynote speakers Alex Psirides (intensive care specialist Wellington regional hospital) Di Fuller (clinical nurse specialist paediatric intensive care unit), and Dunedin's nurse and health-care assistant-led [World Wide Mosaic](https://worldwidemosaic.co.nz/) (https://worldwidemosaic.co.nz/) cultural awareness programme. Further information and the programme will be uploaded on our [COASTN website](https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_air_surface_transport_nurses) (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_air_surface_transport_nurses) shortly.



*A shot of Mt Taranaki from the COASTN photo gallery.
Photo: Andy Gibbs.*

[Registrations](https://www.aeromedconference.com/registration) (<https://www.aeromedconference.com/registration>) are now open via the NZNO website, and we encourage all members and interested professionals to secure their place early. Early bird registration closes on August 30. Whether you're a seasoned transport nurse or new to the field, this symposium offers valuable insights and opportunities for growth.

Strengthening our community

At the heart of COASTN's work is a commitment to fostering a strong, connected community of transport nurses. Whether working in helicopters, fixed-wing aircraft, ambulances, or other transport modalities, our members share a dedication to delivering high-quality care in dynamic and often unpredictable environments.



A shot of Blenheim from the COASTN gallery. Photo: Sarah Rogers.

Through events like the symposium, ongoing education, and active engagement with services, COASTN continues to support nurses in developing their expertise, advocating for best practice, and building resilience in the face of complex demands.

We also recognise the importance of celebrating the achievements of our members. If you or a colleague have recently completed a significant project, received an award, or contributed to research in the field, we'd love to hear from you at COASTNcommittee@gmail.com. Sharing these stories helps inspire others and highlights the incredible work being done across the country.

Stay connected

As we move toward the second half of 2025, we encourage all members to stay engaged with COASTN activities. Whether through attending the symposium, nominating for the committee, or participating in the aeromedical course, your voice and involvement are vital to the strength of our college.



https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_air_surface_transport_nurses

-- *Lynette Will is chair of COASTN and a Dunedin flight nurse*

LETTERS

2025 New Zealand Nurses Organisation Elections – Notice of Confirmed Candidates

By Warwick Lampp

July 25, 2025

Nominations for the 2025 New Zealand Nurses Organisation elections closed at 12 noon, Friday 18 July 2025.



Eleven nominations were received for the seven positions on the NZNO Board. The candidates are:

NZNO Board (7 positions)

- BARR Nigel
- BROOKES Grant
- CHAPMAN Kathryn
- CHERIAN Saju
- CLOUGHLEY Grant
- DEIBERT Michael
- FAIRBURN Michelle
- HEAYS Nayda
- KATENE Rosetta (Rosie)
- MORGAN Tracey
- THORN Rachel

As there were more nominations received than positions available, elections will be required for the NZNO Board.

All financial members with a valid email address recorded with NZNO will be emailed their voting details on Wednesday 6 August 2025. Financial members who do not have an email address recorded with NZNO will be posted a voting letter on Wednesday 6 August 2025.

Members are encouraged to update their details by email to the membership team at membership@nzno.org.nz.

Voting will close at 5pm on **Thursday 11 September 2025**.

Warwick Lampp
Returning Officer – New Zealand Nurses
Organisation
0800 666 044
PO Box 3138, Christchurch 8140
wlampp@electionz.com



LETTERS

Nurse sought for role with Māori/Polynesian family – one child, one whānau, one purpose

By Bradley (last name withheld by request)

July 24, 2025

We are a loving and dedicated Māori/Polynesian family based on the Gold Coast, seeking a compassionate and skilled registered or enrolled nurse — preferably with paediatric experience — to join the close-knit team who care for our child.

Our child sustained an acquired brain injury (ABI) at birth and requires round-the-clock care and attention.

Our home is not just a workplace, it's a nurturing, emotionally invested space where every member of the team is vital. We have constructed a highly specialised, exclusive team who care for our child only, reducing external exposure risks and allowing for deep consistency of care.

Being a proud Māori/Polynesian family, we strongly encourage applications from individuals who share our cultural background and values. However, we value all individuals who are compassionate, skilled, culturally respectful and understand what we are looking for. We welcome all backgrounds.

Essential requirements are a current AHPRA registration as RN or EN and first aid/CPR certification. Candidates must have full Australian work rights (no sponsorship is available).

This is an in-home complex care role, grounded in both medical skill and deep relational caregiving. We are not simply hiring for a shift, we are looking for someone to become part of a long-term, stable and emotionally intelligent team.

Our child is five years old and fully dependent for all care needs, including airway management, seizure protocols, positioning, suctioning and emotional comfort.

Due to the complexity of his care, team members undergo (paid) training/trial for six months of intensive one-on-one training before practising independently. The role is deeply specialised and requires both technical skill and intuitive caregiving.

Our child's team is exclusive and dedicated only to him, meaning this role does not suit nurses looking to maintain multiple clients or agencies, or extensive social activities. This is essential to reduce exposure from school, sports, hospitals, and general community risk. We've made this choice to protect our son after previous critical medical events.

Key responsibilities are:

- to uphold infection control practices at the highest level
- to maintain exclusivity of care
- to attend regular team check-ins and training
- to build a responsive and intuitive relationship with our child, who is non-verbal
- to provide vigilant overnight monitoring
- to show adaptability and resilience as our child's needs evolve.

We're looking for an emotionally intelligent nurse who values both clinical precision and cultural grounding, who see this as a role with deep meaning, and who understands that continuity, loyalty, and attention to detail are what keep our son safe.

We offer:

- Competitive pay: A\$115,000–A\$200,000 depending on experience and commitment
- 40 hours per week after successful onboarding (majority eight-hour shifts, occasional 10, 12-hour shift)
- Long-term, meaningful employment
- Team-based support from experienced senior carers
- Ongoing professional development and case-based learning

We would love to hear from you. For further details, please contact:

Frankie.kwn2024@gmail.com

Bradley (last name withheld by request),
Gold Coast, Australia

LETTERS

Employers' disregard for safety pushes nurse out of the profession

By (name withheld by agreement)

July 11, 2025

Firstly I would like to express my gratitude and say how much I value the commitment NZNO has been putting into fighting not only for equal / fair pay but also safe staffing and conditions.



I cannot believe how little regard our employers have for our safety getting to and from work – I refer to two staff members attacked when leaving Christchurch Hospital recently.

If it's not attacks, then it's car/cycle/scooter thefts as well as abuse from patients/visitors hanging about smoking just a metre or so from hospital grounds.

I am so weary of the constant battle, and my family should not be worried sick, lying awake at night until they hear my car come home safely at midnight, after pm shift. So I'm reluctantly taking steps to leave nursing, a profession I've been so proud of after over 30 years' service.



On the left is a screenshot from a UK newspaper, and above is another one from the *Waikato Times* eight months ago. The last photo (below) shows how low the story rated in the news (second in the briefs column). Ten years ago these would have been shocking – now sadly they cause hardly a gasp from the public, and are then forgotten as the next news story rolls in.



There are so many more stories out there that are never reported in the media.

Many of my colleagues feel the same and say if they had the confidence to change profession, they would, but financially they daren't risk it. They are in debt and haven't had a holiday in years – ironically waiting for the holiday remediation settlement to perhaps have a short holiday with families. Now they are needing that money to pay/reduce debts accrued from the rising cost of living.

I am very fortunate not to be in this position — however I can assure you I am by far in the minority.

Name withheld by request

LETTERS

People's select committee on pay equity encourages submissions

By Marilyn Waring

July 1, 2025

The people's select committee on pay equity, formed by 10 women who are former MPs, has held its first meeting and released its terms of reference.





We are thrilled that hundreds of New Zealanders have already sent in submissions and taken the time to share their experiences and expertise with us.

The committee recently met for the first time and discussed how we would work together. We have a good range of views and understanding represented and so we are well placed to consider the legislative changes and public views.

I encourage people to [keep sending in submissions](https://link.nzctu.org.nz/click/mkEiLXOHajPk_4nNMYxoPwFX.uVatkgYdsLr/pxuk_05X/3s/www.payequity.org.nz/make-a-submission) (https://link.nzctu.org.nz/click/mkEiLXOHajPk_4nNMYxoPwFX.uVatkgYdsLr/pxuk_05X/3s/www.payequity.org.nz/make-a-submission) – in particular we want to ensure that we hear from employers and people who may not disagree with the law change, to ensure that a wide range of views are represented.

We are looking forward to hearing from organisations, experts and workers at our first oral hearing, to be held in Wellington on August 11, 2025.

The committee will deliver a report at the end of this process that will provide a summary of the key themes and conclusions of the submissions, and other evidence collected from OIAs, data analyses, parliamentary debates and press statements, as well as rigorous research on pay equity.

This report will be provided to Parliament and available to the public by the end of the year.

[Download the terms of reference here.](#)

Professor Marilyn Waring, DNZM,
People's select committee on pay equity
