

NEWS

## **‘All we can do is take the buggers to court’ – teachers, nurses, librarians join forces in legal challenge**

By Mary Longmore

August 29, 2025

Wāhine across female-dominated workforces stood together outside the High Court in Wellington today, as their unions filed joint legal action against the Government's \$12.8 billion rollback of pay equity claims.



*Union women (left to right) teacher aide Ally Kingi (NZEI), Plunket nurse Hannah Cook (NZNO), support worker Camella Ross (PSA), union advisor Jo Brunskill (PPTA) and university librarian Alex Cass (Tertiary Education Union).*

Teacher aides and librarians stood shoulder-to-shoulder with community support workers and nurses — all of whom are impacted by the coalition Government's shock announcement on May 6 that it would

[scrap all existing 33 claims](#) — and raise the bar for new ones.

NZNO delegate, Whānau Āwhina Plunket nurse Hannah Cook, said nurses and kaiāwhina were “the backbone of a caring society”.

## **‘I’m so pleased and proud the unions are taking this to court.’**

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The day the changes were announced, Cook said the whole team was “devastated”.



*NZNO delegate Hannah Cook*

Since then, morale had been low and she knew of many nurses who had left the country and profession entirely.

“I’m so pleased and proud the unions are taking this to court,” said Cook, as the crowd chanted “shame”.

Wellington nurse Sarita Sharma said nurses were furious over the move — which also dismantled built-in reviews for existing pay equity settlements such as that received by [Te Whatu Ora nurses](#) in 2023.

“We need to fight — no-one will listen to us otherwise. We need to put our feet down!”

Another nurse, Deena Sebastian, said pay equity was so important for nurses and health workers.



NZNO health-care assistant Rosa Taula and nurses Sarita Sharma and Deena Sebastian rallied for pay equity at the High Court today.



Anne Daniels. Photo: Naomi Madeiros.

**"We all have to stand together in this fight."**

Community nurse Eileen Mcatee told *Kaitiaki* the move had been a "kick in the guts".

NZNO president Anne Daniels said she wanted justice for women-dominated workforces like nursing.

"I'm pissed off our nurses have been fighting so long for the right to be seen as equals . . . these injustices done to women have to stop."

**'My face was angered – and has been angered ever since.'**

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Among the 33 cancelled claims were 12 lodged by NZNO — solely or jointly with other unions. They included Whānau Āwhina Plunket, hospices, primary practice and urgent care



nurses, aged-care nurses, Sexual Wellbeing Aotearoa and laboratories.

PSA member Camella Ross said eight years after 2017's [\\$2 billion pay equity settlement for care and support workers](#), and despite years of work on a new claim, "it feels like we're right back where we started".

Teacher aide Ally Kingi said when she heard the news on May 6, she had to "take a moment".

"One of the kids came up to me and said: 'Whaea, your face looked angered'. My face was angered — and has been angered ever since'."



*Members of unions representing female-dominated workforces gathered outside the High Court today to file a legal challenge over pay equity.*

Teacher aides settled a pay equity claim in 2020 but — like Te Whatu Ora workers — will no longer be able to review it to ensure it doesn't fall behind comparable workforces led by men.

"We were just getting what was fair and it's gone — just gone," Kingi said. "All we can do is take the buggers to court," she concluded.

**'My problem is I know I'm underpaid and so is everyone in my sector.'**

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University librarian Alex Cass said she loved her "interesting, varied and complex" job.

"My problem is I know I'm underpaid and so is everyone in my sector."

“Secret” law changes undermined trust in society’s institutions and left no redress for “generations of wage theft”, Cass said.



*Wellington nurses Chris Owens and Eileen McAtee and nursing student Lucy Jessop rallying for pay equity today.*

PPTA support worker Jo Brunskill said workers were feeling “deflated” and unappreciated.

Five unions, Tōpūtanga Tapuhi Kaitiaki o Aotearoa – NZNO, the Public Service Association (PSA), Post-Primary Teachers Association – Te Wehengarua (PPTA) and NZEI Te Riu Roa (primary school teachers’ union) are mounting a joint legal challenge over the Government’s Equal Pay Act amendments.

The unions say the move breaches the New Zealand Bill of Rights Act in three ways: Freedom from gender-based pay discrimination, the right to natural justice and the right to fair legal process.



*Wellington community nurse Eileen McAtee, centre, was at the High Court rally today. Photo: Naomi Madeiros.*

See also:

[\*Pay equity fight headed to court – why, when, where and what even is pay equity?\*](#)

[\*'We won't back down' — NZNO pushing ahead with 12 pay equity claims\*](#)

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NEWS

## Hutt nurses opt to 'bleed and feed' in strike next week

By Renee Kiriona

August 28, 2025

Hundreds of Te Whatu Ora nurses in the Hutt Valley are planning to give away their blood and food during their two days of strikes.



*Giving blood and giving food is on the strike agenda for nurses in the Hutt Valley next week. Source: Adobe Stock.*

Most strike action involved waving placards and flags but next week's activities would see the NZNO members get more innovative, said

**What's happening around the country?**

delegate and Hutt Valley nurse Sioban Van der Linden.

"We will continue to do the toot for support strike rallies but we are also going to find time to be extra useful and give back to our communities directly," she said.

"That means bleeding and feeding, which is what a lot of our nurses do anyway in their own time. It's just that this will be the first time we do it as a collective."

Van der Linden and other NZNO delegates in the Hutt Valley had been having regular meetings leading up to next week's strike action, where concern was raised about "misleading narratives" against striking nurses.



*Just some of the Hutt Valley NZNO members striking last month.*

"We aren't turning our backs on our patients or our communities. We will use the two strike days to be useful and helpful, by giving two things that there's a huge need for right now.

"We're in touch with our communities, we know it is tough out there right now, and it's not just nurses suffering."

She said many members were already [scheduled](https://nzno.createandsend1.com/t/r-l-tkxltk-l-n/) (https://nzno.createandsend1.com/t/r-l-tkxltk-l-n/) to give their blood next week at a local church.

"Anyone who knows a nurse well, will know they do not like standing around doing nothing."

On Tuesday at 12pm, NZNO members would meet outside Queensgate mall in Lower Hutt and walk about 10 minutes down the road to the food bank on High Street, to deliver their food donations.



More than 70 strike activities will be happening throughout the country on Tuesday and Thursday, from candlelight vigils, to the usual rallies, pickets and marches.



The public is welcome to support members at any of these activities.

To find out what is happening near you, [click here](https://marangamai.nzno.org.nz/te_whatu_ora_september_strikes#:~:text=36%2C000%20nurses%2C%20midwives%20and%20health,safe%20staffing%20and%20patient%20safety.) (https://marangamai.nzno.org.nz/te\_whatu\_ora\_september\_strikes#:~:text=36%2C000%20nurses%2C%20midwives%20and%20health,safe%20staffing%20and%20patient%20safety.)

### Why are they striking?

About 36,000 Te Whatu Ora nurses, midwives, health care assistants and kaimahi hauora are going on strike on September for 2 and 4 for safe staffing and patient safety, NZNO chief executive Paul Goulter said.

"They have had enough of their patients waiting for care because they are too busy to get them. They became health-care workers because they want to help people and give them the care they need."





*Knox Church in Lower Hutt where nurses will be giving blood next week. Source: Knox Church.*

"We've encouraged all our members to bring one food item, and any member of the public is welcome to join us as well."

On Thursday at 2pm, members would meet on the footpath in front of Hutt Hospital then march along High Street towards the nearby Knox Church where the blood bank would be operating.

## **'I think members are pretty much fed up.'**

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Auckland NZNO delegate Liandra Conradie said she was pleased with the decision to strike, "it was definitely needed".

"I think members are pretty much fed up and that's why we've got such a good turnout on the strike ballot."

Southland delegate Charleen Waddell said the members needed to keep applying pressure "to make sure we get those changes".

"We understand people are losing pūtea [money] but the reality is we need to get it right now, so we can continue on into the future."

NEWS

## **Watch: 'They saved billions on the backs of women' – second submission made on pay equity**

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By Joel Maxwell

*August 25, 2025*

Watch: NZNO was back at the people's select committee on Monday, before taking the battle for pay equity to the High Court on Friday.



Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO speakers at the latest hearing were kaiwhakahaere Kerri Nuku, president Anne Daniels and senior pay equity lead Glenda Alexander.

Nuku said Māori nurses had been involved in the pay equity battle for longer than other nurses.

"Because the rights of Māori women and Māori nurses have been completely undermined within the health system."

Daniels said the decision to axe pay equity claims would drag women back into the Dark Ages.

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

"The impetus for these changes was to save billions of dollars on the backs of women."



*Supporters gather at Parliament in July for a petition against the Government's pay equity law.*

### At a glance

- In May the Government announced it was introducing legislation under urgency that would axe the 33 pay equity claims under negotiation.
- Any claims would have to be lodged again under strict new criteria.
- The changes, which set 12 NZNO claims back to zero, saved the Government \$12.8 billion for its Budget 2025.
- On Friday NZNO is joining a group of unions in a [High Court](#) challenge to the Government's legislation — arguing it's out of step with human rights laws.

Previously, NZNO joined a [multi-union oral submission](#) on axed care and support workers' claims, made to the people's select committee — set up to allow consultation on the Government's surprise law changes.

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NEWS

## 'I support them as they have supported us' – nurses lend a hand to striking teachers

By Mary Longmore and Joel Maxwell

August 21, 2025

NZNO nurses and kaiāwhina might be a little busy with their own strike action — but it didn't stop a few turning out to support our kaiako (teachers) strike around the country this week.



Despite a chilly drizzle, Wairarapa nurse Jacinda Tamatea turned out in Masterton on Wednesday this week to support her striking local kaiako in solidarity in the face of Government "attacks" on workers.

**'One way I can show up is to be there alongside a profession who works hard for our tamariki.'**

"I respect them and believe in the mahi they do. I believe they are worth all they are asking for, and some," Tamatea told *Kaitiaki*.

"The Government's decision to attack workers has been unbelievable and one way I can show up is to be there alongside a profession who works hard for our tamariki."

"I appreciate what teachers do. I have kids and they'll be going to school one day."



*Wairarapa NZNO delegate Jacinda Tamatea, with daughter Ava-Mae, 2, proudly flies the nursing flag at the PPTA strike on her home turf.*

Another Wairarapa nurse, Amy Tubman, said her husband was a teacher so she saw first-hand how stressful the job was — and how long the hours were.

"It is not only the day-to-day teaching that he does, it is the behind-the-scenes pastoral care."

Workloads had increased in the 20 years her husband had taught and he often stayed up till midnight, and spent holidays, working on lesson plans and other behind-the-scenes work.

"I support them, as they have supported us."

**'Lowest in a generation'**

More than 20,000 members of PPTA Te Wehengarua — the secondary school teachers' union — went on strike on Wednesday August 20 from 8.30am to 4.30pm around the country.

The strike came after the Government offered a one per cent pay increase, which PPTA president Chris Abercrombie said was "the lowest in a generation".

## **'I appreciate what teachers do – I have kids and they'll be going to school one day'**

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He slammed it as insufficient to retain and attract staff as secondary teachers face a tumult of change from the Coalition Government.



*Amy Tubman at the Masterton teachers strike*

coalition Government — including dumping internal-assessment model NCEA in favour of exams and new reading, writing and maths standards.

The teachers' action came hard on the heels of the NZNO Te Whatu Ora [members' vote to strike for two days](#) in the first week of September.

That followed a strike in July that saw [more than 36,000 nurses walk out of hospitals](#) for safe staffing and patient safety.

The strikes are causing headaches for a coalition Government under pressure from lacklustre polling, multiple industrial disputes and economic woes.

Public Service Minister Judith Collins was facing pressure herself after [incorrectly saying](#) (<https://www.stuff.co.nz/politics/360795926/judith-collins-says-she-got-it-wrong-average-teacher-not-earning-140k>) teachers had 12 weeks of leave, and — previously — that senior teachers were paid \$147,000 salaries.

Teachers on strike in Wellington yesterday told *Kaitiaki* they wanted a cost-of-living pay rise but also recognition of the immense changes in education being thrust on them so quickly by the





*Wellington teacher Chris Carr with son Wilfred brave a Wellington southerly yesterday to strike.*

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NEWS

## Mātaki: 'I penapenahia ngā tāra piriona i runga i ngā tuarā wāhine' – he tāpaetanga tuarua mō te tautika utu

By Joel Maxwell

August 25, 2025

Mātaki: Kua hoki mai te NZNO ki te komiti whiriwhiri o te tangata i te Mane, i mua i tā rātou whakarewa i te pakanga tautika utu i te Kōti Matua i te Paraire.



Ko ngā kaikōrero Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO i te nohoanga hou, ko Kerri Nuku, kaiwhakahaere, ko te perehitene Anne Daniels me te kaiarahi tautika utu Glenda Alexander.

*Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO speakers at the latest hearing were kaiwhakahaere Kerri NUKU, president Anne Daniels and senior pay equity lead Glenda Alexander.*

Kua kīia e Nuku, i roa ake tā ngā nēhi Māori whai wāhi i te pakanga tautika utu i ngā nēhi kē.

*Kaiwhakahaere Kerri Nuku said Māori nurses had been involved in the pay equity battle for longer than other nurses.*

"Nā te mea ka rawekehia katoa ngā mōtika o ngā wāhine Māori me ngā tapuhi Māori hoki i roto i te pūnaha hauora."

*"Because the rights of Māori women and Māori nurses have been completely undermined within the health system."*

Hei tā Daniels, ka tōia atu ngā wāhine ki ngā Takiwā Whēuriuri e te whakatau ki te whakakore i ngā kerēme.

*Daniels said the decision to axe pay equity claims would drag women back into the Dark Ages.*

"Ko te take o ēnei panonitanga ko te penapena i ngā tāra piriona i runga i ngā tuarā wāhine."

*"The impetus for these changes was to save billions of dollars on the backs of women."*



*Supporters gather at Parliament in July for a petition against the Government's pay equity law.*

### **Ki te tere titiro**

- I te Mei kua tauākī te Kāwanatanga ka hanga rātou i tētahi pire e hohoro ana kia turakina ngā kerēme e 33 tautika utu kāhore anō i whakatau.
- Ka tino pākaha mai ngā paearu hou ki ngā kerēme hei whakauru anō.
- Kua penapenahia e ngā whakarerekētanga, e whakakore ana i ngā kerēme e 12 o te NZNO, te \$12.8 piriona i tā te Kāwanatanga Tahua Matua 2025.
- I te Paraire ka whai wāhi te NZNO ki tētahi hunga uniana i te [Kōti Matua](#) kia wero i tā te Kāwanatanga whakatureture — e tohe ana rātou kāhore i te hāngai tika taua ture ki ngā ture mōtika



tangata.

### ***At a glance***

- *In May the Government announced it was introducing legislation under urgency that would axe the 33 pay equity claims under negotiation.*
- *Any claims would have to be lodged again under strict new criteria.*
- *The changes, which set 12 NZNO claims back to zero, saved the Government \$12.8 billion for its Budget 2025.*
- *On Friday NZNO is joining a group of unions in a [High Court](#) challenge to the Government's legislation — arguing it's out of step with human rights laws.*

Ināia tata nei, i whai wāhi te NZNO ki tētahi [tāpaetanga ā-waha o ngā uniana maha](#) mō ngā kerēme kaimahi atawhai me te taituarā ki te komiti whiriwhiri o te tangata — kua whakatūria kia ahei ake ai te uiuinga e pā ana i ā te Kāwanatanga panoni ohorere i te ture.

*Previously, NZNO joined a [multi-union oral submission](#) on axed care and support workers' claims, made to the people's select committee — set up to allow consultation on the Government's surprise law changes.*

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NEWS

## For goodness sake don't mention the t-shirts: Nurses on strike forbidden to speak about item of clothing

By Joel Maxwell

August 19, 2025

They could wear the t-shirts — they just couldn't talk about the t-shirts.



*Whatever you do, don't mention the t-shirts. North Shore district nurses wearing the t-shirts used in the week-long uniform strike.*

A group of North Shore district nurses have been forbidden to speak about an eye-catching item of clothing.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa — New Zealand Nurses Organisation (NZNO) members launched a week-long uniform strike on Monday, ditching uniforms for t-shirts carrying messages about staff shortages.

However delegate and district nurse Lesley Pook said members received an email that morning from management warning they were not allowed to talk to patients about the uniform strike.

The nurses could wear the t-shirts, but they could not talk about the t-shirts — even if asked.



*North Shore nurses show off the message to patients that they're supposedly not allowed to mention.*

### **The no-go kōrero**

Pook said the service was short of six staff "at least". "We're often working late, unpaid. It's just really stressful as we have to triage on a daily basis about who we can and can't see. It's really shocking over winter."

It led to staff burnout and people simply quitting the job, she said.

"I think we should be able to talk to people . . . because we are speaking out in the public interest. About concerns that are very valid," said Pook.

The service had lost two "really amazing" nurses already this year, she said. One was a new graduate who loved the job but felt overwhelmed and stressed.

"The other one has gone to Australia."





*The North Shore nurses going on uniform strike.*

### **Taking a vow of non-silence: A talking strike too**

However on Tuesday afternoon, NZNO gave notice of an additional strike — effectively a strike for the balance of the week against the order to not talk about the t-shirts.

Pook said the nurses were really happy with the new tees, and they were “straight to the point”.

If patients asked about the t-shirts, “then we’ll be talking to them”, she said.

Meanwhile nurses from two other regions go on strike this week to halt redeployment to different areas of their hospitals to fill staffing gaps.

## NZNO Strike July 2025



Cardiothoracic and vascular intensive care unit (CVICU) nurses at Auckland City Hospital and their colleagues from ward 4 (acute surgical services) at Whangārei Hospital launched a redeployment strike from 7am on Monday to 7am Saturday.

This would allow nurses to stay in wards with their own patients — CVICU patients in particular being very vulnerable.

Last Friday, about 180 Christchurch radiology, perioperative and post-anaesthesia care unit (PACU) staff [went on strike over unsafe staffing](#).

It followed [a 24-hour strike in July](#) by more than 36,000 members, and news that [only 45 per cent](#) of registered nursing graduates were matched to supported-entry roles at Te Whatu Ora after mid-year finals.

### **‘If patients ask about the t-shirts then we’ll be talking to them.’**

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On Monday, Robyn Shearer, executive lead industrial relations for Te Whatu Ora, said nurses were given “standard pre-strike advice” that all policies and procedures remained in place.

Te Whatu Ora had advised staff “of expected actions during the strike”. That included communication with patients, “and that it is not appropriate to discuss this strike action or wider matters relating to the ongoing collective agreement bargaining, with patients, their friends or families”.





NEWS

## Last-minute strike cancellation after Te Whatu Ora barred a third of staff from taking part – Christchurch nurses

By Mary Longmore

August 18, 2025

Christchurch nurses say they cancelled a strike because Te Whatu Ora tried to stop about 70 staff from joining the action — a third of NZNO's perioperative, radiology and PACU members.



Canterbury Te Whatu Ora members on strike today. Photo: Keir Lesley.

Te Whatu Ora chief executive Dale Bramley last week publicly criticised NZNO over comments made by a member

**Strikes popping up all over**

in a closed Facebook group the last-minute cancellation of last Wednesday's strike was a deliberate strategy to "create chaos".

But Christchurch Hospital delegate Gayl Marryatt, speaking from the picket line on Friday said that was not the case.

### **'Nurses are going home in tears because they can't provide the care patients need.'**

Delegates across radiology, perioperative and post-anaesthesia care unit (PACU) had only decided to cancel at the last minute because management had ruled out about 70 members from taking action. They were told their names weren't spelt correctly, had been missed off or they hadn't updated their area of work.

"Due to the wording of the strike notice, not all the names matched up with their rosters," Marryatt told *Kaitiaki*. Some internationally-qualified nurses used English names, for example. As a result, she said management barred them from striking — a decision delegates felt was heavy-handed.

"It wasn't a planned thing – we felt it was in the best interest of members to cancel the strike," she said. "We wouldn't do that to the public or our members – it was very disappointing as we'd put a lot of work into it."

Several more local actions are also planned from this week. From today, a week-long "t-shirt strike" is taking place in Waitemātā over district nursing shortages.

A "redeployment strike" also begins today, meaning nursing staff at Auckland City Hospital cardiothoracic and vascular intensive care, along with Whangārei Hospital acute surgical services, will not plug gaps in short-staffed areas outside their specialties.



About 180 Christchurch radiology, perioperative and PACU staff had gone ahead with a second planned strike Friday over unsafe staffing — a picket which had drawn huge public and collegial support, she said.

## **'We wouldn't do that to the public or our members – it was very disappointing as we'd put a lot of work into it.'**

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Lack of staff was a huge issue for everyone in PACU, theatre and radiology constantly juggling shifts and leave – but even worse on the wards, she said.

"Nurses are going home in tears because they can't provide the care patients need."

Marryatt described Te Whatu Ora's rebuke as "disappointing".

### **Member's 'passion' to blame**

The ruckus erupted after a year of bargaining that dragged on, during which NZNO nurses, midwives and health-care assistants (HCAs) have been on rolling strikes, a 24-hour strike — and have now voted for a [two-day strike in September](#).

Patience is wearing thin.

So when an "enthusiastic" NZNO Te Whatu Ora member posted on a closed Facebook group that a last-minute cancellation of planned Canterbury perioperative and radiology staff strike action on Wednesday was a deliberate and "bloody beautiful" strategy, Te Whatu Ora hit back.

Bramley [publicly released](https://www.tewhatuora.govt.nz/corporate-information/news-and-updates/strike-tactics-by-nzno-members-impacting-patients) (<https://www.tewhatuora.govt.nz/corporate-information/news-and-updates/strike-tactics-by-nzno-members-impacting-patients>) a letter to chief executive Paul Goulter criticising NZNO and demanding an explanation for the last-minute cancellation which he said impacted 85 Cantabrians.

## **'Until Te Whatu Ora is prepared to change their position, member frustration and upset at the risk to patient safety will continue.'**

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"I seek your urgent confirmation that this is not a deliberate tactic and your undertaking that this will not happen again."

### **'Passionate' members**

In response, Goulter defended the member as passionate and "enthusiastic".

"It is indicative of the depth of feeling our members have about their concerns which haven't been addressed by Te Whatu Ora through collective agreement bargaining."





Paul Goulter

Goulter said the strikes were over Te Whatu Ora's ongoing failure to safely staff PACU and perioperative and radiology facilities.

"Until Te Whatu Ora is prepared to change their position, member frustration and upset at the risk to patient safety will continue."

### Silencing tactic?

Meanwhile, NZNO president Anne Daniels is urging nurses and kaiāwhina not to be silenced by the rebuke.

"They want us to be quiet and this is an absolute form of oppression," she told *Kaitiaki*. "It is the deliberate silencing of nurses."



*NZNO president Anne Daniels and delegate Sarita Sharma on strike in Wellington last month.*

On her own Facebook page, Daniels also [questioned how posts](https://www.facebook.com/share/p/1CrGTVeSbC/) (<https://www.facebook.com/share/p/1CrGTVeSbC/>) from a closed member-only Facebook page, where members can “speak freely, offer opinion and debate in a place where they thought they were safe to do so” were made public by Te Whatu Ora.

### **Minister ‘furious’**

A “furious” Minister of Health Simeon Brown also took a swing at NZNO, accusing it of “playing politics”.

“While union members walked back into work and collected a full day’s pay, those patients lost the care they desperately needed,” he told a hastily-called media conference last week, [RNZ](https://www.rnz.co.nz/news/national/569984/health-minister-simeon-brown-slams-striking-health-workers-for-playing-politics) (<https://www.rnz.co.nz/news/national/569984/health-minister-simeon-brown-slams-striking-health-workers-for-playing-politics>) reported.

“This is, quite frankly, playing politics with people’s lives and it makes me furious. We value our nurses and the vital care that they provide.”



*Te Whatu Ora chief executive Dale Bramley, far right, with ministers of health and finance, Simeon Brown and Nicola Willis, at Wellington Hospital recently. Te Whatu Ora industrial relations lead Robyn Shearer is third from right.*

Challenged by journalists that it was simply one person’s opinion in a private group, Brown said he believed the comments.

Both called on NZNO to withdraw September strike action.

**At a glance:**

NZNO members last week voted for [two more days of strike action](#) from September 1, following nationwide [24-hour strike action](#) on July 30-31.

A desire for long-term safer staffing for patients is core to NZNO's bargaining claims, after data showed [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.

Other sticking points include jobs for new graduates, senior nurses' pay and cost-of-living pay rises.

New nursing graduates, and 2024 graduates, are facing a job shortage in hospitals — [only 45 per cent matched with work](#) in the mid-year advanced choice of employment (ACE) programme.

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NEWS

## Nurses, kaiāwhina and doctors throw weight behind ‘heartbreaking’ patient voice petition

By Mary Longmore

August 14, 2025

Nurses, doctors and patients around the country are making a last big push for signatures on a petition for patient rights, ahead of it being presented to Parliament in November.



*Nurses, health-care assistants, advocates and members of the public all want to see a well-funded, safe health system.*

Already an estimated tens of thousands have signed, since the petition launched as the [Buller Declaration](#) on the West Coast in October 2024 after the district lost its after-hours medical clinic and endured recurring hospital closures due to lack of staffing.

Since then, founder Malcolm Muholland, chair of advocacy group Patient Voice Aotearoa, has been travelling around New Zealand, hearing people's experiences of their [local health services](#) and collecting signatures on the declaration.

## **‘The Prime Minister needs to help aged care out because one day he will be in a rest home and he will know how hard it is.’**

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Now online, the [Patient Voice Aotearoa petition](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.patientvoice.nz%2Fpetition&data=05%7C02%7Cmary.longmore%40nzno.org.nz%7C905d28038fd348dc377108ddd9f4381b%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C638906365170466740%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMtIsIkFOljoITWFpbCIsIlIdUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=%2Bu%2BAGReuu7syH%2FiniRjigGunAKS9oyDfZHdOfNjwiIM%3D&reserved=0) (<https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.patientvoice.nz%2Fpetition&data=05%7C02%7Cmary.longmore%40nzno.org.nz%7C905d28038fd348dc377108ddd9f4381b%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C638906365170466740%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMtIsIkFOljoITWFpbCIsIlIdUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=%2Bu%2BAGReuu7syH%2FiniRjigGunAKS9oyDfZHdOfNjwiIM%3D&reserved=0>) is calling on the Government to:

- Fix the health crisis.
- Address disparities for Māori, rural and low-income communities.
- Allocate enough resources to train, recruit and retain more nurses, doctors, specialists, midwives, health-care assistants and other health workers.
- Meet its obligations under Te Tiriti o Waitangi and protect Māori health, in consultation with iwi and hapu.

Wellington nurse Emma Allen said she signed as she believed it was “so important” to have a health system that was safe for workers and patients.



Emma Allen

**‘The truth is our patients would have better outcomes if the health-care system wasn’t stretched so thin.’**

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“I don’t want them to ever be at risk because of a health system which is so strained,” she told *Kaitiaki*. “It is heartbreaking to be unable to provide the care our patients need and deserve all of the time due to lack of resources and staff.”

Hospital colleagues were keen to sign as everyone felt the same way, said Allen, an NZNO delegate. “We all just want the best for our patients and colleagues.”

“The truth is our patients would have better outcomes if the health-care system wasn’t stretched so thin.”

Health-care assistant (HCA) Janeth Barrogo said she signed so the Government would understand that in aged care the workload was getting too much.

### **‘We need to be heard’**

“I think we need to be heard by the Government that it’s getting harder and harder and there’s not a lot of staff.”



*Refugee advocate Adam Awad signs the petition for a safer health-care system.*

These days, the needs of residents were more complex than before, yet nurse-to-patient ratios were not as high as in Australia and not safe, Barrogo said.

"The Prime Minister needs to help aged care out because one day he will be

in a rest home and he will know how hard it is."

Even the manager of Barrogo's aged-care facility — which *Kaitiaki* has chosen not to name — said it was "good to see Janeth advocating for her colleagues".

NZNO has been a keen supporter of the Buller Declaration in its bid for more health funding, particularly in provincial areas and for Māori.

During mass 24-hour [strike action](#) on July 30, members collected another 1400 signatures to add to the 20,000-strong petition [at last count](#).

Both the hand-signed Buller Declaration and petition will merge and be presented to Parliament on November 18.

### **'Let's show our support'**

Former NZNO campaigns advisor, Lyndy McIntyre, who is helping to coordinate the petition, said she hoped nurses and kaiāwhina would share and support the petition.

"We know that the public supports this — what we need to do is show our support too," McIntyre said.

"People around New Zealand know the system is broken and they want to fix it — and one of the fixes is to have enough workforce."

"It's not just about Buller, it's about everywhere in New Zealand."



*Petition signer, Paekakariki's Kamala Patel also wants to see a safer health system.*



*HCA Janeth Barrogo wants to see more support for aged care.*





Wellington nurse Emma Allen, left, with Patient Voice Aotearoa supporter Lyndy McIntyre.

Sarah Dalton, executive director of the Association of Salaried Medical Specialists (ASMS), said doctors were also busy signing.

"There's quite a bit of effort going into stopping our members from talking publicly about the problems in our health system. This petition is a great way to bring health professionals and the wider public together – to show and share our concerns."

The latest push comes a day after NZNO Te Whatu Ora members voted strongly for [further strike action](#) in September — hot on the heels of a [24-hour nationwide strike](#).

Te Whatu Ora members at Christchurch Hospital's theatre, post-anaesthetic care unit and radiology services are also taking their own local two-hour strike action tomorrow from 2-4pm over ongoing staff shortages.

Local actions are also planned at Whangārei Hospital and Auckland Hospital this month.

Mulholland's late wife Wiki [died from breast cancer in 2021](#) (<https://www.stuff.co.nz/national/health/300464277/breast-cancer-drug-advocate-wiki-mulholland-dies>), after a struggle to access potentially life-prolonging but unfunded drugs.



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

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NEWS

## Multiply by five, add a lot of years – decades needed to make up shocking Māori nursing shortfall, report says

By Joel Maxwell

August 14, 2025

Multiply by five and add decades — a new Infometrics report released at the indigenous nurses conference reveals Aotearoa will need a lot of time and enrolments for Māori nursing to hit parity.



*Kaiwhakahaere Kerri Nuku, at the indigenous nurses conference, said thanks to the new infometrics report we now know what an effective Māori nursing workforce looked like.*

Te Rūnanga o Aotearoa NZNO kaiwhakahaere Kerri Nuku said Aotearoa now knew what an effective Māori nursing workforce would look like thanks to the report, [Growing, but not fast enough: Māori nursing workforce insights](https://www.nzno.org.nz/resources/nzno_publications#6_252) ([https://www.nzno.org.nz/resources/nzno\\_publications#6\\_252](https://www.nzno.org.nz/resources/nzno_publications#6_252)).



The report revealed the need for a five-fold increase in Māori nurses entering the workforce from about 300 to 1650 annually to achieve “population parity”, where the Māori proportion of nurses matches the overall population.

“This is an intense number and shows the intense need we have to ensure Māori get the culturally safe and appropriate nursing they need. Research shows culturally safe nursing is key to achieving better outcomes for Māori,” Nuku said.

Currently Māori make up about seven per cent, less than one in 10, of the nursing workforce — but make up about one in five of the overall population.



*Te Whatu Ora nurses in Kaitiaki on strike for safe staffing are working in high-needs areas with high Māori populations.*

About 27,000 Māori nursing student enrolments annually would be needed to reach population parity, the report said, with fewer than two-thirds of Māori nursing students completing training.

In 2023 alone there were only 3230 enrolments in total including 435 Māori students.

### **At a glance**

- New report *Growing, but not fast enough: Māori nursing workforce insights* releases today at the Indigenous Nurses Aotearoa Conference.
- Māori nurse numbers entering the workforce need to jump five-fold to match the Māori proportion of the population, achieving “population parity”, the report says.
- The report says solving the problem would likely take 20 to 30 years — setting a target of 2054 for population parity — and require cross-party buy-in.

Māori have poorer health than non-Māori, the report said, covering everything from cardiovascular disease mortality, cancer registration and mortality, to suicide mortality.

Māori also reported higher levels of racial discrimination and unfair treatment by a health professional on the basis of ethnicity, it said.



*The Infometrics report said there were tens of thousands of Māori enrolments needed to reach population parity.*

Nuku said she was concerned about the future of Māori health – “this country’s health”.

“These numbers are so intense and would appear like mission impossible under this Government. But it is our duty to call for what is best for the health of our people,” Nuku said.

The report said hitting population parity was further hampered by the likes of tightened spending — Health New Zealand facing a \$1.4 billion spending deficit.

There was still a backlog in elective surgeries from Covid, ballooning demand from an aging population and increasing inflation costs, the report said.

Nurses, it said, were also being tempted to higher-paying roles in Australia.

**“It is our duty to call for what is best for the health of our people.”**

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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.

#### **Make it a longterm project**

The Government must aim to reach population parity by 2054, with milestones such as three-quarters parity (15 per cent) by 2044, the report said. This would require cross-party political support.



It recommended the likes of working with the Ministry of Education to encourage Māori students into relevant courses in primary and secondary schools.

A “transition pipeline” from high schools into undergraduate nursing programmes should be set up and funded for Māori students, it said.





*New nursing graduates got a shout-out at the Health NZ strikes in July.*

More focus should be put on attracting kaiāwhina into nurse training, encouraging more male Māori into nursing and boosting opportunities for Māori nurses to return to the workforce after a break.

Meanwhile population parity might be easier if proper resources were put into primary and community health services, the report said.

"As a proportion of the total nursing workforce, Māori nurses tend to be more highly represented in primary and community settings."

Nurses in iwi-provider services in particular faced higher-needs patients from lower socio-economic — often rural — communities, with higher morbidities and multi-morbidities, the report said. They already faced pay disparities with nurses working in hospitals.

This year's annual conference theme is *Mauri oro, mauri reo, mauri ora*. The Akenahi Hei award will be presented on Friday morning while the Tapuhi Kaitiaki Awards – the Māori nurse awards – will be presented that evening.



*NZNO kaiwhakahaere Kerri Nuku reveals the extent of Māori nurse shortages at the indigenous nurses' conference this week.*

NEWS

## **Watch: 'Their kids can't afford shoes' – NZNO pay equity submission goes before the people's select committee**

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By Joel Maxwell

*August 13, 2025*

**WATCH:** The Government dodged consultation but now NZNO has joined submitters to the people's select committee laying out the impacts of axed pay equity claims.



Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO senior pay equity lead Glenda Alexander joined the E Tū and the PSA unions submitting on the care and support workers' claim.

Alexander said the "robust" claim had carried the hopes and dreams of the workers.

Ten former MPs from across politics launched the select committee after the Government rushed through pay equity law changes in May under urgency.

The committee would allow scrutiny on the effects of the law changes announced and introduced into Parliament on the same day.









NEWS

## **Weekly \$100 for some nursing students for placements outside Auckland as squeeze goes on city spots**

By Joel Maxwell

August 14, 2025

One of Auckland's nursing schools has offered cash to its students who do clinical placements outside New Zealand's biggest city.



*AUT nurse students on placement outside of Auckland could be eligible for a \$100 per week payment.*

The Auckland University of Technology (AUT) initiative would pay \$100 weekly to up to 140 students on placement outside Auckland.

Students would be notified if eligible to apply to the fund running from semester 2. AUT's annual spend on the fund is expected to be up to \$150,000.

It comes as students face a squeeze on their wallets, time and even placement spots in the city.

National student chairperson Bianca Grimmer said it was a step in the right direction but, overall, students faced “a multi-factor problem”.



*National student chairperson Bianca Grimmer.*

“There’s heaps of nursing schools so it’s a fight for placements . . . we do have three hospitals, and obviously there’s a range of other health providers but when you’ve got a hundred or so per cohort . . . it’s a lot.”

Grimmer said those that did get placed in Auckland still needed better financial support. “Obviously with Auckland it’s pretty expensive living. That’s one thing we find that even StudyLink doesn’t cover very well — rent, groceries.”

Regardless of where the students were placed it would likely impact on their ability to earn money through part-time work, she said.

Currently on pre-registration placement herself, Grimmer said it was fulfilling work for students — an opportunity to put theory into practice.

“But it can be really tough, you’re just feeling so wasted and so tired because you’re trying to juggle so many different things and still pay for things and live.”





*Nursing students are keen to put theory into practice — but juggling financial burdens becomes exhausting for some.*

Grimmer said that previously she had sometimes worked 18-hour days, between study demands, placement and part-time work.

A training wage for clinical placement would be awesome, she said, especially in expensive cities like Auckland where StudyLink “doesn’t cut it”.

Waiving parking fees for students on placement would be helpful as well she said. “Even though I know parking is stretched for staff members.”

Last October NZNO held [student rallies around the country](#) to launch a [petition](https://maranga-mai.nzno.org.nz/support_student_nurses) ([https://maranga-mai.nzno.org.nz/support\\_student\\_nurses](https://maranga-mai.nzno.org.nz/support_student_nurses)) calling for paid training.

About a third of nursing students drop out — many in the third year when they face a continuous 360 of the 1100 hours demanded of clinical placement.

**‘You’re just feeling so wasted and so tired because you’re trying to juggle so many different things and still pay for things and live.’**

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In a written release, AUT student president Alicia Lemmer said placements outside of Auckland were necessary but could push up accommodation and living costs.

“Many students work while they study and for them, full-time placement commitments also mean a loss of income.”

The grant aimed to ease financial pressures “so all learners can fully engage in their placements”, she said.

- *As a clarification the word incentive has been removed from the first paragraph of the original version of this article.*



NEWS

## It's on: Te Whatu Ora members vote for two days of September strikes

By Joel Maxwell

August 13, 2025

The fight for safe staffing and patient safety in hospitals has ramped up with NZNO Te Whatu Ora members voting for two days of strikes in September.



NZNO Te Whatu Ora members on strike on July 30 in Wellington.

The [ballot for 36,000 members launched last Wednesday](#) for two days of strikes in the week starting September 1. The strikes would run from 7am to 11pm on September 2 and September 4.



Delegate and paediatric ICU nurse at Starship Hospital, Jade Power, said she was “absolutely” pleased with the ballot result.

“I think this is a historical fight for us . . . I think we’re realising this is going to be a long fight. We’re actually doing this for the future of the profession.”

The action was for everyone, Power said, from students wanting to join nursing to those who had been working for years. “I think it’s that realisation that we all have to band together.”



*Jade Power.*

Power said she was still only in her third year of work, and understood how disheartening the job market must be for new graduates.

“Why wouldn’t you jump across the ditch? We already have gaps, people leaving the profession.”

Power said safe staffing was a key reason for the strikes. “No-one should go to work feeling unsafe, and I think the majority of shifts now are chronically understaffed . . . you go in and you could be a new graduate and you’re the most senior on with the highest acute load.”

In July, 36,000 nurses, health-care assistants and midwives went on strike 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.

It came as new nursing graduates, and 2024 graduates, faced a job shortage in hospitals — [only 45 per cent matched with work](#) in the mid-year Advanced Choice of Employment (ACE) programme.



*Members on strike last month in Whakatāne.*

Tōpūtanga Tapuhi Kaitiaki o Aotearoa New Zealand Nurses Organisation chief executive Paul Goulter said members voted strongly to go on strike.

"Nurses, midwives, health-care assistants and kaimahi hauora have had enough of their patients waiting for care because they are too busy to get them. They became health-care workers because they want to help people and give them the care they need."

Patients were at risk because the Coalition Government was choosing cost cutting over patient need, he said.

Goulter said strike notice would be issued to meet legal requirements in sufficient time to allow life preserving services (LPS) to be arranged and confirmed.



*Queenstown members represent for safe staffing in July.*

Meanwhile Auckland delegate Liandra Conradie said she was pleased with the decision, "it was definitely needed".

She was excited to see what was planned for the days of strike in Auckland.

"We've already started discussing how we're going to do LPS and making sure the hospital is running smoothly . . . I think members are pretty much fed up and that's why we've got such a good turnout on the strike ballot."

Conradie said, ultimately, the members were doing it for their patients and future nursing generations.





NZNO delegate Liandra Conradie, centre, at the July strike.

New nursing graduates couldn't get jobs, and patients faced long waiting times for surgery and emergency department care, she said. Primary health care was difficult to access because of cost too.

"It's just remembering the heart of nursing is caring, so we're doing it because we care for our patients."

Southland delegate Charleen Waddell said the members needed to keep applying pressure "to make sure we get those changes".

"We understand people are losing pūtea [money] but the reality is we need to get it right now, so we can continue on into the future."

She said there was a delegate meeting underway as she spoke to start planning for the strikes.

"We've all talked about our planning, what we're going to do and how we're going to make it all happen."

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## **‘Psychologist associate’ role knocked back by professional standards board – for now**

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By Mary Longmore

August 11, 2025

NZNO’s mental health nurses say they are pleased New Zealand’s psychologists’ regulator has turned down a “distracting” proposed new assistant/associate psychologist role — for now.



Photo: AdobeStock.

Minister for Mental Health Matt Doocey in March announced a [new one-year post-graduate diploma](#) would launch in 2026 for 20 psychology graduates which would qualify them as psychology assistants/associates in 2026, with another 20 planned for 2027.



With supervision from clinical psychologists, they could then fill gaps in the mental health and addiction workforce, particularly in rural and hard-to-reach communities, he claimed.

But, after a psychologist backlash, the New Zealand Psychologists Board, Te Poari Kaimātai Hinengaro o Aotearoa, said in July it did not have sufficient information to approve a new scope of practice for assistant/associate psychologists “at this point”.

## **‘So I don’t think there’s anybody but Matt Doocey who’s wildly keen.’**

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Chief executive Vanessa Simpson said in a [statement](https://psychologistsboard.org.nz/proposed-assistant-associate-psychologist-role-update/?fbclid=IwY2xjawLvotVleHRuA2FlbQlXmABicmlkETF2OWI5R2JjY0tOdHRWUU14AR405H-v61HAfdwBnjcY7aZ8kgNJvg_UwH_K53O6KwdS76-y6tdH8wyV0nK3ZQ_aem_l0QlGsBD51h5gh5hB0rz9A) ([https://psychologistsboard.org.nz/proposed-assistant-associate-psychologist-role-update/?fbclid=IwY2xjawLvotVleHRuA2FlbQlXmABicmlkETF2OWI5R2JjY0tOdHRWUU14AR405H-v61HAfdwBnjcY7aZ8kgNJvg\\_UwH\\_K53O6KwdS76-y6tdH8wyV0nK3ZQ\\_aem\\_l0QlGsBD51h5gh5hB0rz9A](https://psychologistsboard.org.nz/proposed-assistant-associate-psychologist-role-update/?fbclid=IwY2xjawLvotVleHRuA2FlbQlXmABicmlkETF2OWI5R2JjY0tOdHRWUU14AR405H-v61HAfdwBnjcY7aZ8kgNJvg_UwH_K53O6KwdS76-y6tdH8wyV0nK3ZQ_aem_l0QlGsBD51h5gh5hB0rz9A)) more time, information and analysis was needed — however, the board “retains an open mind” about the proposed new scope.

NZNO mental health nurses section chair Helen Garrick said the newly-created role was simply a distraction from an acute shortage of mental health nurses and clinical psychologists.



Helen Garrick

“What they would be better doing is enhancing the workforce in clinical psychology and mental health nursing — the existing workforce — not creating a whole new discipline.”

The role — which originated in Scotland 20 years ago to fill gaps in youth mental health services — appeared to blend parts of mental health nursing with parts of clinical psychology, Garrick said.

### **What are associate/assistant psychologists?**

The “clinical associate in applied psychology” (CAAP) role was first developed in Scotland in 2006 to increase access to psychological support for children, young people and adults in primary health care experiencing a specific range of mental health challenges.

Other parts of the United Kingdom later introduced a clinical associate in psychology (CAP) role in 2020, to work in hospitals, communities and secure mental health facilities.

Both require at least 18-months post-graduate training, and can work only in specific areas and under the supervision of a clinical psychologist.

Sources: [Ministry of Health/Manatū Hauora ministerial briefing on the associate psychologist role, April 2024](https://www.health.govt.nz/system/files/2024-09/H2024037759%20Briefing%20-%20Developing%20an%20Associate%20Psychologist%20Workforce%20in%20New%20Zealand_1.pdf)

([https://www.health.govt.nz/system/files/2024-09/H2024037759%20Briefing%20-%20Developing%20an%20Associate%20Psychologist%20Workforce%20in%20New%20Zealand\\_1.pdf](https://www.health.govt.nz/system/files/2024-09/H2024037759%20Briefing%20-%20Developing%20an%20Associate%20Psychologist%20Workforce%20in%20New%20Zealand_1.pdf)); the [British Psychological Society](https://www.bps.org.uk/clinical-associate-psychology-england-and-clinical-associate-applied-psychology-scotland-job) (<https://www.bps.org.uk/clinical-associate-psychology-england-and-clinical-associate-applied-psychology-scotland-job>).

But few mental health professionals seemed keen on it, she said.

"For the psychologists, the problem is they want clinical psychologists not, for want of a better word, half-assed psychologists," said Garrick.

"So I don't think there's anybody but Matt Doocey who's wildly keen," Garrick said.

The New Zealand College of Clinical Psychologists has said the proposed new role would be "ineffective and unsafe" in its current form. At least 18 months of post-graduate training and a less confusing title was needed, it said in a [submission](https://www.nzccp.co.nz/news/currentdevelopment-of-role-of-associate-in-psychology) (<https://www.nzccp.co.nz/news/currentdevelopment-of-role-of-associate-in-psychology>) to the board.



*Helen Garrick (second from left) with some of the NZNO mental health nurses section committee last year.*

In March, more than 200 psychologists also signed a letter written by clinical psychologist Laura Barkwill to Doocey warning the new role could harm patients and "dumb down" the profession, [RNZ has reported](https://www.rnz.co.nz/news/political/547554/fears-over-minister-s-bid-to-loosen-psychologist-rules) (<https://www.rnz.co.nz/news/political/547554/fears-over-minister-s-bid-to-loosen-psychologist-rules>).

Barkwill and others have also launched a [petition](https://our.actionstation.org.nz/petitions/protect-public-safety-and-psychology-in-new-zealand-a-petition-by-psychologists-and-supporters) (<https://our.actionstation.org.nz/petitions/protect-public-safety-and-psychology-in-new-zealand-a-petition-by-psychologists-and-supporters>) against the move they say is a dangerous "shortcut" to a psychologist title. So far nearly 1900 people have signed.

"If you have funding available to produce another workforce, can we siphon it off and use it for the existing workforce?" Garrick said.

### **What's the plan?**

The Government's [mental health and addiction workforce plan 2024-27](https://www.tewhatauora.govt.nz/publications/mental-health-and-addiction-workforce-plan-2024-2027?mc_cid=31f774d87e&mc_eid=UNIQID&mc_cid=31f774d87e&mc_eid=UNIQID) ([https://www.tewhatauora.govt.nz/publications/mental-health-and-addiction-workforce-plan-2024-2027?mc\\_cid=31f774d87e&mc\\_eid=UNIQID&mc\\_cid=31f774d87e&mc\\_eid=UNIQID](https://www.tewhatauora.govt.nz/publications/mental-health-and-addiction-workforce-plan-2024-2027?mc_cid=31f774d87e&mc_eid=UNIQID&mc_cid=31f774d87e&mc_eid=UNIQID)) is to train another 500 mental health and addiction professionals each year from 2025, including 10 nurse practitioners, 20 associate/assistant psychologists and 10 clinical psychologists per year. It would also fund another 143 nurse-entry-to-specialist-practice (NESP) places in 2025, followed by 30 more in 2026 and 30 in 2027.

But in May, media reported a shortage of [1485 frontline mental health and addiction workers](https://www.nzherald.co.nz/nz/mental-health-shortages-minister-under-fire-for-hiding-worker-shortage-) (<https://www.nzherald.co.nz/nz/mental-health-shortages-minister-under-fire-for-hiding-worker-shortage->

[data/WXKNU2ZU25BUPNWMCI2FOKH6QY/?fbclid=IwY2xjawL46S1leHRuA2FlbQIxMABicmlkETFjbjlzeHVoREYONmR2NXJLAR6sfZ\\_qqpXXq1sdmLrsZ3w2tJF02cZ7hBTZDz82bS9xeduPVmP-Q1OLnGiZtQ\\_aem\\_p\\_rLeT2ili6dB8cF43Igmng](#)), including 470 specialist nurses, had been identified in a draft Te Whatu Ora report — but that figure was later removed in the final version.

Doocey denied telling officials to take it out.

*Kaitiaki* asked Doocey's office for a response to the Psychologists Board decision to delay approval for associate/assistant psychologists.

But a spokesperson said the minister “has declined the opportunity to respond at this time”.

Nor did Doocey respond to questions about how much the initiative would cost, why not invest in existing workforces and how many more specialist mental health nurses and NPs had been funded so far, as per the mental health workforce plan.

Last month, Doocey claimed Te Whatu Ora's mental health and addiction workforce had [grown by 9.5 per cent](https://www.beehive.govt.nz/release/encouraging-signs-mental-health-workforce) (https://www.beehive.govt.nz/release/encouraging-signs-mental-health-workforce) over the year to June — including 21 per cent more registered mental health nurses and 20 per cent more nursing support workers.

Te Whatu Ora acting director mentally well New Zealand Lisa Gestro said it was looking to grow the number of nurse, social worker and occupational therapy graduates entering NESP training by 50 per year.

### **Class of 2026?**

University of Canterbury (UC) and Auckland University of Technology (AUT) are planning to offer the post-graduate diploma in associate psychology in 2026.

A spokesperson for UC said they will evaluate a formal launch date when more information comes through from the NZ Psychologists Board.

Psychologist Board chief executive Vanessa Simpson could not say when a decision was likely, but told *Kaitiaki* the board would be meeting this week to discuss the matter.

Usually, it takes two years of post-graduate study plus 1500 hours of supervised practice to become a psychologist — about six years in total.

Mental health nurses here generally do a similar level of training to the proposed new assistant/associate psychology role, with a one year nurse-entry-to-specialist practice (NESP) after a three-year nursing degree, Garrick said.



*Minister for Mental Health Matt Doocey*



NEWS

## Tale of two weekends: Nurses mull more strikes for safe staffing as PM says health system 'fixed'

By Joel Maxwell

August 7, 2025

One weekend, but two systems, two worlds — and now potentially two days of strikes.



*The nationwide strike by HNZ staff was just the beginning of the NZNO members' campaign.*

Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO members are mulling two days of strikes as they fight for safe staffing in the country's hospitals.

Previously, balloting was planned from Tuesday for a potential national overtime and on-call strike.

The partial strike would have run for a month from September 1 — members would refuse to work overtime or on-call.

However, member feedback over the weekend showed an appetite for further national strikes as soon as possible.



*NZNO members swarm in Tāmaki Makaurau for the cause on July 30.*

Now a ballot launches Wednesday on a potential two days of strikes in the week starting September 1. The strikes would run from 7am to 11pm on September 2 and September 4.

The ballot for members working at Te Whatu Ora would run for a week and allow time for notification if members vote to push ahead.

NZNO chief executive Paul Goulter said Wednesday's strike went well with plenty of colour, "massive media" and the likes of marches in Auckland and Wellington.

"This is around building momentum . . . it's really essential that the Government is aware that there's another wave coming down the line at them unless they come to the table and negotiate a sensible outcome."





Whanganui NZNO members gather for the strike on Wednesday.

#### At a glance

- On July 30-31 more than 36,000 NZNO members went on strike from hospitals around the country.
- Balloting is underway for local strikes in Auckland, Christchurch and Whangārei to follow-up the nationwide action.
- Now NZNO members are deciding whether to push ahead with two full-day strikes in a single week from September 1.



NZNO members turn out in Te Hiku o te Ika, the Far North, in the nationwide strike in July.

**‘No problems here’**



Member feedback came over the same weekend as the National Party conference in Christchurch.

On Sunday, Prime Minister Christopher Luxon said New Zealand needed to get into “saying yes” to jobs, growth and higher wages.

He congratulated Health Minister Simeon Brown for “actually fixing” the health system.

“Simeon, thank you for the massive contribution you make to our team and our country.”



*NZNO members on strike in Palmerston North in July send a stark message to the Government.*

It also came after the Government hiked fees paid to members of Crown body boards by 80 per cent.

Meanwhile, members at Christchurch, Auckland and Whangārei were notifying Te Whatu Ora of further local strikes this month.

NZNO has launched three weeks of online information sessions for members ahead of September. Full details available [here](http://nzno.cmail19.com/t/r-e-tklihrly-l-r/) (<http://nzno.cmail19.com/t/r-e-tklihrly-l-r/>).

July's strikes and the latest ballot come after *Kaitiaki* [revealed less than half — just 45 per cent — of registered nursing graduates](#) were matched to supported-entry roles at Health NZ after mid-year finals.

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NEWS

## **South Island practice nurse-to-prescriber training hits 100 grads**

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By Kaitiaki coeditors

*August 7, 2025*

A free training programme upskilling nurses at general practices across the South Island to prescribe common medications is celebrating 100 graduates — and a boost in community nurses' confidence.



*WellSouth's nurse education team, nurse practitioner Nicky Burwood and community nurse Andie Lowry.*

It is also sending more down the nurse practitioner (NP) pathway, its nurse leaders say.

"The ability to prescribe empowers nurses to draw on their years of experience and knowledge to provide greater and more autonomous patient care," said programme leader and community nurse prescriber Andie Lowry.

Launched in 2022 in Otago and Southland, [Te Waipounamu RN prescribing in community health](https://wellsouth.nz/provider-access/workforce-training-and-events/nursing/rn-prescribing/rn-prescribing-in-community-health) (<https://wellsouth.nz/provider-access/workforce-training-and-events/nursing/rn-prescribing/rn-prescribing-in-community-health>) combines face-to-face and online learning to enable more nurses to prescribe common medications such as antibacterials, pain relief and gynaecological and urinary treatments.

Once qualified, community nurse prescribers can prescribe from a Nursing Council-approved [medication list](https://nursingcouncil.org.nz/Public/NCNZ/nursing-section/Registered_nurse_prescribing_in_community_health.aspx) ([https://nursingcouncil.org.nz/Public/NCNZ/nursing-section/Registered\\_nurse\\_prescribing\\_in\\_community\\_health.aspx](https://nursingcouncil.org.nz/Public/NCNZ/nursing-section/Registered_nurse_prescribing_in_community_health.aspx)) for the clinical management of minor ailments and illnesses.

## **‘This is important in a sector experiencing continued pressure to retain clinical staff, particularly in Te Waipounamu where many practices are rural.’**

Developed by Southern primary health organisation WellSouth, along with Te Whatu Ora – Nelson Marlborough, the programme in 2023 expanded to all nurses throughout Te Waipounamu working in general practice, with the support of their employers to provide GP or NP mentoring.

So far, 95 primary health providers, including Māori and Pacific, medical centres, student health, public health and home care, have benefited from the programme’s nurse prescribing graduates.

Lowry, who delivers the programme with NP Nicky Burwood, said becoming a prescriber was a real confidence boost for nurses, as well as benefiting patients.

“It’s great to be able to complete consultations with patients with common and minor complaints without them having to wait for an appointment with a general practitioner or a nurse practitioner,” she said.

### **‘More timely’ care**

Burwood said at a broader level, growing nurse prescribing was supporting primary health at a time of high constraint, allowing patients to get timely and appropriate treatment.

“Having more community nurse prescribers means more choice for patients as to who they can see, reducing wait times and supporting holistic relationships between nurses and their patients,” Burwood said.

## **‘We’re proud of our nurses and of our achievement.’**

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“This is important in a sector experiencing continued pressure to retain clinical staff, particularly in Te Waipounamu where many practices are rural,” she said.

Such continuing professional development was also keeping community-based nurses working at the top of their scope, “which is good for them, and great for patients”.

With the confidence boost that came with prescribing, a few graduates had already begun study to become nurse practitioners, said Burwood.

“We’re proud of our nurses and of our achievement.”

### **Most common remedies**

A recent WellSouth survey of registered nurse (RN) prescribers across Te Waipounamu found the most common prescribed medications were antibacterials, pain relief and gynaecological and urinary treatments.



Te Waipounamu RN prescribing programme takes seven months and blends online learning with webinars and clinical workplace learning, along with the support of an experienced prescribing colleague.

Offered at no cost to nurses, this course enables nurses to graduate with the Nursing Council's designated prescribing endorsement, as an RN prescriber in community health.

The first cohort commenced in February 2022. There are three cohorts every year, with around 15 students on each, the latest in June bringing the number of graduates so far to 100.

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NEWS

## E hia kē ngā rau tapuhi Māori ka “mauri ake” ai ā tērā wiki

By Renee Kiriona (te reo Māori translation by Joel Maxwell)

August 6, 2025

Ka hui mai ngā rau tapuhi Māori nō ngā pito e whā o te whenua ā tērā wiki i Rotorua mō te Indigenous Nurses Aotearoa Conference.



## Te Rūnanga NZNO Taura 2024



E tae rā anō ana ngā kōrero ki te āhuatanga onāiane i te hunga mahi tapuhi Māori, ka kī a Kerri Nuku, ko te kaiwhakahaere o Te Rūnanga o Aotearoa NZNO e whakaritea ana te wānanga.

*Among the topics for discussion will be the current state of the Māori nursing workforce, said Kerri Nuku, the kaiwhakahaere for Te Rūnanga o Aotearoa NZNO which organises the conference.*

“Ka tautuhi mātou i tētahi rīpoata nā ngā mātanga ōhanga, ā, he tino whakaohorere ō rātou kitenga, engari he Māori tātou, ā, e mōhio ana ahau ka taea e tātou kia eke panuku ai.

*“We will be highlighting a report by economic experts and their findings are scary, but we are Māori, and I know we can rise to the challenge.*

“Kei whea kē e pai ake ana kia tautuhi i tēnei hiahia, ko ngā ōhanga o te tapuhitanga Māori, i te wānanga nui rawa atu i te whenua o ngā nēhi Māori.”

*“What better place to highlight this need, the economics of Māori nursing, than at the country’s largest gathering of Māori nurses.”*





*Te Runanganui o Te Āti Awa chairman, Kura Moeahu, inspired the crowd with his speech about the importance of doing karakia when exhausted, when stressed, at last year's conference.*

Ko te take o te wānanga e toru rā te roa, ko te 'mauri oro, mauri reo, mauri ora', e kōrerotia ana ki "tētahi hokinga mai ki te tōiritanga, ki te reo me te hauora mā te arotahi mātauranga Māori," kua kīia e Nuku.

*The theme of the three-day event is mauri oro, mauri reo, mauri ora which speaks to "a return to vibration, voice and wellbeing through the lens of mātauranga Māori," Nuku said.*

"Nō muri i te wānanga i tērā tau, kua kakari tātou i ngā kōkiri a tēnei Kāwanatanga haumi ki runga i a tātou anō, nā te mea ka kawea whakamuri e rātou te hauora Māori, ā, me te hauora o te iwi katoa hoki," hei tā Nuku.

*"Since last year's conference, we've been fighting the attacks on our people from this coalition Government because they are taking Māori health, and the health of the entire nation, backwards," Nuku said.*

"Nō reira, ahakoa ngā kōrero taumaha i te wānanga e pā ana i ngā take nui i tēnei tau, e whakaritea ana hoki ngā āhuatanga tika e āhei ai ngā nēhi kia noho Māori noa iho — kia noho mārika i te mātauranga ahurea, me te mātauranga tuku iho, hei whakatā, hei whakahou i a rātou anō mō ngā pakanga kei te mōhio mātou e haere ake nei."

*"So while we won't be shying away from talking about the hard issues at this year's conference, we've made sure to include many elements this year that allow our nurses to just be Māori – to immerse themselves in cultural and ancestral knowledge, to relax and reset for the battles we know are coming."*



*Māori health strategist Beverly Te Huia discussing approaches to transform Māori health at last year's conference.*

E ai ki te tatauranga hou o te Kaunihera Tapuhi o Aotearoa e 7 ōrau noa iho te hunga Māori i roto i te hunga mahi katoa o ngā nēhi engari e 17.4 ōrau kē rātou ko te iwi Māori o te taupori katoa.

*The most recent Nursing Council statistics indicate that Māori make up just seven percent of the nursing workforce but are 17.4 percent of the population.*

Ka tīmata te wānanga i te Wenerei, i ngā rau ākonga Māori o Te Rūnanga ka hui tahi i tō rātou hui-ā-tau me tētahi wānanga toi.

*The event starts on Wednesday when hundreds of Te Runanga's Māori students meet for their annual general meeting and art-based wānanga.*

"I tērā tau kua tītohia e ā mātou tauira tētahi waiata, e hoputia ana ō rātou aurongo, me ngā piropiro o te nuinga o ngā nēhi Māori i taua wā. E kawatau ana kia kite anō i tō rātou mounga whakamīharo i tēnei tau."

*"Last year our tauira wrote a song, capturing how they, and most Māori nurses, were feeling at the time. I'm expecting to see another amazing masterpiece from them this year."*



*Original members of Nga Tāmatoa (Young Warriors) John Ohia and Orewa Barrett-Ohia amazed last year's conference as they shared their Māori activist journey in the 1970s.*

I te Tāite ka hui mai ngā ākonga me ngā rau o ngā tapuhi e mahi ana me ngā tapuhi whakawhānau i te Sir Howard Morrison Centre kia rongo i te rārangi kaikōrero, e tae rā anō ana ki te ringatoi a Linda Munn, me te rōia Annette Sykes, te kaiwhatu Māhina Raharuhi, te kiritohē ā-toi a Frances Goulton, te māngai Pāremata o mua Donna Awatere me ngā rangatira tapuhi Māori, Wikitoria-Raukura Mitchell me Kathryn Chapman.

*On Thursday the students and hundreds of working nurses and midwives will gather at the Sir Howard Morrison Centre to hear from a lineup of guest speakers, including, artist Linda Munn, lawyer Annette Sykes, weaver Māhina Raharuhi, art activist Frances Goulton, former MP Donna Awatere and Māori nursing leaders Wikitoria-Raukura Mitchell and Kathryn Chapman.*

Ka whakawhiwhia te tohu tino hira Akenehi Hei i te ata Paraire, ā ka whakawhiwhia ngā Tohu Tapuhi Kaitiaki — ngā tohu nēhi Māori — i taua pō tonu.

*The prestigious Akenehi Hei award will be presented on Friday morning while the Tapuhi Kaitiaki Awards – the Māori nurse awards – will be presented that evening.*

NEWS

## Hundreds of Māori nurses to “mauri” up next week

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By Renee Kiriona

August 5, 2025

Hundreds of Māori nurses from throughout the country will gather in Rotorua next week for the annual Indigenous Nurses Aotearoa Conference.





## Te Rūnanga NZNO Taurā 2024



Among the topics for discussion will be the current state of the Māori nursing workforce, said Kerri Nuku, the kaiwhakahaere for Te Rūnanga o Aotearoa NZNO which organises the conference.

“We will be highlighting a report by economic experts and their findings are scary, but we are Māori, and I know we can rise to the challenge.

“What better place to highlight this need, the economics of Māori nursing, than at the country’s largest gathering of Māori nurses.”



*Te Runanganui o Te Āti Awa chairman, Kura Moeahu, inspired the crowd with his speech about the importance of doing karakia when exhausted, when stressed, at last year's conference.*

The theme of the three-day event is *mauri oro, mauri reo, mauri ora* which speaks to "a return to vibration, voice and wellbeing through the lens of mātauranga Māori," Nuku said.

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

"Since last year's conference, we've been fighting the attacks on our people from this coalition Government because they are taking Māori health, and the health of the entire nation, backwards," Nuku said.

"So while we won't be shying away from talking about the hard issues at this year's conference, we've made sure to include many elements this year that allow our nurses to just be Māori – to immerse themselves in cultural and ancestral knowledge, to relax and reset for the battles we know are coming."



*Māori health strategist Beverly Te Huia discussing approaches to transform Māori health at last year's conference.*

The most recent Nursing Council statistics indicate that Māori make up just seven percent of the nursing workforce but are 17.4 percent of the population.

The event starts on Wednesday when hundreds of Te Runanga's Māori students meet for their annual general meeting and art-based wānanga.

"Last year our tauira wrote a song, capturing how they, and most Māori nurses, were feeling at the time. I'm expecting to see another amazing masterpiece from them this year."



*Original members of Nga Tāmatoa (Young Warriors) John Ohia and Orewa Barrett-Ohia amazed last year's conference as they shared their Māori activist journey in the 1970s.*

On Thursday the students and hundreds of working nurses and midwives will gather at the Sir Howard Morrison Centre to hear from a lineup of guest speakers, including, artist Linda Munn, lawyer Annette Sykes, weaver Māhina Raharuhi, art activist Frances Goulton, former MP Donna Awatere and Māori nursing leaders Wikitoria-Raukura Mitchell and Kathryn Chapman.

The prestigious Akenahi Hei award will be presented on Friday morning while the Tapuhi Kaitiaki Awards – the Māori nurse awards – will be presented that evening.

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NEWS

## Profiles of the candidates for the NZNO board election

By NZNO board candidates

August 5, 2025

Below are the profiles of the candidates for the NZNO board elections, written by the candidates themselves. Online voting for the election starts on Wednesday, August 6.



NZNO board election candidates, clockwise from top left, Nigel Barr, Grant Brookes, Kathryn Chapman, Saju Cherian, Grant Cloughley, Michael Deibert, Rachel Thorn, Tracey Morgan, Rosetta Katene, Nayda Heays, Michelle Fairburn.

- Profiles are listed in alphabetical order. They have not been edited by Kaitiaki staff.

### NIGEL BARR

Statement of Experience/Skills against Criteria in Schedule 4, NZNO Constitution

Engagement with NZNO and Commitment to NZNO's Vision

I have demonstrated, sustained and had active engagement with NZNO through participation in Te Tai Tonga regional hui, advocacy initiatives, and collaborative working groups. My commitment to NZNO's vision—fostering strong nursing leadership, promoting equity, and advancing professional excellence—is reflected in my approach to building inclusive dialogue among members and ensuring that nurses are empowered to speak up on key issues affecting practice and wellbeing.



### **Understanding Nursing in the Wider Health Sector**

I bring a holistic view of nursing, recognizing it as a vital component of an interconnected health system. My understanding extends to the pressures of workforce shortages, the need for culturally safe care, and the critical role nurses play in community health. I actively engage with sector-wide reforms and champion policies that promote the recognition and integration of nursing expertise at all levels of healthcare decision-making.

### **Business and Commercial Acumen**

My professional experience includes strategic planning and contract negotiation within the healthcare environment, contributing to financially sustainable models of care. I understand the operational challenges of running health services and apply analytical thinking to maximize value while maintaining quality outcomes. My ability to interpret market trends and stakeholder needs allows me to advocate for nursing-led innovations that align with commercial realities. Part of my post graduate diploma in health management was looking at operational excellence and organisational leadership.

### **Governance**

I have served in governance roles that required sound decision-making, policy oversight, and stakeholder representation. I understand the importance of transparent processes, collective responsibility, and upholding the democratic values within NZNO. I am committed to ensuring member voices are heard in the organisation's strategic direction and supporting governance practices that reflect both integrity and accountability.

### **Finance and Legal Compliance**

I possess a working knowledge of financial management and regulatory compliance, including risk assessment, reporting requirements, and ethical standards within charitable and professional bodies. I value fiscal responsibility and the importance of robust audit practices to protect member interests. My approach ensures NZNO's resources are managed wisely and its legal obligations fulfilled with due diligence.

### **NZNO's Commitment to te Tiriti o Waitangi, Tikanga Māori, Mātauranga Māori and Bicultural Values**

I hold a deep respect for te Tiriti o Waitangi as the founding document of Aotearoa New Zealand and am dedicated to upholding NZNO's commitment to bicultural partnership. I support Te Runanga o Aotearoa as a cornerstone of NZNO, amplifying Māori nursing voices and promoting equitable outcomes. I actively engage with tikanga Māori and Mātauranga Māori principles, integrating them into nursing practice and organisational culture. I believe that Maranga Mai is not only a call to action—it is a movement rooted in justice, collective strength, and transformation.

## **Statement of experience/skills against criteria in schedule 4, NZNO Constitution**

### **Experience and knowledge**

I believe I possess all of the desired qualities which are sought in a Director of the New Zealand Nurses Organisation Tōpūtanga Tapuhi Kaitiaki o Aotearoa. My own values are aligned with those of NZNO. I understand good governance, I am careful and diligent and able to think strategically, with good communication skills, honesty and integrity.

#### **1.1 Engagement within NZNO and commitment to NZNO Vision**

My engagement within NZNO and my commitment to our shared vision can be seen not only through my role as President from 2015-2020, the longest term in office for any NZNO President, but also in a wide range of other roles up until the present day, including:

- Workplace delegate, 2002-15 & 2023-present
- Media spokesperson for NZNO, as required.
- NZNO representative on the DHB Mental Health Bipartite Action Group (BAG) (initially at CCDHB, later covering HVDHB and WDHB also), 2005-15.
- Member, DHB Sector National Delegates Committee, 2008-15.
- Member, Greater Wellington Regional Council, 2008-2015 & 2021-present.
- NZNO representative to the Council of Trade Unions Biennial Conference, 2009, 2011, 2013, 2015, 2017, 2019, 2023.
- Relief Organiser, 2010.
- Chair, Greater Wellington Regional Council, 2010-13 & 2023-present
- Convenor, DHB Sector National Delegates Committee, 2012-15.
- Member, Board of Directors, 2012-13 & 2022-present
- Greater Wellington Region rep & Vice-Chair, Membership Committee, 2014-15.
- Member, DHB MECA negotiating team, 2014-15.
- Newsletter Editor, Mental Health Nurses Section, 2014-15 & 2021-23
- President, 2015-20.
- Secretary, Mental Health Nurses Section, 2023-24.

Through these roles, I have been active in NZNO's Aged Care, Primary Health and Private Hospital Sectors, as well as heading the membership structures in the DHB Sector. My all-round experience at the highest level in both professional and industrial wings of our union, in governance roles and as an NZNO staff member has given me a thorough grounding in the NZNO Vision, "Freed to care, Proud to nurse".

#### **1.2 Understanding of nursing and the wider health sector**

As NZNO President, I was privileged to represent nursing on the national and international stage, while keeping up my own clinical practice by working shifts on the ward. I believe this has afforded me a unique understanding of nursing in Aotearoa New Zealand, from the point of care to the corridors to power, never losing touch with the realities at the bedside.

I have also developed my understanding of the wider health sector through postgraduate study in Public Health at the University of Otago, focusing on health systems and health policy.



This all-round understanding has enabled me to represent NZNO to a wide range of external stakeholders including:

- Ministers of Health
- Parliamentary select committees
- Ministry of Health officials
- Local government
- Safe Staffing Healthy Workplaces Unit
- The Nursing Council of New Zealand
- The International Council of Nurses
- The South Pacific Nurses Forum
- Global Nurses United

### **1.3 Business and commercial acumen**

NZNO is a trade union and professional organisation. So conventional commercial acumen, which is geared towards maximising profits and shareholder return through the optimal exploitation of human and material resources, does not serve our values.

The acumen required is the kind which will safeguard and grow the assets which have been built up by generations of nurses and held in stewardship, in order to support members today and tomorrow. It must be capable of negotiating the challenging legal and political environments facing NZNO today, and use resources for maximum benefit to members.

As President, I believe I demonstrated such acumen. I led NZNO's divestment from fossil fuels, in accordance with the democratic decision made by NZNO members at our AGM, in a way which did not impact on the performance of our portfolio. I moved the establishment of a strike fund for members likely to experience hardship as a result of industrial action. And as Chair of the Nursing Education and Research Foundation, I helped to steer the Trust through a major review of its investment strategy, to enable even greater financial support for nurses in generations to come.

### **1.4 Governance**

Good governance improves performance, manages risk, ensures accountability and enables a strategic perspective. But in a member-run organisation such as ours, special care must be taken to ensure that governance is not at odds with the democratic will of the members.

As the NZNO President with the longest continuous term in office in NZNO history, I believe I have acquired unsurpassed hands-on experience in the governance of our organisation. I see key functions of governance as including:

- the maintenance of strategic oversight of the environment,
- analysis and communication of salient issues to members,
- empowering the membership to speak up, and
- acting in accordance with their democratic will.

I have completed Governance Essentials courses run by the Institute of Directors. Governance skills have also developed through experience in chairing the Board of the Newtown Union Health Service and being an ex-officio member of the Board of OraTaiao: New Zealand Climate and Health Council.

### **1.5 Finance and legal compliance**



NZNO members want leaders with a specific kind of financial and legal expertise – one which serves, rather than dominates, our agenda for nursing and health. I believe I have brought this kind of expertise to our organisation.

For almost five years, as President I served on NZNO's Audit & Risk Committee. This committee assists the Board in discharging its responsibilities with respect to overseeing all aspects of financial and non-financial reporting, control and audit functions and organisational risk. I have served again on this committee since 2022.

During my Presidency, sound financial planning enabled the smallest annual change in membership fees since 2006. Rising by just 1 percent in 2018/19, which was below projected inflation, the change in 2018/19 subscriptions represented a fee cut for every member, in real terms.

My experience and knowledge in finance and legal compliance has been recognised externally. At the Newtown Union Health Service, a Primary Health Care centre serving union members and high needs populations in Wellington, I was the elected Board Chair and a member of the Audit & Finance Committee. I also served for ten years in a voluntary capacity as the finance officer for the EcoSocialist Education Trust, Incorporated.

#### **1.6 NZNO's commitment to Te Tiriti o Waitangi Tikanga**

#### **Māori, Mātauranga Māori and NZNO's commitment to the bicultural values and the role of Te Rūnanga o Aotearoa.**

Ko "Cornwall" te waka. Ko Tangata Tiriti te iwi. Nō Ōtepoti ahau. Ko Grant Brookes tōku ingoa.

No individual can embody all of NZNO's rich diversity. But as a professional, I know the limits of my own cultural knowledge, my obligation to extend those limits and the need to acknowledge the authority of others who hold cultural expertise.

My deep commitment to bi-cultural values, Tikanga Māori and Mātauranga Māori grows out of a 28 year history of involvement in Kaupapa Māori organisations and activism to uphold Te Tiriti o Waitangi. Over the last three years, as Co-chair of the Constitution Review Panel I have worked in partnership with Te Rūnanga o Aotearoa to develop a new Constitution for NZNO based on Te Tiriti.

I have studied Te Reo Māori at Te Wānanga o Aotearoa and try to model its use inside NZNO. A selection of my published articles on Te Tiriti o Waitangi and bicultural values is available on-line.

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#### **KATHRYN CHAPMAN**

#### **Experience and skills as section 4.**

#### **Engagement with NZNO and Commitment to NZNO's Vision**

Active NZNO member since 2010. Te Poari member since 2021, contributing to strategic direction and advocating for Māori nurses. Involved in the Constitutional Review Panel, Mana Motuhake Pay Equity Committee, Primary Health executive committee and GAR Council. Committed to NZNO's kaupapa and Maranga Mai! through collective action and transformational change.

#### **Understanding of Nursing and the Wider Health Sector**

Grounded in clinical and cultural knowledge from nursing studies and professional experience. Advocates for equity in the sector, especially for Māori. Brings a deep understanding of healthcare challenges and workforce needs, particularly for indigenous communities, informed by both frontline and governance perspectives.



### **Business and Commercial Acumen**

Applies a strategic, culturally grounded approach to governance. Experienced in stakeholder engagement, organisational development, and policy alignment.

Understands the importance of sustainable outcomes for NZNO members and the integration of Māori values in achieving long-term success.

### **Governance**

Te Poari and marae governance roles since 2021. Completed formal Māori governance training in 2023. Provides leadership rooted in kaupapa Māori, strategic planning, and policy knowledge. Champions collective accountability, strategic outcomes, and representation of Māori voices at decision-making tables.

### **Finance & Legal Compliance**

Governance roles involve oversight of financial and legal responsibilities. Committed to transparency, ethical leadership, and compliance aligned with Māori and NZNO principles. Ensures decision-making is accountable, culturally informed, and legally sound. I got a lot of this experience from being a member of the Constitutional review panel and also being an official office holder for my marae.

### **NZNO's Commitment to Te Tiriti o Waitangi, Tikanga Māori, Mātauranga Māori, and Bicultural Values**

Te Tiriti and bicultural principles are central to my leadership. Guided by tikanga Māori and mātauranga Māori in all advocacy and governance roles. Uphold Te Rūnanga principles and empower Māori nurses within NZNO structures and Maranga Mai! objectives.

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## **SAJUCHERIAN**

### **Statement of experience/skills against criteria in schedule 4, NZNO Constitution**

#### **Engagement within NZNO and commitment to NZNO Vision**

I am an active member of NZNO for more than 10 years and served as a board member for the last three years. Diligently performed all the responsibilities entrusted with me as a board member. I have been actively involved in NZNO's industrial actions, campaigns and governance matters consistently standing up for the rights of all nurses.

## **2. Understanding of nursing and the wider health sector**

I have been working as a registered nurse in New Zealand for the last ten years. I am currently working as an Associate Charge Nurse of an acute inpatient unit where we have almost 70 nurses and more than 30 mental health assistants. I have a thorough understanding of nursing and wider health care sector within New Zealand. I am always committed to keep my practice up-to-date by accessing all education sessions and study opportunities. I have done post graduate certificate in Mental Health nursing through Whitireia Polytechnic, Wellington. I am also the lead trainer for Safe Practice and Effective Communication (SPEC) programme in Midecentral region.



## **3. Business and commercial acumen**

I have bachelors and master's degree in Economics. I have also done post graduate diploma in materials management. I have worked as stores and purchase manger in couple of businesses in India. In New Zealand, I have experience as a treasurer of community organisations such as Kerala Association of Palmerston North and St. Joseph's Kerala Catholic Community.

## **4. Governance**

I am a member of governance committee of NZNO board for the last three years. I have also served as the president of Kerala Association Palmerston North and Trustee-in-Charge of St. Joseph's Kerala Catholic Community for many years. I am currently working as Associate Charge Nurse of an acute mental health inpatient unit.

## **5. NZNO's commitment to Te Tiriti o Waitangi Tikanga Māori, Mātauranga Māori and NZNO's commitment to the bi-cultural values and the role of Te Runanga Aotearoa.**

I acknowledge Maori as the tangata whenua of New Zealand and aware of inequalities between Maori and non-Maori. I am committed to Te Tiriti o Waitangi and keen to improve effective implementation of its principles in nursing care in New Zealand.

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## **GRANT CLOUGHLEY**

### **Engagement with NZNO and commitment to NZNO's vision**

#### **Learning from the past, to challenge our present, to reimagine a future.**

Given the current state of the Health system, NZNO's vision is more important than ever as the ability of health workers to provide the care we strive to give to all our patients is constantly undermined by the lack of appropriate resources. Whilst we may be proud to be a health worker, it is becoming harder and harder to be proud of the level of care that we can provide due to the unprecedented levels of constraint that the public and private health providers are operating under.

Working within the previous DHB and current HNZ systems I have been a delegate for many years and as such have held many various roles. Since 2020 I have been a member of 3 DHB/HNZ NZNO negotiating

teams fighting, not just for appropriate remuneration, but unbelievably for the safety of both staff and patients, an issue that has become even more important than previously.

- Pre DHB's I was involved in 3 rounds of contract negotiations for Manawatu / Whanganui CHE which then became AHB, then DHB. So I have experience as a delegate in multiple versions of the Health system.
- I was on the NZNO/DHB negotiating teams in 2020, 2022 and, until recently, the current 2024 negotiating team.



### **Understanding of nursing and the wider health sector**

I have worked mainly in the public health system as a HCA, EN, RN, Duty nurse manager and as a flight nurse. I have recently commenced employment as a school nurse.

Whilst I have very little private health experience, except as a patient, via various Regional Council meetings/conferences and media, I am aware of some of the problems being faced within GP Practices, private aged care facilities, private surgery etc and how both sectors need to acknowledge and confer with each other to provide seamless health care so as to provide the best outcomes not only for patients but also for nurses/HCA's

### **Business and commercial acumen / Governance / Finance & legal compliance**

In the '80's I ran 2 small successful businesses and then in the 90's I was on the NZNA/NZNO BoD's where I quickly learnt about balance sheets, budgeting etc. Especially since as Director I was personally liable for any NZNO debts.

If elected my aim would be to carefully scrutinise outgoings, not only to determine appropriate spending in dollar terms but also that any spending was justified in relation to NZNO's core activities.

I would also like to see the NZNO website become more user friendly and easier to negotiate

### **NZNO's commitment to te Tiriti o Waitangi, Tikanga Māori, Mātauranga Māori and NZNO's commitment to bicultural values and the role of Te Rūnanga o Aotearoa, NZNO Objects and Maranga Mai!**

Although I previously spent 2 years learning to read and write Maori, I am the first to put my hand up and say I have a lot to yet learn.

"Me haere tahi tātou mō te hauora me te ora o ngā iwi katoa o Aotearoa"

"Let us journey together for the health and wellbeing of the people of Aotearoa"  
(Rev Leo Te Kira 15 December 2005)

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**MICHAEL DEIBERT**

**Statement Of Experience/Skills Against Criteria  
In Schedule 4, NZNO Constitution**



## **Engagement with NZNO and commitment to NZNO's vision**

Even though I only stepped up as a delegate and active member of NZNO in 2022, I dove right in and have been quite active since!

At the time, I joined a group that had formed to tackle the many issues that HCA/Kaiāwhina faced. We stood up and asked NZNO to include us more within the union, and to help our group address those issues. This led to the formation of the HCA Oversight Committee, to which I was named Co-Chair. Our goals were multifold and long-term, but our underlying aim aligns with NZNO's mission and Maranga Mai! campaign. Even though I stepped down earlier this year, I continue to support the goals of the Committee.



During that time, I also became an active delegate locally at Waikato Hospital and within the Midlands Region. I'm currently a co-convenor and the secretary for the Waikato WOC. And last year, I stepped up as the Midlands Representative on the Membership Committee. In my limited time on the Membership Committee, I've done my best to ensure that the concerns and issues of members are heard by NZNO. NZNO is a member-led union, and I strongly feel that this needs to be represented at all levels of NZNO.

## **Understanding of nursing and the wider health sector**

While I work as a healthcare assistant at Waikato Hospital, I'm a US Registered Paramedic. And prior to that, I worked as an EMT since 2011. I've spent over a decade providing patient care on the pre-hospital side of healthcare, while also working directly with Aged Care facilities and hospitals. Because I am clinically trained yet working in a non-clinical role, I've had to clearly understand both my role duties as a healthcare assistant in addition to the scope of the EN and RN.

Now that I am a delegate and have become active within NZNO, I've expanded my understanding of nursing and the wider healthcare sector. This was a key focus of the HCA Oversight Group, mainly because there are so many variances my HCA/Kaiāwhina colleagues face across the sectors. Due to the widespread healthcare issues of shortstaffing, increasing patient loads, and more, employers are actively working to undermine the role of the nurse by increasing the scope of the HCA.

While I've been vocal in establishing national standards and job duties for the HCA, this has the added advantage of solidifying the role of the EN and RN. We are all part of the same healthcare team, and it's time that we stand together as a union and push back against the employers and the government who are working to undermine nursing.

## **Business and commercial acumen**

In 2011, I started my own business to oversee my theatrical and costuming work. While my first foray into my own business operations and finances were not profitable, it helped lay my foundational understanding of how businesses operate. In 2018, after migrating to Aotearoa, I established my current US-based online business.

While my business, Queer Film Reviews, LLC, is nowhere near the size of NZNO and a different business structure, operating my own business has allowed me to learn the intricacies and issues of business operations and finances. I understand the principles of marketing, long-term strategic planning, financial

planning, and more. But despite running my own business, I acknowledge that I am still not an expert on all business operations. But I am willing to learn and expand my skill set.

## **Governance**

My first experiences with governance stems all the way back to university. As a collegiate member with my fraternity, I held several governance positions. Once I graduated and became an alumni, I helped establish the local regional alumni association for the fraternity. In collaboration with the other founders, I helped write our bylaws that aligned with our national constitution and bylaws. Between 2011 and 2017, I held the positions of President, Vice President, Secretary, and Treasurer.

Since I migrated to Aotearoa and became an NZNO delegate, I've returned to the realm of governance. In addition to being Co-Chair of the HCA Oversight Committee and working to establish the foundations of that committee, I've taken on the role of Secretary with the Waikato WOC. Lastly, I dug into the recently ratified proposed Constitution to better understand and provide feedback on the upcoming governance changes. I would not claim to be an expert at governance, especially as the laws can change. But feel that my experience in governance will be an asset as a potential NZNO Board Member. Especially as we face the upcoming Constitutional changes.

## **Finance & legal compliance**

Much of my experience with finances and legal compliance links with my personal businesses. I have always balanced my business' books. I've learned how to create, read, and understand key financial documents, such as Profit & Loss statements. I've actually read and understood the financial reports submitted for review at AGMs, in addition to financial reports from my other committees.

But I've always paid keen attention to accounting details. In my current role with Te Whatu Ora and with prior jobs over the years, I've kept diligent records of my pay. I have my own spreadsheet that includes all of the relevant penal and allowances in my current role to the point that I can correctly estimate my net pay with just my roster. Furthermore, in addition to filing my New Zealand tax return with IRD, due to being an American citizen who has to submit an IRS tax return every year, I also file a US tax return myself each year. With the amount of legal and financial understanding required to successfully do all of that, I feel that I am quite experienced in this area.

## **NZNO's commitment to te Tiriti o Waitangi, Tikanga Māori, Mātauranga Māori and NZNO's commitment to bicultural values and the role of Te Rūnanga o Aotearoa, NZNO Objects and Maranga Mai!**

I strongly support NZNO's commitment to Te Tiriti o Waitangi and the commitment to encompass the bicultural values that are essential to Aotearoa. The push to become a more bicultural society and the attempts to reverse decades of systemic repression is actually a key reason I fell in love with Aotearoa after migrating here.

Personally I find Tikanga Māori, Mātauranga Māori, and Te Ao Māori to be rather beautiful. In the last few years, I've begun to study Te Reo Māori and hope to be able to establish my own connection to Aotearoa as a migrant. I am on my own journey with Te Ao Māori, and wholeheartedly support NZNO and my fellow members to embark on the same journey. Even though I bring my own culture with me as a migrant, it's my duty to respect and embrace Te Ao Māori and ensure we uphold Te Tiriti not only for ourselves but for future generations. Aotearoa is our home.

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## **Section Four**

### **Engagement with NZNO and Commitment to NZNO's vision**

"I'm standing for the NZNO Board to champion collaborative change—grounded in the voices of our members, guided by equity, and driven by action. Our profession thrives when we're united by purpose and empowered by collective wisdom."

"I believe in protecting and empowering our senior nurses—acknowledging their legacy while ensuring their wellbeing. Their leadership sets the tone for excellence and provides new graduates with a benchmark rooted in wisdom, resilience, and care. It's time our systems reflected that value."

During my time as a student nurse, I witnessed and personally experienced many challenges and inequities. These moments shaped my strong and ongoing commitment to advocating for student nurses, a commitment that has naturally extended into supporting my colleagues across all practice settings. Advocacy is something that comes instinctively to me, and I'm always willing to help or facilitate positive change when needed. This approach aligns with NZNO's 2025–2026 strategic plan and our new vision: *Learning from the past, to challenge our present, to reimagine a future*. It's a reminder that we must reflect on what's come before to question the systems we work in today, and to help build a future that supports and uplifts all nurses. Student nurses represent the future of our profession. Investing in them may come with short-term challenges, but the long-term benefits are undeniable. The following demonstrates my ongoing commitment to actively engage with and support our membership.



NZNO Maranga Mai Scholarship committee member 2025

NZNO Te Poari 2024 – 2025

National Delegate Committee -Whanganui Hospital 2023-2025

Super Six Whanganui Hospital 2023 -2025

Ward delegate Whanganui Medical ward 2022 2025

Central Te Runanga Chair 2024-2025

Central Regional Council member 2022 -2025

BOP/Tairāwhiti Regional Council member NZNO 2017-2021

BOP/ Tairāwhiti Regional Council Chair 2020 -2021

Ward delegate Kaupapa ward Tauranga hospital 2019 -2021

Te Runanga Member 2016 – 2025

Student liaison and student advocate for TR and non – TR reps 2016 -2019

Indigenous Nurses Conference Hui a Tau attendee (multiple)

NZNO AGM (Multiple)

2020 – 2025 NZNO Delegate training level 1-3

### **Understanding of nursing and the wider health sector**

Whether you are a Nurse, Midwife, Kaimahi, or Healthcare Assistant, we are all navigating one of the most critical and demanding periods our profession has ever faced. Across every sector, the pressure is mounting—while political support remains disappointingly inadequate. The lingering effects of COVID-19, increasing patient complexity, population growth, and longstanding under-resourcing have exposed deep systemic flaws. But it is not us who have lagged behind—it is the decision makers. The time has come for

them to not only hear our voices, but to act on them. We have the right to nurse as we were trained—to draw from our history, challenge our current reality, and envision a future where our profession thrives. Together, we must reclaim control. At the governance level, I am prepared to amplify your voices, confront entrenched norms, and unlock the doors to the resources, respect, and recognition we have long earned and unequivocally deserve.

### **Business and commercial acumen**

Previously as a part owner -operator of a taxi company, I oversaw the daily operations of a 20-vehicle fleet, which included staff management, dispatch coordination, banking, and full compliance with IRD and Land Transport regulations. I also managed Ministry of Education contracts for the transportation of children with special needs, alongside providing legal and financial oversight when required. I led the transformation from a cash-based business model to a secure electronic payment system, implementing mobile EFTPOS and account-based chargeback solutions to enhance operational efficiency. I focused on regulatory compliance, operational excellence while cultivating long-term relationships with customers and staff. A strong team culture based on trust was integral to our business success, which continued until our exit due to my husband's health challenges.

This role provided me with first-hand experience in strategic planning, financial management, regulatory navigation, and customer service—all within the high-pressure demands of a 24/7 operation. Today, through my regional and national involvement with NZNO, I apply this expertise to drive informed decision-making, strategic resource investment, and the pursuit of growth opportunities. My commitment remains steadfast: to champion the sustainability and adaptability of our nursing workforce in an ever-evolving healthcare landscape.

### **Governance**

I recognise that both collective and individual responsibility and accountability are vital to upholding the Board's integrity. I commit to acting with honesty and integrity, in good faith, and with a focus on meeting the needs and aspirations of our membership—guided by what best serves the interests of NZNO. I offer a diverse and valuable blend of knowledge, skills, and experience to enhance nursing representation at the governance level; strengthen the link between governance and organisational performance; and foster deeper connections between governance and the communities I serve.

### **Finance & legal compliance**

2000–2006 | Ministry of Education Contract – Transport Service Provider Delivered contracted transport services under the Ministry of Education, serving as a Small Passenger Service compliant driver and owner-operator. Operated both individually and as a company, managing a team of contracted drivers. Oversaw all aspects of operational and business management including compliance with bank policies, insurance processing and claims, taxation, ACC levies, payroll, other legal matters, and contractual advertising obligations. This role demanded meticulous attention to detail, regulatory knowledge, and the ability to lead within a complex, service-driven environment.

### **NZNO's commitment to te Tiriti o Waitangi, Tikanga Māori, Mātauranga Māori and NZNO's commitment to bicultural values and the role of Te Rūnanga o Aotearoa, NZNO Objects and Maranga Mai**

I am committed to NZNO's obligations under Te Tiriti o Waitangi and to upholding Tikanga Māori, Mātauranga Māori, and the bicultural values that guide our collective work. Acknowledging the vital role



of Te Rūnanga o Aotearoa in giving voice to Māori nurses and advancing equity within the profession, I support the kaupapa that underpins NZNO's strategic direction and the Maranga Mai! campaign.

Addressing inequities faced by Māori is not only a professional responsibility, it is a moral imperative. Fair pay remains a widespread concern, and Māori, as a vulnerable health population, continue to be disproportionately impacted by systemic underfunding. Māori health and iwi providers often lack the resourcing required to deliver the full breadth of culturally responsive care, placing both providers and patients at greater risk of adverse health outcomes.

My commitment to actualising the intent of Te Tiriti, and honouring Tikanga and Mātauranga Māori, includes advocating for those most affected by inequity, and working to ensure that our bicultural partnerships are strong, respected, and transformative. I believe that through authentic collaboration, we can foster improved access and outcomes for Māori health care providers and the communities they serve.

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## **NAYDA HEAYS**

### **Engagement with NZNO and Commitment to NZNO's Vision**

#### **Engagement with NZNO**

Engagement with NZNO occurs in multiple ways. Finding your niche means discovering where you belong and connecting with others to share experiences and provide support. I encountered this as an example among peers of similar age, experiences, and culture in learning environments. Engagement began as a nursing student with daily in-person classes, including sharing our experiences, and culminated in presenting indigenous research at the International Council of Nurses Conference.

Engagement can develop through exposure, knowledge, empathy, and an understanding of diverse viewpoints, as well as through robust discussions and a curiosity about national and global politics and their impact on healthcare. It also involves recognizing the collective efforts of healthcare workers seeking fair and equitable working conditions.



As a member of Te Matau a Māui Te Rūnanga o Aotearoa from 2011 to 2013 during my undergraduate degree, I engaged in the following way: –

- Attendance at Te Matau a Māui hui – whanaungatanga, annual planning
- Annual attendance at Hui a-Tau – whanaungatanga, networking, wānanga regarding national and international challenges & strategies
- Participating in both roles as a tuakana/teina
- Building relationships with tuakana (graduated RNs) for study and career support
- Fundraising groups
- Contributing adult learning perspectives to regional & national union kaupapa
- Transitioning my thinking from student to RN

As a member (Registered Nurse) of Te Matau a Māui Te Rūnanga o Aotearoa from 2014 to the present day, I engage in the following way: –

- Regular attendance at Te Matau a Māui hui
- Chairperson Te Matau a Māui Te Rūnanga o Aotearoa NZNO 2022 to 2024
- Te Poari member 2022 to 2024
- Te Poari representative on the Collective Agreement Bargaining Team 2023
- Te Poari representative on the Pay Equity Team 2023
- Committee Member of the NZ College of Critical Care 2023
- Te Poari representative on the Constitution Review Panel 2022 to 2025
- Ongoing tuakana/teina
- Contributor to National Critical Care Education Steering Group
- Contributor to EPICCNZ Te Reo Māori Kupu Hou 2024
- Contributor to the Kaupapa Māori Culturally Safe Staffing Ratios Report 2024
- Former delegate for ICU, Health NZ, Hastings Hospital

## **Commitment to NZNO's Vision**

The beauty and depth of NZNO's vision, *"Learning from the past, to challenge our present, to reimagine a future,"* allows every member to connect through their own experiences of the vision. It encourages ownership on a level that provides validation and reflection for their past, present, and future journey.

Learning from the past can acknowledge what shaped the journey. The whakataukī *"Kia whakatōmuri te haere, whakamua. We walk backwards into the future with our eyes fixed on the past"* reminds us we gain great knowledge from our past, our wins and our losses, what works and what doesn't. It is recognized that progress involves a collective effort and acknowledges the contributions of those who came before us. To challenge our present is the courage found from learning from the past – coming together with new knowledge, new ways of doing things, new skills and talents, and to challenge in a way that ensures mana is not trampled on, and to lead with compassion through those difficult moments. Lastly, reimagining a future is the potential of what our organisation could be with hope, determination, collective strength, and a belief system that we will continue to lay the foundations for our tamariki, mokopuna, hapū, and iwi many generations into the future for all New Zealanders.

## **Understanding of Nursing & the Wider Health Sector**

### **Understanding of Nursing**

The understanding of nursing and the wider health sector occurs in many forms. I developed my understanding of nursing through the whakapapa of hauora. I am the mokopuna of a great-greatgrandfather who delivered babies in the small rural settlement of Ruatāhuna in Te Urewera and the daughter of a mother who traversed the rocky nursing landscape in 1960's New Zealand, training at Whakatāne Hospital. My personal experience witnessed her acts of service to nursing and her community by raising a family and caring for the most vulnerable. In later years as a young mother and wife, I took a role as a Co-ordinator for Healthcare NZ in Rotorua, working with community support workers, organizing rosters, participating in conflict resolution, and direct client contact, and collaborating in the implementation of care plans and evaluations. Relocating back to Napier to begin my undergraduate degree in nursing led to my experience in rest homes as a caregiver to gain experience and develop my skills.

### **Wider Health Sector**

Nursing at the coalface in our communities, the whakapapa of generational whānau experiences, reliable and ethically sourced local, national, and international information, and the increase in the impact of local, national, and international political standpoints in healthcare all contribute to my kete of

knowledge. Other sources of understanding come from opportunities presented to grow leadership in the form of chairing my region for Te Rūnanga in the Te Poari domain, different Committees and contributions I have made to research, and I have learned valuable lessons in robust and ethical sources.

It is important to acknowledge the relationships NZNO holds with important stakeholders such as NCNZ, the MoH, ICN, delegates, and members, to name a few. Information sharing amongst stakeholders ensures the most up-to-date changes and rationale.

Another important aspect of the wider health sector is the importance of acknowledging all healthcare workers and their contributions to the collective of NZNO, the voices of the union, from Plunket, Palliative, Iwi Māori Providers to Corrections, all have the mana of their members to address and find collective solutions to the challenges they face and the courage to take industrial activism.

## **Business & Commercial Acumen**

My experience and knowledge of business & commercial acumen is a work in progress, and I am motivated to learn more with each role I aspire to contribute to. The National Clinical Networks held a component of business and commercial acumen, considering funding and human resources. I believe in the importance of growing and improving word of mouth in the marketplace.

## **Governance**

I believe an aspect of Governance sits in a space where strategic thinkers gather to design ways of meeting the aspirations and needs of members at every level through systems and processes. It has been a privilege to grow my governance learning journey with NZNO. The opportunities providing governance experience included Chairperson of Te Matau a Māui Te Rūnanga o Aotearoa and Te Poari. Previously, I served as a committee member of the NZ College of Critical Care Nurses as a senior Māori Nurse.

I served as a member of the Governance Group for Ngā Manukura o Apōpō – Clinical Leadership Programme for Māori Nurses and Midwives in 2023. As a graduate of this programme in 2017, and Kurawaka Intensive, I was accepted into the Governance Group. My participation included discussions with the Group regarding funding strategies, funding streams, and the future of Ngā Manukura o Apōpō training. My role finished with the activation of Te Aka Whai Ora Māori Health Authority to lead this kaupapa.

I served as the National Clinical Networks Co-Lead for Critical Care in 2024. I was the chosen representative of Te Aka Whai Ora Māori Health Authority to support and ensure equity in the CoLead space with Te Whatu Ora Health NZ. I engaged with the Critical Care Advisory Group to assist in the challenging transition to a Clinical Network, which involved the operational and financial background of the Group, i.e., funding post-COVID, bed uplifts, new and additional roles within critical care, and the experiences of each region and their priorities. I contributed a perspective of focus points for the Network that included Te Tiriti o Waitangi Principles embedded across the health sector, recruitment and retention programs, Māori and Pacific incentives, leadership pathways, and collaborative co-design with whānau and community voice. I identified significant challenges for critical care, including the Political Landscape, the future of increasing chronic health conditions, access and expertise for rural communities, international trends, and collaborative governance.

## **Finance & Legal Compliance**

### **Finance**

My experience and knowledge of finance in the governance realm is a work in progress, and I am motivated to learn more with each role I aspire to contribute to. Life experience in finance and exposure to this element in different roles I have had is the foundation to build my knowledge. It is a goal to align with members who hold this knowledge to learn, gain confidence, and apply.

## **Legal Compliance**

My experience and knowledge of legal compliance in the governance realm is a work in progress, and I am motivated to learn more with each role I aspire to contribute to. My professional experience as a Registered Nurse in legal compliance is a regulated requirement of my employment. I am accountable and responsible for my nursing practice, ensuring that all health care provided is consistent with my education, assessed competence, relevant legislative requirements, and is guided by the Nursing Council of New Zealand's standards for registered nurses.

## **NZNO's commitment to Te Tiriti o Waitangi, Tikanga Māori, Mātauranga Māori, and NZNO's commitment to bicultural values and the role of Te Rūnanga o Aotearoa, NZNO Objects, and Maranga Mai**

### **NZNO's commitment to te Tiriti o Waitangi**

NZNO gives effect to Te Tiriti o Waitangi Partnership through all structures, represents the concerns and interests of Māori members, and seeks continued improvements in Māori health. A demonstration of this is the recent Te Tiriti o Waitangi Audit 2024 Draft Constitutional July 2024 by Heather Came & Associates. The Report looked at how a Critical Tiriti Analysis audit tool could evaluate, assesses, and verify what a good Tiriti relationship looked like with equal representation at the governance level, implementing co-leadership at senior levels, and reviewing voting processes, then be able to "give effect to Te Tiriti" consistently across all parts of the constitution with clear accountability measures. Applying this is a work in progress.

### **Tikanga Māori**

NZNO's upholds its Values in its operations and affairs. Wairuatanga, Whanaungatanga, Manaakitanga, Ōritetanga, Kotahitanga, Ukaipōtanga, and Pūkengatanga. Each value encompasses a Te Ao Māori perspective and cumulatively expresses the expectation for members to hold attitudes and beliefs that align with respect, caring, equality, unity, strength from where we belong, and the pursuit of excellence.

I demonstrate my knowledge of Tikanga Māori through whakapapa, and by attending regular wānanga that involve indigenizing spaces, being an active learner, and embracing all feedback. Additionally, I am a current learner in Rumaki Reo Māori me ona Tikanga.

### **Mātauranga Māori**

Mātauranga Māori is a taonga. It is rich in whakapapa and authenticity. In 2021, I contributed to a kaupapa Māori research team in Hawke's Bay. The research title is Values, Perspectives, and Experiences of Indigenous Māori Regarding Kidney Transplantation: A Qualitative Interview Study in Aotearoa New Zealand, American Journal of Kidney Diseases. I was the qualitative interviewer, listening to and recording stories of whānau experiences, with the conclusion that Māori participants were highly motivated to seek kidney transplantation and were inspired by positive experiences through donating and receiving a kidney. However, they faced barriers including social determinants, racism, and lack of information that impacted both direct experiences of transplantation and access to transplantation services.



Another experience with matauranga Māori, in the context of research, was the Culturally Safe Staffing Ratios Report – as a Senior Māori Nurse. I contributed my experiences to this Report.

In my role at National Clinical Networks, I gained knowledge in the Māori data sovereignty space, exploring ways to protect our taonga (matauranga) and improve data storage practices in Aotearoa through an onsite facility.

### **NZNO's Commitment to Bicultural Values & the role of Te Rūnanga o Aotearoa**

(Please see my paragraph re: Tikanga Māori)

### **The Role of Te Rūnanga o Aotearoa**

The role of Te Rūnanga o Aotearoa sets the benchmark to ensure NZNO meets and frequently reviews its obligations to Te Tiriti o Waitangi, tino rangatiratanga, and mana Motuhake. Te Rūnanga o Aotearoa focuses on the needs and aspirations of kaimahi hauora Māori, actualizing advocacy in high-level governance spaces, and with intrinsic ties to the operational side of Te Rūnanga – demonstrating the strong connections within Te Rūnanga o Aotearoa and the upflow and downflow of matauranga.

### **NZNO Objects**

7.5 In my role as a Clinical Nurse Specialist, Patient at Risk Service, ICU Outreach Service, I have actively participated in co-designing the implementation of the Health Quality Safety Commission initiative Kōrero Mai into the HBDHB. My active contribution to the development of this initiative involved face-to-face conversations with consumers and their whānau to gather information on their experiences of communication barriers, and what they believe would work better for them and others. This process reinforced the importance of diversity and inclusivity and the consumer voice.

7.2 As a qualified preceptor and former ICU delegate, I network with new employees to share information about NZNO, the benefits, and the importance of collectivism. I encourage open and friendly dialogue with internationally qualified nurses to answer questions and look into their understanding of NZNO. In my previous delegate role, and my current staff role, I am available to any member to answer questions, and/or network to others who are able to help.

### **Maranga Mai**

My contribution to Maranga Mai! is demonstrated by attending NZNO events, hui, and wānanga that are attended by members from many different areas of healthcare. As provided earlier, my participation in different groups gives opportunities to network and connect with members, and delivering national updates of the Constitution has most recently provided a valuable opportunity to gain different perspectives. At a grassroots level, I operate within an environment that encourages me to listen to kōrero about what matters. 'Maranga Mai!' means 'Rise Up!' and is a call for NZNO members, whatever sector they work in (and their communities), to come together and take united action.

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### **ROSETTA KATENE**

#### **Section 4:**

#### **Engagement and commitment to NZNO**

- I was an active member of Te Runanga since I was a student nurse in 2010 and have just re-engaged with Te Runanga and have been involved as below:
- Secretary of NZCPHCN Executive 2024.
- Involved in symposium planning, sponsorship, and national advocacy 2025.
- Rotorua Hub Leader FOR Te Runanga 2023/2024
- Bay of Plenty–Tairāwhiti Grants Committee 2022.
- Active in planning Hui ā Tau and the 2025 Indigenous Nurses Conference.
- Clinical preceptor supporting the development of nursing students.
- Cultural Competency Training with Tauria.
- Attendance Indigenous Nurses hui a Tau – AGM



### **Understanding of nursing and the wider health sector**

As a Public Health Nurse, I am committed to supporting the growth and recruitment of nurses into the health workforce. My role involves creating opportunities for nurses to thrive, offering guidance to help them progress in their professional journey. I'm particularly focused on helping nurses reach advanced scopes of practice such as Nurse Prescribers and Nurse Practitioners. Through my current role, I have gained broad experience across both Community and Primary Health Settings

### **Nursing 2016-current Preceptoring and Clinical Support**

- Registered Nurse – Rosetta Katene
- Clinical Supervision for Health Coaches
- Netp: New graduates into Primary Health care settings
- Postgraduate Diploma in Bicultural Professional Supervision (Kaitiakitanga).
- Vaccinators training and support
- Public Health Suicide Intervention and Prevention
- Health and Safety

### **Cultural Competency training**

- Providing leadership, guidance, and development opportunities for nursing students
- Developing expert clinical and cultural insights to help create a safe, supportive learning environment that nurtures students as future clinical leaders.
- Offering cultural supervision for Maori Nurses across all levels of practice.
- Encouraging open discussions and reflection through debriefing, using Te Whare Tapa wha model to support holistic wellbeing.

### **Business and commercial acumen**

- I am currently in my new role as Public Health Nurse Immunisation Outreach for Manawa Taki/NPHS – overseeing a Health Care Assistant.
- Overseeing Catch-up Immunisations
- Outreach Immunisations in the home by reducing inequities and difficulties accessing healthcare.
- Educating parents of the importance of preventing vaccinations.

## Governance

- Bay of Plenty–Tairāwhiti Grants Committee 2022.
- Secretary of NZCPHCN Executive 2024.
- Member of NZNO since 2010

Even though I have not had that much experience in Governance I am committed to improving health outcomes for Maori. I have a vested interest in reducing the disparities that exists between Maori and non-Maori to ensure they have the opportunity to enjoy the same level of health. I firmly believe that this is a vision that can be achieved through investment in the workforce strategies and pathways that ensures that these disparities are reduced and enabling the New Public Health and Disability Act 2000 is to be incorporated as the Act.

I have recognized and respect that NZNO has a commitment to Te Tiriti o Waitangi and uphold the articles of Te Tiriti o Waitangi, with a view to improving health outcomes for all but especially Maori. Part 3 provides us with the mechanism to enable Maori to contribute to decision making on, and to participate in the delivery of, health and disability services.

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## TRACEY MORGAN

### Section 4

#### Engagement with NZNO and commitment to NZNO vision

I have been an active member of NZNO for the last 19 years (since 2006) and have been involved in the following:

- A workplace delegate Choices Kahungunu Health Services 2008
- Te Runanga Chair Hawkes Bay 2009-2013
- Tumu Whakarae 2014
- Te Runanga Chair Midlands 2018

- Vice President New Zealand Nurses Organisation 2020
- Acting President New Zealand Nurses Organisation 2021
- Midlands Region Membership Committee Representative 2022
- National Executive Membership College of Primary Health Care Nurses 2022
- Current Board of Directors New Zealand Nurses Organisation
- Current Representative General Practitioners Leadership Forum
- Representative for Primary Health Care Meca Bargaining Team
- Current Chairperson for College of Primary Health Care Nurses New Zealand Nurses Organisation
- Co Chair of Aged Care National Committee

- Participate and support event planning for Hui a Tau Indigenous Nurses Conference
- Prepares strategic plans and innovations including reporting mechanism for Midland Region
- Active Member of Te Poari
- Developed a Tuakana Teina programme alongside Taura at Te Runanga; "Poipoia ki a Puawai"



## **Understanding of nursing and the wider health sector**

As a Nurse Director, I am interested in supporting the development and recruitment of Nurses into health. This involves enabling Nurses to be successful, and providing support to ensure that they can proceed with their Career Pathway grade, in order to achieve advance nursing roles such as RN Prescribers and Nurse Practitioners. Throughout my current work portfolio, I have an extensive helicopter view of nursing as:

### **Nursing 2019-current**

Precepting and Clinical Support for Nursing

Tracey Morgan

NetP: New Graduates into Primary Healthcare setting

Clinical Supervision for External Nurses

Present and facilitate introduction to Primary Healthcare Service

#### **- Cultural Competency Training**

Facilitate and assist in the delivery Cultural Competency

Training within the organisation alongside tikanga and cultural facilitators. Create and audit priority services to ensure engagement and uptake of staff onto Treaty of Waitangi and Cultural Competency Programmes. Cultural Competency training with Key Leadership Clinicians

#### **- Clinical Supervision and Training**

Leadership, development and support of nursing students.

Provision of expert clinical and cultural knowledge used to create a supportive nurturing environment for students as emerging clinical leaders.

Support and provision of cultural supervision for Maori Nurses from beginning Practitioner through to Expert

Nurses to encourage a platform to debrief and discuss their experiences within a Te Whare Tapa Wha Framework

### **Business and commercial acumen**

I am currently a Nurse Director/Contractor for a Nursing Agency. I do the day to day running of two contracts for a Hauora and a School Based Kura. I have sole charge of managing the set up for a Nurse Led Clinic which entails setting up of all Clinical accounts, all clinical accreditation, clinical supplies, approving invoices and payment of invoices. Oversight and approving invoices needed to set up clinic at the Hauora.

Creditor/Debtors Accounts

Reports required to DHB and PHO for both nursing agencies.

Financial and Business Reporting and Management of External Contracting Business

I am current Manager for a Family Netball Team which attends an Annual Netball Tournament in the Bay of Plenty.

I ensure accommodation is sought; oversee full Management of 14 players

Oversee the draws of the tournament for the team.

Joint signatory of Financial Account

### **Governance**



Member of Hawkes Bay District Health Board Nursing Midwifery Shared Governance Committee 2011-2013

Member of NZNO since 2006

National Executive Committee 2011-2012

NZNO Te Rau Kokiri Project Team 2010-

Te Aute College Board of Trustees 2010-2011

Trustee for Paparamu Marae 2018

NZNO Board of Directors 2022-current

National Executive Chair for College of Primary Health Care Nurses 2021-current

General Practitioner Leadership Forum 2021-current

### **NZNO's commitment to Te Tiriti O Waitangi, Tikanga Maori, Matauranga Maori and NZNO's commitment to bicultural values and the role of Te Runanga O Aotearoa**

I am committed to improving health outcomes for Maori. I have a vested interest in reducing the disparities that exists between Maori and non-Maori to ensure Maori have the opportunity to enjoy the same level of health. I believe that this vision can be achieved through investment in workforce strategies and pathways that ensure these disparities are reduced and enabling the NEW ZEALAND PUBLIC HEALTH AND DISABILITY ACT 2000 to be incorporated as the Act.

I recognise and I respect NZNO's commitment to Te Tiriti o Waitangi and uphold the provides a mechanism to enable Maori to contribute to decision making on, and to participate in the delivery of health and disability services. I have had the in-depth knowledge specialising in the integration of a bicultural approach to increase the health and wellbeing of whanau but also the expertise to support the partnership between Te Runanga o Aotearoa an integrated working approach is required to incorporate Maori worldviews by using Maturanga Maori – knowledge of tikanga applied to ensure an equitable approach is woven into the way NZNO operate. Through upholding the values identified in the 2018-2023 Nursing Strategy which outlines the commitment to Te Tiriti o Waitangi

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#### **RACHEL THORN**

#### **Candidate Application for Board**

#### **Engagement with NZNO and commitment to NZNO's vision and Understanding of nursing and the wider health sector**

I am currently a nurse, clinical nurse coordinator, and part-time ACNM in Whangarei ED. I have been an active NZNO delegate in ED for the past seven years and currently serve as the coconvenor for Te Tai Tokerau. I've been part of the bargaining team both this year and during the 2022–2023 round, with a strong focus on improving working conditions for staff, and by extension enhancing safety for both staff and patients. I am also part of the senior nurse working group, continuing the work we began during the SECA 2022–2024 bargaining round.

I am passionate about supporting nurses and the wider nursing team to work in environments that are safe and supportive – places where their physical and mental health are protected and they feel able to provide the care they trained for. I became a delegate after supporting a



colleague going through a very difficult time at work, and as a new delegate I worked for 3 years to improve the support and HR processes for staff dealing with bullying and harassment in the Te Tai Tokerau region.

### **Te Tiriti o Waitangi, Tikanga Māori, Mātauranga Māori and NZNO's commitment to bicultural values**

I strongly support the embedding of te ao Māori into both the nursing workplace and our union work. In Te Tai Tokerau, we are still working to ensure our workplace embraces Māori language, whānau support, and tikanga in ways that allow both nursing staff and patients to feel safe and authentically Māori in whatever role they hold. Though I'm originally from the UK, having sailed here through the Pacific, I firmly believe that New Zealand is strengthened by its cultural diversity—shaped by Māori, Polynesian, European, and Asian influences. I acknowledge the pain and hurt caused by colonisation and support ongoing efforts to create a future union that brings us together, as a workforce and as a union.

I want to ensure every voice is heard, and that we strike a real balance. I believe our union should both honour the vital work done by long-standing union nurses to improve care and safety, and create space for new voices, especially Māori voices, to guide us forward. I stand for inclusion over division, and I'm open and committed to growing in this space.

In 2021, I completed *Leading Change for Good*, a leadership course taught through a Māori and Pacific lens. That experience helped me navigate the challenges of being a British immigrant while striving to authentically incorporate tikanga and te ao Māori into my practice. I learned that genuinely listening, being authentic in yourself, using good communication and being willing to say you just don't know or understand are the key factors for being successful in change management. I hope to bring those simple factors to the board, and become a nurse representative who, whilst still strongly connected to the workforce and its' challenges, can also be a change agent within the union at a higher level.

### **Business and commercial acumen, and Governance**

My job as ACNM over the past 3 years has given me essential tools for strategic thinking and planning. It has also enabled me to work with multiple people at many different levels within the organisation, sometimes in very challenging situations. I have learned to navigate those spaces with professionalism and objectivity, which I believe will be useful at a board level.

Together with my husband, I've run a small business for the past 25 years, giving me insight into commercial decision-making and financial responsibility. I have previously been involved in governance of many community projects whether playgroup and school when my children were younger or more recently the local radio station and community arts centre. Although I work fulltime I always have energy to change things for the better. Through the safe staffing work I did in my own workplace, I truly learned the value of teamwork, delegation, communication and the ability of small groups to make big change. I would love to see NZNO build better connections with its' members, grow better working relationships with its' delegates and for every member to really understand what a union means. A union to me means the collective whole, working together, supporting each other and making things right when they are not. That is what I believe is the meaning behind Maranga Mai – standing up for what is right, not just for yourself but for everyone.

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OPINION

## **Speaking up for carers: 'Caregiver abuse is all too common'**

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By Kath Woodley

*August 28, 2025*

Most people are aware of the terrible problem of elder abuse. But much less is known about the insidious issue of elderly dementia patients abusing their carers.





*Photo: Adobe Stock*

The abuse of dementia caregivers is a hidden problem that no-one wants to talk about. Such carers are mostly women, and when they are abused, for a variety of reasons they find it hard to talk about. Often they have no training on how to care for a person with dementia, and get little support or thanks.

Because of my own experience of caring for a beloved elderly relative who had dementia, I want to speak up for abused carers, share knowledge about abusive dementia behaviours, and encourage these carers to find their voice and seek support.

### **Carers need support**

As the population ages, so will the need for dementia care. It is vital that carers struggling with the stresses of caring for dementia patients at home get the support they need.

I am not the only one who believes that at least some elder abuse occurs where stressed and exhausted dementia carers, with no training or support, eventually snap and turn on their patient.[1](#)

Reports show that up to 30 per cent of carers are abused[1](#) — a statistic that is being ignored. The real numbers are probably much higher because the carers don't want to rock the boat or aggravate the situation they face, or simply fear they will take the blame. A carer is vulnerable, especially as the paranoia of dementia deepens.

## **A carer is vulnerable, especially as the paranoia of dementia deepens.**

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Many carers are family. Most of us have seen evidence of people being harder on those they love than they are on strangers, or even people they don't like. We tend to show our family members every side of ourselves, including the least flattering ones, because we feel safe enough with them to just "let it all hang out".



*A person developing symptoms of paranoid dementia may believe someone is stealing from them or is out to get them. Photo: Adobe Stock*

This typically holds true for our care recipients as well. Age and illness — including advancing dementia — bring a host of difficult emotions to the surface for seniors, and caregivers are subjected to their anger, fear, frustration and sadness about their circumstances.

For some, though, there are deeper problems lurking behind an elder's moodiness and outbursts. These feelings may turn into abusive behaviour or exacerbate an already abusive personality.

This behaviour can include outbursts which are not always visible to others in the family – the name-calling and accusations happen only when the patient and carer are alone together.

The carer can describe this to others (especially family) who have difficulty imagining that this carer abuse is happening. They can only think that the patient is speaking of "real" events — such as items being stolen or other supposedly suspicious behaviour by the carer — when the opposite is true.

Thus the carer is now incredibly vulnerable to being thought of as an abuser when actually the carers themselves are the victims of the disease process of dementia.

How do carers of dementia patients protect themselves from accusations of stealing or doing harm to their patient?

In my case, I wish I had had clear guidelines about paranoid dementia like these:

### **About paranoid dementia**

Early symptoms of paranoid dementia can include increased suspicion, distrust and accusations, particularly towards family members and caregivers.<sup>2</sup> These symptoms can manifest as believing belongings are being stolen, feeling constantly watched, or misinterpreting situations and conversations as malicious.

It's important to note that these paranoid delusions can develop gradually and worsen over time, but sudden onset or rapid worsening may indicate delirium and require immediate medical attention.

### **Early signs of paranoia in dementia:**

- **Increased suspicion and distrust**

Individuals may become more suspicious of those around them, even close family members or caregivers, and may accuse them of stealing or hiding things.

- **Delusions and false beliefs**

They may develop false beliefs that they are being persecuted, cheated on, or that people are out to get them.

- **Misinterpretation of events**

Cognitive decline can lead to misinterpretations of situations and conversations, which can be perceived as hostile or threatening.

- **Changes in perception**

People with dementia may experience changes in their perception of the environment, leading to feelings of disorientation or confusion about their surroundings.

- **Personality changes**

Some individuals may experience mood swings, increased anxiety, or agitation.

- **Difficulty with memory and cognitive tasks**

They may struggle with memory tasks, such as remembering recent events or finding the right words.

## **Important considerations**

- **Gradual onset**

Paranoia in dementia often develops gradually, so it's crucial to pay attention to subtle changes in behaviour and thought patterns.

- **Distinguishing from delirium**

If paranoid symptoms appear suddenly or worsen rapidly, it could be a sign of delirium and requires immediate medical evaluation. (Delirium can have similar symptoms to dementia, but is related to medical issues.)

- **Seeking professional help**

If you are concerned about a loved one exhibiting these symptoms, it's essential to seek professional help from a doctor or specialist.[3](#)

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I was aware the relative I cared for had dementia from the comments she made to me, which included calling me dumb, a thief and a bully and swearing at me. I always put this behaviour down to dementia, and it wasn't until later that I realised how much it had hurt me and that it was abusive.

But worse were the comments of my unbelieving family, who said I was making it up. My relative simply did not act this way around the others in the family, which is quite common in dementia.

When I, the carer, tried to talk to the person with power of attorney for the patient, I wasn't believed. Whatever I reported about the behaviour of the elderly person I was caring for (who had not yet been diagnosed with dementia) was held against me — the carer.[4](#)

### **Unable to defend myself**

While still caring for the person, I was accused of being the abuser, a charge I was unable to defend myself from. It would have made a substantial difference if I had been able to show the person with power of attorney the above guidelines about paranoid dementia.

I am from a teaching background, specialising in music. While caring for my elderly relative, I was part of a group which set up Music Moves Me, a trust promoting music therapy for dementia patients. We worked to get trained music therapists, music groups and musical instruments into old people's homes in the region where I then lived.

I helped raise money for the trust and gave many speeches to groups about music therapy and dementia. The trust ensured that I was giving accurate information.

The more that is known about dementia the better, and dementia patients deserve compassionate care, free from abuse.[5](#) But dementia carers — who are often working under enormous stress, and often have



emotional bonds tying them to the patient –need support too. I am passionate about making their voice heard and ensuring their needs are met.

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**Kath Woodley** has had a career as a school teacher, and has been a carer in a number of different situations.

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OPINION

## 200 words and done: Pay equity fight headed to court – why, when, where and what even is pay equity?

By Joel Maxwell

August 21, 2025

The battle against the Government's pay equity schemozzle is headed to court — what's happening, and how does it involve NZNO?



*Watch: The multi-union submission on the care and support workers pay equity claim, including NZNO, to the people's select committee.*

On August 29, NZNO joins four other unions launching a legal challenge at the High Court, Wellington, against the Government's axing of pay equity rights.

Government legislation scrapping [33 pay equity claims](#) (12 with NZNO) didn't match our human rights law, unions say.

The legislation (without consultation — messing with completed settlements) discriminates on the grounds of sex, and tramples natural justice, they say.

Pay equity seeks the same pay for female-dominated professions (nurses, health-care assistants) as male-dominated mahi requiring similar effort, skills and responsibilities (say, policing).

Weirdly, female-dominated work is continually undervalued.

This shouldn't be confused with the pay gap that women face for the same work: 8.2 per cent overall, down [from 16.3 per cent in 1998](https://www.women.govt.nz/gender-pay-gaps) (<https://www.women.govt.nz/gender-pay-gaps>).



*Union members gather at Parliament in July for the hand-over of a petition against the Government's pay equity changes.*

Incidentally, for every \$100 earned on average by a man, a Māori woman earns \$85 for the same work.

Māori women — with a 15 per cent pay gap — are still trapped in the 90s.

- *Join the rally outside the High Court, Molesworth St, 8am-8:30am August 29, with speakers from each union and/or claim.*

OPINION

## **'I don't want that brown nurse to look after me' – racism one of many challenges faced by migrant nurses**

By Reshmi Varghese

August 18, 2025

"When we come to a new country we can be made to feel a bit small."

A nurse who moved from India to Invercargill is making sure other overseas nurses get the support they need when they arrive in Aotearoa, New Zealand.



*A cultural support day was a fun chance to share stories, advice and kai for some of Invercargill's internationally-qualified nurses and kaiāwhina in May.*

When I first came to Invercargill as a registered nurse (RN) 14 years ago, there wasn't much of a support system. The region didn't have many migrants or other internationally-qualified nurses (IQNs) from India compared to now.

In terms of cultural support groups, there weren't many. Sometimes, local people weren't as accepting of a multicultural or diverse workforce then, compared to now.





*Reshmi Varghese*

There were random comments from patients like: "I don't want that brown nurse to look after me." Once they got to know you, they were usually much more accepting.

**Although they would have been very skilled and high-performing in their own country, when they come to a new country they're made to feel a bit small.**

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But the impact of such comments can be huge, for many, many days. You can lose interest in your job, feel depressed and lose confidence for a while. It takes quite a few positive experiences to help counter such negatives ones.

But the community has changed a lot since then. Now we have a much more multicultural workforce which has changed people's perspectives and they know they're being well looked after by us. So direct racist comments have lessened hugely.

As patients and other staff get to know us as people, and maybe understand our cultures a bit more, it means new IQNs coming in feel more supported and less alone, settling into a new environment. A little kindness goes a long way.

### **Feeling 'small'**

For nurses coming here from other countries with different transport and housing systems, just finding somewhere to live and our way around are big challenges, alongside homesickness and isolation. Also, finding food and ingredients to buy to cook our own cuisine. In a nutshell, just finding our feet in a new country is hard for the first few months.

Likewise, on a ward, it's different again.



*Southland Hospital's inaugural cultural support day for internationally-qualified nurses in May 2025.*

Some of the jobs that doctors do in New Zealand are done by nurses overseas and vice versa. Inserting arterial lines, for example, can be a nurse's job in some countries — but is done by doctors here.

Quite often, as new IQNs face language barriers especially with colloquialisms, we are looked down upon or judged very quickly.

Although we may have been very skilled and high-performing in our own country, we feel quite small when we come to a new country. This can mean some IQNs are afraid to ask questions — they are unsure but fear being intimidated. This can compromise patient safety.

It's important to remember, IQNs possess a variety of skills and knowledge. Every person is unique, with their own values, abilities and qualities, hence deserve to be treated with respect.

Therefore, it's crucial to have preceptors who are supportive of IQNs, who try and understand us – have a friendly chat, have a normal conversation to understand where we've come from, what our skill sets are, what we would like to learn, without having any pre-conceived ideas.

## **I came to New Zealand in 2011 as I heard it had better life conditions, pay and respect for the profession.**

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IQNs, too, should be encouraged to have open conversations with people from all ethnicities and not just mingle with one particular group. Such conversations creates deeper understanding of each other's culture and fosters respect.

I was lucky when I started, I had very friendly supportive staff. But this is not always the case in different departments, which can lead to problems.

### **Speaking up**

In some overseas countries — whether it's a senior nurse or doctors' fault — it has often all come down on the nurse, depending on who has the stronger union.

But it is pivotal that IQNs is shouldn't be afraid to speak up if they think a situation, prescription or lack of intervention might compromise patient safety.

Most of the time, it's the worry that if we speak up or challenge a doctor or nurse — if they're not happy, we're afraid we might actually lose our job.

But of course, not only are we allowed to speak up, it is actually expected of us, under the Nursing Council's registered nurse (RN) competency requirements.

Its [rangatiratanga/leadership pou/pillar](https://www.nursingcouncil.org.nz/common/Uploaded%20files/Public/Nursing/Registered%20nurse/NCNZ031-Competencies-RN-11.pdf)

(<https://www.nursingcouncil.org.nz/common/Uploaded%20files/Public/Nursing/Registered%20nurse/NCNZ031-Competencies-RN-11.pdf>) says: "Fundamental to the integration of leadership is the need for nurses to intervene, speak out, and advocate to escalate concerns on behalf of colleagues or recipients of care."



*Reshmi Varghese, left, with co-facilitator Maike Rickertsen.*

New Zealand employment laws and unions are also generally more protective of workers than in many of IQNs' home countries — and, of course, members are covered by Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO's collective agreement.

### **'More respect' for nurses in NZ**

I come from Kerala, India. My mum was a nurse and she worked for a long time – 40 years! And she has been paid very low – minimum wages, which was about NZ\$100 a month by the time she retired, even though she was a senior paediatric intensive care nurse.

In other parts of the public sector, people are paid 10 times what she was earning. That's because we don't have a very strong nursing union. And working conditions are very poor, with little security and long hours – you have to work six days a week, with just one day off, day or night shifts.

But we were happy because that's what we knew — we didn't know anything different. We could live off the wages, as the cost of living was much lower. We were happy and healthy, fed and clean and clothed.

I came to New Zealand in 2011 as I heard it had better life conditions, pay and respect for the profession. In India, nurses are not as widely respected as here — at least before COVID.





*Reshmi's mother and nurse Laila Verghase*

colleagues and doctors.

So this year, we organised a cultural support workshop where we encouraged open and courageous conversation. We shared food from Kenya, India, Germany, Samoa and the Philippines as well as local Kiwi kai. Staff wore traditional dress and it was a great day of fun, laughter and learning from each other.

We are planning another in October and hope events like this will create a sense of unity and belonging, in our diverse workplace.

**I wouldn't have spoken up like that when I first arrived here, it's something I've learned over the years.**

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We have also created guides for new IQNs settling in Invercargill, and now have "cultural champions" on a few wards. We are starting to do much better at supporting our IQNs in Invercargill — and I would love to see this happen in other parts of New Zealand, too.

In October 2024, I shared my experiences at NZNO's Te Tai Tonga / Southern regional council meeting in Invercargill, with a presentation: *'An IQN perspective of nursing in Aotearoa and what it means to be an*

Then, after 10 years working in on Invercargill's medical wards, I became a district nurse, then nurse educator, a couple of years ago.

### **Supporting migrant nurses**

Improving support for new IQNs had been on my mind for a while when I took up the educator role. I started thinking about how to make life in Aotearoa a bit more welcoming for migrant nurses or kaiāwhina.

I was also doing orientation for quite a lot of IQNs and could see they needed quite a lot of extra support. I kept boosting their confidence and thought I could put something together to support them.

Feeling supported is quite important so we can deliver safe care for our patients and also have a good relationship between staff.

My fellow nurse educator, Maike Rickertsen, originally from Germany, was also having similar thoughts. We came together, and with the support of our manager Julie Symons, did a survey of IQN staff throughout the hospital to see how they felt when they started. Did they feel supported? Included? What did they need?

Some said they feel unheard or feel judged. Not everyone felt comfortable challenging senior



*NZNO member.* Then I spoke again in April this year, at Te Tai Tonga/Southern regional convention in Otēpoti/Dunedin.

### **Speaking up against racism**

Racism is still a problem, from time to time.

I went to a pharmacy recently to pick up a prescription and, I don't know if she was having a bad day, but she was very rude and short. She wouldn't wait to hear my last name properly — I even offered to write it down which she ignored — then she couldn't find my script. She was looking under the wrong letter. She also made a rude comment about my name in front of other customers.

I was a bit tired that day so I didn't say anything. But after work another day, I went back and said to her politely how she made me feel that day.



*Reshmi Varghese's daughter.*

I wouldn't have spoken up like that when I first arrived here, it's something I've learned over the years. For me, if I don't say something, then it might happen to the next person. And the person might not realise the impact it has — so once they know, they might actually think about it a bit more. The pharmacist said she was sorry.

Such experiences happen more rarely, now. Usually people are friendly – but sometimes you find yourself in situations, where you are judged at first sight or not listened to and that can make you feel awful. I'm very used to it — but now I speak up.

- *Since talking to Kaitiaki, after 14 years in Invercargill, this month Varghese and her family moved to Queensland in search of warmer climates.*

See also: [Proud of them: More IQNs finding strength to strike.](#)

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OPINION

## Dear Simeon Brown – a letter from a longtime registered nurse

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By Abby Broadbent

August 13, 2025

Veteran registered nurse Abby Broadbent sent a letter to health minister Simeon Brown asking if he'd like to swap jobs. She agreed to *Kaitiaki* running the letter, abridged, to share her thoughts with fellow members.



Photo: Adobe Stock

Mr Brown,

Your intimation that nurses are greedy and are already paid at a rate of \$125,000 on average per year is bending the truth. Seeking to turn the public against nurses is a dirty tactic, but one we are familiar with.

So let me remind you that to achieve that rate of pay, a nurse must take on weekend shifts and night shifts away from their families and friends. This negatively impacts their own health, as it is well studied and documented that night shifts can reduce life expectancy.

Let me remind you that our counterparts in New South Wales, whom you are so eager to draw comparison to, receive 12 per cent super contributions. Even during their maternity leave they will receive 12 per cent contributions. New Zealand nurses receive a miserly 3 per cent to their super. Remind me what kind of super contributions MPs can expect.

### **No tangible moves to safe staffing**

Let me remind you that for the 17 years of my career, there have been no tangible moves towards safe staffing or nurse-patient ratios. The lacklustre implementation of CCDM that falls under threat during every MECA negotiation is laughable, let alone the failure to acknowledge we probably need at least three to four major hospitals in the Auckland area to keep up with population growth.



*Abby Broadbent*

In a department that has around 145 beds, we find ourselves with numbers as high as 250 patients at one time. Would you be happy for your family to be cared for in a corridor? By a nurse that has eight other patients?

## **Would you be happy for your family to be cared for in a corridor? By a nurse that has eight other patients?**

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I'll crunch the numbers for you — that gives that nurse just over six minutes per hour per patient, no matter what that patient's care requirement or the acuity of their presentation. Six minutes. Our waiting room often starts the day with 30-odd patients and one nurse. I'll let you work that one out.

### **Harrowing abuse**

Let me remind you of the harrowing abuse and violent assaults that our staff are subjected to daily. Nurses stabbed in Rotorua, strangled in Middlemore Hospital, assaulted at Middlemore triage, the gunshots in our carpark, the threats of gun violence in our waiting rooms.

The disgusting entitlement of a community that KNOWS there are no penalties for antisocial behaviour. Home detentions for violent assaults on our colleagues, just weeks after new legislation protecting frontline workers, has to be one of the biggest slaps in the face. In the month of June 2025 alone, our workplace has reported 160 incidences of violence and abuse. How does this number sit with you?

There is no remuneration that can make up for this untenable work environment . . . but we would at least accept inflation in our pay packet.

## Think wisely about how you speak to the country of the nursing team who were once considered 'heroes' at the height of the COVID-19 response.

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If a parliamentary backbencher can earn above \$160,000 a year, soon to be around \$180,000, surely we don't begrudge our nurses an adequate wage. I challenge a backbencher — indeed I challenge any MP — to spend a day doing what we do and see if you think the remuneration is fair.

Think wisely about how you speak to the country of the nursing team who were once considered "heroes" at the height of the COVID-19 response. We don't consider ourselves heroes, but we consider ourselves worthy of the respect of a reasonable pay negotiation and offer.

I'm sure you know you have a number of registered nurses living in your electorate. I know for a fact you attend church with some of them, they think highly of you. Would you approach them next Sunday, look them in the eye and tell them they don't deserve more?

Let me know if anyone in Parliament is keen on that job swap opportunity.

Abby Broadbent

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FEATURES

## **She's aged 87 and still teaches – Grace Benson and her thousands of diamonds**

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By Joel Maxwell

*August 29, 2025*

For more than 40 years Grace Benson has lovingly shaped and polished thousands of her 'diamonds' — so many you can find them in theatres, practices and clinics around the country.



*Grace Benson has been teaching student nurses for 43 years.*

Nursing teacher, Benson, turned 87 last week and spoke to *Kaitiaki Nursing New Zealand* about her life, her profession and the people she calls “diamonds of the future” — her students.

Thousands of these 'diamonds' have passed through her classes at Manukau Institute of Technology (MIT) since she started teaching there in 1982.

Nowadays, when Benson heads to hospitals in her part-time teaching role, she continually bumps into people she taught: Stopped for hugs-in-corridors with old students, now working nurses, with stories to share. "It's gorgeous."

Benson was born in 1938 and grew up on rugged Great Barrier Island in the outer reaches of the Hauraki Gulf — so distant from the mainland she only made the 12-hour boat trip to Auckland once a year as a kid "to visit the dentist and have ice creams".



*Grace Benson, left, with the late Dr Louise Rummel.*

These days, the island, now recognised by its Maori name Aotea, is still rugged and isolated — with barely 1200 residents at the last Census.

From an early age Benson knew "there was another world out there", across the gulf, and she wanted to reach it. Her mum and aunty had been nurses, and her role model was Mrs Mclean the district nurse who rode to their homestead on horseback: "I wanted to be like her."

### **Taking the boat to the mainland**

In 1956, the same month she turned 18, she boarded the boat to the city and started training at the Auckland School of Nursing.

She trained for four years, then work and her life with her husband Alan Benson, a teacher who died in 2005, took her to hospital jobs in Te Kuiti and, for 15 years, Dannevirke.



*Great Barrier Island district health nurse Mrs Mclean – a role model for the young Grace Benson.*

She had many roles at Dannevirke: charge nurse, afternoon and night supervisor, assistant principal nurse — but community nursing teacher too. This, combined with her growing fascination with nursing theory — “the unique function of the nurse” — had given her the teaching bug.

“After teaching the community nurses . . . I felt that I wanted to be involved, I wanted to keep teaching the future nurses because I was so passionate about nursing.”

On their wedding day she told her husband she loved him, she said with a laugh, but that she’d never stop nursing. “He knew that was my passion.”

Benson started at MIT in 1982, “and am still there to this day”. “My main role at the moment is clinical teaching, as an academic liaison nurse, so I work between the clinical setting, at MIT and wherever students are doing their practical experience.”

Benson didn’t know exactly how many students she’d taught over the years, but it was in the thousands.



*Grace Benson in her third year at Auckland School of Nursing.*

These students were critical to the profession. "I'm a strong believer in every student nurse taking the profession forward. They will then build their own theory on what is known as nursing theory."

Benson said any profession such as nursing must have a theoretical base. For nursing that base started with its first theoretician Florence Nightingale, who argued "the nurse was an artist, but the work they did was a science".

"I can't not mention our wonderful nursing theorist Irihapeti Ramsden who brought in cultural safety to New Zealand, and that is absolutely the core of my practice."

### **The energy to light up a room**

The thought of retirement aged 65 drew a laugh from Benson: "Oh no!"

Whatever people had in their life that gave them something to look forward to was a blessing, she said. "I look forward to the next day of giving and sharing, but I also know I need to look after myself."

Her Master's thesis was self-care and this idea that nurses must look after themselves, Benson said.



## 'I wanted to keep teaching the future nurses because I was so passionate about nursing.'

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"We must have the energy to give out to others. I say to my students walking into the door of the hospital, 'have you got the energy to come in and light up the life of your patients?'"

This need for self-care was at the core of nursing, she said: because the profession's demands were huge.

Matching her mahi over decades at MIT was Dr Louise Rummel — an honorary NZNO member — who died on August 21.

The nursing school started in 1980, Benson started there in 1982, and Rummel in 1984, Benson said.

For 41 years they were colleagues and close friends.

"She is a great loss but she lives on with the thousands of students that *she* has taught. It's been a beautiful walk together for the last 41 years . . . and I'm grateful for that."

Benson sighs, and for a moment is silent. Later she talks about how the work of helping others goes on through the next generations of her family: Through her two daughters, one a rural nurse and the other a kindergarten teacher, and her granddaughter, a counsellor.

"I'm surrounded by beautiful people in my family."

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FEATURES

## Māori nurse awards bring out the 'mana in their mahi'

By Renee Kiriona

August 28, 2025

Māori nurses on a journey to advance their clinical practice or develop innovative ways to help Māori communities access and understand their medicines, were recently recognised at the 2025 Te Pātaka Whaioranga (PHARMAC) Tapuhi Kaitiaki Awards.



*Recipients of the 2025 Te Pātaka Whaioranga (PHARMAC) Tapuhi Kaitiaki Awards.*

The awards acknowledge the mana and the mahi of 12 nurses who will receive grants sponsored by PHARMAC.

They were presented with the awards in Rotorua at this year's annual Indigenous Nurses Conference Aotearoa.

"Each of these nurses has a special story to tell, but they all have one thing in common – their passion and aroha for the health and wellbeing of their people," NZNO kaiwhakahaere Kerri Nuku said.

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



*Nurses gathered at the recent annual Indigenous Nurses Conference Aotearoa in Rotorua. Photo: Aukaha Media*

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

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

## 2025 recipients

### **Billie Ellis: 'I want to be a culturally safe and compassionate nurse'**

**Iwi:** Ngāti Hikairo–Ngāti Tuwharetoa

**Award category:** Māori Nurse Mātauranga

The 21-year-old is in her final year of a nursing degree at the Southern Institute of Technology in Invercargill.



Billie Ellis

But while most graduates her age want to head to hospital emergency departments, Ellis has her heart set on working with Māori in the community.

"I am passionate about becoming a culturally safe and compassionate nurse who supports hauora Māori and contributes meaningfully to reducing health inequities across Aotearoa."

Ellis currently works part time at [Ngā Kete Mātauranga Pounamu Charitable Trust](https://nkmp.maori.nz/) (<https://nkmp.maori.nz/>), a kaupapa Māori health organisation where she gets to learn first hand about whānau-centred approaches to care.

"My role as a medical receptionist in the after-hours GP clinic allows me to work directly alongside whānau from all over Aotearoa who access services at some of their most vulnerable times," Ellis said.

"I have learned that clinical knowledge alone is not enough to be an effective nurse in Māori health; empathy, cultural connection and the ability to walk alongside whānau with aroha are equally essential."

Ellis is also keen on health promotion.

"I am passionate about educating whānau about their health to help reduce the disproportionate rates of chronic conditions such as cancer, diabetes, cardiovascular disease, and asthma, which continue to place Māori among the highest-risk groups in Aotearoa's health system."

The award will allow Ellis to continue her studies while maintaining her involvement in Māori health and would also support her future aspiration to work in both rural and kaupapa Māori health services.

"I am committed to uplifting the mana of my people through nursing and embodying the principles of kaitiakitanga in every aspect of my practice."

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## Pirihira Puata: Medicine in her people's language

**Iwi:** Ngai Takoto, Te Aupouri, Ngapuhi, Tapuika

**Award category:** Māori Nurse Mātauranga

Puata is a nurse prescriber at [Te Hononga O Tamaki Me Hoturoa](https://tehononga.org.nz/) (<https://tehononga.org.nz/>) in Auckland.

The 51-year-old fluent speaker of te reo Māori has a deep commitment to ensuring equitable access to health-care for whānau, with a focus on supporting their understanding and adherence to prescribed medications.

"In my role, I recognise that true kaitiakitanga involves not only prescribing safely and effectively but also empowering whānau to make informed decisions about their health through culturally appropriate, accessible information.





"As nurses working at the frontline of care, we are uniquely positioned to provide timely, accessible, and culturally responsive prescribing that meets the needs of whānau where they are," Puata said.

Pirihira Puata

"For many Māori whānau and those facing socio-economic barriers — traditional models of care can create delays or obstacles in accessing essential medications."



An example of Puata's work.

To address the barriers many whānau face in navigating medications, Puata has led the development of bilingual prescribing initiatives, including *Te Hononga Pharmacist Te Reo Māori Medication Translations*.

Much of Puata's mahi sees her work with kura kaupapa Māori, marae and pharmacists to advocate for bilingual medication labels and counselling that reflect the language and values of Māori communities.

"When Māori nurses take on prescribing roles, they help decolonise and re-shape the health system from within. It grows leadership and clinical capacity within iwi-led and kaupapa Māori services, ensuring decisions are made by those who understand Māori needs, tikanga, and aspirations."

Puata said the award would help her strengthen her relationship with local Māori pharmacists and pharmacies to create more Māori and bilingual medication and adherence resources.

## Waiharakeke Ruha-Hiraka: Bridging gaps for rural Māori

Iwi: Ngāti Awa

**Award category:** Māori Nurse Mātauranga



Waiharakeke Ruha-Hiraka

Ruha-Hiraka is a nurse at Te Whare Haumanu, a nurse-led kaupapa Māori clinic in the eastern Bay of Plenty rural town Kawerau where a key part of her role is delivering health services to children under a programme called Well Child Tamariki Ora.

The 27-year-old RN became a nurse so she could serve her community and be “a vessel of mātauranga, care, and awahi” for those who raised and stood by her.

Having no formal experience in tamariki ora or child health, besides being a mother to her own children, she is on a path to upskilling with a postgraduate certificate in primary health-care specialty nursing from Whitireia in Porirua.

“[This work] has transformed and strengthened my practice. I now walk alongside whānau during the foundational stages of their lives, including many with whom I share whakapapa connections.

“The care I provide is not just clinical, it is cultural, relational and grounded in manaakitanga and whakawhanaungatanga. I understand the barriers our whānau face because I live within the same systems and realities,” Ruha-Hiraka said.

“This creates a level of trust and shared understanding that is difficult to replicate outside of a Māori context.”

Even after securing the certificate, Ruha-Hiraka plans to keep focused on advancing her nursing knowledge.

“Kawerau, like many rural communities, faces a significant GP shortage, which creates barriers to timely and accessible health-care for whānau. I see a clear need for nurse prescribers who understand the community, whakapapa and cultural context.

“By stepping into this space, I hope to bridge that gap, ensuring our people receive prompt, whānau-centred and culturally safe care grounded in kaupapa Māori values.”

Prior to working at Te Whare Haumanu, Ruha-Hiraka worked as an RN at Tūwharetoa ki Kawerau Hauora in the mental health and addictions space.

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## Rangi Blackmoore-Tufi: Taking nursing beyond the clinic

**Iwi:** Ngāpuhi

**Award category:** Māori Nurse Mātauranga

The 37-year-old mother is an RN at Auckland City Hospital and is renowned in Māori nursing circles for her “networking superpowers.”

“This past year has been a real shift for me, not just in how I work as a nurse, but in how I see myself within our bigger kaupapa . . . I’ve come to realise that my role isn’t just about what I do in a hospital or clinic. It’s about being there for our people, wherever they need me.”

Last year Blackmoore-Tufi joined the largest political demonstration in the history of Aotearoa, hīkoi mō te Tiriti, from the top of the North Island to its destination in the capital.

“I became the hauora lead, checking on our people, being available 24/7, sorting swabs, antibiotics, even calling on my networks to get nurse practitioners or doctors to meet us along the way. It was full-on, but I knew I was exactly where I needed to be.”



*Rangi Blackmoore-Tufi*

"I'm still studying in my final paper of my masters now, and I see my future more in leadership, supporting other Māori nurses, influencing systems and staying grounded in the mahi that helps our whānau directly."

Blackmoore-Tufi's aspiration is simple: "to keep showing up for our people" and after her masters to start up her te reo Māori journey, citing that there simply not enough nurses who are fluent speakers of the language.

She said this award would allow her to keep growing her knowledge base to benefit Maori without having to worry about a financial strain.

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## **Catherine Mear: Not about a career, it's about serving**

**Iwi:** Ngāti Whakaue; Ngāti Kahungunu ki Wairoa; Ngāti Porou; Te Whānau a Apanui

**Award category:** Nurse Practitioner or Nurse Prescribing Award

The 38-year-old is an RN at [Te Rūnanga o Ngāti Pikiao](https://pikiorunanga.org.nz/) (<https://pikiorunanga.org.nz/>) in Rotorua. And right now she's on her way to becoming a nurse practitioner.

She admits that the NP training programme has pushed her "beyond clinical competency," challenging her to reflect on the kind of role she should take in Māori health.

"I never really envisioned myself as a 'leader', and never sought to be, but this journey has showed me that a leader can present in many forms," Mear said.

"I don't seek to become a NP simply to advance my career, I seek this role to serve . . . I want to work in spaces where Māori feel safe, seen and valued, whether in kaupapa Māori services, marae-based care or community clinics."

Through advanced clinical training, she has managed to strengthen her ability to assess, diagnose and prescribe safely and effectively. But more importantly, she has learned how to share clinical expertise with cultural humility, in pursuit of equity, and with a commitment to upholding Te Tiriti o Waitangi in everyday practice.

"I grew up between two worlds, often feeling disconnected from te ao Māori after losing the man who raised me. I navigated racism and disconnection from parts of my whakapapa.



*Catherine Mear*

"And yet, through this pain, I found my way back. I reclaimed my identity. I found my reo. I stood again on my marae," Mear said.

"These experiences are not separate from my nursing practice; they are the reason for it."

She is proud to note that her children attend a total immersion Māori language school.

This scholarship would allow her to continue professional development and grow as both a clinician and a leader.

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## Rena Porter: A prescription for clinical and cultural excellence



*Rena Porter*

**Iwi:** Ngāti Awa, Te Whakatōhea, Ngāi Tai, Te Whānau-a-Apanui, Ngāi Tūhoe

**Award category:** Nurse Prescribing Award

The 46-year-old is an RN at Tūwharetoa ki Kawerau Education and Social Services in the rural eastern Bay of Plenty town of Kawerau, where she's only a couple of steps away from becoming a designated prescriber.

"Embarking on this journey is not merely a professional advancement, it's a commitment to cultural integrity, community service and the pursuit of equitable health-care for all Māori."

Porter also planned on becoming an NP once she has completed her prescriber tohu or training.

"Integrating into a designated prescriber role firstly, will help to address immediate health-care disparities, particularly within primary care."

"My tohu will allow me to blend clinical knowledge with cultural understanding, which fosters trust and improves health outcomes for my community, while also fostering and cultivating leadership and mentorship for other aspiring Māori health professionals."

Porter said that navigating and overcoming systemic barriers was made more achievable through initiatives such as the Tapuhi Kaitiaki Awards.

"The awards provide continued essential financial support to Māori nurses like myself, pursuing advanced education in clinical roles."

"Kawa whakaruruhau guides my practice, and for Māori nurses this involves the integration of tikanga, traditional values and practices into clinical care, ensuring that services are both culturally effective and resonant."

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## Sheryl Eckersley: A passion for kaumātua health



**Iwi:** Ngāti Porou, Te Aitanga a Mahaki  
**Award category:** Nurse Prescribing Award

The 45-year-old is passionate about the health and wellbeing of kaumātua. This is what has driven the RN for Te Whatu Ora in the Horowhenua to take up nurse prescriber training.

"This tohu marks a significant milestone in my journey toward becoming a nurse practitioner and advancing whānau-centred care in elder health.

"Over the past decade, I have served as a senior nurse across hospital, community and iwi settings."

From leading an elder health team at Te Whatu Ora to working as kaiwhakahaere hauora at Muaūpoko Tribal Authority, Eckersley has maintained an unwavering focus on restoring ora and tino rangatiratanga for kaumātua and whānau.



*Sheryl Eckersley*

"My practice is underpinned by Te Tiriti o Waitangi, Te Whare Tapa Whā and Pae Ora which guide me in addressing systemic barriers and elevating Māori voices in clinical spaces."

Right now she is completing the practicum part of the prescriber training and already that is enhancing her ability to provide safe, timely and culturally responsive treatment, particularly for the ageing Māori population.

"I regularly witness delays in medication access and fragmented care due to limited prescribers and poor GP access in rural regions like Horowhenua. Nurse prescribing will allow me to bridge these gaps and deliver immediate, holistic care grounded in tikanga and whanaungatanga."

The award would help Eckersley cover the full cost of the course, including tuition and travel for block days in Auckland.

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## **Serene Morrell: People, land and environment all go together**

**Iwi:** Ngāti Porou, Ngāti Kahungunu, Ngāi Tahu  
**Award category:** Nurse Prescribing Award

The 38-year-old is an RN at Kahungunu Health Services in the Hawke's Bay.

"As a proud Māori nurse who is about to pursue study to become a nurse prescriber, I reflect on the path that has brought me here. A journey deeply rooted in kaupapa Māori, collective responsibility and a commitment to advancing equitable health-care for our people and whenua.

"My clinical practice has always been more than just a profession, it is an extension of my identity, my whakapapa and my responsibility as a kaitiaki of both whānau and environmental wellbeing."

Even outside of her mahi as a nurse, Morrell is deeply involved in her tribal affairs having recently been appointed as a trustee for her marae and her iwi's post-settlement governance entity Tamatea Pokai



Serene Morrell

Whenua.

"This role has provided me with a deeper understanding of how governance, resource allocation and historical redress intersect with the social determinants of health.

"As part of this mahi, I draw directly on the findings and significance of Wai 2575 the Waitangi Tribunal Health Services and Outcomes Inquiry which exposed the Crown's breaches of Te Tiriti in the health sector, relating to systemic underfunding of Māori health services and inequities faced by Māori nurses."

Her pursuit of a nurse prescriber qualification is the next natural step in her journey as a Māori health professional.

"It offers me the clinical authority to respond more effectively and autonomously to the needs of whānau, particularly in rural and under-served communities. For too long, Māori have faced systemic inequities in access, treatment, and outcomes. I am

committed to challenging those barriers not only through the lens of culturally safe clinical care but also through leadership, education and policy advocacy"

While her aspiration to become a nurse prescriber is clinical advancement, she said it was underpinned by a vision of mana motuhake in health.

## Te Aroha Moeke-Ormond: Caring and 'aroha' comes naturally to her

**Iwi:** Ngāti Porou, Rongomaiwahine

**Award category:** Māori Nurse Mātauranga

The 33-year-old solo mum is halfway through nursing studies at Southern Institute of Technology in Invercargill, with dreams of becoming a Māori nurse who not only provides excellent care, but also uplifts whānau through culturally grounded education and collective empowerment.

"My hope is to walk alongside our people as a familiar and trusted presence in spaces that often feel cold and clinical."

Her first name *Te Aroha* name means the "loving, affectionate, caring, compassionate and empathetic" one.

It was during her aged care placement last year, where she cared for a non-verbal Māori woman who required full assistance, that she got even more bursts of inspiration to become a nurse.

"When she saw me, her face lit up — no words were needed. That moment deeply affirmed how our presence alone can create connection and comfort for kaumātua who may feel isolated within clinical settings.



Te Aroha Moeke-Ormond

"It reminded me of the powerful healing that comes simply from being seen, recognised and understood by someone who shares your whakapapa and wairua."

Moeke-Ormond has also learnt how health literacy remains a major barrier for many Māori people.

"Often, they're handed medications without clear explanations or choices, which only deepens the mistrust. I want to help change this narrative."

Looking ahead, she wants to create and deliver community-based wānanga that are safe, collaborative spaces where whānau can come together to learn about their medications, explore treatment options and build confidence in navigating the health system.

"These aren't just distant dreams, they're part of my intention to one day return home and work within my own rohe. I want to bring everything I've gained through study and experience back to my people, delivering care and education that's rooted in trust and aroha."

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## Te Waimaarino Patena: Prescribing isn't just about medication



*Te Waimaarino Patena*

**Iwi:** Ngāti Haua, Ngāti Kahungunu, Ngāti Porou

**Award category:** Nurse Prescribing Award

The 31-year-old is an RN at Te Kohao Health in Hamilton who is working towards becoming a nurse prescriber to deepen her clinical knowledge and better serve her whānau, hapū and iwi.

"I bring cultural integrity, compassion and a strong sense of accountability to my practice. This scholarship will support me in becoming a competent nurse prescriber, allowing me to offer timely, culturally responsive care, reduce health inequities and strengthen the mana of my people."

Patena is committed to making a tangible difference in Māori health outcomes through leadership, clinical excellence and whakawhanaungatanga.

"Whakapakari, meaning to strengthen or build up, is central to my professional journey as a Māori nurse. To whakapakari my practice is to acknowledge that the health and wellbeing of our people is deeply rooted in whakapapa, whanaungatanga and a commitment to equity.

"As a Māori nurse undertaking nurse prescribing training, I see this as a powerful opportunity to uplift and enhance the health status of our whānau, hapū and iwi."

She said prescribing is not just about medication—it's about understanding the broader determinants of health and making decisions that are grounded in te ao Māori.

"Ultimately, I see nurse prescribing as an extension of my whakapapa—another layer of responsibility I carry for those who came before me and those yet to come. I am committed to continuing this legacy with integrity, aroha and unwavering dedication to the health and wellbeing of my people."

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## Puaawai Te Pou: Dad's death inspires her to become a nurse practitioner

**Iwi:** Ngāti Tuwharetoa, Te Whanau a Apanui

**Award category:** Nurse Practitioner Award



*Puaawai Te Pou with her children and husband*

The 40-year-old mum is an RN and nursing leader at Tūwharetoa ki Kawerau Education and Social Services in the rural eastern Bay of Plenty town of Kawerau, who is on a mission to become a nurse practitioner.

"My aspiration and purpose is to be able to serve my whānau, hapū, iwi through culturally safe and holistic health-care. I believe that healing is not just about treating illness, it's about acknowledging all aspects of a person's life."

Witnessing health disparities that disproportionately affect Māori communities has affected Te Pou personally.

"My father passed away from polycystic kidney disease, and throughout his journey, I saw firsthand the challenges he faced in navigating the health-care system.

"He encountered multiple barriers, poor access to health services and a lack of adequate support and culturally appropriate care from health professionals and specialists."

That experience has deeply strengthened her commitment to become part of the solution for Māori whānau.

"As a nurse practitioner, I will be in a position to provide greater access to health-care, work at an advanced clinical level, and advocate strongly for whānau. I am passionate about contributing to the reduction of health inequities by delivering care that is grounded in manaakitanga and aligns with the needs and values of our people.



"I want to lead with manaakitanga, work in kotahitanga with whānau, hapū and iwi, and ensure Māori voices are heard and respected placing them at the centre of their health-care journey."

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## Ashleigh Hesseltine: A champion for rangatahi

**Iwi:** Ngāti Porou

**Award category:** Nurse Prescribing Award

The 30-year-old is an RN at Kahungunu Health Services in the Hawke's Bay, on a journey to become a nurse prescriber with a focus on rangatahi or Māori youth and preventative care.

Hesseltine works in an open access nurse-led clinic, dealing with many young clients whose needs are not just specific to health.

"I have a passion for educating and upskilling our rangatahi and young parents, especially about their sexual and reproductive health.



*Ashleigh Hesseltine*

"For example, a young māmā may come in for a pregnancy test, and walk away with a sexual health check, her cervical screening done, her referral to midwifery care, her antenatal bloods done and her prenatal vitamins prescribed," Hesseltine said.

She could also be referred to smoking cessation, an appointment for a mirimiri and she would be directed to our kaiāwhina for help with emergency housing, if that is needed.

She embeds kaupapa Māori models and tikanga into her everyday nursing practice, and gaining a nurse prescriber qualification would allow her to help more rangatahi access faster and better health-care.

"My learning ensures that I am not only improving my own knowledge but actively contributing to strengthening collective practice for Māori."

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FEATURES

## **'On days off they went to Hiroshima, picked up fused glass': The Christchurch nurses swept up in history**

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By Joel Maxwell

August 28, 2025

They fossicked atomic wastelands, witnessed horrors, but in the end were just everyday nurses trained in Christchurch.



*Four New Zealand Army Nursing Service nurses in front of a pyramid in Egypt sometime between 1941 to 1943. Photo from the Nancy Frances Carter Collection courtesy of the South Canterbury Museum.*

A new exhibition at Christchurch's Nurses' Memorial Chapel reveals the stories of the 101 Christchurch Hospital-trained nurses who served in World War 2, and post-war Japan.

Retired nurse Andrea Grieve worked for about two years gathering the profiles for A Legacy of Caring: Our World War 2 Nurses.

They faced bombardment, disease and were forced to join in the likes of the dangerous 1941 evacuation of the island of Crete, Grieve said.



*Jane Nepia, the first Māori military nurse to be awarded the Associate Royal Red Cross for her services.*

"There's a fabulous photo . . . of them all hiding in a cemetery and they've got their gloves and their hats and jackets and ties, and they're hiding in this cemetery that was bombed the next day!"

Many had brothers serving in the war; others had seen the work done by nurses in World War 1, she said.

"I think there was an absolute commitment to look after 'our boys' — and they were their boys. And those boys loved them."

Grieve, a mental health nurse, retired in 2020, in her late 60s, after being swept up herself in history: the arrival of the pandemic. "I was told 'don't come Monday' with my age and pre-existing medical conditions."

Her retirement mahi, however, meant she uncovered stories about ordinary people in extraordinary, and terrifying circumstances.



*Reunion Dinner of Christchurch trained nurses, Egypt, December 1940. From left: Sisters Worn, Hill, Crawford, Davidson, Dewar, Price, Gunn, Jamieson, Stewart, Coghlin, Reader, MacMillan, Fairweather, Fleming.*

*Another photograph of the wartime nurses from the exhibition. Courtesy of the Nurses' Memorial Chapel*

This included the 1943 Nazi bombing of Bari — a harbour on Italy's southern coast where a New Zealand hospital was based. Dozens of ships were destroyed — including one secretly loaded with deadly mustard gas.

"They had the horror of these people with burns, hundreds of sailors died, local people [too]."

The nurses had an ability to "compartmentalise" the things they saw, Grieve said, focusing instead on the adventure of travel: even though it included spots with — then unknown — long-term risks.

"I wonder about their exposure in Japan. There's a quote somewhere from one of the nurses. On their days off they would travel to Hiroshima . . . and pick up pieces of fused glass. I don't know how radioactive they would have been, but it sounds like they were mucking around in the rubble and picking up stuff."

The stories and images she found were "absolutely amazing", she said.

There was the likes of nurse Jane Nepia standing in a photograph with desert soldiers leaning against a truck. She was the first Māori nurse to be awarded the Associate Royal Red Cross.

Nepia worked in casualty clearing stations – mobile surgical units near combat zones, stabilising wounded soldiers; on hospital ships, and then in post-war Japan.

She died in Wairoa hospital in 1982, near her home in Nūhaka in Hawke's Bay where she retired — tending her garden as long as she could, and helping Nūhaka people as long as she could.





*Nurse Quita Cordner became a world authority on English bull terriers — after being in theatre to remove shrapnel from a mascot's rump.*

Grieve said her “absolute favourite” story was that of nurse Quita Cordner, on duty in Egypt when a white English bull terrier, a regimental mascot called Major Major, was admitted for surgery “to remove shrapnel from his rump”.

### **‘On their days off they would travel to Hiroshima and pick up pieces of fused glass.’**

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“She went on to become a world authority on the bull terrier breed, and I’m convinced it’s because of the dog she helped in theatre.”

Major Major died of illness in Italy and was buried beneath a cross with his name and serial number on it, Grieve said.

Cordner eventually married a retired British naval commander and died in 2011, aged 97.

Grieve said the nurses’ full military records were still under embargo — not allowed to be released — despite the 80 years elapsed since the war ended.

“I’m very hopeful that as people come to know about the project they’ll come forward with more information . . . I find it sad when you look on the Auckland war memorial Cenotaph, there’s very few photographs of them.”

- *A Legacy of Caring: Our World War 2 Nurses, September 1-7, midday-4pm. Nurses’ Memorial Chapel. And October 12-26, 1pm -3.30pm on Wednesdays, Saturdays and Sundays, or by arrangement.*



FEATURES

## ED duo – Mum boss at home, daughter boss at work

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By Renee Kiriona

August 22, 2025

Mum is the boss at home but daughter is the boss at work. Bernadette and Melanie Taankink have both worked as nurses at Wellington Hospital's ED for more than 20 years, yet few colleagues know they are actually whānau.



*Bernadette (mum) and Melanie (daughter on the left) Taankink who are both nurses at Wellington Hospital's ED.*

If you've ever been to ED at Wellington Hospital in the past 20 years, it's likely that Bernadette or Melanie have nursed your wounds.

But the mother-daughter duo is so professional that it is not until their colleagues in the region's busiest medical space see their names together on a piece a paper, that they realise they are related.

"We've worked with some people here for more than 10 years, and they still don't know she's my daughter and I am her mum," giggles Bernadette.

"It's a testament to our professionalism," Melanie said.

Bernadette is an associate charge nurse manager in the department while Melanie has a more senior role as the nurse manager which makes her responsible for the management of about 120 ED staff — mainly nurses but also healthcare assistants.

### Mum and daughter ED nurses



### **'Boredom' and curiosity the inspiration**

Lower Hutt-based Bernadette, mother of three, got into nursing as a mature adult at age 37, after becoming bored with her previous line of work in a bank.

"I just had my last child and thought it was time for a change, so I enrolled in nursing studies through Massey University."

Porirua-based mother of three Melanie said she was always curious about clinical things and that was what led her into nursing.

"My first ever job was doing admin at a medical centre and I was always curious about what was happening out in the clinical spaces with the doctors and nurses.

"I was in my 20s, had two children at the time I enrolled into the same course as mum a year after she started," Melanie said.



*Melanie appeared a few times on the TV series Emergency which went behind the scenes in Wellington's ED. Source: NZ On Screen, 2007*

## **'We love the action'**

Both did their placements at Wellington Hospital which has been their home since they graduated.

Before getting in on the action that is ED, her mother did the rounds at the hospital in medical, surgical cardiology and maternity wards while Melanie worked as a bureau nurse at the hospital.

"There's nothing we haven't seen walk or be trolleyed through these doors. We've seen patients who have been mauled by animals, car crash victims, massive heart attacks, people with torn and hanging limbs," Melanie said.

While both admitted they liked the energy and action of the ED, it was the children who came through their doors that left the biggest scars.

"The babies, the children are the ones we don't forget. Their experiences stick to you, especially the ones you can't save," Bernadette said.





*Bernadette and Melanie have seen everything walk through these doors.*

## **But it's the ground zero of all EDs**

Of all EDs throughout the country, Wellington has one of the most understaffed departments.

"Yes, we've heard the news out there about our ED but we're doing the best we can. We're like a family here, even the international nurses here, while they come from a different land, are our whānau too," Bernadette said.

"We have vacancies that we are recruiting to but this takes time. There are several shifts that are under resourced and more patients than they can handle lining the corridors in the ED," Melanie said.

It was staff resilience and passion for people that kept the ED operating, Melanie said.

"My staff turn up every day. I'm not saying that no one else in the rest of the country doesn't work hard, but I see my team turn up every day and they put in 100 per cent effort."



*The “whānau” – just some nurses from Wellington ED.*

Despite understaffing and aggression from patients with high needs, including serious mental health issues, the duo would not work anywhere else.

“I’d much rather be down here working than working as a nurse on a ward. I do like the action of ED,” Bernadette said.

“I have been scratched, spat at, verbally abused and physically threatened but ED is home for me,” Melanie said.



*Melanie showing Ministers around the ED.*

## **A first for Māori**

Through her father, Melanie affiliates to Taranaki iwi. She is the first Māori to be appointed to as nurse manager at Wellington ED.

“Being Māori makes me even more aware and tuned into the importance of reducing health inequities among Māori.

“I really do want to be more involved in NZNO’s Māori nurses’ group and attend the annual indigenous nurses conference, so I will definitely make time for that when they meet again,” Melanie said.

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FEATURES

## “Proud of them” – more IQNs finding strength to strike

By Renee Kiriona and Joel Maxwell (Co-Editors)

August 7, 2025

In Aotearoa New Zealand, striking has long been acceptable when workers' rights are under threat. But now NZNO's internationally qualified nurses are getting in on the act as well — and those that don't are getting a bad case of FOMO.



Mark Alvin Nonato Berioso (front right) with some IQNs from the Hutt Valley who bravely walked off their jobs for 24-hours earlier this week.

IQN leaders say they are proud to see more migrant nurses than usual take part in the recent 24-hour Te Whatu Ora [strike](#).



Mark Alvin Nonato Berioso, a Hutt Valley-based enrolled nurse and NZNO delegate from the Philippines, said more IQNs than ever before took part in Wednesday's strike rallies and more were likely to join the next strike.

"I'm so proud of them because this isn't the norm in the places they come from. It tells me that while we have a way to go, more IQNs are finding the strength to stand up.

**"If they strike, they want to know it will be worth it, that it will not be boneless."**

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"I'm so proud of the IQNs who didn't go to work and I think we saw more of them at the rallies because unlike the last strike, this one went for 24 hours."

A "go hard or go home" attitude existed among many IQNs, especially from Asia, Berioso said.

"If they strike, they want to know it will be worth it, that it will not be boneless. They're not motivated by strikes that only last a few hours so if it's a long one like this one was, they're more likely to strike."



### **"It's your right to strike" - employment lawyer**

"The law in New Zealand recognises union members' right to legally strike in support of collective bargaining. It was great to see so many of our members confident and proud to participate in Wednesday's national strike."

That's a reminder from NZNO's employment lawyer Machrus Siregar.

Any IQNs who have concerns about taking strike action, should contact their on-site NZNO delegate immediately.

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## **We're in this together**

Migrant Workers Association NZ president Anu Kaloti said "absolutely nothing" prevents migrant workers such as IQNs from striking.

All union members in New Zealand have a right to strike and that includes migrant-worker members – who have exactly the same rights.

Sometimes migrant workers were even reluctant to join unions, she said, so she was always heartened by the number of IQNs in NZNO actions she'd joined in solidarity.



*Striking IQNs in Dunedin joining their fellow nurses.*

Employers cannot cancel work visas or have workers deported for joining a union or going on strike. Bosses simply do not have these powers.

Only Immigration New Zealand had the power to cancel visas or deport people in specific circumstances – it was “next to impossible” for employers to do this, she said.

“It has been a work in progress for a long time to encourage migrant workers to join the unions and once they are in the unions, to feel more confident to take action, and to listen to their delegates and organisers.”



*IQNs in Tauranga on strike.*

An RN, who migrated to New Zealand from India, said there were more IQNs than usual striking in the Manawatū-Whanganui Region, where he is based.

"So many migrant nurses, particularly those from India, are very hesitant to stand up for their rights and that has been the reason why you don't see many of them on the picket lines," said the RN who asked *Kaitiaki* not to be named.

**'They saw photos and videos of us on Facebook and said they wished they were there with us, so that's a good sign.'**

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"But last week we saw more of them come to the rallies, which is a great start to building their confidence to strike."

IQNs make up almost [half the workforce](#) here, coming from primarily the United Kingdom, Ireland, India, Philippines and the Middle East, according to the New Zealand Nursing Council.





*IQNs in Auckland on strike.*

However, it was the nurses from India and the Philippines who faced more cultural, economic and immigration issues, he said.

"In India, people are raised to respect authorities even if they are wrong. And when you go to work in another country, there's an expectation you'll respect the authorities of that country, no matter what."

**"There were IQNs who went on strike but there's more who went to work. It is going to take a lot of work to build their confidence."**

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Munisha Singh, a clinical nurse specialist of Indian and South African heritage based in the South Island, told *Kaitiaki* that while she had no problem striking, there were thousands of migrant nurses who are trying to manage standing up with their immigration status.

"I moved here about 25 years ago from South Africa where I learnt how to stand up for my rights. I've made Aotearoa my home so I have no problem going on strike but a lot of our migrant nurses will not," Singh said.

"There were IQNs who went on strike but there's more in Southland who went to work. It is going to take a lot of work to build their confidence."

Immigration New Zealand acting national compliance manager Damon Treadaway confirmed to *Kaitiaki* migrant workers had the same employment rights as New Zealand workers.





Munisha Singh

"These rights apply regardless of the migrant worker's immigration status."

There were no conditions on a work visa to prevent workers from striking, he said.

"All employers must respect the rights of migrant workers or could face fines or lose the right to employ migrant workers."

## **"I will be there next time"**

Kaitiaki was able to talk with two IQNs on the basis of not publishing their names.

The IQN from India who did go on strike last week said she was getting approached from her fellow IQNs who did not strike.

**"After work I got home, checked my phone and I saw videos on the newsfeeds of my cousins in Auckland who are nurses. I felt I let them down. I will be there next time."**

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"They saw photos and videos of us on Facebook and said they wished they were there with us, so that's a good sign."

The IQN from Philippines who went to work said she will take part in the next strike.

"After work I got home, checked my phone and I saw videos on the newsfeeds of my cousins in Auckland who are nurses. I felt I let them down. I will be there next time."

## **Workshop to raise cultural awareness**

Singh and other migrant nurses have developed a workshop called [Worldwide Mosaic](#) which is aimed at raising cultural awareness focused specifically on the experiences and needs of Muslim, refugee, Pasifika, Filipino, Indian and African communities.

"I really believe that if Kiwis are more aware of the realities of these migrant nurses, we may be able to help lift their confidence to know that it is okay for them to stand up for their rights.

"I won't lie – this isn't going to be easy work. The issues are deep."

The workshop initially had the support of Te Whatu Ora but has not reached its full potential because funding had been cut back, Singh said.



FEATURES

## **‘Hell no! Aotearoa is my home’ – graduate told to look overseas**

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By Renee Kiriona

*August 1, 2025*

Shayna Tiatia heard the Government's call for more nurses during the COVID lockdown in 2020. She wanted to help the sick, ill and injured in her community and region. She did the training, got the degree. But now she can't get a job and has been told to look overseas.



The sole mother of two children graduated with a bachelor of nursing (Māori) from Whitireia and WelTec Institute of Technology last year, only to end up without a job as a nurse and finding it difficult to get a job outside health.

"I ticked all the boxes — got my degree, got registration, paid for the annual practising certificate. I've looked everywhere in the Wellington region for work but nothing," said Tiatia who lives in Wainuiomata, Hutt Valley and hails from Ngāpuhi.

Last week *Kaitiaki* [reported](#) that less than half — just 45 per cent — of registered nursing (RN) graduates have been matched to supported-entry roles at Te Whatu Ora after mid-year finals.

Last month she registered with NETP-ACE (new entry to practice-advanced choice of employment) which is a programme run by [Te Whatu Ora](https://www.tewhatauora.govt.nz/for-health-professionals/health-workforce-development/nursing) (<https://www.tewhatauora.govt.nz/for-health-professionals/health-workforce-development/nursing>) that is supposed to help match graduates to jobs in the nursing sector.

Shayna



## **'There are lots of jobs, heaps of jobs'**

"At the NETP interview, which lasted 90 minutes, I told the coordinator about my concerns that there appeared to be very few nursing jobs in the Hutt Valley or even the Wellington region across my four preference areas.

"But she told me not to worry, that there's lots of jobs, heaps of jobs. She also told me there were jobs overseas, which I frowned at."

A few weeks after the interview, Tiatia got an email from NETP stating there were no jobs for her across any of the four areas she had identified: primary health, district nursing, community health and surgical.

"That email broke my heart. And now I know why they mentioned in the interview that there were jobs overseas."



**From:** <nursing@acenz.net.nz>  
**Date:** Wed, 16 Jul 2025 at 9:00 AM  
**Subject:** Your Next Steps as a Graduate Registered Nurse (RN)  
**To:** [REDACTED]

Kia ora Shayna Tiatia ,

Thank you for your application for an RN position via the ACE recruitment round. The matching of applicants to roles has now been completed. Candidates matched to roles will begin receiving their offers of employment shortly.

Unfortunately you were not matched into a position as part of this initial process. This is not a reflection on your ability or qualifications. It simply reflects the fact that vacancies come up at different times.

**Completing your registered nursing studies is a significant achievement, so feel proud of all the hard work that brought you to this point.** We understand this may be a challenging time as you navigate your next steps, but please know we are here to support and connect you to opportunities that help you take the next step in your nursing journey.

*An extract of the email Tiatia received.*

## **‘Hell no! Aotearoa is my home’**

“I am Māori, tangata whenua in this land — Aotearoa. I want to help nurse my people, the sickest of all peoples in this country. It’s not fair that I should have to go overseas or even outside the Hutt Valley or Wellington region.

“There are plenty of sick people in this region. Too many sick people actually.”

The impact of moving overseas would mean that Tiatia would have to disconnect her children from their native language and their ancestral land.

“My children go to a full immersion Māori medium school and they don’t have those schools overseas. I just bought this house we are in right now.

“My children and I for the first time in our lives have a stable home. So moving across the ditch is not an option for us — I would traumatise my whānau by doing that.”

After receiving the email from Te Whatu Ora, Tiatia has been trying to find work in sectors outside health.

“I can’t even get a job as a receptionist, because I am an RN who is ‘overqualified’ – that’s what employers are telling me.”



*Tiatia during her placement in 2022.*

Tiatia's nursing teacher, Mereruia Rikihana, said it was "devastating" to hear graduates were not getting the jobs they studied so hard for.

"We check in on our students even after they've left us and we are hearing a few stories like Shayna. It's devastating for us because we know there's a need for not just nurses but culturally-and-clinically-competent Māori nurses. And our students tick both boxes."

Tiatia has been put back in Te Whatu Ora's talent pool of nursing graduates looking for work. She is expecting an email that would recommend she move away from the Wellington region in order to get work as a nurse.

"It doesn't make sense for me to move, when I know so many nurses and doctors working in hospitals and clinics in this region who are saying there's a major nursing shortage in their workplaces.

"My other concern about that talent pool, is that graduates from two years ago are still in there — waiting. And there's about to be another wave of graduates from this year to be added to it."

### **Low turnover in hospitals**

When contacted for comment, Te Whatu Ora national chief nurse Nadine Gray said the agency "does not discuss overseas employment opportunities with graduates".

Gray said it was anticipated that job opportunities would become available "in the weeks and months ahead" in hospitals and communities.



"In recent years, the majority of initially unmatched applicants have successfully secured positions from the talent pool."

*Mereruia Rikihana*

Gray said the number of ACE applicants who eventually found roles was running at about 85 per cent for 2023 and 2024.

Meanwhile, she said the nursing turnover rate in hospitals was lower than it had been for several years, "which tells us nurses are not leaving their jobs".

"As at March . . . the annual turnover rate was 8.1 per cent, down from 14.4 per cent in 2022. Our nursing vacancy rate is also the lowest it has been for several years. It was 11.4 per cent in March 2021, compared to 3.6 per cent in March this year."

However, Tiatia said that news was of no help to her.

"My preferences were very wide, not restricted to hospitals."

Tiatia said one of the most heartbreaking impacts was having to tell her 90-year-old koro [grandfather], that she has not been able to get work as a nurse.



*Tiatia with her grandfather: "He was sick so couldn't make my graduation so I went to see him at home before the ceremony started."*

## Even her koro is waiting

"My koro was too ill to come to my graduation, so before the ceremony I went to see him. He was so proud of me and told me: 'When you get a job as a nurse, then I would be happy to leave this world, join our family up there.'

"Koro is still waiting, like me, and yes I feel so guilty about that."

In the meantime, while she waits and turns the Hutt Valley upside down looking for a job, Tiatia is committed to her community.

"I have a few things to keep me busy. I coach the year five Wainuiomata kōtiro rugby team which my daughter is in.

"I teach them to run and tackle, and they are teaching me to be strong, and not to give up."

*Kaitiaki* approached the office of the Health Minister Simeon Brown for comment but did not get a response by deadline.

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COLLEGES & SECTIONS

## **‘What we do matters’ – the heartbreaking work of neonatal nurses**

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By Juliet Manning and Michelle Willows

*August 22, 2025*

The most vulnerable New Zealander weighs 350g — less than a packet of butter — and is currently being cared for in a neonatal unit. That newborn and their whānau deserve to be cared for by a skilled and specialist team, says NZNO’s ngā tapuhi whare kōhanga o Aotearoa – neonatal nurses college of Aotearoa.





NZNO neonatal nurses college of Aotearoa committee members. Back row, left to right: Michelle Willows (secretary), Juliet Manning (outgoing secretary), Merophy Brown (chair), Catherine Montgomery (professional nursing advisor) and Claire Penny. Front row, left to right: Lauren Kendrick (now resigned), Elisabeth Dunn (treasurer) and Nina Lomas.



The challenges faced by neonatal nursing teams around the motu have of late been compounded by the constraints of our health system, the socio-economic difficulties faced by our communities and capacity issues faced by many neonatal intensive care units (NICUs).

Our day-to-day work is increasingly focused on the support and well-being of māmās and the wider whanāu, as well as the increasing complexity of the physical and technical care of pēpi.

Yet, at a time when many units are squeezed with up to 130 per cent occupancy, NICU across the country are experiencing significant understaffing. Some report they are 20 per cent down on what their staffing should be, according to safe staffing tool CCDM calculations.



NNCA chair Merophy Brown at the college's symposium in May.

This impacts on the quality of care we give whānau and pēpi. We are seeing increasing numbers of errors and incidents of direct harm. One NICU earlier this year reported 224 adverse incidents in six months — a 200 per cent increase. In their words, staff felt very unsafe.

At the same time, we are supporting families displaced from their homes to access specialist care for their pēpi, who are socially and culturally isolated, vulnerable, and often under financial, as well as emotional, stress.

### **We are also growing cultural awareness in our models of care for supporting whānau and fostering strong nurse-whānau relationships.**

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To manage, many NICU must do “patchwork” staffing, bringing in other nursing staff without specialist neonatal knowledge. This is risky for all concerned.

#### **How to cope?**

We explored some of these challenges in our recent symposium, *Bouncing Back*, held in Queenstown in May, which focused on resilience, recovery and innovation in neonatal care in Aotearoa.

As part of neonatal nurses college of Aotearoa (NNCA) progress towards actualising te Tiriti o Waitangi, we are also growing cultural awareness in our models of care for supporting whānau and fostering strong nurse-whānau relationships.

But speaking to neonatal nurse managers ahead of the symposium, Tōpūtanga Tapuhi Kaitiaki o Aotearoa – NZNO president Anne Daniels reminded us that the burden of resilience cannot fall solely on nurses, midwives and health-care assistants (HCAs).

Systemic change was needed to ensure the safety of nurses and minimise the harm we see and experience. Change was needed to ensure that we nurses can practise in safely-staffed workplaces, Daniels said — challenging us to hold our health leaders and Government to account, ensuring they reflect the values of te Tiriti.



*View from the NNCA symposium. Photo: Juliet Manning.*



*Premature newborn. Photo: AdobeStock.*

Daniels suggested safe staffing would only be achieved with robust national data and monitoring — which could also feed into long-term nursing workforce planning.

The care given by neonatal nurses came at a price, she said. While rewarding, it is emotionally and physically demanding — and can also be heart-breaking. But she urged us to keep doing what we do, because it matters.

**As well as supporting the growth and development of pēpi and their whānau, we also have a responsibility for our own growth.**

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Otago neonatologist, paediatrician and researcher Liza Edmonds (Ngāpuhi, Ngāti Whātua) talked about how projected population growth showed that one in three children will be Māori by the 2040s.



Neonatal researcher Liza Edmonds.

Sharing the whakataukī, *mā ngā pakiaka e tū ai te rākau* — with strong roots a tree will stand — Liza emphasised that as neonatal clinicians as well as supporting the growth and development of pēpi and their whānau, we also have a responsibility for our own growth.

Only then are we likely to have stronger roots both for ourselves and the future of health care.

She suggested approaching Māori nursing and medical students might encourage people to become neonatal nurses or pediatricians to support the Māori neonatal workforce and health of our future tamariki.

**These are confronting statistics that represent not only loss of life but the irretrievable interruption of whakapapa.**

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As a Māori doctor, Edmonds acknowledged the responsibility she felt for indigenous health. Her research work with the Health Quality and Safety Commission's perinatal and maternal mortality review committee (now disestablished) found in the five-year period 2016-2020, that if mortality rates were the same for Māori as non-Māori, 188 pēpi and mama lives would have been saved.

These are confronting statistics that represent not only loss of life but the irretrievable interruption of whakapapa.

Social determinants (privilege), neglectful care (avoiding whānau we see as “difficult”), judgmental care (involving young mothers, people experiencing mental health challenges or substance use) and systemic barriers (access by NICU whānau to transport and childcare), all contributed to the disparities in neonatal and maternal mortality rates, Edmonds said.



*One-day old premature baby boy in intensive care. Photo: AdobeStock.*

Canberra neonatal research nurse Margaret Broom also discussed the need to put whānau and pēpi at the centre of care and design of NICUs.

One Mother to Another and the Little Miracles Trust shared the perspective of parents and whānau with a baby in NICU as they try to make sense of their experience.

Te kaikōmihana matua / chief children's commissioner Claire Achmad talked about the barriers to whānau access to pēpi in NICU, particular for siblings, and how distressing this can be for both families and staff.

Dunedin neonatologist Lela Yap and Toronto neonatologist Mary Woodward broached moral distress and how neonatal staff can develop resilience in caring for neonatals amid periviability changes, and trying to balance the benefits and risks of treatment.

Our college representative on the Council of International Neonatal Nurses (COINN), Debbie O'Donoghue, described the history of COINN, of which NNCA is a founding member. COINN supports the economic and social needs of neonatal services across 181 countries, including the delivery of care, nursing workforce sustainability and outreach programmes.

- *Juliet Manning is NNCA's outgoing secretary, while Michelle Willows is incoming secretary.*



*NNCA secretary Michelle Willows (left) and chair Merophy Brown at NZNO's college & section day in March this year.*

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LETTERS

## 'I felt extremely proud to walk alongside the nurses'

By Joan Oxlee

August 6, 2025

I felt extremely privileged and proud to walk alongside the nurses and the three students from Takapuna Girls High who were there supporting the strike.



Joan Oxlee (right) with three students from the local high school outside North Shore Hospital during the recent Te Whatu Ora strike. Photo: Judy Rongo-Greaves.

Dear Editor

I supported the recent nurses' strike because:



- Nurses are the backbone of our health system, and it's unacceptable that they continue to be overworked, understaffed, and underpaid.
- They deserve fair pay, safe working conditions, and respect.
- Supporting this strike is about valuing the people who care for us.

I felt extremely privileged and proud to walk alongside the nurses and the three students from Takapuna Girls High who were there supporting the strike. Well done girls 🧡🧡🧡 not forgetting the tooting from the passing vehicles 🙌🙌

After hearing the union members and other speakers talk at Aotea Square, I was even more shocked to hear what goes on behind the scenes.

Then to hear the aggressive MP Chris Bishop and MP Simeon Brown trying to paint the nurses as a greedy bunch while spreading lies about average nurses' pay, is despicable to say the least.

Shame on the New Zealand coalition Government, they should hang their heads in shame.

Congratulations to all the unions and members involved in the 24-hour nurse strike action. It was well planned and professionally actioned.

#SafeStaffingNow

Warm regards

Joan Oxlee

Resident, North Shore

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