

NEWS

## South Island's community approach sees boost in cervical screening for Māori and Pacific

By Mary Longmore

September 26, 2025

Cervical screening rates for Otago and Southland's Māori and Pacific communities have increased 10 per cent compared to last year, after primary health organisation WellSouth joined forces with community health providers.



*Te Ha o Maru were at the Whānau Hauora Day at Canterbury's Puketeraki in March, providing on-the-spot cervical screening. From left to right are: Kaihautū/manager whānau services Lisa Phillips, kairuruku hauora/care coordinator RN Marianne Te Tau; kaihautū/medical director Lily Fraser and Rata/GP Chuan Lai.*

Otago and Southland primary health organisation (PHO) WellSouth says partnering with local Māori and Pacific groups to run community screening events has seen a jump in rates among local Māori and Pacific communities.

Nationally, just under 40 per cent of Pacific women and 36 per cent of wāhine Māori were never screened or screened irregularly, according to National Cervical Screening Programme (NCSP) data.

Most — 85 per cent — of the 180 people who get cervical cancer in Aotearoa New Zealand every year, are those who have never been screened or not regularly.

Cervical cancer rates are also higher for wāhine Māori (15 per cent) and Pacific (12 per cent) than the overall rate (9 per cent), according to [Te Whatu Ora](https://www.tewhatauora.govt.nz/assets/Uploads/National-Cervical-Screening-Programme-Incidence-and-Mortality-Report-2018-to-2019.pdf) (<https://www.tewhatauora.govt.nz/assets/Uploads/National-Cervical-Screening-Programme-Incidence-and-Mortality-Report-2018-to-2019.pdf>).



*Oamaru Pacific Island Trust workers talk about screening and provide on-the-spot screening or bookings at its 2024 “pink” event, held with WellSouth.*

But WellSouth — which holds the cervical screening contract for the two southern regions — says it has been working hard with Māori and Pacific providers to tackle the inequities.

It had partnered with community health providers and the NCSP to host a series of dedicated screening events over the past year, where people could get screened on the spot, or make appointments.

**‘These aren’t just stats. These figures represent hundreds of our Pacific and Māori mums, sisters, aunties and daughters who are at risk of getting cervical cancer.’**

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Screening rates in Southland and Otago had risen from 50 to 61 per cent for Pacific participants and 58 to 64 per cent for Māori participants, as a result.

WellSouth pou haumanu Māori/clinical advisor Māori Miriama Ketu-McKenzie said the events appeared to have made a huge difference.

Not only did they make screening more accessible, they created the opportunity to connect with Māori and Pacific women, provide screening support and discuss health care.

The [self-test](#), too, had been a “game-changer”, with 81 per cent of participating women choosing it since its launch in 2023, Ketu-McKenzie said.

The results were heartening — but more work was needed, she said.

“These aren’t just stats. These figures represent hundreds of our Pacific and Māori mums, sisters, aunties and daughters who are at risk of getting cervical cancer.”





*Dunedin's Puketeraki Marae hosted Te Whatu Ora-Health New Zealand workers, who talked about screening and provided on-the-spot screening or bookings in 2024.*

Te Whatu Ora-Health New Zealand Southern cervical screening programme manager Deborah Kay-Corkin said she was “extremely pleased” and thanked health workers, including nurses in primary care and screening services, laboratory staff and colposcopy teams.

There was also a telehealth/mailout self-test service for those unable to access cervical screening in their community, she said.

Ketu-McKenzie said she hoped to see the gap continue to close.

“The goal of this mahi is to strengthen equity and access to cervical screening services across our communities, for priority populations.”

The figures showed the overall screening coverage continues to rise with 74.5 per cent of the eligible population screened nationally in July 2025, compared to 70 per cent in July 2024, she said.

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NEWS

## A few precious days leave, but she picketed instead: Nurses support striking doctors, dentists

By Joel Maxwell

September 25, 2025

Registered nurse Amy Tubman was on precious leave with her children during the school holidays, but she was still out on the picket line, flag in hand, supporting a strike: this time it was the doctors.



Nurses wear their support for striking doctors and dentists on their chest -- in the form of stickers -- in Middlemore hospital on Tuesday.

*Kaitiaki Nursing New Zealand* visited the picket lines as NZNO nurses added their support around Aotearoa to the Association of Salaried Medical Specialists strike on Tuesday and Wednesday.

Tubman, who works at Wairarapa hospital, said she was supporting the doctors because she saw first-hand what they were dealing with.

"They're always on the go, always being pulled from pillar to post — they're always trying to get patients in and out but with constraints of bed numbers."

She said the same day the doctors were striking, the surgical department at her hospital was being used as overflow for medical patients with no beds available.



*Registered nurse Amy Tubman, left, flies the NZNO flag at the ASMS picket line on Tuesday in Wairarapa.*

Tubman said nurses, like doctors, were trying to stay healthy for their own patients. "But when you're being asked to do more and more because there's not enough staff, not enough nurses, not enough beds, it makes it so much harder."

She said she'd managed to get a few days of leave during the holidays, but it was really important to support the doctors. "I was with my partner who's also a part of the teachers' union as well."

### **It's all good-will**

In Johnsonville, Wellington, it was day two of the nationwide senior doctor's strike and a crowd of union members gathered to send Nicola Willis a message.



*Obstetrician-gynaecologist Leigh Searle, son Kobe Searle, ob-gyn Rose Elder and ob-gyn Judy Ormandy on the picket line outside Finance Minister Nicola Willis' office.*

A trio of obstetrician-gynaecologists are standing out front of the Finance Minister's office with signs, and they've had enough.

Ob-gyn Judy Ormandy said they were there — instead of Wellington hospital — because they wanted a properly-funded public health system that met patients' needs.

And, added ob-gyn Leigh Searle nearby, they aimed to keep doctors in New Zealand and not overseas in places like Australia.

Ob-gyn Rose Elder said the system seemed to be running on goodwill.





*Nelson nurses join doctors on day one of the two-day strike by senior doctors and dentists around the country on Tuesday.*

"And also there just aren't the training opportunities, because they're not funded, so people go overseas to train and then they're lost forever."

Senior doctors and dentists, 6000 in total, went out on strike on Tuesday and Wednesday around the country.

More than 85 per cent of ASMS members voted to strike for two days over a pay offer that would have seen an effective pay cut for most members.

Health NZ chief executive Dale Bramley said the organisation was "disappointed and concerned" by the action. He said the action would result in delays to care, surgeries and treatments for thousands of patients.



*Joining the action in Queenstown is ASMS executive director Sarah Dalton with NZNO chief executive Paul Goulter, left.*

### **Doctors, nurses, teachers on strike**

The latest strike came as the Coalition Government faced a full-scale revolt from key public service groups.

It followed three days of strikes in the past two months by NZNO Te Whatu Ora members, and ongoing industrial action from teachers.

Secondary school teachers went on strike last week, and primary school teachers have voted to strike in October.





*Health Minister Simeon Brown, perhaps learning a lesson from the last time he put a message in his electorate office window, sends a slightly nicer sentiment during the doctors' strike.*



NEWS

## Painting a thousand words: Images from Women's Day of Action around Aotearoa

By Joel Maxwell

September 22, 2025

The Coalition Government got a little reminder on Saturday that women would like their \$12.8 billion back.



Thousands – including the NZNO members here – joined the Women's Day of Action on Saturday as workers and whānau protested the Coalition Government's axing of pay equity negotiations.

The Women's Day of Action drew thousands nationwide protesting the Government's law change, made [without warning](#) in May that gutted \$12.8b from [pay equity](#) settlements to prop up Budget 2025.

It cancelled 12 NZNO negotiations, and 33 overall across New Zealand, covering about 180,000 workers.

On September 8, NZNO Plunket and hospice members were [the first to refile pay equity claims](#) in New Zealand, under a tightened process.

Saturday's mobilisations included a march in Wellington to Parliament, a Queen St march in Auckland to Komititanga, and events everywhere from Thames, to Nelson to Invercargill.

It came the day after Suffrage Day in Aotearoa — September 19 — marking 132 years since women's right to vote was signed into law.

NEWS

## Mental health, Pacific, emergency nurses among those honoured in emotional NZNO awards

By Mary Longmore

September 19, 2025

Tears, passion and nurses' deep commitment to their communities over decades — all were on display at a powerful NZNO awards ceremony in Pōneke this week.



NZNO nurse of honour award-winner Abel Smith (centre), with NZNO kaiwhakahaere Kerri Nuku (left) and Anne Daniels (right).  
Photo: Samesh Mohanlal.

Winner of NZNO's award of honour winner, Fiji-born nurse Abel Smith, spoke about how his mum urged him to "be brave" when she first dropped him off to nursing school in the city far from his small village.

"At night, I wanted to run away back home — but I didn't know the way back and I didn't have any money," Smith told members at the awards dinner in Wellington this week.

## **'Stick at it, and it will pay you dividends... not just monetarily, but prestige and honour.'**

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"But I've stuck with it over the last 43 years — 40 years as an RN in different countries and it's been a rewarding career and I've never regretted it," said Smith who is director of nursing Pacific at Te Toka Tumai, Auckland Hospital.

Smith urged young nurses — currently facing a tough job market — to not give up too soon.



Nursing award winners, left to right: Whangārei ED nurse Sacha Young, Hawke's Bay women's health nurse Sandra Corbett, Taranaki RN Jennie Rae and Auckland mental health nurse Helen Garrick.

"Stick at it, and it will pay you dividends... not just monetarily, but prestige and honour," said Smith, a long-time member of NZNO's Pacific nurses section.



“We are still here, because we love what we do and we’re invested in the people we serve.”

## **‘I believe my heart is truly in Te Tai Tokerau – so much love for my colleagues.’**

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Whangārei emergency nurse and NZNO delegate Sacha Young was awarded for her services to nursing. Young — who has been involved with NZNO Te Tai Tokerau regional council for more than six years — espoused te Tiriti o Waitangi in action, kaiwhakahaere Kerri Nuku said.

Not only did she include Te Rūnanga in each regional hui, but was never too proud to seek guidance on tikanga and cultural matters, Nuku said.



*Kaiwhakahaere Kerri Nuku with Whangārei emergency nurse Sacha Young.*

An emotional Young said she was “lost for words which is very unusual for me because I’m very articulate normally”.

“I really want to give my āwhi to Te Tai Tokerau — the most incredible people I could ever work with.”

Young said she moved from West Auckland to Te Tai Tokerau 25 years ago to nurse her terminally unwell father.

"Dad said to me 'I want you to promise me you'll go back to nursing' which I'd started at the Eastern Institute of Technology. So I made that promise."

"I believe my heart is truly in Te Tai Tokerau — so much love for my colleagues."

### **'Epitome of humility'**

Awarded for 26 years of service to NZNO, Taranaki registered nurse (RN) Jennie Rae was described as the "epitome of humility", calm under pressure and always willing to support and develop colleagues.



*Jennie Rae with president Anne Daniels (left) and Kerri Nuku.*

An emotional Rae said NZNO development had been "immense" over her 26 years as an active delegate.

### **'Mental health services is an area where, to quote the Prime Minister, we are not back on track – we are way off track.'**

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"So many passionate delegates out there doing the mahi every day . . . there's a legacy of NZNO that will go on and on. It's just fabulous to be part of," said Rae, also a long-time member of the NZNO mental health nurses section.

### **Mental health 'not on track'**



*Helen Garrick*

Long-time Auckland mental health nurse Helen Garrick was also awarded for her services to nursing — after 50 years in mental health and addiction nursing.

As well as many roles in education, Garrick continues to work in mental health and is long-time chair of NZNO's mental health nurses section.

Garrick said the award was “very humbling” but there was a lot of work to do in mental health nursing.

“Mental health services is an area where, to quote the Prime Minister, we are not back on track — we are way off track. We are derailed all over the place,” she said.

“The people on those trains are going to stay there for a long time if we don’t stand up for them — so I see that as part of my role.”

### **Honorary members**

Hawke's Bay enrolled nurse Sandra Corbett and Dunedin critical care nurse and NZNO delegate Debbie Robinson were also awarded honorary membership for their contributions.

Sandra Corbett, who has been long-time co-chair of Te Matau a Māui Regional Council and cervical screening advocate said her time at NZNO had been a “blast”.

“I've had wonderful opportunities to grow and develop and be part of the global scene of the nursing movement. We are such an important part of the health and wellbeing of our community — kia kaha whānau!”

Robinson — currently overseas — had been an [active delegate for safe staffing](#) and preceptor at Dunedin Hospital, and keen supporter of Te Tiriti o Waitangi in her mentoring of new graduates.



*Debbie Robinson*





*Sandra Corbett, centre, with NZNO president Anne Daniels and kaiwhakahaere Kerri Nuku*

See also [Abel Smith's sharing his story of his journey into nursing from his village.](#)

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NEWS

## Health Minister Simeon Brown sees red, literally, as nurses turn their backs during NZNO AGM

By Joel Maxwell

September 17, 2025

Health Minister Simeon Brown was greeted with a wall of silence — and a wall of nurses' backs — as he spoke to the NZNO annual general meeting on Wednesday.



*Members of Te Poari and supporters turn their back to Minister of Health Simeon Brown at the NZNO annual general conference.*

It came as the minister admonished nurses at their own AGM for striking — and alongside the [release of a damning Infometrics report](#) on nursing numbers.

However, it appears the members' message is sinking in — Brown later admitting there was “clearly, work to do” on nurse recruitment. This was something Health New Zealand needed to work with NZNO on, he added to media.

“But they need to continue to hire frontline nurses.”

**‘Nah, this isn’t right’**

The initial quiet resistance came thanks to Te Poari member Rangi Blackmoore, sitting at a table near the front of the conference room in Te Papa, Wellington.



*At the NZNO annual general conference, from left, NZNO chief executive Paul Goulter, kaiwhakahaere Kerri Nuku and health minister Simeon Brown.*

Brown’s speech suddenly lurched into a lecture of sorts, telling off the conference room for striking.

He needed to address the “elephant in the room”, he said: That while it was true nurses had the right to strike, it was also true that thousands of patients were affected.

Brown told a story of a mother who couldn’t touch her premature baby during the last two strikes — “I say this story because that is the real human cost of striking.”

Blackmoore found herself turning her back and looking at her laptop on the table.

“And as he kept going I thought ‘nah’ so I stood up and I walked and I just stood here, and I felt people coming and standing next to me, and I thought, ‘there must be a few of us’.”

In the end the line ran along one wall of the conference room.





*Health Minister Simeon Brown got a powerful reaction at the NZNO annual general meeting.*

#### **At a glance**

- Health Minister Simeon Brown entered politely hostile territory speaking at the NZNO annual general meeting on Wednesday.
- It comes after the union's 36,000-plus Te Whatu Ora members [went on three nationwide strikes](#) in July and September.
- Brown was shown the backs of a line of nurses, then hit with silence as he walked out of the echoing conference room.

"He was telling us about going on strike . . . I thought 'what are you coming here to tell us about striking and trying to guilt trip us?'. We're trying to make a better future for the health system."

Adding to the power of the stand, the members of Te Poari had already adopted the 'paraikete whero' [red blanket] kaupapa — an initiative, started in Waitangi this year by wāhine Māori.



*Standing silently with backs turned are Te Poari members and supporters at the NZNO annual general conference.*

Nurses were the most trusted profession, Blackmoore, a clinical nurse specialist, said. "It takes a lot for us to stand up and do that, especially as Māori. But I was proud of us."

### **The minister speaks**

Brown thanked the nurses across the country for the care they give across all settings "You're often the first face patients see, and the last one they remember."

He said he understood many nurses were frustrated but he needed to address the recent strike action.

There was a "real human cost" to striking, and the nation could not afford a health system where patients were caught in the middle.

"Ultimately Health New Zealand is the employer, and they are responsible for patients and the safety of patients – they have to ensure they are doing that."



*NZNO kaiwhakahaere Kerri Nuku thanks Health Minister Simeon Brown at the AGM.*

After his speech, NZNO kaiwhakahaere Kerri Nuku thanked Brown for “looking the taniwhā in the eye” and having a kōrero.

“As you can see the frustration in the room is palpable, the frustration nationally, is palpable.”

Nuku said the Infometrics report released that morning showed the devastating impact of understaffed wards.

Every strike came after careful life preserving service planning, she said, and it was still very difficult for nurses to take action.





*Te Poari member Rangi Blackmoore, in her paraikete whero, after standing up and turning her back on the health minister Simeon Brown.*

Meanwhile, after wrapping up the speech, Brown walked out of a silent conference room — the audience standing and watching without applause as he left.

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NEWS

## How many hundreds? Infometric report reveals shocking hospital shortages in every shift

By Joel Maxwell

September 17, 2025

The nation's hospitals were collectively short 576 nurses every shift on average last year, a new Infometrics report has found.



NZNO members on strike in September call for more funding and safe staffing -- sentiments backed up by a new Infometrics report.

The NZNO-commissioned report [How many more nurses does New Zealand need?](https://www.nzno.org.nz/resources/nzno_publications#6_253) ([https://www.nzno.org.nz/resources/nzno\\_publications#6\\_253](https://www.nzno.org.nz/resources/nzno_publications#6_253)) crunched Te Whatu Ora data from 1.69 million shifts from 2022 to 2024 in 59 public hospitals.

NZNO chief executive Paul Goulter said the report put paid to Te Whatu Ora's claims hospitals weren't short-staffed.

"With 592 hospital wards and emergency departments throughout the country, Te Whatu Ora's own data . . . shows that almost every ward, every shift is short-staffed."

### By the numbers

Alongside the numbers from last year alone, the report said that on average from 2022 to November 2024, hospitals were short 635 fulltime-equivalent nurses every shift.



*NZNO chief executive Paul Goulter.*

Shifts were more likely to be short-staffed during winter; cancer and cardiovascular wards were the hardest hit from 2022-2024 — half their shifts understaffed. Children's wards were close behind at 45 per cent.

The Capital & Coast and Hutt Valley districts were most commonly understaffed — half their shifts coming up short.

Meanwhile the report blamed a lack of coordinated planning for some of the problems.

"Te Whatu Ora's sudden decision to freeze the hiring of nurses in mid-2024, including nurse graduates and internationally qualified nurses reportedly left one in four graduate nurses unemployed as of August 2024."

Ideally nursing recruitment decisions should be made several years in advance, it said.

Tightened health funding was a "key contributor" to the nursing shortage, said the report: Especially when these funding constraints hit increased demand on health services — particularly hospital services.

There was higher professional attrition, with burnout, sick leave and nurses headed overseas, it said.

The data in the report was collected through the Care Capacity Demand Management (CCDM) safe staffing programme — [belatedly released to NZNO with an apology](#).





*The Infometrics report said the health system facing increased demand from patients as it also faced funding constraints.*

Goulter said the numbers were eye watering. "But sadly, these aren't just numbers. This represents years of care patients have missed out on."

## **The path ahead**

The report had troubling data on the future demand for nurses in key specialties.

- The aged residential care nursing workforce is projected to contract 9 per cent, demand is projected to grow 47 per cent.
- The mental health nursing workforce is projected to grow just 2.2 per cent, demand is projected to grow 7.7 per cent
- The primary health care related nursing workforce is projected to grow 4.5 per cent, demand is projected to grow 7.7 per cent.

The Infometric report was released as Health Minister Simeon Brown speaks at the NZNO annual general meeting this morning.



NEWS

## 2025 election results sweep in a mix of current and new members for NZNO's new national executive

By Mary Longmore

September 15, 2025

A mix of current members and new candidates have been elected/re-elected onto the new Tōpūtanga Tapuhi Kaitiaki o Aotearoa – NZNO national executive.



New and returning NZNO board members, clockwise from top left: Rachel Thorn, Grant Brookes, Rosetta (Rosie) Katene, Michelle Fairburn, Grant Cloughley, Tracey Morgan and Saju Cherian.

The former NZNO board of directors is now titled NZNO national executive after a [new constitution](#) took effect following a member vote in July.

The just-elected 2025 national executive members are: Wellington mental health nurse and former NZNO president Grant Brookes, Whangārei ED nurse Rachel Thorn, Manawatū mental health nurse Saju Cherian, Waikato primary health

### Voting breakdown



Grant Brookes  
2060 votes



Rachel Thorn  
1899 votes



Waikato health-care  
assistant Michael  
Deibert  
821 votes

NEWS

## **Nurses forced into silence and Māori patients left invisible – NZNO submits on Government's health Bill**

By Joel Maxwell

September 11, 2025

It's not healthy, and it's bad for the future — the NZNO has blasted a proposed health law for dismantling Māori gains and stealing nurses' rights, in a select committee hearing.



*NZNO kaiwhakahaere Kerri Nuku, with president Anne Daniels, speaks at the health committee hearing.*

NZNO kaiwhakahaere Kerri Nuku appeared with president Anne Daniels before the health committee considering the Healthy Futures (Pae Ora) Amendment Bill.

Nuku said NZNO rejected “in its entirety” a Bill from a Government that wanted to silence Māori and render their health needs invisible. “We will never let that happen.”

The Government sought to stoke racial animosity for political gain at the expense of Māori, she said.

In June Health Minister Simeon Brown announced changes to the Pae Ora (Healthy Futures) Act.



*NZNO kaiwhakahaere Kerri Nuku and president Anne Daniels at the health select committee hearing.*

The new Bill strips out guiding principles for equity and Māori engagement in the system; it removes commitments to Te Tiriti, and depowers Iwi Māori Partnership Boards.

It comes after the Government dumped Māori Health Authority, Te Aka Whai Ora in 2024.

Nuku said the Bill was rolling back gains from decades of Māori health initiatives, which had been admired internationally.

The 2022 Pae Ora Act was driven by the findings of the Wai 2575 Waitangi Tribunal Inquiry into Māori health services, she said.

"This Government has systematically dismantled the infrastructure painstakingly built by Māori and the health sector to enable Māori to take responsibility for improving their health status."





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

Māori are twice as likely to die from suicide as non-Māori, have higher mortality rates from cancers, and heart disease, double the smoking rate, and die on average about eight years earlier.

### **‘Nurses will be silenced’**

The Bill includes a requirement for nurses to follow public service principles including political neutrality, which could have a “frightening effect” on their right to freedom of expression, Nuku said.

Nurses could be disciplined by their employer for speaking up for patients if it’s considered against the organisation’s interest, or is considered political, not a clinical comment, she said.

“This would be in direct conflict with the long-held professional and ethical standards that govern nursing and require the care of patients to be their first concern.”

Meanwhile [Buller Declaration](#) architect Malcolm Mulholland spoke about presenting to the health committee on Pharmac funding with his wife Wiki before she died from breast cancer in 2021.

His wife was unable to fulfil her last wish — visiting giant Far North kauri, Tāne Mahuta — because of the sluggish Covid vaccine roll-out, he said.

Delays in the roll-out, he said, came after a lack of engagement with Māori communities to encourage vaccine uptake.

That problem would likely get worse under the proposed law, which diluted Te Tiriti, and would “negate the effectiveness of engagement with Māori health providers”.



*Health Minister Simeon Brown  
announced the new law in June.*

Mulholland asked whether this would cause delays once again in vaccine rollouts if there was another pandemic.

The health committee is expected to report its findings to Parliament in late November, with a second reading of the Bill some time after that.



NEWS

## Bargaining restart gets real: The last-minute dash to negotiation team hui thanks to short-staffing

By Joel Maxwell

September 11, 2025

As NZNO collective bargaining restarts with Te Whatu Ora on Thursday, even planning was hampered by nurse short-staffing.



*The NZNO bargaining team for Te Whatu Ora has thanked members, fellow unions and the community -- with some of the team pictured, from left, Glenda Huston, Maria Tutahi, Linda Logan, Dawn Barrett and Al Dietschin.*

With Te Whatu Ora collective bargaining sparking up again on Thursday, the NZNO team held a planning hui in Wellington.

The team spoke to *Kaitiaki* ahead of the restart of bargaining, to thank members, fellow unions and the wider community for their support.



However for one nursing team-member, just getting to the planning meeting came with a lesson in the ongoing need for safe-staffing numbers.

NZNO vice president Nano Tunnicliff, a registered nurse at Kenepuru community hospital in Porirua, was still dressed in her nursing gear at the hui.



*NZNO members on strike last week in Auckland.*

"So one of our key claims for bargaining is safe staffing. And as you can see, I am in my uniform — this morning I was unable to be released from work.

"So I had to look after patients and then catch the train then to join the rest of the bargaining."

Bargaining resumes after a double-whammy of strikes last week that saw 36,000-plus members walk out of hospitals around the country on [Tuesday](#) and [Thursday](#).

It turned up the heat after [a strike in July](#), the release of damning safe-staffing numbers by Te Whatu Ora, and news [that mid-year nursing graduates were struggling to find jobs](#).

Ahead of bargaining, team member Al Dietschin said the strikes in Christchurch where he works as a healthcare assistant had been amazing.

"The support from the public and the other unions was top-notch."



NZNO vice president Nano Tunnicliffe.

Safe staffing and patient safety have been key elements of NZNO members' demands.

*See our video of NZNO's bargaining team thanking members, the public and other unions for the support during last week's strike [here](#).*



NEWS

## **‘It’s a beginning’, say emergency nurses after joining safe staffing kōrero**

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By Mary Longmore

*September 9, 2025*

As the shocking reality of hospital understaffing is finally revealed, NZNO's ED nurses are finally being invited to join Te Whatu Ora's safe staffing discussions after meeting with the Minister of Health.





*NZNO college of emergency nurses chair Lauren Miller (left), Wendy Sundgren (front) and Natasha Hemopo after meeting with Minister of Health Simeon Brown earlier this month. Professional nursing advisor Suzanne Rolls is at rear.*

College of emergency nurses Aotearoa (CENNZ) chair Lauren Miller said after raising concerns in a meeting with Minister of Health Simeon Brown, it was now in talks with Te Whatu Ora's chief nurse about how to staff EDs more safely.

"They have heard what we're saying and are now aware that safely staffing EDs is difficult — it is a beginning."

The comments come as damning figures reveal at least 20 emergency departments (EDs) were below-safe staffing targets between January and November last year. In Thames Hospital, the worst affected, 79 per cent of all shifts were understaffed over the period.

#### **ED shifts below CCDM safe-staffing targets Jan-Nov 2024**

Thames Hospital ED	79%
Palmerston North Hospital ED	65%
Tauranga Hospital ED	60.6%
Nelson Hospital ED	59%
Waipapa Christchurch ED	53%

Other worst-affected EDs included Palmerston North Hospital, which was understaffed 65 per cent of the time; Tauranga Hospital, (61 per cent) Nelson Hospital (59 per cent) and Waipapa Hospital (53 per cent).

**‘The fallout is that is, it impacts the patients. It also impacts the wellbeing of the staff.’**

Miller and fellow CENNZ members Natasha Hemopo and Wendy Sundgren, raised several concerns with Brown in late July, including ongoing failures to recruit enough ED nurses — despite these shortfalls being identified by safe staffing tool CCDM (care capacity demand management).

“We know these departments are working at a deficit and we’re not able to meet what we consider safe staffing. The fallout is that is, it impacts the patients. It also impacts the wellbeing of the staff,” Miller said.

**‘Sorry, yes we are short-staffed’**

Te Whatu Ora [has apologised](https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6928/preview/true/te-whatu-ora-sorry-for-evading-safe-staffing-data-contradicting-its-claims) (https://www.nzno.org.nz/about\_us/media\_releases/artmid/4731/articleid/6928/preview/true/te-whatu-ora-sorry-for-evading-safe-staffing-data-contradicting-its-claims) to NZNO for not releasing hospital-wide safe staffing data which contradicts its claim hospitals are not short-staffed. The CCDM data revealed that throughout most of 2024, hospital day shifts were below safe staffing targets 51 per cent during daytime shifts and 35 per cent on evening shifts.

As Te Whatu Ora nurses around the country [took two-day strike action this month](#), Miller said the college was pleased to be “at the table” at last.

Te Nikau Grey Hospital ED	51%
Wairau Hospital	49%
Taranaki Hospital ED	43%
Whanganui Hospital ED	39%
Waikato Hospital ED	36%
Southland Hospital ED	34%
Whakatāne Hospital ED	31.5%
Tokoroa Hospital ED	29%
Hāwera Hospital ED	27%
Lakes District Hospital ED	23%
Te Kuiti Hospital ED	21%
Taumaranui Hospital ED	20%
Waipapa Hospital Children's ED	11%
Gisborne Hospital ED	3%

*Taken from NZNO analysis of CCDM understaffing data supplied by Te Whatu Ora under the Official Information Act.*



Rotorua members on strike last week included many emergency nurses. Photo: Linda Logan.



"This is the third time we've met with [a health] minister – we've met three different ministers. This is the first time we've had ongoing immediate traction after, so that feels promising," she told *Kaitiaki*.

"We feel happy and motivated to contribute to any ongoing conversations around the specialty of emergency nursing."

**'They have heard what we're saying and are now aware that safely staffing EDs is difficult – It is a beginning.'**

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*Minister of Health Simeon Brown*

With [hundreds of patients were being treated in corridors](https://www.nzherald.co.nz/nz/more-than-1500-patients-treated-in-corridors-at-middlemore-ed-in-a-month-amid-staff-shortages/2ZADGBWTWZFMNI2BL2EOOMYQCU/)

(<https://www.nzherald.co.nz/nz/more-than-1500-patients-treated-in-corridors-at-middlemore-ed-in-a-month-amid-staff-shortages/2ZADGBWTWZFMNI2BL2EOOMYQCU/>), as well as deaths in [Rotorua, Gisborne](https://www.stuff.co.nz/nz-news/360476207/hui-unconscious-bias-factor-gisborne-ed-death) (<https://www.stuff.co.nz/nz-news/360476207/hui-unconscious-bias-factor-gisborne-ed-death>) and [Auckland's Middlemore Hospital](https://www.1news.co.nz/2022/06/16/patient-dies-after-leaving-middlemore-ed-due-to-wait-time/) (<https://www.1news.co.nz/2022/06/16/patient-dies-after-leaving-middlemore-ed-due-to-wait-time/>) showed real harm was happening as a result of ED understaffing, Miller said.



*CENNZ also raised their concerns with former health ministers Ayesha Verrall and Shane Reti.*

CENNZ had already had two hui with Te Whatu Ora chief nurse and her team over ED safe staffing needs and another was planned. Nurses were finally beginning to be listened to, Miller said.

"We are having some ongoing conversations about that – we are very happy to be at that table."

### **It's all about flow**

Patient flow, 24/7 security and more Māori nurses were also on the table at the minister's hui, where Te Whatu Ora chief nurse Nadine Gray was also present.





Whangārei ED members, left to right: Aimee Croad, Lisa Tito, Amanda Harrison and Maisie.

Miller said CENNZ asked Brown to consider hospital flow, rather than focusing on EDs, in its six-hour targets.

“When you say ED has to get all their patients out in six hours, it makes it sound like we are underperforming. But it’s about the flow of patients out of ED – where do you put them? So we would prefer it to be a target that is more focused on hospital flow.”

### 24/7 security?

The nurses also asked for 24/7 security in EDs everywhere to combat rising violence and aggression. While Miller was aware of Government efforts to improve ED security guard training, inconsistencies between EDs were “vast” and there had been no commitment to round-the-clock security.

“What we continuously recommend is that every ED in New Zealand has 24/7 purpose-trained security guards, who are integrated members of our wider health-care team and known recognisable faces who work with clinical staff to ensure safety.”

### Culturally-safe EDs?

CENNZ also asked the minister to consider [research](#)

(<https://pubmed.ncbi.nlm.nih.gov/34651443/>) showing Māori were twice as likely to die within 10 days of being discharged from EDs than non-Māori, Miller said.



*Whangārei emergency nurses on strike this month, clinical nurse educator Amanda Harrison (left) and clinical nurse specialist Reanne Subritzky.*

Nurses told Brown the college “strongly opposed” proposed changes to the Pae Ora Act which would strip the health legislation of its equitable approach to health care and obligations to Māori under te Tiriti o Waitangi, she said.

CENNZ also initiated meetings [with former health ministers Shane Reti](#) last year, and Labour’s Ayesha Verrall in 2023 over ongoing staffing, violence and safety concerns.

### Minister of Health responds:

Associate Minister of Health Matt Doocey acknowledged ED nurses’ concerns around patient flow and staff safety and said he was expecting new security advice from Te Whatu Ora “soon”.

“We know that improving hospital flow is a key part of easing pressure on emergency departments and meeting the Government’s health target for shorter stays in ED by 2030,” he told *Kaitiaki* via email.

Investing in primary care would also ease ED pressures, which was why the Government was [expanding online access](#) (<https://www.beehive.govt.nz/release/new-and-improved-urgent-and-after-hours-healthcare>) to GP and urgent care, Doocey said.



Doocey said the Government valued emergency nurses, who did an “incredible job of caring for patients every day”.

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- Doocey was acting Minister of Health for Brown, who was on parental leave after his fourth child was born when Kaitiaki sought a response recently.



Whangārei ED — Te Kahu Atawhai staff on strike this month.

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NEWS

## The marshmallows are back! Hospital staff celebrate after campaign to bring joy back to their hot choccies

By Mary Longmore

September 9, 2025

Marshmallows will shortly be back on the menu at a hospital near you, after workers campaigned to 'free the marshmallow'.



A "free the marshmallow" campaign was launched at Hutt Hospital.

Lower Hutt enrolled nurse Natasha Gilmour was stoked at the news.

"I am glad the marshmallows are back. They should never have been removed in the first place," she told *Kaitiaki*. "Hot chocolates need marshmallows"

Marshmallows and coffee syrups were one of many things rated "red" under Te Whatu Ora's new [food and drink guidelines](https://www.tewhatauora.govt.nz/assets/Publications/National-food-and-drink-policy/HNZ-National-Food-and-Drink-Policy.pdf) (<https://www.tewhatauora.govt.nz/assets/Publications/National-food-and-drink-policy/HNZ-National-Food-and-Drink-Policy.pdf>) and whipped off the menu across Aotearoa last month.

Hutt Hospital nursing staff were gutted by the sudden ban — with one mystery worker even starting a campaign to "free the marshmallow".

**'There are worse things they could be having than a couple of marshmallows.'**

Lower Hutt nurse Karen Wiggins said last week she was "absolutely gutted" she could no longer have a marshmallow at the end of a long shift.



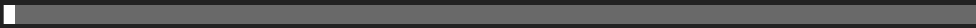
*A deluxe hot chocolate — how it used to be. Photo: AdobeStock.*

"I had a hot chocolate yesterday and wanted to know where my marshmallows were and got told there were no more marshmallows! What's up with that?"





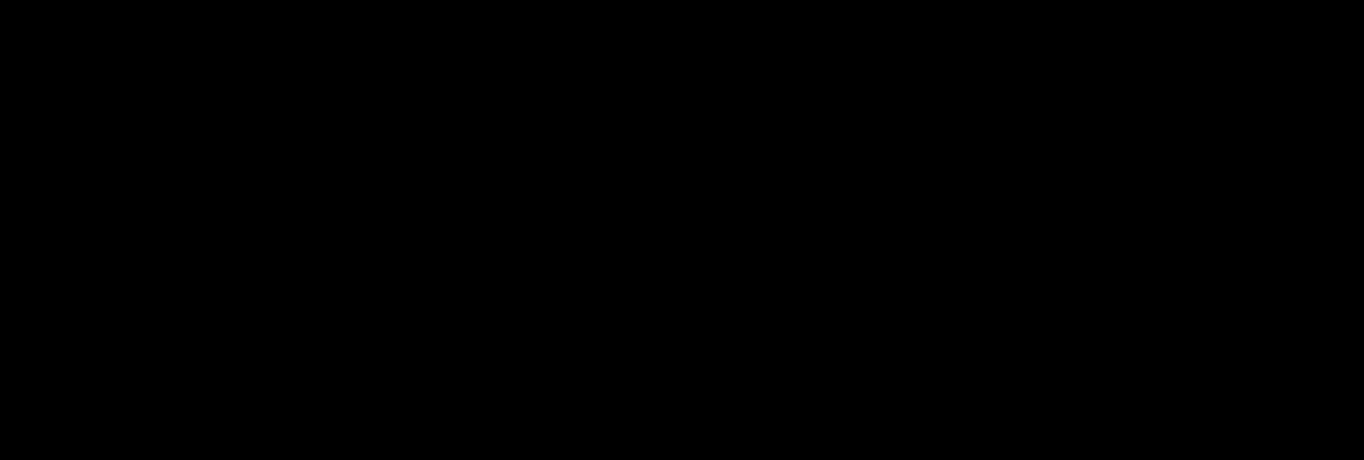
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Te Whatu Ora last month revealed it was planning to do away with a number of foods deemed unhealthy under its new policy — from chocolate and energy drinks to brioche and icing that it considers “too thick”.

Citing health and wellbeing, the new policy rates foods green (available), amber (available in limited quantities) or red (not available).

**‘There are worse things’**

A Hutt Hospital cafe staffer said the sudden loss of marshmallows had seen a backlash from disappointed customers — about 80 per cent of whom were staff.

“Basically everyone who normally gets marshmallows complains”, said the worker, who asked not to be identified.

“Their argument is they are adults and can make their own decisions, and there are worse things they could be having than a couple of marshmallows,” she said.

“They just want their marshmallow after a long day.”

The person at the heart of the “free the marshmallow” campaign was reluctant to be interviewed, however there had been much support.

The healthy policy is rolling out between now and March 2026.

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NEWS

## Groundhog Day: NZNO files pay equity claims – again – for hospice and Plunket members

By Joel Maxwell

September 9, 2025

NZNO's hospice and Plunket members have become the first in New Zealand to refile pay equity claims after the Government took an axe to the process in May.



*From left, Plunket clinical leader nurse Hannah Cook, PlunketLine RN Janis Rivera and clinical leader in field Vicky Perris, at the pay equity filing at Mary Potter Hospice in Wellington.*

Handing over the paperwork at Mary Potter Hospice in Wellington, to chief executive Tony Paine, was palliative care nurse Fiona McDougal.

"Women have looked after people who are dying and their families for centuries, way back into the mists of time, but we're professional people as well . . . and we'd like to really see that remunerated."

After 40 years in the job, McDougal — originally born in Aberdeen — was coming up to retirement. "And I was kind of hoping to get a wee boost to my pay before I retire . . . but that hasn't happened so far!"

She said to the Government and Te Whatu Ora: "Fund our [pay equity claim](#), now!"



*Palliative care nurse Fiona McDougal hands over the paperwork on the refiled pay equity claim to Mary Potter Hospice chief executive Tony Paine.*

In May the Government passed legislation under urgency that deleted all 12 of NZNO's claims. It imposed strict new criteria and forced all claimants to restart the process.

The new law freed up \$12.8 billion for the Government's Budget 2025 instead.

#### **'The work is so draining, part-time was fulltime'**

Palliative care facilitator for primary care at Te Omanga Hospice, Anna Garton had worked with hospices since 2009, and said back then part-time roles were considered fulltime.

"When I started it was really clear that .8 was considered fulltime because of the strain of the work and intensity of the work, and the recognised need for self-care."





*NZNO members join the presentation of a petition at Parliament against the Government's pay equity changes in July.*

Because of the challenging nature of the work, real attention needed to be paid to keeping specialist nurses in the sector, she said.

"We know that the numbers of people that are going to be looked after in the community are going to exponentially increase."

**Watch the video in our new section [here](#).**

According to Statistics NZ, the number of people in Aotearoa aged over 65 will likely hit 1 million by 2028. This is up from barely 564,000 in 2010.

**'We're here at the start and the end.'**

Plunket nurse Hannah Cook said the day was an important one for members — even though the nurses shouldn't have to be there again.

"Our previous pay equity claim was just weeks away from being completed and submitted after nearly two years of work when the Coalition Government changed the scheme overnight without warning."



*NZNO members gather outside the High Court in Wellington as legal action launches in August — including NZNO — against the Government's pay equity law.*

She said about 98% of Plunket nurses were women. “Plunket is here at the start of life to support our whānau, and hospice is here at the end of life to support our whānau. What we do is important mahi.”

The nurses deserved to be paid at the same level as those in comparable male-dominated organisations and occupations, she said.

Tony Paine, Mary Potter chief executive said the organisation was happy to have the application, and hoped the simple brown envelope in his hands “achieves big things”.

He said he wanted nurses at the likes of hospices paid the same as nurses across the road at the nearby Wellington Regional Hospital.

## **‘Plunket is here at the start of life, and hospice is here at the end of life.’**

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The Plunket and hospice claims cover about 800 and 750 members respectively.

The Government's law change cancelled 33 claims across multiple sectors. Many cannot be resubmitted under the stricter criteria.

In August NZNO was one of five unions [launching a High Court legal challenge](#) to the pay equity law changes, arguing they breached members' rights.

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NEWS

## Strike day 2: Nurses vindicated, infuriated and bleeding – literally – for their patients

By Mary Longmore and Renee Kiriona

September 5, 2025

It was an emotional rollercoaster.



*Lower Hutt nurses Rebekah Noakes and Karen Wiggins outside the blood bank. Both donated blood this week while on strike.*

Nurses and kaiāwhina across picket lines on Thursday were thrilled and vindicated Te Whatu Ora had been forced to acknowledge their everyday reality — Aotearoa's hospitals are dangerously understaffed.

But they were also infuriated by Minister of Health Simeon Brown's electorate office sign blaming nurses on strike for disrupting patients.

"Anyone who's sat in ED for six or seven hours would know there are staff shortages," said Margaret Donovan, a Lower Hutt nurse of 53 years — just three shifts away from retirement.



*NZ Professional Firefighter Union members like Kurt Walsh turned out to support striking Lower Hutt nurses Maree Hunt (centre) and Margaret Donovan this week.*

"The data is all there and I was thrilled to see the apology forced on them by the Ombudsman," she told *Kaitiaki* from Hutt Hospital's picket line — where she was one of the first strikers despite pouring rain.

Te Whatu Ora this week apologised to Tōpūtanga Tapuhi Kaitiaki o Aotearoa – NZNO for acting "unreasonably" in refusing to release its 2024 safe-staffing data until ordered to by the Ombudsman.

**'The figures validate what we've all been saying. Now we just need the Government to come on board because they have got no idea what nurses do.'**

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NZNO strategic researcher Nathalie Jacques — who obtained the figures — has described it as "[gaslighting](https://www.thepost.co.nz/politics/360806759/ombudsman-raps-health-nz-over-secret-nurse-staffing-data)" (<https://www.thepost.co.nz/politics/360806759/ombudsman-raps-health-nz-over-secret-nurse-staffing-data>) nurses as they tried to hold wards together under impossible conditions, only to be told there were too many of them.





*Neha Naidu chose to give blood while on strike this week.*

The numbers were, of course, damning, and proved beyond doubt how dangerously understaffed our hospitals are — a fact frontline workers knew but Te Whatu Ora has [consistently denied](#), claiming it was fully staffed up with nurses.

Day shifts across all wards were understaffed 51 per cent of the time last year, while all evening shifts were understaffed 35 per cent of the time. Several acute mental health units were almost always understaffed last year.

Speaking from the picket lines, Hutt nurse Gina Bryden said the apology and figures revealed the truth, at last.

“They validate what we’ve all been saying. Now we just need the Government to come on board because they have got no idea what nurses do,” Bryden said.

“They say we don’t care about patients, but we are striking because we care about patients.”

Meanwhile, Te Whatu Ora chief executive Dale Bramley said Te Whatu Ora planned to hire more frontline staff, including nurses.

“We do recognise that a number of our services are under pressure, because of rising demands,” he told [RNZ](https://www.rnz.co.nz/national/programmes/checkpoint) (<https://www.rnz.co.nz/national/programmes/checkpoint>).

### **‘Offensive and alienating’**

The revelations came a day after Minister of Health Simeon Brown baited striking nurses outside his Pakuranga electorate office with a large sign accusing them of disrupting thousands of patients.





Hutt nurse Gina Bryden and slightly soggy doggy Hades.

**'I'm really upset at being accused of not caring for my patients. That couldn't be further from the truth.'**

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NZNO delegate Maree Hunt, also on the picket line, said it was "really offensive" and alienating.

"We don't want to make people wait — we don't want to cause disruption. We're doing this for our patients."

Hunt told *Kaitiaki* she would love to invite Brown on shift, "to see how he copes" with staffing levels — an invitation *Kaitiaki* has passed on.



The Minister of Health's message to nurses and *kaiāwhina* on strike outside his electorate office on Tuesday September 2.

"We've had a really rough week — we've got flu and COVID on the ward, we've got a full ward. It's so busy every day."

Others, like Hutt nurse Rebekah Noakes, chose to give blood in response.

"Now I'm really upset at being accused of not caring for my patients. That couldn't be further from the truth — it's for our patients we are striking."

## **'I would really like to take Simeon on a shift with me, to see how he copes.'**

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Noakes said she also wanted to give back as needed blood transfusions when she gave birth to her daughter.



NZ Professional Firefighters Union secretary Joanne Watson supporting nurses on strike in Wellington this week.

The strike hit the streets of Wellington city as members encouraged Willis Street foot traffic to sign the Buller Declaration/[Patient Voice Aotearoa petition](#) — gaining a whopping 1000-plus more signatures ahead of it being presented to Parliament on November 18.

Professional Firefighters Union secretary Joanne Watson told *Kaitiaki* firefighters were turning out to support striking nurses around the country.

"We have very similar issues — we are fighting for safe staffing, and we're here to support nurses in their fight for safe staffing."

NZNO has been in negotiations for a 2024–26 collective agreement with Te Whatu Ora for a year, with 28 days of talks, including 13

supported by the Mediation Service and three by the Employment Relations Authority.

NZNO and Te Whatu Ora have today agreed to return to bargaining "as soon as possible".

The Association of Salaried Medical Specialists is also [considering strike action](#) (<https://www.rnz.co.nz/news/political/572089/health-minister-simeon-brown-demands-union-and-health-nz-go-to-arbitration>) over its own pay negotiations.

The unrest comes as health and hospitals are again found to be among the most concerning issues for New Zealanders, the [latest Ipsos poll reveals](#) (<https://www.ipsos.com/en-nz/ipsos-new-zealand-issues-monitor-august-2025>).

Listen to NZNO researcher Nathalie Jacques break down the figures on RNZ [here](#) (<https://www.rnz.co.nz/national/programmes/checkpoint/audio/2019002865/health-minister-and-union-disagree-over-nurses-pay>).



Hades the dog braved the rain in Lower Hutt to support nurses.



Auckland members on strike

- *This story was updated later on September 5 to say NZNO-Te Whatu Ora bargaining had resumed.*
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NEWS

## Scaled-back psychology assistants a 'backtrack', say mental health nurses

By Mary Longmore

September 4, 2025

A newly-approved psychology assistant workforce will simply be another burden on overstretched health professionals, warn NZNO mental health nurses.



*Mental health workforce is under pressure, say nurses.*

Te Poari Kaimātai Hinengaro o Aotearoa — New Zealand Psychologists Board (NZPB) this month approved psychology assistants (PAs) to practise with “strict safeguards” in New Zealand.

The delayed decision followed a [backlash](#) from clinical psychologists and mental health nurses who feared the less-qualified role would be used as a cheap replacement for clinical psychologists.

PAs would be able to qualify with a one-year diploma after completing a three-year psychology degree. Clinical psychologists take closer to six years to qualify.

Concerns also included burdening already-stretched mental health professionals obliged to supervise PAs.

**‘What they’ve done, is they’ve got a hell of a fright with their workforce reacting badly against the proposal, and so they’ve backtracked.’**

NZPB chief executive Vanessa Simpson said the board decided PAs could improve access for people with mild or less-complex needs, who often waited a long time for help.

However, the board recognised that concerns about substitution and supervision were genuine, and had built in “strict safeguards”, she said.



Helen Garrick

PAs would only be able to practise within a defined scope, as part of a team and under mandatory supervision.

Psychologist board chair Lisa Lawrence told *Kaitiaki* the name “psychology assistants” had also been chosen to avoid any confusion with clinical psychologists.

“The board has carefully weighed perspectives and remains committed to monitoring the role’s impact once implemented.”

#### **Mental health nurses ask why?**

Tōpūtanga Tapuhi Kaitiaki o Aotearoa – NZNO mental health nurses section chair Helen Garrick said there were so many limits now imposed, her only question was: “Why?”

“What they’ve done, is they’ve got a hell of a fright with their workforce reacting badly against the proposal, and so they’ve backtracked. In so doing, they’ve almost removed the purpose of doing this,” she told *Kaitiaki*.

**‘I haven’t talked to a single clinical psychologist who is keen on picking up one of these and supervising them. Why would you?’**

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A PA would have no clinical responsibility and require near-constant supervision. The psychologist, nurse or psychiatrist would still have to do the full assessments, as well as supervise the PAs.

“I haven’t talked to a single clinical psychologist who is keen on picking up one of these and supervising them. Why would you?”

#### **Where’s the money?**

It was also frustrating Doocey kept funnelling money into the mild-to-moderate end of mental health, when acute and forensic mental health services were in desperate need of more staff, Garrick said.

The mental health nursing workforce needed more investment in nurse practitioner training, return-to-nursing programmes, Māori nurses and more internationally-qualified nurses with mental health experience, she said.

## **‘There has to be a commitment to that lost middle group – people who have left nursing.’**

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The recently released [Crawshaw review](https://www.health.govt.nz/news/canterbury-mental-health-review-released) (<https://www.health.govt.nz/news/canterbury-mental-health-review-released>) of Canterbury mental health services also identified a “missing middle” in acute mental health nursing. There were “old, old nurses nearing retirement like me” but a lack of experienced mental health nurses to mentor new graduates, Garrick said.

“There has to be a commitment to that lost middle group – people who have left nursing.”

Mental health nurses here generally complete one year nurse-entry-to-specialist practice (NESP) after a three-year nursing degree, Garrick said.

### **Next steps?**

The psychologists board chair Vanessa Simpson said next steps were to develop training programmes which the board would then consider accrediting.

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

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

Doocey welcomed the decision to approve development of the PA role, saying it would increase access to timely mental health and addiction support.

“We know there are long-standing workforce shortages across the sector, and this initiative opens the door for a career in mental health for the hundreds of students that graduate each year with a degree in psychology but are unable to secure a place in the clinical psychology programme.”



*Matt Doocey*

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NEWS

## Strike Day 1: Action might be nationwide, but Te Whatu Ora nurses' motivations are very personal

By Joel Maxwell

September 3, 2025

The strike was nationwide, covering tens of thousands, but the reasons for nursing were simple, personal — and always about the patient.



*Kenepuru community hospital nurse Gwen Taitua stands up for her patients on Tuesday.*

Nurse Hayden Wallace has found a quiet (ish) spot by the picket line outside Kenepuru hospital, near the sausage sizzle, [to start the pump that will deliver milk through a nasogastric tube to baby Willow](#)

(<https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkaitiaki.org.nz%2Fvideo%2Fpicketing-nurse-sorts-nasogastric-kai-for-prem-twin%2F&data=05%7C02%7CJoel.maxwell%40nzno.org.nz%7C124477a2afea4c26b7b108dde9d23cd8%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C638923811353921256%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIlwLjAuMDAwMCIslIAiOiJXaW4zMilsIkFOljoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=gsiF4RqGGOmWs7PYVaOWomjeFHBfKtt7cB2op7RXK4%3D&reserved=0>), one of his twins, sitting snugly inside a carry chair.

Work might have halted amongst the NZNO nurses at the hospital, but you've got to carry on with the feeding, he says, matter-of-factly.

Wallace was one of 36,000 Te Whatu Ora members nationwide who joined the first of two strikes this week — from 7am to 11pm on September 2 and September 4.



Outside Kenepuru community hospital, Porirua, from left, Penny Clark, Tilly the lamb, in pram Alora Ulu, twin babies Max (left) and Willow Wallace, dad Hayden Wallace, and mum of Alora, Mao Ulu.

He is the dad of year-old twins — Max and Willow — prem babies who were born at 28 weeks. But, he says, they're doing ok now.

They were joining him on the rowdy picket line of Te Whatu Ora strikers outside the hospital — drawing toots from cars, chanting and laughing.

The twins are part of a set of six kids, he said. "We bought four, but got six."







*Taking a stroll in Whangārei were Te Whatu Ora nurses striking for health.*

Wallace said he was standing up for his patients. "To get them [Te Whatu Ora] to acknowledge the data that we've been collecting for the last 10, 15 years, rather than pretending it doesn't exist."

To him, nursing meant the satisfaction of seeing the hospital's patients walk back out its doors — be able to regain their life again.

#### **'Helping my dying mum set me on this path'**

Gwen Taitua, registered nurse for four years, is on the picket line because she's worried about patients getting the support, care and services they need. "We need more nurses!"



*NZNO members gather outside Prime Minister Christopher Luxon's office in Auckland.*

What nursing itself meant to her was something more personal.

"Looking after my mum at her end stage of life just drove me to where I am now."



Even despite that experience she had known from a young age it was something she wanted to do. "Oh yes, from a very young age: knowing that others need care."

There's signs of spring everywhere on the picket line. A lamb is at this event, brought along ahead of a visit to the vet later that day. It is wearing a vest and a diaper: as one person says nearby, the lamb is sick.



*NZNO members (and CEO Paul Goulter) gather on the picket in Invercargill.*

Nearby is Mao Ulu who works in Kenepuru's ward 4, rehabilitating elderly patients who have broken bones.

She has brought 11-month daughter Alora Ulu — one of her three children, all under five. "I've got a four year old, a one year old, and 11 months. It's been a bit of a juggle but we make it work when we can."

Nursing means a lot to her, she said, coming from a family that had "no healthcare in the background" of their lives. "And really I just enjoy seeing our patients be able to leave the hospital — provide as much care for them as possible."

Support came ahead of the strike from extraordinary nursing tutor Grace Benson — [87 and still teaching](#) at Manukau Institute of Technology (MIT).

Over her 43 years teaching at MIT, thousands of nursing students had passed through her classes.

For patients to experience the real meaning of nursing — having someone who walks with them, who cares about them — well, that needed skill and time, Benson said.





Grace Benson.

"We need better staffing levels . . . and new nurses need to be precepted by registered nurses who have time to teach them — and that doesn't always come out in the media."



Te Whatu Ora nurses give a gentle knock on the office doors of National MP Todd McClay in Rotorua.

### Not fit for purpose?

After apologising to NZNO for not releasing the data, Te Whatu Ora suggested CCDM wasn't fit for purpose and floated a new "safe care approach for nursing".

"There's no one, internationally agreed, way of determining how many nurses, doctors, mental health professionals or allied health staff should be rostered to work each day," said spokesman Dr Richard Sullivan in a written statement.

However, 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.



*Nelson members gather for a little public service at Tahunanui Beach and playground for a beach clean up.*

Media reports have revealed that in a bid to employ more graduates, Te Whatu Ora had squeezed more .6 FTE positions into the system.

In July, 36,000 nurses, health-care assistants and midwives went on strike for 24 hours.

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OPINION

## Newly-elected student leaders bring mix of youth and maturity – and compassion galore

By Poihaere Whare, Floyd Watson, Siarra Marsh and Dawn Blyth

September 25, 2025

Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO's newly-elected student leaders share what drew them into nursing, and what they hope to achieve in their new roles.



NZNO's new student leaders, left to right: Te Rūnanga Tauira vice-chair Siarra Marsh, Te Rūnanga Tauira chair Poihaere Whare, national student chair Floyd Watson and national student vice-chair Dawn Blyth.

**Te Rūnanga Tauira chair Poihaere Whare**

**He aha ahau e hiahia ai ki te noho hei nēhi?**



Poihaere Whare (University of Waikato)

Ko te tino take i whiriwhiria ai e au te mahi nēhi, he hiahia nōku ki te āwhina i te tangata, otirā i ngā wā e tino rawarawa ana rātou.

Nā te manaaki i tētahi o ōku whanaunga i ō rātou rā whakamutunga, i tino hōhonu taku māramatanga ki te aroha me te mahi nui a te nēhi me te hunga hauora.

He wheako whakamamae te mātakitaki i ā rātou whakatāuke, i whakatuwhera i ōku kanohi ki te ngoikore o te oranga.

Nā tēnei wheako i whakakā te ngākau nui i roto i a au mō te mahi nēhi, i whakaatu hoki i te mana o te manaaki i runga i te aroha mō te oranga o te whānau me te hapori whānui.

I ahau hei ākonga nēhi Māori, ehara i te mea ko taku haerenga ake anake, engari ko te whakahihiri i tōku iwi, hapū, me te whānau hoki. Mā te mahi nēhi e taea ai te wero i ngā rerekētanga kei roto i te pūnaha hauora, kia waihangatia he ao e matua whakaarohia ana, e matua whakanuia ana hoki te oranga hauora o te iwi Māori.

### **Why do I want to become a nurse?**

My primary reason for choosing nursing as a career is my desire to help people, particularly during their most vulnerable moments.

## **Witnessing their struggle was a heartbreaking experience that opened my eyes to the fragility of life.**

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Caring for my loved one in their final days profoundly deepened my understanding of compassion and the critical role of a nurse and health-care professional.

Witnessing their struggle was a heartbreaking experience that opened my eyes to the fragility of life. This experience fuelled my passion for nursing, highlighting the significant impact that compassionate care can have on the wellbeing of whānau and community.

As a Māori nursing student, my journey involves not only my personal empowerment but also the empowerment of iwi, hapū, and whānau.

Nursing provides a platform to challenge systemic disparities within the health system, promoting an environment in which Māori health prospects are prioritised and respected.

### **National student chair Floyd Watson**

I came into nursing to be part of a change for the betterment of our people. Too often we see poor health outcomes for minority groups.

The only way I could see of having an impact on these issues, is by engaging and becoming part of the system that needed to be changed.



*Floyd Watson (Eastern Institute of Technology)*

**I came into nursing to be part of a change for the betterment of our people.**

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I saw joining NZNO's national student unit (NSU) as a chance to start making those changes early and a place that could provide a platform to start the hard conversations we need to have as a nation.

#### **National student vice-chair Dawn Blyth**

I came into nursing as a mature student. I've been a mum to two boys for the last 17 years and decided that now was the time for me to do something.

**It is a privilege to care for people in their time of need.**

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My heart is with helping people and this is something that can be accomplished through nursing. It is a privilege to care for people in their time of need.

The NSU is a place where I can advocate for students around New Zealand while they are training to become our future nurses.



*NZNO national student vice-chair Dawn Blyth (ARA Institute of Canterbury).*

#### **Te Rūnanga Taurira vice-chair Siarra Marsh**



Why do I want to be a nurse?

It's because I saw the inequity my whānau and community were facing and knew I couldn't sit by and watch it happen.

**I knew if I wanted change, I had to be a part of it.**

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I knew if I wanted change, I had to be a part of it.

This grew within my first year of study as it's become so obvious how much nursing students are struggling, especially our taurira



*Te Rūnanga Tauira vice-chair Siarra Marsh*

Māori.

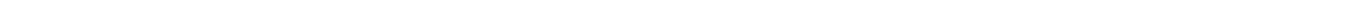
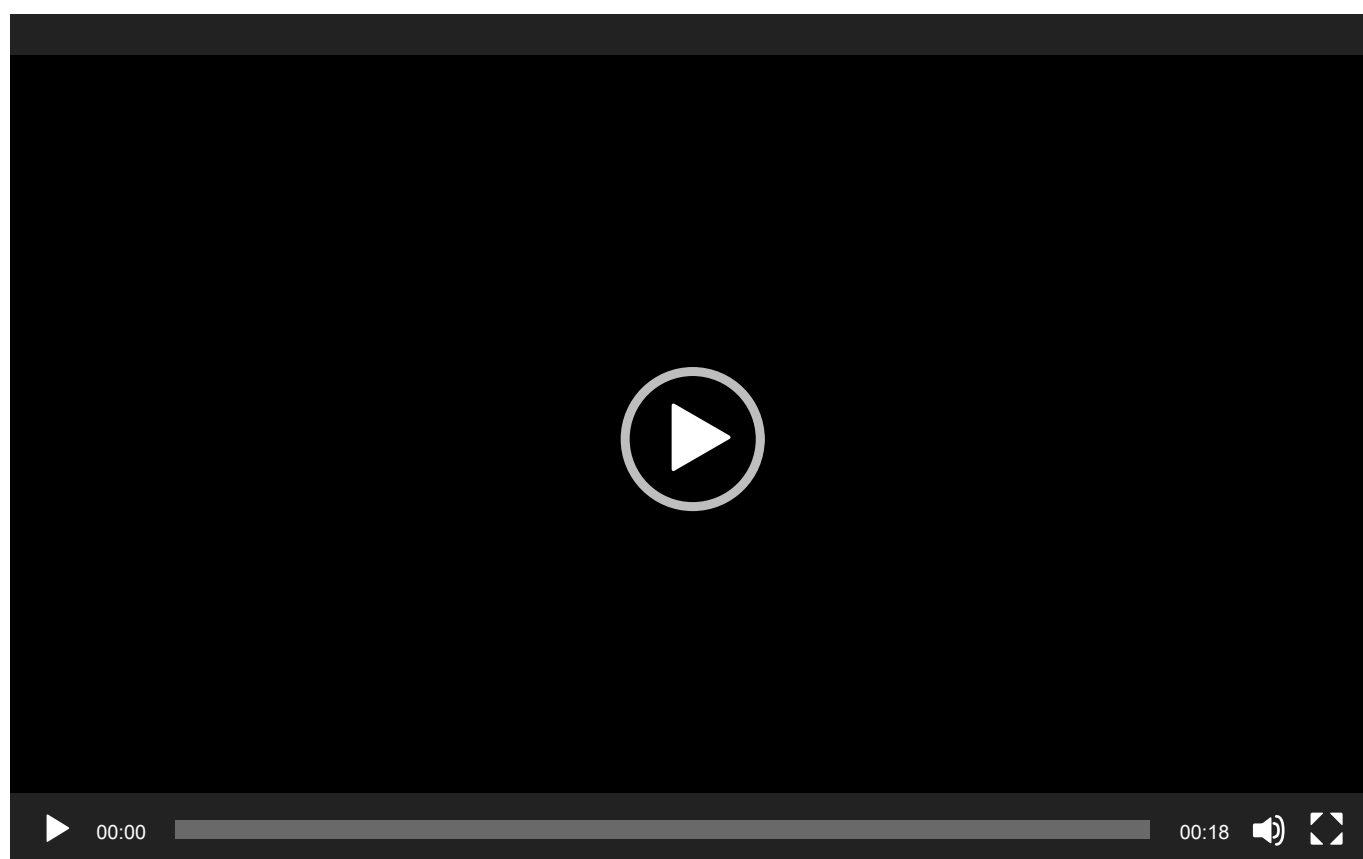
The NSU works as a team, and I know if we continue to fight together, that's when we can really make a difference.

Nāu te rourou, nāku te rourou, ka ora ai te iwi (with your basket and my basket, the people will thrive).

### Work to do

At NZNO's conference this month, the new leaders acknowledged the work of former student co-leaders Bianca Grimmer and Davis Ferguson and said there was much work to do at a tough time for nursing graduates and students.

"So, we're really looking forward to having you guys behind us as we try to fix these issues," Watson said.



OPINION

## A dose of theatre action for NZNO's strike volunteer wardens

By Neil Warrington (Auckland nurse and NZNO delegate)

September 25, 2025

These nurses missed out on the recent Te Whatu Ora-Health New Zealand strikes as they volunteered to oversee life-preserving services (LPS). But free tickets from a production company to the hottest show in Auckland right now, gave them all the drama and action they needed.



*Auckland NZNO delegates may have missed out on the strike to provide LPS -- but not the action!*

Other LPS volunteer wardens\* and I recently attended the opening night of Priscilla, Queen of the Desert at The Civic Theatre in Auckland.

Tickets were generously provided to NZNO by the production team. It was awesome meeting new faces, with delegates joining us from as far afield as Hamilton and Whangārei.

The evening began with photos outside the theatre, placards in hand—because why not? With drag queens, a red carpet and patrons dressed in dazzling outfits, the atmosphere was already buzzing.

Taking my seat, I was reminded of the magic of The Civic. Built in 1929, it is one of only seven atmospheric theatres left in the world. Its history is colourful—not least the Freda Stark, Thelma Trott and Eric Mareo love triangle of the 1930s that ended with Thelma's murder.



LOVE TRIANGLE: Freda Stark, Thelma Trott and her husband Eric a year before Thelma was murdered by Eric. Source: The Civic archives, 1934.

Legend has it that certain seats come with ghostly encounters, an unexplained elbow bump, or the sound of laughter when no one is there.

The story follows two drag queens and a transgender woman as they journey through the outback in a bus loaded with sequins, feathers, and a giant shoe. It's a comedic, heartfelt portrayal of what it means to be different in the world.

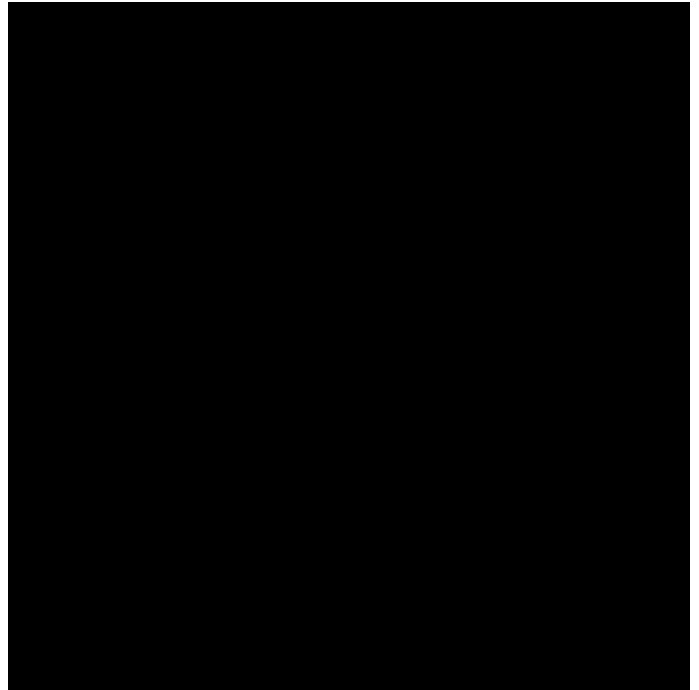
The curtain rose with three drag queens suspended from the proscenium, belting *It's Raining Men* while male dancers in speedos worked the stage below. Priscilla herself was the star—literally centre stage—rotating and moving as the story demanded.

The show overflowed with feel-good songs, many drawn directly from the original film. The costumes were nothing short of extraordinary, including faithful reproductions from the movie—like the iconic jandal dress.

The pace of costume changes was jaw-dropping. Actors left the stage at the start of a number and reappeared moments later in entirely new looks, wigs and all, seamlessly joining the chorus. The sheer volume of costumes was astonishing. I'd love a peek backstage to see how the costume team keeps everything from descending into chaos.



The final scene exploded with music, colour, and movement—not just on stage but throughout the theatre, with sprays of light cast from multiple mirror balls. The entire audience was on their feet, dancing along.



*The Civic in the 1920s. Source: The Civic archives.*



*Supplied photo of Priscilla, Queen of the Desert.*

Would I go again? Hell yes.

I want to thank the production for generously giving tickets to LPS captains and other unions.

It was great to see people come together as union members and be recognised for their work by the creative community. Unions also used to be social spaces, we had union halls and union balls. The night reminded me of this and made me think we need to bring that back: spaces where working people can come together, have fun, and be in community.

Let's keep rallying, organising, and building community. New Zealand is watching, New Zealand is inspired—and who knows, you might even score some theatre tickets out of it.

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*\*Volunteer wardens, or "captains" are NZNO delegates who oversee LPS during strikes, supporting members to provide only life-preserving services.*

- This article was amended on September 9, 2025, to clarify the nurses were volunteer LPS wardens, not staff.
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OPINION

## **'I want to see every health-care worker valued and paid fairly'**

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By Marianne Harris

*September 22, 2025*

A nurse and 'proud union member' explains why fair pay is so important.



*Marianne Harris addresses the Auckland Day of Action rally on Saturday.*

Ko Marianne tōku ingoa.

I was born and raised in West Auckland, and I whakapapa to Ngāi Te Rangi, Ngāti Pūkenga and Ireland on my mum's side, and the United Kingdom on my dad's side.



It is an honour and a privilege to stand here today, as a nurse of many years and as the chair of the Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO Regional Council for Tāmaki Makaurau.

I am here as a nurse, but also as a daughter, mother, sister, colleague and a proud union member.

I stand here because I want to see every nurse, every caregiver, every health-care worker in this country valued and paid fairly for the incredible work that we do.

### **Members have waited patiently**

For generations, workforces dominated by women have been underpaid and undervalued. Our members have waited patiently, years in some cases, for pay equity claims to be recognised.

Yet this Government chose to cancel those claims overnight, pulling the rug out from under us, and widening the pay gap instead of closing it. That is unfair – do they really care about us?

Primary health care nurses, Plunket nurses, hospice nurses, aged care and community health workers, Te Whatu Ora nurses, all of us are the backbone of the health-care system, we are holding it together. Without fair pay, we lose staff to better paying hospitals or overseas. Without fair pay, our patients, our whānau and our communities suffer.



*Marianne Harris: 'We are demanding recognition for the mahi we do.'*

We are not asking for special treatment. We are demanding fairness, we are demanding to be valued, we are demanding recognition for the mahi we do.

Equal pay for equal work. The same fair pay for nurses in primary health care as nurses in hospitals.

**Because this is not just about us, it is about the wellbeing of every New Zealander.**

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To the Government — hear us today, you cannot silence us. We will not give up. We will keep marching, we will keep speaking, we will keep standing shoulder to shoulder until every health-care worker in Aotearoa is paid what they are worth.

Because this is not just about us, it is about the wellbeing of every New Zealander. It is about the values of fairness dignity, and respect that we want for our tamariki and for the generations to come.

Together, united, we are strong.



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- *This viewpoint is adapted from Marianne Harris's speech to the Women's Day of Action rally in Auckland on Saturday.*
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OPINION

## Peace is union business, says long-time Auckland nurse after marching in support of Palestine

By Ümit Holland

September 22, 2025

A long-time Auckland nurse explains why she attended last weekend's march for humanity in support of Palestine — and why peace is union business.



Ümit C Holland, on far left, at this month's march for humanity.

There are many injustices in our world today. Throughout my life I have stood up for justice. I lend my voice to those who are voiceless, whether human or animal.

In Aotearoa, New Zealand, we have many injustices to fight: Our struggle for fair pay and safe workplaces; the 33 pay equity claims in progress that were cancelled, affecting the pay of hundreds of thousands of women; the lack of homes for all; pay that allows us to live with dignity; the life expectancy gap between Māori and non-Māori; the mental health crisis; and too many more to mention.

**We, as health-care workers, are people who care, who do no harm, and who save lives.**

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I am sure each and every one of us has causes dear to our hearts and is prepared to speak up to improve the lives of those less fortunate. I am grateful to live in a country like Aotearoa, New Zealand, where I can exercise my right to protest, speak up, and act.

In recent months, I have become increasingly aware of the situation in Palestine.



*NZNO members were among tens of thousands who marched in support of Palestine on Saturday September 13.*

Without claiming to be an expert on the history of the land, I can no longer ignore what I see happening before my eyes each day.



There is a military power, and there are people living on their land who are being displaced, injured, killed — and now starved. People are shot while trying to collect food. I see hospitals being bombed, and health-care workers injured and killed while caring for the sick and wounded. I can no longer reconcile this injustice with my conscience, and I feel I have a duty to speak out and act.

My reasons for being vocal now are clear. We, as health-care workers, are people who care, who do no harm, and who save lives.

## **I believe we must also show solidarity internationally, and for me, that means with health-care workers in occupied Palestine.**

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This aspiration has been stripped away from Palestinian health-care workers and from those who have come from overseas to help.

There are no more hospitals, no more supplies, no electricity. The circumstances our colleagues face are too unbearable to even imagine. As union members, we show each other solidarity — not only within our own union, but across unions in Aotearoa New Zealand.

An injury to one is an injury to all. I believe we must also show solidarity internationally, and for me, that means with health-care workers in occupied Palestine. Collectively, we can act and make a difference. The time to act is now.

At the [Auckland March for Humanity](https://www.rnz.co.nz/news/national/572950/thousands-demand-sanctions-against-israel-in-auckland) (<https://www.rnz.co.nz/news/national/572950/thousands-demand-sanctions-against-israel-in-auckland>), organised by the Palestine Solidarity Network Aotearoa on Saturday 13 September, where some 50,000 people gathered to demand sanctions against Israel from the New Zealand government, I saw people of all ages and from all walks of life making their voices heard. This gave me immense hope.

I joined our delegation of Tōpūtanga Tapuhui Kaitiaki o Aotearoa-NZNO members and felt a great sense of kotahitanga as I marched in protest alongside unions like PSA, TEU, PPTA, NZEI, and others.

The demands we have for the New Zealand Government are clear:

- Recognise Palestinian statehood (as 147 of 193 UN member states have already done).
- Call for an immediate ceasefire.
- Demand the unhindered entry of food, aid, and medical supplies.
- Sanction Israel for its illegal occupation of the Palestinian territories and genocidal campaign in Gaza.

In the face of the atrocities we see every day, we must heed the call of Palestinian civil society and abide by their ask of us: "[boycott, divest, and sanction](https://palestinecampaign.org/campaigns/bds-2/) (<https://palestinecampaign.org/campaigns/bds-2/>)".

We must stand together to condemn the genocide in Gaza. Otherwise, we become complicit.

We have a role to play. As the saying goes: Peace is union business.

— Ümit C Holland is a nurse who qualified 29 years ago in Germany and have worked in Aotearoa New Zealand for the last 23 years across Te Whatu Ora Waitematā and Te Toka Tumai in Tāmaki Makaurau Auckland.

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By Troy Stewart

A former Auckland nurse and NZNO delegate now living in Australia says he is furious he had to leave.



I formally finished working in Aotearoa on August 6. Since then, I've been nursing in Australia. Yes, I made the move and I'm furious.



Furious at Te Whatu Ora and the New Zealand Government for gutting nursing so thoroughly. The working conditions and pay for Kiwi nurses who choose to stay are, frankly, appalling compared to what I've experienced here.

Let me be clear: Australia's health-care system isn't perfect. I've already seen things here that make me go: "Hmm, nope, don't like that." But nursing here feels safer, more rewarding and more sustainable.

Back in New Zealand, I worked on a cardiology medical ward with an average nurse-to-patient ratio of 5:1 — occasionally 4:1 on a "good" day. In the emergency department (ED), it wasn't unusual to see three or four nurses covering 15 patients in a monitored area.

Compare that to a recent shift I did in an Aussie short-stay unit: 14 patients, four assigned nurses, plus a float nurse — that's nearly one nurse to three patients. The difference in care quality and safety is stark. Not one patient complained about delays.

Te Whatu Ora has [finally admitted to hiding the dire state of staffing](#), but acknowledgment alone isn't enough. They've yet to take meaningful steps to retain nurses or improve conditions.

Let's talk pay.

Every Australian state has its own nursing pay scale. New South Wales, the closest to New Zealand in dollar terms, pays around A\$52 per hour at the top of the scale. Converted, that's about NZ\$58 — seemingly better, until you factor in the extras: Daily clothing, laundry, and uniform allowances, plus significant loadings for travel.

Even in the worst-paying states, Aussie nurses come out ahead. In Queensland, registered nurses can earn upwards of \$80 per hour doing contract work. And the cost of living? Cheaper. So even if the pay isn't dazzling, it stretches further.

So yes, Te Whatu Ora has admitted wrongdoing. But they haven't committed to fixing it. And unless we keep the pressure on, they'll keep dodging accountability.

I don't want to be stuck here forever. Home is where my whānau is. I want to come back. So please—keep fighting. From across the ditch, I can see the cracks forming.

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Troy Stewart

OPINION

## He aha ngā hua ki te tapuhi o tēnei wiki whakahirahira, arā, o tō tātou Wiki o te Reo Māori?

By Joel Maxwell

September 15, 2025

Tau atu, tau mai ka haramai tēnei āhuatanga e whakanui ana i tō tatou reo rangatira, ā, kāhore e kore he tino hira pea te kaupapa kia tuku aroha ki taua taonga i tēnei tau pū.



Kei te whawhai tonu ngā tapuhi me ngā kaiāwhina o NZNO mō te hauora o te tūroro te take. Anei tētahi tapuhi e mahi ana i te hōhipera o Kenepuru i Parirua, a Gwen Taitua i tētahi o ngā porotū NZNO i te ihu o Hepetema.

*Year in and year out this phenomenon of embracing the Māori language arrives, and no doubt it's more important than ever to give a little love to that treasure this year.*

*Ko te aroha — me te āwhina — he mea hira noki ki ngā tapuhi i roto i ā rātou mahi.*

*Care — and support — are important things as well to nurses in their mahi.*

Nō reira, e mihi mārika ana mātou i *Kaitiaki Nursing New Zealand* ki ngā mema tapuhi me ngā kaiāwhina me ngā tapuhi whakawhānau i tēnei umanga e taituarā ana i te reo, rangi atu, rangi mai, ahakoa te kaupapa o te wiki.



*Kua hīkoi ngā tapuhi NZNO i Whangārei i tētahi o ngā porotū i Hepetema.*

*So, we here at Kaitiaki Nursing New Zealand say a big thank you to the members, the nurses, health-care assistants and midwives that give stalwart support to the Māori language, day in, day out, no matter what the week's kaupapa is.*

*Ka mutu, hāunga anō tēnei tautoko, e ngākau whakapuke ana noki ngā nēhi — me ngā mema katoa — ki te whai i ngā āhuatanga katoa e pai ake ai te hauora o ngā tūro.*

*Furthermore, obviously beside this support, these nurses – all of the members — are dedicated to doing whatever it takes to boost the health of our patients.*

*Koinei te wiki tika pea ki te arotahi ki ngā aho e here mai nei te mahi whakarauora i te reo ki te mahi a te tapuhi kia whakarauora, kia whakamātūtū i ngā tāngata e uru mai ana i ngā tatao o tēnā hōhipera, o tēnā*



whare haumanu, o tēnā taiwhanga hāpara.

*This is the week, maybe, to really focus on the threads that bind together the work of keeping the language healthy, and the work of nurses reviving and healing the people who walk through the doors of our hospitals, clinics and operating theatres.*



*Kua amuamu mai te Minita o te Hauora a Simeon Brown i tōnā tari mō te pānga mai o te porotū ki ngā tūrora, engari koia rā te take mō taua porotū.*

Ina titiro koe ki ngā raraunga hauora Māori ka kitea ngā tatauranga tino whakaohorere. Kāhore aua raraunga i te noho pai ki te ngākau o te tangata nānā i whai i te hauora o ō tātou hapori.

*If you take a look at the data for Māori health you'll see some shocking stats. That data surely does not sit well in the heart of a person seeking the good health of our communities.*

Ka mate wawe te tangata Māori i te toharite e whitu tau ki mua i te taupori katoa. I te 2022 kia 1.7 ake te pāpātanga matenga mate pukupuku o ngāi Māori i te taupori katoa. He rite tonu te pāpātanga ake o tēnā mate, o tēnā mate ki te tangata Māori noki, ahakoa te mate.

*Māori people die seven years earlier on average than the overall population. In 2022 the Māori cancer mortality rate was 1.7 times higher than the overall population. Those higher rates occur over and over again regardless of the diseases.*

Me pēhea te whakatika i tēnei ōrite-kore o te hauora? Hei āwhea noki?

*How do we fix this health inequality? And when, as well?*

## Kāhore aua raraunga i te noho pai ki te ngākau o te tangata.

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Hei tēnei wiki tonu, pea. Mā te aro anō ki tō tātou reo taketake, pea, i tēnei wā hira ki tōna ahurea.

*This week, maybe. And by focusing again on our indigenous language, in this important time for its culture.*

Mā tēnei aronga ngangahau e taea e tātou i te punaha hauora ngā whaihua e hiahiatia ana kia tutuki ai ngā whāinga tino hira: ko te hauora o ngā tūroro me ō rātou whānau me ngā hapori katoa e noho nei i Niu Tīreni.

*Through this clear-eyed focus, those of us in the health system can find the results needed to achieve those lofty goals we all seek: The health of our patients, of their families and all the communities that live in New Zealand.*

Ākona te reo, kōrerotia te reo, arohaina te reo!

*Learn the language, speak the language, love the language!*

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OPINION

## Community health, patient safety under increasing threat

By Nicolette Sheridan, Jenny Carryer and Andrew Jull

September 11, 2025

Nursing leaders share deep concern over the effect of the current political environment on nursing.



*A patient stands up for safer staffing in Masterton during strikes this month.*

We write this on behalf of, and in close collaboration with, an informal taskforce for nursing; a sector-wide group of nurse leaders with shared concern for the current political environment and the consequences for nursing services.

Nurse leaders with direct accountability for patient safety are being silenced by organisational policy. The Minister of Health, Simeon Brown, expressed disappointment that nurses intending to strike were forgetting to put patients first. Given that the principal concern of striking nurses is safe staffing, his



comment is paradoxically inattentive. Safety is a critical issue in health service provision; low staffing levels or insufficiently trained nurses increase the risks of mortality and morbidity.

One in every eight patients in New Zealand hospitals suffers an adverse event during their stay. There is a strong association between nurse staff level, skill mix, and patient safety in hospitals. Data collected across 12 million patient discharges in New Zealand showed that as registered nurse numbers drop, adverse outcomes rise steeply.



*A supporter in Dunedin during NZNO Te Whatu Ora strikes this month.*

International work has shown that when nurses care for too many patients, readmissions increase and 30-day mortality after surgery rises. ACC payments for treatment-related injuries, including infections, pressure injuries, and drug errors, more than tripled from 2015-2016 to 2023-2024. Most of these indicators are related to staffing levels. As nurses witness these failures of care, they experience

significant distress and many leave, adding turnover costs to the cost of risks associated with poor staffing levels.

## **New Zealand is led by a coalition Government driven to engage in a bleaching of the social and health service environment.**

We are engaged in the practice of democracy by seeking to contribute to society and its values and priorities – drawing attention forcibly to the safety of people accessing and receiving healthcare. As nurses we engage with people ill or injured in the context of their lives, culture, and economic realities. Supporting people to maintain wellbeing, understand their conditions and self-manage their symptoms is vital to good outcomes.

For people to participate in their health they need to feel safe. Those who do not risk poorer health. Nurses understand that safety is a concept that includes clinically and culturally safe care, recognising the intersections between power, health disparity, ethnicity, and socio-economic determinants in the giving and receiving of care.



*Dunedin members on strike this month.*

New Zealand is led by a coalition Government driven to engage in a bleaching of the social and health service environment. There is a strong attempt to frame any discourse that draws attention to differences of any kind as racist. In such a context, nursing's long-standing commitment to the provision



of culturally-safe care is under attack through the proposed “Modernising Health Workforce Regulation” consultation and the onslaught of ill-formed critique from ACT MPs. The proposals seek to remove the autonomy of the individual professions in regulating themselves. A key target is cultural safety.



*Invercargill supporters.*

Delivering culturally safe care for all is also threatened by proposed revisions to the Pae Ora (Healthy Futures) Act 2022. Along with the petty revision of the title to Healthy Futures (Pae Ora), it will remove Te Tiriti o Waitangi commitments and protections, and Māori health targets. The Bill also mandates the removal of requirements for Public Health Advisory Committees to have knowledge of and experience and expertise in population health, health equity, Te Tiriti o Waitangi, epidemiology, health surveillance, health promotion, health protection, or preventative health. Other amendments remove ethnicity-based eligibility criteria for funded services.

Safe, cost-effective care in all health service settings depends on safe staffing levels. Due to an unacknowledged workforce hiring freeze, workforce burnout, the effects of underfunding, the destruction of pay equity pathways, and differential nursing pay rates across sectors, staffing is rarely adequate. Poor staffing in itself creates high levels of attrition through moral distress and exhaustion. The recent failures to employ more than half of new nurse graduates will increase the flow of nurses out of the country. Many remaining new graduates will also only be employed on less attractive part-time contracts.

**Along with the petty revision of the title to Healthy Futures (Pae Ora), it will remove Te Tiriti o Waitangi commitments and protections, and Māori health targets.**

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All of this is deeply ironic in a situation where the Government is myopically focused on cost-saving. Poor staffing and culturally unsafe care directly influence costly failures (short- and long-term) not to mention the associated distress and suffering. Overt and covert plans to privatise the health service will further spread a thin workforce over multiple environments and again disadvantage those who most need care, engendering long-term escalation of costs in health, education and justice.





*Strikes over safe staffing stretched from the far North to deep South, like here in Invercargill.*

Lester Levy, chair of Health NZ/Te Whatu Ora, noted in a recent editorial in the New Zealand Medical Journal that "Every operational choice – from workforce planning to service redesign – must be viewed through the lens of patient benefit". We concur and would extend benefit to also include community benefit. But we are left wondering if safe staffing and equity of outcomes will be core features of future planning.

— Jenny Carryer is a professor of nursing at Massey University, Andrew Jull is a professor in the school of nursing at the University of Auckland; Professor Nicolette Sheridan is director of the centre for nursing and health research at Massey University.

This column was first published in [The Post](https://www.thepost.co.nz/nz-news/360817012/community-health-patient-safety-under-increasing-threat) (<https://www.thepost.co.nz/nz-news/360817012/community-health-patient-safety-under-increasing-threat>) and reproduced with permission.

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OPINION

## Nurse John spins real-life short-staffing trauma into comedy gold, say Auckland fans

By Auckland nurses

September 8, 2025

A group of North Shore nurses who went along to the TikTok sensation Nurse John's short-staffing show say it hit the nail on the head.



Some Auckland members who attended -- but did not want to be named.

A sold-out show in Auckland in a venue full of nurses from different hospitals and different generations — we all came together to share laughter, experiences, and real issues in health care with Nurse John on his ‘[short-staffing – shifts got real](https://nursejohnnshows.com/)’ (<https://nursejohnnshows.com/>) tour.

Health care has long grappled with the challenges posed by short staffing, a problem that has been exacerbated by various factors including budget constraints, high turnover rates, and increased patient demand.



*North Shore nurses and kaiāwhina get ready to laugh.. and cry recently at Los Angeles' Nurse John's short-staffing tour.*

In this context, the emergence of social media influencers and public figures who address these issues through humour, such as nurse John, offers a unique view through which to examine both the impact of short staffing on health care professionals and the potential for comedy to raise awareness about systemic problems in nursing.

Nurse John's comedic approach not only entertains but also serves as a reason for discussions surrounding nursing shortages and their implications on patient care.

Nurse John uses his platform to highlight the realities faced by nurses working in understaffed environments. His comedic sketches often portray the daily struggles of health-care workers, from managing overwhelming patient loads to navigating bureaucratic inefficiencies.



Screenshot

By using humour to tell our story, he effectively shows the experiences of nurses, shedding light on their dedication even under pressures or difficult circumstances. This representation is crucial because it fosters empathy among audiences who may not fully understand the pressures faced by medical professionals operating under less-than-ideal conditions. Consequently, nurse John's work helps bridge the gap between public perception and reality in nursing practice.

Furthermore, nurse John's influence extends beyond entertainment. It serves as an important advocacy tool within health care. By addressing the short-staffing problem through his comedic act, it serves as a wake-up call for policymakers who have neglected the role of nursing and patient safety in health-care systems.

— written by a North Shore nurse who requested they not be named.

- John Dela Cruz, aka Nurse John, is a Filipino-Canadian comedian and nurse currently touring the world. He has over 10 million followers on social media platforms TikTok and Instagram where he documents his day-to-day life as a Los Angeles nurse. His August shows in Auckland sold out.



OPINION

## A Singaporean nurse in New Zealand: is the grass really greener?

By Farhana Sulong

September 4, 2025

Adapting to life in New Zealand has been quite the emotional journey for Singaporean nurse Farhana Sulong, who emigrated here in the middle of the pandemic.



*Farhana Sulong (second from left, holding her passport) is farewelled by her father Mohd Sulong, mother Habibah Samat (also a nurse) and younger brother Farhan Sulong at Singapore's Changi airport in 2021. 'The masks hid our crying faces,' she says.*

Lately there's been a steady stream of New Zealand nurses heading across the ditch to Australia. These nurses are chasing higher pay, better conditions and a more sustainable workload.

So, as an internationally qualified nurse (IQN) from Singapore who chose to come *into* New Zealand, I often find myself reflecting on what it means to cross a border in search of something better.

When I left Singapore to continue my nursing career in New Zealand, I did so with hope, and a healthy dose of nerves (not to mention, I also chose to do this during the most chaotic of times, the COVID-19 pandemic).

## Better work-life balance

Based on countless months of research, I was drawn to the better work-life balance, the respectful health-care culture, and the beautiful landscapes that New Zealand offers. But still, none of that fully prepared me for the emotional journey that followed.

The early days were hard. I missed home so deeply. The Singaporean life, the availability and convenience of late-night suppers, the unspoken understanding we shared — all of these suddenly felt so distant.

I missed my family and friends more than I expected. Even though I had prepared myself for the distance and there's technological advancements (FaceTime was my new best buddy), it was simply *not* the same.

## Most importantly, I had to learn how to slow down.

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At times, it felt like I had left behind a whole part of myself, just to start over in a place so unfamiliar. “Why do I do this?” I grieved.

You would think as a nurse with close to a decade of experience, I would fit right in. But no, unfortunately, adjusting wasn't immediate. There was a steep learning curve.



*The author, who emigrated to New Zealand during the pandemic, spent her 2021 birthday in MIQ.*



*Her workplace, a hospice, became the anchor she needed and colleagues became friends. The author (left) and hospice colleagues Suria Thomsen and Lizette Beineke, at an aromatherapy blending workshop in 2023.*

Although English was the first language, the health-care system was different. I had to re-learn policies, and new ways of communicating and working. Most importantly, I had to learn how to *slow down*. Initially, I wondered whether I would ever truly settle in.

But gently and gradually, something shifted. My workplace, a hospice, became the anchor I never I knew I needed. It's truly a special place where *aroha*/compassion isn't rushed and care is delivered with such *rangatiratanga*/dignity.





*Farhana Sulong (left) celebrating the Muslim festival of Eid, at Sky Stadium in April this year. With her is her friend Rabikah Begum, who migrated to New Zealand with her, and works as a nurse adviser and educator at the New Zealand Aged Care Association.*

The *mana*/respect that we have for our patients and their whānau, the way we support them, aligns so closely with the deep-rooted values I brought from home. I started to feel like I was actually a *nurse* again. This is my *mahi*/work, and I love every minute of it.

Outside of work, things fell into place and New Zealand started to feel like home in its own quiet way. Being close to nature, the slower pace of life, and Wellingtonians' warmth and hospitality (not to forget, our beautiful senior cat!), they all gave me space to breathe, to *live*.

**My workplace, a hospice, became the anchor I never I knew I needed.**

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Don't get me wrong, I still miss Singapore every day. But I also feel incredibly grateful for the life I've been able to build here.

So, is the grass really greener on the other side? Nah, the grass isn't greener here, it's simply different. And maybe, that's just what you need sometimes.

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**Farhana Sulong, RN, Master of Gerontology**, is a clinical nurse educator at Mary Potter Hospice, Wellington.

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OPINION

## Homegrown and hired: Northland backs its own new graduate nurses

By Baxter-Lena Edwards

September 4, 2025

Why did every single nurse who graduated from Northtec this July get a job? One of this group thinks she knows the reason.



*Northtec new graduates Baxter-Lena Edwards, Roxy Kopa, Ariana Martin, Ann-Marie Pumipi, Crishla Maxwell and Kaiah Ramsbottom, at the campus's Te Puna o Te Mātauranga Marae for their whakawātea. This is a ceremony where Northtec gives its new graduates back to their whānau, their community and their profession.*

Across Aotearoa, new graduate nurses are entering the toughest job market we've seen in years. The mid-year ACE intake highlighted this clearly, with [less than 45 per cent of new grads being matched to a job](#). For many, it has meant uncertainty, stress and putting career plans on hold.





*Baxter-Lena Edwards: 'Northland health agencies made space for us.'*

However, our experience in Te Tai Tokerau was different; out of our class of 30 graduating mid-year, every single one of us got jobs. In a climate where many new grads are feeling left behind, this outcome speaks volumes. It shows the power of local health agencies that are genuinely committed to backing their own – and how much of a difference that can make.

#### **Why were we all hired?**

From the beginning of our nursing journey, it was clear that health services in Northland invested in us. Not only were our placements awesome learning opportunities – they were a place of strong whakawhanaungatanga with staff and the communities.

**From the beginning of our nursing journey, it was clear that health services in Northland invested in us.**

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We saw firsthand how high the need was across our region – and how short-staffed some sectors were. Whether it was primary care, hospital wards, mental health or community nursing, there was a need everywhere.

That also meant opportunities were open for us student nurses. By the time our final placement rolled around, we were all feeling the pressure of hiring freezes and national job shortages — our mindset became: “Any job is a job.” And thankfully, because of the connections we’d built, we didn’t have to look far.

#### **Job searching**

The last six months of study were full of uncertainty. I was constantly hearing about hiring freezes, budget cuts and limited positions. It was hard not to wonder if there would be space for me in the very system I’ve trained so hard to join.

Like most new grads, I went through the ACE (advance choice of employment) system, where you choose five preferred roles and three locations and hope for a match. I only received one interview — as did most of my cohort.

That interview happened before our state exams — then came a long wait. We sat our state finals, got the results, then, eight weeks after the interview we finally found out if we were matched or not.

If you didn’t get matched, you were placed in the “talent pool”, waiting for a job to pop up. However the talent pool still had in it previous new grads who graduated before us.

**The only thing that gave me a sense of clarity during this tense time was the**

## relationships I had built during placements.

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If you did get matched, you received a contract with one week to sign. It felt like there was no room for discussion — it was take it or leave it.

The only thing that gave me a sense of clarity during this tense time was the relationships I had built during placements. If I wasn't matched, I knew I could find a job elsewhere, outside of ACE.

### The bigger picture

Aotearoa is facing a nursing crisis, with staff burnout, and unsafe workloads across the country. Yet at the same time, new graduate nurses are struggling to find jobs. It can be frustrating, confusing and disheartening.

We're told we are needed — but not yet. We're trained and ready — but there's no funding. We complete placements — but aren't guaranteed positions.

**We're told we are needed – but not yet. We're trained and ready – but there's no funding.**

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Some of my peers who were undertaking their transitional placements were told it wouldn't lead to permanent roles. Others were left in limbo, despite working in high-demand areas during their training. It left many of us wondering if we were used to fill short-term gaps by employers who weren't prepared to invest in us long term.

### The Australian backup plan

With limited job security in Aotearoa, Australia has definitely become the backup plan for many new graduates. The reality is that across the ditch, opportunities are abundant.

My cohort often joked that “if we had to move anywhere for a job, it would be across the ditch” – we felt like Australia seemed to be begging for new nurses.

However, this wasn't just all talk — several people in my cohort applied to the Australian ACE system as a safety net. The risk is clear and has been for a few years now: If New Zealand cannot retain new graduate nurses, we will lose talent to Australia.

### Looking ahead

However my cohort were all hired.

Northland health agencies didn't just see us as students — they saw us as future colleagues. They knew the need was real, and they made space for us.



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**Baxter-Lena Edwards, RN**, is a mental health nurse, working for the Mid North Mental Health and Addictions Service in Northland.

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FEATURES

## **OBITUARY: Louise Rummel – ‘I was standing on the shoulders of giants in the profession’**

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By Kathy Stodart

*September 19, 2025*

Nursing has lost a much-loved educator who was determined that nursing students and new graduates should get the mentoring they needed. Louise Rummel was admired by nursing students for her knowledge, caring and kindness.



*Louise Rummel (right) with Governor-General Dame Cindy Kiro, at her investiture as a Member of the New Zealand Order of Merit in 2024.*

Rummel, who lectured in nursing at Manukau Institute of Technology (MIT) for 40 years, and was instrumental in converting its nursing programme to a degree qualification, died aged 88 in August.

She was made a Member of the New Zealand Order of Merit in 2024 for her services to nursing education, after a career of more than 60 years as a clinician and educator.

### **'I'm a very ordinary person'**

Commenting on her honour, she said: "It's very humbling – I consider myself a very ordinary person who has learnt from the greats in the nursing profession. As the saying goes, I was *standing on the shoulders of giants*".

Her daughter, Simonne Rummel, also a nurse, paid tribute to her mother as demonstrating "excellence in nursing, talented teaching, insightful researching and outstanding mentorship of nurses for over 60 years".

Trained at Wellington Hospital, Louise Rummel becoming a registered nurse 65 years ago, in August 1960. Her clinical experience ranged over medical, gynaecological and plastic surgery fields, and she also worked as a public health nurse.

### **Clinic for railways workers**

In the 1960s she also set up and ran the first occupational health clinic for New Zealand Rail workers at the railway workshop in Whanganui.

Her first role, after joining MIT in 1984, was as a clinical tutor at Middlemore Hospital; then followed positions as tutor, deputy department head and principal lecturer. She played a key role in the transition of MIT's undergraduate nursing diploma programme to a bachelor of nursing degree, and helped set up research papers for undergraduate nurses.

Completing a PhD in nursing in 2001, she held the first research academic lead position at the MIT nursing school.

Louise Rummel strongly believed in the importance of nursing students having a positive experience in their clinical placements, which necessitated having good preceptors to guide them. Her masters thesis, completed in 1993, was titled: *The Proving Ground: the lived world of nursing students in their pre-registration clinical experience*.



*Louise Rummel — nurse, teacher, mentor and researcher*



*Louise Rummel with her late husband Stuart, who was a great supporter of her work in the nursing profession.*

## Supporting new graduates

On a similar theme, she wrote for *Kaitiaki* in 2022 about how vital it was to [support new graduates](#). Reporting on a research project which examined how well a bachelor of nursing programme prepared students for the workforce, she noted: "Both the expert nurses and the new graduates emphasised the importance of having a supportive clinical environment for the new nurses to develop their confidence and skills, where they could ask for help they needed."

Rummel served on NZNO's nursing and midwifery advisory committee and was secretary of its research section. She was made an honorary member of NZNO in 2004 and wrote for *Kaitiaki Nursing New Zealand* as well as serving as a peer reviewer for *Kaitiaki* and NZNO's research journal, *Kaitiaki Nursing Research*.

In other contributions to the profession, she was lead investigator for the most recent tranche of interviews for the New Zealand Nursing Education and Research Foundation (NERF) [oral history project](#) ([https://www.nursinghistory.org.nz/index.php/Nursing\\_Education\\_and\\_Research\\_Foundation\\_Oral\\_History\\_Project](https://www.nursinghistory.org.nz/index.php/Nursing_Education_and_Research_Foundation_Oral_History_Project)), which were completed in 2023. And Rummel was lead author of a history of MIT's school of nursing and health studies, titled *What Jan Began* (published in 2015).

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FEATURES

## **Pirihira Puata – registered nurse prescriber who sends her scripts to the chemist in te reo Māori**

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By Joel Maxwell

*September 16, 2025*

Ka tuhia e te tapuhi tūtohu a Pirihira Puata (Muriwhenua) ngā tūtohu rongoā i te reo Māori, ā, ka tukua ki ngā toa rongoā i te tonga me te uru o Tāmaki Makaurau, ā, ka kīia e ia, ko aua tūtohu e tino arohaina ana.



*Registered nurse prescriber Pirihiira Puata who sends bilingual scripts to her regular pharmacies.*

*Registered nurse prescriber Pirihiira Puata fills out her scripts in te reo Māori and sends them off to pharmacies in South and West Auckland, and, she says, they love them.*

Kei runga i ō rātou pakitara ko āna pānui whakaahua e whakamahuki ana i ngā whakamāoritanga, ā, ka whakahokia ngā rongoā e hiahiaia ana i te reo Māori ki ngā whānau e mātau ana ki tō tātou reo rangatira.

*They have her posters on the wall with the translations and they send them back out to her in te reo Māori for the reo-speaking whānau.*

Kua kōrero ia ki *Kaitiaki Nursing New Zealand* nō mua atu i Te Wiki o te Reo Māori e pā ana ki āna mahi tapuhi tūtohu e toa ana.

*She spoke to Kaitiaki Nursing New Zealand ahead of Te Wiki o te reo Māori about her award-winning work as a nurse prescriber.*

I mahi a Puata i roto i te umanga tapuhi neke atu i ngā tau 10, ā, e aroha ana ia i te mahi — engari i te tīmatanga i ngana ia kia whaiwāhi ki ngā tūranga hauora tuatahi auraki.



# PHARMACIST TE REO MĀORI MEDICATION TRANSLATIONS

Amoxicillin 250mg/5ml Oral Susp  
Inumia te **20mls/15mls** i ia rā mō te  
tekau rā. Kia kaha, kia pau katoa!

Amoxicillin 250mg/5ml Oral Susp  
Take **20mls/15mls** once daily for ten  
days, until it is all finished!

Amoxicillin 500mg Capsules  
Kainga nga pire e **rua** i ia ra mo  
te tekau ra. Kia kaha, kia pau  
katoa!

Amoxicillin 500mg Capsules  
Take **2** capsules once daily for  
ten days until its all finished!

Cefalexin 500mg / Erythromycin 400mg Caps  
Kainga kia \_\_\_\_\_ nga pire, e rua nga wa i ia  
rangi mo te **tekau/rima** ra. Kia kaha, kia  
pau katoa!

Cefalexin 500mg / Erythromycin 400mg Caps  
Take \_\_\_\_\_ capsules twice daily for  
**ten/five days** until its finished!

Cefalexin / Erythromycin Oral Susp  
Inumia te \_\_\_\_\_ e rua nga wa i ia  
rangi mo te **tekau/rima** ra.  
Kia kaha, kia pau katoa!

Cefalexin / Erythromycin Oral Susp  
Take \_\_\_\_\_ **mls** twice daily for  
**ten/five days** until its finished!



**Read and check the  
script instructions  
before dispensing!**



**Notify the Prescriber if  
not familiar with process,  
medication dosage or  
instructions given?**

## WHEN IN DOUBT PLEASE CONTACT

Te Hononga o Tamaki me Hoturoa

*Just the rongoā — for te reo Māori. The charts explaining translations for pharmacists.*

*Puata has been nursing for 10 years now and she loves her work — but when she started out she made sure she worked in mainstream primary health.*

Nā aua tūranga i tuku te āheinga ki te ako i ngā āhuatanga Pākehā i mua i tōna hokinga mai ki te ao hauora Māori kia whaihua ai āna taputapu hou.

*It gave her an opportunity to learn Pākehā ways, before returning to Māori health and using the tools she'd learned there.*

Kua tutuki ia i ngā ākoranga tapuhi tūtōhu, ā, ināianei e mahi ana ia ki ngā umanga hauora Māori e rua — Te Puna Manawa i Tāmaki ki te Uru, i roto o ngā kura kaupapa Māori me ngā kōhanga; ā, ki Te Hononga o Tāmaki me Hoturoa hoki, i Tāmaki ki te Tonga, i roto i ngā kura auraki.

*She became a registered nurse prescriber, and now works for two Māori health organisations — Te Puna Manawa, in West Auckland, working in reo-Māori immersion schools and kōhanga; and Te Hononga, in South Auckland, covering mainstream schools as well.*

He mea nui rawa tōna āheinga kia tuku te kōwhiringa tapuhi tūtōhu ki ngā hapori ki reira, hei tāna. Kei te whanga mai ngā tāngata i aua hapori ki ngā rata arowhānui mō ngā wiki maha. Engari e taea ana e Puata te tuku haumanu ki ngā tamariki i ngā kura me ō rātou whānau — i roto i tōnā hōkaitanga haumanu — kia tūraki i ngā tautika-kore o te hauora.



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

*It was huge to be able to offer the nurse prescriber option to those communities, she said. People in those communities were waiting weeks to see a GP. But she could see the kids in their kura and offer*



*treatment for them and their whānau – within her scope of practice – helping break down health disparities.*

*“Hei tapuhi tūtohu, i te whakaarohia, ka aha ahau . . . kia tohaina tō tātou reo ataahua ki ngā hapori auraki, inarā hoki ki ngā takiwā where rongoā?”*

*“As a prescriber, I thought what can I do . . . to share our beautiful language with non-Māori, especially in these pharmacy spaces?”*

*Ināianei, ka tukuna ngā tūtohu i te reo ki ngā where rongoā auau — ā, i ngā whakatakoto reorua hoki — e hāngai ana ki ngā pānui whakamahuki kua hanga ia mā rātou.*

*Now she delivers prescriptions to her regular pharmacies in te reo — and in bilingual format — that work with instructional posters she created for them.*

*“I te wā ko ngā whānau e whiwhi ana i taua rongoā, ā, ka kite rātou i ngā tūtohu i roto i te reo Māori, ā, ka whakaarohia ‘aē mārika, he whakamīharo’. E arohatia ana terā.”*

*“When whānau get that rongoā, that medicine, and they see it’s in te reo Māori, and they think ‘wow, this is amazing’. We love it.”*



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

*Ko ngā tamariki i ngā kura kaupapa — i tipu ake katoa i te reo — ka hikia te reo ki taumata kē.*

*The kids in kura kaupapa — immersed in the language their whole lives — took te reo to another level.*

*“Ka taea e rātou te wero i ahau i ētahi wā, nā te mea e tino matatau ana rātou . . . he tino teretere te kōrero . . . ka kī ahau ki a rātou ‘taihoa, taihoa, me āta haere tō kōrero, he aha te raru?’”*

*“Sometimes they can really challenge me because they’re such experts . . . the conversation is super fast . . . I have to say ‘whoa, whoa, you need to slow down, what’s the problem?’”*

*E arohatia ana nga tūtohu reorua e ngā kairongoā anō hoki, ka kī a Puata. “Ā, kei te mōhio rātou, i te wā ka puta mai te tūtohu, ka kīia e rātou ‘kaua e whāki mai, kei te mōhio ahau ki tēnei’. Engari, mehemea he*



pātai tā rātou, ka waea mai rātou ki ahau anō hoki."

*The pharmacists loved it too, Puata said. "And they know, when it comes through they go 'don't tell me, I know what this is'. But if they have any questions they always ring me as well."*



*The role of the nurse prescriber is an important one in helping beat health disparities in Auckland communities, says Pirihiira Puata.*

Kei te tino whakapono ia ki te tautoko i ngā nēhi Māori kia whai i te ara o te tapuhi tūtohu.

*She loved prescribing, and was a really big believer in supporting Māori nurses to become nurse prescribers.*

"I tēnei wā e taituarā ana ahau i ētahi o ngā tapuhi Māori nō Te Tai Tokerau i runga i a rātou ara kia tū hei tapuhi tūtohu i te hauora hapori."

*"At the moment I'm supporting some of the Māori nurses from Te Tai Tokerau on their pathway to become registered nurse prescribers in community health.*

"Nā te mea, ko wai e tika ake nei kia tū hei tapuhi tūtohu i Te Nōta, i ō tātou tapuhi Māori?"

*"Because who better to become prescribers in the Far North than our Māori nurses?"*

He mīharo te kite i tā ngā tamariki kura kaupapa kuhu mai ki te umanga anō hoki, hei tāna. Engari he kupu āwhina ōna ki a rātou, i a rātou e whakapōtae ana.

*It was incredible to see the kura kaupapa kids coming into the profession as well, she said. But she had some fairly firm advice to them when they graduated.*

"E mea ana rātou 'e Whaea Piri, ka hoki mai mātou ki te mahi i te marae'. Ā, ka kīia e au 'e kāo. Kāhore. Ko tōku hiahia ka whakawhiti atu koutou ki te mahi auraki. Ko tōku hiahia, ki reira koutou e ako ana i ngā utauta a te Pākehā. Ko tōku hiahia, kia kuhu atu koutou ki aua wāhi, ā, kia werohia koutou anō. Kia whai wheako i aua wāhi, ā, tāria te wā ka hoki mai."

*"They said 'Whaea Piri we're going to come back and work at the marae'. And I said 'no you're not. No you're not. What I want you to do is go over to mainstream. I want you to learn the tools of the Pākehā. I want you to go to those spaces, and get challenged. Get experience in those spaces and then when the time is right, then you come back.'"*

Kātahi "ka taea e au te tuku rākau" ki a rātou, hei tāna me te katakata hoki.

*Then, she said with a laugh, they "can take over from me".*

Ko Puata tētahi o ngā [nēhi Māori 12 i whakawhiwhia ngā tohu](#) Te Pātaka Whaioranga (PHARMAC) Tapuhi Kaitiaki 2025.

*Puata was one of [12 Māori nurses recognised](#) at the 2025 Te Pātaka Whaioranga (PHARMAC) Tapuhi Kaitiaki Awards.*

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FEATURES

## Sarita Sharma: The capital's face of a fighting nurse

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By Renee Kiriona

*September 12, 2025*

There's one face that shines through at every single rally, picket and march in Wellington that has anything to do with nurses or health. And that face belongs to Sarita Sharma.



Over the past 15 years, Sarita Sharma hasn't missed any demonstrations in Wellington where nurses, care and support workers and nursing graduates have tried to highlight their struggles with the health system and successive Governments.



She's always there – in the rain, scorching heat and polar blasts. She never pulls a sickie when it comes to standing up for nurses – and patients – who she describes as her “village”.

Sharma is from Fiji, raised in a village on the island of Viti Levu as the oldest of nine siblings whose grandparents migrated there from India in the early 1900s.



*Sharma with two of her seven sisters in Fiji recently. The other six siblings are “scattered throughout the world,” she says.*

Family duties brought her and her husband Tam to Aotearoa 20 years ago to care for his parents who migrated to our shores a couple of decades earlier.

## **An Indian goddess**

In the language of her heritage, Hindi, her name Sarita means *incarnation of an Indian goddess*. So when I asked her for her age, she replied with a cheeky smile: “Just use what I told you about the goddess.”

Sarita says she would not be able to do her job without the support of her loving husband Tam.

“My husband is always there for me. He works too, he’s a sign maker but my work really keeps us, and he appreciates that. So don’t worry, I’m a bit of a boss on the home front.”



*Sharma with her husband and two of their grandchildren.*

The couple live in Porirua and have three adult children and six grandchildren.

In fact, Tam is so dedicated to her and her mahi that for more than a decade, five nights a week, he has been dropping her off and picking her up from her job at Wellington Hospital's medical ward, where she has been working as an enrolled nurse on the permanent graveyard shift (9.30pm to 7.30am).

"He doesn't ever moan and he's never late. I am very lucky," Sharma says.

But what keeps her ticking when most would go home straight after a shift like that and sleep rather than wait around in the city, for the next demonstration?

## **Village upbringing made her care**

She brings her passion down to the way she was raised.

"For us people raised in the islands, everything is about family. Everything is about caring for people. I was raised to be like that — look out for my younger siblings, my elders, my cousins, my family – everyone in and around the village.



*Sharma was raised on Viti Levu.*

"These nurses, all the health staff who work in hospitals, aged care and right across the health system – they are my family now. So going to every single rally and picket is my way of saying, I care for them, and I will always be there for them."

Sharma says nursing started for her as a young woman growing up in Fiji.

"We were raised to care and to nurse everyone in our village, from the babies to the elderly. When I got to New Zealand, I enrolled in a nursing degree but then life happened, I got sick and had to pull out.

"I worked alongside my husband making signs for a while then got back into it."

## **Desperate for more time to sit with the dying**

The biggest worry right now for Sharma is not having the time to be a proper nurse.

"Because of the under staffing, we don't have the time to sit with our patients, even the ones who are dying and don't have family or friends visiting them.





*Sharma walking to Te Whatu Ora HQ in the July strike.*

"We just do the observations and medications. But the other things we'd usually do, we don't have time for anymore. We don't have time to be human.

"I do get angry not being able to just sit and talk and be there with most patients who are dying. No one should die lonely, but many are."

## **Finding a balance**

Not taking work, or the stress from it, home has kept Sharma cool, calm and collected in a very traumatising, but rewarding, job.



*Sharma with one of her grandkids.*

"Work is work. I've learnt not to take it home."

And while members of her family, are asking what her retirement plans are as she nears 65, Sharma is not about to lie down and rest just yet.

"I will keep going until I drop. Even if I'm in crutches, I'll still be working."

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COLLEGES & SECTIONS

## Nursing research a 'slow burner' but crucial tool, say NZNO's deep thinkers

By Lorraine Ritchie

September 25, 2025

Nursing research is not just pen-pushing — it's deeply connected to everyday nursing, says chair of NZNO's nursing research section (NRS)-te wāhanga rangahau, Lorraine Ritchie.



*NZNO's small but perfectly-formed nursing research section committee, left to right: Lorraine Ritchie (chair), Sandra Bayliss, Ebony Komene (former member), Jon Gullidge, Nerissa Warbrick and Kim Monteiro. (Absent are Maria Tutahi, Isaac Amankwaa and Patricia McClunie-Trust.)*

Nursing research is a bit of a slow burner — it's not always immediate or hands-on but can have a real impact on nurses' and day-to-day lives and work, along with that of patients.





It has a particular focus. It's about people, relationships — with patients, with the health system. It's about nurses' place in the health sector. It's not the same as medical research or clinical trials — it's about how we, as nurses, engage with our patients, in the real world, *kanohi ki te kanohi* — face to face.

The NRS now has a big focus on New Zealand research — from Māori nursing to the ageing workforce. At our biennial general meeting (BGM) in October, some of our members' research being presented includes:

- The role of the nurse in assisted dying (Isaac Amankwaa, senior nursing lecturer at Auckland University of Technology).
- How graduate-entry nursing students feel about their identity (Patricia McClunie-Trust, nursing/nursing science Masters lecturer at Wintec).
- Kawa whakaruruhau — a framework for culturally-safe practice with Māori patients (Chey Ratima, nurse educator Māori at MidCentral-Health New Zealand.)



Isaac Amankwaa

A lot of nursing research is qualitative — it's the stories, the experiences of nurses, which brings the data to life. It supports best practice, or might lead to other, better practice. It's about coming up with new and interesting approaches we haven't thought about before.

Nurse researcher Wendy Blair (also NZNO's RN competency advisor), NZNO researcher Sue Gasquoine and myself are also investigating [the needs of late-career nurses](#) — information which will help their workplaces support them appropriately. Are they staying? Are they leaving? All those things.

We've also had quite a big focus on Māori-led research. One of our former members, Ebony Komene, has driven a lot of that — the use of *mātauranga* (Māori knowledge) in nursing research, alongside more Pākēha-established methods.

**'I liked the ideas side of things – but what also appealed about nursing is it's practical. I didn't just want to do theoretical research.'**

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These topics are not merely academic — they are all current and pressing issues the nursing profession must deal with every day.

Research — alongside industrial campaigns — can bring powerful change.

University of Pennsylvania nursing professor Linda Aiken told NZNO's [He Tipua summit](#) last year how sound research, eventually, led to nurse-to-patient ratios being introduced in her state. This is now a key plank of NZNO-Te Whatu Ora bargaining.

"Research rarely makes all the difference but it certainly helps," she told NZNO at the time. "The data don't lie."

Recent [research by the Nursing Council](https://www.nursingcouncil.org.nz/NCNZ/News-section/news-item/2025/08/New-report-highlights-global-forces-reshaping-New-Zealand-s-nursing-workforce.aspx)

(<https://www.nursingcouncil.org.nz/NCNZ/News-section/news-item/2025/08/New-report-highlights-global-forces-reshaping-New-Zealand-s-nursing-workforce.aspx>) shows the impact of COVID-era policies on today's workforce — almost half of which is made up of internationally-qualified nurses. [Many of whom are leaving for Australia](#) as they cannot find work. Meanwhile, while numbers of Māori and Pacific nurses have also grown, their percentage remain static at seven and four, respectively.



Patricia McClunie-Trust

**Nursing research is a bit of a slow burner – it's not immediate or clinical, but can have a real impact on our lives.**

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NZNO's vision for a [safely-staffed, te Tiriti-led public health system](https://www.nzno.org.nz/get_involved/conference_and_agm/agm_and_conference_information)

([https://www.nzno.org.nz/get\\_involved/conference\\_and\\_agm/agm\\_and\\_conference\\_information](https://www.nzno.org.nz/get_involved/conference_and_agm/agm_and_conference_information)) drew on a range of local and international research — and will set the organisation's direction for the foreseeable future.



Lorraine Ritchie, right, with former NRS member Ebony Komene at NZNO's college and section day last year.

**One of the first sections**

The NRS is relatively small but has been growing. We now have about 370 members — most of whom are likely to be doing post-graduate study. We do a fairly regular survey of the wider NZNO membership to find out what they're interested in knowing more about — the next one is planned for 2026 — also our 50-year anniversary!

Formed in 1976, we were one of the first sections of what was then the New Zealand Nurses Association. A more detailed background of the NRS and the role of research can be found in Merian Litchfield's 2009 NZNO publication: [To advance health care](https://www.nzno.org.nz/resources/nzno_publications) ([https://www.nzno.org.nz/resources/nzno\\_publications](https://www.nzno.org.nz/resources/nzno_publications)).

If you have suggestions for research topics to [nzno.nrs@gmail.com](mailto:nzno.nrs@gmail.com).

### **'I love writing and reading'**

Lorraine Ritchie's nursing journey started a little later in life, in her mid-20s, after she had done a languages degree and travelled. She worked as a gerontology nurse, then "pretty quickly" moved into teaching undergraduates. She managed an aged-care facility for a few years before continuing with post-graduate nursing studies. She eventually completed a masters' degree which combined her aged-care nursing and the arts, looking at how older people were represented in fiction and poetry.

### **'What also appealed about nursing is, it's practical. I didn't just want to do theoretical research.'**

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Her PhD a few years looked at older people's attitudes to medication.

"I liked the ideas side of things — but what also appealed about nursing is, it's practical. I didn't just want to do theoretical research."

Ritchie juggles chairing the NRS with her day job as nurse consultant at Te Whatu Ora Southern, alongside supervising Masters' students at the University of Otago Centre for postgraduate nursing studies.

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LETTERS

## Message to the health minister: I'm one of those unemployed graduate nurses who can't follow my dream

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By (Name withheld\*)

*September 26, 2025*

Three years ago, I began studying to become a registered nurse (RN) to create a better future for my children and myself.



*Photo: Adobe Stock*

After completing more than 1100 unpaid clinical hours across aged care, medical, surgical, mental health and community settings, I graduated in June 2025, passed the State exam, and became an RN in July.

You are now consulting on reducing these crucial undergraduate clinical hours and cutting the "clinical load sharing" hours for new graduate nurses from 240 to just 80.

This will lead to new nurses who are underprepared, overworked and at risk of burnout. It will also mean less competent nurses, which will ultimately compromise patient safety.

Imagine boarding a plane with a pilot who has only a fraction of the required flight hours — that's what this feels like.

Compounding this issue is the ongoing hiring freeze. While the health-care system is suffering from staff shortages, newly graduated nurses are struggling to find jobs.

In late 2024, only about 50 per cent of new graduates were offered positions through the advanced choice of employment (ACE) programme.

Now, in 2025, fewer than 45 per cent have been successful.

Approximately 800 new graduate nurses are currently unemployed, despite a desperate need for more staff.

I am one of those 800.

Despite applying widely — including for health-care assistant roles — I remain unemployed.

Positions are scarce, with hundreds of applicants for each role.

You say there is no hiring freeze, but in reality opportunities are limited and ACE cannot absorb the backlog of graduates.

Meanwhile, your government has chosen to prioritise funding tobacco investments and private providers, and removing pay equity rather than hiring available nurses.

Now you propose hiring new graduates part-time, for as little as 0.6 full-time equivalent (FTE) hours.

On such hours, a nurse would earn about \$874 per week before deductions, leaving just \$662 take-home pay.

This is not a liveable wage for someone supporting a family, especially with student loans. Nurses would be forced into multiple jobs, unable to transition to full-time, and health-care employers would likely favour more part-time contracts to save costs.

I became a nurse because I care deeply about people.

Patients deserve safe, skilled, supported nurses — not staff stretched too thin by underfunding and poor policy.

You have the power to address this crisis: fund full-time positions, support new graduates into work, and value the nurses who are ready and willing to serve.

*\* The name of this letter writer has been withheld  
by agreement with the Kaitiaki coeditors*





LETTERS

## A wonderful opportunity for advanced stomal therapy education

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By Emma Ludlow

*September 12, 2025*

Stomal therapy nurses may have an opportunity to take an advanced education course in their specialty, that is usually only available via an expensive trip to Australia.

NZNO's college of stomal therapy nursing wants to find out how many New Zealand nurses would be interested in taking a masters-level graduate certificate in wound, ostomy, and continence practice in Auckland.

The qualification is a Level 8 course offered by Curtin University in Perth, as part of a master's programme in advanced nursing. It is designed to be completed part-time over one year and includes two one-week face-to-face comprehensives:

**First week:** Hands-on practical skills training in a lab and classroom with Curtin University lecturers.

**Second week:** Conducted locally in your area with experienced stomal therapy, wound, and continence nurses, facilitated by the NZ College of Stomal Therapy Nursing.

Historically, the lab-based week in Perth has been costly for New Zealanders, who have to pay for flights, accommodation, and meals, on top of the course fee of approximately A\$13,500.

We have been provided with an opportunity to bring the Curtin lecturers, Professor Keryl Carville and Joy Sears, to Auckland to conduct this one-week comprehensive programme, if there is sufficient interest. This is a fantastic opportunity which would reduce costs for local nurses.

The course is not available anywhere else in New Zealand and is the only Level 8 programme tied to a master's qualification (most other courses are Level 7 and not part of a master's).

The week-long programme covers, but is not limited to:

- Proficiency in Doppler ultrasound and ABI measurements
- Assessment and management of acute and chronic wounds
- Stomal therapy practice
- Advanced continence assessments



The initial plan is to offer this comprehensive programme every second year, with potential expansion depending on demand and further development by AUT, the hosting university.

**Fees and scholarships**

The current course fee is A\$13,500. Scholarships are available through the college and industry partners, and new funding opportunities are expected to emerge within the next year.

We want to gauge interest: would you be willing to apply to the Curtin University programme once the course is officially advertised next year? Please let us know by taking this [survey](https://www.surveymonkey.com/r/ZSQX3NK) (<https://www.surveymonkey.com/r/ZSQX3NK>) which only takes 20 seconds.

Emma Ludlow  
*CNS stomal therapist*

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