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NEWS

Policy welcomed but the two Chrises must work together, says nursing leader

By Renee Kiriona

October 31, 2025

Political debate on fixing Aotearoa New Zealand's broken funding model for primary health care is an important first step but needs a bipartisan approach, says NZNO primary care spokesperson Tracey Morgan.

Labour Party Chris Hipkins and National Party leader Chris Luxon. Image source: 1News

The Labour Party recently announced a policy to provide all New Zealanders three free GP visits a year, funded through the introduction of a capital gains tax on property.

Morgan says Labour's policy acknowledges what all New Zealanders already know and Te Whatu Ora's own review (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tewhatuora.govt.nz%2Fpublications%2Fclinical-quality-and-safety-review-longitudinal-data&data=05%7C02%7CRenee.Kiriona%40nzno.org.nz%7C5c154ca584c741b3e57908de15c5265a%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C638972133661636628%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=2SJwYkHAVhMubCIXqeACz%2FHmTJ4IghYQVZSd5T%2BnvaE%3D&reserved=0) found around cost barriers and inequitable access to GPs.

> **'Right now, I'm dealing with a measles outbreak. The two big parties led by Chris Luxon and Chris Hipkins – the two Chrises – don't need to be BFFs but they do need to get their A into G, even if health funding is the one thing they work together on, or more kids, more people will get sick of things that are preventable.'**

"Funding for primary and community health care is completely broken. It can cost up to $100 to see a doctor and patients are likely to have to wait weeks for an appointment.

"Skyrocketing fees are pushing doctor visits out of reach for many whānau, the working poor and now — because of the cost-of-living crisis — even the middle class. New Zealanders are turning up sicker at our hospital emergency departments needing even greater care.

Tracey Morgan

"For years GPs have had to absorb underfunding through the capitation system which leaves them no choice but to raise their fees to enable their practices to remain financially viable.

"It has also meant the wages of nurses have slipped further and further behind their hospital counterparts, leading many to leave the primary and community sector for better paid jobs or to work in Australia," she says.

Morgan says Labour's policy is a welcome first step in a national discussion about the funding of primary care.

"However, there needs to be a bipartisan conversation around the need for a sustainable funding model that addresses affordability and access issues in primary care. Otherwise, the health outcomes of every day New Zealanders will continue to deteriorate while health policy remains a political football.

"Right now, I'm dealing with a measles outbreak. The two big parties led by Chris Luxon and Chris Hipkins — the two Chrises — don't need to be BFFs but they do need to get their A into G, even if health funding is the one thing they work together on, or more kids, more people will get sick of things that are preventable."

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NEWS

Rā Whakamana: Iwi and unions call for national day of solidarity to back workers' rights and Treaty

By Renee Kiriona

October 24, 2025

Iwi leaders are weighing in on the fight to protect essential services and back workers, including nurses, midwives and health-care workers.

Ken Mair (blue jacket) with just some of the other iwi leaders who are backing workers' rights. Image source: NZCTU

Whanganui iwi leader Ken Mair is no stranger to protest, so he was right in his element when he joined hundreds of essential workers in the mega strike actions in his hometown on Thursday.

"Iwi leaders from across the country met recently, and we will do what we can to help all the essential workers being harmed by the actions of this Government. A lot of the people affected by that harm are our people – tangata whenua."

Gatherings happening throughout the country on October 28 that members are being encouraged to take part in.

"And as Māori, we know Governments like this all too well. We're well experienced in their arrogance, how they are ruled by a small number of rich elites, but more importantly, we know our people doing the mahi on the ground, we see the harm being done to them every day."

Ken Mair.

Mair is part of the National Iwi Chairs Forum (NICF) which recently met with leaders from the Council of Trade Unions to discuss how they might work together.

"We refer to October 28 as Rā Whakamana – the date that marks the signing of He Whakaputanga o te Rangatiratanga o Nu Tireni/Declaration of Independence of the United Tribes of New Zealand (1835)," Mair said.

It is also the date of the first Labour Day demonstrations in 1890 that helped secure the eight-hour working day.

"This year, iwi, unions and activists are calling on tangata whenua and tangata Tiriti to come together for Rā Whakamana as a national day of solidarity to reaffirm the tino rangatiratanga of tangata whenua and protect the rights and wellbeing of all workers."

Kerri Nuku, kaiwhakahaere for NZNO, said members were being encouraged to take part in the events that had been organised for Rā Whakamana 2025.

"NZNO is proud to be part of this action," she said.

"Given the coalition Government's attacks on Māori and unions, the attempts to silence both, this is a demonstration of our resilience."

Kerri Nuku and Anne Daniels.

Anne Daniels, president for NZNO, welcomed unions and iwi standing up together.

"Naida Glavish put everything on the line to say 'kia ora' in 1984 and overcame a naysaying Government with the support of the public. Before her, the Māori Language Petition instigated by Hana Jackson, which supported the call for te reo Māori to be taught in schools, was presented to Parliament in 1972.

"Most of the people who signed the petition were Pākehā. Now te reo is being removed from the Pae Ora [health] legislation."

Te Arawa (Rotorua) iwi leader Ken Kennedy, Dame Naida Glavish and Waikato iwi leaer Tuku Morgan. Image source: NZCTU.

Other iwi leaders in the NICF include Dame Naida Glavish (Ngāti Whatua – Kaipara), Professor Margaret Mutu (Ngāti Kahu, Te Rarawa – Far North), Bayden Barber (Ngāti Kahungunu – Hawke's Bay), Rahui Papa and Tuku Morgan (Tainui – Waikato), Jamie Tuuta (Taranaki) and Willie Te Aho (East Coast).

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NEWS

‘One of the biggest strikes we’ve seen’ – nurses, teachers, doctors turn out despite weather chaos

By Mary Longmore, Joel Maxwell and Renee Kiriona

October 23, 2025

‘We are not alone in this,’ say nurses and kaiāwhina as an estimated 23,000-plus turn out in Auckland alone for SOS — save our services — strikes.

Papakura marae nurses and kaiāwhina turned out to support the strike in Auckland, from left: Kathryn Chapman, Kristen Pascoe, Gina Tuitupou and Trish Uerata.

Red weather warnings peppered the country but tens of thousands of nurses, kaiāwhina, midwives, teachers, principals, doctors, social workers and other public service workers still walked off the job.

About 18 of the 41 rallies planned around the country were cancelled or moved indoors after wild weather drew emergency alerts and dangerous weather warnings across the lower North Island and much of the South.

> **'We're all fighting for the same thing – it makes you feel you're not alone in this fight.'**

However, Auckland nurse Liandra Conradie said huge crowds attended the central city rally at lunchtime, as rain cleared and the sun came out. An estimated 23,000-plus workers across health, education, prisons and social services turned out in Auckland alone.

"There's actually a lot of people — it's one of the biggest strikes we've seen and the biggest march down Queen Street we've seen in years," said Conradie, an NZNO delegate.

In Auckland, strikers across unions were supported by firefighters – who did their own strike last week.

"The feeling of solidarity between all the unions and everyone here, it's amazing," Conradie told *Kaitiaki.* "We're all fighting for the same thing — it makes you feel you're not alone in this fight."

Kaitaia nurse Sarah Johns said the small Far North town also packed a punch with about 300 people turning out.

> **'I felt the wairuatanga and whanaungatanga today, alongside other warriors from across health and education.'**

"I felt the wairuatanga and whanaungatanga today, alongside other warriors from across health and education."

Whangārei health-care assistant Tony Gill could hardly be heard over the constant car tooting in a crowd estimated at more than 1000, on a sunny windless day.

"The public is very appreciative. Lots of people waving, tooting their horns, standing watching us — cheering everyone on. We feel them behind us, even though we're holding them up in the traffic a little while," Gill told *Kaitiaki*.

Workers were standing up because they wanted change, he said.

"Everyone's supporting each other — hospital staff combining with the teachers and firefighting staff. All these organisations joining together," he said.

"I love my job and I enjoy it every day — and that's why we do it."

Palmerston North nurse Jane Swift said she felt "proud" after more than 1000 people turned out:

"Even before the march started, there were people in every park across the city picketing since the early hours of this morning. I am proud to be a nurse today, standing with teachers, doctors and others."

Health-care assistant Tony Gill with another supporter on strike in Whangārei today.

Several nurses from Papakura Marae turned up to support their Te Whatu Ora colleagues in Auckland's rainy Aotea Square.

Crowds at Auckland's strike were estimated at over 23,000.

One, registered nurse (RN) Kathryn Chapman said safely-staffed hospitals were crucial to keeping families safe.

"Safe staffing because our whānau go into the hospitals, some of our patients end up going into the hospital — it's advocating for whānau really."

Stuck in a stadium

Meanwhile, in the deep south weather warnings may have forced some rallies indoors but didn't dampen striking workers' enthusiasm.

The Government announced a local state of emergency for Canterbury on Wednesday afternoon.

However by midday on Thursday the bad weather – or high winds at least – stretched as far south as Invercargill.

Making the best-dressed of a bad situation, NZNO members including delegate Charleen Waddell, second from right, hunker down in Stadium Southland as bad weather hits.

Southern NZNO delegate Charleen Waddell said members and others on strike were forced to stay put in Stadium Southland because of the sudden arrival of bad weather.

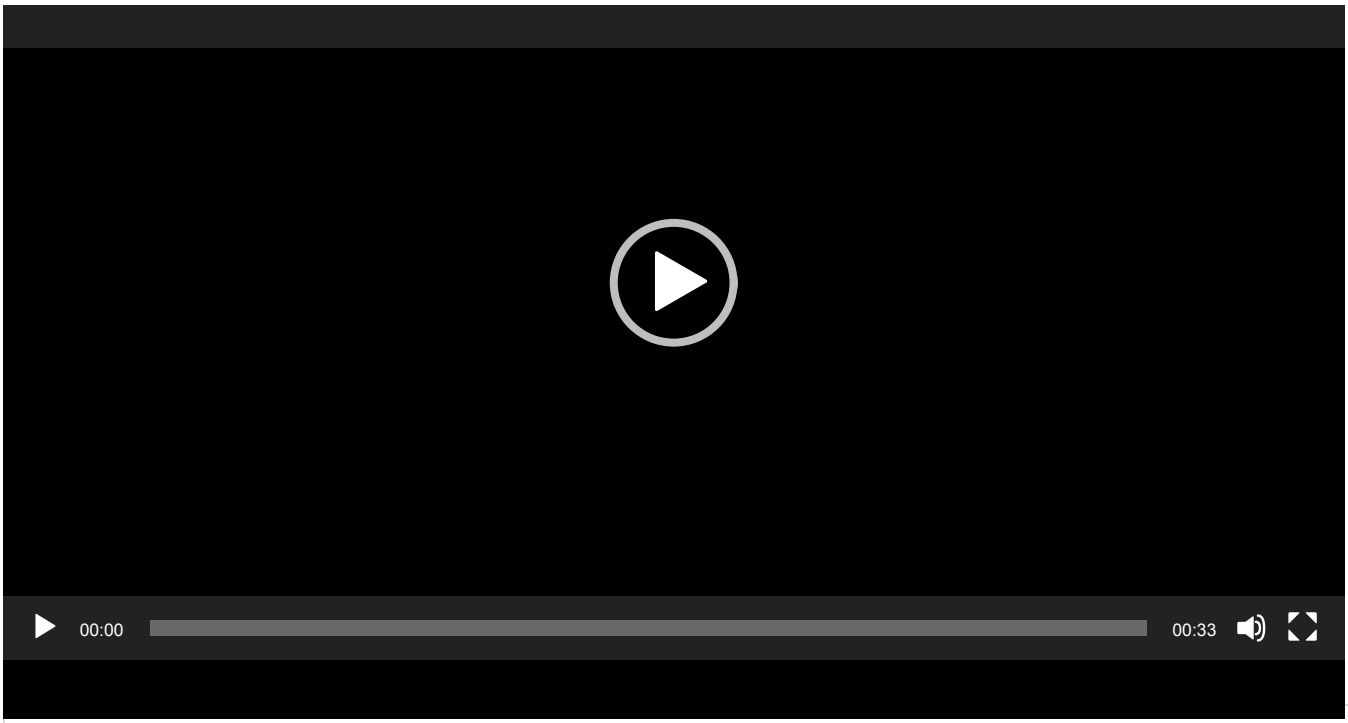
The sun had been shining only half an hour earlier as the strikers rallied at the alternative indoor venue, she said.

> **'Everyone's supporting each other – hospital staff combining with the teachers and firefighting staff.'**

"We can't leave the building now. It's a bit windy. It's looking pretty dire but we're all safe in a building."

While the various essential service workers on strikes hunkered down in the stadium, one part of the audience was forced to leave.

Firefighters, who went on strike the previous week, were called out of the building to deal with falling trees, Waddell said. "We're stuck here for a while."



Nurses, kaiāwhina, teachers, doctors and allied workers walking off the job in Whangārei today.

Despite the weather she said there was a definite sense of kotahitanga in the building, with the unions all standing together.

The stadium was booked till 1.30pm, she said, “so hopefully the winds are dying down, not ramping up”.

Waddell later confirmed members headed home at about 1pm, with work restarting at 3pm. By that stage the region was under a red wind warning, flights were cancelled and a kotahitanga dinner planned for the evening would go ahead with speakers unable to get into Invercargill joining online.

NZNO nurse Liandra Conradie, left, on strike in Auckland with fellow NZNO members and supporters.

Meanwhile, further north there was a sense of FOMO in another region where striking Te Whatu Ora members had been forced to cancel rallies.

In Masterton, Wairarapa, registered nurse Amy Tubman said members had gathered at Wairarapa Hospital to officially walk off, but that was all they could do.

> **'I love my job and I enjoy it every day – and that's why we do it.'**

"We did the walk-off and then were outside the front of the hospital for a little bit before people had to go home before the wild weather hit."

Tubman said members – hyped up ahead of the cancellations – felt a sense of disappointment waking up on Thursday knowing weather had wrecked their plans.

Filling the stands at Stadium Southland are NZNO members as strikers from multiple unions rally in the Deep South.

"We'd got the banners and signs all done, so it kind of felt like we weren't able to express our own disappointment in what was happening [in the health system]."

Many of her colleagues had been writing letters to ministers to show their support for the cause, she said.

> **'The feeling of solidarity between all the unions and everyone here, it's amazing.'**

The unions in Wairarapa would go ahead with plans to contribute food to the local foodbank – something they'd wanted to do at the rally.

Tubman said her sister, an NZEI member on strike, had sent her a video of the Palmerston North rally.

"It's huge in Palmerston North at the moment. It's really heartening to see where everyone else is and what they're doing, it's just disappointing that a lot of our members feel they can't contribute."

> **'We were outside the front of the hospital for a little bit before the wild weather hit.'**

More than 100,000 workers from essential services in collective bargaining took part in strikes calling on the Coalition Government to properly fund their mahi.

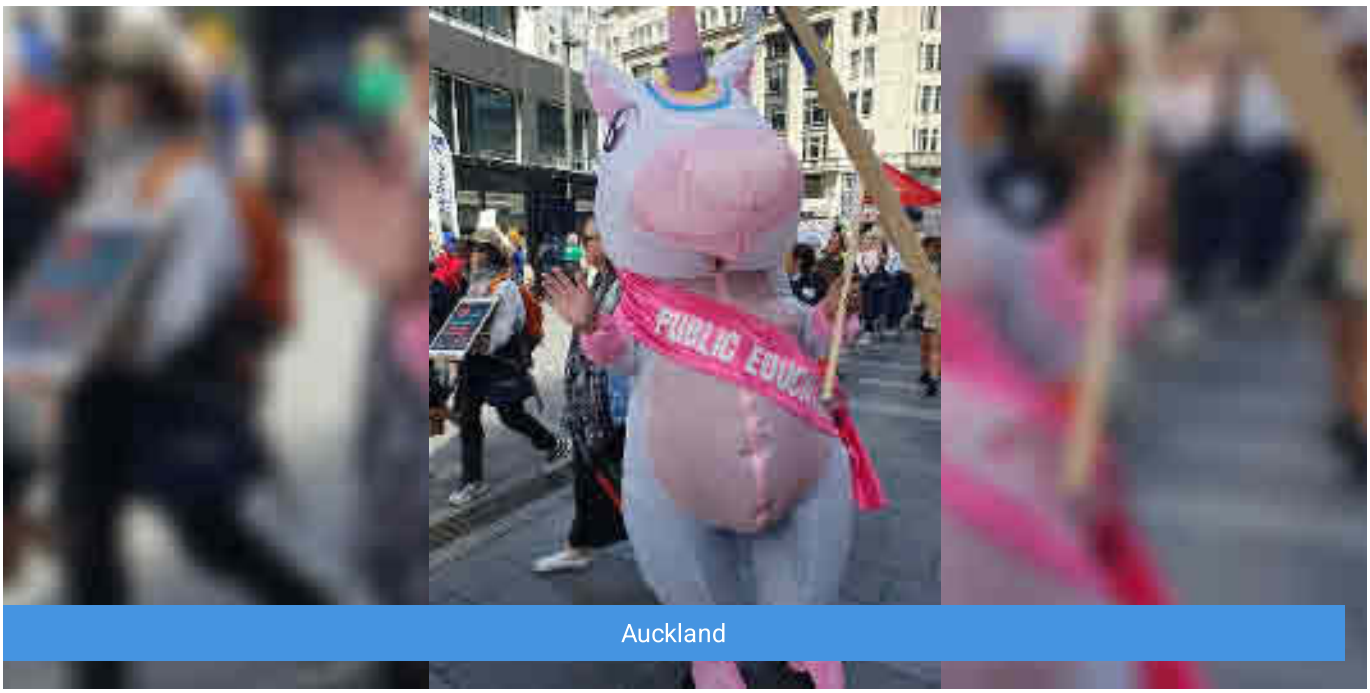
This includes nurses, midwives, health care assistants, doctors, teachers, principals and allied health workers from several unions including NZNO, NZEI, ASMS, PSA and PPTA.

There were 41 NZNO rallies (https://maranga-mai.nzno.org.nz/23_october_save_our_services_rallies) around the country planned, however nearly half were forced indoors or cancelled after red weather warnings and emergency alerts over a spate of wild weather in the Lower North Island and much of the South Island.

Te Whatu Ora members' latest strike comes after they downed tools in July and September.

Last Friday it was firefighters' turn to strike — about 2000 going out for an hour, with NZNO members supporting them. Many turned out today to support other frontline workers, often with their trucks which must stay at the stations during their own strikes.

Kaitaia nurse Sarah Johns on strike.



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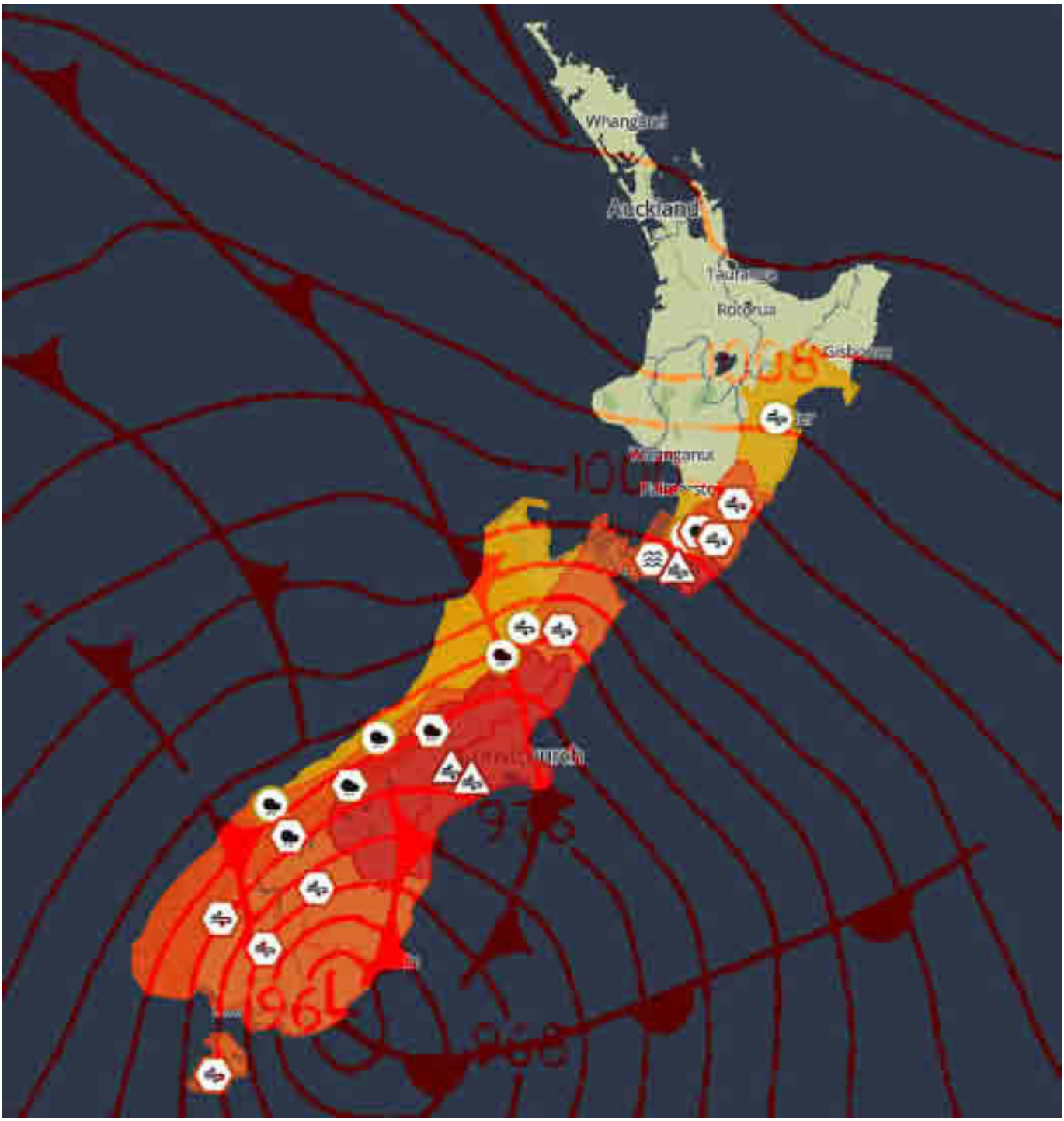
NEWS

Strikes go ahead – but weather warnings force some rally cancellations

By Joel Maxwell

October 22, 2025

An historic day of planned strikes by more than 100,000 workers will go ahead tomorrow — but some rallies are cancelled due to severe weather warnings.



Strikes will go ahead on Thursday but some rallies in Canterbury, Otago and the Lower North Island are cancelled.

Previously there were 41 rallies planned around the country, including a march to Parliament in Wellington for the historic day of actions.

Now rallies planned for areas affected by red weather warnings are cancelled. This covers Wellington, Wairarapa, and Canterbury. Some rallies in parts of Otago are also cancelled due to orange level warnings and no indoor venues available.

Some other rallies have been moved inside — the updated list of rallies, changes and cancellations are found here (https://www.nzeiteriuroa.org.nz/help-advice/knowledge-base/23-october-strike-sos-save-our-services-rallies).

More than 100,000 workers are expected in the strikes by essential services in collective bargaining, including NZNO Te Whatu Ora and Corrections members. Major rallies in centres like Auckland will still go ahead.

On Wednesday MetService warned that winds gusting up to 130kph in Wellington and Wairarapa could create "a threat to life from flying items and falling trees" on Thursday.

NZNO Te Whatu Ora strikers in Auckland in July.

"Destructive winds will cause widespread damage including powerlines and roofs, with dangerous driving conditions and significant disruption to transport and power supply."

Christchurch and wider Canterbury faced similar threats with winds expected to gust up to 150kph in places. MetService issued orange wind and rain warnings for parts of Otago for Thursday.

To hear what nurses are feeling ahead of the strikes read here.

Te Whatu Ora members' latest strike comes after they downed tools in July and September.

Last Friday it was firefighters' turn to strike — about 2000 going out for an hour, with NZNO members supporting them.

That came as job-matches within Te Whatu Ora dried up for nursing graduates in the mid-year cohort, as reported by *Kaitiaki*.

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NEWS

‘Shoulder to shoulder’ – nurses prepare ahead of historic 100,000-strong day of actions

By Joel Maxwell

October 22, 2025

How do you prepare a rally speech for a day when nearly two per cent of the population of Aotearoa strikes?

NZNO Te Whatu Ora members on strike in July -- now looking to return to the picket line as part of an historic day of action on Thursday.

Clinical nurse specialist in palliative care, Amanda Jennings is going to deliver the NZNO speech at the Timaru rally on Thursday and she's a little nervous.

"It's such a meaningful one, with all of these other unions. It really feels special."

Jennings spoke to *Kaitiaki* ahead of October 23 strikes covering 100,000-plus workers including NZNO Te Whatu Ora and Corrections members — something she was proud to be a part of.

Her work takes her to people's homes, not hospitals, but she's seen the broader impact of short staffing and underfunding.

A fundamental part of caring for end-of-life people was finding the time to sit and hold their hand and "hear the story of a dying person".

Clinical nurse specialist in palliative care, Amanda Jennings.

Overworked nurses in hospitals and aged residential care often simply couldn't do this, Jennings said. "That's a painful thing to observe really, and to be part of."

Jennings said she was proud to stand shoulder to shoulder with people from professions that were considered some of society's most valuable.

"It's about valuing our heath care and valuing our education, and what could be more important than that?"

Small town, big impact

Associate clinical nurse manager Michelle Roche manages the Kaitaia Hospital outpatients department, triage team and after-hours community service.

NZNO Te Whatu Ora members on strike outside Kaitaia Hospital in July.

Strikes from multiple unions would have a big impact in a small town like Kaitaia and its hospital, she said. That meant members had to make hard decisions because they knew the effects of actions on their hospital, their community and their families.

Roche — nursing since 2010 — had been through a few strikes, but the scale of Thursday's day of actions was probably the biggest she'd ever seen.

"It was almost an honour, but it's an unfortunate honour that we have to come together like this . . . for our communities."

Isolated, but not alone

The problem with prisons is they're often not in urban centres, said Corrections nurse Michael Pye ahead of Thursday's historic strike.

Earlier this month NZNO Corrections members voted to strike from 6am to 10pm — frustrated with Corrections' failure in bargaining to address safety concerns.

Corrections nurse Michael Pye.

Only a farmer and a few soldiers from the nearby military camp would see any picket line at Linton, in the Lower North Island, he laughed. So Pye and a group of colleagues would be heading into Palmerston North to join rallying Te Whatu Ora members.

He had been involved in strikes for a long time, he said, but the historic day of actions "feels like a potential turning point".

These actions were a symptom of what was happening to many New Zealanders, he said — "the angst and uncertainty that many of those people are feeling everywhere".

Members' work in prisons squeezed multiple types of practice into a single, heavily-structured environment.

"It's like working in a GP clinic, it's like working in an urgent-care clinic, it's like working in an aged-care facility, it's like working in a mental health care facility, at all levels of mental health care . . . and all of the work that needs to be done — there's just not enough of us doing it."

Strikes all go – but weather forces some rally cancellations

More than 100,000 workers from essential services in collective bargaining are expected to take part in strikes calling on the Coalition Government to properly fund their mahi.

Previously there were 41 rallies planned around the country, including a march to Parliament in Wellington for the historic day of actions.

Now rallies planned for areas affected by red weather warnings have been cancelled. This covers Wellington and Wairarapa, Canterbury and — due to orange weather warnings — parts of Otago.

Some other rallies have been moved indoors — read here (https://www.nzeiteriuroa.org.nz/help-advice/knowledge-base/23-october-strike-sos-save-our-services-rallies) for the full updated list of events.

A poster prepped by Corrections members striking on Thursday.

Last Friday it was firefighters' turn to strike — about 2000 going out for an hour, with NZNO members supporting them.

Te Whatu Ora members' strike on Thursday, running from 11am to 3pm, comes after they downed tools in July and September.

That came as job-matches within Te Whatu Ora dried up for nursing graduates in the mid-year cohort, as reported by *Kaitiaki*.

- *This story has been updated since publication to include new information on rally cancellations due to weather warnings.*

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NEWS

Canterbury strike action: 93 days of wearing their message on their sleeves

By Renee Kiriona

October 20, 2025

Thousands of nurses, midwives and health-care workers have begun 93 days of partial strike action at the South Island's largest hospital.

One of the t-shirts NZNO delegate and health-care assistant Al Dietschin is looking forward to wearing at work over the next 93 days.

The Canterbury/Waitaha members would still be taking part in the nation-wide strike on October 23, in the largest industrial actions in decades, along with other essential public service workers, including, teachers, doctors, principals, nurses, allied health workers, home support workers, school support staff, policy, knowledge, advisory and specialist workers, Ministry of Education field staff and support workers, and mental and public health nurses.

The NZNO members in the Canterbury action will literally be wearing their message on their sleeves — sharing their kōrero on clothing, flags, signs, badges and stickers; not complying with Health NZ rules, said Al Dietschin, an NZNO delegate and health-care worker at Christchurch Hospital.

Unionised St John workers wearing to work t-shirts reading "Healthy Ambos Save Lives." Image source: First Union.

It comes after a ballot in which more than 5000 members, working in the hospital and other Te Whatu Ora services in the Canterbury/Waitaha district, voted to take the action.

"This idea was initiated by delegates who work at Christchurch Hospital, after being inspired by what we saw unionised workers at St John and firefighters doing – wearing their messages about their struggles to work," Dietschin said.

"Being able to wear our message to work, fly it on flags and posters allows us to continue highlighting our ongoing struggle about the need for safe staffing.

Unionised firefighters wearing to work t-shirts reading "Dire Emergency." Image source: New Zealand Professional Firefighters Union.

"It will keep our issues alive and in the eyes of the public."

The Canterbury/Waitaha strike action will end on January 17, 2026 at one minute past midnight.

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NEWS

Doctors follow nurses' lead in turning their back on finger-wagging Minister

By Mary Longmore

October 18, 2025

It wasn't quite a wall . . . but one lone doctor did stand and turn his back on Minister of Health Simeon Brown during a recent lecture on why they shouldn't be striking.

First nurses, then a doctor, stand in protest over Simeon Brown's claims strikes 'unethical'. Photo: Neil Mackenize/ASMS and Joel Maxwell.

The doctor didn't want to speak publicly but might have taken inspiration from NZNO nurses and kaiāwhina, several of whom last month silently stood and turned away as Brown also ticked them off over the "human cost" of striking.

> **‘An ex-banker lecturing a room full of doctors about ethics is like a donut lecturing me about healthy eating.’**

Senior doctors at the Association of Salaried Medical Specialists (ASMS) conference last Thursday however were decidedly unsilent when the minister tried to dissuade them from striking this Thursday October 23, saying it “crossed an ethical line”.

“It is a question of who pays the the price and, right now, it’s patients,” he told the ASMS conference, reported The Post (https://www.thepress.co.nz/politics/360856249/health-minister-expected-blast-senior-doctors-ahead-mega-strike).

Many gasped, some laughed — and one stood up and turned away.

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

ASMS president Katie Ben — a Nelson anaesthetist who had just spoken about a workforce in crisis before the minister — responded this week with scorn.

“An ex-banker lecturing a room full of doctors about ethics is like a donut lecturing me about healthy eating,” she told *Kaitiaki.*

“He doesn’t understand health – it’s not all hips, knees and cataracts. He doesn’t understand half our patients won’t be treated by surgery. And when that was pointed out to him, he refused to listen.”

ASMS president Katie Ben speaking just before Minister of Health Simeon Brown. Photo: Neil Mackenize/ASMS.

Ben said in her speech that the Government needed to listen to doctors’ concerns about critical understaffing and poor conditions putting patients at risk — this was why they were striking.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa – NZNO president Anne Daniels said it was “mind-boggling” that Brown would lay into doctors as he had to nurses.

> **‘We’re doing it together – and 23 October is absolutely reflective of the fact that people have had enough.’**

“What he did at the doctors’ conference — these are intelligent, highly-skilled, knowledgeable people who do the hard mahi every day — and he absolutely stood on them, walked over them and treated them as if they were nothing,” she said.

“He has chosen to be deaf . . . but he needs to listen to us.”

ASMS members went strike for 24 hours last month, and have voted to strike again for four hours on October 23. An estimated 100,000-plus public service workers across education, health and disability services including NZNO have also voted to strike on that day over respective collective negotiation breakdowns.

Daniels said doctor's decision to stand showed respect to nurses — and 6000 doctors' going on strike showed many in the health workforce were fed up with Government "arrogance".

"We're doing it together — and 23 October is absolutely reflective of the fact that people have had enough."

ASMS spokesperson and Starship Hospital respiratory paediatric physician Dr Julian Vyas said the Government needed to realise how strongly public sector workers felt about the damage being done to services due to underfunding and lack of staffing.

"I think the New Zealand public will understand this strike action is about finding funding to provide the services that we all depend on and need to live healthy lives."

'I thought 'nah"

NZNO Te Poari member Rangi Blackmoore, who led the nurses' back-turning, said as Brown complained about the cost of striking, she suddenly thought: "Nah . . . so I stood up and I walked and I just stood here, and I felt people coming and standing next to me."

NZNO members in Nelson turned out last month to support striking doctors including Katie Ben (front, in burgandy).

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Nurses share pain, hope with firefighters as they turn out across the country

By Mary Longmore and Renee Kiriona

October 17, 2025

"Here come the nurses!" were the words of delighted firefighters as hundreds of nurses and kaiāwhina turned out to join about 2000 union members on strike around the country Friday.

Wellington nurses Gitta Majumder (left) and Hilary Gardner turned out to support striking firefighters Geordie Mansford (top) and Brady Cutting outside Loafer's Lodge in Wellington, where five people died when the building was deliberately set on fire in 2023. A lack of long-reach ladder trucks hampered rescue efforts.

Nurses, kaiāwhina and firefighters shared their struggles with unsafe staffing, as NZNO members turned out today to support their strike.

> **'We can't do our job without the funding and support and staff.'**

In Wellington, nurses Hilary Gardner and Gitta Majumder joined about 30 members of the New Zealand Professional Firefighters Union (NZPFU) striking outside Loafers' Lodge, where five people lost their lives in a fire in 2023. They included dispatchers, volunteers and community trainers.

NZNO members and firefighters in Whangārei.

"We can't do our job without the funding and support and staff," Gardner said. "For firefighters, it's a lot of the same issues."

A lack of functioning long-laddered trucks hindered firefighters' ability to reach the Loafers' Lodge hostel roof, prompting complaints from the union over its aging equipment.

Plunket nurses Keli Livingstone, left, and Tina Logan with firefighter Chris Kennard in Johnsonville.

Failing fire appliances, dangerous stations and unsafe minimum staffing levels — the latter a similar complaint for nurses and kaiāwhina — are key drivers for the strike, says the union, citing regular breakdowns on the way to emergencies.

Majumder said they turned out in solidarity, after firefighters had also been joining nurses and kaiāhina on the picket lines — the health and emergency professionals trading stories of their challenges on the frontline of helping people.

NZNO delegate Hilary Gardner with firefighter Midge Goodhue at the NZNO Te Whatu Ora member strike in July.

In Papatoetoe, firefighters were welcoming of the NZNO turnout for the duration of their one-hour strike from midday, calling: "The nurses are here".

"It was great vibes and connections between workers and unions," NZNO organiser Sharleen Rapato said. "The firefighters really appreciated it."

A beautiful union — nurses supporting firefighters on strike in Auckland today.

NZNO Te Whatu Ora members are set to strike next week on October 23, on what is set to be a historic action with more than 100,000 essential workers taking action around the country.

Other public service workers taking strike action include teachers, doctors, principals, allied health workers, home support workers and school support staff after bargaining break downs in their respective collective agreements.

Whangarei - nurses standing with firefighters

Firefighter and Tauranga Local Branch secretary for the New Zealand Professional Firefighters Union Mike Swanson says firefighters are striking for safe staffing levels so fire stations, trucks and call centres can remain fully staffed.

“We also need the protection of safe systems of work to ensure that equipment, uniforms and vehicles are appropriate for the risks we face. And when the worst happens, and our job gives us cancer, we want our management to support us in our push for ACC,” he says.

Events around the country are now finalised, here (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nzeiteriuroa.org.nz%2Fhelp-advice%2Fknowledge-base%2F23-october-strike-sos-save-our-services-rallies&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7C5df6a6fb84e44683fce208de0d16b822%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C638962588428870640%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=CcP%2F%2FevpGTiWjxZUjWaazKIFJsW%2FjrrizhfjcqMFo%2FE%3D&reserved=0).


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NEWS

‘That was a moral, emotional injury to the worker’ – tears and the truth at report launch

By Joel Maxwell

October 15, 2025

Everything we let happen to them now, will inevitably happen to us later.

NZNO Age Safe campaign co-chairs Brianna Dynes and Tracey Morgan at the launch. Photo: Naomi Madeiros.

Emotional nourishment comes in the smallest crumbs — as simple as some company. The elderly resident wanted to talk to the aged care worker — swamped with mahi — but she simply didn’t have time.

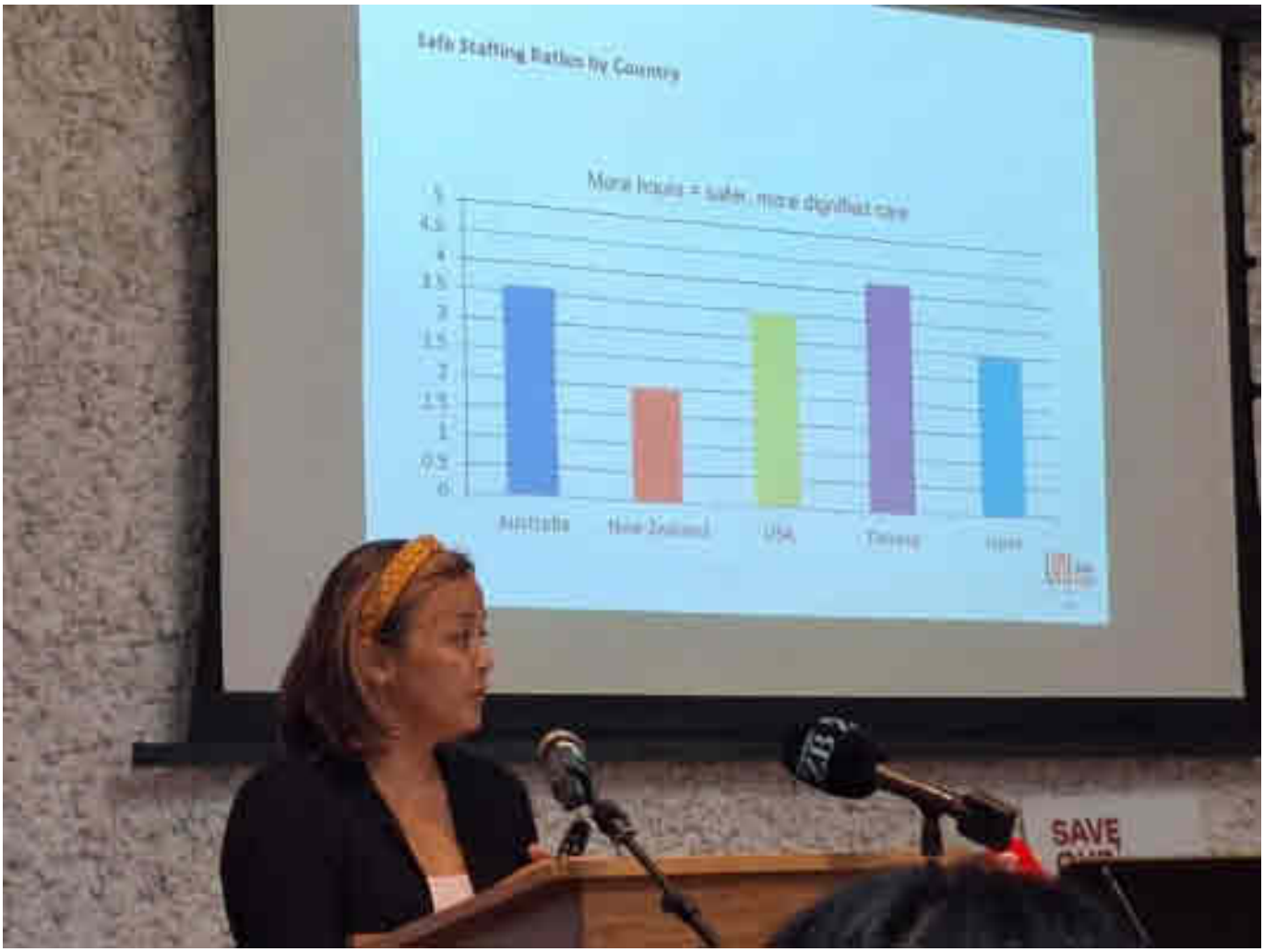
“I’ll come back when I have a break.”

When she returned, the resident was not only sitting in a soiled pad, but she had died without comfort or support.

The reality of aged care in New Zealand was laid bare in the launch of the NZNO *Care in Crisis* report in Wellington — its goal, changing the sector’s future, and inevitably our own.

Keynote speaker Jannette Armstrong from the UNI Global Union fought back tears as she shared the story, told to her by an Australian worker, showing the brutal impact of understaffing. NZNO is affiliated to UNI via its members who are kaiāwhina and health-care workers.

“That worker had suffered a moral and emotional injury due to understaffing and inadequate ratios.”



Keynote speaker Jannette Armstrong from the UNI Global Union with safe staffing levels in aged care on display — New Zealand trailing other nations.

Armstrong, whose global union federation represented 2 million care workers around the world, said the report was groundbreaking and world-leading.

“When Governments see care as a cost to be contained, rather than a right to be guaranteed, the result is predictable — understaffing, unsafe conditions and exhausted workers.”

NZNO’s Age Safe (https://maranga-mai.nzno.org.nz/age-safe) campaign committee Māori co-chair and researcher on the report, Tracey Morgan said the stories were the same across the motu.

It made no difference, Morgan said, whether it was a small non-profit provider or Bupa or Ryman: Aged residential care was underfunded and understaffed and culturally unsafe.

NZNO's Age Safe campaign committee co-chair HCA Brianna Dynes speaking at the report launch.

Morgan said healthcare had to reflect New Zealand's constitutional foundation, Te Tiriti o Waitangi — centering the voices, experience and expertise of tangata whenua.

In a Nutshell

The report was based on 80 in-depth interviews and 415 surveys of aged-care nurses and kaiāwhina across the motu — nearly 500 workers.

Nearly all — 96 per cent– believed their workplace was unsafe. More than half agreed understaffing was "systemic", with shifts understaffed most of the time, or often.

NZNO's Age Safe campaign committee co-chair HCA Brianna Dynes, a kaiāwhina in Christchurch, said she loved working in the sector and bringing joy to people's lives.

Report lead author Nathalie Jacques speaks at the launch in Wellington.

"But to be honest with you, the reality of aged care today is heart-breaking . . . as workers on the frontline, we see the impact of underfunding."

The report exposed care that was constantly rushed, delayed or missed. Patients' showers were skipped for days — sometimes weeks, said Dynes. Residents were left waiting in soiled pads, meals were served cold, wounds not treated, medications not delivered and call bells left unanswered.

"These are not rare exceptions, these are daily realities."

Dynes said aged care would impact everyone — "one day your family, friends or even yourself may need a care facility, so how would you like to be cared for?".

Report lead author Nathalie Jacques said there were no legally-required staffing levels in aged residential care.

There have been at least 37 staff restructures in aged residential care facilities this year and all resulted in a cut in direct care time for residents. This showed the problem was only getting worse, she said.

NZNO chief executive Paul Goulter said the failures in the aged care sector were now glaringly obvious. "It is not a dumping place for New Zealand citizens and for the staff who work there."

The union's focus would now shift to next year's national elections. "It shifts to our employer partners, and to our union partners, and to the Government and the Opposition parties at large. The evidence is in

NZNO chief executive Paul Goulter said aged care systemic failures could not be ignored anymore.

— you cannot ignore it any longer."

Care in crisis' recommendations for aged care:

- Registered nurse on site and on duty 24/7
- Assessing residents' complexity now and projected, to plan funding into the future.
- Legally-enforceable minimum safe staff-to-patient ratios, based on how many care minutes each resident needs per day to meet their clinical and cultural needs.
- Cultural safety embedded into clinical assessments.
- Aged-care workforce planning, with training and pay parity with Te Whatu Ora-Health New Zealand.
- Funding based on residents' care minutes calculations.
- More aged care beds
- Mandatory reporting on aged-care safe staffing levels
- A workers' voice committee in every aged-care facility including staff and union representatives, with access to rosters, staffing data and RN logs.

NZNO Age safe campaign committee Māori co-chair Tracey Morgan speaking at the launch of the Care in Crisis report.

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NEWS

Cops already outstripping nurses as pay equity crumbles, committee hears

By Joel Maxwell

October 14, 2025

It was nice while it lasted — cops are already leaving nurses in the dust as pay equity collapses, the people's select committee has heard.

The bad news came in a submission by public health nurse Sally Scott, offering her perspective as an everyday worker who had won pay equity in Te Whatu Ora.

The current collective bargaining offer on the table for NZNO Te Whatu Ora members was a 2 per cent increase in 2025 and 1 per cent in 2026, with a lump sum offer of $325 for each year, Scott said.

However police — a male-dominated profession used as a comparator in pay equity calculations — were offered 4 per cent in 2024 and 4 per cent in 2025, with a lump sum offer of $1500 in 2025, she said.

NZNO members gather in July at Parliament for the presentation of a petition against the Government's scrapping of pay equity.

"So therefore Te Whatu Ora nurses no longer have pay equity. And as noted in the pay equity legislation we cannot re-raise the claim for 10 years after settlement, by which time nurses and police pay would have been increasingly disparate, and nurses in effect would be taking a pay cut."

In May the Government axed all 33 current pay equity claims (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkaitiaki.org.nz%2Farticle%2Foutrage-shock-and-fury-as-government-halts-pay-equity-claims%2F&data=05%7C02%7CJoel.maxwell%40nzno.org.nz%7C83401a3f1bcb41efb6d108ddc9a26615%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C638888421539447369%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=BQdBy1JfE5UdMXDOYIKeODWg%2B6V%2BlLjT5fHt3K4Q%2BxU%3D&reserved=0) worth $12.8 billion ahead of Budget 2025.

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

There was no warning or consultation — prompting the formation of the people's select committee (https://www.payequity.org.nz/), to give communities a voice on the issue.

Scott said back in her late 30s and early 40s she worked as a Plunket nurse three days a week with three young children.

NZNO members have been fighting for the return of pay equity negotiations after the Government's stealth axing of 12 NZNO negotiations.

"In the school holidays I paid more in childcare than I earned. Even in term time a significant proportion of my salary went to preschool and afterschool care."

It got to the point where she realised the cost to her family life "wasn't worth the pittance I was earning".

She calculated, adjusting for inflation, that after paying tax and childcare she was taking home just $17,000 a year.

"This is why I think pay equity is so important. You shouldn't have to have a well-paid partner to work in your chosen profession."

In 2023 Te Whatu Ora nurses received a lump sum payment and a back-dated pay equity increase.

The high-profile members of the people's select committee into pay equity, including the likes of Nanaia Mahuta, Marilyn Waring and Sue Bradford.

The increase was welcome financially, Scott said, but was also simply a sign of respect for the profession.

"Finally in my nursing career I was earning money which I felt I deserved. I've got five years of tertiary education, I shouldn't be earning a pittance. I'm a senior nurse, you can tell by the grey hair."

In August NZNO joined four other unions in a legal challenge at the High Court, Wellington, against the Government's axing of pay equity rights.

Meanwhile in September, NZNO Plunket and hospice members became the first to refile pay equity claims under the new law.

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NEWS

Our hidden shame – workers speak out on the shocking truth of caring for our elderly

By Mary Longmore

October 13, 2025

Missing showers, being left alone to soil themselves and getting late, cold meals — this is what kaumātua/residents in many aged-facilities endure today, say hundreds of nurses and kaiāwhina.

Aged-care members rallied for safe staff in April.

In new research released today by Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO, *Care in crisis/Manaaki i te raru*

'Care in crisis' recommendations for aged care:

(https://www.nzno.org.nz/resources/nzno_publications#6_254), aged-care nurses and kaiāwhina/health-care assistants (HCAs) reveal the reality of working in a critically under-funded sector.

The research is based on 80 in-depth interviews and 415 surveys of aged-care nurses and kaiāwhina/health-care assistants (HCAs) across the motu — nearly 500 aged care workers in total.

Nearly all — 96 per cent– believed their workplace was unsafe. More than half agreed understaffing was "systemic", with shifts understaffed most of the time, or often. Even with a full roster, workers reported extreme pressure and not enough time.

More than 40 per cent said they couldn't help kaumātua go to the toilet at least once per shift, having to leave them in soaking pads. Many nurses said they did not have time to care for wounds adequately, leaving residents at risk of infection. Constant pressure to rush and take short-cuts led to serious safety risks such as unsafe hoisting, lack of supervision and rushed care, the workers reported.

- Registered nurse (RN) on site and on duty 24/7
- Assessing residents' complexity now and projected, to plan funding into the future ("case mix").
- Legally-enforceable, evidence-based and funded minimum safe staff-to-patient ratios, based on how many care minutes each resident needs per day to meet their clinical and cultural needs.
- Cultural safety embedded into clinical assessments.
- Aged-care workforce planning, with training and pay parity with Te Whatu Ora-Health New Zealand.
- Funding based on residents' care minutes calculations.
- More aged care beds
- Mandatory reporting on aged-care safe staffing levels
- A workers' voice committee in every aged-care facility including staff and union representatives, with access to rosters, staffing data and RN logs.

Read here to find what a 30-year kaiāwhina veteran learned about the elderly.

A quarter said residents were missing showers, getting meals late or cold and being left anxious, distressed and lonely most shifts.

Levin aged-care residents rallied in support of their staff in March.

Cultural safety, too, for Māori, Pasifika and diverse residents was "minimal and inconsistent", the report found, along with a lack of beds particularly in rural areas, which tended to have higher Māori populations.

NZNO's Age Safe campaign (https://maranga-mai.nzno.org.nz/age-safe) committee co-chair HCA Brianna Dynes said the report showed how much care residents were missing out on, due to lack of staffing.

> **'I was surprised at the number of people who actually responded – we're actually finding a voice for the staff out there.'**

"Nurses and kaiāwhina are constantly forced to make impossible choices about who gets help first because they are stretched so thin," she said. "Our kaumātua are being

harmed by the sector designed to care for them."

Age Safe co-chair Tracey Morgan said it was vital kaumātua Māori — along with all cultures — were cared for in a way that upheld their tikanga (culture) and whānau connections.

NZNO's Age Safe campaign committee, left to right: Rajni Lata, Tracey Morgan, Bridget Richards, Ruth Te Rangi, Sushil Devkota, Brianna Dynes, Melisa Peat, Lindsay Warren, Azbeen Nisha (former member), Maree Ross. Absent: Merit Quiray and Deepika Kumar.

NZNO college of gerontology nursing Bridget Richards — also on the Age Safe committee — said the report was "confronting, and very powerful".

The aged-care sector had been fragmented and not well-unionised, said Richards, who has worked in aged care for decades.

"I was surprised at the number of people who actually responded — we're actually finding a voice for the staff out there. We're starting to gain traction in being able to support them, advocate for them and raise the concerns that they have."

Residents tended to have multiple complex issues, including dementia, by the time they were admitted to aged residential care today, due to a preference to keep people at home, she said. That

Key findings

- 96 per cent of aged-care workers surveyed believed their workplace was unsafe.
- 87 per cent said understaffing affected their ability to give good care.
- 54 per cent reported shifts were understaffed "most of the time or often".
- 43 per cent did not have time to take residents to the toilet.
- 40 per cent of nurses did not have time to dress wounds.
- 40 per cent were thinking of leaving due to burnout, excessive workloads or moral injury and fear of providing unsafe care.
- 30 per cent of nurses did not have time to complete care plans for residents.
- Registered and enrolled nurses (RNs and ENs) were regularly replaced with health-care assistants (HCAs), often left

made it challenging, especially without enough staff.

The high level of knowledge and skills required to work with older people was not well-recognised.

unsupported, unsupervised and asked to work beyond their training.

"It's about the one place in New Zealand where nurses can work to the top of their scope — and we need to make sure that's recognised, and leading on into pay parity."

Can we do better?

Auckland workers and residents rally in March.

The report recommends blending Australia's "care minutes" model — where aged-care providers must legally provide a minimum amount of direct care to residents each day — with Aotearoa's new "case-mix" model — where funding is matched to residents' complexity, for truly safe aged residential care here.

NZNO has long been calling for mandatory minimum staffing, transparent funding, culturally-safe care and worker voice, through its Age Safe campaign (https://maranga-mai.nzno.org.nz/age-safe).

Cultural safety findings

- Aged-care systems are not Māori-centred
- Not enough Māori staff
- Widespread tokenism
- Anti-Māori behaviours
- Lack of knowledge of te Tiriti o Waitaingi
- Failure to follow cultural care plans

Seniors Minister Casey Costello said the report offered a "distorted" view of a sector that was not in crisis — and the Government had increased spending by $270m in the past two years. However, she said it had been "identified for some time" that the current aged-care model was out of date.

"This Government is looking at system-level change so that aged care is more effective and sustainable."

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NEWS

Hidden nursing crisis revealed: The shocking staffing numbers, and the Minister's response

By Joel Maxwell

October 8, 2025

Hidden Te Whatu Ora figures have revealed acute mental health wards in crisis: those most desperately in need of help, face shifts desperately in need of nurses.

Mental health wards, particularly acute and forensic wards are the most understaffed in the country.

Mental health services took eight of the top-10 most understaffed wards in Aotearoa in 2024 — nine of the top 11.

At number one was the Mason Clinic's forensic rehabilitation Rata ward in Waitematā: understaffed 99.13 per cent of shifts.

This is a blow-out from 2022 when only 1.64 per cent of shifts were understaffed. All of the top three in the list were in the high-90s, percentage-wise last year.

Last month, Te Whatu Ora apologised to NZNO for acting "unreasonably" in refusing to release its 2024 safe-staffing (CCDM) data until ordered to by the Ombudsman.

Helen Garrick

Previously, nurses were gaslit about the level of short-staffing — but the numbers were undeniable, and at the top of the understaffing list was mental-health nursing.

Chair of NZNO's mental health nurses section, Helen Garrick said the types of mental health wards in the list were also worrying.

All of the top-10 mental health wards were acute, forensic — linked to the criminal and legal system — or dealt with overlapping intellectual disabilities and mental illness.

Mental Health Minister Matt Doocey talked about expanding the mental health workforce, but he was only putting money into "the soft end of the scale", she said.

"We're only seeing him . . . puddling around with his nice advertising campaigns and his health promotion activities and his God-knows-how-many digital platforms."

Doocey however wasn't keen on on funding the moderate to severe end of mental health issues, Garrick said.

NZNO Te Whatu Ora members on strike for better staffing in Wairarapa in September.

"I've been to Rata, I've been to Totara [acute and forensic wards], they're in Mason Clinic. I cannot imagine saying to some of the very unwell people in there, 'why don't you sit down on a digital platform and do a breathing exercise?'. This is ludicrous."

Mental health nursing wasn't popular in the profession — it was seen as more challenging, she said. And because it was harder to recruit new nurses, the understaffing made it feel less safe. "It's also . . . a very limited aspect of the undergraduate nursing programme."

Top 10 [staffing] most wanted

Here are the top 10 most-understaffed wards in Aotearoa last year, with percentage of understaffed shifts:

1. Mason Clinic Rata forensic rehab mental health ward, 99.13 per cent
2. Mason Clinic Totara acute-sub acute mental health ward, 97.27 per cent
3. Hutt Hospital Te Rangimārie acute mental health acute ward, 96.17 per cent
4. Ratonga Rua o Porirua Mental Health Campus, intellectual/learning disability 88.96 per cent
5. Thames Hospital ED 78.91 per cent
6. Hillmorton Hospital Whaikaha intellectual disabilities assessment, treatment, rehab mental health ward 78.47 per cent
7. Christchurch Hospital children's health ward 16 74.54 per cent
8. Mason Clinic Kauri sub acute mental health ward, 74.21 per cent
9. Mason Clinic Kahikatea forensic rehab mental health ward, 73.55 per cent
10. Mason clinic Te Aka forensic psychiatry mental health ward, 73.55 per cent

– *NZNO analysis of CCDM data*

Adding pressure to the problem was the fact that people had simply become more mentally unwell since the pandemic, Garrick said.

Mental Health Minister Matt Doocey talking with NZNO members outside Thames Hospital, on his way to a meeting with management there this month.

"It's pretty well-known across the world actually that Covid, and all the things that went wrong with Covid, one of the issues that has arisen is a vast increase in mental illness."

Garrick said the Government hadn't taken into account this increasing need for mental health services.

"As we see all over the place we have crumbling services in health. In buildings that aren't suitable, and we have ideologies that don't fit the buildings that we put people in, all of those things, it costs money and they're not very keen in providing that."

Forensic care under pressure – Ministry report

In August the Ministry of Health released a report from its investigation into mental health services in Canterbury. It came after the murder of two women, in 2022 and 2024, by men who had been under care at Hillmorton hospital.

The investigation, that focused on systemic problems rather than the specific cases, found critical shortages of staff in all areas.

Health Minister Simeon Brown, speaking at the NZNO AGM, where he made the admission to media that more nurses were needed.

"Staffing shortages appeared to particularly affect forensic mental health services. This was due to the difficulty in maintaining safe staffing numbers and the relatively junior nature of the staff in this area," the report said.

What does the Minister say?

Doocey said he had made it a priority to get more frontline workers. "We've seen registered mental health nurses up 21 per cent and nursing support workers up 20 per cent."

He said Budget 2025 "invested heavily" in mental health with a $51 million investment to open up more beds.

However this was over four years, and using funding re-prioritised within the existing health budget. It aimed to provide 10 new acute inpatient beds and eight new step-down (transitional) beds in the Central North Island. This region does not cover any of the wards in the top 10.

Doocey said the Health NZ mental health workforce had grown about 10 per cent under this Government. It had also delivered 110 additional New Entry to Specialist Practice (NESP) training spots.

He did not reply to questions about the shortages of nurses in the specific wards nor comment on the findings of the investigation into mental health services in Canterbury.

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NEWS

Official NZNO national committee for thousands of kaiāwhina launches

By Renee Kiriona

October 7, 2025

For the first time in its history, NZNO now has a national committee for kaiāwhina.

Members of NZNO's new kaiāwhina national committee. From left: Marita Ansin-Johnson, Natasha Greig, Al Dietschin, Rosina Ake, Alex Neil, Anamei Graham and Mihara Taihakoa-Richards. Absent: Ashley Faleafa.

NZNO chief executive Paul Goulter said the kaiāwhina national committee is now an official group within the union, representing about 5671 members from all sectors, including aged residential care, Corrections, primary health, Māori and iwi providers, Pacific health, Te Whatu Ora and hospice.

The co-chairs are Mihara Taihakoa-Richards and Natasha Greig — both based in Hawke's Bay and who bring decades of experience of working as kaiāwhina.

> **'We want to be the voice for kaiāwhina nationwide to advocate for and fight for the things they believe are true and right.'**

Taihakoa-Richards said the committee became a reality because there simply wasn't a representative voice for kaiāwhina.

"We want to . . . fight for the things they believe are true and right. And also, to look at professional development opportunities for kaiāwhina and the development of ethical practice standards."

Pay equity is just one of the major issues facing most kaiāwhina.

Taihakoa-Richards said she respected the support from nurses and midwives for kaiāwhina to create their very own spot within NZNO.

"We will still stand with our nurses and midwives, just like they have with us."

Greig, who works in aged care, said there were many issues facing kaiāwhina and the committee would meet regularly to work through them.

"Pay equity, burn-out due to understaffing, bullying from senior staff, regular missed breaks and no career pathways, are the major issues facing kaiāwhina right now," Greig said.

The committee met for the first time last week to establish its terms of reference, objectives and brainstorm goals for the coming year, which will be presented to NZNO's new national executive.

It follows in the footsteps of the interim HCA leadership group set up last year, including Taihakoa-Richards, with a core committee of about 10 across sectors.

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NEWS

Corrections nurses, health-care assistants vote for October strike amid staff safety fears

By Joel Maxwell

October 7, 2025

Prison nurses and health-care assistants have voted to strike this month — frustrated at Corrections' refusal to address safety concerns after months of bargaining.

Te Whatu Ora members went on strike for patient safety in September, pictured here, but nurse and HCA safety is a key factor in Corrections NZNO members' decision to strike this month. (File photo)

About 400 NZNO members working for Corrections will strike for 16 hours from 6am to 10pm on October 23.

It comes as members face increasing workplace pressure as the prison population hits record highs — with more rapid growth on the cards.

With bargaining underway for several months, NZNO Corrections spokesperson Michael Pye said members were frustrated that Corrections refused to address safety concerns about its "overly arduous" on-call system.

He said Corrections needed to keep healthcare workers safe — ensuring enough staff were rostered on shifts to meet a growing prison population and increasingly difficult working environment.

"These essential workers also need an improved pay offer that is not a pay cut and reflects the cost-of-living crisis.

NZNO Corrections spokesperson Michael Pye.

"Members have voted to strike to send the message to Corrections they need to show they value the work undertaken by these critical health workers."

No end to the demand

The Ministry of Justice's own 2024 projections for the prison population showed an expected 36 per cent increase in the next decade.

Government policies were driving the increase: The Ministry "expected to see more offenders receive prison sentences and for those sentences to be longer" its report said.

Last month media reported prison numbers had hit an all-time high of 10,881 — five years ahead of the Ministry's own projections.

> **'These essential workers also need an improved pay offer that is not a pay cut.'**

The Corrections members' decision comes after more than 36,000 Te Whatu Ora members voted to strike again on October 23 following action in September and July.

Te Wahtu Ora members went on strike in July, with more action set for October 23.

Pye said Corrections members would proudly stand alongside Te Whatu Ora nurses as well as teachers and allied health workers involved in their own strike action, "to tell the Government they must properly fund our most essential public services".

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NEWS

‘It will be massive! ‘ Nurses, kaiāwhina vote to strike on October 23

By Mary Longmore

October 3, 2025

Te Whatu Ora-Health New Zealand nurses and kaiāwhina have voted for further strike action on October 23.

Hamilton members striking earlier this month.

After a ballot this week closed at noon today, the result was decisive — let’s strike!

NZNO’s 36,000 Te Whatu Ora nurses, health-care assistants and midwives will now be standing alongside tens of thousands of teachers and mental health and social workers who have so far voted to walk off

the job that day.

For NZNO members, the strike will run from 11am to 3pm. Details of events will be shared in coming days.

Auckland NZNO delegate Liandra Conradie said nurses were fed up and determined to do right by their patients.

“We are going to stand strong because the safe staffing is such a big issue, we’re not going to back down,” she told *Kaitiaki*.

Liandra Conradie, in the white jacket, striking earlier this year.

“It’s been going on for such a long time too, and previous negotiations have raised this and we’re just not getting anywhere, so we’re thinking with the cross-union action hopefully we might get somewhere,” she said

“It will be massive!”

Wellington NZNO delegate Mel Anderson said she hoped the strike would be an amazing show of kotahitanga — unity, in the face of Government deafness.

> ‘They’re not listening to us – we’re showing that we’re powerful.’

“We’re just going backwards — they’re not listening to us. We’re showing that we are powerful and we are joining together and it’s just going to be an amazing show of power and support,” she said.

“This Government needs to sit down and listen to us and give us what we want — safe staffing!”

‘Biggest in decades’

Council of Trade Unions (NZCTU) president Richard Wagstaff has said October 23 is shaping up to be the biggest strike action in decades.

NZNO delegate Mel Anderson, centre, with colleagues gathering signatures for the Patient Voice Aotearoa petition during strike action earlier this month.

About 11,500 Public Service Association (PSA) mental health and public health nurses and allied health workers have voted to strike on October 23, along with about 40,000 primary school teachers, principals and support staff.

Both the senior doctor and secondary school teacher unions are balloting members to strike, with results due next week. The secondary teachers' union, the PPTA, has more than 25,000 members, while the senior doctors' union, ASMS, more than 6000 members.

Firefighters have so far voted to strike on October 17 for an hour.

NZNO chief executive Paul Goulter said today's result showed members were "committed" to safe staffing and patients, cost-of-living pay rises and pay relativity for senior nurses, as well as supporting Māori members with tīkanga allowances.

"Te Whatu Ora nurses, midwives, health-care assistants and kaimahi hauora will stand proudly alongside primary school teachers, allied health and mental health workers on 23 October."

Politicking?

Minister of Health Simeon Brown has slammed the strikes as "deliberate politicking by our unions".

"The fact that they're all doing this on same date . . . this is politics ahead of actual public service which is what they should be about," he told RNZ this week.

Nurses turn their backs on the Minister of Health

His comments came after nurses turned their backs on Brown as he addressed NZNO's AGM recently — admonishing them for strike action which he complained affected thousands of patients.

But the same day, it was revealed hospitals were short by hundreds of nurses.

Brown later acknowledged there was “work to do” on nurse recruitment.

NZNO members on strike in Nelson earlier this month.

Te Whatu Ora was also forced to apologise to NZNO for refusing to release damning figures which showed hospital shifts were understaffed 51 per cent of the time last year.

Only unions with expired collective agreements, who have been negotiating for more than 40 days can legally take strike action.

NZNO has been in negotiations with Te Whatu Ora for more than a year, with 31 days of meetings and several strike actions including two 24-hour strikes last month.

Sticking points are safer staffing levels, pay and jobs for new graduates — only 45 per cent of whom secured Te Whatu Ora entry roles this year.

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NEWS

Picketing nurses greet visiting Mental Health Minister at under-pressure rural hospital

By Renee Kiriona

October 1, 2025

Picketing nurses outside Thames Hospital greeted Mental Health Minister Matt Doocey on a flying visit to the under-pressure rural facility today.

They were "invisible" to their local MP but seen by the Minister of Mental Health Matt Doocey, who took the time to listen to NZNO members before he met with Thames Hospital management.

About 20 NZNO members were highlighting their unsafe staffing concerns today when National's Coromandel MP Scott Simpson walked past them as he headed into the hospital entrance to meet with management, NZNO delegate Lizzy Brundrit said.

"He [Mental Health Minister Matt Doocey] drove past us and he made them stop the car so he could come across to talk to us.

"It was very good. We were very impressed that he came and spoke to us, unlike our local MP, who ignored us and walked past us."

The Minister was in town to meet hospital management, but the scope or purpose of that meeting was unknown, Brundrit said.

NZNO members, their kids and even their pets, rallying outside Thames Hospital today.

"The Minister stood with us while we were waving our flags, for about 15-20 minutes and we appreciated that."

ED – at least 10 FTEs needed now

"I told him we needed at least another 10 FTEs for the emergency department, while other nurses told him they needed more nurses in the inpatient unit as well as for the district nursing team and more staff for the mental health crisis team."

Last month *Kaitiaki Nursing New Zealand* reported damning figures that revealed at least 20 emergency departments (EDs) were below-safe staffing targets between January and November last year. And

Thames Hospital, the country's largest rural hospital, was the worst affected – 79 per cent of all shifts were understaffed over the period.

"In ED we are seeing more and more people present with mental health issues that are serious but not critical. But because the mental health service is not 24 hours, they end up here," Brundrit said.

Mental health services – give it more staff

"We made it clear to the Minister that the different parts of the hospital, including our mental health service, can't be looked at in isolation, that they are all inter-connected and if one isn't working properly then the other parts won't work properly either.

"People with mental health issues are turning up at ED because they can't get to a GP or their problem has occurred outside daytime hours when our mental health team isn't working."

The mental health team needed more resources so it could become a 24-hour service, Brundrit said.

Inpatient unit – more staff for the extra beds

Another NZNO member who works at the hospital, and who did not want to be named, said the impatient unit was only funded for 35 beds but staff were expected to service 45 beds.

> **'Meanwhile people are getting sicker. It's crazy, it's cruel.'**

"They increased our workload but didn't give us any increase in staff and this means it's taking longer to care for patients, and free up beds for those coming from ED. Meanwhile people are getting sicker. It's crazy, it's cruel," the person said.

NZNO members at Thames Hospital picketing last year in August about the need for safer staffing.

"That's why there's so many people waiting in ED, beause there's not enough beds and staff in this unit to take them."

District nursing team – at least 12 FTEs needed now

There were currently 680 patients on the books across 18 staff in the district nursing team, an NZNO organiser said.

> 30 per cent of the current staff in the team were looking at leaving their jobs.

"That's about 37 patients per staff member, which is unrealistic. There are cancellations every day because the staff just don't have enough time to see all their patients."

The organiser said it was so bad that about 30 per cent of the current staff in the team were looking at leaving their jobs by the end of the year.

Was the Minister listening?

Brundrit said only time would tell if the Minister would turn their words into action.

> 'The sad thing is that many of us and especially our patients don't have time.'

"We felt Matt Doocey listened to us. But whether or not that will eventuate into the results we need, only time will tell."

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PRACTICE

A useful guide to help you meet your new competencies

By Pipi Barton

October 30, 2025

Are you unsure how best to show you're meeting the new cultural safety requirements embedded in the Nursing Council pou (competencies)? Nurse educator Pipi Barton provides a guide that you can download and share.

Photo: Adobe Stock

Throughout my nursing career, I've often been approached by non-Māori colleagues asking for help to find examples from their practice that could be used as evidence for their competencies in cultural safety and kawa whakaruruhau.

Pipi Barton, speaking at the 2025 NZNO conference and AGM.

When I worked as a clinical nurse specialist in a busy mental health ward, it was probably the most common reason staff would ask to see me one-on-one.

> **The truth is, many are doing the mahi, they just don't always recognise it as evidence.**

I imagine many of my Māori nursing mates are getting similar requests now that the Nursing Council has introduced the new standards of practice for registered and enrolled nurses, which embed cultural safety and Te Tiriti o Waitangi throughout.

While attending the recent NZNO annual conference, I was also asked how to support internationally qualified nurses (IQNs) to show they could meet these requirements.

So, I thought I'd lend a hand. If you've got a colleague asking for examples of how they've met their competencies, hand them this resource — it might save you both some time.

I developed it for my team some years ago, in response to a problem that keeps coming up: many nurses struggle to identify and articulate the everyday evidence that demonstrates their competence. The truth is, many are doing the mahi, they just don't always recognise it as evidence.

This tool is offered as a practical resource for nurses reflecting on their kawa whakaruruhau and cultural safety practice, grounded in Te Ao Māori and guided by Te Kapunga Putohe. Download a PDF version here.

Cultural safety self-assessment tool for New Zealand nurses

By Pipi Barton

This is a prompt tool, that utilises *Te Kapunga Putohe: Māori Centred Nursing Practice Model* (Barton & Wilson, 2008) as a framework to assist nurses to become critically conscious in their nursing practice, and ensure they are practicing in a kawa whakaruruhau informed and culturally safe manner. It also helps to define examples from their practice that can be used as evidence of competency in the Nursing Council standards of competence for nurses.

PDRP assessors, nurse educators and auditors can use this tool as a guide to determine whether the nurse has reflected on their practice and made these considerations when working with Māori or people from other cultures.

The nurse does not have to provide an example for every key principle but can discuss examples of when they have considered them. Exemplars of actual interventions can be provided to meet the competency.

Key principle	Provide an example of how you have demonstrated/considered this
1. Tikanga: Policy/procedure/ regulations/legislation	• What is the significance of Te Tiriti ō Waitangi/the Treaty of Waitangi, and how do I use the articles of Te Tiriti o Watangi to inform my practice? (Kawanantanga, Tino Rangatiratanga, Ōritetanga, Wairuatanga, Pātuitanga) • How am I working collaboratively with the patient and their whānau/family? Are they self-determining decisions being made about their care? How am I facilitating their participation? • How have I ensured equitable care within the euro-centric health system? • Have I informed the patient and their whānau/family of the Code of Health and Disability Consumers' Rights? • Consider the ways the health system is dominated by euro-centric ideals and a western worldview. How have I considered this for those indigenous and minority peoples entering this environment, particularly reducing their anxiety and stress?
2. Pono: Truth and honesty	• How have I built trust and mutual respect with the patient? If not, what can I do to change/ develop this aspect of my practice? • How have I established a therapeutic relationship? What is the power differential within the relationship? • What assumptions am I making without having them validated? How have I considered my own prejudices and biases while caring for this patient and their family/whānau? • How have I advocated for the patient when/if I have heard stereotypical comments and judgments made by other staff?
3. Aroha: Compassion	• In what ways may the patient and their whānau/family be traumatised by the experience that has brought them into the health service? How do I express empathy for the patient and their whānau/family? • How do I relate to their experience? Have I thought what it would be like to be in their situation? • How do I demonstrate compassion in my actions and interventions?
4. Tiaki: Caring and protection	• Have I considered that this may be the patient's and/or the whānau/family's first time here, and that the

Key principle	Provide an example of how you have demonstrated/considered this
	experience of being in hospital can cause fear and anxiety? • How have I determined that the patient and their whānau/family truly understand what procedures and treatments are occurring and why? How have I given them opportunity to ask questions and have these fully answered in a way they understand? • Have I advised them of their right to formally complain if they believe they are not receiving equitable or appropriate care? How have I supported them through the complaints process? • How have I provided appropriate cultural and spiritual support from within the organisation? Have I asked about cultural or spiritual support for them from within their own whānau/family? If not, how could I do this differently? • How have I considered that the whānau/family may or may not know what is expected of them in this environment? • In what ways have I considered that the hospital/health system/nursing has a culture of its own that is often confusing for those outside of it?
5. Manaakitanga: Respect and kindness	• Do I call my patient by their preferred name and pronounce it correctly? • How have I provided opportunities for the patient and their whānau/family to be heard? • How have I ensured all my interactions have been respectful? In what ways have I demonstrated empathy and kindness? • How did I ensure that the patient and their family have been provided with all the appropriate resources and advice? • How have I considered that the patient may prefer their personal cares to be attended to by someone from their own family? Have I asked them about this? • How have I considered that the patient may prefer to be cared for by someone of their own gender? Have I asked them about this?
6. Whānaungatanga: Relationships	• In what ways did I make an effort to make connections? • Whānau/family is considered part of the healing process for Māori and many other cultures. How did I ensure opportunities for whānau/family to be involved in the patient's care, if the patient so desired?

Key principle	Provide an example of how you have demonstrated/considered this
	• How have I thought about how family can take many forms from a non-western worldview? This could include extended whānau, friends or other significant people. • In what ways am I working collaboratively with the whānau/family for the betterment of the patient? • Have I communicated clearly and effectively in a respectful way with whānau/family?
7. Wairuatanga: Spirituality	• Have I asked about spiritual beliefs and practices? • Have I given the patient the time and space to carry out their spiritual beliefs and practices? • Are there any resources that the patient needs for them to feel safe to continue to practise their spiritual beliefs and practices with in this environment? • How have I advocated for the patient to continue to practice their spiritual beliefs and practices within this environment? Have I advocated for the whānau/family to be part of the patient's spiritual practices if they so desire?
8. Oranga: Wellbeing	• How is my approach holistic? • What dimensions of health have I considered that did not just focus on the physical or mental dimensions? • How do I talk about recovery and maintenance? • How have I ensured that the patient and whānau/family have all the necessary resources to maintain their wellbeing after discharge? • How have I provided/referred them to the most appropriate resource/service? Have I asked their preference?
9. Mana tangata: Autonomy and personal integrity	• How have I been respectful and considerate to the patient and their whānau? • How have I maintained the patient's privacy and confidentiality? • How did I provide the patient with enough information so that they can make an informed decision? Have I checked that the patient understands? • How did I support the patient's decision, even if I have disagreed with it?

Key principle	Provide an example of how you have demonstrated/considered this
10. Tikanga Māori: Māori/cultural practices	• Have I asked the patient about any preferred time or space for cultural practices? • How have I provided an environment that supports and encourages cultural practices? • In what way have I supported the patient and whānau/family to continue their cultural practices here? • Have I made efforts to put people of the same culture and/or language together in the same room, or suggested a health professional of the same culture or language be involved in their care, if the patient so desires?

A brief example of how the guide could be used:

- Mr X was a 62-year-old Māori male admitted for a surgical procedure. He arrived on the ward with a number of whānau.
- I greeted Mr X and his whānau in **te reo Māori**, and after ensuring Mr X was comfortable, I then engaged with him and his whānau through **whanaungatanga**, by sharing our common connections and people.
- I demonstrated **tiaki** by spending time with Mr X and the whānau, orientating them to the ward environment and procedures and explaining the plans for his surgery. I checked that that they were fully informed of what to expect.
- Before surgery I considered **wairuatanga** by providing the time and space for whānau to have **karakia** before he left for theatre. During his time in hospital, I demonstrated **manaakitanga** by ensuring that I pronounced his name correctly and was always respectful to him and his whānau in all my interactions.
- Mr X's wife preferred to provide his personal cares so I made sure she was provided with the appropriate equipment and resources to do this safely and confidently.
- I always kept Mr X and his whānau informed of any changes to his treatment and care and made sure that they understood. When discharge was being discussed, I checked with Mr X and his whānau to see which services they would prefer to follow him up at home. I made sure they were aware of **Māori health services** in their community and that they were able to manage in their home, arranging a visit with the occupational therapist before discharge.
- I demonstrated that I was considering **Te Tiriti o Waitangi** in the care I provided by working collaboratively with the patient and whānau, providing equitable access to services and resources, and minimising any risk of Mr X experiencing any missed care.
- I believe that I considered Mr X and his whānau's **oranga** (holistic care), considering physical, spiritual, mental and social dimensions of health.

This exemplar provides evidence for many of the new Nursing Council pou (competencies).

***Pipi Barton (Ngāti Hikairo ki Kāwhia), RN, MPhil(nursing), PhD**, is a senior Māori nursing lecturer at NorthTec.*

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OPINION

‘Nursing is inherently political’ – Ebony Komene on her ‘uncomfortable’ work as a young Māori researcher

By Ebony Komene

October 16, 2025

Young, Māori and a researcher — together, yes, all of these things are unusual, agrees Ebony Komene.

Ebony Komene, front, with (left to right) associate head of school Māori, NP Josephine Davis; professional teaching fellow, RN Coral Wiapo; and professional teaching fellow, RN Lisa Sami at Waipapa Taumata Rau/University of Auckland school of nursing

last year.

Reconnection to land, language, and thriving in Māori ways of healing, caring, and nursing is a history we are reinstating as tangata whenua of Aotearoa New Zealand. So in that way, I really do think that I have ended up here with the support of all those before me, who made this possible.

I did my undergraduate nursing degree, and by no means was that easy as a child from a single-parent whānau with six kids. I was the first to graduate — both from high school and tertiary education.

After completing my nursing degree in late 2018, I entered nurse entry to practice (NETP) at a general practice/urgent medical centre in Papakura.

Komene, right, with University of Auckland senior lecturer and researcher Dr Sue Adams (left) and director of communication Natalie Lloyd from the Wabana Centre for Aboriginal Health in Ottawa.

While working full-time, I began postgraduate study and was invited by a University of Auckland lecturer to undertake an honours research project. With the Te Whatu Ora post-graduate funding (https://www.tewhatuora.govt.nz/for-health-professionals/health-workforce-development/nursing/postgraduate-funding-applications) that can bring, I thought: "Sure, I need as much free study as I can get!"

The research — later published as *Kōrero Mai* (https://www.nursingpraxis.org/article/83397-korero-mai-a-kaupapa-maori-study-exploring-the-experiences-of-whanau-maori-caring-for-tamariki-with-atopic-dermatitis) — explored the experiences of whānau Māori coming into the clinic with eczema. A lot of whānau I was caring for kept saying nothing was working. As a sister of a sibling with eczema too, I thought: "Hang on, I'd better have a bit of a look at what's going on here."

What I found was systemic health-care racism in their experiences — families who often faced judgments and delays in getting the care they needed. One whānau waited three years before they saw a dermatologist. But the research was strengths-based, revealing the resilience of whānau finding their own solutions, like rongoā, and how much aroha they had for their children.

Komene, centre back, with fellow attendees at the 2024 International Indigenous Research Conference, Ngā Pae o te Maramatanga, in Auckland.

I've always had a primary care focus – I've always thought upstream, working with whānau, it's the best point of view when it comes to sustainable health and wellbeing outcomes.

> **Lots of health environments can be difficult to navigate when you're Māori, because we work in a way that has to have feet in both worlds.**

As a Māori nurse researcher, the navigation is different because you find you're doing research on your own people — and on yourself. And we know the space has been culturally unsafe — research has caused historical harm to indigenous communities for many reasons, but I am working to change that narrative.

After deciding to pursue nursing research, I supported a project within an acute hospital, which further exposed the challenges within these settings and potential solutions by Māori, Pasifika, and Indian patients navigating health.

During this time, I also explored Māori nurse experiences of caring for whānau, which reaffirmed what I had also felt in my nursing journey. Lots of health environments can be difficult to navigate when you're Māori, because we work in a way that has to have feet in both worlds.

Komene, third from right, celebrates Christmas with Te Kura Neehi/school of nursing colleagues at Waipapa Taumata Rau/University of Auckland, 2023.

So it's important that kawa whakaruruhau — cultural safety as defined by Irihapeti Ramsden in the 1980s — actually supports Māori nurses to be Māori, and care for whānau safely. What I mean is the health-care system creating spaces where Māori nurses can maintain their indigenous sovereignty in nursing. But sometimes that's difficult because many Western health-care and nursing education systems do not support that.

Academic 'touchstones'

After the hospital I shifted into academia. Finding my feet in the academic world, there were key touchstones along the way that supported me. Had I not had them, I wouldn't be where I am.

Part of that is allyship. My supervisors, both Māori and tauiwi, shared a strong vision for supporting Māori in research, and colleagues stood by me in clinical spaces as well. These allies held belief in me when I didn't, and their support carved out a space that might not have existed otherwise.

The real strength for me as Māori comes from the signing of He Whakaputanga and Te Tiriti of Waitangi because we have had to be bicultural, and that is a formidable strength when we have to navigate complex situations, challenges, and systems. So, we have adaptability on our side. Plus, if we see ourselves in academic or other spaces, we can aspire to do the things that we have been told we're not capable of.

After participating in several research projects on whānau experiences and the value of Māori nurses and nurse practitioners (NPs) — for the next three years I'm doing a PhD, exploring how Māori NPs weave

Komene, with Canadian (Métis) indigenous Master of Nursing student Cheryl-Lynn Hebert and University of Auckland senior lecturer and researcher Dr Sue Adams in Ontario, Canada, recently.

mātauranga Māori, nursing, and biomedical knowledge into care.

Financial support has been essential to embark on this doctoral journey — we know that finances can be one of the main barriers in supporting Māori academic success.

Komene, front second from right, with other attendees/presenters at the Nurse Practitioners' Association of Ontario conference this month.

I currently receive a co-tenure from both the University of Auckland and the Māori Research Centre, Ngā Pae o te Māramatanga. I also work 14 hours per week supporting mahi at Waipapa Taumata Rau, the

school of nursing in Whangārei and Tamaki Makaurau, such as research, teaching, and co-supervising student research too.

However, changes in research and funding guidelines by the current Government have made it difficult for the Health Research Council and Māori research centres like Ngā Pae o te Māramatanga to continue to deliver the same level of support.

> **As Māori, our work often challenges colonial structures, and that makes our presence and contributions powerful.**

That is really disappointing when you think about the evidence which tells us doctoral study is a proven pathway to breaking cycles of inequity — yet fewer than one per cent of New Zealanders hold a PhD, and even fewer are Māori or Pacific. A few years ago, I counted roughly 20 Māori nurses with doctorates. Encouragingly, that number is set to double — but only if support continues.

With so many government changes around tertiary education and research funding — like the loss of the Marsden Fund (https://www.sciencemediacentre.co.nz/2024/12/10/marsden-fund-cuts-will-disproportionately-affect-maori-researchers-expert-reaction/) and He Tipu Ka Hua Māori research fund (https://waateanews.com/2025/06/13/paakiwaha-prof-leonie-pihama/) — the success of our Māori PhD students is threatened, alongside our Māori nurses who can't get beyond seven per cent of the workforce.

'You ought to be grateful'

Gratitude is important — but it is also important to recognise that the support Māori nurses receive isn't "extra," it's what has long been missing.

Funding and research opportunities help bridge the gap between equity and inequity and acknowledging that is part of shifting the narrative.

Ebony Komene and Sue Adams with Hoda Mankal, director of Ottawa's nurse practitioner-led clinic.

Māori nurses bring cultural value, leadership, research expertise, and clinical excellence to the profession. These aren't add-ons — they're core to nursing. I guess there is a wider philosophical question being posed here — how do we define nursing today, and how are we resourcing it?

Research is an essential pou (pillar) of nursing that sits equally alongside nursing leadership and clinical expertise. If we can inform the research evidence, then we can use this to change practice. In that way, nursing is inherently political, especially when you're a Māori nurse. As Māori, our work often challenges colonial structures, and that makes our presence and contributions powerful. Every step we take in research, leadership, and practice is a step toward transformation.

Reciprocity

I think reciprocity – manaakitanga – is really important when it comes to leadership.

My thoughts about leadership are that if service is beneath you, then leadership is beyond you. And part of that service is supporting those in the current generation to be better than me, really.

I do a lot of voluntary work, in my own time. I'm involved with NZNO's nursing research section. I'm on the board of Nursing Praxis (https://www.nursingpraxis.org/) journal. I meet with Māori nurses who have a passion for publishing and don't know how. There are post-graduate students I get to support in academia. I've met undergraduate nursing students at different universities talking about my journey. Earlier this year I was talking to nursing students at NorthTec, which just released its BN Māori programme, about scholarships — because, again, financial security is an important factor for success.

Future?

Aotearoa does lead the way in many indigenous health research and nursing spaces, and that's something to be proud of. This leadership creates exciting opportunities for cross-cultural relationships, so I'd really like to go overseas — I'd like to see what they're doing. I think there's a lot of potential and opportunity to learn from others and share what we're doing here.

At home in Aotearoa, my focus remains on Māori research — just being Māori.

Komene, front centre, with first cohort of Māori enrolled nurse graduates from the earn as you learn programme in Te Tai Tokerau 2023.

So I think that goes back to expressing myself in any way that I can – and research is one of those avenues, but it's not the only one. Giving back to my whānau, hapū, my iwi – because that's where my heart is and that's who deserve it the most.

The future feels uncertain. With significant changes to research funding, the pathway beyond my doctoral studies in 2027 is unclear but I will cross the bridge when it comes. As I said, research is a central pou in nursing. Research is accessible and it doesn't need to feel like it's not part of your everyday, because if generating knowledge, finding solutions, or seeking answers is part of your everyday work, then that's research to me.

— Ebony Komene, Ngāpuhi (Te Kapotai, Ngāti Ueoneone), Te Arawa (Ngāti Pikiao, Ngāti Whakaue, Tapuika), is currently completing a PhD at Waipapa Taumata Rau – University of Auckland.

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OPINION

‘It’s time for NZ to be a destination, not just a stepping stone’

By Rabikah Begum

October 10, 2025

A migrant nurse who departed for Australia, but then returned, outlines her plan to fix the ‘leaky pipeline’.

I came to Aotearoa in 2021, drawn by the promise of a slower pace of life and a better work-life balance, something my home country, Singapore, often struggles to achieve. For one and a half years, I built strong connections with my neighbours, community, colleagues and the residents in my care.

But then, like so many before me, I left for Australia.

The pull was undeniable. It was the prospect of better staffing ratios, clearer career pathways, and a system that seemed to value my labour and expertise more concretely. I made the rational choice, a choice hundreds of our colleagues make every year.

Yet here I am. I chose to return. And the rationale behind that choice may hold the key to solving the crisis outlined in the Nursing Council of New Zealand's stark August 2025 report[1] on international nurse migration.

The report confirms what most of us already know: nearly half of our nursing workforce is now internationally qualified. More concerningly, it lays bare that New Zealand is widely seen by internationally qualified nurses (IQNs) as a stepping stone, an easier-to-access pathway to ultimately working in Australia.

Rabikah Begum: 'The pull of Australia was undeniable.'

> **I have lived this reality twice over, first as part of the leak, and now as a returnee trying to help stem the flow.**

We are training and acclimatising IQNs, who are now a crucial part of our health system, only to see them depart within months or years. I have lived this reality twice over, first as part of the leak, and now as a returnee trying to help stem the flow.

Pay, conditions and opportunity

We leave for reasons that are painfully simple: pay, conditions and opportunity. The cost of living in New Zealand, particularly in our major cities, is crippling on a nurse's salary. When a short flight west can offer a 20-30 per cent pay increase for the same work, the choice becomes brutally simple for nurses supporting families back home or trying to build a future here.

'Yet here I am. I chose to return.'

But I came back. I returned because what Aotearoa offers isn't found on a payslip. It's the deep sense of community I found in my neighbourhood. It's the ability to have a life outside of work, to breathe, and to be a nurse without it completely consuming my identity. New Zealand's heart is its retention strategy. But right now, that heart is not being supported by the body of its policy.

This "leaky pipeline" is a dangerous way to build a sustainable workforce. It creates perpetual instability that burns out our local nurses and disillusions new graduates who see the relentless exodus.

> **It creates perpetual instability that burns out our local nurses and disillusions new graduates who see the relentless exodus.**

Nowhere is this more devastating than in aged care, which relies heavily on IQNs. Our elders thrive on consistency. Constant turnover fractures the trust and continuity of care they desperately need.

And it isn't only IQNs who are leaving. Many New Zealand-trained nurses are also either leaving the sector altogether or heading overseas in search of better pay and better opportunity. This dual loss deepens the crisis: New Zealand is not only struggling to hold on to those it attracts, but also those it educates and trains.

Any sustainable workforce plan must address both sides of this challenge, making nursing in Aotearoa a viable, rewarding long-term career for everyone.

A WORKFORCE PLAN

We need a conscious, urgent workforce plan that moves us from being a stepping stone to a destination. This means a multi-faceted approach:

1. **A realistic path to competitive remuneration:**

   While closing the pay gap with Australia overnight is a complex challenge for an underfunded system, we need a transparent, committed plan. This effort must also look inward to address the significant pay parity gaps between Te Whatu Ora and nurses in other sectors, particularly aged care and primary care. A nurse's pay should not be a lottery based on their employer; equal pay for equal work is a fundamental principle we must uphold.

2. **Investing in holistic support and flexibility:**

   There is more to retention than money. We need dedicated career development, cultural mentorship and pastoral care for IQNs, creating clear pathways to leadership. Furthermore, we need policies that support all nurses raising families such as truly flexible working arrangements, better parental leave support, and affordable childcare. This is especially critical in aged care, where flexibility can be limited due to the demanding nature of the work. Supporting nurses to build a life, not just a career, is a core retention strategy.

3. **Fixing the fundamental conditions:**

   Mandating safe staffing levels (not care minutes) in law across all sectors, especially aged care, is critical. Better pay means little if you are too exhausted and stretched to enjoy it.

> Unsafe staffing ratios compromise patient safety, lead to moral injury for nurses, and are a primary driver of burnout.2 Safe staffing is the foundation upon which any other retention strategy is built; without it, we cannot provide the quality, compassionate care we were trained to give.

My story of return should not be an anomaly. IQNs are a workforce rich with global experience and a desire to belong. We need a system that supports us, values us and encourages us to stay. It's time for New Zealand to be the destination, not just a stepping stone.

Rabikah Begum, RN, PGDip Nurs, Master of Gerontology, is a nursing advisor and educator for the Aged Care Association.

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OPINION

Mythbusting: NZNO expert tackles Te Whatu Ora's safe staffing denials

By Mary Longmore

October 10, 2025

Even after Te Whatu Ora was forced to reveal how dangerously understaffed New Zealand's hospitals are, its leaders seem to still be in denial, NZNO's safe staffing expert says.

NZNO nurses and kaiāwhina in Tauranga on strike last month for safer staffing.

Fed up after years of trying to get nurses' staffing fears taken seriously, NZNO safe staffing coordinator Maree Jones tackles some of Te Whatu Ora's ongoing claims that its hospitals are safe — despite damning evidence to the contrary.

NZNO strategic researcher Nathalie Jacques fought for a year to get Te Whatu Ora's 2024 figures on how many shifts were below safe staffing targets.

But only after she successfully appealed to the Ombudsman, did they reveal the truth (https://www.thepost.co.nz/politics/360806759/ombudsman-raps-health-nz-over-secret-nurse-staffing-data) — that more than half of all hospital day shifts were understaffed last year.

And most acute and forensic mental health units? Almost always.

Hot on the heels came more damning evidence — a new report showing that the country's hospitals were on average short nearly 600 nurses per shift last year.

Despite such damning figures, Te Whatu Ora leaders are still pretending it's not happening and the figures are "misleading". This is the ultimate in gaslighting, says NZNO's safe staffing coordinator Jones.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO also wants Te Whatu Ora to work with NZNO to research the introduction of staff-to-patient ratios alongside CCDM, to support safe staffing into the future.

Here, Jones clinically dismantles some of Te Whatu Ora's claims:

What Te Whatu Ora is saying	Nurses' reality
They are 'sorry' that nurses feel exhausted and burnt out. "I am sorry they feel that way." – *Richard Sullivan on RNZ (https://www.rnz.co.nz/national/programmes/morningreport/audio/2019002453/health-nz-on-nurses-midwives-and-healthcare-assistants-strike), September 2.*	This indicates Te Whatu Ora has little knowledge of how nurses working for Te Whatu Ora-Health New Zealand feel about their work and conditions. Te Whatu Ora does not routinely survey nurses for job satisfaction, burnout, wellbeing and intent to leave the profession. Yet safe staffing tool CCDM (care capacity demand management) requires that the nursing staff are surveyed every three months. It is international best practice to do this every three to six months, share results transparently and **act on them** — staff lose trust when feedback disappears into a void.
The country's hospitals are not understaffed. "Using this data in isolation to claim that wards are understaffed and unsafe is misleading." — TE Whatu Ora national clinical director Richard Sullivan. (*Media release* (https://www.tewhatuora.govt.nz/corporate-information/news-and-updates/safety-in-our-hospitals), *September 1)*	Te Whatu Ora does not collect the best evidence and data to inform them if understaffing is occurring or not. Yet there is a flood of information available on nurse understaffing from the clinical floor every shift via the CCDM system. Its variance response management (VRM) flags when there is a mismatch between patient demand and staff capacity. Te Whatu Ora does not collect, report nor analyse this information in a standard way across New Zealand. If it invested in a national data system, it could collect this. It could also collect data showing how many valid requests for staff for every ward are made every shift. Without this national data, there is a gap in Te Whatu Ora's ability to respond.

What Te Whatu Ora is saying	Nurses' reality
	Nurses have become increasingly sceptical of the effectiveness of the VRM system due to lack of response by their employer when they indicate staffing pressure.
Shifts-below-target is a "moment in time measure, that is often capturing just five minutes of an eight-hour shift. Using this data in isolation to claim that wards are under-staffed and unsafe is misleading". — Richard Sullivan (*media release, September 1*)	Shifts-below-target is calculated by the VRM system. Research clearly tells us insufficient staff puts patients at risk. Shifts-below-target should always be measured in real-time. But this requires clinical nursing staff and shift leaders to update the data tool, TrendCare, not only at both ends of the shift but also during the shift when patient acuity, numbers and/or staffing numbers change. TrendCare can then automatically calculate staffing shortfalls using this live data. This ideal practice would provide: 1. **Accuracy** • Real-time data reflecting exactly what happened during the shift (such as unexpected sick leave, high patient acuity). 2. **A culture of safety.** • Supports patient safety. • Promotes accountability and transparency. • Staff feel heard and supported when shortages are documented promptly. 3. **Timely decisions** • If issues are identified immediately, managers can quickly respond by: • Calling in backup staff, • Adjusting workload, • Escalating safety concerns. 4. **Better insights** • Real-time trends help identify persistent gaps or staffing pressure points (such as on particular days/times). **Why it matters** • Patient risks increase when shifts are consistently below target—especially in high-dependency areas like oncology, paediatrics, and mental health. • Nurse burnout becomes more likely when staff are stretched thin, leading to higher turnover and even more understaffing. • Studies show that patient outcomes worsen—including higher mortality rates—when wards frequently operate below safe staffing levels.
Te Whatu Ora prefers to use clinical outcomes such as falls, pressure injuries, hospital-acquired infections and inpatient deaths to measure if patients are safe. (Media release, September 1)	All of these are "sorry" measures — they measure preventable harm. Reports of preventable harm diminish patient and public trust and cause emotional harm to clinical nurses. CCDM has a built-in early warning system — VRM is designed to trigger action before patients suffer harm.

What Te Whatu Ora is saying	Nurses' reality
	Why is VRM better at keeping patient safe? **Proactive:** It allows the calling in of reinforcements, reallocation of staff or escalation to leadership before the situation becomes unsafe and/or causes patient harm. **Standardised decision-making**: Everyone follows the same playbook, reducing confusion and delays. **Staff wellbeing**: Prevents burnout by avoiding chronic overload. **Patient safety**: Ensures care quality doesn't drop when things get busy. Relying solely on falls, pressure injuries, hospital-acquired infections and death can be problematic for the following reasons: **Retrospective, not preventative** • They only show harm which has already occurred. • They don't identify risks *before* an incident happens, limiting proactive safety interventions. **Hard to determine the cause of the harm** • Makes it difficult to target improvements effectively. **Under-reporting and data quality** • Staff may under-report incidents due to fear of blame or workload pressures. • Inconsistent documentation across wards or hospitals skews data reliability. **Doesn't reflect near misses or unsafe conditions** • These measures ignore situations where harm *almost* occurred—and understanding of the clinical conditions that contributed. • Unsafe staffing levels, poor communication, or environmental hazards may go unnoticed until harm occurs. **Delay in feedback** • Indicators often emerge in audits or quarterly reports, far removed from the moment of care. • That lag reduces their usefulness for real-time improvement.

What Te Whatu Ora is saying	Nurses' reality
"There are now more nurses working in our hospitals than ever before." — *Richard Sullivan, media release, September 1.*	A growing and ageing population is bringing more patients and more complex conditions into hospitals. It is only logical that hospital nurse staffing needs to keep pace. However, this does not mean nurse staffing matches patient demand. Only the data from an accurate safe staffing system can show that.
On CCDM acuity tool TrendCare: "We don't believe the current tool . . . is fit-for-purpose." — *Richard Sullivan, media release (https://www.tewhatuora.govt.nz/corporate-information/news-and-updates/safety-in-our-hospitals), September 1.*	TrendCare is an acuity tool. Acuity tools turn the complex, often invisible work of nursing into **quantifiable,** visible, actionable data that reflects what is actually happening on the ward. Having acuity data is vital now that nurses are no longer is in charge of the nursing budget. The nursing budget is now overseen by accountants who often do not understand nursing. TrendCare and CCDM are absolutely fit-for-purpose. The tools provide data from nurses which informs the organisation how many nursing hours are necessary to keep patients safe and well. Only nurses are qualified to do this. The goal of CCDM is to move away from making rosters fit budgets, and instead build budgets around actual care demand. Together TrendCare and CCDM deliver: • Safe staffing levels based on real patient needs. • Responsive rostering that adapts to daily fluctuations. • Evidence-based budgeting for nurse workforce planning. • Healthier workplaces and better patient outcomes.
". . . in fact, no other country uses this tool as a national tool anymore . . ." – *Richard Sullivan, RNZ*, September 2.	**Other countries that use TrendCare** **Australia** – Where TrendCare originated and is widely adopted across public and private hospitals. **Southeast Asia** – TrendCare has been trialled and validated in various health-care facilities across the region. TrendCare is considered a gold standard in acuity-based staffing in the southern hemisphere. **Countries using similar patient acuity systems to CCDM for staffing and budgeting:** • **United States**: Many hospitals use acuity-based staffing, especially in intensive care units. Some states like Massachusetts have legislation requiring acuity-adjusted staffing in certain units. • **South Korea**: Has developed hospital-specific patient classification systems to measure acuity and guide

What Te Whatu Ora is saying	Nurses' reality
	staffing decisions. **Pilots or partial adoption:** • Canada, the United Kingdom, Singapore, and Ireland have explored or implemented acuity tools in some hospitals or regions.
"CCDM's not going anywhere, and I'm really excited to think about its future direction." — *Te Whatu Ora chief nurse Nadine Gray to Kaitiaki* February, 2025.	"We don't believe the current tool . . . is fit-for-purpose." — *Richard Sullivan, RNZ*, September 2.
" . . . we are working to employ as many graduates RNs as possible". — *Nadine Gray on RNZ, July 2025.*	Te Whatu Ora has employed just 45 percent of mid-year graduates. Te Whatu Ora previously committed to explore employing all new graduates in the 2018 safe staffing accord with NZNO. Recently, it has also: • Cut minimum employment hours (https://www.rnz.co.nz/news/national/571641/health-nz-to-employ-more-graduate-nurses-part-time-cut-on-job-training-document-reveals)from four days (0.8) to three days a week (0.6). This shift toward part-time roles is intended to create more "flexible" job options—but many see it as a cost-cutting move. • Dropped on-the-job training from 240 to just 80 hours. • Dropped study hours, including mandatory training, from 96 to 80 hours.

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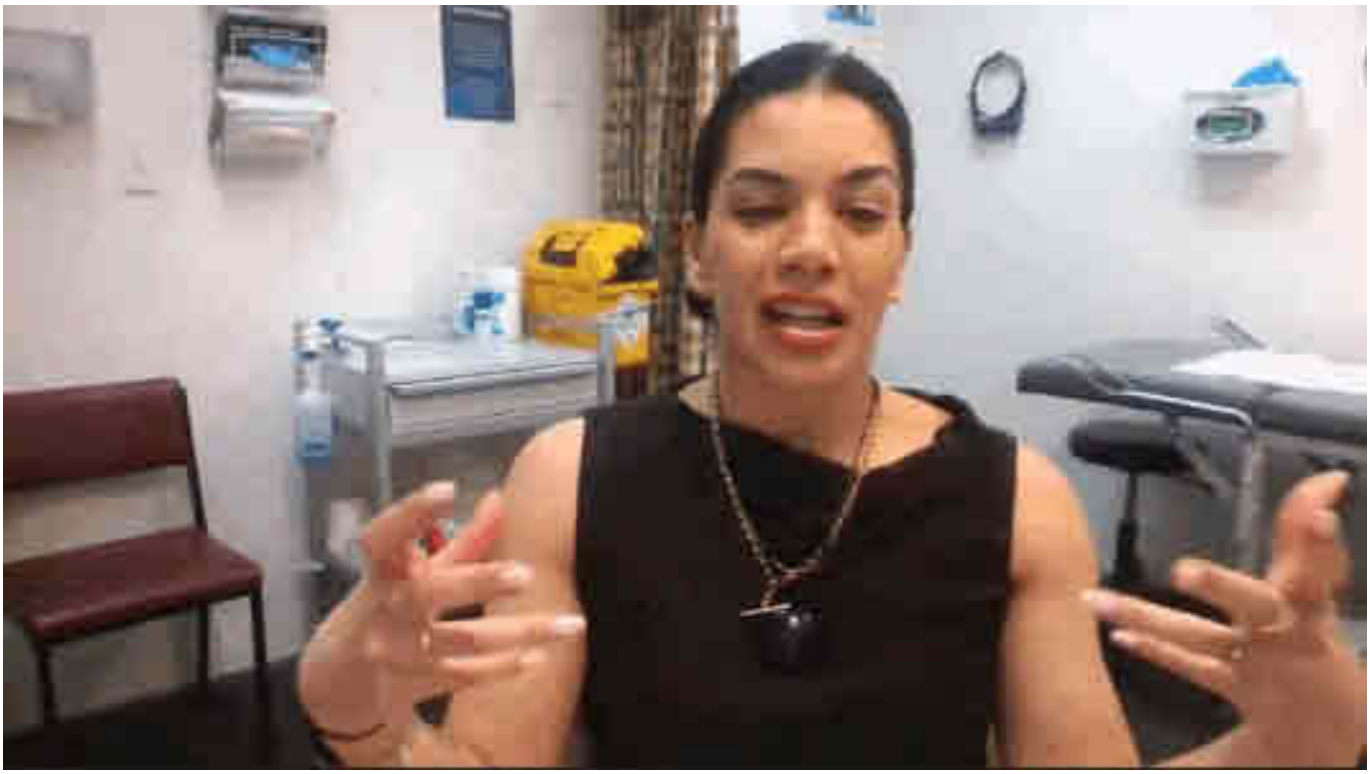
FEATURES

Nurse puts ‘mana motuhake’ into campaign to fight syphilis

By Renee Kiriona

October 23, 2025

Some are calling her the “syphilis cop” but this registered nurse, and NZNO member, would much prefer to say that getting regular tests for sexually transmitted infections is about looking after your “mana motuhake”.



Sexual health nurse Tiahn Beuth-Pukepuke.

Tiahn Beuth-Pukepuke, like many other sexual health nurses throughout the motu, has her mahi cut out for her following the recent launch of a campaign to push for more syphilis screening.

The increase in cases has led Te Whatu Ora — Health New Zealand to launch the *Syphilis Ain’t It* campaign, which urges people aged 16 to 44, who are sexually active, to get tested for syphilis as part of their routine health check.

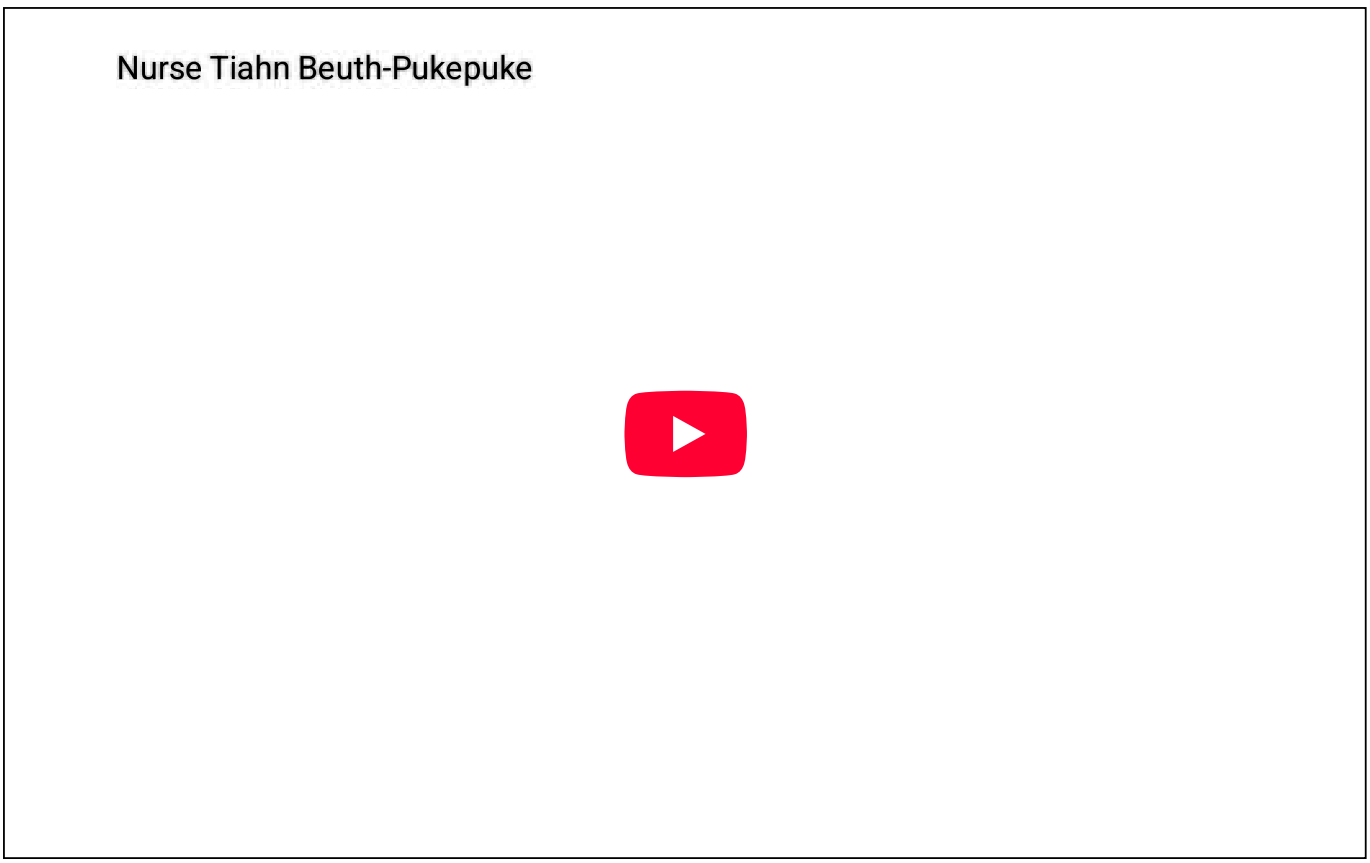
Syphilis is a serious sexually transmitted infection (STI) which can be transmitted through sex and intimate contact, or through the placenta during pregnancy and if untreated can cause babies to die or become seriously unwell.

Beuth-Pukepuke (Ngāti Hine, Ngāpuhi, Tuhoe) works at multiple Health NZ sexual health clinics throughout Auckland and she is mustering all her knowledge of te ao Māori, te reo Māori and tikanga Māori to get that message to tangata whenua in Auckland, where the infection rate is highest.

There were 774 cases of infectious syphilis last year — a 45 per cent increase from 2022, according to the *Sexually Transmitted Infections in New Zealand: Supplementary Annual Surveillance Report 2024* (https://www.phfscience.nz/media/b3tdccsc/20250714-sti-supplementary-final.pdf). This saw case numbers return to pre-pandemic, 2019 rates.

More women of reproductive age, especially wāhine Māori, are being affected, the report found.

It's about 'self-care – mana motuhake'



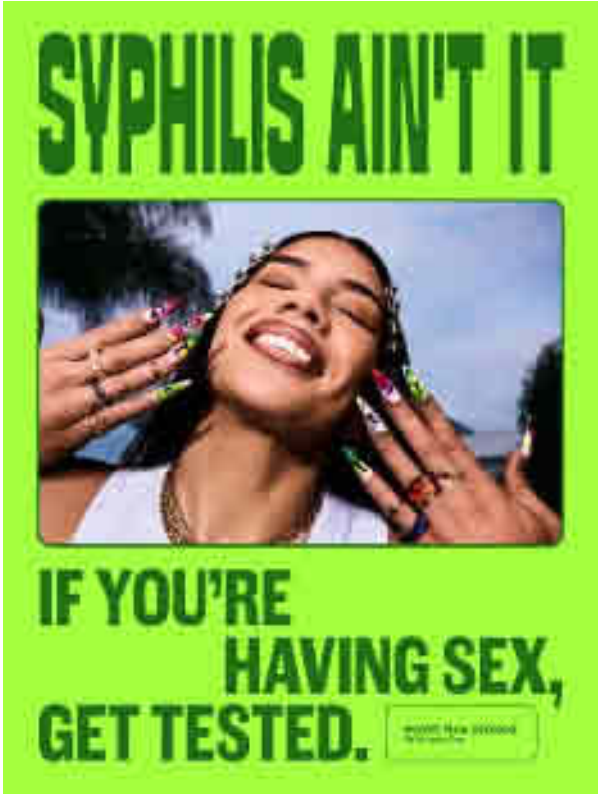
"I was raised in te ao Māori, in Auckland west and attended Te Kura Kaupapa Māori o Hoani Waititi Marae, so I'm applying all the mātauranga [knowledge] I gained from those spaces, and in my clinical training, to make Māori patients feel more comfortable about coming into our clinics to get tested," she said.

While mana motuhake was a concept associated with Māori self-government, Beuth-Pukepuke said it was also about self-care and self-determination of individuals and whānau.

"This loud and proud campaign calls on everyone who is having sex, pregnant, or planning to get pregnant to ask for a quick syphilis test as part of regular STI or prenatal checks, make testing part of their health routine and encourage partners and friends to get tested too," Beuth-Pukepuke said.

"Regular screening keeps you healthy, confident and more empowered to take charge of your sexual health. It's an act of self-care.

"We want to keep whakapapa alive. Do it for yourself, do it for your mokopuna. Everyone should be testing."



In response to being called the "syphilis cop" Beuth-Pukepuke said she preferred to empower patients rather than lecture them.

"I take a mana-enhancing approach, try to make sure that when patients leave the clinic that they have nothing to be whakamā or embarrassed about and that they are empowered."

Beuth-Pukepuke laughed when asked why she accepted to be the face of the campaign.

"No one else put their hand up, so I had no choice. Actually, I don't mind being the face for this kaupapa. It's a good cause and I am passionate about whakapapa, whare tangata and health."

Capacity challenges

While many sexual health nurses *Kaitiaki* talked with supported the campaign, some nurses did have concerns about capacity and process.

The 2024 surveillance report found that while Auckland had the most cases, the districts with the largest increases were Capital and Coast, Canterbury, Southern, Lakes and Midcentral, but noted that could be because there was more testing in those areas than other places.

Top five areas with the largest increases in syphilis.

"The message is great, but there may be some capacity issues in smaller towns like in Manawatū-Whanganui region where there has been a significant increase in the infection," said a sexual health nurse, who did not want to be named.

Another sexual health nurse in Capital and Coast, who also did not want to be named, said "red tape, not capacity" was the main challenge for Wellington, Hutt Valley and Porirua.

"We have a few free services throughout this region, but the problem is that checking for syphilis and HIV is more intense than for other STIs.

"For syphilis, you need to book an appointment, then sit down and talk with a nurse who is then required to talk with a doctor who will determine whether or not you are given a form to take to the blood lab to do the actual test," she said.

Those who were given that form, would then be able to go to a blood laboratory to complete the process, at no cost to them.

Eight services commissioned to expand innovative testing

Te Whatu Ora — Health New Zealand told *Kaitiaki* that it has just commissioned eight services to expand innovative testing for syphilis, HIV and other STIs to priority populations. The new service providers were:

- Aotearoa Drug Information Outreach Trust (Northland, Taranaki, Waikato, Lakes, Bay of Plenty and Tairāwhiti districts)
- Body Positive (Auckland)
- Drug Injecting Services in Canterbury Trust (Te Waipounamu)
- Huria Trust (Tauranga)
- Positive Women in collaboration with Toitū Te Ao (rural North Island areas)
- Rākau Ora Mental Wellness Services (Northland)
- Taiohi Tūrama – Rotorua Centre for Youth (Rotorua)
- Sexual Wellbeing Aotearoa (free online national service)

Testing is the only way to know

Dr Rose Forster, clinical advisor for sexually transmitted and bloodborne infections for Te Whatu Ora — Health New Zealand, said the campaign seeks to remove stigma around STIs and empower people to get tested (http://www.justthefacts.co.nz/syphilis-symptoms-treatment).

Dr Rose Forster.

"Syphilis is in our community and we need more testing to bring the numbers down.

"Many people with syphilis don't have symptoms in the early stages, but it can still affect partners, unborn babies, and cause serious long term health issues if not treated. Getting tested is the only way to know."

Most STIs, including syphilis, are easy to treat, she said.

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FEATURES

Innovative Māori aged care model set to bring aroha, manaakitanga to kaumātua

By Renee Kiriona

October 15, 2025

Aged care in Aotearoa New Zealand is in crisis. Reports of staff being underpaid and over worked are common as are the reports of elderly residents not getting the care they should. Kaitiaki is exploring what's happening in this space. We talk with a granddaughter who is on a mission to transform aged care for Māori, starting with kaumātua from her own tribe.

Mariana Morrison with her daughter Kahurangi and her nan Lady Kuia Morrison, who was the inspiration for her vision for Māori aged care.

Dr Mariana Morrison was shattered when her whānau had to send her grandmother to a rest home.

It was only a few minutes from away the papakāinga or traditional Māori village at Ōhinemutu in Rotorua where Lady Kuia Morrison spent most her life. But still a "strange environment."

"My nanny had mate wareware [dementia] and it progressively got worse and unmanageable for our whānau – her needs were high complex. If I had the skills and capability of a nurse, I would have done it myself," Morrison says.

"It was hard to admit that we couldn't look after her anymore, that her illness required specialist care we couldn't give her.

"And while all the staff at the care village were absolutely amazing, it was difficult for us as Māori to entrust her to strangers in a strange environment."

Māori families rarely send their elderly to rest homes, and the data proves it with only three per cent of people in aged care residential facilities throughout the country identifying as Māori, Morrison says.

It was at this point that Morrison became inspired to create a model for Māori aged care, at home and in a facility, using the knowledge she gained a few years earlier from her doctorate in tāngata whaikaha (people with disabilities) and the cultural values she was raised with.

Model welcomed by Māori aged care leader

Tracey Morgan, RN and NZNO aged care national committee chair said she welcomed Morrison's plan — and that an alternative aged care model was needed for Māori.

Tracey Morgan

"There was a time when it was unheard-of for Māori to be put into rest homes but more kaumātua are heading there, reluctantly. Many aren't confident about these places — they and their whānau are worried, scared and voiceless so a model like this is very-much needed.

"For Māori, kaumātua aren't just old people. They're taonga, the closest thing we have to our ancestors."

Morgan said she applauded Morrison's plan to include nurses in the design of the model.

"Mariana is right. Nurses lead the way in the care for our kaumātua because of the empathy and security they provide."

The marae Te Papaiouru in the Ōhinemutu village that Lady Kuia Morrison woke up to every morning.

Morrison's grandfather is the late Sir Howard Morrison – one of the country's most loved entertainers – who passed in 2009, several years before his wife was diagnosed with mate wareware.

Both Sir Morrison and Lady Morrison were respected kaumātua within the Rotorua-based tribe Ngāti Whakaue and while they have died, their granddaughter's determination to help other elderly Māori with high complex needs is still strong.

In te ao Māori, kaumātua are respected elders who play a vital role as repositories of knowledge, tradition and leadership within their whānau, hapū and iwi. They are not just elderly individuals.

Mariana with her grandparents many years ago.

Building a unique workforce

Before even trying to find land or money to enable Morrison's dream, she looked at the type of workforce that would be needed for a kaupapa Māori based home aged care model, in the homes of kaumātua and in a facility on land they connect or whakapapa to.

She got talking with her aunty who has a background in developing qualifications.

"My aunty created a bespoke level-4 qualification (https://www.careers.govt.nz/qualifications/view/2878/9999) within the ao Māori context in partnership with what was the then Lakes DHB and Ministry for Social Development to start designing a programme that would help us build a unique workforce, both culturally and clinically fit for purpose.

For the love of their matriarch: Mariana with her aunty Dr Donna Morrison who designed the tohu.

"We know that this workforce must be paid properly – pay parity and this tohu [qualification] will ensure they get that, should our iwi decide to stand up such a facility."

About 36,000 people are employed by the aged care sector including caregivers or kaiāwhina and registered nurses.

"I have already started to engage with local kura and high schools in Rotorua to promote the tohu to their students or at least get them thinking about a career pathway in Māori-based care.

"These students have been raised in Māori language and culture. Things like manaakitanga come so naturally to them, so it makes sense to begin there in terms of building a very unique workforce."

Feedback Morrison has received so far included kaumātua and their whānau not expecting every staff member to be Ngāti Whakaue or even Māori.

"It's important the staff are qualified and trained, that they have the clinical and cultural competency but actually, at the end of the day, our whānau really just need to know they can support them with aroha and manaakitanga."

If her face is familiar to you, it's most most probably because Morrison was on the popular television programme The Bachelor New Zealand in 2017 (Source: Mariana Morrison)

And the nurses?

Morrison envisaged nurses having a very special role to play in the model, where they can be heard while the canvass is still clear and nothing has been set in concrete yet.

"I am already talking with our local Māori health providers who have some of the best nurses in the city working for them. They are keen to collaborate – to help or even lead the clinical support that our kaumātua and their whānau will need in their own homes in our village and that we will need at the care facility, still in our village.

"There will be a space in this kaupapa not just for nurses to work with our kaumātua, but help us design this kaupapa, particularly when it comes to clinical care. We're mindful many of them will likely have conditions like my nanny," Morrison says.

Getting iwi buy in

Last year, Morrison approached the entities and incorporations within Ngāti Whakaue to start a serious conversation about aged care.

Ngāti Whakaue Vision 2025 for their kaumātua and health of their people.

"I asked our leaders, what happens when our kaumātua get to rest home and hospital-level care? How do we keep them at home as long as possible? And what does that continuum of care look like by our own, for our own?"

Those questions resulted in the Ngāti Whakaue Education Endowment Trust commissioning Morrison to look further into the matter.

"I'm on the final month of the research, and have been given the opportunity to release the findings when our people gather for a large annual meeting in a few months.

"At that hui we will likely get a really good idea of the numbers of kaumātua needing this kind of support."

Her research has involved interviewing kaumātua and whānau, assessing the iwi's cultural, economic and educational capacity and capabilities, and exploring ways to "de-colonise" western-based aged care models.

Who will pay for it?

Morrison said Te Whatu Ora does not fund new builds or infrastructure for aged care, so she would need to "get the collective iwi on board."

Ngāti Whakaue has a reputation for being an iwi who strives for cultural, socio-economic excellence (Source: Te Matatini)

"We can do this. We already have the land, and it will take financial investment from our iwi to stand up the facility.

"Right now, our iwi is standing up hundreds of affordable homes on our ancestral land for our whānau and kaumātua, so the time is right to bring this kaupapa to life."

Morrison said a partnership with the Government will still be needed, just like current aged care residential companies Bupa and Oceania have to cover operational costs.

Profit driven?

Aged care is big business. Bupa alone has earned $3.3 billion in revenue and $293 million in pre-tax profit in the past decade.

But Morrison is proposing a very different approach to those companies.

"I am looking at a care village that isn't profit driven, that cuts even and that's self-sustaining. I am more worried about people, not the money.

"Feedback from our whānau tells us they can't afford what's currently out there. Some whānau are paying $2500 a month because their kaumātua don't qualify for the government subsidy.

"Some of them have assets which count them out but that they can't sell because they want to leave something for their children.

A passion for the elderly: In 2015, Morrison swam 11.5km from Motiti to Maketu to raise money for the hospice.

"It's shameful that these kaumātua have worked all their lives, paid their taxes and when they need the support the most, it is not there. So, these kaumātua are right at the front of my thinking at the moment."

Morrison said it would be up to the tribal entities which pay to stand up the facility, to decide whether or not they would expect any financial returns from the facility.

"Our iwi has a great record for sharing what we have with the wider community."

"There is an opportunity from an investment perspective because not every single resident is likely to be Ngāti Whakaue, but that's above my pay grade to determine that right now."

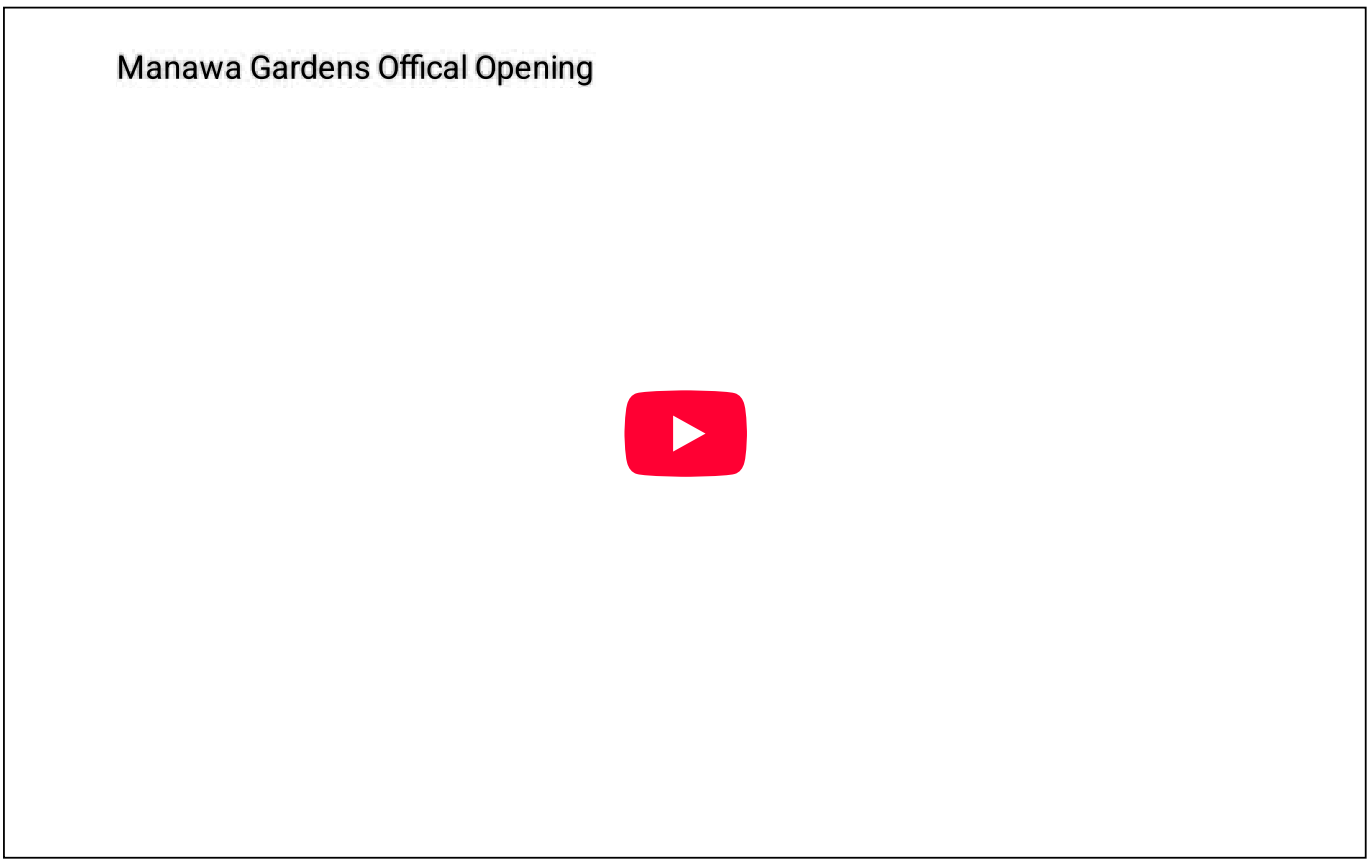
Keeping kaumātua in the village

Just recently, Ngāti Whakaue established its newest papakāinga called Manawa Gardens (https://youtu.be/MPU1HT0p6GU) on ancestral land in eastern Rotorua.

A papakāinga is a housing village of Māori who descend from a common ancestor.

And it is here where Morrison is proposing the "for Ngāti Whakaue by Ngāti Whakaue" aged care village be located.

Over the next four years, a total of 240 affordable rental houses, mainly for tribal members, are planned. So far, 13 houses have been built especially for kaumātua.



"My goal is that our kaumātua will still be part of the village within Manawa Gardens where we can transition them from their houses to the care facility, if or when their whānau can no longer care for them.

“Our goal is to keep those kaumātua under the care of their immediate family members in their own home for as long as possible. And that’s where we will use local Māori health providers to wrap around them and their whānau with the clinical side of things.”

Not forgetting about them

Dr Makarena Dudley (Te Rarawa, Ngāti Kahu) is a clinical neuropsychologist and senior lecturer in the school of psychology and deputy director Māori for the Centre for Brain Research at the University of Auckland.

In 2025, she was appointed a Member of the New Zealand Order of Merit for services to people with dementia, particularly Māori.

Dr Makarena Dudley NZOM

“That’s the dream! I’m excited to hear that an iwi is taking serious steps to develop a model that’s right for their kaumātua and whānau.,” Dudley says.

She recently wrote a report for the Ombudsman recommending that aged residential care be designed more for Māori.

“In this country right now, these residential facilities are foreign to our kaumātua and when the resident has a condition like dementia, their response to these strange places and people can be very negative.

“Keeping those kaumātua around the places they know and the people they know, is a far better approach.”

Dudley is currently leading a nationwide study to assess the prevalence of dementia in the Māori population, which she hopes will be completed next year and can inform Māori and health leaders of how many Māori people are affected.

About two years Dudley developed a tool to help GPs and nurse practitioners diagnose mate warere in their Māori and Pacific patients. It is called MANA (https://www.nzdementia.org/MANA).

**Morrison has been working at Te Whatu Ora — Health New Zealand as a senior local Community Integration Manager for commissioning for two years, since leaving Te Aka Whaiora. She noted that her passion to develop a Māori aged care model began long before her employment with Te Whatu Ora.*

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FEATURES

Life, death, and never forgetting: Five lessons learned from 30 years as a kaiāwhina in aged care

By Joel Maxwell

October 13, 2025

Recognise their humanity, listen to their secrets, save their stories if you can – and never stop caring.

The elderly are people, not numbers, says kaiāwhina Natasha Greig.

As the NZNO *Care in Crisis* report on aged care is released, laying bare workers' experiences, kaiāwhina Natasha Greig shares some of the lessons learned from 30 years of caring for the elderly.

This story has been summarised and compressed from a longer kōrero with *Kaitiaki Nursing NZ*.

The elderly are people, not numbers

I've found the elderly are treated unfairly and they're spoken to as a burden, which they're not. They have so much to give to the younger generations.

Kaiāwhina national committee co-chair and 30-year aged care kaiāwhina Natasha Greig.

I've cared for prisoners of war, survivors from the Napier earthquake, farmers, teachers, principals, celebrity grandparents, retired All Blacks, a huge range of people.

My eldest son used to come in every Sunday for a few hours and he disappeared one day and I found him building model airplanes with one of the residents, and the resident was crying.

He said 'I don't even get to do this with my own grandkids'. This guy was a fighter pilot, and he was telling my son all about it.

Read here about the report that exposes our hidden shame on aged care.

A lot of the elderly are coming into care with no family or whānau support. They love our kids coming in and visiting and talking to them. We need to get more of the community involved. More children coming in, school groups, kapa haka groups — they absolutely light up when the kids come around.

Nobody should die alone

I love working with the palliative residents, making their last days lovely, giving hand massages, there to support the families, offer a listening ear — anything they want to get off their chest and just chat about: Just being there at the end because so many have no whānau.

The new NZNO Care in Crisis report shines a light on aged care. (File photo)

I don't agree with our kaumātua passing away on their own. I'm a real stickler for hanging around and making sure there's always someone with them.

Everyone has a story, it shouldn't be forgotten

So much history is lost. A good example: I've worked with prisoners of war, and the stories they tell you that they never tell their families — they don't want to burden them. A lot of them will off-load when they become palliative. Because we're in their personal space all day long, we're washing them, we're dressing them, we're feeding them, they actually become family after a while.

All these stories that are going to be lost, because there's no-one recording what was happening in their history, and to me it's a really good thing for the younger generations to know. The stories they come out with — I'm passing on to my children, like the ones that have been in the war.

Hospice and aged care workers calling for pay equity in May. (File photo)

What caring for the elderly taught me about myself

All my family have done trades, I'm the only one in this industry and my dad always said to me 'you've got the patience of a saint because none of us could do it', and I love my job.

The work has changed dramatically.

People are staying in their homes a lot longer but coming into care at a higher level of needs. When I first started, people in rest home care were there because they had no family, they didn't need to be there for physical reasons.

Now they're coming in needing hoists, full assistance, with major strokes and things like that.

Patience is a huge part of our role. It's very physically, mentally and emotionally draining. You come home at the end of the day and you've given your all and you're absolutely knackered.

Supporters of aged care workers making their point about staffing. (File photo)

I'm very passionate about the people I look after. It's definitely shown me that I have huge patience.

Don't focus on the bucks

When I first started it was all about the people, not the money, and then it became about the money, and targets like dividends for the shareholders, and now it's coming back around to people-centered care: each person is different.

I've found the Government [however] does not put enough money into aged care. The elderly have worked their whole lives as tax payers, the least the Government can do is look after them in their retirement.

- Natasha Greig is co-chair of the NZNO kaiāwhina national committee.

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FEATURES

Looking out for the next generation of firefighters – and nurses

By Renee Kiriona

October 10, 2025

He is a firefighter. His sister is a nurse. And they both share the same goal to make their professions better for the next generation.

Nurse sister and firefighter brother - Marie and Mike Swanson.

Senior firefighter Mike Swanson has been dealing with emergencies for more than 35 years and like his colleagues throughout the country, he's been striking to highlight the plight faced by his profession.

“My sister is a nurse and when we discuss our journeys, they are so similar – under paid, understaffed, undervalued by those who should be leading us.

“She and I both agree that we have to strive to make our professions better than when we entered them. We owe that to the next generation of nurses and firefighters.”

Those shared struggles have led many firefighters to stand in solidarity at picket lines with Te Whatu Ora Health NZ nurses on strikes in July, September — now set to go out again this month.

Nurses and firefighters in Whanganui standing in solidarity during the September nurse strike.

Mike’s sister Marie Swanson is a public health nurse in Bay of Islands.

“Marie is 18 months older than me. Actually, I think I’ve been on more nurse pickets and rallies this year than I have any other type of event. I’m sure she’ll be very proud of me,” he laughed.

But jokes aside, the struggles facing firefighters are anything but funny, said Swanson who is the secretary for the Tauranga branch of New Zealand Professional Firefighters Union.

“We are both fighting for respected organisations and professions. We are both in professions that have been around for a very long time and we are guardians of our job.

“We just want to be left to do our jobs with the passion that we do have for it.”

Mike Swanson – Firefighter standing with nurses

Swanson said he became a firefighter in 1987 because he was passionate about helping others.

“We are being run down to a point where we constantly struggle to provide an effective service to the public – the public that need us.

“Our equipment and vehicles are outdated and at their end of life. We have under staffing in both our stations and our call centres. Their 111 call centres are facing critical shortages that sooner or later will cost people their lives.”

Swanson also said the fire service’s trainers and volunteer support workers were “stretched to the breaking point”.

Nurses and firefighters in the Hutt Valley standing together during the September nurse strike.

While firefighters with the union had achieved some pay increases in the past, inflation and cost of living increases were eating that up, he said.

"We are asked to use our wages to feed the ever-hungry inflation machine, to give away our hard-earned wins from previous years, while corporate greed feeds at their trough."

Swanson said he and hundreds of other firefighters would continue to support the nurses in their ongoing battle to improve their conditions of employment.

"Like us, their job is a calling. It's not just a job."

Firefighters will be striking for one hour on October 17 from 12pm to 1pm while Te Whatu Ora Health NZ nurses will strike for four hours on October 23 from 11am to 3pm.

Anyone wanting to support the striking firefighters on October 17, should follow them on social media (https://www.facebook.com/NZPFU) for updates on any rallies across the country.

Nurses and firefighters in Whangarei standing together during the September nurse strike.

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FEATURES

Rebecca Fenn: From London to driving a bus and nursing the ‘under-served’ in South Auckland

By Renee Kiriona

October 3, 2025

Rebecca Fenn is New Zealand’s Nurse Practitioner of the Year whose inspiration to care for people came from her fascination with the “smell of hospitals” and “playing nurse dress up” as a child.

Rebecca Fenn as a six-year-old playing nurse with her little brother Philip.

The 55-year-old has come a long way since her upbringing in Plymouth, England, to driving a bus around South Auckland in search of some of the area’s most under-served and sickest people.

She and husband Paul moved to Auckland from London, where she trained as a nurse, in 1998 and in that time have built a whānau and earned huge respect from predominately Māori and Pacific communities in South Auckland where Paul also works, as a teacher.

“One daughter is training to be a midwife, but the other one prefers the ocean. She can’t stand hospitals, so she is planning to become a marine animal scientist,” Fenn said.

Read this story in te reo Māori here.

“Getting the award has been super surreal. I feel really honoured by it but for me it’s about my family and very close friends who’ve watched my journey. I feel a little bit proud, it’s kind of like yeah; I did that.”

The nurse practitioner award was presented to Fenn by Nurse Practitioners New Zealand.

Fifty stitches but no GP

Fenn’s first job in New Zealand was working as a nurse at North Shore Hospital emergency department (ED), before heading to Middlemore Hospital ED where she worked for 10 years until one particular incident made her lose sleep.

Rebecca Fenn taking nursing to the streets in South Auckland. Image source: The Cause Collective.

"One night I was at the ED stitching up a woman. She needed 50 stitches in her leg. Before we let patients go, we have to know who their GP is but she had no GP.

> **'I was uncomfortable sending her out into the world knowing that she wasn't going to get that nasty wound looked it. I think I lost sleep over that.'**

"Every person I stitched up in the 10-plus years I've worked in ED, had a GP but not her. I was uncomfortable sending her out into the world knowing that she wasn't going to get that nasty wound looked it. I think I lost sleep over that."

So it was here that Fenn started to question whether or not she was really making a difference and what could she do to "reach the unreachable, who didn't have GPs".

"Not too long after that patient, I met a lady at a church dinner who was a GP and who, like me, was exploring how we can do health better for people who are sick and don't have a GP or won't go to see one."

Serving the under-served

GP Juliet Tay and NP Rebecca Fenn team up. Image source: The Cause Collective.

After a few more dinners, Fenn and general practice doctor Juliet Tay concocted a plan to leave the four walls of their jobs in a hospital and a medical centre to create not just a mobile health-care service, but a lifeline for vulnerable and hard-to-reach communities in South Auckland who had slipped through the cracks of the system.

"Juliet said to me that for this to work, I needed to become a nurse practitioner so I started training for that. I told her, she needed to get us a bus which she managed to do from the PHO she was working under at that time."

The bus was and still is being used to get Tay and Fenn to the homes of sick people or people who would not go to the doctor.

> **'We were and still are both driven by the people who have been forgotten, who for whatever reason don't trust or feel safe or can't go to medical centres and GPs.'**

The next step was for them to find a group to fund and umbrella their service.

“I went to see Riana Manuel who at that time was the chief executive of the newly set up Te Aka Whai Ora–Māori Health Authority. She was a nurse too, so understood our vision and gave us the funding we needed to operate for the first six months in early 2023, which I am still so very grateful for,” Fenn said.

Team Te Iti Pounamu Hauora: From left – Pierre Allen (health-care assistant), Rebecca Fenn, Juliet Tay and Vanessa Vete (health-care assistant). Image source: The Cause Collective.

The Cause Collective liked their vision too and has been funding them since late 2023. The Cause Collective has an interest in the overall outcomes of Pacific peoples across Aotearoa and under-served populations and South Auckland communities.

They also managed to secure support from Manurewa Marae whose kaumātua gave their pahi or bus a name – Te Iti Pounamu Hauora.

Fenn said clients or whānau are referred from the agencies that The Cause Collective has partnered with, and they come from all walks of life.

Just some of the people Te Iti Pounamu Hauora has helped, talking frankly about the service and their health experiences. See video for more: https://vimeo.com/1102126982. Image and video source: The Cause Colletive.

"The one thing they all seem to have in common is that they haven't had the chance nor the ability to be in control of their health.

"These existing inequities that make it hard for them to access healthcare, the way they are socially impacted is not always easily recognised in a traditional GP setting. This is why being there, present in their own space is so valuable."

> **'I've nursed parolees, gang members through to the elderly and families – all of whom have very complex needs, it's not just their health.'**

It was common for the bus to visit whānau living in cramped emergency housing motel rooms, people on parole and with severe mental health issues.

"I saw a lot of things in the ED but out here in the community, there have been things I had never seen before. I've nursed parolees, gang members through to the elderly and families — all of whom have very complex needs, it's not just their health.

"They've taught me to never ever judge and after learning about them, I see now why they don't go to GPs. Most of them just have too many layers of issues and their health is just one of those layers."

'We need more buses'

Rebecca Fenn's workplace – Te Iti Pounamau Hauora.

Fenn believes buses like Iti Pounamu Hauora are the way of the future.

"I've seen the power of kaupapa like this, when we go to the people in need.

"Every town should have a bus like this and cities should have even more buses like this. I am a firm believer that this should be the approach – we health workers go to the people, the patients, not the other way around."

Funding for the service came from Te Whatu Ora–Health New Zealand between February and August 2023 and then it stopped, Fenn said. The Cause Collective have been funding it since and now that funding has finished.

For now, Rebecca is taking a breather to recharge.

"I am taking a break but my hope would be to run a new initiative of a nurse practitioner-led service sometime early next year."

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FEATURES

Ko Rebecca Fenn: Mai i Rānana ki tāna taraiwa i te pahi me te āwhina ki a rātou “kei raro e putu ana”

By Renee Kiriona

October 6, 2025

Kua whakawhiwhia Rebecca Fenn te tohu Mātanga Tapuhi o te Tau, nā tōna tamaititanga i waenganui i te “rongo ki ngā hōhipera” me “te tākaro hei nēhi” i whakaohooho i a ia kia atawhai i te iwi.

Rebecca Fenn as a six-year-old playing nurse with her little brother Philip.

Rebecca Fenn is New Zealand’s Nurse Practitioner of the Year whose inspiration to care for people came from her fascination with the “smell of hospitals” and “playing nurse dress up” as a child.

Kua roa tō te tangata e 55 ōna tau haerenga nō muri mai i tōna whakatipuranga i Plymouth, Ingarangi tae noa ki tāna taraiwa i tētahi pahi puta noa i Tāmaki ki te Tonga e rapua nei ngā tāngata tino rawakore, māuiui noki.

The 55-year-old has come a long way since her upbringing in Plymouth, England to driving a bus around South Auckland in search of some of the area's most underserved and sickest people.

I hunuku mai ia rāua ko tōna hoa rangatira a Paul ki Tāmaki Makaurau mai i Rānana, i reira ia e whakangungu ana hei nēhi, i te 1998, ā, nō muri mai i taua wā kua hangāia e rāua tētahi whānau, ā, i riro i a rāua te whakaute nui rawa o ngā hapori Māori, Pasifika hoki, i Tāmaki ki te Tonga, i reira e mahi ana a Paul hei kaiako.

Her and husband Paul moved to Auckland from London, where she trained as a nurse, in 1998 and in that time they have built a whānau and earned huge respect from predominately Māori and Pacific communities in South Auckland where Paul also works, as a teacher.

"Ko tētahi o tā māua tamāhine e ako ana hei tapuhi whakawhānau, engari ko te tamāhine kē e rata ake ana ki te moana. Ka tino whakahē ia ki ngā hōhipera, nō reira kei te whakamahere ia kia whai i te ara kaipūtaiao mātai koiora moana," hei tāna.

"One daughter is training to be a midwife, but the other one prefers the ocean. She can't stand hospitals, so she is planning to become a marine animal scientist," Fenn said.

"He āhuatanga pohewa tāku whiwhi i te toa. He hōnore nui tēnei, engari mōku ake ko te mea nui kē ko tōku whānau me āku hoa e mātakitaki nei ki tōku haerenga. E poho kererū ana ahau, ka kīia e au, āe kua tutuki ahau i tērā."

"Getting the award has been super surreal. I feel really honoured by it but for me it's about my family and very close friends who've watched my journey. I feel a little bit proud, it's kind of like yeah; I did that."

50 stitches but no GP

Ko tā Fenn mahi tuatahi i Aotearoa ko te mahi nēhi i te taiwhanga ohotata i te hohipera i Te Raki Paewhenua, i mua atu tērā i tōna wehenga ki te taiwhanga ohotata i te Hohipera o Middlemore, i reira e mahi ana ia mō ngā tau 10 tae noa ki tētahi āhuatanga i whakararua tāna moe.

Fenn's first job in New Zealand was working as a nurse at North Shore Hospital ED, before heading to Middlemore Hospital ED where she worked for 10 years until one particular incident made her lose sleep.

Rebecca Fenn taking nursing to the streets in South Auckland. Image source: Cause Collective.

"I tētahi pō i tuitui ake ahau i tētāhi wahine i te taiwhanga ohotata. E matea ana ngā māwhitiwhiti e 50 i tōna waewae. I mua i tā mātou tuku i ngā tūroro me mōhio mātou ki tō rātou GP, engari karekau he GP."

"One night I was at the ED stitching up a woman. She needed 50 stitches in her leg. Before we let patients go, we have to know who their GP is but she had no GP.

> **'I was uncomfortable sending her out into the world knowing that she wasn't going to get that nasty wound looked it. I think I lost sleep over that.'**

"He GP tō te katoa o ngā tāngata i tuituia e au i neke atu i te 10 tau i mahia i te ED, engari kāhore tētahi tō tēnei wahine. Kāhore i te pai ki ahau tāku tuku i a ia ki te ao me te mōhio he kore haumanu tōna mō taua taotū kino. Ka raweketia te moe e tērā.

"Every person I stitched up in the 10-plus years I've worked in ED, had a GP but not her. I was uncomfortable sending her out into the world knowing that she wasn't going to get that nasty wound looked it. I think I lost sleep over that."

Nō konei ka pātaingia e Fenn mō tā tāna mahi whaihua tūturu, ā, me pehea noki tāna whakaaweawe i ērā "kāhore e taea te aweawe, karekau he GP".

So it was here that Fenn started to question whether or not she was really making a difference and what could she do to "reach the unreachable, who didn't have GPs".

"Nō muri tata mai i taua tūroro, ka tūtaki ahau i tētahi wahine i tētahi kai hāhi, e mahi ana hei rata, ā, e hiahia ana ia hoki kia whai i tētahi ara tika ake mō ngā tāngata māuiui he kore he rata, e kore e pīrangi kia kite i tētahi rānei."

"Not too long after that patient, I met a lady at a church dinner who was a GP and who, like me, was exploring how we can do health better for people who are sick and don't have a GP or won't go to see one."

Serving the underserved

GP Juliet Tay and NP Rebecca Fenn team up.

Nō muri mai i ētahi kai anō, e hangāia ana e te takirua ko Fenn rāua ko te rata arowhānui a Juliet Tay tētahi mahere kia puta rāua i ngā pakitara e whā o ā rāua mahi i tētahi hōhipera me tētahi pūtahi hauora hei whakatū i tētahi ratonga hauora e whakanekeneke ana mō te tuku atawhai ki ngā hapori rawakore, uaua te whai piringa noki i Tāmaki ki te Tonga, arā, ko rātou e hinga nei ki ngā tawhā pūnaha.

After a few more dinners, Fenn and general practice doctor Juliet Tay concocted a plan to leave the four walls of their jobs in a hospital and a medical centre to create not just a mobile healthcare service, but a

lifeline for vulnerable and hard-to-reach communities in South Auckland who had slipped through the cracks of the system.

"Kua kīia e Juliet e angitu ai te kaupapa me whiwhi ahau i te tohu mātanga tapuhi, nō reira ka whakangungu ahau ki tērā. Ka kī ahau ki a ia, e mate ana tāna rapu ki tētahi pahi i whai i a ia ki tētahi PHO e mahia ana e ia i taua wā.

"Juliet said to me that for this to work, I needed to become a nurse practitioner, so I started training for that. I told her, she needed to get us a bus which she managed to do from the PHO she was working under at that time.

> **'We were and still are both driven by the people who have been forgotten, who for whatever reason don't trust or feel safe or can't go to medical centres and GPs.'**

Ko te mahi i tata mua i tā rāua aro ko te rapu ki tētahi rōpū hei whakaeaea, hei whakaruruhau i tā rāua ratonga.

The next step was for them to find a group to fund and act as umbrella to their service.

"Ka tūtaki ahau i a Riana Manuel nōna e mahi ana hei tumuaki o Te Aka Whai Ora kātahi anō ka whakatūria. He tapuhi ia nō reira e mōhio ana ia ki tā māua matawhānui, ā, ka tukuna te pūtea e hiahiatia ana kia mahi tonu i ngā marama e ono i te ihu o te 2023 hei orokohanga, he kōha kāmehameha tērā," ka kī a Fenn.

"I went to see Riana Manuel who at that time was the chief executive of the newly set up Te Aka Whai Ora–Māori Health Authority. She was a nurse too, so understood our vision and gave us the funding we needed to operate for the first six months in early 2023, which I am still so very grateful for," Fenn said.

Team Te Iti Pounamu Hauora: From left – Pierre Allen (healthcare assistant), Rebecca Fenn, Juliet Tay and Vanessa Vete (healthcare assistant). Image source: Cause Collective.

Kua rata mai te Cause Collective ki tā rāua kaupapa noki, ā, ka whakaruruhau rātou i a rāua nō muri i te haerenga tuatahi o te pahi i te ihu o te 2022.

The Cause Collective liked their vision too and has been umbrellering them since they took their first bus ride in early 2022.

I tautokona anō hoki e te Marae o Manurewa nā āna kaumātua te pahi i whakaingoa ko Te Iti Pounamu Hauora.

They also managed to secure support from Manurewa Marae whose kaumātua gave their pahi or bus a name – Te Iti Pounamu Hauora.

Hei tā Fenn ka tukua mai ngā kiritaki, ngā whānau rānei e ngā pūtahi e tūhono ana ki te Cause Collective, ā, nō ngā āhuatanga katoa o te oranga rātou.

Fenn said clients or whānau are referred from the agencies that Cause Collective has partnered with, and they come from all walks of life.

Just some of the people Te Iti Pounamu Hauora has helped, talking frankly about the service and their health experiences. See video for more: https://vimeo.com/1102126982

"E kore rawa rātou katoa e taea ana te whakahaere, te ārahi rānei i tō rātou ake hauora.

"The one thing they all seem to have in common is that they haven't had the chance nor the ability to be in control of their health.

"Ko aua tautika-kore pūmau e aukati ana i tā rātou whiwhi atawhai hauora, kāhore ēnei pānga pāpori e tino kite ana i roto i te taiao rata arowhānui. Koia rā te take he tino hira tō mātou kuhunga ki tō rātou ao kē."

"These existing inequities that make it hard for them to access healthcare, the way they are socially impacted is not always easily recognised in a traditional GP setting. This is why being there, present in their own space is so valuable."

'I've nursed parolees, gang members through to the elderly and families – all of whom

have very complex needs, it's not just their health.'

Ka auau ā te pahi peka atu ki ngā whānau i te hahoretanga i roto i ngā whare taupua rūma mōtēra, ko ngā tāngata tukuhere ā me ngā tāngata ka pāngia e te mate hinengaro.

It was common for the bus to visit whānau living in cramped emergency housing motel rooms, people on parole and with severe mental health issues.

"Kua kitea ngā mea whakaohorere i te ED engari i waho nei i te hapori he mea kāhore anō kua kitea. Ka āwhina ahau i ngā tāngata tukuhere, ngā mema kēnge tae noa ki ngā pēperekōu me ngā whānau — nui ngā hiahia o te katoa, kāhore mō te hauora anake."

"I saw a lot of things in the ED but out here in the community, there have been things I had never seen before. I've nursed parolees, gang members through to the elderly and families – all of whom have very complex needs, it's not just their health.

"I ākona ahau e rātou kia kaua e whakawā i te tangata, ā nō muri i taua ākoranga ka kitea ināianei ngā take kāhore rātou i kite i te rata. Anō te taumaha o ngā raru i aparia i runga i a rātou, a, ko te hauora kotahi anake o aua raru."

"They've taught me to never ever judge and after learning about them, I see now why they don't go to GPs. Most of them just have too many layers of issues and their health is just one of those layers."

"We need more buses"

Rebecca Fenn's workplace – Te Iti Pounamau Hauora.

E tino whakapono ana a Fenn ki te kaupapa o te pahi hei angitu i te wā heke.

Fenn believes buses like Iti Pounamu Hauora are the way of the future.

“Kua kitea te mana o tēnei kaupapa, ko tā mātou whakapā atu ki ngā tāngata rawakore.

“I’ve seen the power of kaupapa like this, when we go to the people in need.

“E hiahiatia ana tētahi pahi rite ki tēnei ki ngā tāone katoa, ā, e hiahiatia ana noki kia rahi ake ngā pahi rite ki tēnei i ngā tāone nui. E tino whakapono ana ahau ki tēnei kaupapa hei ara tika — kia haere atu mātou ko ngā kaimahi hauora ki ngā tāngata, ki ngā tūroro, kaua ko te tauaro.”

“Every town should have a bus like this and cities should have even more buses like this. I am a firm believer that this should be the approach – we health workers go to the people, the patients not the other way around.”

Kua tuku pūtea tautoko Te Whatu Ora ki te rātonga i waenga i te Pēpuere ki te Ākuhata 2023, ā, kātahi ka mutu, ka kīia e Fenn. Nō muri i tērā ka tuku pūtea Cause Collective hei whirinaki engari ināianei kua mutu taua tautoko ā-pūtea.

Funding for the service came from Te Whatu Ora–Health New Zealand between February and August 2023 and then it stopped, Fenn said. The Cause Collective have been funding it since and now that funding has finished.

Ināianei, kei te whakatā a Fenn.

For now, Rebecca is taking a breather to recharge.

“E okioki ana ahau i tēnei wā, engari ko tōku hiahia kia whakatu anō tētahi kaupapa o te ratonga e whakahaerehia nei e te nēhi i ētāhi wā ā tērā tau.”
“I am taking a break but my hope would be to run a new initiative of a nurse practitioner-led service sometime early next year.”

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RESEARCH

‘There is joy in nursing, and we want to find it’

By Shivann Ramaekers and Helen Rook

October 3, 2025

Share your joy — two nurse researchers want to hear about your uplifting experiences in nursing.

The authors, Whitireia nursing lecturer and doctoral candidate Shivann Ramaekers (right) and her doctoral supervisor Helen Rook, who is the head of the school of health at Victoria University, pictured at the 2025 ICN Congress in Helsinki, Finland, earlier this year, where they presented the outline of this research.

It’s increasingly rare to read articles that highlight the rewarding aspects of being a nurse.

One reason for this is that most articles and research, both in mainstream media and nursing publications, focus primarily on the challenges in nursing. We hear a lot about heavy workloads,

understaffing, the difficulty for newly graduated nurses in finding jobs in New Zealand, and the ongoing exodus of nurses to Australia.1

Stories of burnout, compassion fatigue and even violence against nurses appear frequently in the nursing and general media.2 Even as we write this, Te Whatu Ora nurses across Aotearoa are taking collective action to advocate for safer staffing, better support for new graduates and fair recognition of their work.3

However, the more we focus on the negative stories about nursing, the more we solidify the belief that nursing is a burdensome profession. This phenomenon is referred to as "confirmation bias" — the tendency to seek out information that supports our existing beliefs.4

If all we hear is how hard nursing is, we begin to believe that it must be unbearable, and that no one would want to pursue it. Yet, despite the challenges, thousands of people still choose nursing as a career and work in the field. Why? There may be many reasons, including pragmatic economic drivers, but it can also be because of the numerous rewards, including the privilege of making a real, lasting difference in people's lives.

'Our research seeks to explore the experiences of joy among nurses working in clinical practice in Aotearoa, New Zealand.' Photo: Adobe Stock

We are not saying that nursing is a career for everyone, nor are we saying that it is easy. To be a nurse demands resilience, adaptability and fortitude, all the while being able to provide expert clinical skills, empathy and compassion to others.

As a nurse, you are often part of the most critical moments of people's lives, witnessing adversity in various forms while navigating a health-care environment filled with high pressure, emotional strain and relentless workloads.

Building resilience can make a difference to how we cope with these challenges. Studies indicate that having resilience improves nurses' abilities to navigate adversity, and adapt to various situations.[5] In fact, being more resilient may even reduce your risk of experiencing burnout, compassion fatigue and mental health problems such as post-traumatic stress disorder and depression.[6, 7]

> **If all we hear is how hard nursing is, we begin to believe that it must be unbearable, and that no one would want to pursue it.**

While it's essential to acknowledge the challenges of nursing, it's equally important to consider how resilience can be sustained through positive experiences, such as the moments of joy and the fulfilment that can be found in nursing. Joy often comes from having supportive teams and opportunities for professional growth, feeling valued and knowing that your work has purpose.[8, 9, 10, 11, 12]

You might be thinking, "But the health-care context doesn't make me feel valued," or "I don't work in a supportive team." But let's put those thoughts aside for a moment and consider the concept of joy with a small "j". Joy with a small "j" doesn't always come from grand gestures or ideal work environments; it can be found in the simple, everyday moments, like a colleague's encouragement, or the satisfaction of identifying a clinical sign, or sharing a joke with someone in your care.

If these small but significant micro-moments of joy can be understood and even cultivated, there is the potential to positively impact workplace culture and grow positive connections with colleagues and those whom we support and care for.

Where our research begins

We'd like you to take some time to consider how joy presents in your practice. To help with this, try thinking of joy as a natural response to experiences that make you feel stronger, more motivated and more capable.

Think about a time in your practice when you have felt especially confident or empowered — these may be moments which have increased your ability to act as a nurse or allowed you to practise in a way that aligns with your core values. Stay with that thought, because this is where our research begins.

> **We want to know the sources of joy for our nursing workforce, how joy is identified and if joy could potentially impact the decision of nurses to stay in the profession.**

Our research seeks to explore the experiences of joy among nurses working in clinical practice in Aotearoa, New Zealand. We want to know the sources of joy for our nursing workforce, how joy is identified and if joy could potentially impact the decision of nurses to stay in the profession.

By answering these questions, we believe we could shift the narrative and start to create a health-care environment where joy thrives, and where we build systems that uplift, empower and sustain nurses.

If you are a registered nurse currently working in clinical practice, with direct patient contact, in Aotearoa, New Zealand, and you have experiences of joy from your clinical practice you would like to

write about and contribute to this research, please follow this link (https://vuw.qualtrics.com/jfe/form/SV_b9MfJnl4JbnmzX0).

We have ethical approval from the Te Herenga Waka — Victoria University of Wellington Human Ethics Committee (HE000227) to undertake this study.

If you have any questions, please contact shivann.ramaekers@vuw.ac.nz.

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LETTERS

‘This isn’t just a job, it is heartbreak on repeat’

By Latisha Coffey

October 31, 2025

Wellington nurse Latisha Coffey has her own insight into why nurses have been on strike.

I was trying to think how I could contribute to the kaupapa. I've been a nurse for 10 years and things don't seem to have changed. This is what stays in my mind, and this is why I strike:

We were short-staffed again. Myself and my colleagues had to pick up two extra patients each that day. After surviving the morning rounds, lunch finally came. We thought things might slow down since my colleague had discharged two of her patients.

But no! Two acute patients arrived fast, so urgent we barely knew what was happening. My colleague took them on because I was still with my patients.

What was meant to be our lunch became a shift spent preparing for the worst. Those patients were fighting for their lives, in pain, scared, and very unwell. Hours later, we lost both, 30 minutes apart.

I still remember the tamariki crying and screaming for their pāpā. I held them, trying to offer some comfort. While holding them, I watched my colleague break down, completely undone as if she hadn't done a good enough job.

Going home exhausted and starving seemed small compared to what we experienced that day. Although we are encouraged not to take things home, it's only natural to carry it with you. And I still carry this today. This isn't just a job. It is heartbreak on repeat.

This is why I strike.

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LETTERS

Whitireia's 2025 journal of nursing out now

By Catherine Fuller and Lee Smith

October 17, 2025

The latest edition of the *Whitireia Journal of Nursing, Health and Social Services* will be released on October 30.

Since 1994, the journal has published research, creative works and reflections from kaimahi and ākonga from Whitireia and WelTec, as well as other tertiary education institutions, allied service providers and the health industry. This year marks the release of volume 32, which will be available via open access and will be free of charge.

This edition opens with an editorial by Associate Professor Kathy Holloway (Victoria University), *Building on Our Strengths: Growing a Sustainable Healthcare Workforce for Aotearoa,* in which she explores the reasons that the long-term stability of the national health workforce remains uncertain. She concludes with three suggestions to support the development of a more sustainable nursing and paramedic workforce.

In *Reflections on Tohu Iwi Kuinga Rōpū: Decolonising a Well Child Tamariki Ora Postgraduate Nursing Programme,* Gay Ford, Wanetta Sayer and Jess Beauchamp (Whānau Āwhina Plunket) detail how one postgraduate nursing programme was not meeting the needs of its Māori nurse ākonga. Tohu Iwi Kuinga, an additional teaching stream for those who whakapapa Māori and work with iwi providers and organisations, was developed with these groups. The researchers reflect on further suggestions for how the postgraduate certificate and Tohu Iwi Kuinga can be developed to further decolonise teaching and learning.

The next research article is *Stress, Resilience, and Student Nurses: Piloting a Mindfulness-based Intervention* by Tara Malone (Western Institute of Technology at Taranaki). Malone reports that nursing ākonga experience high levels of stress during study, which may impact their mental health and retention rates. She undertook a pilot mixed-method study, where mindfulness was introduced as an intervention to potentially increase resilience and reduce stress, with initial results indicating that the intervention was successful.

In *Simulation-based Learning in Social Work Education,* Ashleigh Price and Shelley Winters (Whitireia and WelTec) discuss a pilot research project exploring how effective and beneficial simulation, a teaching modality typically employed in health education, may be in social work education.

In *Does Using Hermeneutic Phenomenology Truly Aid in Understanding a Phenomenon?* Karyn Madden (Southern Institute of Technology) explores ākonga perspectives on mixed reality simulation (the combination of physical exchanges and virtual reality). To do so, she adopts a hermeneutic phenomenological approach, which provides in-depth understandings of ākonga experiences. She maintains therefore, that such an approach would be beneficial to include in nursing education and research generally.

In *Unpacking Deviance During the COVID-19 Pandemic: Reflections from a Personal and Sociological Perspective*, Dr Rachel Tallon (Whitireia and WelTec) ponders the reasons why some people refused to adhere with Government-directed mandatory vaccines during the 2020 and 2021 national COVID-19 related lockdowns. Although these people were looked at with derision at the time, she explores many potential reasons for their abstaining, which she links to sociological theory.

In the final research article, *The Gender Participation Gap: Barriers to Physical Activity for Females Aged 17–25: A Student Cohort in Taranaki, New Zealand,* Tessa Nielsen, Kieran McKendry and Dr Steve Scott (Western Institute of Technology at Taranaki) explore the reasons why young women do not participate in physical exercise and sport to the same extent as their male counterparts.

The *Whitireia Journal of Nursing, Health and Social Services* is published annually. Articles for inclusion in the 2026 can be sent to: https://www.whitireiaweltec.ac.nz/about-us/research/whitireia-journal-of-nursing-health-and-social-services (https://www.whitireiaweltec.ac.nz/about-us/research/whitireia-journal-of-nursing-health-and-social-services)

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