

NEWS

Nurses show up for picketing colleagues as NZNO work-to-rule strike wraps

By Mary Longmore and Renee Kiriona

November 28, 2025

More than 40 per cent of requests to NZNO members to provide life-preserving services (LPS) were turned down as not legitimate, stats reveal, as the two-week work-to-rule strike ends.



NZNO members in Southland turned out to support firefighters today.

As NZNO nurses and kaiāwhina wrapped up their own gruelling 14-day work-to-rule strike with a “day of visibility” on Friday, many showed up to support striking Public Service Association (PSA) colleagues and firefighters.

For the past two weeks, NZNO nurses, health-care assistants (HCAs) and midwives around the country have taken [strike action](#) designed to expose how deeply the health system is understaffed and held up by the goodwill of nurses.

Refusing to do overtime or to cover extra shifts or redeployed to specialty areas outside of their own, has not been easy — but it has revealed how deeply the system relies on nurses plugging the gaps.

There were 61 requests for NZNO members to provide LPS in that time — 25 of which were refused as not legitimate, about 40 per cent, NZNO data revealed.

Further auditing of LPS requests would be carried out next week, an NZNO spokesperson said.

Whangārei emergency nurse Rachel Thorn has described how withdrawing all labour outside of normal shifts and workplaces has revealed [dangerous practices](#) being relied on for years. This include calling in theatre nurses early and calling in nurses with no specialist knowledge into areas such as orthopaedics or neonatal.



Auckland kotahitanga among health workers across unions.



Mel Anderson with daughter Ella earlier this year.

In Wellington, delegate Mel Anderson said it was nice not to lose children’s ward staff to other wards for a change.

“Usually, we lose at least one nurse every shift to patch up other wards but that hasn’t been happening so far,” she told *Kaitiaki*.

“The strike has given our members the confidence to push back if asked to jump to another ward, especially if patients aren’t needing life-preserving services.”

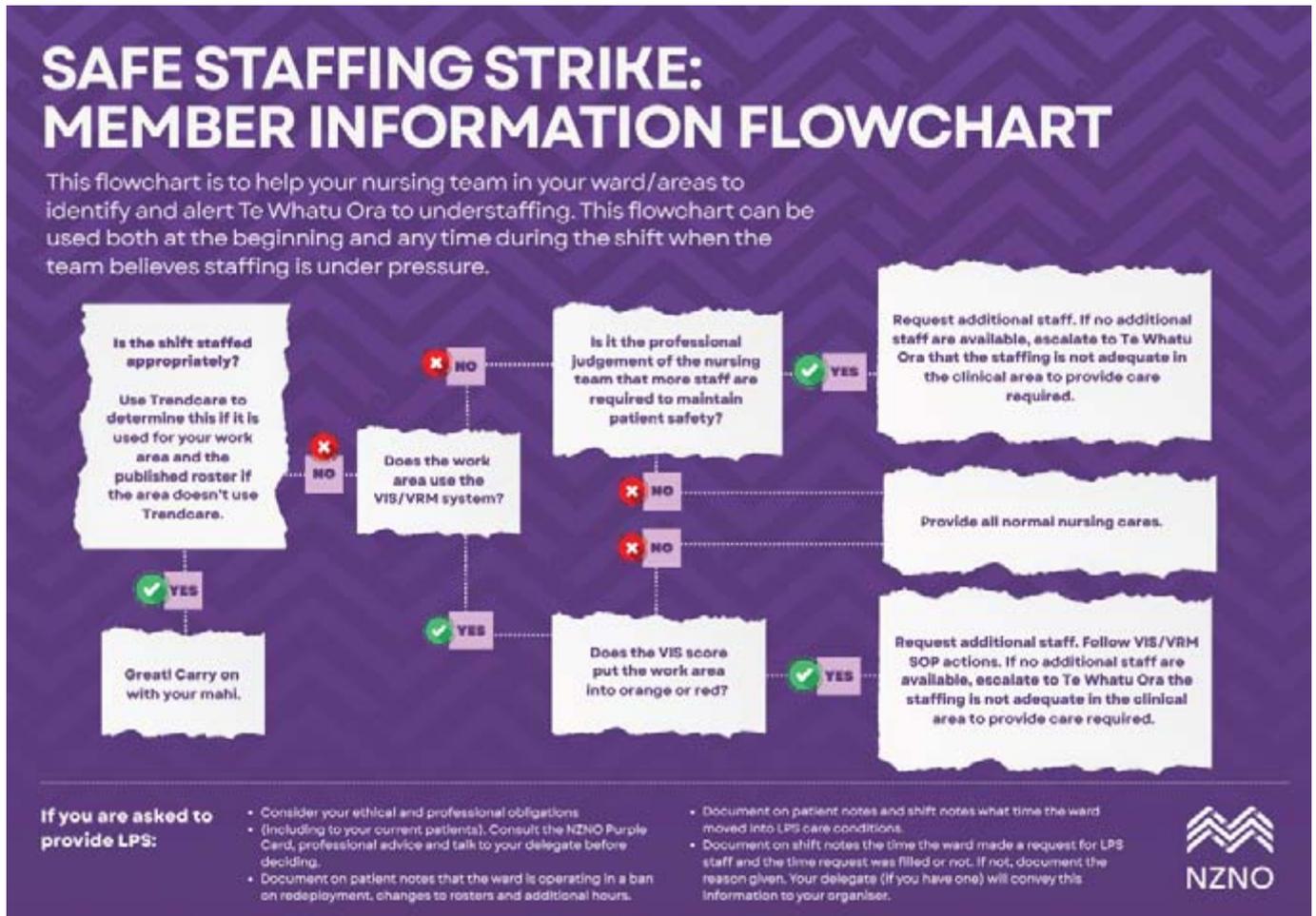
In several regions, staff reported being asked for medical certificates the same day they called in sick.

‘Push it uphill’

Tōpūtanga Tapuhi Kaitiaki o Aotearoa –NZNO chief executive Paul Goulter urged members to log all short-staffing and follow all the steps required by safe staffing tool CCDM (care capacity demand management). Its VRM

(variance response management) would advise how to return to safe staffing.

“By following every step of the SOP [standard operating procedure], staff can accurately assess workload, escalate concerns and ensure that risks are managed.”



Goulter said it was critical that staff held their employer accountable for responding to the VRM's traffic light alert system for patient risk.

Following the VRM system, “safeguards both patients and staff, ensures transparency and reinforces a culture of safety and accountability in health care,” he said.



NZNO members and staff supporting PSA in Wellington

Public is behind nurses

The strike concludes as the second part of a NZNO-commissioned poll by Talbot Mills [released this week](https://nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6955/new-zealanders-say-patients-at-risk-) (https://nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6955/new-zealanders-say-patients-at-risk-

[because-of-nurse-shortages](#)) shows 83 per cent of New Zealanders believe patient safety is at risk because there are not enough nurses.

It found 94 per cent of people believed staff shortages in the health sector needed to be fixed. Only a third of respondents believed the Government valued or listened to nurses.

Several unions, including NZNO, have together [written to Prime Minister Christopher Luxon](#) (https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6956/preview/true/prime-minister-urged-to-resolve-impasse-in-essential-workers%E2%80%99-bargaining) for an intervention into essential health, education and public service bargaining.



NZNO members supported PSA strikers in Lower Hutt.

Members of several unions went on [strike last month](#) over stalled bargaining across their sectors.

PSA & firefighter strikes

Around 1700 PSA public health and mental health nurses, allied health workers including social workers, physiotherapists, occupational therapists, scientists and anaesthetic technicians, and policy workers are [striking today](#) (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6956/preview/true/prime-minister-urged-to-resolve-impasse-in-essential-workers%E2%80%99-bargaining)

https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6956/preview/true/prime-minister-urged-to-resolve-impasse-in-essential-workers%E2%80%99-bargaining) for safe staffing and fair pay and conditions.

Another 2000 firefighters are also [on strike again today](#) (<https://direemergency.nz/events/>) for safer work environments and equipment, after 99 per cent of the NZ Professional Firefighters Union (NZPFU) rejected a 5.1 per cent offer from Fire and Emergency New Zealand (FENZ).



Nurses were supporting firefighters in Wellington.

NEWS

Biggest nurse graduate intake 'in a decade', claims Te Whatu Ora

By Mary Longmore

November 28, 2025

After two years of struggle and a public outcry over jobless nurse graduates, Te Whatu Ora says it's hiring the 'biggest intake in a decade'.

Te Whatu Ora today announced it had offered jobs to 800, and "expected to offer" jobs within six months to another 600 of the 2200 total registered nursing (RN) graduate applicants for 2025 — an 80 per cent hiring rate. This was "one of the largest graduate intakes in a decade", according to chief executive Dale Bramley.

While a big leap from the [52 per cent hired](#) this time last year — and [45 per cent](#) this July, it does not go far enough, say student leaders.

Just 800 will be employed immediately, with another 600 to be "phased in" over the next six months, bringing to 1400 the total number of job matches for end-of-year graduates. The remaining 400 were mid-year graduates already employed.

So, for now Te Whatu Ora is offering 800 new jobs to end-of-year graduates — but it is not yet clear how many applicants from the latest intake there were, or whether they were offered full or part-time roles.

Outgoing NZNO student leader Bianca Grimmer said while she was thrilled more graduates would get jobs this year — including her own match to neonatal intensive care — she knew many who had not been matched.

Whakatāne nurse graduates 'stoked'



NZNO student representatives Jessica Matenga-Barnes and Kererū Hicks

Whakatāne bachelor of nursing Māori graduate Kererū Hicks (he uri o Te Arawa, Rangitane me Te Aupouri) said she was "stoked" to be matched with a surgical role at

Whakatāne Hospital, after three years juggling babies and study.

"My baby was eight months when I started my degree. I remember at the start, on the breaks, going down to the preschool and feeding him," she told *Kaitiaki*. "It was worth it!"

Now she would be able to care for people in her community, she said.

"We go into our placement and we see that there's a lack — especially Māori nurses. So you want to go there, be that support for our whānau in hospitals."

Lack of nursing jobs meant the past couple of years had been "really scary" for students — especially single parents who needed more than 0.6 FTE.

"At the moment they're just feeling pretty gutted . . . all they know is they're sitting in a pool somewhere hoping for the best, that something will come around."

Many had already decided to [head for Australia](#), she said.

"After what happened with the mid-year intake, they thought, 'Well, you know, we're respected overseas more than we are here!'"

And while it was "definitely an improvement", long-term planning was needed to employ all graduates.

"We're going to continually have that problem of that overlap of the students who go back into the talent pool and cross into the territory of the new intake," Grimmer said.

"That's going to be a rollover problem that we continue to have if there's not any kind of proper planning put in place."

New NZNO student co-leader Poihaere Whare said it had been a very anxious and uncertain time for students, and she hoped the 20 per cent — 400 or so — who missed out would stay in New Zealand.

"We don't want new graduates to be forced to find jobs outside of nursing. We need to keep them in nursing and in Aotearoa New Zealand. They are our future nursing workforce."

Public support 'helped'

Grimmer believed the huge publicity after NZNO students spoke out [earlier this year](#) and [last year](#) about unemployment contributed to more jobs being on offer this year.

Students appreciated the public backing, she said.

"We urge the public and NZNO members to continue to support efforts to help get New Zealand's health system back on track."

"Ninety-nine per cent of our class are mums and we've got single mums who've made a big sacrifice to better their lives. [Thinking] there will be no jobs at the end is a little bit disheartening."

Another Whakatāne graduate, Jessica Matenga-Barnes (Ngāti Tahu, Ngati Whaoa, Tainui, Ngāti Maniapoto), was also happy to be matched to a role at Te Whatu Ora Lakes, in the Rotorua/Taupō districts. She hoped to eventually work in emergency nursing.

"I love it – I love the fast pace, I love the face to face, I enjoy just being among people who need my care, so that's my passion," she told *Kaitiaki*.

Matenga-Barnes said, with a \$60,000 student loan, moving overseas for work had definitely been on the cards had she not landed a role — but this was off the table for now.

Being a Māori nurse working in emergency was a bonus, she said.

"I love to be first point of contact when any person comes through emergency doors. I have the personality to try and make every situation as calming as possible and being a Māori and being in Whakatāne just makes it even better!"



NZNO student leaders, left to right: Bianca Grimmer, Poihaere Whare and Davis Ferguson.

Minister of Health Simeon Brown said the new graduates would be a “significant boost” for the health system.

The Government was also keen to see graduates take up primary care roles, and was offering [up to \\$20,000](#) a year for practices which employed new graduates.

Te Whatu Ora has not yet responded to *Kaitiaki* on how many of the current intake applied for roles, how many were full or part-time and how many enrolled nurse roles were being offered.

Graduates must now await their state final exam results, expected next week, before formally accepting their offers.

At a glance:

- 800 end-of-year graduates have been offered jobs now.
- 600 end-of-year graduates will be offered jobs within six months.
- It is not known how many end-of-year graduates applied.
- 400 of 722 mid-year graduate applicants were employed earlier this year.

* This article was corrected on December 2 to make it clear Te Whatu Ora had only offered jobs

to 800 graduates with another 600 "expected to be offered" over the next six months.

NEWS

Better nurse staffing linked to major drops in physician burnout

By Sanchari Sinha Dutta

November 28, 2025

An international study has found that better nurse staffing and work environments in hospitals are associated with improved physicians' wellbeing and job satisfaction.



If nurse staffing levels are too low, it not only hurts nurses and patients -- it harms doctors as well. Photo: Adobe Stock

A high level of work-related physical and mental exhaustion is significantly increasing the likelihood of physicians leaving hospitals worldwide. This global crisis of a physician shortage can potentially compromise patient care and safety, as well as restrict access to hospital and emergency care.

Many studies on physician wellbeing have primarily focused on problems unrelated to work environments within hospitals, such as income concerns. However, designing effective interventions for physician well-being requires an in-depth analysis of internal issues, such as excessive workloads, unresponsive administration, job dissatisfaction, inadequate resources and infrastructure, and a lack of supporting staff.

The current study, led by researchers from the University of Pennsylvania, aimed to address these internal issues and provide evidence to inform interventions for improving physician well-being and reducing turnover.

Surveyed thousands of nurses and doctors

The researchers surveyed 56 United States (US) hospitals in 2021 and 49 hospitals in six European countries in 2023. The survey population consisted of 1149 European physicians, 5334 US physicians, 3044 European nurses, and 11,869 US nurses.

In the survey, nurses reported on hospital environments, including nurse staffing adequacy, quality of the clinical care environment, and interdisciplinary teamwork between nurses and physicians.

Hospitals operating with too few nurses and unfavorable work environments have been found to have higher rates of physician burnout and turnover.

Physicians, on the other hand, reported on their wellbeing and job outcomes, including work-related exhaustion, job dissatisfaction, intention to leave, and willingness to recommend their hospital.

The survey findings revealed poor physician well-being in hospitals across Europe and the US. Among enrolled physicians, approximately 17 to 45 per cent reported high-level exhaustion, 16 to 40 per cent reported job dissatisfaction, and 20 to 44 per cent expressed an intent to leave their hospital within the next year.

Effective physician-nurse teamwork

Notably, the survey indicated that physician job satisfaction in European and US hospitals was higher in hospitals with better nurse staffing, a more favorable clinical care environment, and effective physician-nurse teamwork.

Specifically, the findings revealed that in US hospitals, a 10 per cent improvement in the clinical care environment was associated with a 22 per cent lower risk of physicians intending to leave, a 25 per cent lower risk of not recommending their hospital, and a 10 per cent lower risk of work-related exhaustion.

In European hospitals, a 10 per cent increase in nurse staffing adequacy was similarly associated with a lower risk of exhaustion and job dissatisfaction.

The study identifies several crucial factors that can potentially challenge the retention of enough physicians in European and US hospitals to ensure adequate access to health-care services.

The study also identifies modifiable organisational features of hospitals that can be considered as potential intervention targets for improving physician wellbeing and retention.

Previous studies on physician wellbeing and preventive interventions have primarily focused on individual physicians rather than the institution. Several systematic reviews and meta-analyses have highlighted that interventions such as coaching, mindfulness practices, or discussion groups have a minimal or no meaningful impact on physician outcomes.

... physician job satisfaction in European and US hospitals was higher in hospitals with better nurse staffing, a more favorable clinical care environment, and effective physician-nurse teamwork...

Hospitals operating with too few nurses and unfavorable work environments have been found to have higher rates of physician burnout and turnover. The present study's findings are consistent with this

literature.

The current study design involved two distinct groups of health-care professionals: nurses, who reported on hospital environments, and physicians, who reported on their well-being and job outcomes. This helped avoid bias where the same health-care professionals provide information on two interconnected variables.

Overall, the study's evidence highlights the significance of organisational interventions, specifically adequate nurse staffing, supportive care environments, and strong interdisciplinary teamwork, in improving physician wellbeing and addressing the physician shortage.

The study collected data in two phases. The US data was collected during the peak phase of the COVID-19 pandemic in 2021, while the European data was collected in 2023. This variation in data collection timing may have some influence on the findings.

Attracting and retaining skilled nurses

The US hospitals included in the study are Magnet-recognised, meaning that these hospitals provide a supportive work environment that attracts and retains skilled nurses. The European hospitals, on the other hand, had agreed to participate in the study to improve their work environment. These hospitals are not necessarily representative of all hospitals in European countries.

Such country-level differences in health systems may have impacted the findings. However, the study found significant variations in physician wellbeing across hospitals within the same countries. This variation further supports the significance of organizational interventions in improving physician wellbeing regardless of country-level differences in health systems.

Sanchari Sinha Dutta, PhD (physiology) is a science writer. This article was originally published at [News Medical](https://www.news-medical.net/news/20251120/Better-nurse-staffing-linked-to-major-drops-in-physician-burnout.aspx) (<https://www.news-medical.net/news/20251120/Better-nurse-staffing-linked-to-major-drops-in-physician-burnout.aspx>) and is reproduced with permission.

Reference

1. Aiken, L. H., Sermeus, W., & McKee, M. (2025). [Informing Hospital Physician Well-Being Interventions in Europe and the US.](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2841445) (<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2841445>) *JAMA Network Open*.
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NEWS

End-of-year graduate jitters on job-offer day

By Mary Longmore

November 28, 2025

More than 2000 end-of-year nursing graduates are enduring a nail-biting wait to hear whether they will land their dream job at Te Whatu Ora – Health New Zealand.



NZNO student leaders, from left: Bianca Grimmer, Poihaere Whare and David Ferguson (at back).

Graduate-entry job offers for registered nurses (RNs), through national job-matching service ACE, are expected today.

Outgoing NZNO student leader Bianca Grimmer — also waiting on news — said many were anxious about their prospects, following dire [45 per cent hiring rates](#) for mid-year graduates and only [half](#) hired at the end of 2024.

Then in September, a 'reset and review' document [leaked to RNZ](#) (<https://www.rnz.co.nz/news/national/571641/health-nz-to-employ-more-graduate-nurses-part-time-cut-on-job-training-document-reveals>) revealed Te Whatu Ora planned to employ more graduate nurses but on fewer hours, and with less on-the-job training.

Grimmer said many in her cohort were feeling undervalued and already planning to cross the ditch.

"I do know some students who have already chosen they're going to Aussie no matter what. After what happened with that midyear intake, they thought, 'Well, you know what, we're respected overseas more than we are here!'"

'We taurira put a lot of work into our degrees and at the end of it we're hoping to secure a really good job - so we can help our people.'



Outgoing NZNO student leaders Davis Ferguson and Bianca Grimmer.

After NZNO-Te Whatu Ora 2025/26 bargaining had dragged on for more than a year, with so far no agreement to NZNO's claim for full-graduate employment, Grimmer said new nurses were not feeling listened to.

"Everyone's quite stressed, quite nervous. We've done our best - we've put all our eggs in all the baskets we possibly can," she told *Kaitiaki*.

"We just hope that, with this delay, maybe that means there are more vacancies and hopefully we're all a bit safer and can feel a little bit better and hopefully come out tomorrow with most of us having jobs."

'Plan-B' for most grads

Incoming NZNO student co-leader Poihaere Whare agreed many graduates were feeling uncertain and undervalued, particularly over the possibility of reduced hours.

"Will 0.6 FTE [full-time equivalent] be enough for them financially to be a nurse, with the cost of living at the moment?"

"A lot are feeling undervalued because of the uncertainty of not knowing what is going to happen, with the renaming of [nurse-entry-to-practice] as SFYP [[supported first year of practice](#)] (<https://www.tewhatauora.govt.nz/for-health-professionals/health-workforce-development/nursing/new-nursing-graduates>)," Whare said.



Poihaere Whare

“Does that mean changes to the programme, or what is the support going to look like?”

Many had “plan B” in place — overseas, said Whare, calling for Te Whatu Ora to employ all nursing grads who applied.

“We tauira put a lot of work into our degrees and at the end of it we’re hoping to secure a really good job – so we can help our people. That’s the main thing we want to do.”

Job offers were initially expected after state finals earlier this month. However, Te Whatu Ora delayed the job offers, with no explanation.

However, an ACE (advanced choice of employment) email seen by *Kaitiaki* said “the extra time will be used to consider additional positions across Health New Zealand”.

Te Whatu Ora national people and culture director Robyn Shearer said they were “working to place as many graduates . . . as possible into employment across the health system in New Zealand”.

[RNZ reported](https://www.rnz.co.nz/news/national/571641/health-nz-to-employ-more-graduate-nurses-part-time-cut-on-job-training-document-reveals) (https://www.rnz.co.nz/news/national/571641/health-nz-to-employ-more-graduate-nurses-part-time-cut-on-job-training-document-reveals) that Whatu Ora’s ‘reset and review’ paper talked about more “flexible” job options of 0.6 FTE instead of the usual 0.8 FTE for new graduates.

NZNO bargaining team member Rachel Thorn said employing more graduates was a key part of NZNO’s claims — and something Te Whatu Ora had also pledged in its own [Health Workforce Plan](https://www.tewhatauora.govt.nz/assets/Publications/Workforce/Health-Workforce-Plan-2024/New-Zealand-Health-Workforce-Plan-2024.pdf) (https://www.tewhatauora.govt.nz/assets/Publications/Workforce/Health-Workforce-Plan-2024/New-Zealand-Health-Workforce-Plan-2024.pdf).



Rachel Thorn.

“They said they wanted to grow their own nurses. So I absolutely think if they want to grow their own nurses, they should be offering full employment otherwise why would people go into it?”

Outgoing co-leader Davis Ferguson last week told RNZ his three years of study had been a “rollercoaster” (<https://www.rnz.co.nz/news/business/579282/graduating-nursing-students-nervous-about-delays-to-job-offers>) and disheartening for many.



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

NEWS

Nurse practitioner's six-year battle to win full prescribing rights

By Mary Longmore

November 24, 2025

After a six-year battle, Dunedin nurse practitioner (NP) Mark Baldwin says winning full prescribing rights for mātanga tapuhi/ NPs feels “huge”.

“It’s massive. It was one of the major barriers in primary health and secondary health,” he told *Kaitiaki*. “It was huge. I knew the impact this would have on primary care and literally every New Zealander. I knew how big it was.”

Minister of Health Simeon Brown this month [announced NPs can now prescribe](https://www.beehive.govt.nz/release/nurse-practitioners-deliver-faster-access-medicines) (https://www.beehive.govt.nz/release/nurse-practitioners-deliver-faster-access-medicines) the same medications as doctors, after the Medicines Amendment Bill passed its third reading to become law.

The bill amended section 29 to finally allow NPs prescribe medicines funded by Pharmac but yet to be approved by MedSafe — often brand substitutes during global supply issues.

That meant that NPs couldn’t even prescribe over-the-counter medication like folic acid, paracetamol and laxatives at times, if the brand was substituted — even for repeat prescriptions, said Baldwin, who is a Dunedin NP working in mental health.

Other medications such as melatonin for sleep and risperidone for mental illnesses such as bipolar disorder were also problematic to prescribe if the supplier changed due to shortages or price shifts, Baldwin said.

NPs would then have to ask a GP, doctor or specialist to do the prescription, causing delays to patients, he said.

“If we can stop one person going through that, then that’s great.”



Dunedin nurse practitioner Mark Baldwin

As well as safer and faster treatment for patients, the move would also benefit growing numbers of NP-led general practices and iwi providers, who would no longer need a GP for prescriptions, Baldwin said.

‘I want to acknowledge the nurse practitioners who . . . are a vital part of our health system and play an increasingly important role in meeting patient needs’

“So they [NPs] can continue to be the independent autonomous practitioners that they are, set down in our scope — it just means they can fulfil that as an authorised prescriber to the full.”

Faster, safer health care

Nurse Practitioners New Zealand (NPNZ) chair Chelsea Wilmott described the move as “monumental”, saying now NPs could now work to the top of their “full and intended scope”.

It would also reduce barriers for patients and whānau to timely and high-quality health care, she said.

Acknowledging the efforts of Baldwin — an NZNO member and former NPNZ chair — Wilmott said the move followed intense lobbying and meeting with MPs including Seymour, Brown and former minister of health Shane Reti.



Mark Baldwin, second from left, with NZNO delegates and staff working on pay equity in 2019. (Left to right): Julie Pritchard, Karen Marshall, Geraldine Kirkwood and NZNO pay equity advisor Glenda Alexander.

Brown said it was a “practical change that will make it easier for people to get the care they need, when they need it, while supporting nurse practitioners to do what they do best”.

NPs worked across primary, aged and rural health care, and were often the lead clinicians for patients and families, he said.

“I want to acknowledge the nurse practitioners who have been calling for this change for years. They are a vital part of our health system and play an increasingly important role in meeting patient needs, particularly in communities where access to doctors can be limited.”

NPs and optometrists became authorised prescribers in 2016, joining doctors, dentists, midwives and veterinarians.

There are now more than 900 NPs in New Zealand, according to the latest [Nursing Council data](https://nursingcouncil.org.nz/common/Uploaded%20files/Public/Publications/Workforce%20Statistics/Quarterly%20Data%20Reports/Nursing%20Council%20Quarterly%20Data%20Report%20-%20September%202025%20Quarter.pdf) (<https://nursingcouncil.org.nz/common/Uploaded%20files/Public/Publications/Workforce%20Statistics/Quarterly%20Data%20Reports/Nursing%20Council%20Quarterly%20Data%20Report%20-%20September%202025%20Quarter.pdf>).

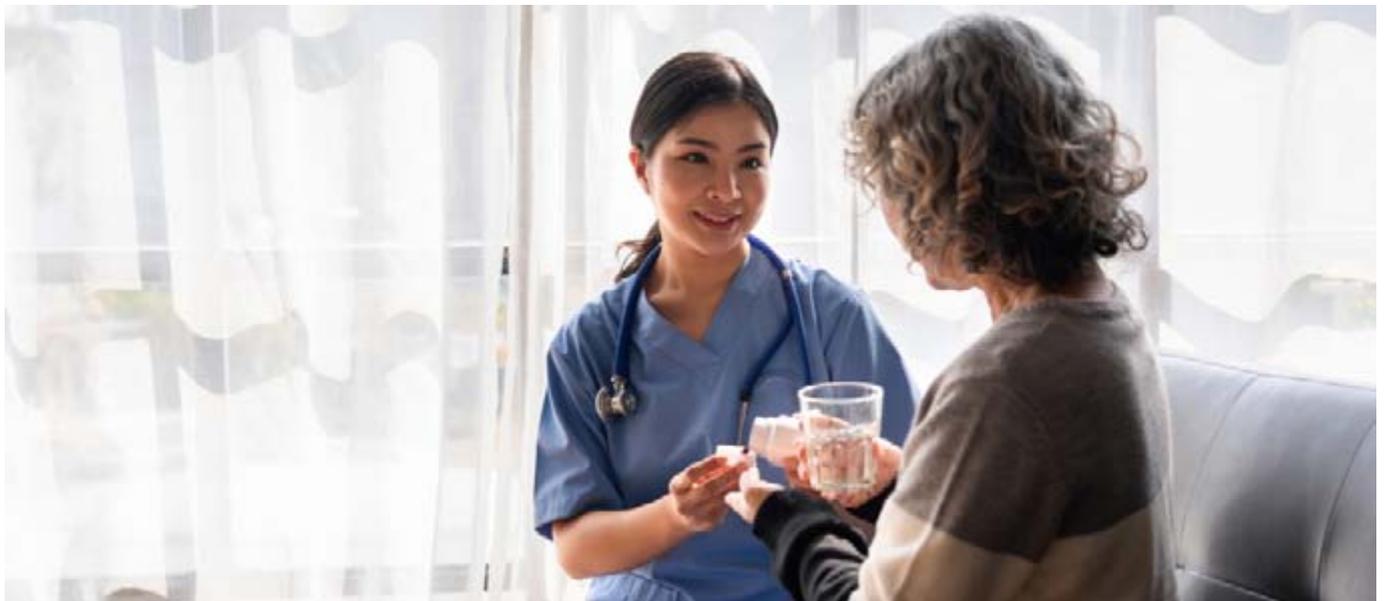


Photo: AdobeStock.

NEWS

Every neonatal unit in the country gets baked treats for World Prematurity Day

By Kaitiaki coeditors

November 21, 2025

All 23 of Aotearoa's neonatal units received baked goodies this week to celebrate their staff and families.



With donated baking at Wairarapa Hospital's paediatrics/ SCBU, from left, charge nurse manager Kristin Vesper with RNs, Gini Saju, Caitlyn Grant, Ryleigh Clode and Sadhna Devi.

World Prematurity Day is marked every year on November 17 — raising awareness for the about-4800 babies born too soon every year in New Zealand.

On the day, thanks to charity [Little Miracles Trust](https://littlemiraclestrust.org.nz/) (<https://littlemiraclestrust.org.nz/>), volunteer bakers deliver treats to every single neonatal unit in the country.



Mum and ward RN Ryleigh Clode with son, Kaiden McRae.

NZNO member and charge nurse manager Kristin Vesper, working at the Wairarapa Hospital special care baby unit (SCBU), said the day was about shining a light on the journey of premature babies.

“It strengthens our community ties, reinforces our values, and ensures our smallest patients remain at the centre of everything we do.”

The trust worked with every New Zealand neonatal intensive care unit (NICU) and SCBU to provide peer support and resources for whānau navigating their neonatal journey.

‘It also highlights the importance of our premature babies, because they are the future.’

NZNO neonatal nurses college Aotearoa (NNCA) chair Merophy Brown — who also enjoyed some baking this week at Whangārei’s SCBU — said it was an opportunity to celebrate the daily work of neonatal nurses.

“It’s a nice opportunity for parents to come back and say thank you,” she said. “It also highlights the importance of our premature babies, because they are the future.”

Brown said Whangārei neonatal staff enjoyed “yummy slices, crepes, crème puffs and eclairs” during a busy day.

This year’s morning tea shout came as neonatal nurses face increasing challenges — including some [NICU being at 130 percent capacity](#), compounded by understaffing.

Some NICU report they are 20 per cent down on what their staffing should be, according to safe staffing tool CCDM calculations.

These neonatal units look after some of New Zealand’s most vulnerable babies — weighing as little as 350 grams, the same as a packet of butter.



Some pretty flash baking in Whangārei Hospital



Whangārei Hospital's special care baby unit this week.

NEWS

NZNO rainbow, child health nurses slam ‘devastating’ ban on puberty-blockers

By Mary Longmore

November 20, 2025

A decision to ban puberty blockers will have “devastating” impact on transgender children and young people, nurses say.



NZNO rainbow group members Richard Jin (he/him), Patumahoe Leaf-Wright (they/them/ia), Tara Birch (she/her), Mel Meates (they/them), Bernie (she/they) and Juno Hunt (she/they). Photo: Samesh Mohanlall.

Minister of Health Simeon Brown this week announced puberty-blocking hormones would no longer be prescribed for gender-affirming care, due to a “lack of high-quality evidence”.

“While this uncertainty persists, the Government is taking a precautionary approach.”

But NZNO's rainbow special interest group member Juno Hunt said it was an ideologically-driven rather than evidence-based decision which would have a "devastating" effect on trans children and young adults.

The ban appeared to disregard the Ministry of Health's own November 2024 [evidence brief](https://www.health.govt.nz/publications/impact-of-puberty-blockers-in-gender-dysphoric-adolescents-an-evidence-brief) (<https://www.health.govt.nz/publications/impact-of-puberty-blockers-in-gender-dysphoric-adolescents-an-evidence-brief>), which found no evidence of risk, Hunt said.

NZNO's rainbow group wanted the ban reversed and the Ministry of Health's updated guidelines for gender-affirming care released — nine months after they were completed.

NZNO's college of child and youth nurses (CCYN) tapuhitia ngā mokopuna mō apōpō has also slammed the ban, and called for it to be reversed.

Nurse practitioner Michael Brenndorfer — who has nearly a decade of providing gender-affirming health care to young people — said the the college was "deeply disappointed and concerned" over the move.

"Puberty blockers have been used safely and cautiously internationally for decades to support transgender young people navigate gender dysphoria," he said. "This will have a negative impact on the mental health of our young people."



Michael Brenndorfer

The sudden political decision to undermine clinical decisions made in consultation with young people and their whānau was deeply concerning, Brenndorfer said.

He blamed an imported culture war that had nothing to do with best practice health care for children and young people.

Earlier this year, the CCYN backed [an open letter](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpatha.nz%2Fnews&data=05%7C02%7CMary.Longmore%40onzno.org.nz%7C7edff82ff20b4697f09a08de27e1a02c%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C638992047157179844%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIlwLjAuMDAwMCIiIAiOiJXaW4zMilSkFOljoiTWFpbCIsIldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=qC6IQEv5kl8wKqYw7mM4bAxy7TcWGOk4Z9ExEC1jY7Y%3D&reserved=0) (<https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpatha.nz%2Fnews&data=05%7C02%7CMary.Longmore%40onzno.org.nz%7C7edff82ff20b4697f09a08de27e1a02c%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C638992047157179844%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIlwLjAuMDAwMCIiIAiOiJXaW4zMilSkFOljoiTWFpbCIsIldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=qC6IQEv5kl8wKqYw7mM4bAxy7TcWGOk4Z9ExEC1jY7Y%3D&reserved=0>) signed with 13 other health professional bodies in Aotearoa New Zealand, supporting the continued use of puberty blockers for transgender youth.

Updated guidelines on gender-affirming care were completed by the Ministry of Health at the end of March but are yet to be released.

Announcing a ban on the global transgender day of remembrance was particularly callous, both groups said.

Brown said due to “uncertainty” in the Ministry of Health’s evidence brief over the benefits of puberty-blockers for gender dysphoria, the Government was taking a “precautionary” approach and awaiting results of a National Health Service [clinical trial](https://www.bmj.com/content/388/bmj.r504) (https://www.bmj.com/content/388/bmj.r504) in the United Kingdom, expected by 2031.

The drugs, known as gonadotropin-releasing hormone analogues (GnRHa), would remain available for those already using them for gender dysphoria, as well as medical conditions such as early-onset puberty, endometriosis and prostate cancer, Brown said.



Kaitiaki
NURSING
NEW ZEALAND

NEWS

Extraordinary scenes as 276m-long message to politicians unrolls at Parliament

By Joel Maxwell

November 18, 2025

Forearms bulged, sweat popped from their brows — carrying the weight of the health system was literally a heavy burden. But they were glad to do it.



The nearly-300 meter long declaration unravels across Parliament grounds -- health advocate Malcolm Mulholland in black tee shirt, helps carry it.

The Buller Declaration has been unrolled on Parliament's front yard — sending a 276-meter long, 200-kilogram message to its occupants.

On Tuesday, health advocate Malcolm Mulholland delivered the petition, gathered with support from NZNO, to Parliament. He and supporters carried the scroll on a stainless steel roller up the front path, straining with the weight.

“Harikoa te ngākau ināianeī,” Mulholland said [*My heart is happy*]. “We made it.”

The [declaration](#) said the health system was in a state of crisis, and called on the Government to allocate the resources needed to fix it.



Coming through! Supporters carry the nearly-300kg Buller declaration towards Parliament.

It got its first signature on September 28 last year in Buller and has since [toured the country](#) — now that number had reached 95,000, he said.

“And that is officially the world’s longest petition ever. To be precise, 276 meters, and we felt every inch of those meters walking up that hill.”

Touring the country they started hearing it wasn’t just a Buller problem — it was a rural problem, and a Māori and Pasifika problem, Mulholland said. “Truth is, it’s everyone’s problem.”

It was the people’s petition, he said to the gathered politicians. “They’re giving you a message loud and clear!” That message was to all of them — “be they blue or red”, he said.



Southland NZNO delegate Maïke Rickertsen, left, with Te Pōari member Charleen Waddell who journeyed from the Deep South to help deliver the declaration to Parliament.

Mulholland founded charity Patient Voice Aotearoa in 2019 after his wife Wiki Mulholland was diagnosed with advanced breast cancer. She died aged 43 in 2021.

Making a special trip north

NZNO members have [helped along the way](#) — with the likes of southern delegates setting up a stall at the region's biggest craft market to gather signatures in July.

Some of those nursing signature-gatherers had travelled from Invercargill to join the ceremony.

Southern delegate Charleen Waddell said she and fellow delegate Maïke Rickertsen had come to tautoko the kaupapa — which dovetailed with the partial strike they were currently part of.



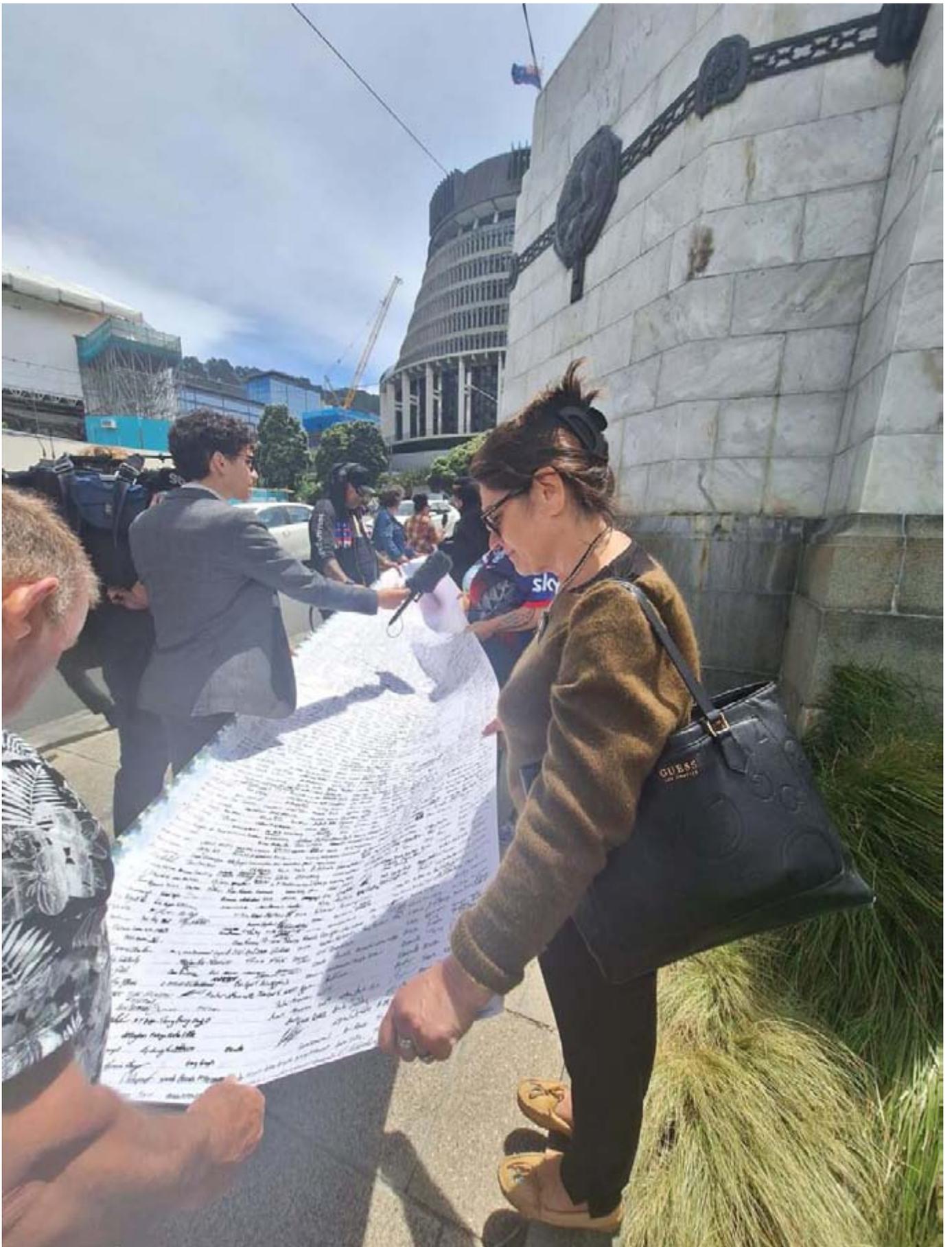
Retired midwife from Hutt Susan Lennox at the ceremony.

"[We're] Making sure the Government takes action — we've got strike action in our wards, that ability to stand tall, not to take the overtime, not to be rediverted, because that happens on a daily basis."

Rickertsen said the strike highlighted that the work they were refusing to take on was "exactly what keeps the health system going".

Meanwhile, for 43 years Susan Lennox, a former NZNO member, worked as a midwife in a close-knit Hutt community. She had seen her mothers for years after they'd had their babies, and watched their babies grow into adults.

Even though she retired in 2016, she was supporting the declaration at the handover, said Lennox.



NZNO kaiwhakahaere Kerri Nuku stands at the very beginning of the declaration scroll — unrolled across the length of Parliament grounds down to the foot of the Parliamentary Cenotaph.

Midwifery should be joyful — and she'd loved all of it, she said. Even now she still saw the mothers she'd helped — "the children don't know me, but I still recognise the family outline".

“It’s really sad to see midwifery numbers depleted, because there’s not enough money to be able to do it.”

NZNO kaiwhakahaere Kerri Nuku was one of those who gave a kōrero at the presentation — saying she spoke as a mother, grandmother and a women “who has seen too many people die over the year because the system hasn’t responded”.

“Malcolm wears this on his heart — his wahine toa who passed away because services weren’t available.”



The Buller Declaration unravelled across Parliament grounds.

It was disgusting and wrong that politics got in the way of people's rights to a just and fair health system, she said.

Health still a hot political issue

The latest Ipsos Issues Monitor survey released this week showed health care was still the number two issue — topped only by the cost of living.

Nearly every party in Parliament was represented in some way at the ceremony, even if at a slight distance. The only parties absent were Te Pāti Māori and National.



Malcolm Mulholland speaks on Parliament's steps with, from left, Greens' Hūhana Lyndon, Labour's Ayesha Verrall and Greens' Marama Davidson beside him.

NZ First's Winston Peters stood apart from the others, near the Beehive entrance. ACT's Todd Stephenson spoke but was loudly heckled by audience members.

Labour health spokesperson Ayesha Verrall said in her travels around the country she heard stories of a system under pressure.

It was common to hear about people being bumped off face-to-face services and shifted to telehealth instead, she said.

"We're seeing some of the biggest strikes by health workers in my lifetime; we're seeing the roll-back of services for Māori and the specific provisions for Māori in our health system."



Even NZ First's Winston Peters turned up to the ceremony – even if at a distance.

Greens MP Hūhana Lyndon, who officially received the declaration, said nobody could close their eyes to the size of the petition.

“Let no-one be left behind, whether you’re from rural Taitokerau (the Far North), Buller in the Deep South or whether you’re urban South Auckland.”

What does the declaration say?

- Aotearoa New Zealand's health system is in a state of crisis.
 - The Government must act urgently to address that crisis.
 - Rural, Māori, and low-income populations are disproportionately impacted by the crisis.
 - The Government must act urgently to meet its obligations under Te Tiriti o Waitangi and protect Māori health, in consultation with iwi and hapū.
 - The Government must allocate the resources needed to train, recruit and retain more nurses, midwives, doctors, specialists, allied health professionals, health assistants and other health workers. to train, recruit and retain more nurses, doctors and specialists.
-

NEWS

Health system is ‘broken’ reveals poll, as strike gets underway – but we love our nurses

By Mary Longmore

November 17, 2025

“Broken, underfunded and struggling.” As nurses launch two weeks of strikes, a new poll reveals how the public sees the health system.



NZNO nurses and supporters in Takaka last month picketing in support of October 23 public service worker strikes.

reveals New Zealanders have serious concerns about the public health system, with two-thirds describing it as “poor”.

But nurses, midwives and health-care workers were overwhelmingly appreciated as vitally important to our lives, it found.

The findings come as 37,500 Te Whatu Ora-Health New Zealand nurses, midwives and kaiāwhina begin two weeks of new strike action around the country.

The strikes are [not your usual pickets](#). Aiming to highlight how unsafe staffing levels are, for the next two weeks, NZNO’s Te Whatu Ora members are refusing to be redeployed to any areas or work for which they are not rostered; or work any extra hours.

For the second week — 24 to 30 November — members will also refuse to accept any roster changes.

‘We are anxious – we haven’t done this before ... but we will manage, we will cope.’

Hawke’s Bay nurse Noreen McCallan — a member of NZNO’s bargaining team — said the poll results showed nurses’ concerns about the health system were shared by the public.

“Te Whatu Ora is increasingly relying on the good will of health workers to cover up chronic short staffing by redeploying them away from their patients to fill roster gaps in other parts of hospitals and public health.”

Understaffing ‘unsustainable’

The results come a week after a coroner said the 2020 death of Leonard ‘Len’ Collett in Taranaki Base Hospital ED put a human face to the consequences of the [“conscious decision”](#) to understaff.

Coroner Ian Telford slammed chronic understaffing and said the risk of another “catastrophic event” remained high.

McCallan said it was concerning after more than a year of bargaining and several strikes, Te Whatu Ora still wasn’t listening.

Lower Hutt emergency nurse Kelly McDonald said staff were anxious about the strike, particularly as they were launching on a Monday, — usually extremely busy in EDs. But she knew the current staffing situation was “unsustainable”.

“We understand but we are anxious — we haven’t done this before,” she told *Kaitiaki*. “But we will manage — we will cope.”

- 66 per cent described the health system as “poor” or “very poor”, while 30 per cent described it as “good”.
- 82 per cent rated nurses, midwives and health-care workers as “very important” to society. A further 13 per cent said “moderately important”.
- 53 per cent disagreed the Government was focused enough on improving New Zealand’s health system.

– Talbot Mills Research, October 2025



Noreen McCallan

Some of the words used by participants in a new health poll by Talbot Mills.

“Good” was up there, but closely followed by “poor”, “s**t”, “struggling” and “shambles”.

However, the vast majority — 82 per cent — rated nurses, midwives and health-care workers as very important to society.

Safe staffing strikes – your rights

- The right to strike is fundamental under New Zealand law.
- During the strikes, members can decline requests to redeploy them from the area of work or role they are rostered in for that day.
- If requested to do redeploy, they should seek advice from their NZNO delegate.
- Members cannot be compelled to break the strike for life-preserving services (LPS).
- Daily Q&A sessions will be held throughout the strikes on 12-28 November, at **10-11am** (<https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fznzno.cmail20.com%2F%2Ffri-ktuhin-l-m%2F&data=05%7C02%7CMary.Longmore%40znzno.org.nz%7C28acfbaca3b94b3b72c808de2268c017%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C638986030495515533%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiJlWlJhbnQzMiIsIkFOljoiTWFpbCIsIlIdUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=prczIY4EORRIjgQJsnYKVovDgj3dn4tq5JwL%2BvUeU%2Fw%3D&reserved=0>) for delegates and **3-4pm** (<https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fznzno.cmail20.com%2F%2Ffri-ktuhin-l-c%2F&data=05%7C02%7CMary.Longmore%40znzno.org.nz%7C28acfbaca3b94b3b72c808de2268c017%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C638986030495525861%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiJlWlJhbnQzMiIsIkFOljoiTWFpbCIsIlIdUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=a808QZJQjAMyJPm6QFVD81k3ZHPLCsIM%2FL4tOTsJPpo%3D&reserved=0>) for members.

More information about the strikes can be found [here](https://maranga-mai.nznzno.org.nz/safe_staffing_strikes) (https://maranga-mai.nznzno.org.nz/safe_staffing_strikes).

NZNO Safe Staffing Strike 2025

I will only perform duties and shifts as per my roster. I will not accept:

- Reallocation to other areas.
- Changes to duties or shifts
- Any proposed roster amendments

NZNO: 0800 28 38 48





Kaitiaki
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NEWS

It's like The Brady Bunch, but with people who actually save lives

By Joel Maxwell

November 12, 2025

One of Melissa Jacobsen's greatest moments as a nurse was as part of a team — working with an ED doctor to deliver a breech baby that came out blue and unresponsive.



The baby revived quickly — even went home the next day. But without [safe staffing](#) the outcome might not have been so good, she said.

Now the NZNO delegate based in Tauranga has used household furniture, some slightly 70s-themed ingenuity and the recent [mega strikes](#) to spread this staffing message across social media.

Jacobsen created a collage poster including the faces of 22 fellow Te Whatu Ora members to tell the story of why they were taking action.

The poster's format wasn't unique, she said — it was even used in the opening credits for 70s television show *The Brady Bunch*.



NZNO delegate Melissa Jacobsen, pictured here on October 23 with crutch, was joined by other delegates and members to make her collage poster.

"It's an opportunity to show it's not just one person, it's a whole collection of people . . . who all come together to take care of every person in New Zealand from beginning to end."

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

After spraining an ankle a couple of days before October 23, Jacobsen limped into action at the multi-union action at Memorial Park, Tauranga.

She knew there would be plenty of NZNO delegates at the event, so she sent them fanning through the crowd to find other delegates and members.

“Then I just put up a drape, an old white curtain that I had, and a chair to keep them at the same level and then very quickly took some photos.”

“It’s an opportunity to show it’s not just one person, it’s a whole collection of people.”

She constructed the collage that same night then sent the poster out online.

Meanwhile, Jacobsen said she liked the last two panels in the collage in particular, which talk about skill and caring.

“We all have learned the skill of doing this, but we do it because we love it and we want to do what’s right for the community.”

Naming names

With Jacobsen’s help *Kaitiaki* was able to get most of the names of the people on the poster. Here are the names, from left to right on each row, starting from the top:

Sophie Short, Georgia Maclean, John Wylie, Lesley Alexander, Zoe Wathey; Amber Marshall, Ned Rago, Neil Orito; Jeff Manuel [third from left on third row], Ashley Allison, Helena Joyce; Sarah Randolph, Maegan Shanley, Janita Tangitu, Sandy Shanly; Melissa Jacobsen [second from left on bottom row], Adele Little [NZNO employee], Sarah Mangino, and Maree Moore.



Kaitiaki
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NEWS

He rite tēnei ki Te Brady Bunch, engari me ngā tāngata ka whakahaumarū i te marea

By Joel Maxwell

November 12, 2025

Ko tētahi o ō Melissa Jacobsen wā tino hira hei tapuhi, ko tōna whaiwāhi ki tētahi tīma — e mahi tahi ana me tētahi rata ED kia whakaora i tētahi pēpi whānau kōaro i puta mauri moe, he kahurangi tōna kiri.



One of Melissa Jacobsen's greatest moments as a nurse was as part of a team — working with an ED doctor to deliver a breech baby that came out blue, unresponsive.

Ka tere whakamātūtū te pēpi — aoake i te rā ka haere ia ki te kāinga. Engari, mehemea karekau he [kimi kaimahi haumarū](#) ka kino rawa kē ngā hua, hei tāna.

The baby revived quickly — even went home the next day. But without [safe staffing](#) the outcome might not have been so good, she said.

Ināianeī ka whakamahia e te taraketi NZNO i Tauranga ngā taputapu o te kāinga, he auahatanga ngahurutau 70 te āhua, me te [porotū nui rawa](#) o ināia tata ake nei kia tohatoha ake i tēnei karere kaimahi hauora puta noa i te pae pāpori.

Now the NZNO delegate based in Tauranga has used household furniture, some slightly 70s-themed ingenuity and the recent [mega strikes](#) to spread this staffing message across social media.

Ka hangāia e Jacobsen tētahi whakatairanga toi piripiri e tae rā ano ana ki ngā mata o ōna hoa mahi Te Whatu Ora e 22 kia karangatia te take mō tā rātou porotū.

Jacobsen created a collage poster including the faces of 22 fellow Te Whatu Ora members to tell the story of why they were taking action.



NZNO delegate in Tauranga for the mega strike Melissa Jacobsen, with crutch, who made the Brady Bunch-style poster.

Kāhore he whakatakototanga ahurei tō te whakatairanga, hei tāna — i kitea te āhuatanga i te tīmatanga o te hōtaka nō ngā tau 70, *The Brady Bunch*.

The poster's format wasn't unique, she said — it was even used in the opening credits of the 70s television show The Brady Bunch.

“He āheinga kia whakaatu kāhore tēnei he tangata kotahi anake, he tōpūtanga katoa kē . . . kua whakarōpū ai kia atawhai i ngā tāngata katoa o Aotearoa mai i te tīmatanga ki te mutunga.”

“It's an opportunity to show it's not just one person, it's a whole collection of people . . . who all come together to take care of every person in New Zealand from beginning to end.”

Nō muri i tāna whara i tōna waewae i ngā rā tata mua i te Oketopa 23, ka totitoti Jacobsen ki te māra o te pakanga i te porotū nui mō ngā uniana i te Memorial Park, Tauranga.

After spraining an ankle a couple of days before October 23, Jacobsen limped into action at the multi-union action at Memorial Park, Tauranga.

Kua mōhio ia ki te rahi o ngā taraketi NZNO i te taiopenga, nā reira ka tukuna rātou kia kimi ētahi atu taraketi, mema noki anō i roto i te marea.

She knew there would be plenty of NZNO delegates at the event, so she sent them fanning through the crowd to find other delegates and members.

“Kātahi ka whakatūria tētahi ārai, he ārai tawhito mā, ā, me te tūru kia papatahi ai te noho a ia tangata, ā, ka tere hoputia ngā whakaahua.”

“Then I just put up a drape, an old white curtain that I had, and a chair to keep them at the same level and then very quickly took some photos.”

“He āheinga kia whakaatu kāhore tēnei he tangata kotahi anake, he tōpūtanga katoa kē.”

I hangāia e ia te toi piripiri i taua pō tonu, kātahi ka whakairia ki te pae pāpori.

She constructed the collage that same night then sent the poster out online.

Heoi anō, ka kī Jacobsen ka rata pū mai ia ki ngā wāhanga whakamutunga e rua o te toi piripiri, e kōrero ana mō ngā pukenga me te aroha.

Meanwhile, Jacobsen said she liked the last two panels in the collage in particular, which talk about skill and caring.

“I ako tātou katoa i ngā pukenga o tēnei umanga, engari ka mahia e tātou mō te aroha kē, ā, me te hiahia kia whai i te ara tika mō te hāpori te take.

"We all have learned the skill of doing this, but we do it because we love it and we want to do what's right for the community."

Naming names

Na tā Jacobsen atawhai i whai *Kaitiaki* i ngā ingoa o te nuinga o ngā tāngata i roto i te whakatairanga. Anei ngā ingoa ka whakarārangitia mai i te mauī ki te matau i ia kapa, mai runga i te tīmatanga:

With Jacobsen's help Kaitiaki was able to get most of the names of the people on the poster. Here are the names, from left to right on each row, starting from the top:

Sophie Short, Georgia Maclean, John Wylie, Lesley Alexander, Zoe Wathey; Amber Marshall, Ned Rago, Neil Orito; Jeff Manuel [third from left on third row], Ashley Allison, Helena Joyce; Sarah Randolph, Maegan Shanley, Janita Tangitu, Sandy Shanly; Melissa Jacobsen [second from left on bottom row], Adele Little [NZNO employee], Sarah Mangino, and Maree Moore.

NEWS

Five years after Len's death and emergency department is 15-FTE understaffed



By Joel Maxwell

November 11, 2025

A man's death while a nurse fetched a wheelchair put a human face on "consciously deciding" to understaff an emergency department, a coroner says.



*There will remain a risk of another catastrophic event in the Taranaki ED without broader systemic change, the coroner says.
Photo: AdobeStock*

Coroner Ian Telford today released his findings into the 2020 death of Leonard 'Len' Collett — slamming chronic understaffing and saying the risk of another "catastrophic event" remains high.

Collett, 78, died from from head injuries sustained when he fell with a loud bang from his bedside at the Taranaki Base Hospital emergency department (ED) on July 16, 2020.

The coroner's report said he was taken to the ED at about 5.30pm after becoming increasingly short of breath. His blood pressure was low and continued to go down over the evening.

It was known on admission that he was anaemic, had heart failure and decreased mobility, the coroner's report said.

At about 10.10pm he was seen struggling back to his bed after going to the toilet. A nurse went to get a wheelchair to help — however, while the nurse was gone, Collett decided to return himself to his bed.



Len Collett was a well-liked community member in Taranaki.

He was then seen sitting on the end of his bed: about a minute later “a loud bang was heard, and Len was found on the floor in a collapsed state”. Collett was immediately assessed as critical but treatment and resuscitation efforts failed.

Telford's report said the ED was short 15 full-time equivalent staff as at May this year — as per care, capacity and demand management (CCDM) numbers. This was still the same baseline staffing as 2020, when Collett died.

HNZ Taranaki's service lead for medical and acute services, Claudia Matthews, who gave written and oral evidence, said funding to recruit into these vacancies has not been approved.

There were 32 patients — nine over the department's physical capacity — when he arrived at ED. By 10pm there were 26 patients — three over capacity, with 70 percent at high acuity.

While the ED was fully staffed on the night, two team members were casual staff redeployed from an inhouse pool. Having two non-permanent staff was an “added tension” to the dynamic in the department, according to expert evidence.



Len Collett tried to make his own way back to his bed after going to the toilet. Photo: AdobeStock

There was previously a person charged with reviewing fall events and coming up with solutions but this role was cut in 2022 or 2023, Matthews said.

Matthews said ED nurses intuitively knew how to care for patients at risk of falling — but generally speaking there were not enough of them to do what was required.

There would be even less oversight of patients in the ED in future as funding cuts had ended the Friends of the ED volunteer scheme run by St John, Matthews said.

No solution without systemic change

Telford found that Collett's death was both foreseeable and preventable. "Shortcomings in the nursing care provided in the ED at the time directly contributed to his fall."



The coroner said understaffing was 'stark and alarming'. Photo: AdobeStock

Improvements were underway to nursing processes in this clinical setting, but their impact was limited without broader systemic changes, Telford said.

"Put simply, if this emergency department continues to operate without adequate staffing and an appropriate skill mix to safely care for and monitor patients, the risk of another catastrophic event occurring remains high."

Telford said that at the very least Collett's death put a human face to the consequences of "consciously deciding" to operate an ED with 15 fewer full-time staff than required.

It was "stark, and its effects "alarming", Telford said. "Shifts will continue to be run with excess presentations, with the same baseline staffing that was available at the time of Len's death."

Telford said Collett's death, and the trauma surrounding it, "continued to be deeply felt by his wife, family, and all who knew and loved him".

"He never wanted to put anyone out with his care or be disruptive. He was even like that when I was caring for him - always wanting to put my needs first."

Some staff members might be left questioning their role and future within a health-care system "in such urgent need of their dedication and expertise", he said.

Telford would send his findings to the Ministry of Health and Health NZ leadership teams, “both of whom are responsible for high-level policy, funding, and decision-making in this area”.

The September 25 inquest into his death included a written statement from his wife, Vicky Collett, who said they were married 39 years and “had a lovely life together”.

“Len was well liked and respected by everyone. Len had a great sense of humour and a real way with words. He was sociable but a straight talker as well. He treated everyone the same regardless of their background.”

Vicky Collett said they ran pubs for 20 years. Len Collett had retired at 67 due to health problems — she had been working as an in-home care giver.

“He never wanted to put anyone out with his care or be disruptive. He was even like that when I was caring for him – always wanting to put my needs first.”

Recommendations for Taranaki ED

Telford had a raft of recommendations to reduce falls risks. Including:

- Revise the patient casualty card (CAS card) falls risk assessment to include a dated and timed set of screening questions and a global nursing assessment. (Possible questions along the lines of ‘have you fallen in the past?’)
 - Adapt the CAS card and departmental policy to require nurses to routinely assess falls risk at triage or at the same time as their primary assessment.
 - Revise current policy and improve staff education to foster a culture where falls risks are communicated to patients, family and staff using direct, focussed, and targeted language.
 - Consider using non-clinical staff to boost safety for vulnerable patients, particularly during high demand.
-

NEWS

Short-staffing and lack of time stops half of cancer nurses upskilling – survey

By Mary Longmore

November 7, 2025

Nearly half of cancer nurses surveyed this year reported short-staffing and lack of time is stopping them upskilling, NZNO's cancer nurses college (CNC) has found.

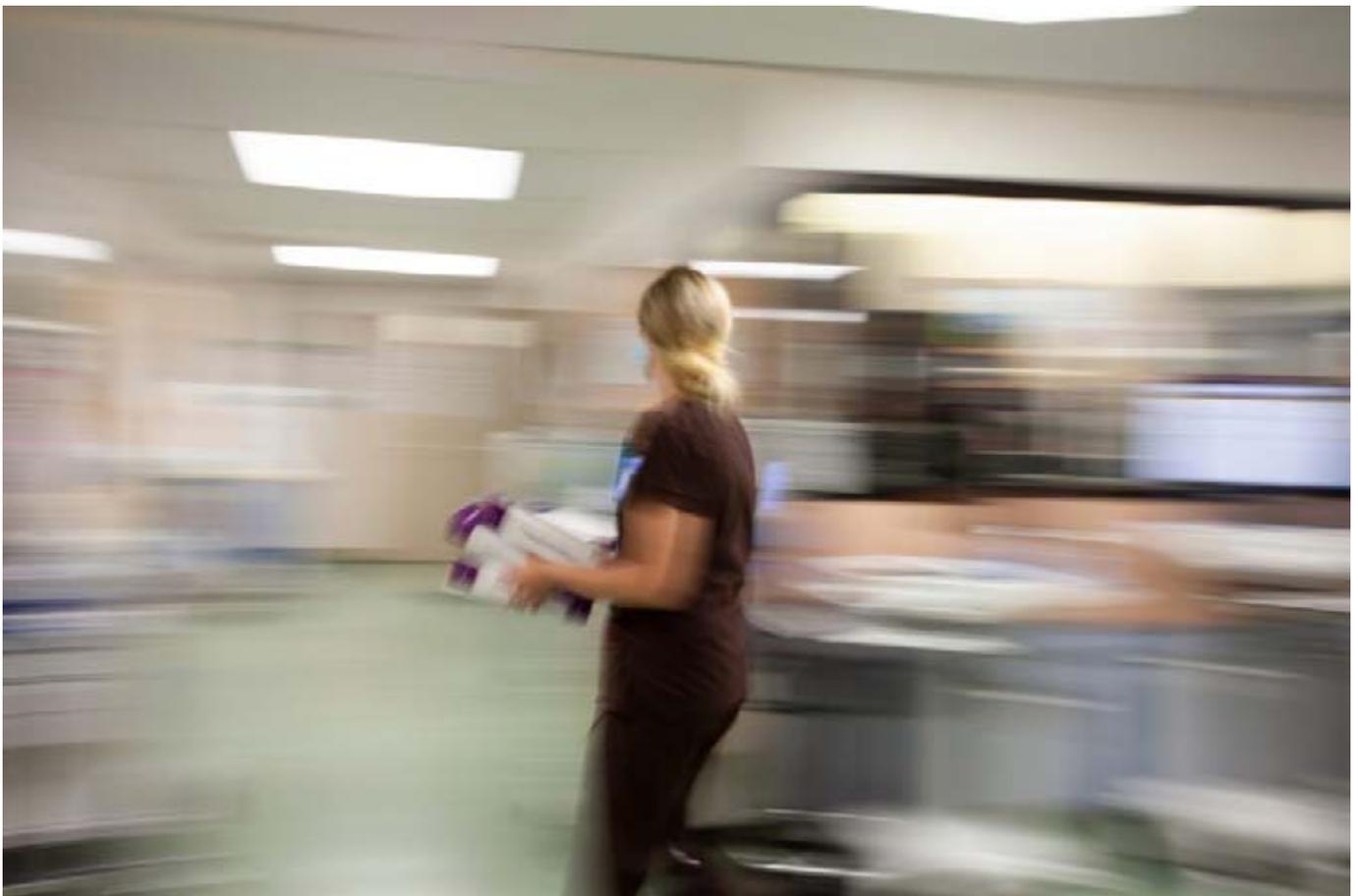


Photo: AdobeStock

Cost was also also a barrier for more than half of the 49 cancer nurses around the country surveyed, new college chair Heather Bustin told *Kaitiaki Nursing New Zealand*.

Yet upskilling nurses was critical for the safety of cancer patients, who were becoming increasingly complex, she said. And with 33 more funded cancer drugs available since the 2024 Budget's [\\$604 million](https://teaho.govt.nz/index.php/our-work/te-aho-o-te-kahu-medicines-implementation) (<https://teaho.govt.nz/index.php/our-work/te-aho-o-te-kahu-medicines-implementation>) Pharmac four-year funding boost, there were more side-effects to manage.

'They're so short-staffed, the education gets pulled away from under their feet.'

"The more drugs you give people, the more side effects you need to expect. So nurses really have to [upskill]. It's for the patients that [education] really needs to be prioritised," Bustin said. "We need to have that knowledge — we need to be prepared for that".

The college's 2025 survey found 51 per cent (25 out of 49 members surveyed) lacked funding to carry out further study, professional development or education, while 49 per cent (24 out of 49) lacked time due to staffing constraints at work.

"They're so short-staffed, the education gets pulled away from under their feet, which is hard. They're picking up extra shifts and not being able to go to their scheduled education," Bustin said.

"I think there is enough education out there — but it's releasing nurses to take it up."

Meanwhile, the college was working hard to make education more affordable and accessible for its 600-plus members, especially in rural areas, she said.

Its new [YouTube channel](https://www.youtube.com/@CancerNursesCollege) (<https://www.youtube.com/@CancerNursesCollege>) provided educational materials when and where members needed. The college had also funded several nurses doing post-graduate study to attend a recent oncology conference — something Bustin wanted to see more of.



Heather Bustin.



NZNO's college of cancer nurses committee, left to right: Celia Ryan, Laura Ledger, Jani Witchall, Edith Paulsen, Shelley Shea (outgoing chair), Heather Bustin, Becky Upston and professional nursing advisor Anne Brinkman.

Referring to recent cancer target improvements announced by Minister of Health Simeon Brown, Bustin acknowledged the “outstanding mahi of all our oncology colleagues who continue to deliver high-quality compassionate care across the cancer continuum in an increasingly constrained and under-resourced environment”.

In October, Brown released the [latest quarterly results](https://www.beehive.govt.nz/release/health-targets-reducing-wait-times-and-putting-patients-first) (https://www.beehive.govt.nz/release/health-targets-reducing-wait-times-and-putting-patients-first) showing cancer patients starting treatment within 31 days had grown from 83.5 to 86.3 per cent in the three months to June. However, a deeper dive into Te Whatu Ora-Health New Zealand's [target data](https://www.tewhatauora.govt.nz/assets/Corporate-information/Planning-and-performance/Health-targets/Quarter-4-2024-25/Health-targets-10-years-of-Quarter-Four-results.pdf) (https://www.tewhatauora.govt.nz/assets/Corporate-information/Planning-and-performance/Health-targets/Quarter-4-2024-25/Health-targets-10-years-of-Quarter-Four-results.pdf) shows the figure has fluctuated from 90 to 83 per cent for the same period over the past 10 years.

See also: [Skilled nurses crucial for cancer patient outcomes, says new college leader](#)

NEWS

A nurse's push to vaccinate, as she saw measles outbreak coming

By Joel Maxwell

November 5, 2025

The wave was building on the global horizon but even before the first measles case arrived in Aotearoa, Daana Watson was vaccinating everybody she could.



Travel health specialist Daana Watson spent 2025 pushing the MMR message. Photo: AdobeStock

Amid New Zealand's measles outbreak, the NZNO [primary health](#) section member, specialising in travel health, has spoken about how 2025 became her year of trying to fend off the disease.

"I was kind of aware that we were climbing into another outbreak even before it really started jangling within New Zealand."

Earlier this year, by chance, Watson started a post-graduate paper — picking the measles, mumps and rubella (MMR) vaccine as her topic. Soon she was trawling through World Health Organization statistics on global measles numbers.

On an average day, Watson's work in Christchurch sees her giving advice to travellers, working on vaccine plans, administering jabs — she delivers “a huge amount of rabies vaccines”, she said.

Watson said travel health was actually public health. People wanted to protect themselves so they could enjoy their time away — but vaccination gave the community protection when they returned.

From her studies she discovered the global measles news wasn't looking good. Add the fact that waves of measles came roughly every five years — the last New Zealand outbreak in 2019 — and she could see what was coming.

“All year I have been vaccinating for measles, way before we had our first cases. Because I'm aware that overseas the numbers had started climbing.”

On September 25, Te Whatu Ora announced the first case in a Northland cluster. It was, the agency said, linked to travel.

MMR for everyone

Watson said her MMR vaccinations had ramped up from a couple a week, to about five daily in her consultations. “I've already given three today.”

Her job meant she could have a conversation with travellers and “strongly encourage” them to get the MMR vaccination: pointing to overseas numbers — and now media coverage of cases in Aotearoa.

“I'm dishing it out like bloody lollie water.”



*Nurse vaccinator
specialising in travel health,
Daana Watson.*



Travel health is actually public health, says Daana Watson.

After all, getting the vaccine was about protecting people who couldn't — such as babies under one year old, immuno-compromised people who could not have a live vaccine, and pregnant women.

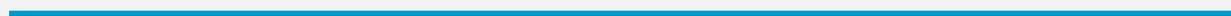
"This is social health, this is public health, it's not your own personal choice about whether you want to take the risk of catching the disease ... it's that onus on you as part of society: That you actually look out for other people, not just 'me, me, me!'"

Sometimes, she said, "you've just got to take a bullet for the team".

Measles transmission timeline

- September 25 — Te Whatu Ora publicly announced the first case, in Northland, linked to travel to Asia where the disease was circulating.
- September 29 — a case was discovered in Queenstown — also linked to overseas travel, but not to the Northland case. Northland's cases peaked at 12 on October 13.
- October 20 — a new cycle began, with a case discovered in Auckland, unconnected to the other regions but still linked to travel. Two new cases were discovered the next day in Manawatū and one in Nelson.
- October 23 — there were cases in Northland, Auckland, Nelson and Manawatū. A high-risk exposure on the Bluebridge ferry helped spread measles to Wellington.
- October 27 — there were 10 cases nationally, and now hundreds of Wellington College and Wellington Girls' College were close contacts to cases.

- November 4 — the number had grown to 17 across Northland, Auckland, Taranaki, Manawatū and Nelson.





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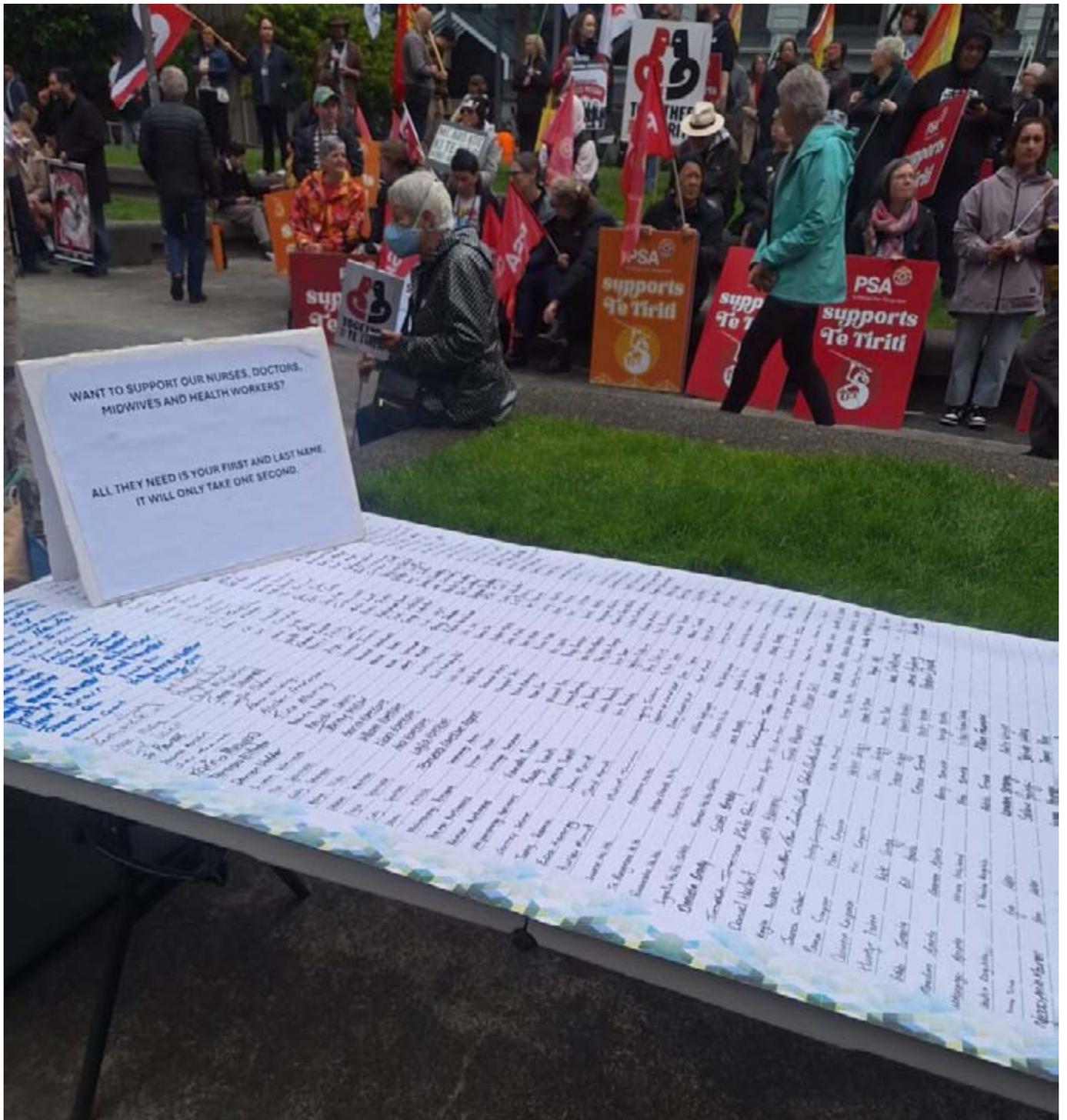
NEWS

Southern start for 'Hīkoi for Our Health'

By Renee Kiriona

November 3, 2025

A march from the South Island's West Coast to Wellington to deliver a major health declaration to Parliament, has begun.



Just a part of the 200-metre long Buller Declaration which is on its way to Parliament.

Organised by Patient Voice Aotearoa, the Buller Declaration highlights the state of the New Zealand health system and has been signed so far by 60,000 people.

“The support we’ve received for this petition, this kaupapa from around the country has been amazing. Whether Māori in rural area, Pākehā in the city – they all agree that our health system in crisis,” PVA chair Dr Malcolm Mulholland said.

‘What saddens me is that so many people have horror stories of how the system has let them down in their time of need.’

“The declaration is an affirmation from the people that they expect a well-functioning public health system that includes adequate staffing throughout all aspects of our health system. The failure to do so has resulted in poorer health outcomes for so many of our people.

“What saddens me is that so many people have horror stories of how the system has let them down in their time of need. The public blames the sad state of our public health system on the bureaucrats and politicians who are responsible for running it.



Malcolm Mulholland with his late wife Wiki whose struggle with the health system inspired the creation of Patient Voice Aotearoa.

The hīkoi is an opportunity for patients and the public to tell those who are in a position of power with the ability to change our health system for the better to do so immediately, as well as show support for our health workforce who are struggling mentally, physically and emotionally, Mulholland said.

The hīkoi started at Patterson Park (Westport Trotting Club) on Saturday November 1 and ends at Parliament on Tuesday November 18. Today, the hīkoi gets underway in Invercargill and Dunedin.

The declaration measures around 200 metres, with more sheets likely to be added as it nears the capital.

What triggered the Buller Declaration?

Check out *Kaitiaki's* [coverage](#) from last year about what motivated the declaration to be created.



A silent march in Buller last year over loss of after-hours GP and lack of hospital staff. Photo courtesy of the Westport News.

What does the declaration call for?

- Aotearoa New Zealand's health system is in a state of crisis.
- The Government must act urgently to address that crisis.
- Rural, Māori, and low-income populations are disproportionately impacted by the crisis.
- The Government must act urgently to meet its obligations under Te Tiriti o Waitangi and protect Māori health, in consultation with iwi (tribes) and hapū (sub-groups).
- The Government must allocate additional resources to train, recruit and retain more nurses, doctors and specialists.



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

Hīkoi schedule

Saturday November 1 – Westport

10:00 am Patterson Park (Westport Trotting Club) to the Westport Clock Tower via Te Rau Kawakawa (Buller Hospital)

Monday November 3 – Invercargill and Dunedin

10:00 am Southland Charity Hospital to Southland Hospital

3:30 pm Dunedin Dental School to the Octagon

Tuesday November 4 – Timaru and Christchurch

11:00 am Caledonian Park to Timaru Hospital

3:30 pm Christchurch Botanical Garden Carpark to Christchurch Hospital

Wednesday November 5 – Nelson

9:00 am Wigzell Park to Nelson Hospital

Thursday November 6 – Masterton and Hastings

10:00 am Masterton hīkoi from Henley Lake Carpark to Wairarapa Hospital

3:30 pm Hastings hīkoi from Frimley Park to Hawkes Bay Hospital

Friday November 7 – Gisborne and Whakatāne

10:00 am Gisborne hīkoi from Mangapapa Reserve to Gisborne Hospital

3:30 pm Whakatāne hīkoi from Rex Morpeth Park to Whakatāne Hospital

Monday November 10 – Kaitaia

12:00 am Kaitaia hīkoi from Jaycee Park to Kaitaia Hospital

Tuesday November 11 – Whangārei

12:30 Whangārei Hospital from Putahi Park to Whangārei Hospital

Friday November 14 – Hamilton

10:00 am Hamilton hīkoi from Hamilton Lake Playground to Waikato Hospital

Sunday November 16 – Palmerston North

1:30 pm Palmerston North hīkoi from Edward Pit Park to Midcentral Hospital

OPINION

'The cracks are showing' – dangerous staffing practices exposed by current strike, says ED nurse

By Rachel Thorn

November 27, 2025

Whangārei Hospital emergency nurse and NZNO delegate Rachel Thorn shares her thoughts on the current work-to-rule strike, as it draws to a close.



Whangārei ED nurse Rachel Thorn, front left, with fellow NZNO-Te Whatu Ora bargaining team members, (front, left to right): Al Dietschin, Dawn Barrett and Noreen McCallan. Glenda Huston (left) and Maria Tutahi are standing.

Our [two-week partial strike](#) of refusing to plug staffing gaps outside our normal workplace or shifts is nearly over, and I'm interested to know how it's been going nationally.

In Whangārei Hospital we are getting into the swing of NOT picking up shifts and NOT being redeployed.

It has definitely highlighted some significant gaps where management was relying on redeploying staff instead of properly recruiting to base rosters as indicated by safe staffing calculation tool, care capacity demand management (CCDM).

There's only nothing to see if nurses and HCAs and midwives tuck it all away in their own incredible ability to manage, to care, to cope.

In areas like orthopaedics, emergency, neonatal and perioperative, it has been really difficult.

There have been some very clear risks exposed — gaps in acute theatre staffing which until now relied on nurses coming in early even if they're not on call.

Our orthopaedic ward is so understaffed that it constantly relies on redeployment of other nurses who don't have the specialist orthopaedic skills needed to manage the heavier, more complicated patients.

This puts further strain on the already stressed staff, who are managing their own heavy loads and supporting the staff who come to help. During this strike the numerous roster gaps every day have clearly shown that the orthopaedic base roster can barely provide half the nurses they need.

In ED, during a code red shift on Tuesday, we were 98 hours in deficit for the morning shift and 108 hours in deficit on the afternoon shift according to Trendcare. This is the equivalent of 12 nurses and 13.5 nurses that we DIDN'T have to manage the acuity and volume.

So the cracks are showing — refusing to redeploy outside of life-preservation has highlighted some very dangerous staffing practices involving moving nurses around like [chess pieces](https://www.rnz.co.nz/news/national/580121/nurses-sick-of-being-used-as-chess-pieces-by-health-nz-in-second-week-of-work-to-rule-strike) (<https://www.rnz.co.nz/news/national/580121/nurses-sick-of-being-used-as-chess-pieces-by-health-nz-in-second-week-of-work-to-rule-strike>).

Management are finding creative ways to manage the shortfalls without redeployment and without the usual pressure on members to come off their rest days and "help".

The operations team which covers gaps are doing their best, but without enough staff, there is only so much they can do. That meant beds had to be closed — up to five some days in orthopaedics — and elective surgeries delayed.

'A collective sigh of relief'

For most of us, it has felt like a collective sigh of relief — a pause in the constant pressure to find staff, whether as a manager or a floor nurse. A rest from constant texts, WhatsApp messages, Facebook posts or even phone calls about the next sick leave gap that needs covering.

This is a daily stress and intrusion on our downtime and as a manager, a daily issue which takes more and more time, as we feel the pressure to cover our rostered gaps – gaps which are mainly caused by the intentional short staffing of Te Whatu Ora.

And that's before managing unplanned leave! We are in a downward spiral of short staffing, burnout and stress, causing more sick calls which cause more stress and more burnout — and it has to stop.

It is now 18 months since the Government first decided to [pause recruitment](#).

Since then, in bargaining we have heard: "There was no pause". "There might have been a pause". "There was a pause while we re-set CCDM due to inconsistencies nationally with data collection". "We have a plan, and the plan will be in motion in January 2025 ... February ... March ... May ... July ... September ... in November ... " And we are still waiting.

A journalist told me that it sounded like all the responsibility for patient safety that should sit with the employer was sitting squarely and heavily on nurses' shoulders.

As far as we know, the full-time equivalent (FTE) calculations — now re-calculated over six months ago — are still in limbo, waiting for Te Whatu Ora's executive team to approve the funding so that the recruitment process can start for those lucky enough to be approved "in this financial landscape/if it is within our budget/as we can/hopefully by the New Year".



Rachel Thorn

It is starting to feel like a working group – such good intentions but no actual outcome.

I'm reminding you of this, as we need to keep sight of the bigger picture. Everything we do as a team — in bargaining, in striking, in putting our feet down about supporting their intentional short staffing to save money and reduce services — is about that.

We are doing this — and have been doing this for the last 14 months — because we refuse to back down and allow this government to push hard-working health-care assistants (HCAs), nurses and midwives into working in an unsafe, unsatisfactory, unfulfilling and unmanageable working environment.

'Moral injury' to nurses

We are the ones suffering from lack of staff, we are the ones without the time to care the way we used to, we are the ones breaking from long hours, too many patients, too much to do, not enough support, a lack of respect for our deep cultural roots and ongoing moral injury.

Nurses are naturally kind and want to help and feel bad if they can't. Just advertise the shifts and give staff a neutral way to say yes or no.

Moral injury is "psychological harm resulting from a perceived violation of deeply held moral beliefs, often caused by perpetrating, witnessing, or failing to prevent acts that go against one's conscience",

according to the International Centre for Moral Injury.

It sounds extreme but when Whangarei ED went through our own hell of short staffing a few years ago, that phrase suddenly made perfect sense.



Whangārei ED staff started saying 'no' to extra shifts back in 2022.

A journalist told me that it sounded like all the responsibility for patient safety that should sit with the employer was sitting squarely and heavily on nurses' shoulders and we were breaking as result.

It was. We were. It made me cry. We were under incredible strain and moral injury was at the root. The part where you go home and don't feel like you have done your best, you didn't get time to really care, you missed a medication, you snapped at a colleague, older people were cared for in a corridor or a cupboard and you had a really close shave with someone's life — purely due to overload.

You find yourself wondering whether it is worth it. You are say the caring words, but your ability to actually care is worn out.

'Difficult' for nurses to say no

Three years ago, we realised we had to push that responsibility uphill and make the managers feel it. [By not picking up shifts for two weeks](#), we highlighted the enormous extra work we were doing and gave ourselves a break from that responsibility.

It was so painful and so difficult to say no, but as a team we did it and we got results. It was the re-set we needed to save ourselves. Since then it has been easier to say no to an extra shift if we don't want it, and look after our physical and mental health.

As managers we have been really careful about how and when we ask staff to do more. I really hope this national two-week strike is a re-set for everyone, and enables more people to say no to shifts they don't want and makes managers think carefully about how they ask staff for support.

It is up to Te Whatu Ora to have enough fat in the system to cope with shortfalls, sick calls and other unplanned leave.

We don't always realise how much pressure we are putting on staff and how exhausting it is to get texts, messages, phone calls, expectations of "help" every day you are not at work. We feel the need to ask because we are told there isn't enough support.

That is not our fault and definitely not the fault of our HCAs, nurses or midwives.

It is up to Te Whatu Ora to have enough fat in the system to cope with shortfalls, sick calls and other unplanned leave – these are not new issues.

We need to be careful about the language we use and avoid emotional coercion like "please help", "we are desperate" or "can anyone kind come in?"

Nurses are naturally kind and want to help and feel bad if they can't. Just advertise the shifts and give staff a neutral way to say yes or no. If you can't fill the shift, push uphill to management.

Overall, whether in a strike or not, remember that the responsibility for patient and staff safety is ultimately not yours but Te Whatu Ora's as the employer.

If we hide the gaps, we are just helping them cover up the intentional short staffing and allowing them to continue to put that heavy load on us.

Collect your shortfall data

I hope you are all collecting data about your shortfalls this fortnight, so we can use that data to push back at their claims that: "Everything is ok", "there are enough nurses" and "there's nothing to see here".

There's only nothing to see if nurses and HCAs and midwives tuck it all away in their own incredible ability to manage, to care, to cope.

Who knows when recruitment to their own, re-calculated, re-examined, gold-standard FTE calcs will start again? I hope it's this week. But for now, stand strong.

– Whangārei clinical nurse coordinator Rachel Thorn is an NZNO delegate, member of the Te Whatu Ora-NZNO bargaining team and newly-elected member of the NZNO national executive.

OPINION

'Don't be handmaidens, be critical thinkers': Strikes reveal emergency-nursing cracks

By Kelly McDonald

November 19, 2025

Hutt emergency nurse Kelly McDonald starts her next shift at 2.45pm and she's expecting it to be a "shit show". This NZNO delegate explains what's wrong with emergency care, how to fix it, and why nurses should stick to the partial strike plan.



Emergency departments are swamped with patients referred from an underfunded primary care sector, says Kelly McDonald.

Photo: AdobeStock

Lately going to the toilet is the only break I get because there's a constant stream of patients coming through the door. I barely get through one and another arrives. Our triage space and waiting room are chockablock.

These partial strikes are highlighting where the deficits are in the system: We don't have the resources for a fully-functioning and equipped health emergency service because we're inundated with primary care patients.

As usual, our waiting room is full of Healthline referrals and general practice patients who couldn't get appointments. It's a disgrace.



Hutt emergency nurse Kelly McDonald.

I get it — I worked in primary care, I know what it looks like. They're inundated as well. And we do not have enough nurse practitioners or clinical nurse specialists (CNS) who could manage those patients.

More money needs to be put into primary care to relieve the pressure on secondary care. Mistakes are happening because we're overworked and trying to see too many people at once.

We need more nurses. When they stopped hiring that created a huge gap in our roster. We're about eight FTE short at the moment — that's a lot.

I feel f****d off. Because I know what I'm going into this afternoon — another shift like yesterday.

Some of those primary care patients that left will be back again at ED. They've got nowhere to go, that's the problem — and it isn't their fault. It's the system that's been created so that people feel lost. They don't have any support.

A woman said she was told by telehealth to come down and have her baby checked, and I thought 'you know what, that's because they need a set of eyes to look at it'.

GP-land should have the capacity to look at that child and say 'yay' or 'nay' before she arrives at ED.

“Nurses need to be critical thinkers, not handmaidens.”

It was a really small rash, but I had to show that compassion in my voice and say 'you know what, your baby's going to be fine, but if you're happy to wait, it will be a few hours (I don't say it will actually be six) — but your child will be seen'.

They need to fix this broken system. They need to throw some money at it. We've got skilled staff here ready to go.

We all knew when we voted for this action that this was going to be difficult. We knew that we had [a staffing shortfall](#), but we need that to be highlighted. We're in it for the big picture.

Nurses need to be critical thinkers, not handmaidens. We need to stop and critically think about work requests during [these strikes](#): is this for the long-term betterment of myself, my colleagues and our patients?

OPINION

Nurses must be digital citizens, users, designers and leaders

By Karen Day and Kate Yeo

November 13, 2025

In this simulated scenario, two digital nursing experts debate with colleagues the opportunities and challenges nurses must take on in the latest digital revolution.



This AI-generated photo was deliberately commissioned to illustrate this article by author Karen Day using Microsoft's Copilot AI service. Copilot was asked to create a photo depicting five nurses seated at an outdoor café table, wearing scrubs and engaged in an animated discussion. The tone was to reflect a serious conversation about nursing informatics, with diverse representation among the group.

My colleague Kate and I invented the following scenario — a conversation between five people round a café table — as a creative way of laying out the issues nurses need to tackle in the latest stage of the digital revolution:

Kate and I came out of an event we attended together and joined a group of nurses and digital health experts for coffee.



Karen Day

I am an academic, a registered nurse (RN), midwife, and a digital health specialist. I teach university-level digital health to clinicians, computer scientists, engineers and business people. Kate is an RN who has worked as a professional lead and now works in clinical informatics (ie information systems).

We were sitting outside a café and the energy in our conversation rose as the topic of digitally competent nurses in New Zealand was raised. There were five of us and we had more than five opinions.

The first opinion was that society has reached a digital tipping point. We must be digitally competent to participate in society, eg do our banking and tax returns, to navigate the internet for information, to book a flight, to use social media and other online tools. Our behaviour online should be ethical, responsible, legal, and safe.[1](#)

As nurses we should have these basic competencies anyway, as digital citizens. Digital competence is no longer an option in society.

Another member of our group raised concern about people being left out of society if they don't have these skills or can't afford the technology. Digital inclusion[2](#) is important to nursing from a social determinants perspective. Our work is about equity and justice. Solutions need to be found to support people at risk of digital exclusion, eg Health New Zealand's "zero data" policy which allows people to access important health websites without incurring data charges on their phone.[3](#)

Then the conversation got serious. One of the digital health specialists said that nurses were digital citizens and users of digital technologies in everyday life, and these technologies were increasingly expanding into the workplace. Digital was no longer an option in the workplace.

But for some people, analogue (non-digital) ways of getting on with life take priority. For nurses, this might be their interpersonal interaction with patients in a hospital ward, and physical examination of patients.

One of the nurses at our table said: If I need help with digital, I'll ask a young person. But this is no longer a useful strategy. We need to integrate digital and analogue ways of working that optimise the impacts of our nursing work.

Another nurse put down his coffee cup, leaned forward and started talking about industrial revolutions. The first was the coal, steam and machine industrial revolution, starting in the late 18th century, which



Kate Yeo

progressed to the second revolution starting in the 1870s which brought in mass production and electrical energy.

We need to integrate digital and analogue ways of working that optimise the impacts of our nursing work.

The third revolution, which introduced automation, computers and electronics, started at the end of the 1960s; while the fourth has been the domain of the internet, computer networks and interactive computer technologies, starting in the 1990s.[4](#)

Another nurse reminded us of an earlier revolution triggered by the Gutenberg printing press in the mid-15th century, which changed the creation, access and dissemination of knowledge and ideas.

The fifth industrial revolution

We are now entering the fifth industrial revolution, which focuses on socio-economic and environmental sustainability, and collaborations between humans and machines, supported by artificial intelligence (AI).[4](#)

For nurses, Industry 4.0 (ie the fourth industrial revolution) brought us computer connectivity (also known as interoperability, where data can be shared among computers and remain useful), analytics, digitisation of nursing data such as clinical notes, vital signs monitoring and early warning systems. And now, in Industry 5.0, AI is taking centre stage.



AI takes centre stage in Industry 5.0, the fifth industrial revolution. Image: Adobe Stock

Yes, said the nurse who had been listening quietly, but we haven't really caught up with this in nursing. As well as being digital users, to take advantage of Industry 5.0 we need to get more involved and become digital designers too.[5](#)

Wearable devices, video and phone calls, implantable devices and high-fidelity internet connectivity give us options for monitoring patients with long-term health issues in ways that have not yet been fully explored. It now becomes a nursing responsibility to design and configure the tools available to us for nursing, regardless of time and place.

Yes, that's an old idea,[6](#) and New Zealand doctors have been involved in design and development for decades, but nurses must step up too. The range of digital technologies in health care lends itself to interdisciplinary design that is flexible and optimises the impact of care, especially for those who most need it.

It becomes a nursing responsibility to design and configure the tools available to us for nursing, regardless of time and place.

The ethics of doing this kind of design work need to be worked through carefully, and nurses are well-positioned for this kind of thinking.[7](#) Ethical issues can arise, for example, where AI algorithms perpetuate bias, or AI tools mishandle patient data, or AI systems make decisions that are not properly understood.

At the café table, the other digital health expert weighed in with her thoughts on how the nursing voice was absent from much of the development of digital information systems, resulting in a lack of focus on nursing.

Nurses have historically been an afterthought in the design, implementation and evaluation of digital health systems.

Now there is an opportunity for nurses to bring their design thinking into software development and make a difference, regardless of their specialisation or preferred nursing environment.

Examples where nursing design input would be valuable include decision support systems, robotic wound care trolleys to support hospital nurses, flexible medication management systems, and patient assessment tools that speed up and deepen our ability to do nursing work.

Well, said the third nurse, in my opinion, we need strong nursing leadership.[8](#) Throughout the world, medical digital health has taken the lead. We need the nurse's input to create excellent interfaces with software so that we can use these tools quickly and without the exhausting cognitive load that comes with software that is not designed for nurse users, workflows, processes and contexts.

The responsibility traditionally held by doctors to represent other clinicians is unfair to both doctors and the nurses and allied healthcare professionals with whom they work. It is time for nurses, doctors and allied health clinicians to work together on design, implementation and evaluation of digital technologies in health care and in nursing.

Feeling empowered

It was time to go. I summarised the conversation so that we all felt empowered to go forth and make a difference in digital nursing.

Nurses have historically been an afterthought in the design, implementation and evaluation of digital health systems. Some nurses have pioneered nursing information systems — Florence Nightingale herself used data to create change and improve outcomes.

Others have taken leadership roles in implementation and evaluation, but our voice is not clearly heard in investment decisions and technology design.

With the rise and democratisation of AI for digital citizens, and the design potential of AI and human-computer collaboration in the workplace, nurses must take and create opportunities to become digital designers and leaders. They can promote interprofessional collaboration in the design of future digital health applications and models of care.

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Kate Yeo, RN, MHSc, is a clinical informatics director for Digital Services at Health New Zealand — Te Whatu Ora.

References

1. Öztürk, G. (2021). [Digital citizenship and its teaching: A literature review](https://files.eric.ed.gov/fulltext/EJ1286737.pdf) (https://files.eric.ed.gov/fulltext/EJ1286737.pdf). *Journal of Educational Technology and Online Learning*, 4(1), 31–45.
2. Sieck, C. J., Sheon, A., Ancker, J. S., Castek, J., Callahan, B., & Siefer, A. (2021). [Digital inclusion as a social determinant of health](https://www.nature.com/articles/s41746-021-00413-8). (https://www.nature.com/articles/s41746-021-00413-8) *NPJ digital medicine*, 4(1), 52.
3. Health New Zealand — Te Whatu Ora. (2025, 28/3/2025). [Zero Data](https://www.tewhatauora.govt.nz/health-services-and-programmes/digital-health/zero-data). (https://www.tewhatauora.govt.nz/health-services-and-programmes/digital-health/zero-data)
4. Akubo, A. A., Odiji, O. L., & Muhammed, M. B. (2025). [Fifth Industrial Revolution and an Overview of its Impact on Human Resources](https://www.researchgate.net/publication/392957317_Fifth_Industrial_Revolution_and_an_Overview_of_its_Impact_on_Human_Resources). (https://www.researchgate.net/publication/392957317_Fifth_Industrial_Revolution_and_an_Overview_of_its_Impact_on_Human_Resources) In *Human Capital Analytics: Exploring the HR Spectrum in Industry 5.0*, 65–80.
5. Hants, L., Bail, K., & Paterson, C. (2023). [Clinical decision-making and the nursing process in digital health systems: an integrated systematic review](https://pubmed.ncbi.nlm.nih.gov/37485751/). (https://pubmed.ncbi.nlm.nih.gov/37485751/) *Journal of Clinical Nursing*, 32(19–20), 7010–7035.
6. Fornazin, M., Penteadó, B. E., de Castro, L. C., & de Castro Silva, S. L. F. (2021). [From Medical Informatics to Digital Health: A Bibliometric Analysis of the Research Field](https://scholar.google.com.ph/citations?view_op=view_citation&hl=fil&user=vXXZhFsAAAAJ&citation_for_view=vXXZhFsAAAAJ:4JMBOYKvNBMC). (https://scholar.google.com.ph/citations?view_op=view_citation&hl=fil&user=vXXZhFsAAAAJ&citation_for_view=vXXZhFsAAAAJ:4JMBOYKvNBMC) *AMCIS*.
7. Whittaker, R., Dobson, R., Jin, C. K., Style, R., Jayathissa, P., Hiini, K., Ross, K., Kawamura, K., Muir, P., & Waitemātā AI Governance Group. (2023). [An example of governance for AI in health services from Aotearoa New Zealand](https://pubmed.ncbi.nlm.nih.gov/37658119/). (https://pubmed.ncbi.nlm.nih.gov/37658119/) *NPJ Digital Medicine*, 6(1), 164.
8. Burgess, J.-M., & Honey, M. (2022). [Nurse leaders enabling nurses to adopt digital health: Results of an integrative literature review](https://doi.org/10.36951/001c.40333). (https://doi.org/10.36951/001c.40333) *Nursing Praxis in Aotearoa New Zealand*, 38(3).



OPINION

A cruel history from which we must learn

By Kerri Nuku (Kaiwhakahaere, NZNO)

November 10, 2025

[Warning: This viewpoint contains distressing content] As a health practitioner, I don't want to believe that nurses were among the professions responsible for the horrific abuse and neglect of children in State and faith-based institutions such as the children of Lake Alice Hospital – a psychiatric institution – for five decades from 1950. But they were.



Image source: The Policy Place

As a mum and grandmother, I'm angry to hear that the people those children should have been able to trust, were betrayed by them. Those professionals, who should have shown compassion instead showed them, for the first time in their short lives, what cruelty was.



Kerri Nuku

As tangata whenua, I want justice because most of the children put into these institutions were Māori.

As the kaiwhakahaere of NZNO, I want us to know that this happened, that we learn from it so we can make our professions as nurses, midwives and kaiāwhina better than those who came before us.

The stories told by the survivors in the [Royal Commission of Inquiry into Abuse Care](#)

(<https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnzno.cmail19.com%2F%2Frl-tktyaiy-nutnllyhk-jt%2F&data=05%7C02%7CRenee.Kiriona%40nzno.org.nz%7C4cbf81d5489f4582b70d08de1cb131da%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C638979744529853735%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIiIAAiOiJXaW4zMilskFOIjoiTWfPbClldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=x24zLcmiMY%2F%2F3R%2FR0ZNPeOuTodLfm44dGKsrdqSnJJA%3D&reserved=0>)

are not made up.

are not made up.

are not made up.

“Nurses were involved in preparing children and adults for ECT (electro convulsive therapy), held down and would often administer the painful injections of paraldehyde on these children, some as young as eight.”

Nurses were involved in preparing children and adults for ECT (electro convulsive therapy), held down and would often administer the painful injections of paraldehyde on these children, some as young as eight. They also turned a blind eye to the children being sexually abused by both nurses and patients – at times held down and gang-raped! They were also used as slave labour. These experiences aren't pulled from 'once upon a time' fairy tale books. They actually happened and we should be ashamed of them.

The scars left behind for the victims were “pervasive, lifelong, and intergenerational, affecting survivors and their families, communities, and society,” the commission wrote in its report.

Overall, successive Governments must take responsibility because it was under the umbrella of state-based institutions that the worst crimes against patients were enabled and perpetrated. At Lake Alice Hospital what was extraordinarily unfair, unjust and downright atrocious went largely unchallenged.

Yes, I've heard the remarks that the nurses were only doing their jobs, as employees of those institutions.

“While most of the public see our profession as trusting, we need to know there's an element of society that don't. And we must correct that.”

But the fact remains. They helped to cause great pain and suffering on the innocent. And there are many survivors who still don't trust nurses today because of that.

While most of the public see our profession as trusting, we need to know there's an element of society that don't. And we must correct that.

One comment during the Royal Commission hearings, from Māori survivor Rexene Landy (Tahawai), that I will never forget, was: **"We knew it was wrong to be Māori. You had made a terrible error and Jesus did not love you."**



The Lake Alice institution where a lot of the abuse happened.

Another comment from the late Dr Moana Jackson, who was a stalwart supporter of Te Rūnanga o Aotearoa NZNO, was: **"Colonisation has always been genocidal, and the assumption of a power to take Māori children has been part of that destructive intent. The taking itself is an abuse."**

Moana reminded us that: "Colonisation is a process not a past event and the terrible abuse of our rangatahi and tamariki in these institutions echo the stolen generations of Australia where the goal is to destroy indigenous communities."

One of the reasons NZNO has been pushing so hard for the Government to invest in training Māori nurses and culturally safe staffing ratios, is because we know this will reduce the systemic racism in the health system. The same sort of racism that saw generations of Māori children suffer in what was supposed to be a care system.

The Abuse That Happened To
US While IN State care Be
Brave And Tell your story It will
Make you a Stronger Person
Let's Do This together To Stop
It From Happening to others
Violence IS Not Abuse in Care
Royal Commission of Inquiry

"The horrors have become
intergenerational. They are now
like a festering wound. Speak up
- speak out - so these atrocities
will not happen in the future"

If I'd been valued imagine who or what I
could of been?

Never Again
He-Tangata He-Tangata
He-Tangata.

"I hope and pray that children
of today are loved and
treated with care."

I am NOT a number, I am a human
being Tihei Mauri Ora

"If good people
are courageous,
we can stop abuse."

Together we can make a difference.

"we are desperate to
create more peace
inside ourselves."

don't let the dark shadows of the past
cloud your future

Listen to the
Children's Voice's

There is always hope for change.

Please
protect
the next
generation
from
abuse + violence

"We Wonder if someone will
genuinely listen and understand."

To feel validated after so long of
being powerless is an important part of the
healing process.

KNOW ME BEFORE YOU JUDGE ME!

I want to acknowledge Nursing Council of New Zealand for their [courageous apology](https://www.nursingcouncil.org.nz/NCNZ/concerns-section/Royal-Commission-of-Inquiry-into-Abuse-in-State-Care.aspx) (<https://www.nursingcouncil.org.nz/NCNZ/concerns-section/Royal-Commission-of-Inquiry-into-Abuse-in-State-Care.aspx>), but the challenge we also face is what specific actions must we take now to ensure that abuse doesn't happen again.

Koia ka puta ki te whaiāo ki te ao Mārama – Emerging into the world of light, into the world of understanding (extract from a waiata written for the survivors).

FEATURES

Flight nurses: Working between heaven, earth and hell

By Renee Kiriona

November 16, 2025

There are fewer than 500 flight nurses in Aotearoa. They work between heaven and earth, and sometimes hell, starting their day in a hangar rather than a hospital ward, ready to fly wherever life is hanging in the balance. Kaitiaki talks with two flight nurses about nursing in the air.



Flight nurse Hamish Hardy

Flight nurses Hamish Hardy and Patrice Rosengrave have work stories others can only make up.

They have switched out their office desks and 360-degree turning chairs for fixed-wing planes and helicopters.

Their daily view is not a photograph of their family pets, but the peaks of the country's highest mountains, and the many veins of water running from them to the sea.



A flight nurse's office.

Their breaks are not taken in a hospital cafe. Sitting in a paddock in the middle of nowhere among hundreds of sheep, eating home-made sandwiches, is a regular thing for them.

Training for flight nurses isn't sitting in a classroom reading papers. Every three years they are required to "drown themselves" as part of the H UWET (helicopter underwater emergency training) course to give them and their patients the best chance of surviving if their plane goes down in water, Rosengrave says.



Aeromedical training flight nurses must undertake includes being turned upside down underwater.

And when the skies wreak havoc, they are always prepared with "an extra pair of clean undies" because when storms hit, or a sudden life and death situation arises, they don't get to go home, Hardy says.

Laughs aside, flight nursing is serious work.

Patrice Rosengrave

Rosengrave began nursing back in the 1990s after gaining a Diploma in Nursing.

"Back when I trained, it's like how it is now – hard to get a job. So, I went overseas for 10 years, working as a nurse in Cairns, the UK and Bermuda – and along the way I got a PhD in zoology, just so I had a backup option.

"I love animals, that's what led me into zoology, but I love people even more so nursing is where I will stay!"



Rosengrave's husband Craig, who works in policy, agrees her work stories are more interesting than his.

Christchurch Hospital's intensive care unit has been her home since returning to Aotearoa in 2000.

"I start my day at the hangar at Christchurch Airport, checking our aeromedical equipment, waiting for jobs to come through. If there aren't any jobs then I'll head over to the ICU at the hospital to see where I can help."

One job the Rangiora born-and-bred mother of two says she will never forget was the eruption at Whakaari Island, near Whakatāne, in 2019 that killed 22 people and left 25 others severely burnt.

"The call went out to flight nurses throughout the country – patients needed to be picked up from Whakatāne Hospital urgently and transported to other hospitals around the country that had more capacity to deal with such serious injuries, so we answered the call.

"The whanaungatanga and manaakitanga we got from hospital staff and the people of Whakatāne was amazing. Its so good landing in a place where people are so relieved and happy to see you.

"We brought back two of the patients to Christchurch Hospital – one survived the journey but sadly the other did not. Their injuries were horrific!"

Hamish Hardy

Hardy has been nursing for almost 13 years and just last week he tallied up 2600 flights.



Hardy preparing a patient for transportation.

The Stratford born-and-bred RN is employed at Taranaki Base Hospital where his mum Robyn and wife Jacqui also work as nurses.

"Mum raised me by herself, and it's because of her why I fell in love with nursing and my beautiful wife who I share two daughters with," Hardy says.

Hardy does not have one particular flight that has left a permanent mark on him.

"In this line of work, you have to remember the positives – the good outcomes where patients have survived and are living healthier and happier lives today.

"One patient I will never forget was a man who was on the brink of death. He needed a liver transplant. A storm hit while we were transporting him to Auckland, so we had to do an emergency landing. We almost lost him. Then the sky cleared long enough for us to get him to the theatre.

"He's one of my best friends today."

Hardy said the air ambulance service he worked in owed a lot of thanks to two nurses who 20 years ago, turned it from an ad hoc service that was not getting proper investment to one of the best air ambulance services in the country.

"Sue Deakin and Carolyn Jackson are Taranaki's OGs [original flight nurses]. They are legends here for making this service more professional. And they are still flying today. I have so much respect for them."

Turbulence: Flight nurses' worst enemy

"Most of the time, our pilots are amazing and can predict when we're going to get turbulence, but sometimes they can't predict," Rosengrave says.



Rosengrave: *"The sky is the boss up here."*

"If you're not careful, you can get knocked out. So strapping yourself and the patients down is critical. Sometimes though, you need to unstrap yourself and that's where you have to be careful."

While not an enemy, the "physiological effects of altitude" was also a matter nurses in the air needed to be mindful of.

"There are a few differences between flying in a fixed-wing aircraft and a helicopter, which are unpressurised aircraft so this does change the type of care you can give your patients."

The ABC of flight nursing

Rosengrave is also the secretary for NZNO's college of air and surface transport nurses committee, which offers specialist training, national forums and a strong voice in healthcare policy to ensure transport nurses are equipped, connected and recognised for their vital contributions in this specialised field.

"Flight nurses need to have a lot of ICU experience under their belt. They need to be able to think outside the square and be reasonably fit. They also need to have not just good communication skills, but excellent communication skills as they need to deal with patients, pilots and others all at the same time in spaces where resources are limited.

"In this line of work, you very much are working between heaven, earth and hell. But there's no other job I would love to do."



Kaitiaki

NURSING
NEW ZEALAND

COLLEGES & SECTIONS

Skilled nurses crucial for cancer patient outcomes, says new college leader

By Heather Bustin

November 10, 2025

Nurses are hugely influential on cancer patient outcomes — but need time to expand their skills, says new chair of NZNO's cancer nurses college (CNC) Heather Bustin.



Celia Ryan, Laura Ledger, Jani Witchall, Edith Paulsen, Shelley Shea, Heather Bustin, Becky Upston and Anne Brinkman.



I realised pretty early on in my own career the vital role nurses can play in bringing clinical care and compassion together — and the huge difference this can make to cancer patients' outcomes.

Nurses play a vital role in every aspect of a patient's cancer journey, from providing complex clinical care and managing treatment-related toxicities to giving emotional support and education for patients and whānau. We are also

advocates and coordinators, ensuring that care is holistic and tailored to each patient's needs.

Through these daily interactions, I have witnessed how nurses can make a profound difference in improving patients' quality of life, promoting dignity and fostering hope in even the most challenging circumstances.

Nurses bring a different lens to doctors. We just have another perspective and are able to spend more time with patients which can make a real difference to their journey.

So upskilling nurses is vitally important to the safety and wellbeing of patients — especially now more cancer treatments are available, all with their own side effects which can vary in severity.

Sadly, [fewer and fewer cancer nurses say they can find the time](#) to take up professional development opportunities amid widespread short-staffing and time pressures.

Our recent member survey found nearly half — 49 per cent — said short-staffing and lack of time stopped them doing professional development. Similar numbers — 51 per cent — reported funding was also a barrier.

So we are committed to doing everything we can to support cancer nursing education for our members.

I have witnessed how nurses can make a profound difference in improving patients' quality of life, promoting dignity and fostering hope in even the most challenging circumstances.

Surveyed nurses told us study days (80 per cent) and conferences (74 per cent) were the most popular way to learn, followed by online study (55 per cent) and face-to-face (49 per cent).

We have now launched a [YouTube channel](https://www.youtube.com/@CancerNursesCollege) (<https://www.youtube.com/@CancerNursesCollege>) to ensure all members can access educational material at a time and place that suits them.

We are also proud to support our members doing postgraduate study to access professional education. Recently, 15 members took up our offer of funding support to attend the New Zealand Society for Oncology-Te Pūao Mātai Pukupuku (NZSO)'s three-day conference in Ōtepoti/Dunedin last month.



College of cancer nurse members at the New Zealand Society of Oncology conference. Photo by Joe Allison / Allison Images.

The conference was run in association with our college, and brought together clinicians, researchers, scientists and community representatives came together to share cutting-edge research, explore new models of care and reflect on the collective vision for improving outcomes for people affected by cancer in Aotearoa.

It was also a vivid reminder of the vital role nurses play in bridging research, clinical practice and compassionate care. One speaker, University of Sydney professor of cancer nursing Kate White, embodies this beautifully.

One of our members, Christchurch nurse Tessa Newman, was the lucky winner of a draw for a full conference package including accommodation. She said the experience was "exceptional", especially hearing Professor White's passion for patient advocacy.

"Her passion for nursing and patient advocacy was palpable, especially as she addressed taboo topics like intimacy and sex during the cancer journey. Her confidence and sensitivity made the discussion feel both real and respectful. Her insights into end-of-life care were equally powerful, challenging us to rethink how we approach nursing in those moments."

My own cancer nursing journey



Heather Bustin

Originally from Scotland, I came to New Zealand when I was 19. I found a passion for cancer nursing working on an oncology ward as a student nurse transitioning to practice. Returning to the ward as a new graduate, I started to understand how important and influential nurses are in contributing to the best outcomes for cancer patients. After a few years I became a clinical nurse specialist

College mahi

One of our most significant achievements this year was the release of the [safe handling of monoclonal antibodies position statement](https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Cancer%20Nurses/Presentations/2025-10-13%20Updated%20monoclonal%20antibody%20FINAL.pdf?ver=odR2Hpk5Ea4dYElzjcyvtw%3d%3d) (<https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Cancer%20Nurses/Presentations/2025-10-13%20Updated%20monoclonal%20antibody%20FINAL.pdf?ver=odR2Hpk5Ea4dYElzjcyvtw%3d%3d>), an evidence-informed guide promoting safe and consistent practice with these cancer drugs across the sector.

We are also very keen to ensure the college perspective is included in all national guidelines relating to cancer care. Current guidelines being updated include the safe administration of systemic anti-cancer therapies (SACT — which include treatments like chemotherapy and immunotherapy) in the community and cancer nursing education.

We would also like to acknowledge the recent improvement in national cancer health targets. While such measures do not always fully reflect the complexity of the current system, we do wish to recognise the outstanding mahi of all our oncology colleagues who continue to deliver high-quality compassionate care across the cancer continuum in an increasingly constrained and under-resourced environment.

Despite [expanded breast screening](https://www.rnz.co.nz/news/political/575968/free-breast-screening-opens-up-for-thousands-more-women) (<https://www.rnz.co.nz/news/political/575968/free-breast-screening-opens-up-for-thousands-more-women>) to include 70 to 74-year-olds and [widened access to funded cancer medicines](https://teaho.govt.nz/index.php/our-work/te-aho-o-te-kahu-medicines-implementation) (<https://teaho.govt.nz/index.php/our-work/te-aho-o-te-kahu-medicines-implementation>), we know there is still a lot of work to be done to ensure equity, access and best care for all people affected by cancer.

We are delighted to welcome two new committee members, [Liv Collier](https://www.nzno.org.nz/groups/colleges_sections/colleges/cancer_nurses_college/contact_us) (https://www.nzno.org.nz/groups/colleges_sections/colleges/cancer_nurses_college/contact_us) from Tauranga, and [Natasha Chisholm](https://www.nzno.org.nz/groups/colleges_sections/colleges/cancer_nurses_college/contact_us) (https://www.nzno.org.nz/groups/colleges_sections/colleges/cancer_nurses_college/contact_us) from Christchurch. Both bring valuable experience, insight, and passion for cancer care, sharing a vision that aligns strongly with the committee's goals and direction.

But we are sad to farewell long-time chair [Shelley Shea](#), whose leadership, advocacy and steady guidance have brought strength and stability to the committee. Ngā mihi nui, Shelley, your hard work has been greatly valued.

Most importantly, the committee remains dedicated to representing members, and we warmly welcome feedback, ideas, or suggestions at any time. Contact us on cancernursesnz@gmail.com or via our new [LinkedIn](https://www.linkedin.com/in/cancer-nurses-college-new-zealand-859009381/?originalSubdomain=nz) (<https://www.linkedin.com/in/cancer-nurses-college-new-zealand-859009381/?originalSubdomain=nz>) page or [Facebook](https://www.facebook.com/groups/209004246188161?_rdr) (https://www.facebook.com/groups/209004246188161?_rdr).

See also: [Short-staffing and lack of time stops half of cancer nurses upskilling](#).

(CNS), and also I started working as a nursing lecturer while completing my Masters degree.

Today, I am still juggling my CNS role with an education role, and approaching my final year of a doctorate in health science with my research focus on assisted dying in Aotearoa.

As college chair I want to work closely with members to understand their needs and expectations of the committee, expand our educational resources and ensure the ongoing stability of our highly skilled committee of cancer nurses!





Kaitiaki

NURSING
NEW ZEALAND

LETTERS

NZNO research and news journals now online and open to all – bringing unique NZ focus

By Kaitiaki coeditors

November 25, 2025

Nurses, health professionals and others interested in the latest nursing research can now access the Kaitiaki Nursing Research journal free and online.



Kaitiaki Nursing Research editor Patricia McClunie-Trust said the journal not only aimed to publish research relevant to New Zealand's unique context, but also to support and foster local nurse researchers.

Its first online edition leads off with two articles carrying health equity at their heart; the experiences and teaching philosophies of two Māori male nurse educators at Waikato University, and a survey of third-year nursing students on

Kaitiaki Nursing New Zealand also launching open access

Kaitiaki — Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO's online general nursing magazine — is also becoming fully open access from today, with no more need for members and wider health

their knowledge and impressions of rongoā, the traditional Māori healing system.

These, along with the entire 2024 and 2025 editions of *Kaitiaki Nursing Research*, can be accessed directly [here](#), or via the [Kaitiaki Nursing New Zealand](#) website, .

NZNO has published the research journal in an annual print-only edition since 2010.

McClunie-Trust, a nursing educator at Waikato Institute of Technology, said the timing was right for *Kaitiaki Nursing Research* to go online and fully open for its readers.

“Most people now search for published research on databases or open-source platforms, and accessibility is key to keeping nurse readers informed about important professional issues,” she said.

“Research in a digital age is not only about accessibility of published work, but also about researchers from around the world being able to work collaboratively on projects.”

The research journal website will be updated with new articles year round.

stakeholders to register for full content. This followed feedback that members found registering a barrier.



Patricia McClunie-Trust

