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Kaitiaki NURSING NEW ZEALAND

NEWS

“Don’t be sucked in by vape-bearing Santa” – nurse’s warning to youth

By Renee Kiriona

December 22, 2025

A leading respiratory nurse is “appalled” but not surprised by the latest marketing tactics of vaping retailers to “fool youth” in the lead up to Christmas and the New Year.

Source: Adobe Stock.

NZNO’s College of Respiratory Nurses (CRN) chair Jacqueline Westenra says comparing cigarettes to vaping deliberately misleads youth into believing that vaping was “cool” and less harmful.

Some of the marketing tactics to increase business sales in the lead up to Christmas bordered on the unethical. This included free delivery for orders placed before December 24, automatic entry into prize draws upon a vape purchase, and some stores were even offering free fancy Christmas wrapping.

Westenra says the marketing is appalling and clearly aimed at young people who did not even smoke cigarettes.

"I'm speechless and breathless. But this is businesses for them [vaping companies]. This is them putting profit before people," Westenra says.

Jacqueline Westenra (pictured in the brown shirt) with other members of the College of Respiratory Nurses.

"If there's one thing I could say to a young person about to walk into a vape shop for the first time over the festive season, it would be: 'Don't get sucked in. Don't be fooled. Ignore that Santa bearing a vape because it isn't a gift."

Just some of the marketing tactics to increase business sales in the lead up to Christmas included free delivery for orders placed before December 24, automatic entry into prize draws upon a vape purchase, and some stores were even offering free fancy Christmas wrapping.

Westenra says that youth were purposely being led to believe that vaping was less harmful.

HYPE NZ, which owns numerous stores across Auckland, vapping in on the Christmas theme in their latest marketing theme.

"If there's one thing I could say to a young person about to walk into a vape shop for the first time over the festive season, it would be: 'Don't get sucked in. Ignore that Santa bearing a vape because it isn't a gift'."

Shosha, which operates over 125 vape stores throughout the country, has brought Santa into their marketing.

"Even without the vaping, the number of Māori children suffering from respiratory issues is high."

The College of Respiratory Nurse endorse the Asthma and Respiratory Foundation's *Train the Trainer* programme where community leaders, educators and health professionals are equipped with skills and resources to engage youth in learning about the impact of vaping.

"It's still an addiction. Vaping is not completely safe and has been proven to cause lung inflammation and chronic obstructive pulmonary disease [COPD].

"The long-term effects on lung and overall health, are unknown because we don't have the longitude studies. But youth who are not smokers should not start vaping. There's really no help out there for vapers wanting to quit."

The primary health nurse, who works with asthma patients and COPD patients daily, says Māori leaders had every right to be concerned about the high number of rangatahi becoming addicted to vaping.

Māori leaders weigh in

The Āti Awa Toa Hauora Partnership Board manahautū, Hikitia Ropata, says its latest Whānau Voice (https://atiawatoaimpb.nz/) report showed families across the region were deeply concerned about the impact vaping was having on young people.

"Our rangatahi [youth] are not quitting smoking and switching to vaping – most are starting out as vapers and have never smoked. Vapes are cheaper than cigarettes."

Hikitia Ropata.

Recent data shows that the highest vaping rates in Aotearoa are now among 14-year-old Māori girls.

“This is not harm reduction. This is government support for addiction.”

Ms Ropata says the Whaitua (https://reports.hqsc.govt.nz/whaitua/) geo-mapping tool shows that vaping products are heavily concentrated in lower-income communities, with vape shops found close to kura and schools, making nicotine addiction highly visible and accessible to young people.

“Normalising vaping in our communities means siding with tobacco companies over our most vulnerable whānau, our tamariki and rangatahi.”

Extracted from Te Āti Awa Toa Hauora Partnership Board Whānau Voice report.

The board is calling on the Government to work in partnership with providers, not against them.

“Māori health providers must be trusted to exercise kaupapa-based judgement informed by whānau voices.”

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NEWS

U-turn on enrolled nurses after meeting with minister

Kaitiaki EXCLUSIVE

By Mary Longmore

December 19, 2025

NZNO's enrolled nurses are heading into Christmas jubilant, after being restored to the voluntary bonding scheme, following a high-level meeting with Minister of Health Simeon Brown.

NZNO enrolled nurses section (ENS) committee, left to right: Gillian Rahui, Melissa Peterson, Angela Ritchie, Debbie Handisides, Glenda Jensen-Schmidt, professional nursing advisor Suzanne Rolls, chair Michelle Prattley, Gwen Ahuriri, and Tina Giles.

Brown also instructed Te Whatu Ora–Health New Zealand to make better use of enrolled nurses (ENs) and their enhanced scope of practice around the country, after the hui he described as "constructive".

ENs were last month unceremoniously dumped from the bonding scheme — which offers financial incentives for new health professionals to stay and work in high-need regions/specialties — without any warning or communication.

Enrolled nurse section (ENS) chair Michelle Prattley said they had no idea why they had been left out and only became aware when they saw it on the Te Whatu Ora–Health New Zealand website (https://www.tewhatuora.govt.nz/for-health-professionals/voluntary-bonding-scheme/the-voluntary-bonding-scheme-2025-intake-information) last month.

> **'I expect Health New Zealand to make full use of ENs' skills and capabilities across the country.'**

However, the move has now been reversed, following a December 4 meeting between NZNO enrolled nurse leaders and Brown.

Brown told *Kaitiaki* after hearing about the challenges faced by ENs, he "made it clear to Health New Zealand that ENs should be included in the voluntary bonding scheme, reflecting the important role they play in patient care.

"More broadly, I expect Health New Zealand to make full use of ENs' skills and capabilities across the country, and I have asked for advice on how this can be strengthened, including through workforce planning."

'Should never have happened'

Prattley welcomed the news, saying it "made my day" — but removing ENs should never have happened.

"Excluding ENs from the scheme sent the wrong signal at a time when workforce remains acute in all areas where ENs can play a critical role," she told *Kaitiaki.*

ENs had been part of the scheme since 2009 and restoring them "recognises the vital contribution ENs make to the health system and to patient care across Aotearoa".

Fully using the skills of ENs — now free from working under the direction of registered nurses — would also be welcome, as it had been a problem.

NZNO's enrolled nurse section committee members after a meeting with Minister of Health Simeon Brown this month, from left to right: Debbie Handisides, Michelle Prattley (chair), professional nursing advisor Suzanne Rolls and Selena Morritt.

"EN's are a highly skilled and essential part of the nursing workforce and better use of their capabilities has the potential to improve workforce sustainability, and team-based care across all health settings," Prattley said.

But to be successful, implementation would depend on clear role definitions and frameworks, good supervision and investment in education.

"ENs must be enabled – not just instructed – to practise to their full potential."

Prattley said the ENS would be watching closely to see the changes — and would like to see a more collaborative approach from Te Whatu Ora in future.

"We look forward to seeing Te Whatu Ora act swiftly on this direction and to continue collaboration to ensure policies genuinely support the nurses our health system depends on."

Te Whatu Ora executive national director people & culture and health & safety Robyn Shearer confirmed it was "investigating how 2024 and 2025 graduate enrolled nurses could be supported through the voluntary bonding scheme 2026".

Brown said he greatly valued the contribution of ENs and their "fundamental role they play in delivering timely, quality health care for their patients".

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NEWS

Measles, the Health Minister and the mystery of the Māori nominations

Kaitiaki EXCLUSIVE

By Joel Maxwell

December 18, 2025

They made a high-powered health group with no Māori voice, then made up for it with a Māori group that they might not even listen to.

Health Minister Simeon Brown, pictured with NZNO kaiwhakahaere at NZNO's AGM earlier this year, pointed to an "enhanced role" for his hauora Māori committee in offering him advice. Photo: Samesh Mohanlall.

A *Kaitiaki* investigation has revealed the uncertain status of Māori advisors to Health Minister Simeon Brown, just as their guidance is sorely needed.

In November, Brown announced a new group tasked with shaping the future of primary health — but no Māori or nurses were included.

Facing pressure over the lack of Māori voices, Brown told *Kaitiaki* he'd be "enhancing" the role of his hauora Māori advisory committee — offering independent advice to boost Māori health.

However it appears its potential suggestions for the new group, invited by the Minister, never made the cut.

NZNO kaiwhakahaere Kerri Nuku wanted to know how the Health Minister appointed his new group. (File photo)

Even the Ministry itself is uncertain if the hauora Māori committee had any influence on the appointments.

In November, Brown announced the members of the primary care advisory group (PCAG), without any nurses or Māori, to offer their specialist advice on the future of primary care.

NZNO kaiwhakahaere Kerri Nuku said it was a slap in the face for nurses — the backbone of primary health care in Aotearoa. The lack of Māori voice would "perpetuate a broken system" by failing to address health inequities, she said.

Nuku said the Minister should tell the public what criteria he used to select the group.

Kaitiaki asked Brown a series of questions on the appointments — including whether he was concerned about the absence of Māori given low Māori vaccination rates and the measles outbreak.

The child vaccination health target was stagnant for Māori children in the latest Q1 figures released on Tuesday. Photo: AdobeStock

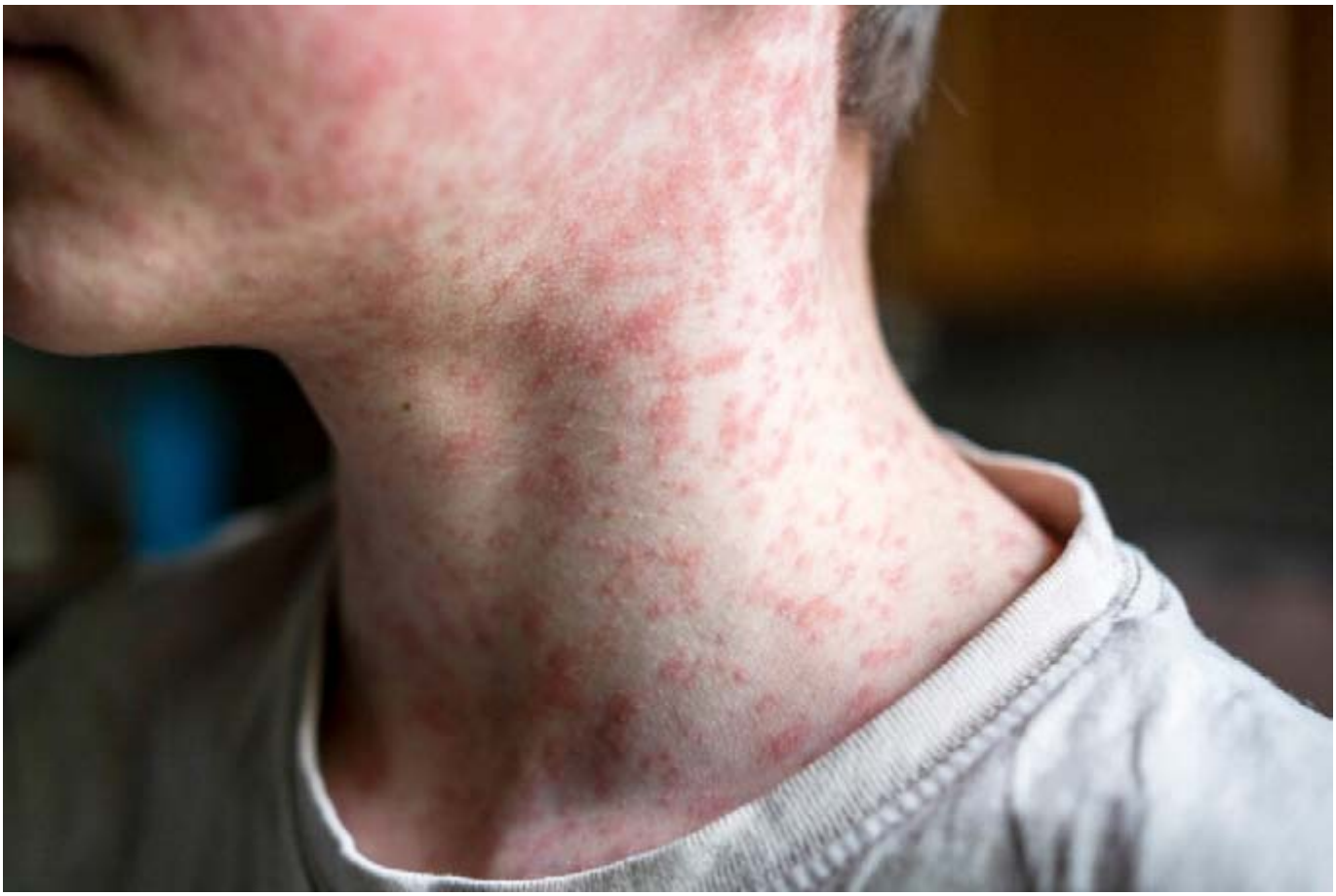
They would be "enhancing the role" of the hauora Māori committee instead as reassurance he would get advice on Māori health priorities. This covered issues like childhood immunisation where "Māori outcomes need improvement", Brown said.

Kaitiaki then asked if he'd sought the committee's advice on PCAG.

"I can confirm that I invited the hauora Māori advisory committee to put forward nominations for the new group."

Had he received any nominations, and did he appoint any? After multiple requests for this information, *Kaitiaki* was referred to the Ministry for further information.

From here the mystery only deepened — a spokesperson saying the Ministry merely alerted the committee so it could to share the opportunity in its networks.



The measles outbreak has been dragging on since late September — it's full impact on child vaccinations rates might not be seen till Q2 health target figures are released. Photo: AdobeStock

The Ministry didn't even know if this led to any applications. The spokesperson did not say if any nominations were made, or accepted.

Pressure, meanwhile, has only grown on primary health workers.

This month NZNO released a survey of 720 primary health members: about 80 per cent had thought about leaving the sector in the last six months.

The measles outbreak continued to drag into its third month with another case announced on Monday, taking the case total to 31.

> **"I can confirm that I invited the hauora Māori advisory committee to put forward nominations for the new group."**

Then on Tuesday, the latest Government health target figures arrived, revealing a stagnant Māori child vaccination rate — dropping from the previous quarter's 68.4 to 68.3 per cent.

The overall rate managed a feeble quarter-on-quarter increase from 82 per cent to 82.6 per cent — falling behind a hoped-for milestone of 87 per cent.

What's it really like out there?

In 2019, Samoa's vaccination rate plunged from 84 percent to 31 percent on the back of surging misinformation after two babies died from a vaccination mishap (not caused by the vaccine).

When measles arrived that same year it killed 83 people and caused 5700 cases.

Primary health nurse Marianne Harris.

Primary health nurse, and NZNO Auckland regional council chair, Marianne Harris said Pasifika people knew how important vaccination was — now making the informed choice to get vaccinated.

Overall this still wasn't happening for Māori. "And that comes down to Covid and that information that was shared at that time about the vaccines: And just not trusting the systems, and not trusting us, as healthcare."

Even before this post-Covid slump, an independent health report (https://www.health.govt.nz/system/files/2020-09/health-report-measles-review-2020.pdf) into New Zealand's previous measles outbreak in 2019 identified "significant inequities" in immunisation coverage and outcomes for Māori.

Harris said nurses were very good at communicating — but some people were "absolutely anti-vax". "And let's be honest — at the coal face we have very stressed, overworked practice nurses who are doing this for the love of whānau."

Practice support nurse Shinal Shiwani Lal said most GP clinics had only a single nurse with huge workloads. "In this situation having to give extra vaccinations . . . that also adds on as well. It's affecting the nurses trying to provide support in this measles outbreak."

Practice support nurse Shinal Shiwani Lal.

Ironically, it might be measles itself boosting Māori vaccination acceptance (not captured in the latest health target results only covering to September).

"Last week when I was at a clinic vaccinating I had a lot of Māori patients — Māori mothers — who were quite concerned about their babies getting [access to] MMR vaccine," Shiwani Lal said.

When told about the PCAG selection decision, Harris laughed aloud. "Can you put my name forward? Tell them to contact me."

There should definitely be nurse representation on the advisory board — and especially Māori representation, she said. "That's so important."

Back to the Minister

With the Ministry not sure whether any of the hauora committee's contacts applied, and it still unclear whether nominations were made, rejected or accepted, *Kaitiaki* went back to the Minister.

Could he confirm he'd actually invited nominations? A spokesperson from his office confirmed he'd sent a letter making the invitation.

So, *Kaitiaki* asked again, did he know if any nominations were made, or accepted? At the time of publication, no response had been received.

Marianne Harris addresses the Auckland Day of Action in September about pay equity.

The eight-member hauora committee itself is packed with expertise — including Tā Mark Solomon, Margareth Broodkoorn, Dr Matire Harwood and Tereki Stewart.

A message to nurses

Meanwhile, before her interview ended, Marianne Harris asked to share a message to all of the practice nurses across the country.

"They go above and beyond what they get paid. What they get paid is just literally to pay the bills and to live, to afford a home: there's no extras in this to go on holiday or anything like that.

"They're doing it because they love their jobs, they love their whānau. Being a practice nurse you are supporting generations of whānau. You know those people and that's why you do it.

"I just want to put out a big thank you to everybody doing it."

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NEWS

Work to eliminate cervical cancer continues despite obstacles, says nurse after 20 year anniversary

By Mary Longmore

December 17, 2025

Eliminating cervical cancer in Aotearoa remains the end goal for nurse and emerging researcher Nadine Riwai.

Women's health advocates celebrate 20 years of leadership by Te Tātai Hauora o Hine at Government House in October. Left to right: Cindy Dargaville (Hei Āhuru Mōwai), Bev Lawton (Te Tātai Hauora o Hine), Emma Shields (Cancer Society), Nadine Riwai (Smear your Mea) and Moahuia Goza (Hei Āhuru Mōwai).

Riwai (Ngāti Porou, Te Aitanga a Māhaki, Te Uri o Hau, Ngāi Takoto, Inia), a NZNO's women's health college committee member, joined professor, Bev Lawton (Ngāti Porou) and other advocates at a 20-year celebration of leadership in women's health and equity at Wellington's Government House recently.

The event recognised Te Tātai Hauora o Hine – National Centre for Women's Health Research Aotearoa, founded and directed by Lawton, (New Zealander of the Year 2025) for its work.

Riwai said it was an honour to have been invited and spend time with others working in the space.

"We're all there for the same purpose and we all get it," she told *Kaitiaki*.

"In other spaces you feel like you're banging your head against a brick wall because you're having to explain equity and remove equity from kōrero because the ministers have said 'it's for everyone' . . . but if you get it right for Māori you get it right for everyone."

> **'I'd like to think we could eliminate cervical cancer. We just need to have the backbone supported – what's happening on the ground.'**

Eliminating cervical cancer remained the goal — despite the stripping away of equity-based health care by the current Government, she said.

"I'd like to think we could eliminate cervical cancer. We just need to have the backbone supported — what's happening on the ground."

Māori have a 20 per cent higher cancer rate and are twice as likely to die than non-Māori, according to Māori cancer specialist and research network Hei Āhuru Mōwai (https://www.heiahurumowai.org.nz/). Māori women are more than twice as likely to be diagnosed with cervical cancer and 2.5 times as likely to die from it as non-Māori, according to the National Centre for Women's Health Research Aotearoa (https://www.wgtn.ac.nz/fehps/centres/ncwhra/eliminating-cervical-cancer).

"If we look at whānau and the lived experiences, we look at the access to health systems – they haven't changed. We haven't changed the hours, cost factors, community broadening of service availability. There's still those obstacles. When we look at equity, it's got to come from a whānau voice," Riwai said.

"We're never going to lose focus and we're going to continue to be unapologetic and to call things out and to raise that voice and ensure whānau voice is at the centre of everything."

'Support the kaupapa' – NZNO

Women's health college chair Jill Lamb said Riwai's mahi with whānau-driven charity Smear Your Mea and cervical screening reflected the kaupapa of advancing equitable care for wāhine and whānau across Aotearoa.

The 20-year anniversary event also highlighted the wider work championed by Lawton in cervical screening, HPV self-testing, maternal and perinatal health and women's wellbeing, Lamb said.

The college was committed to supporting this vital mahi and the shared goal of eliminating cervical cancer in Aotearoa.

Riwai has previously spoken to *Kaitiaki* about the influence of Smear Your Mea founder Talei Morrison, who died in 2018 at 42 from cervical cancer.

A charge nurse manager at Waikato Hospital's Māori health directorate, Riwai leads the Hauora iHub, a culturally-safe service providing free cervical screening, care coordination, navigation and advocacy. She also works with the hospital's planned care services to address barriers to outpatient clinic attendance, does mobile community cervical-screening and is a trustee of the Smear Your Mea charitable trust — all in support of cervical cancer elimination alongside the roopu led by Lawton.

Riwai is working towards her PhD at the University of Auckland, as a recipient of a Cancer Society/Hei Āhuru Mōwai Māori cancer research scholarship. Her doctoral research focuses on strengthening national cancer screening programmes for Māori through culturally-safe, accessible and whānau-centred services.

A global cervical cancer elimination initiative (https://www.who.int/initiatives/cervical-cancer-elimination-initiative) was launched by the World Health Organization in 2018.

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NEWS

Mums and grand mums ‘working for free’ to face another tough Christmas

By Renee Kiriona

December 11, 2025

There are unlikely to be many presents under the Christmas trees of hundreds of thousands of women throughout Aotearoa this year because they are “working for free” right now, according to the Council of Trade Unions.

The council has just released its 2025 *Work for Free* campaign calendar which highlights the mean wage gap between women and Pākehā men to give a picture of inequality.

“The calendar shines a harsh light on pay inequity for women and marginalised communities across Aotearoa. Each year, these dates symbolise when women and many ethnic groups effectively stop being paid compared to Pākehā men, reflecting how pay gaps strip weeks of income from families nationwide,” said NZCTU secretary Melissa Ansell-Bridges.

The 2025 Working for Free calendar.

Among the women affected are thousands of kaiāwhina (care and support workers) and nurses working in aged care, primary health and private hospitals.

A Pākehā woman’s experience

Natasha Greig has been working as a kaiāwhina in aged care for three decades in the Hawke’s Bay. She is a single mother of two boys aged 13 and 16.

Natasha Greig and her two sons.

“Every Christmas is getting tougher and tougher because the cost of living is going up but our wages aren’t.

“I dream of taking my kids to the Gold Coast, but all we can really afford is a day trip to Taupō,” Greig said.

“What I can give my kids this Christmas is time – quality time as it is will be the first in many Christmases that I have chosen not to work through.

“I am finding that even when I do extra hours, over the festive season, it still doesn’t pay me enough to make a real difference for my kids.”

A Māori grandmother’s experience

Tiaho Whakamarurangi has been caring for the elderly for more than three decades, currently working at a facility in Porirua. Whakamarurangi has nine grandchildren.

Tiaho Whakamarurangi.

“My dream was to start building on our whenua by our awa – the Waikato River. Nothing flash, just basic. But that’s not going to happen now.

“That’s something I would have liked to leave under the Christmas tree for my mokopuna,” she said.

Like thousands of other women workers, her pay equity claim was cancelled by the Government in May this year. If it had been honoured, she believes she would have had enough to make her “dream come true quicker.”

A Pacific son’s experience

While women make up the vast majority of workers affected by pay inequity, Pacific men are high up on the income injustice ladder too.

Sapini Unoi with his mum.

Samoan caregiver Sapini Unoi is one of them.

“None of us do this work for the money but it would be nice to get a bit more pay, to be valued more more.”

Among the people Unoi cares for is his mother who has dementia.

“I think I am still in this work because I get the privilege of caring for mum.

“There are many caregivers worse off than me, I am very fortunate that I come from a large Pacific family, who ensure no one in our village misses out, but I am still feeling it – the cost-of-living crisis.”

‘Structural misogyny’ to blame, says nursing leader

NZNO kaiwhakahaere Kerri Nuku blamed “structural misogyny” as the cause of so many women being undervalued.

“This is not just a wage issue. Pay equity is a justice issue. It is about dismantling the structures—colonial and patriarchal—that have normalised the devaluation of women’s work.

“When women’s labour is underpaid or unpaid, it signals whose contributions society respects and whose it chooses to overlook. The impact is felt in bank accounts and in wairua—in confidence, dignity, and the ability to plan for the future,” Nuku said.

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NEWS

'Disheartening' – just 34 of 218 enrolled nurse graduates get jobs

By Mary Longmore

December 12, 2025

Just 34 of 218 enrolled nurse (EN) graduates — 15 per cent — who applied to Te Whatu Ora landed a job this year, new figures reveal, prompting fears ENs have been "forgotten".

Taranaki enrolled nurse graduates, left to right, Suz Cowley, Xanthe Uncles and Quba Robbie are still waiting to hear if they have jobs at Te Whatu Ora.

"It's disheartening. It's really really sad," Taranaki EN graduate Suz Cowley told *Kaitiaki,* as NZNO student leaders called for an urgent employment plan.

NZNO's enrolled nurse section met Minister of Health Simeon Brown this month to raise concerns about graduate employment, EN workforce, scope of practice and ENs being fully utilised across sectors, chair Michelle Prattley said.

Cowley said none of her 16-strong cohort at Western Institute of Technology had so far got ENSIPP (EN-supported-into-practice) roles through Te Whatu Ora's job-matching service ACE (advanced choice of employment). This was despite being "fresh and ready to go".

Nearly 1150 grads waiting in talent pool

Nearly 900 registered nurse (RN) graduates — 873 — who failed to get a job match are now languishing in Te Whatu Ora's national talent pool.

With another 271 enrolled nurse graduates in the pool also, it takes to 1144 the total backlog of nurses — both ENs and RNs — still in the work-seeking pool

They are a mix of current and earlier graduates — and reflect a growing backlog at more than

'We did the hard mahi and we want to go out there and make a difference.'

"We did the hard mahi and we want to go out there and make a difference, but we feel quite limited on the availability of roles," said Cowley, who has found a part-time job but is still seeking further work.

Erolled nurse graduate Suz Cowley is still waiting to hear if she has a job at Te Whatu Ora.

An EN nursing leader who works at Te Whatu Ora and spoke to *Kaitiaki* on condition of anonymity said ENs were "an important but forgotten workforce" which was often deprioritised.

This was despite a widened scope of practice which meant they no longer had to be supervised by registered nurses (RNs) and strong cultural safety training.

NZNO student co-leader Poihaere Whare — who has an EN background herself — said the figures were "unacceptable" when more nurses were badly needed to safely staff hospitals.

She called for an urgent EN employment plan from Te Whatu Ora.

Support for graduates?

Te Whatu Ora – Health New Zealand national chief nurse Nadine Gray confirmed 218 graduate ENs had applied in 2025, but just 34 had gained roles "so far".

"At Health New Zealand we remain strongly committed to supporting graduates into roles and helping them find the right place to begin their nursing careers."

However, the latest figures show there are now 271 ENs in the talent pool — a rapidly-growing backlog combining the latest intake, mid-year's and last year's, Te Whatu Ora confirmed.

double August's numbers, when 359 grads were still waiting for jobs. That figure came hot on the heels of a "shockingly low" mid-year employment rate of less than 45 per cent for the 700-odd RN grads.

Fewer than half of the latest RN graduate ACE applicants — 800 of 1700 — have so far been matched to Te Whatu Ora jobs, *Kaitiaki* revealed last week. Te Whatu Ora has promised another 600 jobs for RNs within the next six months.

Te Whatu Ora national chief nurse Nadine Gray said Health New Zealand would continue supporting placements in primary and community care, and there were other opportunities with private hospitals, rural providers and aged residential care outside of the ACE matching pool.

"Health New Zealand remains committed to supporting all graduate nurses into employment, and we continue to closely monitor the number of unmatched graduates to ensure they are supported into available opportunities across the system."

Nursing Council figures show there were 2743 nursing graduates in total in 2025 who passed their state final exams — 2404 RNs and 339 ENs.

‘Patient safety and the holistic side of what we were taught was beautiful too.’

Last year, just 15 of 104 end-of-year EN graduates were employed on graduation — a mere 14 per cent. But over the year just over half — 99 — of 186 EN graduates who applied eventually landed Te Whatu Ora jobs, Gray said.

‘In the waka together’

Cowley said ENs brought unique skills to the nursing team and wanted to step up to help the “run-down” RNs they had seen on placements.

NZNO student co-leader / Te Rūnanga Tauira chair Poihaere Whare has called for an urgent action plan for enrolled nurse employment. Photo: Samesh Mohanlall.

“They’re struggling — we’re here. We can be on the same waka together, working together as a team,” she said.

“Patient safety and the holistic side of what we were taught was beautiful too – being empathetic for every person you encounter and the cultural safety aspect of it was really really strong.”

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Kaitiaki NURSING NEW ZEALAND

NEWS

Cash gap revealed – why 80 per cent of these nurses think of escaping

By Joel Maxwell

December 10, 2025

Nurses in grassroots health care have dished on pay rates, workloads and just how many of them have considered leaving the sector.

Primary health nurses have one eye on the door as they face increasing workloads and a pay gap with other nurses.

A new NZNO survey of 720 primary health-care members has taken the pulse of the sector covering pay, job satisfaction and workload.

The results showed that 80 per cent of those nurses had thought about leaving their jobs in the last six months.

Meanwhile 78 per cent said their workload increased in the same period. About 1.5 percent said it had gone down.

The number of primary health nurses who had considered leaving Aotearoa to work elsewhere was approaching half of the workforce — 42 percent.

Read this story in te reo Māori here.

Clues to why nurses were thinking of exiting the sector could be found in their pay — 639 of members sharing their hourly rate.

The gap between median primary care nurse rates and Te Whatu Ora nurses, currently negotiating their pay up, ranged between 8.13 per cent (step 6 nurses) to more than 11 per cent for nurses in leadership roles.

The gap favoured Te Whatu Ora nurses.

NZNO primary health care spokesperson Tracey Morgan.

By the numbers

Primary health (PH) versus Health NZ (HNZ) rates. The survey used the median hourly rate for PH.

- Step 1, PH — $32.78. HNZ $36.32. Difference: **10.8 percent**
- Step 3, PH — $37.71. HNZ $41.48. Difference: **10.00 percent**
- Step 5, PH — $44.27. HNZ $48.35. Difference: **9.22 percent**
- Step 7, PH — $46.96. HNZ $51.17. Difference: **8.97 percent**
- Coordinator/lead nurse/ nurse team lead or similar. PH — $48.97. HNZ $54.66. Difference: **11.63 percent.**

The full table including all steps can be found here (https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6959/preview/true/funding-overhaul-needed-to-keep-nurses-in-primary-care).

'I was one of the 80 percent'

NZNO primary health-care spokesperson Tracey Morgan told *Kaitiaki* she herself was one of those nurses who'd thought about leaving the sector.

"The thing that stops me is that if I was to go that's one less skilled nurse here in Aotearoa, and that's not going to fix the problem for our patients."

The primary health workload had gone up — especially in the likes of rural services and iwi providers, Morgan said.

NZNO supporters gather at Parliament in July to support a multi-union petition against the Government axing of pay equity claims.

"Primary health is in crisis, our funding model's broken, we've got chronic staff shortages. It's not fair for our patients, they're having to wait up to three weeks to get into a GP."

In May, the Coalition Government passed legislation, without consultation, ahead of Budget 2025: axing 33 pay equity claims including NZNO primary health members.

Pay equity would have corrected undervaluing of primary health nurses' work, she said. "Now our wages in primary health are going to be lower for longer."

Health Minister Simeon Brown might have said the Government was pouring money into the sector, but "it doesn't trickle down to the nurses".

> **"Primary health is in crisis, our funding model's broken, we've got chronic staff shortages."**

GPs were having to use extra funding to cover other expenses, she said. "The nurses are burnt out, they're tired."

Practice nurses were their own multidisciplinary team (professionals from different fields), said Morgan. "You're the one that has to go and source all of those people, on top of you nine to five job, on top of your phone calls, on top of the walk-ins."

She said there had to be a commitment across political parties to create a sustainable funding model.

NZNO is part of a multi-union challenge in The High Court in Wellington against the Government's pay equity changes.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION
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NEWS

He āputa ā-pūtea kua huraina – ko te take e hiahia nei te 80 ōrau o ēnei tapuhi kia wehe

By Joel Maxwell

December 10, 2025

Kua whāki atu ngā tapuhi hauora tuatahi mō ō rātou utu ā-hāora — kia tūhura ake pea i te take ka moemoeā te 80 ōrau o rātou mō ā rātou wehe i te rāngai.

Primary health nurses have one eye on the door as they face increasing workloads and a pay gap with other nurses made worse by pay equity changes.

Nurses in grassroots health care have dished on their pay rates — potentially revealing why 80 percent of them dream of leaving the sector.

Kua hihiratia manawa e tētahi tirohanga taunga NZNO hou o ngā tapuhi hauora tuatahi e 720 mō ngā take pūtea, wanea tūranga me te taumaha o te mahi i te rāngai.

A new NZNO survey of 720 primary health care members has taken the pulse of the sector covering pay, job satisfaction and workload.

Nō konā ka whakaatu ko te 80 ōrau o ngā tapuhi e whakaaro ana mō ā rātou wehe i ō rātou tūranga i ngā marama e ono kua hipa.

The results showed that 80 percent of those nurses had thought about leaving their jobs in the last six months.

Heoti, ka kīia e te 78 ōrau i pupuke ake ā rātou mahi i taua wā noki. Kua kīia te 1.5 ōrau i heke iho ā rātou mahi.

Meanwhile 78 percent said their workload increased in the same period. About 1.5 percent said it had gone down.

Ka whakaarohia e te tata ki te haurua o ngā tapuhi hauora tuatahi mō te wehe i te whenua katoa hei mahi — ko te 42 ōrau te rahi.

The number of primary health nurses thinking about leaving Aotearoa to work elsewhere was approaching half of the workforce — 42 percent.

Ka kitea tētahi tuwhiri mō ō rātou hiahia kia wehe i te whenua nō roto i ō rātou utu mahi — kua whākia e te 639 o ngā kaiurupare mō ō rātou utu ā-hāora.

Clues to why nurses were thinking of exiting the sector could be found in their pay — 639 of the respondents sharing their hourly rate.

NZNO primary health care spokesperson Tracey Morgan.

He āputa i waenga i te pāpātanga utu mahi tau waenga o ngā tapuhi hauora tuatahi me ngā tapuhi Te Whatu Ora, e whiriwhiri ana mō ō rātou utu anō, mai i te 8.13 ōrau (tapuhi taumata 6) ki te neke atu i te 11 ōrau mō ngā tapuhi e kaiārahi ana.

The gap between median primary care nurse rates and Te Whatu Ora nurses, currently negotiating their pay up, ranged between 8.13 percent (step 6 nurses) to more than 11 percent for nurses in leadership roles.

Ka nui ake ngā pāpātanga katoa o ngā nēhi Te Whatu Ora.

The gap favoured Te Whatu Ora nurses.

Mā ngā tau/By the numbers

Ka whakatairitea te pāpātanga hauora tuatahi (PH) ki ngā pāpātanga Health NZ (HNZ). Kua whakamahia e te tirohanga taunga te pāpātanga tau waenga ā-hāora mō te PH.

- Taumata 1, PH — $32.78. HNZ $36.32. Rerekētanga: **10.8 ōrau**
- Taumata 3, PH — $37.71. HNZ $41.48. Rerekētanga: **10.00 ōrau**
- Taumata 5, PH — $44.27. HNZ $48.35. Rerekētanga: **9.22 ōrau**
- Taumata 7, PH — $46.96. HNZ $51.17. Rerekētanga: **8.97 ōrau**

- Coordinator/lead nurse/ nurse team lead or similar. PH — $48.97. HNZ $54.66. Rerekētanga: **11.63 ōrau**

Mō te tūtohi katoa e tae rā anō ana ki ngā poutama katoa rapua ki konei (https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6959/preview/true/funding-overhaul-needed-to-keep-nurses-in-primary-care).

The full table including all steps can be found here (https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6959/preview/true/funding-overhaul-needed-to-keep-nurses-in-primary-care).

‘Ko au tētahi o te 80 ōrau”

Hei tā te māngai NZNO hauora tuatahi a Tracey Morgan ki *Kaitiaki*, koia hoki tētahi i whakaaro mō tāna wehe i te rāngai.

NZNO primary health care spokesperson Tracey Morgan told Kaitiaki she herself was one of those nurses who’d thought about leaving the sector.

“Ko te mea e aukati ana i ahau ko te whakaaro ina wehe ahau, koia tērā tētahi pukenga nēhi anō tē mahi i Aotearoa, ā, e kore tērā e whakatika i ō ā mātou tūroro raruraru.”

“The thing that stops me is that if I was to go that’s one less skilled nurse here in Aotearoa, and that’s not going to fix the problem for our patients.”

I pupuke ake te taumaha o te mahi e pīkaungia ana e ngā tapuhi hauora tuatahi — inarā hoki i ngā ratonga taiwhenua me ngā ratonga ā-iwi, hei tāna.

The primary health workload had gone up — especially in the likes of rural services and iwi providers, Morgan said.

NZNO members gather at Parliament in July while a multi-union petition against Coalition Government anti-pay equity legislation.

"Ka mōrearea te rāngai hauora tuatahi, ka whati tā tātou rautaki tahua, kei roto tātou i te kōpaka kaimahi. Kāhore i te tika mō ā mātou tūroro e tātari ana mō ngā wiki e toru kia kite i te tākuta."

"Primary health is in crisis, our funding model's broken, we've got chronic staff shortages. It's not fair for our patients, they're having to wait up to three weeks to get into a GP."

I te Mei i hanga te Kāwanatanga Haumi i te ture hohoro, he kore whiriwhiri, i tata mua i Te Tahua 2025: kia turakina ngā kerēme e 33 mō te utu tautika e tae rā anō ana ki ngā mema hauora tuatahi NZNO.

In May, the Coalition Government passed legislation, without consultation, ahead of Budget 2025: axing 33 pay equity claims including NZNO primary health members.

Kia whakatikaina te kore whakaute ki ā ngā nēhi hauora tuatahi mahi e te utu tautika, ka kī a ia. "Ināianei he hakahaka tonu ō mātou utu ā hāora mō te wā roa ake."

Pay equity would have corrected undervaluing of primary health nurses' work, she said. "Now our wages in primary health are going to be lower for longer."

Ahakoa tā te Minita Hauora a Simeon Brown kī ka riringitia mai te pūtea e te Kāwanatanga ki te rāngai, e kore taua pūtea e "māturu iho ki ngā tapuhi".

Health Minister Simeon Brown might have said the Government was pouring money into the sector, but "it doesn't trickle down to the nurses".

> **"Primary health is in crisis, our funding model's broken, we've got chronic staff shortages."**

E mate ana kia whakapau pūtea ko ngā GP hei kawe i ō rātou utu, hei tāna. "Kua mīere ngā tapuhi, kua pau te hau."

GPs were having to use extra funding to cover other expenses, she said. "The nurses are burnt out, they're tired."

Ko ngā tapuhi whare haumanu ko ō rātou ake tīma pūkenga maha (he rōpū o ngā mātanga nō ngā umanga maha), hei tā Morgan. "Ko koe te tangata ka rapu i ēnei pūkenga, i runga anō i āu mahi o ia te rā, i runga anō hoki i āu kōrero waea, i runga i tāu i atawhai ai i ngā tāngata e uru mai nei."

Practice nurses were their own multidisciplinary team (professionals from different fields), said Morgan. "You're the one that has to go and source all of those people, on top of you nine to five job, on top of your phone calls, on top of the walk-ins."

Ka kīia e ia e matea ana te manawanui a ngā rōpū tōrangapū katoa hei hanga i tētahi rautaki tahua e toitū nei.

She said there had to be a commitment across political parties to create a sustainable funding model.

I whai wāhi NZNO ki tētahi ātete ā-ture a ngā uniana maha i Te Kōti Matua i Pōneke ki ō te Kāwanatanga huringa utu tautika.

NZNO is part of a multi-union challenge in The High Court in Wellington against the Government's pay equity changes.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

NEWS

Not so ACE: Less than half of end-of-year grads nab actual jobs

Kaitiaki EXCLUSIVE

By Joel Maxwell and Mary Longmore

December 4, 2025

New figures reveal only about half the highly-touted new graduate hire intake got actual mahi — the rest join a unmatched list nudging into the thousands since last December.

Graduate registered nurses Jaime Wood, left, and Kelli Pieneman have faced challenges during recent rounds of the advanced choice of employment (ACE) programme.

On Friday Te Whatu Ora chief executive Dale Bramley claimed that about 1800 graduate registered nurses (RNs) would be offered hospital jobs — which he said was one of the largest graduate intakes in a decade.

He did not include the total number of applicants.

Now, figures supplied to *Kaitiaki* cast a new light on the numbers – showing only about half of the latest advanced choice of employment (ACE) round actually got a job match.

The rest of that 1800 were old jobs from the last round, or about-600 future jobs "expected" sometime before next July — pushing 2025 graduates into the 2026 graduate year.

Unmatched graduates would move to the ACE talent pool, or look for jobs on the likes of Seek, Te Whatu Ora chief nurse Nadine Gray told *Kaitiaki*.

By the numbers

Figures supplied by the Nursing Council of New Zealand show that 1700 RN students sat their state final exam last month. This resembles last year's end-of-year ACE applicant number, 1614.

Outgoing NZNO student leader Bianca Grimmer.

Based on the 800 current matches announced by Bramley on Friday, it appears about 47 percent of those who sat exams were offered jobs — similar to the 45 percent and 52 percent in the two previous rounds.

In the meantime the tally of unmatched graduates from the past 12 months keeps growing — now nudging 2000 from the last three rounds. It is unclear how many of the unmatched have found work to date.

Gray remained confident the additional about-600 jobs would be offered this financial year. "We expect over 80 percent of graduates who have passed their exams to secure positions within Health New Zealand."

Last week's matching round was the beginning of "a much larger national recruitment process", she said.

Gray did not reply to questions on whether the 600 jobs were guaranteed, how unmatched graduates would support themselves, or how Te Whatu Ora would address the unmatched backlog.

Outgoing NZNO student leader Bianca Grimmer said the ongoing about-50 percent match rate was a "compounding" problem.

"Each time we have an intake you're going to have this group of people left without jobs and they just roll into the next intake."

Grimmer said graduates could not wait forever for nursing work. "I don't know many students that would wait all the way up to July next year to get a job."

Students had approached her already about contacts for overseas work, she said. "I hope we get 600 more jobs for students to go into . . . but it's something people can't just sit around and wait for — because they can't feed themselves."

50 job applications, and counting

Experience is key in a tough job market between ACE rounds, says one nursing graduate.

RN graduate Kelli Pieneman has now missed out in two successive ACE rounds — between rounds she applied for about 50 nursing jobs, and cold-emailed about 20 organisations.

Registered nurse graduate Kelli Pieneman — despite a glowing preceptor reference has still struggled to find work.

Even with glowing references from her preceptor and clinical tutor, job hunting outside of ACE was difficult — most roles were for experienced nurses, with organisations unwilling or unable to train new graduates.

"I've tried aged care, I've tried GP clinics, even occupational health nursing, everything that perhaps I didn't really want to get into — but anything's better than nothing."

Pieneman, who lives in Auckland, said the longer nurses went without work, the longer they were away from vital clinical experience. "I did my pre-reg at the start of the year . . . so I haven't done anything since then, I'm missing out on all that experience I need to get into a position."

In her 40s now, she said personal circumstance meant she could not leave the city. Pieneman still had plenty of support behind her to keep going, but with the job market going into hibernation over Christmas she wasn't hopeful of any work soon.

Grateful, but kind of gutted

New RN graduate Jaime Wood was one of the 800 successful matches from Friday, but it was not all good news.

Wood was accepted for a .6 FTE role in a surgical orthopaedic ward, but it would decrease to .5 next April — .1 temporarily covering maternity leave. "It's a bit concerning," she said. "I really enjoy work, so finding out it's only part-time sucks."

Registered nurse graduate Jaime Wood was matched to a job — but it is .6 FTE going down to .5 next April.

With her husband working they could still survive with her part-time income, but it delayed dreams like buying a house in Taranaki where they live.

For the past few years her husband was keen to head to Australia after she graduated, but Wood had always wanted to stay in New Zealand.

"Well, if I want to get a job in the [nursing] area that I like with the hours that I need, I still might have to go to Australia."

Meanwhile, Gray said there were still job opportunities outside of the ACE programme, including the likes of primary health, community care, and aged residential care.

She said graduate nurses typically work 0.6 to 1.0 FTE, "with 0.8 FTE a long-standing guideline to support training needs". Gray has not yet provided an FTE breakdown for the new jobs, as requested by *Kaitiaki.*

The Nursing Council figures included 120 enrolled nurse students who sat their exam.

Kaitiaki is still seeking clarification with Te Whatu Ora on how many ENs have found work.

Nursing state final results are expected today.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

NEWS

Low-paid workers at private hospital take strike action

By Renee Kiriona

December 3, 2025

Workers in the lowest-paid roles at a private hospital in Palmerston North are fighting their employer's decision to block them from joining a collective.

Just some of the striking workers.

Crest Hospital staff, who are members of NZNO, went on strike yesterday afternoon, because their employer has refused to allow them to join their collective.

Vicki Woodfield, an NZNO delegate who works as an orderly at the hospital, said orderlies, administrators, anaesthetic technicians and theatre aides were getting paid much less than others at public hospitals who did the same work.

"I am an orderly, but Crest is paying up to $5.60 an hour less than public hospitals."

Source: Southern Cross Health Trust 2024 annual report.

Being able to join the NZNO collective agreement would allow low-paid workers to start seeking something fairer, Woodfield said.

“We think we should be compensated properly.

“Crest has told us we can’t join the collective, but we are challenging them on that.”

About 40 of the striking workers rallied in the city to highlight their struggle this afternoon.

“We enter into mediation today. In case that doesn’t work out we have penciled in another strike for December 12,” Woodfield said.

Crest Hospital.

The hospital is owned 50 per cent by Southern Cross Health Trust and 50 per cent by Central Healthcare Operations Limited (CHO), whose largest shareholders include lawyers and accountants, followed by medical professionals. CHO's annual report is not available to the public.

NZNO delegate and nurse Susan Norma White said while nurses were already in the collective, she did not like seeing her lower-paid colleagues being blocked out of it.

"Until now, I've never felt the need to strike in my 51 years as a nurse. But Crest is blocking my lower-paid colleagues from joining our collective and wants to keep paying them less than public hospitals.

"I think the public will be surprised to hear private hospitals pay some staff less than public hospitals do."

She said the public also needed to be aware that Te Whatu Ora was outsourcing work to Crest Hospital.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

OPINION

Why we need a rainbow group at NZNO – and how you can help it grow

By Juno Hunt

December 23, 2025

The rainbow special interest group (SIG) was formed in December 2024 and has six members in its interim committee.

From left, NZNO professional nursing adviser Sandie Bayliss with the rainbow special interest group interim committee, Richard Jin, Patumahoe Leaf-Wright, Tara Birch, Mel Meates, Bernie, and Juno Hunt.

It was the work that preceded this, when members past and present advocated to New Zealand Nursing Organisation — Tōpūtanga Tapuhi Kaitiaki o Aotearoa (NZNO), that helped lead us to this point.

Mel Meates, a current member of the rainbow group, and their persistent efforts were the catalyst for this group.

In December 2023, Meates approached NZNO, and in 2024 followed up with advocacy emails which resulted in chief executive Paul Goulter acknowledging in a reply, "you are correct to identify that NZNO can do a whole lot better for our rainbow members", and, "I don't want another year where we are conspicuous by our lack of progress for our rainbow members".

NZNO then committed to the formation of this group, with help of some of Meates' contacts (to put the word out to the rainbow nursing community) and from Sandie Bayliss, an ally and NZNO professional nursing adviser.

Supporting rainbow health care workers will help rainbow patients. Photo: AdobeStock

This group is also 100 per cent backed and supported by Mairi Lucas, director of professional services.

Now one year later we have completed our terms of reference, sent delegates to the CTU's Out@work conference and started on guidelines to make future NZNO policies rainbow friendly.

Why is this needed?

Like other minority groups there are a number of negative statistics regarding rainbow people receiving health care, and we acknowledge that rainbow practitioners are also users of our health system.

In the last Counting Ourselves survey (a survey of trans and non-binary people in New Zealand aged over 14), 82 per cent of respondents felt their nurse was good or very good at treating them with respect and dignity.1

This is in contrast to the 97 per cent from the *New Zealand Health Survey* (this is a survey designed to reflect the demographic of New Zealand).

Meanwhile, 58 per cent of the Counting Ourselves respondents rated their level of care during their last emergency visit being good or very good compared to 85 per cent from the *New Zealand Health Survey*.

Mel Meates, instrumental in the formation of the rainbow SIG.

Counting Ourselves asked respondents multiple questions regarding their experiences in the last 12 months. Twenty-one per cent stated that: "A health-care provider knowingly referred to me by the wrong gender, either in person or in a referral." Sixteen per cent said: "I was asked unnecessary or invasive questions about being trans or non-binary that were not related to the reason for my visit". And 13 per cent said they "could not access an appropriate bathroom".

These examples explain why 11 per cent of people who avoided going to a general practice (GP) office when they had a medical problem in the last 12 months and 49 per cent of people who didn't seek help for their mental health or substance abuse stated they were "afraid my gender identity would be seen as a mental health issue or as the cause for any mental health issue".

Unfortunately employment statistics are just as grim, with 64 per cent of Counting Ourselves respondents in paid employment compared to 78 per cent from the *New Zealand Health Survey*.

Half of respondents who are out at work stated " there were times when they did not disclose they were trans or non-binary because they feared discrimination".

If workers are afraid to be out at work then there will be little representation for diverse people using the health system. Photo: AdobeStock

If people are afraid to be out at work for fear of being mistreated then without that representation and expertise for diverse clients, those clients will continue to see health care as unsafe for them.

Now more than ever it is important we stand with the rainbow community against attacks to their access to evidence-based health.

The Cass Report and attacks on transgender health in Aotearoa

The recent push against evidence-based transgender health dates back to August 2022 with the interim report from the Cass Review.

The Cass Review was commissioned by the National Health Service in the United Kingdom with its full release in April 2024. The Cass report explored gender services for transgender youth and people with gender dysphoria in that country.

> **“Now more than ever it is important we stand with the rainbow community against attacks to their access to evidence-based health.”**

The report has been heavily criticised by international and New Zealand health groups due to its lack of consultation with experts on transgender health or trans people themselves, the inclusion of advisory groups that have advocated for conversion therapies, and its misrepresentation of evidence.

The Cass report also promotes gender exploratory therapy, which is widely considered to be a type of conversion therapy 2 , which is illegal in New Zealand under the Conversion Practices Prohibition Legislation Act 2022.3

Despite these issues the current Coalition Government is using it as evidence to push its discriminatory views.

In December 2024 the Ministry of Health (MOH) opened public consultation on whether there should be additional safety measures for puberty blockers. It is not standard practice for the MOH to open public consultation on the safety measures implemented for medication. This is just one piece of evidence that the Coalition Government is attacking transgender health.

Half of respondents who are out at work stated “ there were times when they did not disclose they were trans or non-binary because they feared discrimination” Photo AdobeStock.

Another is the eight-month delay in the release of the guidelines for gender- affirming care in Aotearoa, New Zealand, originally commissioned in 2023 and submitted in October 2024.

The guidelines were meant to be released in March 2025 but were delayed before being published, and were held until a decision was made about the use of reversible pubertal suppression for transgender children and young people with gender incongruence or gender dysphoria, which was released on November 19 this year.

On that date the decision to ban reversible puberty suppressants was announced by the Minister of Health, three hours after New Zealand First posted about the ban on *Facebook* stating "NZ First is winning the war on woke".

This ban is in direct opposition to the MOH's own evidence brief and position from November 2024.[4] The decision to announce this ban on the eve of Transgender Day of Remembrance is an additional insult.

It is somewhat heartening to see this ban now been blocked (https://www.stuff.co.nz/nz-news/360915685/puberty-blockers-ban-enforcement-halted-high-court-injunction) pending a judicial review, after legal action by the Professional Association for Transgender Healthcare Aotearoa (PATHA).

Health Minister Simeon Brown announced the decision to ban reversible puberty suppressants on the eve of Transgender Day of Remembrance. (File photo)

What next?

There is still a lot of work to be done and there are multiple identities under the rainbow umbrella that can have their own unique challenges, discriminations and adversities. The above highlights just one identity.

We are excited to put out an expression of interest for the first substantive committee. While the interim committee has ideas of what we want this group to be, we would like to hear what you want.

To find out how you can join this special interest group and respond to the expression of interest, you can email Sandra Bayliss at sandra.bayliss@nzno.org.nz. We are excited to continue to work to improve our workplaces and our health care.

Membership is open to people with lived experience and allies who are passionate about helping us to improve things. Only those with lived experience will be committee members.

Ahakoa he aha te rākau, he hua kei roto — no matter what species of tree, each bears its own fruit.

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Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

OPINION

ICU nurses: "without redeployment we are happier, healthier and sickness is down"

By Karen McFarlane, Peter Groom, Manorma Prakash, Nimya Jacob

December 22, 2025

Nurses at North Shore Hospital's intensive care unit say the recent redeployment strike has given them the time to be "on top of the quality stuff".

RNs at North Shore Hospital - Nimya Jacob and Peter Groom pictured on the right. Other image: Adobe stock.

The four registered nurses (RNs) were among thousands of Te Whatu Ora nurses who last month took part in a two-week partial strike of refusing to plug staffing gaps outside their normal workplace or shifts.

And if they had to take that action again, they would.

Karen McFarlane

Charge nurse coordinator

The great thing about not being redeployed is that I'm not having to ask staff to redeploy, so therefore stress levels from a charge nurse coordinator's point of view are reduced already.

But we've got things done like, extra training, we've got bereavement call follow-ups and bereavement data all gathered with not being redeployed.

We're on top of the quality stuff.

So, staff are getting to do the things that should be important to our job, but often get sidelined when we're redeployed. Better interactions with families, nurses have had the time to stand and talk with the patients and explain what's going on, give that extra support to relatives. It's really been noticeable.

Peter Groom

Nurse unit manager

Redeployment. Source of misery. So, without it, staff are happier, healthier, sickness is down, and we're getting all the work done that is our work. Whether it be an audit, whether it be a policy review, whether it be an appraisal, the stuff that we do need to do, but we don't get done when the staff are being redeployed. It was a very pleasant week. The learning is that variance response team (VRT) can be staffed.

Manorma Prakash

Nurse educator

I've been able to catch up with the audits, look at some of the moving and handling steps, which I do as an educator for ICU, which was great. I've been able to go through some of my e-learnings and things like that, which sometimes I don't get the time to do.

Nimya Jacob

Nurse educator

I've been able to catch up with our e-learnings and get more time to engage with patients. We would like to be stay in our unit definitely.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

OPINION

‘We need more support’ enrolled nurses tell Minister

By Michelle Prattley

December 17, 2025

Enrolled nurses are ready to contribute more — the scope has changed, the need is clear, and the opportunity is now, EN leader Michelle Prattley argues.

NZNO's enrolled nurse section committee members flank Minister of Health Simeon Brown, from left to right: Debbie Handisides, Michelle Prattley (chair), professional nursing advisor Suzanne Rolls and Selena Morritt.

NZNO’s enrolled nurse section (ENS) tackled Minister of Health Simeon Brown this month to ask our workforce be better supported, utilised and recognised across the country.

At his invitation, we have since sent him a workforce plan to ensure our newly-expanded skills are fully realised.

Why do enrolled nurses (ENs) matter? We are regulated nurses under the Health Practitioners Competence Assurance Act and deliver safe, high-quality care across acute, community, aged care, mental health and private surgical settings. We undertake health assessments, wound care, catheter management, ECGs, immunisations and leadership roles.

Enrolled nursing is at a pivotal stage with a new scope of practice that frees us from the direction and delegation of our RN colleagues.

> **While the changes enable ENs to deliver safe, patient-centred care and work collaboratively across all health settings, uptake remains slow.**

This allows us to work in emergency departments (EDs), general practice, rural primary health, after-hours medical care, private hospitals and prisons — areas that have primarily been the domain of RNs.

While the changes enable ENs to deliver safe, patient-centred care and work collaboratively across all health settings, uptake remains slow.

Myself and other ENS committee members met Brown on December 4, to raise concerns over three critical priorities:

1. Implementing our new scope of practice:

In our kōrero with the Minister, we spoke of the benefits, such as expanded clinical and cultural competence, better quality and safety and workforce flexibility. Yet, Te Whatu Ora-Health New Zealand policies remain outdated, limiting the utilisation of ENs. Workforce supply does not meet demand, and ENs are often replaced by less-qualified staff.

Despite national direction (https://nursingcouncil.org.nz/Public/NCNZ/nursing-section/Enrolled_nurse.aspx) from the Nursing Council and Ministry of Health (https://www.health.govt.nz/strategies-initiatives/programmes-and-initiatives/nursing/nurses-in-new-zealand/enrolled-nurses), inconsistency remains across districts and services in understanding our new scope — and where we can work.

In many settings, ENs continue to be restricted from practising to the top of their scope due to local policies, historical workforce models or limited employer understanding of our new competencies. This impacts patient care and workforce flexibility.

We urged the Minister to ensure full implementation of our scope and support ENs through continuing training, professional development and clear nursing team collaboration protocols.

2. A targeted EN workforce plan

We also expressed our concerns that there is currently no dedicated workforce plan for ENs. This has resulted in limited EN graduate employment, restricted opportunities within Te Whatu Ora-Health New Zealand and funding contracts that fail to recognise ENs.

Currently, there are inequities how graduates are supported into the workforce. Te Whatu Ora funds primary and aged care employment pathways (https://www.tewhatuora.govt.nz/for-health-professionals/health-workforce-development/nursing/primary-and-community-funding-for-graduate-rn-employment) for graduate RNs but offers no equivalent support for ENs — despite clear workforce data showing growing demand.

Just a handful — 15 per cent — of our latest EN graduates have so far been matched to supported-entry roles at Te Whatu Ora this year, compared to nearly half RN grads.

ENs have also recently been removed from Te Whatu Ora's voluntary bonding scheme (https://www.tewhatuora.govt.nz/for-health-professionals/voluntary-bonding-scheme/the-voluntary-bonding-scheme).

We called on the Minister to develop a workforce plan that:

- Defines EN roles in service contracts.
- Provides graduate employment pathways.
- Embeds ENs in national workforce modelling.

This will improve workforce sustainability, reduce costs, and enhance patient access to care.

3. Employing and fully utilising ENs

We had an open discussion with the Minister about the under-utilisation of ENs. Despite an 18-month training diploma and Nursing Council regulation, ENs remain under-employed and unable to work to full scope in many areas. This impacts patients' access to care, workforce sustainability and health-care efficiency.

Te Whatu Ora's 2024 workforce plan acknowledges an EN shortage (https://info.health.nz/about-us/what-we-do/planning-and-performance/health-workforce-planning/health-workforce-plan-2024-detailed-analysis-and-data/workforce-plan-profession-specific-analysis/health-workforce-plan-profession-nursing-analysis) of 170 full-time equivalents (FTE) now — projected to be 590 by 2033. Yet hiring remains stagnant and our scope only partially implemented.

Enrolled nurses can now do a range of work including catheter management without RN supervision. Photo: AdobeStock.

We showed the Minister evidence that ENs represent only 3.5 per cent of the nursing workforce, with 2,433 holding practising certificates out of a total of 84,000, according to Nursing Council statistics at June 2025 (https://nursingcouncil.org.nz/common/Uploaded%20files/Public/Publications/Workforce%20Statistics/Quarterly%20Data%20Reports/Nursing%20Council%20Quarterly%20Data%20Report%20-%20June%202025%20Quarter.pdf).

The Minister appeared interested in understanding EN practice and hearing about the issues facing the workforce. He expressed strong interest in understanding our value and seemed open to making the most of the EN workforce.

But it was a bit disappointing that after 60 years of enrolled nursing in New Zealand, we still had to outline to the Health Minister our role within the health system!

Recommendations

Following the meeting, we have written to the Minister with the following recommendations:

- A funded EN graduate employment pathway.
- National mandating that all districts use the updated EN scope.
- Integrating ENs into workforce redesign.
- Education for clinical leaders on EN capability and retention and progression pathways.

Under-using ENs — either by not employing them or failing to allow them to practise to the top of our new scope — is a barrier to achieving the Government's own goals of better access and better health care.

ENs are ready to contribute more — the scope has changed, the need is clear, and the opportunity is now.

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OPINION

The forgotten impact of illness, eating and loss

By Linda Christian

December 12, 2025

A nursing lecturer shares her views and experiences of eating-related distress and grief.

My late husband Karl and me.

To most of us, a supermarket is just a place that we visit far too often and where we spend too much money. It can also be the site of everyday angst — wonky trolleys, forgotten bags and "what the hell are we going to have for dinner" thoughts.

To some of us, however, it is more than that. We find ourselves avoiding aisles, staring blankly at ice-cream flavours and contemplating the few, paltry items in our trolley. It's getting halfway through the shopping and wanting to walk out, it's remembering what shopping used to look like, it's remembering what life used to look like.

Supermarkets are an intersection between life-sustaining food, eating-related distress (ERD) and grief. Using extracts from my journal, this article will explore that intersection.

This is the last photo Karl took. His lunch, five days before he died. I'm not sure he ate any of it.

Sunday 2nd April

"On Friday Karl arrived home with a bag full of meat from the butchery. He has been hanging out for schnitzel … but there was also lamb chops, pork, etc. So, he cooked up his schnitzel that night but could only eat a few bites … it just wouldn't pass. I find it heartbreaking, but he is quite pragmatic really. After a while he had a bowl of Special K."

My darling partner, Karl, died five weeks after this entry. He was 59 years old and had inoperable oesophageal cancer — a cancer not widely spoken of or heard about in the media. However, it is a significant cause of cancer-related deaths worldwide.

This cancer has an aggressive nature, with early spread, rapid tumor recurrence and poor prognosis.[1,2] And Karl had the "rare" type.

It had been a 15-month journey and — amongst the pain and uncertainty, chemotherapy, radiotherapy, myriads of appointments and within a bubble of surrealness — food and all that it meant became something else to weigh heavily on our spirits.

The effects of this are ongoing for me.

Food and eating are fundamental aspects of human life. While for some, eating is merely a necessary process to provide nutrients to keep healthy and sustain energy, for most it is also a pleasure, a social and cultural activity and central to life.[3,4]

Cooking and sharing food are ways to demonstrate love. Consider your bank statement and see how much money (and consequently time) is devoted to buying food (and drinks), cooking and sharing with others. Consider your social media feeds on Facebook, Instagram, TikTok and television which are devoted to food and eating.

It is a social phenomenon – more, for most of us, than the intake of nutrients.

Mealtimes become fraught and unpredictable and there can be patient-carer conflict. People can feel coerced to eat or feel guilty if they don't eat or can't eat the food that has been lovingly prepared for them.

When people have advanced illness, eating and appetite is also associated with life itself, and if people aren't eating and are losing weight, it is a visible reminder of deterioration and the imminence of death.[1,4,5,6,7]

Mealtimes become fraught and unpredictable and there can be patient-carer conflict.[4,5,8] People can feel coerced to eat, or feel guilty if they don't eat or can't eat the food that has been lovingly prepared for them.

This creates more anxiety and stress.

Eating-related distress (ERD) encompasses all the negative emotions surrounding food for both advanced cancer patients and their carers/family.

After Karl died, there was a time when I had no appetite and no interest in food and eating. In normal circumstances, this is impossible for me to imagine but having that experience has been a comfort to me.

I have a better understanding how having no interest in eating is not distressing to the patient. They don't feel like they are "missing out".

For the family though, that urge to show love through food, or to keep things as normal as possible as long as possible, is STRONG! Even when you have a nursing, palliative care background.

The heart in these situations is stronger than the head.

The giving and receiving of food demonstrates caring, in both the person who is ill and the caregiver doing their best.[6]

Monday 3rd April

"In an attempt to eat something other than Special K, Karl tried pizza. He had three pieces and enjoyed it but then spent an hour over the toilet, dry retching, hiccoughing and spitting up a whole lot of saliva. What caused that? Poor man looked white and was freezing cold. I am pleased to say though that eventually he came right enough to have a bowl of ice cream and chocolate flakes."

Cachexia (loss of muscle tissue and weight), anorexia, ERD and dysphagia (difficulty swallowing) are not just effects of end-stage cancer, but can also occur in other life-threatening long-term conditions such as dementia.

Many conditions cause symptoms such as shortness of breath, nausea, fatigue, dry mouth and anxiety which can all affect food intake.

Adding to the complexity of food intake are other influencing factors such as functional deterioration, carer-patient dynamics, medications, cognitive impairment, cultural and religious beliefs, psychological factors and financial constraints.

In our case, I assume Karl's oseophageal tumour, recent chemotherapy, anxiety and pain all contributed to his dysphagia and anorexia, especially in that time between "active" palliative care and end of life.

Experts describe this as a liminal space; a state of transition.[4] They describe it as a "non-place, where people are separated from their social structure and or identity and thus left in limbo".

> **He was a sausages and steak for breakfast boy as he grew up. Taking himself to a butcher shop and buying meat is Karl.**

This description really resonates with me. Karl was 6ft 3 and 110kg before his diagnosis, and the son of a butcher.

He was a sausages and steak for breakfast boy as he grew up. Taking himself to a butcher shop and buying meat is *Karl*. It was normal. It made him feel normal in a situation that was definitely not normal and was taking everything away from him.

ERD is not limited to the imminently dying. Studies have shown that anorexia can be more troubling for patients than pain or tiredness, but also may affect the family and caregivers more than the patients themselves.

I think Karl had some distress in regard to his inability to eat, but in hindsight I was probably more psychologically affected than him. I do however think he used his weight loss as a measure of how well

he was doing. Much to a hospice doctor's chagrin, he wanted his weight measured while in hospice.

Wednesday 15th April

"He copes much better with the whole eating thing than I do .... he doesn't feel hungry much and he's pretty pragmatic about what he can eat and can't eat. He even copes with the time over the toilet bowl retching and bringing up copious amounts of saliva."

No-one tells you about these symptoms. No warnings, no advice, nothing. It never becomes "normalised" but does get assimilated into daily life. The only time the whole "eating thing" was addressed in a way to include me was at an appointment with a surgeon three weeks before Karl died.

Around this time, we had been told his prognosis was about three to nine months.

> **I knew from my cancer nursing experience that forcing people to eat when they didn't have an appetite or weren't interested was futile and could be distressing for all of us.**

Karl was mainly only tolerating fluids at this stage. The surgeon lightly touched on the fact that Karl wouldn't have an appetite or be able to tolerate much in the way of food and how this often affected the partner and family more than the person with cancer.

I knew from my cancer nursing experience that forcing people to eat when they didn't have an appetite, or weren't interested, was futile and could be distressing for all of us.

Despite this, that small acknowledgement from someone else still brought tears to my eyes.

Thursday 16th April

"... Karl will see the dietitian on Tuesday so I may have to up my game ... more high calorie, high protein stuff. We'll see what he thinks ..."

Before Karl needed an oesophageal stent, and before his appetite diminished completely, we did try to find foods he enjoyed, even if he just tolerated a little.

The grocery shop became a measure of his disease process.

Before cancer, our groceries were a trolley of food for two, including meat and bread. After his diagnosis, it was anything he fancied. During chemotherapy and radiotherapy, it was anything high calorie and "nutritious" but basically anything he fancied. Then, anything he could eat — KFC potato and gravy anyone? Then, anything he could drink ... soup, milkshakes, ice-cream.

Two and a half years later, I still avoid the Up & Go cereal and banana milkshake aisle at Pak'nSave.

There are facets to grieving that I had no conception of before (to be honest I had no idea about profound grief at all).

As a nurse, I feel a bit ashamed about this.

The fact that I am writing about ERD, and reflecting on our suffering in regards to food, is one example of something I had not expected. An article I read in a nutrition science journal talked about a "beloved grandmother and mother who taught us, in the end of her life, about how nutritional issues are very important in the total pain concept".[9]

The "total pain" concept originated from the work of Cicely Saunders and highlights the interconnectedness of physical, psychological, social and spiritual suffering at the end of life.[10]

After extensive reading about grief, I know now that I am not the only grieving person that has an aversion to supermarkets or thinks back to the harrowing experience of food and eating when a loved one has a terminal illness.

When I look back at my journal, I probably wrote as much about Karl's food intake as his physical pain. But then there was *some* control over his pain, through giving him analgesia.

> **There is a helplessness in the situation for all – the patient, families and health professionals.**

In one study of RNs caring for people with eating deficiencies in palliative care, it was concluded that RNs were well prepared to provide practical support and less prepared to encounter the existential, psychological and social issues they faced.

There is a helplessness in the situation for all – the patient, families and health professionals.

The main care given to Karl and me for his anorexia and weight loss was the prescription of oral nutritional supplements. This is consistent with the literature that indicates nutrition-related strategies are the mainstay for addressing ERD.

The everyday ordinary activity of eating and mealtimes becomes another source of suffering for people with life-threatening illness. Nurses in many areas of practice will come across people requiring support for this.

Karl (and I) passed through the hands of surgical nurses, ED nurses, palliative care nurses, oncology nurses and nurse navigators. Nurses in aged care, medical wards and in community settings will see many patients with ERD.

It is also important to consider the needs of the carer and family — the person doing the shopping, preparing the meals, adapting to changing needs of their loved one among all the other care-giving duties that are required.

A more holistic approach to care concerning food and eating practices at the end-of-life may make it possible to reduce the emotional suffering of patients and families.[11,12] This does, however, require

thoughtful conversations with acknowledgement of prognosis and impending end-of-life.

This brings us back to the approach of addressing total pain and recognising the value of meeting the psycho-social spiritual needs of patients and their loved ones.

In the midst of caring for a person with a terminal illness, most of us go day by day, juggling the demands of everyday life with this grenade that has been lobbed at us.

It is a constant balance of maintaining life as we know it, maintaining hope and adapting to the multitude of changes, all while doing our best to tiptoe around that quietly menacing time-bomb.

If our person does die, we attempt to carry on amidst the fall-out from that grenade. Lives are smashed up, and in trying to make sense of it all, we recall the suffering, and we continue to suffer. Even on trips to the supermarket.

Linda Christian, RN, MN, *is a senior nursing lecturer at NorthTec in Northland.*

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OPINION

No more 'embarrassing' need to consult GPs for basic medications after law change – nurse practitioner

By Natasha Ashworth

December 9, 2025

Nurse practitioners (NPs) finally getting the power to prescribe section 29 unapproved medicines means faster relief for patients — and less embarrassment for nurses, says Gisborne NP Natasha Ashworth.

Photo: AdobeStock.

The newly-expanded ability for mātanga tapuhi/nurse practitioners (NPs) to prescribe section 29 medications is a significant step forward in improving access to care — particularly in primary health.

At a glance: What is section 29?

Section 29 of the Medicines Act (1981) refers to medicines that have not been approved by safety regulator MedSafe — or not yet

> **Until now, it has been both frustrating and, at times, a little embarrassing that we NPs couldn't prescribe these medications independently.**

Section 29 of the Medicines Act cover medicines that have not yet been approved in New Zealand — or for use in a particular way. Until last month's amendments, only medical practitioners could prescribe them to patients who they believe may benefit.

NP Natasha Ashworth.

Until now, it has been both frustrating and, at times, a little embarrassing that we NPs couldn't prescribe these medications independently.

Even nearly 10 years after becoming authorised prescribers, we often still need to reassure patients — especially those seeing an NP for the first time — that our expertise and scope allow us to provide comprehensive, safe, and effective care.

Yet when they have needed something as straightforward as melatonin for insomnia we have been forced to step out of the room and track down a GP colleague to sign the prescription.

Previously, despite having the clinical expertise and patient relationships necessary to determine appropriate treatment, I was unable to directly prescribe certain therapies because they were classified under section 29. This often created delays, unnecessary administrative barriers, and reliance on colleagues who might not be familiar with the specific medicines or their uses.

for a particular use. They generally refer to medicines which:

- Replace approved brands that are in short supply or unavailable.
- Are unapproved to be used in a different way or with a different dose ("off label").
- Are approved for adults but not children.

Until now, these could only be prescribed by medical practitioners — doctors. However, since the Medicines Amendment Act came into force on November 19, NPs and pharmacist prescribers can now also prescribe section 29 medicines.

> **I had to constantly ask a GP colleague – who may not have used the medication themselves – to prescribe it on my behalf.**

One example is cannabidiol products (CBD). I work with older adults and people with long-term conditions so am often asked about CBD as a treatment option for their pain, anxiety and agitation. Some find that CBD offers relief.

I undertook quite a bit research in this area and developed a relationship with a local company that offers a compassionate access programme (https://www.ruabio.com/compassionate-access-programme) for patients who can't afford private supply. Despite having knowledge of, and access to, this programme —

far more than many within my general practice team — I was unable to complete the process for treatment for my patients simply because these products were section 29 medications.

Another example is my role with patients at the end of life or those with severe refractory fluid overload in their body, creating significant distress.

In selected cases, a low dose of metolazone can provide profound relief, even if it's a single dose. Metolazone must be prescribed with caution, but its clinical benefits can be lifesaving in terms of comfort, symptom control, and quality of life.

Yet, as metolazone was a section 29 medication, I had to constantly ask a GP colleague — who may not have used the medication themselves — to prescribe it on my behalf. This often created delays for patients who did not have time to wait.

NZNO's nursing leadership section committee members, including Natasha Ashworth, third from left, in 2023.

So the decision last month to drop this barrier represents meaningful progress for NPs and, more importantly, for the people we care for.

While some section 29 medications involve more complex or potentially higher-risk drugs, NPs — like every other prescriber — practise with safety at the forefront. We research carefully, review contraindications, consult guidelines and always refuse to prescribe when the available information is insufficient to ensure patient safety.

Allowing us to prescribe section 29 medications simply aligns our legal prescribing ability with the competencies and professional standards we already meet. It enhances continuity of care, reduces unnecessary delays, and strengthens trust in a highly skilled workforce dedicated to accessible, person-centred care.

— Primary health NP Natasha Ashworth works on the East Coast. She is also a member of NZNO's nursing leadership section, tapuhi mana whakatipu.

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OPINION

‘One of yours’: Rebuilding a safe and coherent mental health crisis system

By Stacey Wilson

December 9, 2025

Mental health crisis services in Aotearoa have endured a decade of increasing pressure, but the past year has pushed the workforce to a critical tipping point.

A clear national agreement needs to be made between mental health services and the likes of the police, says mental health crisis nurse Stacey Wilson. Photo: AdobeStock

For crisis nurses, exposure to aggression, intimidation, and violence has become disturbingly routine.

What is most concerning is that much of this behaviour is not driven by mental illness.

Instead, crisis teams are increasingly responding to presentations shaped by methamphetamine harm, entrenched antisocial behaviour, social deprivation, and complex life circumstances that do not meet the threshold for specialist mental health care.

These situations are being reframed as mental health problems by default, despite originating in system gaps across justice, addiction, welfare, and housing.

Mental health crisis nurse Stacey Wilson.

This shift has been compounded by changes in police practice. In the mid-2000s, NZ Police positioned themselves as compassionate partners in supporting vulnerable people, symbolised by campaigns such as *He Ain't Heavy, he's my Brother.*

Over the past year, however, a new narrative has emerged, one in which police are 'returning people with mental health concerns back to health'.

While the phrase implies collaboration, its practical effect has been a significant retreat from public safety roles and a redirection of people affected by drug harm, domestic violence, homelessness, and social instability toward mental health services, regardless of clinical appropriateness.

Crisis teams are increasingly being asked to carry risks that belong elsewhere and the violent behaviour we are expected to now manage is next level.

At the same time, reductions in mental health FTE resulting from holds on recruitment and budget cuts and a lack of forward workforce planning within Te Whatu Ora has weakened the sector's ability to respond effectively.

Mental health nurses are being asked to carry risks they shouldn't have to when providing care. Photo: AdobeStock

Underfunded primary care, resource-stretched NGOs, and diminished community mental health capacity mean that many people now present to emergency departments (ED).

ED teams, already under immense strain, often default to redirecting these presentations to crisis services with the shorthand "one of yours".

This reflects both workload pressure and a persistent stigma surrounding mental health in acute hospital settings.

For the wellbeing of both the workforce and those in need of responsive and holistic specialist mental health assessment and treatment plan, a system reset is urgently required.

Budget cuts mean FTEs requirements for mental health nursing are not being met. Photo: AdobeStock

Four actions are essential.

- First, a clear national agreement on roles and responsibilities between police, mental health services, addiction providers, and social support agencies is needed. Crisis nurses must not remain the default responders to non-clinical or criminal risk.
- Second, Te Whatu Ora must restore and grow mental health FTE while committing to long-term, culturally and clinically informed workforce development. Crisis nursing requires advanced assessment, relational practice, and safety skills; these cannot be substituted or diluted.
- Third, investment in primary care and NGO services must be strengthened to rebuild community capacity and reduce preventable escalation to crisis.
- Finally, EDs require targeted training and organisational support to address discriminatory attitudes, ensure safe triage, and foster shared responsibility across services.

Crisis nurses are deeply committed to supporting people with mental illness.

But the system must be rebuilt so we can provide safe, timely, therapeutic care, without absorbing the consequences of failures in other sectors.

A coordinated, well-resourced, and clearly defined crisis response is essential for the health and safety of both the workforce and the communities we serve.

— Stacey Wilson is a registered mental health crisis nurse based in Manawatū.

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Kaitiaki NURSING NEW ZEALAND

OPINION

Rethinking Māori health models: a kōhanga reo generation perspective

By Baxter-Lena Edwards

December 5, 2025

A young Māori nurse questions if the time has come to look beyond Te Whare Tapa Whā and consider more comprehensive Māori health frameworks — such as the Meihana Model.

The Te Whare Tapa Whā model of wellbeing is a framework that has been inculcated into nursing students as a foundation for future nurses to address Māori health.

However I believe this model is too simplistic to fully address the complexities of contemporary health care, particularly when responding to the diverse and evolving needs of Māori patients.

Role of a Māori nurse

A crucial part of addressing these evolving needs is increasing the number of Māori nurses in the health workforce. Māori nurses can significantly improve the delivery of culturally safe care and improve Māori health outcomes — due to their Māori identity and values, their use of tikanga (cultural customs) and the deep connection they can make with Māori patients through whanaungatanga.

The health workforce badly needs more Māori nurses to reflect the proportion of Māori in the overall population. And as more Māori nurses enter the profession, they can also help shape health-care practices and policies to be more inclusive and responsive to Māori health needs.

The kōhanga reo generation in nursing

I am a product of the kōhanga reo movement, a generation born from the reclamation of te reo and tikanga Māori. Forty-three years ago, when te reo Māori was on the verge of extinction, kaumātua throughout Aotearoa started the kōhanga reo movement, setting up pre-schools with total immersion in te reo and tikanga Māori.

Growing up in Māori medium education, and through my whānau, I have been fortunate to be immersed in te āo Māori.

This upbringing has shaped my identity and worldview, and has triggered my curiosity as to why nursing institutions and most health-care services are using a framework for Māori health that is almost 40

Baxter-Lena Edwards

years old. It was created in a time of Māori language revitalisation and it can be argued that this framework has successfully served its purpose.

> **I am a product of the kōhanga reo movement, a generation born from the reclamation of te reo and tikanga Māori.**

Since 1980, Māori culture has experienced significant growth, revitalisation and reclamation. Health care needs to evolve to reflect this growth and offer models of care that are truly responsive to the needs of Māori communities today and in the future.

This growth will only continue with the next generation of tamariki who have been raised in kōhanga reo, kura kaupapa (Māori immersion schools) and kura ā iwi (tribal schools).

What is Te Whare Tapa Whā?

The Te Whare Tapa Whā model was developed in 1984 by Tā Mason Durie. It uses the structure of a wharenui (meeting house) with four pillars representing the cornerstones of Māori well-being, taha tinana (physical health), taha wairua (spiritual health), taha hinengaro (mental health), and taha whānau (family health), which are all connected to whenua (land), the foundation of the wharenui.[1]

It maintains that when one pillar of the wharenui is weak, an individual is unbalanced or unwell.[1] This model reflects a Māori perspective of wellbeing and remains influential in shaping culturally appropriate care towards, not only Māori, but everybody. However, it is important to note that this model was created for non-Māori to better understand a Māori perspective of wellbeing.

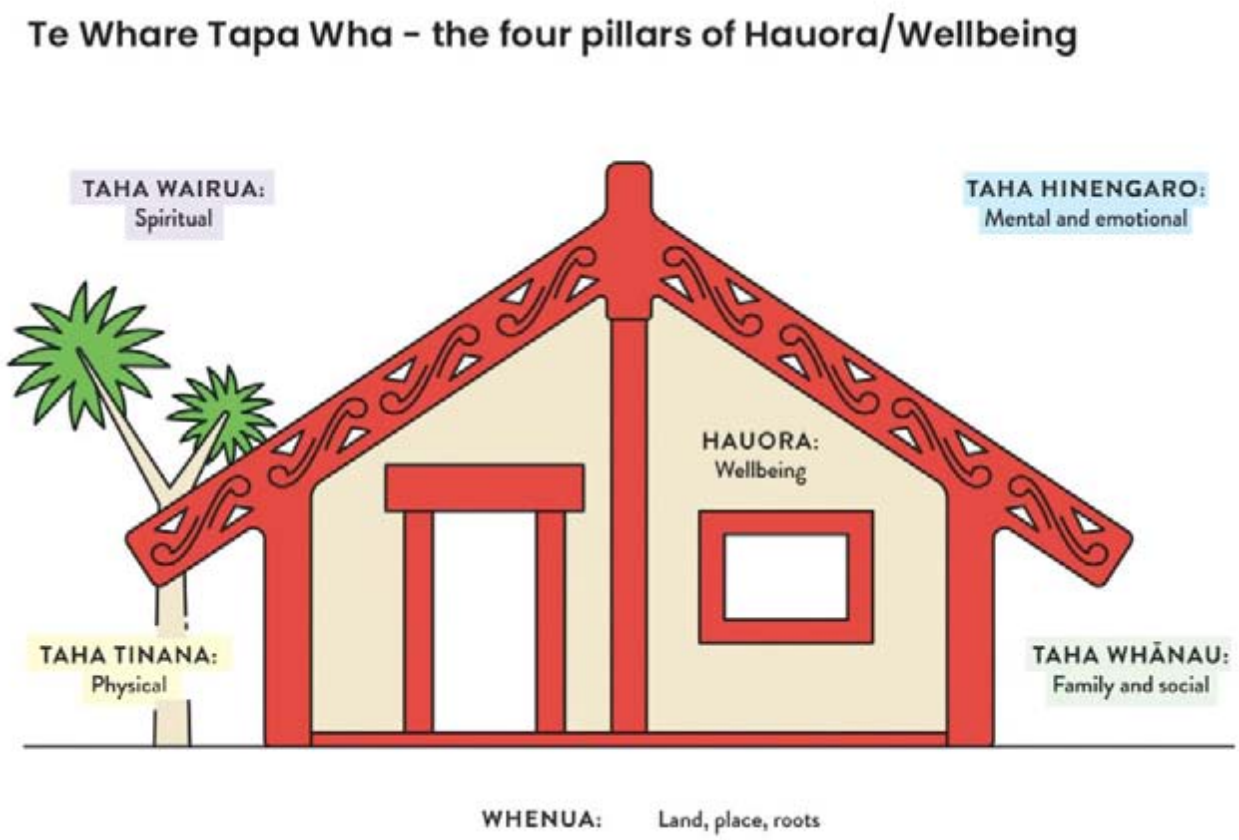

Illustration: Te Whatu Ora — Health New Zealand

Current practice of Te Whare Tapa Whā

Health-care providers in Aotearoa are encouraged to use Te Whare Tapa Whā across all settings, including hospitals and community health services, to provide holistic and culturally appropriate care.

Whānau ora community nursing services use this model to develop tailored care plans.[2] Many hospitals also use it for patient assessments, ensuring all aspects of a patient's health are addressed.

In mental health services, this model is valued for its holistic approach, addressing the interconnected dimensions of hauora (health). It enables a diagnosis and treatment plan to consider historical, social, cultural, familial and psychological domains of mental illness. This provides a contrast to a model of mental health care focused on managing chemical imbalances in the body.[3]

Insights into Māori health

Significant health disparities exist between indigenous and non-indigenous populations. Māori, who are indigenous to Aotearoa, are over-represented in statistics for chronic diseases such as cancer, diabetes and cardiovascular disease.

On top of that, life expectancy for wāhine Māori is 77 years and tāne Māori 73 years, compared to Pākeha females, 84 years, and males, 81 years.[4] These health inequalities are heavily linked both to colonisation, which led to loss of land and cultural identity, and to systemic racism within the health-care system.[5]

The Te Whare Tapa Whā model has provided significant benefits in addressing the health-care needs of Māori individuals. Since its establishment, it has significantly influenced Aotearoa, becoming a pre-eminent model of care by the 1990s, and it continues to influence policies, teaching, thinking and nursing.

Evidence shows that Māori whānau feel empowered when health-care professionals adopt it, as it means they are likely to address the diverse needs of Māori patients, fostering trust and collaboration.[6] Māori engagement and satisfaction in health care are improved when Māori values are integrated into care,[7] while cultural competency is enhanced when health-care professionals use the model to gain a deeper understanding of patient presentations.[8]

It is recognised in hospice standards for palliative care, to ensure that all dimensions of an individual are attended to, which is crucial for end-of-life care.[9]

What are its limitations?

While Te Whare Tapa Whā is a highly regarded health framework and has been the foundation for other Māori health frameworks to build on, its limitations have been identified.

Its implementation into mainstream services has faced challenges, due to the health service's primary focus on physical measurable health outcomes.[4] Also, time constraints, nursing shortages and lack of cultural training and competency can limit the ability of health staff to put it into practice.

While Te Whare Tapa Whā is a highly regarded health framework and has been the foundation for other Māori health frameworks to build on, its limitations have been identified.

Meanwhile the Ministry of Health has reported little improvement in Māori health — for example, many significant health-care needs, such as chronic pain, heart failure, diabetes and arthritis, have increased over time.[10]

The health-care service's use of Te Whare Tapa Whā has failed to uphold Māori culture and values, as required by Te Tiriti o Waitangi.[2] One of the most concerning aspects of this failure has been the increase in Māori suffering high levels of psychological distress from 7 per cent in 2011/12 to 22.5 per cent in 2024/25.[21] And a study of Māori whānau experiences in palliative care showed a lack of alignment between holistic values and the health care being provided.[6]

These systemic failures raise critical questions about the implementation of Te Whare Tapa Whā in health care, and whether it is, in fact, best practice.

The Meihana Model – a best practice approach

The metaphor of the Meihana Model is a waka hourua (a double-hulled canoe) moving across the ocean to reach hauora (health).11

Researchers are now recommending the Meihana Model as best practice. This model, which builds on Te Whare Tapa Whā, was created by Suzanne Pitama, an educational psychologist and leader in Māori health education. She originally developed the model as an assessment tool for mental health, but it can be applied beyond mental health to all health-care settings.11

Suzanne Pitama

The metaphor of the model is a waka hourua (a double-hulled canoe) moving across the ocean to reach hauora (access to quality health services). The crossbeams of the waka consist of tinana (physical health), hinengaro (mental health), iwi katoa (wider health and support systems), wairua (spirituality/connectedness) and taiao (person's environment, including barriers to care).

This model also incorporates nga hau e whā (the four winds which can blow the waka off course) — marginalisation, racism, migration and colonisation. Ngā roma moana (the ocean currents) represent Māori identity, encompassing ahua (a person's connectedness to their Māori identity), whenua (connection to place and whakapapa), whānau (family relationships and responsibilities) and tikanga (Māori protocols), which help protect Māori wellbeing.

Lastly, whakatera is the sail, which helps navigate the waka, and in health terms, brings together all the elements of the Meihana Model to help inform clinicians in their assessment of the patient and formation of a treatment plan which best fits the person and their whānau.12

This framework can guide practitioners to a deeper understanding of a person's life

> and experiences.

This framework can guide practitioners to a deeper understanding of a person's life and experiences. Considering these factors will help ensure that care is culturally safe, patient-centred and tailored to an individual's unique needs, which makes it a valuable tool in all health-care environments.

Current practice vs best practice

Te Whare Tapa Whā is the most prominent Māori health model used in health-care services. However, the gaps between the current practice of this model and best practice recommendations of the Meihana Model are significant, highlighting key areas where current practice may be falling short in addressing the health-care needs of Māori patients.

While Te Whare Tapa Whā focuses on the four dimensions of health,[13] it fails to mention the social determinants of health, which are fundamental to the Meihana Model. Incorporating ngā hau e whā recognises the influences of colonisation, marginalisation, racism and migration on Māori health outcomes.[12]

Using the Meihana Model allows practitioners to undertake more complex health assessments, including not only physical and mental health but the social determinants and cultural contexts that influence health.

Both the Te Whare Tapa Whā and Meihana Models share a commitment to holistic health, advocacy for care that aligns with Māori values, and the importance of addressing the multiple dimensions of health with a Māori approach.[14]

However, the Meihana Model expands the framework beyond the individual and whānau, by acknowledging the broader environmental factors that contribute to Māori health.

Nursing pressures and cultural competency gaps

Current practice differs from the recommended best practice of the Meihana Model for several reasons. Time constraints, resource limitations, and the lack of culturally competent training are significant barriers that health providers face.

Nurses in Aotearoa are struggling with staff shortages, with nurses continually leaving the profession prematurely. During 2023, more than a quarter of nursing shifts were below target staff numbers, with some wards reporting constant understaffing.[15] There is evidence that inadequate staffing levels can jeopardise an RN's ability to form a therapeutic relationship with patients.[16]

> Although Māori culture has been revitalised and expanded, there are still initiatives and policies today that undermine Māori well-being and autonomy.

Te Aka Whai Ora, the Māori Health Agency, was established in 2022, in an effort to grow the Māori nursing workforce and contribute positively to Māori health.[17] Unfortunately, the new Government in 2023 disestablished Te Aka Whai Ora and budget cuts left health-care systems across the sector struggling.[18]

Such changes can lead to decreased satisfaction with care delivery and poorer health outcomes for critically ill patients.[19] Although Māori culture has been revitalised and expanded, there are still initiatives and policies today that undermine Māori well-being and autonomy.

Furthermore, nurses may not receive proper training in cultural competency, which is critical for using the Meihana Model with patients. Some Māori RNs have identified a lack of cultural skills, particularly in relation to hauora Māori, in nursing training and in the workplace.[20]

The Meihana Model requires practitioners to broaden their knowledge and strengthen their cultural skills to provide high-quality care for their patients.[11]

Building on the foundation of Te Whare Tapa Whā

Te Whare Tapa Whā has provided an effective foundation for understanding Māori wellbeing, ensuring that a Maōri view of health is voiced in health-care systems. Writing this reminded me of a whakataukī — "ko te reo te taikura o te ao mārama" (language is the key to understanding). Te Whare Tapa Whā unlocked the door for both non-Māori and Māori to integrate holistic views of well-being into health care.

However, as new challenges arise, and te reo Māori is revitalised, I believe it is time to build on this foundation with models such as the Meihana framework. This model offers extensive tools for practitioners to address disparities in a modern context, encouraging more health-care practitioners to develop a deeper understanding of Māori that may help to reduce stigma, racism and discrimination in health-care services.

As a result, we may see an increase in Māori accessing health-care services due to the culturally safe care being provided. Nevertheless, Te Whare Tapa Whā will always be a cornerstone of Māori health, deserving our respect and gratitude for the cultural awareness it has brought to the health-care system.

Baxter-Lena Edwards, RN, is a new graduate nurse working in mental health in Northland. She wrote this article while a third-year nursing student at Northtec, and acknowledges the help of senior lecturer Thomas Harding in helping her shape her writing.

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Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

FEATURES

Nursing pets: From ‘foster fail’ to beloved member of exclusive circle of friends

By Allie Sutton

December 22, 2025

In a Kaitiaki summer feature we’re sharing our readers’ amazing pets – answering the age old question of what makes the perfect animal companion to the busy health professional.

Flat out: Reecee the cat.

Reecee is a foster fail because he is skittery AF. He loves me because he knows me, but he has a small circle of friends with no desire to make it any bigger.

Santa Reecee delivers season's greetings to all.

He's a loveable pain in the arse. He likes dragging his food out of his dish, hiding in paper bags, bringing in vermin — as well as a guinea pig — and moulting.

He has been know to try and bite packets of Temptations, so I've had to put them in a jar.

On the holiday front, he's been a Christmas shit — chewing our Xmas presents open.

— Registered nurse from Wellington hospital, Allie Sutton.

Proud of your pet? Send a photo with a few words on why they're the perfect health professional companion to coeditors@nzno.org.nz.

Reecee is a Christmas shit, says his owner — destroying pressies.

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NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

FEATURES

Lilah: She helped me through long nights of study to my theatre nursing role

By Melissa Gratwicke

December 29, 2025

In a Kaitiaki summer feature we're sharing our readers' amazing pets – answering the age old question of what makes the perfect animal companion to the busy health professional.

Ready to play, is Lilah.

I just saw your article on Kaitiaki about NZNO's pet friends and felt compelled to share my beautiful Lilah with you.

A little bit about me: my name is Melissa Gratwicke, and I have just finished a graduate entry nursing programme (MNSc) at the University of Auckland and I am about to start a NETP theatre nursing role at Ormiston hospital next year.

Lilah joined our family right before my final year of university, and she's truly been the biggest joy.

She's gotten me through long nights of studying and assignments, tough days after long placements, and all the highs and lows of my last year of nursing school.

As I move into my professional career, I'm looking forward to having her by my side.

Here are a few photos. I hope she can brighten your day too!

Lilah enjoys nature.

- *Melissa Gratwicke*

Proud of your pet? Send a photo with a few words on why they're the perfect health professional companion to coeditors@nzno.org.nz.

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NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

FEATURES

Nurses make 100 emerging Māori leaders' list for 2025

By Kaitiaki coeditors

December 22, 2025

Three nurses have made the annual list of 100 people who have been identified by Te Rau Ora as emerging Māori leaders.

Waimarama Durie, Grace Tairua and Aroha Ruha-Hiraka - have made the 100 Māori leaders list as emerging leaders in 2025.

Te Rau Ora is dedicated to strengthening Māori health and wellbeing through workforce development, research, leadership, and community-led solutions, focusing on mental health, addiction and cultural competency across Aotearoa.

This year, a nurse prescriber, graduate nurse and nurse trying to advance the Māori nursing workforce within the system, have made the organisation's prestigious *he pito mata (emerging leaders)* list, alongside doctors and traditional Māori healers.

Grace Tairua

Ngāti Kahungunu, Tainui

Grace Tairua is a wife and mother of four girls, currently in her third year of a Bachelor of Nursing at Wintec, with one semester remaining. In her future nursing career, she plans to focus on Māori health in

a GP setting, serving her community in Raahui Pookeka and working collaboratively to improve the health of Māori whānau.

Grace grew up witnessing her mother constantly suffering from health problems and then spending the first year of her second child's life in and out of the hospital. During this time, she saw firsthand the vital role nurses play within the community and decided to acquire the skills needed to contribute to the community through the healthcare system.

Throughout her studies, Grace has been part of the Tihei Mauri Ora stream, which focuses on improving Māori health outcomes in the community by integrating Māori customs and protocols. This stream provides additional support through a manaaki care model rooted in Māori culture.

Grace believes it is important to have Māori healthcare professionals caring for Māori and have pathways encouraging more Māori to pursue nursing. In her future career, she plans to work alongside Māori families and advocate for their health and well-being. She also hopes to support children and be a health advocate for tamariki.

Waimarama Durie

Ngāti Kauwhata, Rangitāne, Ngāi te Rangi, Ngāti Raukawa

He uri whakaheke a Waimarama nō ngā kāwai whakapapa o Ngāti Kauwhata, o Rangitāne, o Tauranga Moana anō hoki.

Waimarama Durie stands as a beacon of excellence in mental health nursing and Māori workforce development. Guided by her whakapapa, Waimarama's mahi is anchored in tikanga Māori and a vision for hauora equity across Aotearoa.

Currently, Waimarama is an principal at Te Whatu Ora's national public health service, contributing to national Māori workforce strategies and a Te Tiriti-led Hauora Māori Tūmatanui directorate.

In addition, Waimarama supports Te Rau Ora as a Māori nurse educator to support the growth and recognition of Māori nursing across Aotearoa.

Also, Waimarama's journey in Department of Corrections reflects her unwavering commitment to improving mental health care for the disproportionately high Māori population in the corrections system.

Her earlier contributions at Capital & Coast DHB and Te Whare Marie Specialist Māori Mental Health Service further highlight her dedication to enhancing kaupapa Māori health services.

Waimarama currently holds a Bachelor of Nursing from Universal College of Learning and a Postgraduate Certificate in Nursing from Whitireia Community Polytechnic. She has also achieved Expert-level certification in Huarahi Whakatū Dual Competence – a Nursing Council accredited professional development and recognition programme, specifically tailored by and for Māori registered nurses.

Beyond her professional life, Waimarama has a deep love for travel, finding joy in exploring the cultures and kai of Southeast Asia, South Korea and Europe. These experiences have enriched her worldview and deepened her connection to the diverse ways people nurture their wellbeing.

Through her clinical leadership and unwavering dedication to hauora Māori, Waimarama Durie continues to uplift the mana of Māori within the health sector, ensuring that our people are seen, heard, and cared for in ways that honour our whakapapa and wairua.

Aroha Ruha-Hiraka

Ngāti Awa, Ngai Tūhoe, Te Arawa, Tūwharetoa

As a registered nurse prescriber, Aroha Ruha-Hiraka is passionate about te ao Māori and applying that ancestral knowledge into practice. Te reo me ōna tikanga is the foundation of her nursing practice and forms the basis of her delivery of health services for whānau.

In 2017, Aroha graduated with a kaupapa Māori nursing degree from Te Awanuiārangi. The tikanga Māori component of her degree helped her gain the confidence to apply Māori frameworks into practice when working with whānau.

Growing up with te reo as her first language and through kōhanga reo and kura kaupapa, Aroha believes health interventions are already within pūrākau and traditional Māori practices.

As a new graduate nurse, Aroha was named the 2018 joint winner of the national Young Nurse of the Year Award. (https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/201/nzno-young-nurse-of-the-year-award)

The New Zealand Nurses Organisation's annual award celebrates nursing at an excellent level and recognises that recipients have reached a high level in their everyday work. She was nominated by her employer, where she worked as a new graduate, for her competent use of te reo me ōna tikanga in practice.

Aroha is studying to become a nurse practitioner and plans to continue working amongst her whānau, hapū and iwi in the Eastern Bay of Plenty. Te Kura Maengenge, watch this space.
[the above content has been kindly provided by Te Rau Ora]

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Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

COLLEGES & SECTIONS

Stomal nursing – best job ever, says chair

By Maree Warne

December 19, 2025

Dealing with people's "poos and wees" might seem challenging — but college of stomal therapy nursing chair Maree Warne loves her job.

Hawke's Bay Hospital staff celebrated stomal therapy week this year in June. Maree Warne is second from the left, at front.

It might not seem the most glamorous of roles but we stomal nurses love our job! It's an amazing role, because we stay with someone their whole journey — from diagnosis, through surgery to living in the community, and until patients get the stoma reversed or pass away.

So we get to form relationships with patients that nurses don't get to do so much on the ward.

I originally wanted to be a cardiac nurse. But when I came home from Australia to Hawke's Bay in my early 30s, colorectal was the only ward hiring. Then I started having babies, so I wasn't going anywhere and ended up staying there for 12 years before moving into a new stomal nursing role in another department.

Every day we see the impact of our work, which is very satisfying.

It's so noticeable to the patient and to us how much of a difference we make in people's lives. If anything goes wrong with a stoma, it's not life or death, but it's extremely embarrassing and extremely uncomfortable – and just traumatising. People don't want to have accidents in public.

College of stomal therapy nursing chair Maree Warne says her job is 'amazing'.

And patients really appreciate us. So all stomal nurses love their jobs – they really do. If you don't love it, you just couldn't do it — you have to be committed and passionate.

Who are stoma patients?

Most of our patients are cancer-related — and it's mostly rectal. Often parts of their rectum have been removed and rejoined. That usually requires a temporary ileostomy — a stoma (opening) from the small intestine with a pouch. Other kinds of stomas include colostomy (a large intestine stoma), and ileal conduit after removal of the bladder due to cancer.

If surgeons are worried about the join holding, then they make a stoma upstream to divert the faecal flow so that you can allow that join to heal. That's a faecal diversion.

Other stoma patients include the elderly, frail, immuno-suppressed, smokers and diabetics.

It's not as easy as slapping a pouch on – I think that's what a lot of people think you do.

Whack on a pouch and send people on their way.

Some have inflammatory bowel conditions like Crohn's disease or ulcerative colitis,

It's not as easy as slapping a pouch on – I think that's what a lot of people think you do. Whack on a pouch and send people on their way. But so much of our role is psychological.

There is a lot of counselling. People are so freaked out — it's horrific for them. Some people welcome their stoma, as it's a relief of their symptoms. But for a lot of people, they're dealing with their cancer diagnosis, treatment and a stoma — they've got a shit bag on their tummy.

Some of the stomal therapy week displays at Hawke's Bay Hospital earlier this year.

It affects every facet of your life. You don't want to go out to the supermarket if you think you're going to smell like shit, you're worried about leaks, your sex life goes out the window. Everything — it's your whole body image.

But usually by the end of it, most patients say that the stoma was the least of their problems.

Most stomas are temporary these days, so we see them pre-op, we see them in the hospital, get them prepared to go out in the community – and that's probably our most intensive time, that first four to six weeks, when they're getting their new stoma.

Education is also a major part of our role. We prepare patients for their surgery, explain what to expect — demonstrate the pouch, explain what will happen afterwards and then mark their abdomen where it is best to place the stoma.

After surgery, we check in, make sure they're getting the hang of it, that they're having no leaks, that their skin is okay, that they're getting out and about doing their thing. Once they hit six weeks, they usually are pretty much independent and confident, and off doing their own things.

But it's not always just at the start. Sometimes, people can have a stoma for years — decades — and then start having problems and complications after 40 years.

Others get theirs reversed after the six-week minimum — if they are fit or get prioritised.

Tiny workforce

We stomal nurses are a tiny and highly-specialised workforce of around 60 or so in New Zealand. The college has 180 members — but that includes hospital, primary health and district nurses who regularly work with stoma patients.

Getting qualified isn't easy either. There hasn't been a stomal specialty nursing course in New Zealand since 2001. There are two options, both in Australia and both one-year part-time post-graduate. One is at Curtin University in Perth and the other is through the Australian College of Nursing.

> **So the stoma nurses are getting big messes in the community because patients get discharged in a bad state.**

Studying in Australia is just unaffordable for most nurses — the Curtin University qualification costs A$13,500 and you need to spend two weeks in Perth for the clinical practice, which is cost-prohibitive in itself.

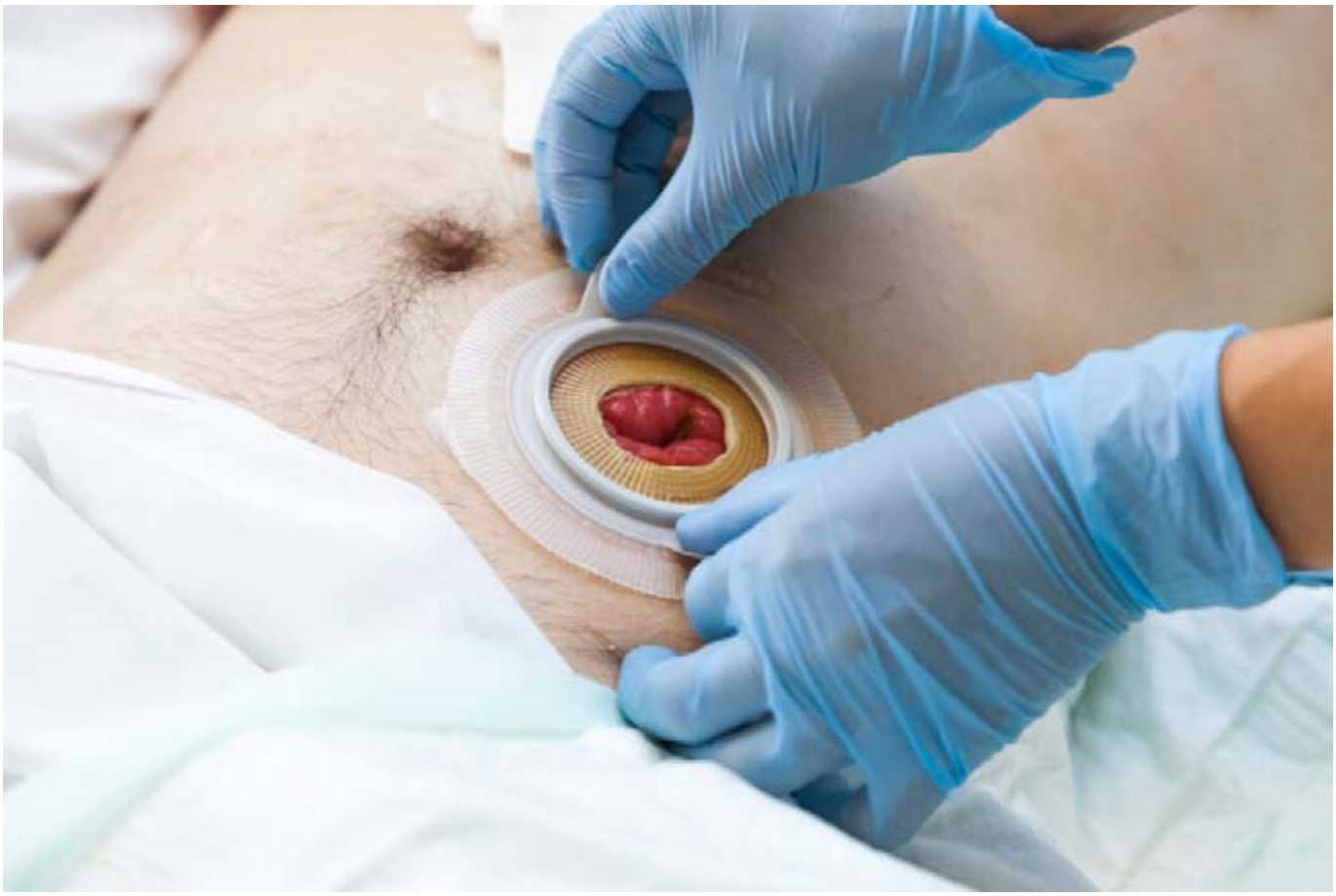
Former college chair Emma Ludlow is negotiating for Curtin University staff to come over to New Zealand each year to supervise the clinical part of that course in Auckland. We need at least 15 participants for that to go ahead — and it looks like we might have enough.

More details on that can be found here, for those who are interested.

Other stomal nurses, like me, haven't done any formal training but have just learned on the job over many years. Although I did focus on stomal nursing while studying for my Masters in nursing at the University of Auckland — my thesis was on hydration and people with ileostomies (where the stoma attaches to the small intestine, rather than the large intestine, as with a colostomy).

Cutbacks?

We work across hospitals, communities and aged-care — we go where our stoma patients are. But some regions have cut back, such as Auckland. Previously, their stomal nurses would move between the community and hospital but over the past year or so they have been replaced in Auckland hospitals by ward nurses.



A colostomy — a type of stoma (opening) which attaches to the colon, after surgery. Photo: AdobeStock.

Te Whatu Ora Auckland–Te Toka Tumai don't seem to want to pay for specialists, so they think a nurse on the ward can do what a stoma nurse does. And I can tell you right now that they can't.

So the stoma nurses are getting big messes in the community because patients get discharged in a bad state — then they have to travel across Auckland from one patient to another. It's pretty dire — it's not great.

But here in Hawke's Bay, and most other regions, we stoma nurses can go anywhere the patient is.

On the college horizon

Our main focus at the moment is our upcoming biennial conference *Resilience (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_stomal_therapy_nursing/conferences_and_events#Upcoming%20events)*in Christchurch on March 5 and 6, 2026.

Alongside the Australian association of stomal therapy nurses (https://stomaltherapy.au/) (AASTN), we are also helping prepare for the the Asia-Pacific Federation of Coloproctology congress in Sydney in 2027.

We have a strong relationship with our brothers and sisters at AASTN and celebrated stomal therapy week together back in June. We also share a stomal nurse training scholarship (https://www.coloplastprofessional.com.au/siteassets/australia/cc/brochure-for-patricia-blackley-scholarship-2025_cpop115a-nb.pdf) with them for both Australian and New Zealand stomal therapy nurses.

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NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

SUMMER WRITING

Slow for bends

By Katherine Megchelse

December 26, 2025

We asked for your toughest health-care experiences. Today, Northland nurse Katherine Megchelse shares an unexpected perspective.

Photo: AdobeStock.

"Speed kills!" throw in a few advertisements targeted at drunk driving, tiredness and speed targets and where do I find myself . . . ? Being escorted by three police officers through the hospital at 06:00.

I did not think that a combination of alcohol, sleep deprivation and excessive speeding would result in a family reunion so soon. I was young, full of bravado and enthusiasm to get out and discover new things. I had the world at my feet with the opportunity to choose which path to follow and many undiscovered journeys ahead, or so I thought . . .

She often tries not to think about the cold, dark, metal fridge-like shelf that my warm, shroud- wrapped body was placed prior to shutting the door on me.

A lady sits at her computer typing my story for a short story competition. Why does she remember me? I never got to speak to her, yet she spoke to me, providing comfort and reassurance that it was okay to close my eyes.

She sat with me while we waited for the police to arrive, she remembers every detail about me. What time I presented in the early hours of the morning to the hospital following a car accident, intubated and requiring surgery. Scrubbing and assisting the surgeons with my surgery as they worked tirelessly trying to repair the injuries I had sustained. Participating in CPR as I crashed on the table. And she recalls vividly when the anaesthetist called time of death and cleaned my lifeless body in preparation for my family to sit with me and hold my hand.

Photo: AdobeStock.

Her shift ended by accompanying me with the police to the mortuary and she often tries not to think about the cold, dark, metal fridge-like shelf that my warm, shroud- wrapped body was placed prior to shutting the door on me, thereby eliminating the warmth, sun and joy of life that I would never get to experience again. I was 16 years old, too young to die.

— Katherine Megchelse is a clinical nurse specialist with 25 years' experience.

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SUMMER WRITING

My aphantasia eases the load when caring for children at the end of life

By Vicki Chennells

December 15, 2025

We asked for your toughest health-care moments. Today, paediatric palliative care nurse Vicki Chennells explains why she remembers the emotional truth, but not the faces of children at the end of their lives.

In those final peaceful moments of a child's life, a family member's hand never leaves their child's. Photo: AdobeStock

Working in paediatric palliative care means being invited into families' lives at a time when everything feels like a roller coaster.

People often ask how I manage the emotional load of this role. They imagine I must carry the faces of every child with me forever.

The truth is more complicated, and strangely, a little easier for me. I have aphantasia, which means I cannot form pictures in my mind. I do not see images of moments after they pass. Instead, I remember feelings, words and the sense of being there.

Paediatric palliative care clinical nurse specialist Vicki Chennells.

For a long time, I thought this made me less imaginative or somehow missing something.

Eventually, I realised it helps me cope with the hardest parts of paediatric palliative care. I face tough experiences supporting children and their whānau as life gently comes to an end. I can still remember the atmosphere in the room. It felt like a deep stillness had settled around. A family member's hand never leaving their child's.

There is grief, of course, but also an overwhelming softness. It feels tapu.

I cannot picture any scene now. There is no replay in my mind that drags me back.

What remains is the emotional truth of the moment.

I carry the privilege of being trusted to stand beside a family at such a vulnerable time. Without vivid images resurfacing later, I am able to hold that memory without becoming overwhelmed by it. It sits gently with me instead of taking over.

But aphantasia alone is not what gets me through.

Paediatric palliative care is never done alone. My colleagues are the people who understand without explanation. We debrief after the hard days, check in on each other, share cups of coffee and sometimes tears.

'I have aphantasia, which means I cannot form pictures in my mind.' Photo: AdobeStock

They anchor me when the work feels heavy. They remind me that caring for children and their families is something we do together.

Families also shape my resilience.

I have witnessed parents finding remarkable strength, siblings managing to laugh through tears and whānau drawing courage from their culture, their faith or from one another. They show me what love looks like in its rawest form.

Aphantasia protects me in a way, but the real reason I can keep doing this work is because of the people around me and the children who teach me more than they ever know.

That is how I have made it through the toughest moments and how I continue to show up with compassion each day.

— Vicki Chennells is a paediatric palliative care clinical nurse specialist based in Wellington.

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LETTERS

What does your pet mean to you?

By Kaitiaki coeditors

December 5, 2025

It's been a tough year but a couple of gnarly questions remain unanswered for NZNO members: What is the best pet for the modern health professional? And do you own it?

Kaitiaki is asking proud pet-owning members to send through photos of their beloved pet, with a few words about what makes them special. Maybe it's a pooch that went out on the picket line this year. Maybe it's a stay-at-home turtle. We'd love to publish our members' pets and share their photos.

If you want to share a pic and some words about your animal friend then email us at coeditors@nzno.org.nz. Be sure to include your name and what kind of work you do. Pictured are some NZNO pets, asking for your help with this summer feature. Don't break their hearts...