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NEWS

‘Doing it tough’ – Far North iwi providers struggle in political current

By Mary Longmore

February 27, 2026

Iwi health providers showing up at Waitangi say Far North communities are struggling more than ever to access health care.

Virginia Wati, left, with colleague, nurse practitioner Margret Hand, at Waitangi this month.

Te Tai Tokerau nurse Virginia Wati was giving free hand massages to rangatāhi at Waitangi this year. It’s a good way to connect with them and have a low-key kōrero about their health, she told *Kaitiaki*.

“A lot of people don’t know about their body,” said Wati, who alongside a listening ear, also gives out out sexual health packs, period products – and even soap, underwear, toothbrushes and shavers, she said. “It’s just about basic self-care.”

Wati is one of three enrolled nurse (EN) at Te Hā Oranga — one of several iwi health providers with a presence at Waitangi this year. Te Hā Oranga also has four registered nurses (RNs) and a nurse practitioner who help care for about 1200 patients across vast and remote swathes of land within the Ngāti Whātua rohe, including Hokianga, Kaipara, Waitematā and Manukau.

Whangārei nurses Jenni Moore, Marie Noa and NZNO organiser Julie Governor turned out at Waitangi this year.

With 80 per cent Māori staff, its clinical services included mobile nursing clinics, whānau ora primary health, outreach immunisation and general clinics, cervical screening and many more; alongside public health, addiction, education, kaumātua and youth services.

‘In the community, with the Government changes, we are feeling a lot of pressure.’

Te Hā Oranga is a nurse-led service but whānau needing further medical care can be referred by the mobile nurses to GPs in the region.

“We engage with whānau, then we can hopefully bring them into the GP outreach clinic,” Wati said.

Waitangi 2026 waka parade

Tough times

Wati said it had been really tough out there for iwi providers recently – and the whānau they cared for — amid the political shift away from targeted Māori health services.

"Our whānau struggle all the time – and even more so, lately," she said. "In the community, with the Government changes, we are feeling a lot of pressure."

Hokianga Hauora healing gardens

Wati said she and colleagues had also noticed fewer whānau were accessing health care, with barriers likely being financial and transport difficulties.

A fragmented workforce, iwi health workers were often paid up to 25 per cent less than hospital nurses – which was frustrating and meant staffing was always a challenge in the hard-to-reach communities, she said.

Another local provider is Hauora Hokianga, which provides holistic care to whānau from GP and community nursing services, to inpatient and maternity services — and even gardens providing home-grown kai.

Worker Lovey Fife said she saw how much of a difference it made to people's lives.

'This is where good health comes from'

"We need more of this model funded by Te Whatu Ora – because this is where good health comes from."

While some larger Māori/iwi providers offer collective agreements, many working for smaller providers are on individual contracts.

Waitangi 2026 at dawn

Without collective muscle, many iwi health and social service workers are facing pay rises as low as one per cent this year.

About 738 NZNO nurses and kaiāwhina work at about 104 iwi/Māori providers across Aotearoa.

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NEWS

Breast cancer bus hits the deep South to boost Māori, Pacific and rural screening rates

By Kaitiaki coeditors

February 27, 2026

Southland primary network WellSouth says "more work needs to be done" to tackle breast cancer inequities for Māori and Pacific communities in the deep South.

BreastScreen Aotearoa's mobile screening bus is currently in Oamaru and will travel to Clyde, Balclutha, Gore and Otautau over the year, before returning to Oamaru. It is currently parked up at 4 Frome Street, Oamaru.

WellSouth equity programme lead Jen Lowrey welcomed the bus's return, saying the organisation would be working hard to promote breast screening across the region, particularly in Māori, Pacific and rural communities.

Māori and Pasifika women experience the highest rates of breast cancer in Aotearoa, according to the Ministry of Health (https://www.health.govt.nz/publications/health-and-independence-report-2024). Each year, about 3600 people are diagnosed with breast cancer.

Breast screening is free to women aged 45 to 69. A recent expansion means it will increase year-by-year, becoming available to women up to age 74 by 2029.

Jen Lowrey

Lowrey said while 68.5 per cent of eligible Māori and 60.5 per cent of eligible Pasifika women in Otago and Southland had been screened, more work was needed.

Lowrey, a registered nurse (RN), said Māori and Pacific people experienced poorer health and treatment outcomes due to lower participation rates, access to screening services and follow-up treatment.

"This means there are higher rates of cancer and, as a result, higher death rates in those communities. This is made worse with barriers, including living rurally and in many cases the stigma associated with mammography screening."

WellSouth planned to break down those barriers by enrolling as many people as possible onto the screening programme, she said.

This would be done through education, information-sharing and a dedicated call centre, "talking with and supporting women to get to clinics or the bus and get these important checks".

Māori and Pacific health provider partnerships

Another focus has been growing partnerships with local hauora Māori and Pacific providers to support people to access their mammogram screening, Lowery said.

"Early detection, diagnosis and treatment can save lives and change communities who are losing loved ones."

The extended breast screening programme will make around 130,000 more women eligible every two years and is expected to improve early detection.

WellSouth has a contract with ScreenSouth Ltd, who administer the national breast screening programmes for Te Waipounamu (South Island).

Details of the mobile screening bus schedule can be found here (https://www.healthnz.govt.nz/health-topics/keeping-healthy/cancer-screening/breast-screening/breast-screening-clinic-locations).

At a glance

- Māori and Pacific Island people have a significantly higher breast cancer incidence compared to non-Māori and non-Pacific and are almost twice as likely to die from breast cancer.

- The aim of breast screening is to find very small cancers before a lump can be felt in the breast. Early treatment has the best chance of success.
- Breast cancer is the most common cancer in New Zealand women.
- While screening mammography cannot prevent breast cancer, international evidence shows that mammography, when delivered through an organised screening programme, can reduce mortality from breast cancer.
- The risk of breast cancer increases as you get older. Three-quarters of women who get it are over 50.

Source — BreastScreen Otago

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NEWS

‘We are scared for our residents and ourselves’: Nurses pivot to paper after system hack

By Joel Maxwell

February 25, 2026

Nurses are scrambling to rebuild medication charts on paper while others worry for patient safety after the MediMap hack.

Nurses have been pushed back to paper prescriptions and medical charts after the MediMap hack. Photo: AdobeStock.

The electonic system used to manage medication in aged residential care, hospices and disability services, was shut down after health workers discovered it was hacked on Sunday.

Names, ages, residential status and prescribers for some patients had been altered. Media reported that some patients were marked as dead when they were alive, others’ names were changed to Charlie Kirk — an apparent reference to the US right-wing activist shot dead last year.

A media statement released by MediMap on Tuesday said the company had found "unauthorised activity" in its system on Sunday.

With the platform shut down while it was fixed, customers had "reverted to their standard alternative manual processes", the release said.

Speaking to *Kaitiaki*, NZNO college of gerontology nursing chair Bridget Richards, a nurse practitioner, described the complex medication needs in aged residential care.

Some residents were on controlled drugs, others were palliative patients on syringe drivers; others needed insulin multiple times daily depending on their blood sugars, she said.

"All of those need to be charted appropriately and properly. There's others that are on immuno-suppressant medications they have once a week, so you have to remember what day of a week they are. It's not easy."

With the MediMap system, including its records, shut down where she worked, Richards said their pharmacy was able to send some charts with the normal packed medications already on them — "so as the prescriber I was able to sign and date those".

NZNO college of gerontology nursing chair Bridget Richards.

"And then we've had to go through each resident and chart the non-packed medications: insulins, Warfarins, any other injectables, creams that they need regularly, inhalers, eye drops — all of those things have then had to be put onto the medications chart."

On top of this were the as-needed medications, which might not have been required for months — "none of us can remember all of the things people are charted for". "We've gone with the things that we know they use regularly, so those are being re-prescribed."

The last time she'd used paper systems was about five years ago in a couple of facilities before they all went electronic, she said.

"[now] Instead of it being all automatically being filled in for you, we're having to go back to basics."

The day before she'd been helping nurses for about four hours on residents' charts — "to try and make sure we got everything charted properly".

Nurses are being forced to return to paper systems for prescribing and providing medication after the MediMap hack. Photo: AdobeStock

Richards said she'd been lucky in that she'd always written up any medication adjustments in her notes — "so I've got somewhere to go back to".

"I think somewhere in my past this must've happened before so I'm a bit careful in making sure I've got another area where I've got that information . . . I really feel for people that are left with nothing."

An NZNO member working in a Christchurch aged care facility, who wished to remain anonymous, said they had to double the registered nurses (RN) on each shift, just to give medications.

"This requires a paper form from the pharmacy, everything from paracetamol through to controlled drugs requires a second checker to observe and sign along with the RN administering."

This, the member said, made each medication round longer and heightened the risk of residents not getting their medication on time. There were 80 residents at the facility — not being able to access MediMap risked their safety, the member said.

> **"Everything from paracetamol through to controlled drugs requires a second checker to observe and sign along with the RN administering."**

"We are scared for our residents, and for ourselves."

In its release, MediMap said it was in contact with Te Whatu Ora-Health New Zealand, and had notified the Office of the Privacy Commissioner and police.

“We are continuing to investigate the impact on patient data while implementing a safe restoration pathway.”

On Wednesday afternoon, MediMap announced it was seeking a court injunction against the release of private information from the hack, after it was reportedly offered to media organisations.

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NEWS

‘Don’t be defeated, that’s what they want’: Government blasted at pay equity report launch

By Joel Maxwell

February 26, 2026

It’s easy to overlook personal distress when you’re talking about billions of dollars — but palliative care nurse Fiona McDougal simply felt gutted when she heard the news.

Flying the flag for NZNO, from left, members palliative care facilitator for primary care Anna Garton, care worker Lisa Marriner, palliative care nurse Fiona McDougal and NZNO organiser Laura Thomas.

Sitting in the packed room in the National Library in Wellington, however, she was feeling a little hope.

McDougal spoke ahead of the launch of a damning report by the People’s Select Committee on the Government’s axing of 33 pay equity claims — including hospice and care and support workers.

"I was really distressed by it, I thought it was very unfair. And especially the fact that it done without any notification or discussion."

The committee, a "group of fabulous women", had taken that on board, and given women a chance to have their say, said McDougal. "I have high hopes that the next government, if not this one, will implement its findings."

The People's Select Committee on Pay Equity at its report launch, from left, former National MP Marilyn Waring, former NZ First MP Ria Bond, former Labour minister Steve Chadwick, former National MP Jo Hayes, former Labour MP Lynne Pillay, former Green MP Sue Bradford, former National MP Belinda Vernon, former National MP Jackie Blue and former Labour minister Liane Dalziel. Absent was former Labour minister Nanaia Mahuta.

On May 6, 2025, the Government announced it was introducing and passing the law gutting pay equity the same day. At that point, 14 claims had been settled, and 33 were still underway. The changes reportedly saved the Government $12.8 billion for Budget 2025.

NZNO was involved in 12 of these live claims — including two that were only weeks from completion (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkaitiaki.org.nz%2Farticle%2Fgroundhog-day-nzno-files-pay-equity-claims-again-for-hospice-and-plunket-members%2F&data=05%7C02%7CJoel.maxwell%40nzno.org.nz%7C9769837aaff84271cc6308de7277c699%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639074055935373517%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=1CqqYXciE4hJjH1fnVbT15iTVxAqj9%2Fs5P2nVLxB9gs%3D&reserved=0).

The committee, comprising former MPs from across the political landscape, held hearings from August to October last year. The aim was to give a voice to communities denied in the actual law-making.

Palliative care facilitator for primary care at Te Omanga Hospice, Anna Garton said the report left her feeling excited and optimistic. "I feel like it's validated some of our concerns and I feel like as a workforce we've been heard."

The report called for the law to be repealed — but also outlined how the Government had covertly planned to gut pay equity while stringing industry groups and unions along. Health Minister Simeon Brown was part of the planning — meeting oblivious employer groups preparing claims only days before they were dumped.

Members of the committee, from left, Steve Chadwick, Jo Hayes, Lynne Pillay, Sue Bradford and Belinda Vernon.

The Government's secrecy was simply "horrendous", Garton said. "It's absolutely not part of a democratic society, and it was devastating for the workforces that had already put claims forward and were really hopeful of a quick resolution."

That speedy resolution, however, hadn't panned out, she said. In fact conditions had already deteriorated since the law change last year.

Porirua caregiver Lisa Marriner said care and support workers were valuable, skilled and had great experience. It was unfair they were paid less than similar male-dominated sectors simply because someone decided a job with lots of men was worth more, she said.

Caregivers were facing more high-needs patients in an aging nation. The work demanded planning, critical thinking and "amazing people skills" on a daily basis, Marriner said.

Labour deputy leader Carmel Sepuloni chats with committee members ahead of the launch. Labour has committed to reversing the current pay equity laws.

"Actually coming into a room today and listening to other women who are very acutely aware that we really are undervalued compared to our men . . . it was great to have that reinforced."

'Orchestrated subterfuge'

The committee members delivered a scathing rebuke to the Government during their presentation.

Former Labour minister Lianne Dalziel said the retrospective application to live claims was a "breach of the rule of law". "But the way ministers also covered up what they were doing while letting work on pay equity claims proceed was a breach of good faith."

The Government's approach was described by one submitter as "orchestrated subterfuge", said Dalziel. "We agree." Even the Ministry for Women was left out of the loop, she said — "extraordinary", given its expertise.

A packed house for the report launch.

Former National MP Marilyn Waring said the Government had destroyed a world-leading pay equity process.

"It is full of checks and balances, it is highly sophisticated, a rigorous and meticulous system that placed New Zealand as the world leader."

Her message to workers was simple: "Don't be defeated, that's what they want. That's their most important thing: to make you feel powerless . . . defy them."

Labour leader Chris Hipkins, also at the launch, told the audience that on the day the law changed his party had committed to reversing it.

What is needed?

The committee made a raft of recommendations including:

- Repeal the 2025 law, then introduce simple changes to cut time frames for claims; The government should then establish and resource an independent pay equity unit.
- Provide financial support to unions bringing pay equity claims.
- Prevent laws affecting fundamental rights to be passed under urgency (aside from times of emergency).
- Recognise pay equity as a constitutional principle, protected from political interference.
- Government agencies should improve funding for health, social and education services to support future pay equity settlements.

Watch Lisa Marriner speak here in our video section.

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NEWS

Business lobbyists, code names and Treaty breaches: People's voice damning on pay equity

By Joel Maxwell

February 24, 2026

New light has been shed on the lengths the Government went to keep law changes gutting pay equity claims a secret — including an awkward meeting for the Health Minister.

The People's Select Committee on Pay Equity members.

The People's Select Committee on Pay Equity has released its report on the Government's controversial — and surprise — axing of pay equity claims.

The report outlines a slew of criticisms of the law-making process, the law gutting the pay equity scheme itself, as well as its Treaty implications — and lays out a timeline of its "covert" preparation, including the use of a project code name, hand-delivered documents, and a Minister having to keep a straight face while meeting oblivious stakeholders.

It says the law should be repealed, the claims process simplified and sped up, and called for more financial support for the likes of unions and health service providers to make future claims.

On May 6, 2025, the Government announced it was introducing and passing the law the same day. At that point, 14 claims had been settled, and 33 were still underway. The changes saved the Government $12.8 billion for Budget 2025.

NZNO members at a pay equity rally last year on Parliament's steps.

NZNO was involved in 12 of these live claims — including two that were only weeks from completion (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkaitiaki.org.nz%2Farticle%2Fgroundhog-day-nzno-files-pay-equity-claims-again-for-hospice-and-plunket-members%2F&data=05%7C02%7CJoel.maxwell%40nzno.org.nz%7C9769837aaff84271cc6308de7277c699%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639074055935373517%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=1CqqYXciE4hJjH1fnVbT15iTVxAqj9%2Fs5P2nVLxB9gs%3D&reserved=0).

The committee, comprising former MPs from across the political landscape, held hearings from August to October last year. The aim was to give a voice to communities denied in the actual law-making.

The report warns axing pay equity claims could blow up in the face of an increasingly elderly nation — needing a predominately female workforce to care for it.

It draws together submissions, Cabinet papers and and other research and includes extraordinary nuggets of information.

- In February, 2024, Minister for the New Zealand Workplace Relations and Safety Brooke van Velden met lobby group Business NZ, who complained about the cost of public service pay equity settlements, and asked for a review of the law.
- Health Minister Simeon Brown met employer groups just five days before the shock law change. He knew Cabinet had already agreed to dump the three claims in which they were involved. They left none the wiser.
- Work to axe pay equity was shrouded in such secrecy that it had its own code name, Project Ten, and a no-attachments rule for emails. All papers had to be hand-delivered.

Health Minister Simeon Brown speaks at last year's NZNO conference.

In the dark

Just five days before the Act was passed, Brown met employer groups to discuss three claims without revealing Cabinet had already decided to dump them, says the report.

Just a couple of months earlier, on March 19, Brown was part of a hui of ministers, including van Velden, Nicola Willis and Erica Stanford, nailing down finer details of the law change. They'd push up the threshold to make it harder to apply. They removed to ability to seek a male comparator outside the claimant industry, the report said.

The Government was covertly preparing to dump pay equity claims while its agencies were dragging out those claims, says the report. The Aged Care Association estimated employers and industry bodies spent more than half a million dollars gathering information for a claim ministers knew would be dead on arrival.

“When we track the progress of the aged care pay equity claim alongside the timeline, we can see that employer groups and unions were essentially being strung along,” the report says.

Workers have been out in force against the pay equity changes last year.

And how covert was all of this? The report says in the lead-up to the law change any papers were hand-delivered in hard copies. The subject line on any emails about the work was code-named Project Ten.

Shonky lawmaking

The committee found criticism of the law-making across multiple fronts, including:

- The use of retrospective legislation.
- The lack of consultation especially with those affected by the law change.
- The use of urgency and lack of a select committee referral, which meant there were no checks and balances, nor evidence provided to support the changes.
- Evidence of bad faith that received from submitters.
- The impact that all of these have had on trust and confidence.

The Treaty implications

Meanwhile the report outlines damning submissions over the impacts of the law change on Māori and in particular, Māori women.

"Kaupapa Māori submitters viewed the Government's changes . . . as a deliberate rollback of hard-won rights, a breach of Te Tiriti o Waitangi, and an assault on intergenerational equity for wahine Māori, their whānau and communities."

NZNO kaiwhakahaere Kerri Nuku.

The report said submitters saw the law change as a "profound breach" of the Crown's obligations under Te Tiriti. This included a breach of the principle of partnership with the "complete exclusion of Māori from consultation on a law that disproportionately affects them".

Data submitted in hearings revealed that the ethnicity pay gap for Māori women compared to Pākehā men was 21.4 per cent.

During the hearings, NZNO kaiwhakahaere Kerri Nuku said Māori women and Māori nurses had already been "undermined within the health system", something only made worse by the pay equity changes.

Axing pay equity claims put a critical workforce at risk in an aging nation, the report said.

The "unprecedented growth" in over-75s placed immense pressure on the health and care sectors, both dominated by women whose claims were axed.

"Importantly, Māori and Pacific demographics are proportionately younger. They are a key contributor to sectors that have been traditionally undervalued. This will be eroded if the true value of this work is not recognised."

The report warns the pay equity changes could have a impact on a critical workforce for an aging nation.

Cabinet paper analysis

In an analysis of Cabinet papers the committee says "no Cabinet Minister was ever fully briefed on the measure's human rights consequences".

Documents sent to Cabinet ministers were so dumbed-down most readers relying on them for advice "would fail a simple test on what pay equity means", the report says. They were "bite-sized", "simplistic", "undeveloped".

It appears the ministers weren't starting from a well-informed foundation either.

The report outlines a timeline beginning in December, 2023:

"MBIE [Ministry of Business, Innovation and Employment] gets an email request for a briefing for Minister van Velden on 'pay parity.' Although the officials respond politely, it is clear that the Minister is actually seeking information on pay equity and does not yet understand the distinction."

She was given "a simplified slide presentation outlining the differences between equal pay, pay parity, and pay equity".

> **"Kaupapa Māori submitters viewed the changes as a deliberate rollback of hard-won rights, a breach of Te Tiriti o Waitangi, and an assault on intergenerational equity for wahine Māori."**

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

Meanwhile the timeline says van Velden met Business NZ (BNZ) who asked for the Equal Pay Act to be reviewed. "At this meeting BNZ advise: 'the flow-on effects from public sector settlements across the labour market, particularly in health and community services, is significant'."

This contradicts the Government's claim that it only consulted its own agencies, said the report.

What is needed?

The committee made a raft of recommendations including:

- Repeal the 2025 law, then introduce simple changes to cut time frames for claims; The government should then establish and resource an independent pay equity unit.
- Provide financial support to unions bringing pay equity claims.
- Prevent laws affecting fundamental rights to be passed under urgency (aside from times of emergency).
- Recognise pay equity as a constitutional principle, protected from political interference.
- Government agencies should improve funding for health, social and education services to support future pay equity settlements.

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NEWS

Enrolled nurses ‘gutted’ over Minister’s bonding scheme promises

By Mary Longmore

February 18, 2026

Enrolled nurses say they are “shocked” and disappointed that they have not been restored to Te Whatu Ora’s voluntary bonding scheme — despite assurances from the Minister of Health that they would be.

NZNO's enrolled nurse section committee, left to right: Suzanne Rolls (professional nursing advisor), Michelle Prattley (chair), Selena Morritt, Christy Reedy, Angela Ritchie, Glenda Huston, Debbie Handisides and Gwen Ahuriri.

Instead, enrolled nurses must wait a whole year before being reinstated, the Minister of Health has now confirmed.

NZNO's enrolled nurse chair Michelle Prattley warned it was patients in rural areas or short-staffed specialties who would suffer the most, over the year without enrolled nurses.

"It's those communities who are missing out on our skills."

After meeting the enrolled nurse section (ENS) in December, Minister of Health Simeon Brown reassured them they would be restored to the voluntary bonding scheme (VBS).

"I have made it clear to Health New Zealand that ENs should be included in the voluntary bonding scheme, reflecting the important part they play in patient care," he told *Kaitiaki* in December, after the meeting.

> **'They probably thought we were a small workforce and would just shut up and not notice.'**

The scheme pays new nurses $8500 a year if they work in hard–to-staff areas/specialties — often rural or remote — for at least three years. Until now, both registered and enrolled nurses (ENs) were included.

But Prattley told *Kaitiaki* this month that ENs were still excluded, and they had heard no news.

'Too late' says Te Whatu Ora

In response, Brown said that Te Whatu Ora advised him it was too late to restore ENs to the current intake, due to close "only days" after their December 4 meeting. The scheme closed on December 21.

"I have reiterated my expectation to Health New Zealand that graduate enrolled nurses will be included in the Voluntary Bonding Scheme, and I look forward to encouraging graduates to apply when applications open for 2026," Brown said.

> **'Our ENs . . . are taking roles where they aren't getting supported into practice – or are opting to go overseas or even give up and leave nursing altogether.'**

But the next intake will not open until later this year, for a 2027 start.

Te Whatu Ora chief nurse Nadine Gray said work was "continuing" on how EN graduates from 2024 and 2025 could be supported through the scheme.

'They probably thought we would just shut up'

In 2024/25, 55 ENs (https://www.tewhatuora.govt.nz/assets/For-health-professionals/voluntary-bonding-scheme/2024-Voluntary-Bonding-Scheme-VBS-Summary-Sheet.pdf) were accepted onto the scheme, at a total cost of nearly $470,000 — an amount Te Whatu Ora would now be saving in its 2025/26 budget, Prattley pointed out.

"They probably thought we were a small workforce and would just shut up and not notice," she said.

In fact, it would have been simple enough to extend the deadline to allow ENs back in, she said.

Christchurch EN Debbie Handisides said missing out on a supported entry role through the scheme for a whole year would have a significant impact on the workforce.

"Our ENs who didn't get into this scheme, are [instead] taking roles where they aren't getting supported into practice — or are opting to go overseas or even give up and leave nursing altogether."

NZNO's enrolled nurse section chair Michelle Prattley

Why us?

ENs — who have been part of the scheme since 2020 — were not told why they were removed last November — or even that they had been.

When asked, a Te Whatu Ora spokesperson would only say a decision was made "following a review of the categories and priorities" for the scheme.

Kaitiaki has requested all correspondence from Te Whatu Ora regarding the decision to dump ENs from the scheme under the Official Information Act.

At a glance

The voluntary bonding scheme (https://www.tewhatuora.govt.nz/for-health-professionals/voluntary-bonding-scheme/the-voluntary-bonding-scheme) aims to encourage health professionals such as nurses, dentists, midwives, GPs, pharmacists and radiation therapists to stay and work in hard-to-staff areas/specialties through incentive payments.

In the previous 2024/25 intake, 422 registered nurses (RNs) and 55 ENs took up bonded roles.

As well as rural and remote areas, the scheme supports hard-to-staff specialties such as primary health, primary mental health and aged residential care, among others.

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NEWS

Te Whatu Ora bargaining team returns to table with strong member backing

By Joel Maxwell

February 18, 2026

The question was asked, and the answer was simple. Keep going.

NZNO's Te Whatu Ora members have given a strong response in a survey gauging enthusiasm in collective negotiations. (File photo)

The results released on Tuesday of an NZNO survey gauging Te Whatu Ora members' appetite to continue bargaining has given a simple response – press ahead.

Members made it clear they wanted the bargaining team to continue to fight for their claims in bargaining and continue to campaign to achieve them. This would include industrial and political action when needed.

It came ahead of the latest round of bargaining set down for Thursday and Friday this week.

Bargaining team vice-chair Rachel Thorn said they were happy to hear a strong message from members to keep going.

The bargaining team, from left, Glenda Huston, Allister Dietschin, Nano Tunnicliff (on screen), Noreen McCallan, Lyn Logan, front, Maria Tutahi (on screen), Rachel Thorn, Debbie Handisides and Dawn Barrett.

"We've achieved a lot over the last 16 months with all the strikes . . . but we need to make sure that we finish it."

The 2025/26 collective bargaining kicked off in September 2024 — to date it has included 42 days of negotiations for the bargaining team.

Thorn said there were still key claims the team was hoping to get across the line — including tikanga allowances for members who provide cultural support, and a kaupapa Māori resolution process: both missing in last year's June 30 offer, angrily rejected by members.

The team was keen to push for a pay boost for senior nurses, and better wage offer overall, said Thorn.

> **“We’ve achieved a lot over the last 16 months with all the strikes . . . but we need to make sure that we finish it.”**

“And safe staffing obviously — that’s massive. We have to get something for safe staffing because that’s what members have been fighting for more than anything I would say.”

Thorn said the every part of the country was now feeling the impact of understaffing.

“I keep saying it, they’re deliberately understaffing to meet their budget . . . everything comes down to money . . . ‘yes we’d love to do safe staffing, but it has to meet the budget’.”

Dunedin Te Whatu Ora members on strike in September last year.

Bargaining had reached an important moment, said Thorn, “and we’re glad the members are behind us”.

“It’s been a long haul but we’re honoured to do it for the members. It’s a privilege to represent the members.”

Don’t forget primary health, aged care

Thorn said when bargaining eventually wrapped up, she hoped Te Whatu Ora members switched their election-year focus to other health sectors.

“We need to move that fight into the primary health arena. Because primary health nurses, aged-care nurses, iwi health nurses are not paid anywhere near the hospital nurses’ rate. And yet they are the single most important reason why people do or don’t come to hospital.”

Every nurse and their dog came out for Te Whatu Ora strikes in 2025.

Thorn said the entire point of NZNO's Maranga Mai campaign (https://maranga-mai.nzno.org.nz/) was to bring the sectors together to fight for good healthcare in New Zealand.

"We need to start thinking of ourselves as a whole community . . . I don't want it to just all fall off a cliff, all this enthusiasm and pressure."

Industrial action to date has included an historic mega strike in October, as well as more novel approaches such as clothing strikes.

Core sticking points

- An enforceable commitment by Te Whatu Ora to recruit to need, as defined by safe staffing programme CCDM (care capacity demand management).
- Implementing culturally appropriate nurse-to-patient ratios within an agreed time-frame.
- Embedding Te Tiriti o Waitangi with kaupapa Māori dispute processes and tikanga allowances for members who provide cultural support.
- Full employment for new nursing graduates.
- A pay rise that reflects the high cost of living.
- A further pay rise for designated senior nurses to restore pay relativity compared to RNs.

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Kaitiaki NURSING NEW ZEALAND

NEWS

Mental health worker strangled by patient – Minister calls it 'misinformation'

Kaitiaki EXCLUSIVE

By Joel Maxwell

February 18, 2026

Mental Health Minister Matt Doocey has rubbished workers' experiences of violence as "continuously disappointing" while defending an unpopular police policy affecting nurses.

Mental health workers have shared their experiences of violence but the Mental Health Minister says unions aren't being upfront with members.

Doocey told off unions for spreading misinformation and not being "upfront" about a controversial new police policy, following the results of an NZNO member survey.

However it comes as questions are raised about how upfront Te Whatu Ora-Health New Zealand (HNZ) itself has been with the Minister on the policy's impact.

In 2024, the Government announced plans for a phased police withdrawal from mental health call-outs. They said it would allow officers to focus on "core policing".

The overwhelming majority of the 31 respondents in the new sample survey of mental health workers believed the changes had made them less safe.

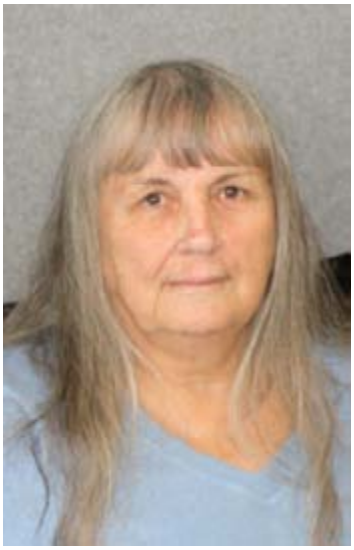
Mental Health Minister Matt Doocey speaks with NZNO members. (File photo)

Responses included one member's experience in an emergency department (ED) where staff were punched, kicked and the respondent was strangled by a patient left by police.

Rather than respond to the story and topline survey results shared by *Kaitiaki*, Doocey attacked the messenger.

"I am continually disappointed by the misinformation that comes from the unions around the police change programme. They need to be upfront with their members and New Zealanders around what's really happening around the police change programme."

Doocey said he'd contacted HNZ and been told there were no serious incidents linked to the programme. "I would encourage any mental health worker to raise incidents with the appropriate manager so a review can take place."



NZNO Mental Health Section chair Helen Garrick.

NZNO Mental Health Section chair Helen Garrick said she was not surprised by the survey results.

"Our feedback since this whole thing started from our members, and other nurses, was that this was a mistake."

Garrick asked if Doocey even understood that the new survey came from members.

"Did he get that? We *are* upfront. We're asking our members and we're conveying what our members say."

If Doocey had a dispute with what members were saying, then he needed to ask HNZ for the information provided to them from staff, said Garrick.

By the numbers

- Ninety four per cent of respondents said the police changes made them less safe at work.
- Nearly three-quarters, 71 per cent, said police were not responding when called to help with difficult patients.
- Ninety-four per cent had been subjected to unacceptable behaviour from patients — half of these subjected to physical violence.
- Thirty-nine per cent of respondents said they'd been physically assaulted since the police changes were phased in.

"We have been providing information," Garrick said. "HNZ has information. We go to meetings with HNZ where specific incidents have been discussed. And yet he's saying that they haven't found any link to the police change programme?"

Members had been consistently raising incidents with management, she said.

"We do. We have. And we continue to do so."

'No longer our responsibility.'

One survey respondent shared how mental-health clinicians and ED nurses were left with a violent patient by police.

Staff were alerted to the incoming patient (detained under section 109 of the Mental Health Act) by a phone call from an officer while he was getting punched in the back of the head by the patient.

Upon arrival at the ED, the patient — in methamphetamine-induced psychosis — punched a triage nurse. When two mental health clinicians arrived, police insisted on leaving immediately.

"I pointed out to police the patient's clearly aggressive behaviour and they advised it was no longer their responsibility to stay."

After police left, violence towards the ED nurses and mental health clinicians included being kicked and punched, and the survey respondent being choked.

After about 10 minutes ED administrative staff called 111 — eventually it required three police officers, two mental health clinicians, and two security guards to administer an intramuscular injection.

Once the patient was sedated the police left again. "Police were very dismissive to the point of rudeness on their return regarding us and ED not being able to manage the situation."

Nearly three-quarters, 71 per cent, of mental health workers said police were not responding when called to help with difficult patients.

Doocey said unions should not be politicising a programme he claimed was creating clearer communication lines and ensuring people received a mental health response.

Patient and staff safety was the top priority, he said — shown by an approach where each phase was activated "when and if it is safe to do so".

Garrick said Doocey's response was "actually quite infuriating". "It's because they're not listening . . . if Matt Doocey isn't getting those things then he needs to go back to upper management at HNZ and say 'I need more information'."

What police say

Police acting director of prevention Kyle Sherson did not directly address queries about the ED incident raised in the survey.

Phase two of the programme introduced a 60-minute handover time in EDs for patients detained under the mental health law, he said. Police were required to carry out safety assessments before leaving — they were expected to remain if it wasn't safe to do so.

Sherson said police were working with HNZ to make sure the programme was implemented in a way "that ensures that appropriate care is provided to those in mental distress".

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NEWS

Givealittle page set up for nursing whānau of Max Furse-Kee after landslide tragedy

By Joel Maxwell

February 11, 2026

In the worst of times, nurses are there to help. Now they can help one of their own.

Max Furse-Kee and Sharon Maccanico.

A Givealittle page has been set up to support registered nurse (RN) Hannah Furse and her whānau after the death of her son, Max Furse-Kee, 15, in the Mount Maunganui landslide.

The page for Furse, an NZNO member, and whānau can be found here (https://givealittle.co.nz/cause/in-loving-memory-of-max-supporting-hannah-furse), while one set up for the whānau of Sharon Maccanico, his girlfriend, can be found here (https://givealittle.co.nz/cause/help-us-support-the-maccanico-family).

In a public statement after the tragedy, Furse said her family's world "changed forever" on January 22, when her son, a Pakuranga College student, was taken from them.

"As a family, we cannot begin to imagine life without him. Max was our communal baby, a beautiful soul who brought immense light, laughter, and love into our world."

She asked that people keep Max and all the other affected families in their thoughts. "Love your loved ones, life can be heartbreakingly unfair."

> **"Max was our communal baby, a beautiful soul."**

Six people were killed in the landslide last month at Mount Maunganui Beachside Holiday Park.

The family was not just grieving the person they had lost, said Furse, but "all the milestones, memories, and future moments that will now never be".

"No words are big enough to capture this pain."

Ka mihi Kaitiaki ki te hunga nō nā noa nei i mate.

E tangi ana te ngākau ki a rātou kua riro ki te ringa o Aituā.

Ka pīataata tonu mai tō rātou aroha i tēnei ao kikokiko, hei whakamahana i a tātou o te hunga ora mō āke tonu.

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NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

NEWS

‘We carry our whānau with us’: Nurses make first trip to Waitangi grounds

By Joel Maxwell

February 9, 2026

They had come from the furthest distances to get there, but this just made its mauri and its mana that much more special.

Te Poari members from left, Isla Taunoa, Te Tau Ihu o Te Waka a Māui chairperson, and Charleen Waddell, Te Tai Tonga chairperson.

For the politicians and Māori leaders, the journey to Waitangi for Waitangi Day might be just another date on a busy annual calendar in another election year. But for the two nurses under the shady trees beside Te Whare Rūnanga, the wharenui on the Treaty grounds, it was an experience they'd never forget.

South Island members of NZNO's Te Poari, Isla Taunoa and Charleen Waddell spoke to *Kaitiaki* about visiting Waitangi for the first time — and coming from the other end of the country to do it.

Waddell, Te Tai Tonga chairperson, chuckled when she talked about one of the differences between the Deep South, where she had come from, and the sweltering Far North.

It was lovely tropical weather and the sun was out in Invercargill when she left, she said. "However, it might have only been 10 degrees."

Members of Te Poari gather beside Te Whare Rūnanga at Waitangi for Waitangi Day 2026.

Every year as Waitangi Day looms, the town of Paihia and the nearby Treaty grounds swell with visitors — mostly Māori — from around the country.

In this only-in-New Zealand event, the country's political leaders, Māori leaders, and everyday people hang out together in the days leading up to Waitangi Day.

"It's about the mauri and it's about the synergy," said Waddell. "Our whānau back home, we always carry them with us."

Hapū had always celebrated Waitangi Day down south, Waddell said.

Waka gather on Waitangi Day on the way to the Waitangi grounds.

“We always have for our local marae and our whānau. Even working in Australia you celebrate Waitangi — because it’s the journey of making sure we keep our whakapapa and identity.”

Another part of making the journey to Waitangi was about helping to make sure the day continued into the future, for rangatahi, she said.

“It’s the kotahitanga, it’s remembering our whānau, our manaakitanga and aroha ki te tangata [love for the people].”

Te Poari visited Waitangi in election year — an event this year that included politicians jockeying to set up their messages for the year.

Dawn rises on Waitangi day over the historic grounds.

Prime Minister Christopher Luxon spoke at Te Whare Rūnanga during the politicians' pōhiri: striking an apparent conciliatory tone, but sticking to the same anti-equity message.

Meanwhile on Waitangi Day itself, ACT leader David Seymour was shouted into temporary silence by a crowd that had simply had enough of his message.

Nevertheless, the event was still something special for Taunoa too. "It's beautiful, it's everything I thought it would be . . . everything about this place carries a lot of mana."

She said honouring Waitangi Day, and understanding its relevance was very necessary for nurses.

> **"Everything about this place carries a lot of mana."**

"It's super important that nurses understand it. Kawa whakaruruhau, cultural safety, kotahitanga, all those aspects are entwined here at Waitangi. That understanding can come from understanding history."

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NEW ZEALAND NURSES ORGANISATION
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NEWS

Dawn arises, Seymour told to sit down – one final backlash at Waitangi

By Joel Maxwell

February 6, 2026

As election year kicks off, Kaitiaki heads to Waitangi — covering our members, leaders and politicians, in what is shaping up to be a consequential decision for health.

Tino rangatiratanga and dawn on Waitangi Day 2026.

E noho. Haere atu. He taihara koe. Katia tō waha. Pānuitia te rūma.

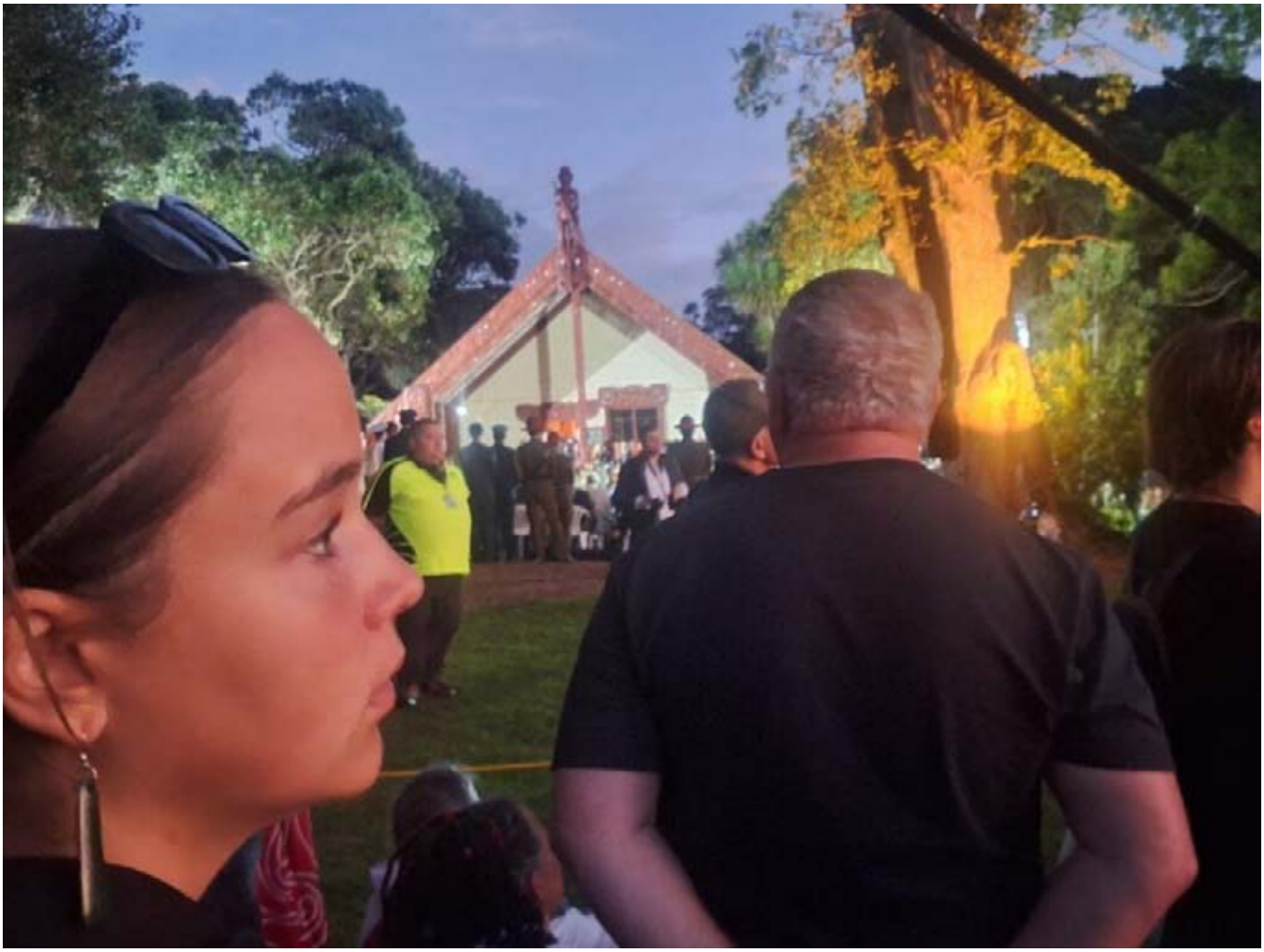
Sit down. Get off. You're a crook. Shut up. Read the room.

Kāhore he tohutohu ka koi ake, ka kite tūmatanui ake, ka moata ake, rānei, ki taua kua tukuna ki te kaiārahi ACT a David Seymour i te Rā o Waitangi.

Advice doesn't come much more pointed or more public or much earlier in the day than that offered to ACT leader David Seymour on Waitangi Day.

Kua whakangūtia Seymour, kātahi ka atawhaingia ia noki e te Runga Rawa kia haere tonu, i a ia e kōrero ana i ngā whakaritenga haeata i mua i Te Whare Rūnanga i ngā papa Waitangi, i tētahi wā e whakaatu nei i ngā āhuatanga tōtara wāhi rua o tētahi tau pōti.

Seymour, one of the speakers at the dawn ceremony in front of Te Whare Rūnanga on the Waitangi grounds, was silenced, then offered Divine assistance to continue, in a moment that encapsulated the polarised state of politics in an election year.



The audience outside Te Whare Rūnanga at Waitangi as dawn breaks.

Kua whakatepea te wiki Waitangi i Te Nōta i tētahi whakaritenga i reira ka whakangūtia Seymour e te kaha umere a te marea, i a ia e kōrero ana i te pourangi. Tae atu i ngā tohutohu ki a ia kia noho, kia kati tōna waha noki, he kōrero kangakanga kua whiua – ka ngunguru ake hei whakatū i tāna kōrero.

Waitangi week in the Far North was rounded out at a ceremony where Seymour was literally shouted into momentary silence while he spoke at the podium. As well as the advice to shut up and sit down, there was other, much saltier, language thrown at him – rising to such a volume that he had to stop.

Ka atawhai tētahi o ngā Pīhopa ko Te Kitohi Pikaahu ki tōna taha kia tau ai te mārire i mua i tā Seymour tīmata anō, nā whai anō ka tīmata noki te tāwai i a ia me te kaha whakahē.

One of the Bishops on stage had to step in and calm the crowd, before Seymour continued, only to be loudly heckled again with palpable animosity.

Mēna ka tukuna e te Rā Waitangi tētahi whakaahua o ngā āhuatanga i te tau pōti, ka kitea aua āhuatanga i roto i ngā kōrero a ngā kaitōrangapū me tā te marea urupare ki a rātou.

If Waitangi offers a snapshot of the election year ahead, then the politicians' kōrero — and the reaction to them — gave a few hints.

Looking out at the Bay of Islands as dawn breaks over Waitangi.

E ai ki ngā rongo kōrero a *Kaitiaki* i te Taite, ka kīia e te Pirimia a Christopher Luxon i roto i tāna kōrero ki te pōhiri mō ngā kaitōrangapū me aro pū ngā hōhipera ki ngā hiahia haumanu o ngā tūroro, kaua ki ō rātou whakapapa.

As reported on Thursday by Kaitiaki, Prime Minister Christopher Luxon's speech during the politicians' pōhiri mentioned how hospitals should only focus on patients' clinical needs, not their "family tree".

I tino whakahē te kaiwhakahaere NZNO a Kerri Nuku ki taua kōrero, hei whakaaro kuare, whakaiti i te tangata noki.

NZNO kaiwhakahaere Kerri Nuku slammed the idea as ignorant and offensive.

Kua tino aro te kaiārahi Reipa a Chris Hipkins ki te huarahi whakamārie — kia whakatau i te rangimārie kia kaua e tipu mai te riri. I whakakapia tāna kōrero i te pōhiri nā runga i tētahi whakataukī taketake nō Amerika e kōrero ana mō te hira o te kore whāngai i ō tātou kare ā-roto kino.

Labour leader and former PM Chris Hipkins was laser-focused on taking a more conciliatory approach — aiming to calm tensions rather than inflame differences. He wrapped his pōhiri speech with a Native American proverb that outlined the importance of not feeding our worst impulses.

In the moments before dawn at Waitangi.

Mehemea ko te tino tihi o te rorotu i Waitangi ko te kore umere ki a koe i a koe e kōrero ana, ka tutuki a Hipkins i tōna whāinga.

If the benchmark of popularity at Waitangi is to not be shouted at during a speech, then Hipkins achieved his goal.

Heoi anō, ehara te rōpū o te tangata i te take katoa ka tōia mai e ia te kōhete: i ngā whakaritenga haeata ka noho mārie te marea i te wā ka pānuitia e te Minita Hauora o mua a Shane Reti tētahi wāhanga o te Paipera.

However, even party affiliation didn't necessarily draw abuse: at the dawn ceremony former Health Minister Shane Reti was greeted with respectful silence as he read a Bible passage.

Ko tēnei tētahi wiki ka kōrerotia tētahi tapuhi hauora mātāmua i Te Taitokerau a Marie Noa ki *Kaitiaki* mō ngā wero pūmau o te mahi ratonga hauora ā-iwi: me te iti noa iho o ngā rauemi hei whakatika i te tautika-kore hauora Māori. Ko tētahi pēhitanga kāhore a Luxon e āhei ana kia whakatika nā runga i tana paku aro ki te whakapapa o te tūroro.

Meanwhile, it was a week where the likes of longtime Te Taitokerau primary health nurse Marie Noa told Kaitiaki that working at an iwi provider was always challenging: more resourcing was needed to address Māori health inequities. Something that Luxon, with his preference to avoid exploring patients' family trees, couldn't offer much hope on.

Left to right: Whangārei nurses Jenni Moore and Marie Noa at Waitangi with NZNO's Julie Governor and Whāngarei social advocate Carol Peters. (File photo)

Hei tā ngā mema o Te Poari, kua tino pukumahi rātou me te kōrerorero ki ngā kaitōrangapū i te wā o Waitangi, e matapaki ana i ngā pānga o ngā kaupapa here me ngā whakatau pūtea i runga i ō rātou

whānau, hāpori me ngā tūroro noki.

Te Poari members said they had been busy networking with politicians during Waitangi, discussing the impact of policies and funding decisions on their whānau, communities and patients.

Engari anō, ka tukua e te peka mai ki ngā papa te āheinga kia noho i roto i te manaakitanga o te mana whenua, ngā hapū o Ngāpuhi.

But also, the visit to the grounds offered the nurses from around the country a chance to be immersed in the hospitality of mana whenua, Ngāpuhi.

Hei tā Nuku, rānei: "He tino pai te tū i waenga i ngā tāngata Māori kia rāngona te wairua. He whakamīharo."

Or as Nuku put it: "It's good to be around Māori and to feel the energy. It's amazing."

Pre-dawn on the bridge to Waitangi.

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NEW ZEALAND NURSES ORGANISATION
Kaitiaki
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NEWS

Don’t mention their family tree: PM Luxon’s Waitangi comments slammed

By Joel Maxwell and Mary Longmore

February 5, 2026

As election year kicks off, Kaitiaki heads to Waitangi — covering our members, leaders and politicians, in what is shaping up to be a consequential decision for health.

Left to right: Whangārei nurses Jenni Moore and Marie Noa at Waitangi with NZNO's Julie Governor and Whāngarei social advocate Carol Peters.

It wasn't the warmest of farewells to the upper Treaty ground for David Seymour, ACT leader and recent speaker at Te Whare Rūnanga.

"You'll pay for what you did to women and Māori," shouted a bystander behind the ropes on the path out of the grounds.

It was the annual Waitangi pōhiri for politicians at the Treaty Grounds, and it had been a tense few hours as Māori and non-Māori alike worked through their angst.

Seymour was heckled exiting the grounds, after final political speaker Prime Minister Christopher Luxon wrapped a wide-ranging speech including the claim that health outcomes had improved under the Government.

The articles of the Treaty didn't mean there should be separatism in the public service, he said — a potential jab at the likes of the now-defunct Te Aka Whai Ora.

NZNO kaiwhakahaere Kerri Nuku at Waitangi.

You'll pay for what you've done to women and Māori

He then doubled down with a crack at equality of treatment in the health system. "When a New Zealander arrives at hospital and is in distress or in need of an operation, the system shouldn't ask about their family tree, it should ask about their clinical need."NZNO kaiwhakahaere Kerri Nuku slammed the comments — saying that the Government "absolutely hadn't" raised health outcomes, especially for Māori.
"Our people seem to be still obstructed from free access to service-delivery in hospitals and primary health because of costs."

Nuku said the likes of Te Aka Whai Ora weren't a separatist system — it was still run by the Crown, but aimed to bridge the gap for Māori.

"At the moment we've got a homogenised view that treats people equally even though we're not addressing the inequities . . . that have been perpetuated by the Government."

Luxon's family-tree comments were an insult to the work of nurse Irihapeti Ramsden that talked about how nurses were socialised and its impact on patient treatment, said Nuku.

"That's an ignorant statement to make, and really offensive."

'It's been a tough year'

Longtime Te Taitokerau primary health nurse Marie Noa, speaking at Waitangi after the politicians' pōhiri, said working at an iwi provider was always challenging and more resourcing was needed to address Māori health inequities.

Another Whangārei community nurse, Jenni Moore, said she had seen first-hand the damage wrought by the Government, particularly from the loss of Te Aka Whai Ora, and attempts to roll back equitable policies through the Treaty Principles Bill

"It's been a very tough year for people up here. I think the Treaty Principles Bill has really unsettled a lot of people and I think that also the loss of Te Aka Whai Ora was a devastating blow for Māori who really had that little jewel of hope that finally they would be able to be in control of their own destiny."
Moore said she has seen the harm caused in her own community.

"In Whangārei it's taken quite a lot of cuts to the housing area and health isn't just clinical bedside stuff – there's all the determinants of health – housing and education, so there are many things the Government is quite surreptitiously [doing]," she said.

On the politician's kōrero, Moore said she was impressed by Labour's Chris Hipkins who talked about coming together and not being divisive – and that Te Tiriti was about two sides working together in partnership, not just one side saying 'this is the way it's going to be'.

"I'm always hopeful but it's going to be a tough election year'

Tight security meant the crowds only got a distant view of Prime Minister Christopher Luxon speaking at Te Whare Rūnanga at the Treaty grounds.

Te Poari making connections

Meanwhile, Te Poari members said they had been busy networking with politicians during Waitangi, discussing the impact of current policies and funding decisions on their whānau, communities and patients– and hopes for a different direction after the election this year.

The crowds listen on as the speeches roll out for the politicians' pōhiri.

"We don't want promises, we want action," said South Island nurse and Te Poari rep Charleen Waddell.

Whanganui nurse and Te Poari member Michelle Fairburn said pressing issues included building the Māori nursing workforce – stuck at seven per cent for more than a decade — and resourcing iwi providers.

“We are a resource – we hold the answers but we are often overlooked because of the way the system works.”

Te Poari members Michelle Fairburn and Charleen Waddell

It was often local Māori communities who responded during emergencies and natural disasters – yet Government funding and resources were often directed elsewhere, Fairburn said.

Kotahitanga – unity – was key. Unions, health workers and progressive political parties needed to work together to support Māori and whānau health and ensure the damaging policies of the current Government could not continue beyond a term, she said.

“Economics for us is building up the Māori workforce – it’s about investing in people,” they said.

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NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

NEWS

Te Poari, kaiwhakahaere at Waitangi grounds for pōhiri to greet Māori queen

By Joel Maxwell and Mary Longmore

February 4, 2026

As election year kicks off, Kaitiaki heads to Waitangi — covering our members, leaders and politicians, in what is shaping up to be a consequential decision for health.

NZNO Te Poari's Tāmaki Makaurau chair Kathryn Chapman, front, surrounded by fellow members at Te Whare Rūnanga at Waitangi.

Diplomats, judges, the Governor-General — there'd been plenty of high-flyers welcomed to Waitangi already.

But then there was the queen.

Waitangi Day commemorations kicked off for real on Wednesday with the pōhiri of Māori Queen Nga wai hono i te po at the Treaty grounds — an event that brought with it a warning ahead of this year's election.

The pōhiri — one without angst towards the manuhiri (guest) — came a day ahead of the official (and likely much less warm) welcome to political leaders at Te Whare Rūnanga.

NZNO kaiwhakahaere Kerri Nuku at Waitangi's Te Whare Rūnanga for the pōhiri of Quini Nga wai hono i te po.

Gathered at the event too were NZNO kaiwhakahaere Kerri Nuku along with members of NZNO's Māori governance board, Te Poari.

Heading back to Waitangi was always good said Nuku, who would be speaking as part of an economics panel at Te Tiriti o Waitangi Marae on Thursday.

"It's good to be around Māori and to feel the energy. It's amazing."

Part of that Waitangi energy came from the likes of the queen, said Nuku.

Māori queen, centre, Nga wai hono i te po.

“It’s triumphant to see her here and her stewardship and her leadership and her motivation, her particular vision, and the vision of her father — of kotahitanga (solidarity).”

Members of Te Poari said they were hoping for change from the political front, for Māori and for health. Te Poari’s Tāmaki Makaurau chair Kathryn Chapman said they also wanted to see more rangatahi getting involved in voting.

Getting those such as young people — not necessarily regular voters — to enrol, popped up regularly in the speeches during the pōhiri.

The pōhiri, a formal welcome by mana whenua (home tribes) and an important part of the Māori cultural landscape, had a particularly political flavour for election year.

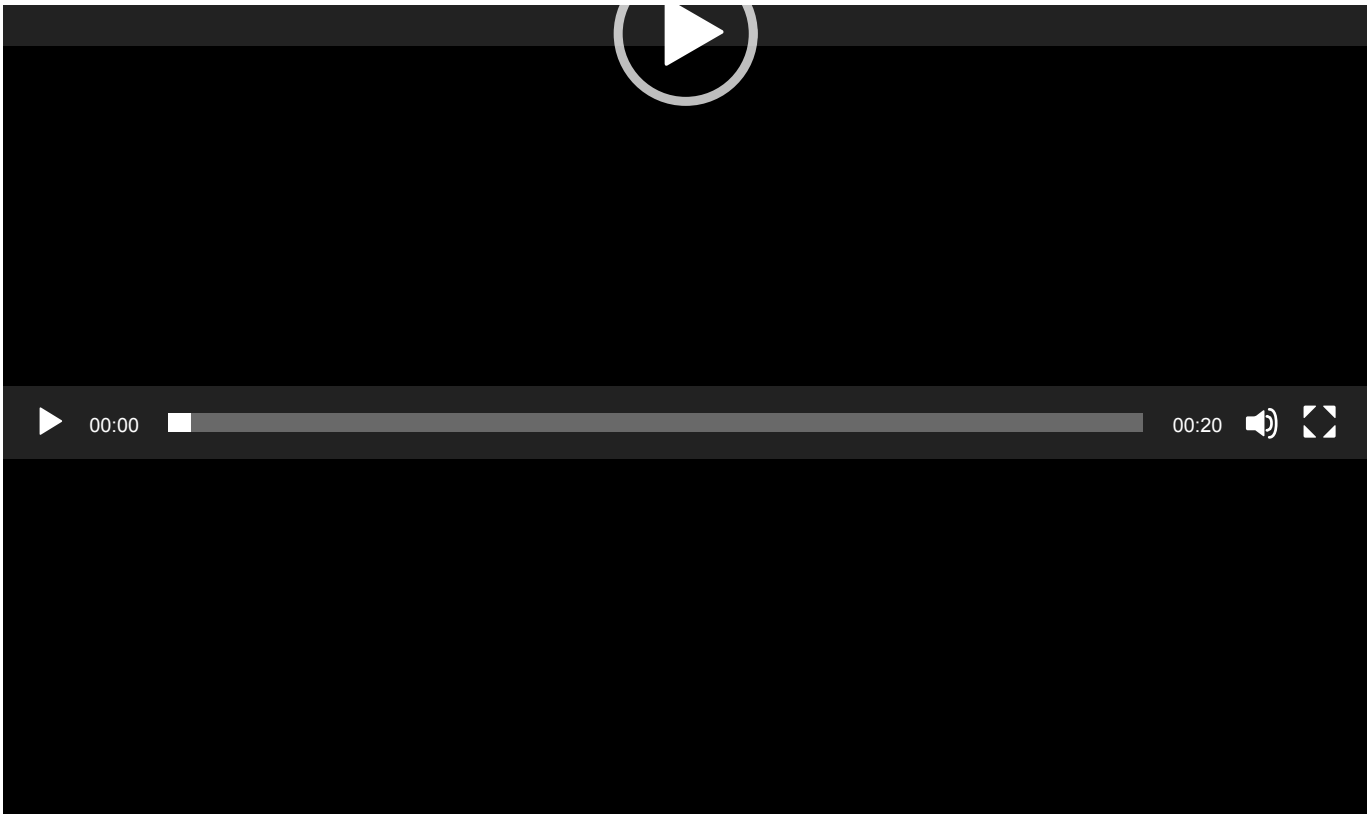
Te Poari at Te Whare Rūnanga on the Treaty grounds on Wednesday.

Kaikōrero (formal speaker) Tukoroirangi Morgan, a Tainui leader and former politician himself, spoke about Prime Minister Christopher Luxon.

"I mua i tā mātou taenga atu ki te marae nei ka whuia te kōrero ki te Pirimia: "Pirimia, mōhio tonu koe, kei konei mātou i tēnei taha o te tēpu mō te āke, āke tonu atu, engari a koe? He pātai anō tērā. Mēnā ka ū tonu koe, ka noho tonu koe hei kāwanatanga — mō tātou."

("Before we came onto the marae, the PM got thrown a message: Prime Minister, you should understand, we're here on this side of the table, and we'll be here forever. But you? That's another question. Whether your government continues — that's for us to decide.")

Morgan had a simple message for those gathered at the pōhiri to spread in the young people in their communities: "Kia rēhitatia, mō te pōti." (*"Get registered to vote."*)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Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

OPINION

‘We are at a turning point’ – NZNO’s Te Whatu Ora bargaining team

By Dawn Barrett

February 12, 2026

‘We now need to know if you want to continue the fight, continue to advocate for our patients and colleagues for enforceable safe staffing.’

Dawn Barrett, far right, with the rest of NZNO's Te Whatu Ora bargaining team. From left to fight: Glenda Huston, Al Dietscin, Nano Tunnicliff (on screen), Noreen McCallan, Lyn Logan, Maria Tutahi (on screen), Rachel Thorn and Debbie Handisides.

We are at a turning point.

We (the bargaining team) have worked so hard to make Te Whatu Ora-Health New Zealand aware that a wage adjustment to support the increased cost of living, safe staffing, recognition of our senior nurses, employment of our new graduates and further cultural support for our Māori nurses are required to get an offer over the line for our membership.

> **Reducing or missing breaks, starting early to manage workload or staying late to finish – say NO.**

We now need to know if you want to continue the fight, continue to advocate for our patients and colleagues for enforceable safe staffing, continue to say we are not willing to use our wages through a proposed pay cut in real terms and stop the voluntary and hard shifts we work everyday to prop up the public health system.

Are you still in it? We are.

The other option is to ask Te Whatu Ora for an offer to take to ratification. Currently there have been some minor wins but the key claims remain unanswered.

Please fill out the NZNO survey — emailed this week to all Te Whatu Ora members — and indicate your view of the way forward. Further engagement and industrial action like re-deployment strikes, visibility strikes and other targeted actions may be needed.

Health budget 'not safe'

I just ask that you consider what our employer has done to our working conditions since Lester Levy took over the board in 2024.

You need to know that our employer is not able to provide safe staffing due to lack of enforceability of the calculations made by tool CCDM (care capacity demand management). You must know about the lack of resourcing, to hire enough staff, across all sectors.

The budget given to Te Whatu Ora is a choice of this Government and does not support a safe public health system.

> **We need to stop roster smoothing, say no to extra shifts when we are exhausted, speak up when under pressure on shift and use all escalation tools available to us.**

If we want safe staffing, in the survey you need to ask the bargaining team to push on. During bargaining we are able to take industrial action and demand a better deal. Outside of bargaining we are limited to the Health and Safety at Work Act which is costly and difficult to enforce.

While we are demanding safe staffing (yes, nurse burnout rates and empty promises have led us here), it is important to be aware that Te Whatu Ora does not have the resources and money to make this happen.

While we can strengthen the enforceability of CCDM, our only acuity tool, through collective bargaining, this is limited in scope until Te Whatu Ora is funded adequately to safely staff its hospitals.

Only members can make safe staffing happen

I also implore you to be aware that we — the members — are the only ones who can make safe staffing happen. We need to stop roster smoothing, say no to extra shifts when we are exhausted, speak up when under pressure on shift and use all escalation tools available to us to try and reduce the voluntary hours we perform.

Reducing or missing breaks, starting early to manage workload or staying late to finish — say NO.

Auckland members on strike last September.

I personally find this very difficult due to the effect on patients and colleagues, so I understand how hard and mentally exhausting it is to practice this. If we collectively do this, we will effect change. If we don't, nothing will change and we will continue to cover the gaps and run faster.

I know many members are tired, frustrated and mentally drained from our work environment and don't have time for union updates. But taking time to do this survey (before February 17) allows you to participate and support better pay and conditions.

Final point: The 'Government does not care or has no money' belief. Yes, it is hard to progress our cause in this political environment but unless it is all rainbows and sunshine in your work area, do you have a choice?

Thanks so much for wading through this. Look out for the survey via email or QR code in your workplace. Thanks so much for continuing to look after the people of Aotearoa.

Dawn Barrett is a registered nurse at Greenlane Clinical Cantre in Auckland and member of the 2024-26 NZNO-Te Whatu Ora bargaining team.

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NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

OPINION

‘It’s not resilience we’re short of – it’s support’, nursing students reveal

By Stacey Wilson

February 12, 2026

Supporting our nurse students financially and professionally is essential for the future of our nursing workforce, nurse researcher Stacey Wilson explains.

Class of '26: Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO student representatives at their hui last month: Coleaders at front, left to right: Dawn Blyth, Floyd Watson, Poihaere Whare and Siarra Marsh. Photo: Samesh Mohanlall.

Nursing students across Aotearoa New Zealand are clear about one thing: they want to be nurses. They are committed, motivated and proud to be entering the profession.

But the findings of the 2025 national nursing student survey show that many are being asked to carry levels of financial, emotional and physical pressure that are simply unsustainable.

The survey, conducted by Tōpūtanga Tapuhi Kaitiaki o Aotearoa New Zealand Nurses Organisation-NZNO, gathered responses from more than 1200 students across all 21 schools of nursing. What emerges is not a story of students who lack resilience, but of systems that are increasingly difficult to survive.

> **'Being told to 'just not work' during placement isn't realistic when you still have rent, food and kids.'**

This is not just an education issue. It is a workforce issue. And it is a call to action for the nursing profession as a whole.

Placement poverty is shaping who becomes a nurse

For many students, clinical placements are the tipping point. Unpaid full-time placement blocks, combined with costs for travel, parking, accommodation and childcare, push students into significant financial hardship.

"I work 30 hours a week just to survive. Then placement starts and I'm expected to work 40 hours unpaid."

Nearly two-thirds of students reported frequently struggling to afford essentials like rent, food and transport. More than half said they had seriously considered leaving their nursing programme because of money pressures.

Students described being told to *"just not work"* during placement — advice that ignores the realities of the cost of living and the responsibilities many students carry.

"Being told to 'just not work' during placement isn't realistic when you still have rent, food and kids."

This is not a personal failing. It is a structural problem that shapes who can enter and remain in nursing.

Learning environments shape the workforce we inherit

Many students described positive placements where they felt supported, welcomed and valued as learners. But these experiences were inconsistent. Others described placements where learning took a back seat to service needs.

"Placements often feel like free labour, not learning."

One in six students reported feeling unsafe on placement, with experiences of being ignored, belittled or yelled at.

"I was yelled at by an RN in front of staff and patients. No one stepped in."

These experiences matter. The culture students encounter during their education becomes the culture they expect and sometimes reproduce in practice. If unsafe behaviours are normalised in education, they

are carried forward into the workforce.

Nurse researcher Stacey Wilson.

Burnout before practice even begins

The survey reveals high levels of stress and burnout among students long before registration. Nearly four out of five students reported moderate or high stress during training. Financial pressure, workload, assessment clustering and balancing paid work with placement demands were the most common contributors.

"I don't need more resilience tips. I need the workload and finances to be manageable."

While wellbeing services exist in many institutions, students often found them inaccessible due to placement schedules, travel distance or fear that help-seeking could lead to questions about fitness to practise. Most relied instead on peers, whānau and supportive educators.

> **'Placements often feel like free labour, not learning.'**

Equity and the future workforce

The pressures identified in this survey are not evenly distributed. Māori, Pacific and mature students were more likely to have caregiving responsibilities and experience compounded financial stress.

Alarmingly, nearly three-quarters of Māori students reported that they would consider working overseas if they could not secure a nursing position in Aotearoa after graduation.

"I want to stay here with my whānau, but if there's no job, I'll have no choice but to go overseas."

At a time when the profession urgently needs a workforce that reflects the communities it serves, these findings should concern us all.

Students know what needs to change

Students are not asking for special treatment. They are asking for fair, workable systems that recognise the realities of nursing education and practice. Their solutions are practical and grounded:

- Paid or financially supported clinical placements
- Help with direct placement costs such as petrol, parking and childcare
- Better-supported and prepared preceptors
- Assessment schedules that don't stack exams on top of placements
- Clear, supported transition-to-practice pathways

"It's not that we don't want to be nurses. It's that the system makes it so hard to get through."

A collective responsibility

Supporting nursing students is not a "nice to have." It is workforce strategy, equity practice and patient safety rolled into one. As a profession, we cannot continue to rely on students absorbing systemic pressure through personal sacrifice. If we want to grow and sustain the nursing workforce, the conditions of education must change.

This is a call to action from *Kaitiaki* and NZNO to nurses, leaders, educators, employers and policymakers to address these issues together, upstream, and with urgency.

- *The research was carried out by NZNO's national student unit with the support of NZNO professional nursing advisor Sandie Bayliss, competency nursing advisor Wendy Blair and policy advisor Sue Gasquoine.*

What Needs to Change?

For the future nursing workforce, Aotearoa must:

- Recognise clinical placements as workforce preparation, not unpaid labour
- Introduce paid or financially supported placements
- Reduce direct student costs that create placement poverty
- Ensure safe, supported learning environments with clear expectations of student scope
- Support preceptors with time, training and recognition
- Reform assessment and placement structures that drive burnout
- Provide strong, well-resourced transition-to-practice pathways
- Centre equity, cultural safety and inclusion in all nursing education

— Dr Stacey Wilson has more than 35 years experience across clinical practice, leadership, education and research. She works as a nurse for Manawatū specialist mental health and addiction services, is a senior fellow at the University of Canterbury and an independent researcher. She is also the new chair of NZNO's nursing research section-te wāhanga rangahau tapuhi.

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

OPINION

‘Fighting for the future of public health’: The personal toll of 16 months of bargaining

By Allister Dietschin

February 4, 2026

After 16 months, 42 meetings and several large strikes, Christchurch health-care assistant, delegate and ‘long-time socialist’ Allister Dietschin says 2024-26 bargaining has felt particularly gruelling.

Allister Dietschin at home in Christchurch with his dogs Bonnie and Floyd (right).

I was part of the 2023-24 NZNO bargaining team, which was gruelling and dragged on for a while — but not as long as this.

When you're away in bargaining and you know your significant other is having to work and look after the children or animals and keep the home fires burning, it's a concern — it's worrying. Especially, if your partner is working in health care, because we all know how stretched health-care workers are, and often on-call too.

My partner is a midwife, and sometimes the births can be long-hauls — 12 to 14 hours or more — and if you're away at bargaining, there's no-one to look after our dogs, or for some of our team they've children and whānau at home too, which is really hard.

> **We are never going to give up. We're committed, we're in it for the long haul.**

It's not just the team members impacted, it's our families as well. If it wasn't for the support we have from our families, we wouldn't be able to do it, that's the reality.

But I'm in it because of what I see when I work on the floor. I'm exhausted most days, all the members are — we are completely stretched throughout the country.

Our health system's broken and that's not going to change unless we stand up and push for it to change and fight for it to change — and part of that process is through bargaining.

NZNO's Te Whatu Ora 2024-26 collective bargaining team were back at the table in January. Left to right: Noreen McCallan, Glenda Huston, Lyn Logan, Debbie Handisides, Dawn Barrett, Rachel Thorn and Allister Dietschin.

The reality is, legally, the only time we can take industrial action is through bargaining. That's when we can actually flex our muscle and that's what important at the end of the day — the ability to flex our muscle and apply pressure to our employer and the Government, because our public health system is under attack and if we don't stand up and fight back we're going to lose it.

Those are the things that keep me going – not only fighting for my own job to improve and have safe staffing at my workplace, but for the future of public health which means a better future for everyone.

It's not easy though. It's difficult to organise our personal lives around dozens of meetings, often at short notice. Some of us live quite far away with long flights from our regions which are often delayed or cancelled and we end up not getting home for another day.

> **To achieve our aims, we need our members to back us up. If we don't have that, we have nothing.**

And it's not just the meetings with Te Whatu Ora — there are hours of delegate meetings discussing the claims. It's constant — it's not something you can put aside for long.

As a team, we've had to take more than 40 days bargaining leave over the past 16 months – leave covered by the collective agreement.

While my manager has largely been supportive, others have had difficulty getting released by managers due of how short-staffed their units are.

Sometimes they've had pressure to find a replacement – which is not their responsibility – or that bargaining is taking too much time. Well, that's beyond our control.

It's been so protracted, it's hard to keep that energy going and obviously the impact on our partners and families can be very tough.

'Learning diplomacy'

Even so, I see this role as a honour — I'm representing members. There's also a need to be diplomatic in the room and have a level of pragmatism.

I'm a long-time socialist and my attitude is that unions need to be about more than bread and butter issues – we should be speaking out on social justice and politics, which NZNO does now.

But at the bargaining table, being constantly challenged by the other side means we have to develop really compelling arguments and make sure we have our data and evidence to back it up.

But we can only do so much in the room.

To achieve our aims, we need our members to back us up. If we don't have that, we have nothing. Our strength comes from the membership and their willingness to take action. That's our leverage.

We are never going to give up. We're committed, we're in it for the long haul. We want a better public health system, we want safe staffing, we want all those things – we're there for our members and our

patients, as well as ourselves.

- *Allister Dietschin is a health-care assistant based in Christchurch, long-time NZNO delegate and member of the NZNO-Te Whatu Ora bargaining team.*

Members' views?

The NZNO Te Whatu Ora bargaining team and delegates are holding local member meetings from Monday 9 February to Friday 13 February to report back on bargaining and hear your views about how to move forward. Meetings are being organised in every district. Look out for information locally about meetings at your worksite. A member survey will be held from Wednesday 11 February to Tuesday 17 February to ensure everyone has an opportunity to give their feedback on future direction.

See also *We are prepared to go hard, if that's what members want — frustrated bargaining team back at the table.*

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

PROFESSIONAL

Safeguarding supervision – easing the risk of nursing stress and burn-out

By Fiona Sharpe

February 24, 2026

Working as a Well Child/whānau nurse for almost 30 years I have enjoyed seeing families grow and thrive.

Safeguarding supervision supports the practitioner to reflect on their practice, in a safe space. Photo: AdobeStock.

However, another side of the role is working with families where child protection and safeguarding issues are part of daily life for children. To ensure robust practice — and support practitioners — part of my role in the United Kingdom (UK) as a health visitor was to engage in safeguarding supervision, both as a supervisor and a supervisee.

Working in New Zealand as a Whānau Āwhina Plunket registered nurse (RN), I completed a masters in advanced child protection. My dissertation explored the need for practitioners to engage in safeguarding supervision, in addition to other types of supervision.

Safeguarding supervision has clear benefits for the child or children, the practitioner and, also, the organisation.

Clinical versus safeguarding supervision

Often the terminology "child protection" and "safeguarding" are used interchangeably.[1] UK training body, Safeguarding Associates for Excellence (SAFE),[2] offers a definition to differentiate between the two: "Safeguarding is to prevent harm; child protection is how we respond to harm".

Fiona Sharpe.

Safeguarding supervision supports the practitioner to reflect on their practice, in a safe space. This enables the practitioner to make robust decisions, which is integral in preventing harm.

In the field of nursing, clinical supervision has been a fundamental part of practice for more than 30 years. Clinical supervision is a formal activity that enables the individual practitioner to enhance their knowledge and skills, utilising the reflective process to support self development.[3] The same could be said for safeguarding supervision, but it differs from clinical supervision as it specifically relates to the complexities of keeping children safe. A UK study[4] suggests safeguarding supervision is fundamentally different from clinical supervision, as it requires expertise in the safeguarding field from the supervisor.

Another UK study[5] proposes the following definition of safeguarding supervision:

"Safeguarding supervision is a facilitative process that enables the supervisor and supervisee to reflect on, scrutinise, challenge and evaluate the work undertaken. This includes assessing risk and protective factors for the child in question as well as the strengths and areas for development of the practitioner. The context should be an environment in which the supervisee receives appropriate emotional support."

Child/whānau nurses spend a great deal of time working alone, making solo decisions. Photo: AdobeStock.

Functions of supervision

In understanding the value of safeguarding supervision it is useful to examine the function of the supervision process, which applies to both clinical and safeguarding supervision. Three functions of supervision have been described in American textbook *Supervision in Social Work*.[6]

Firstly, educational — that is practitioners are learning and enhancing their practice through the reflective supervision process. Secondly, administrative, ensuring that organisational policies are being followed and standards of practice maintained. [7] However, supervision should not be seen as a management tool. Thirdly, they highlight the supportive function for practitioners, with regard to the emotions experienced especially when dealing with complex cases.[4], [8]

Practitioner support

Due to the nature of the work, child/whānau nurses spend a great deal of time working alone, making solo decisions, and are often the first people to identify a child protection concern.[9] Practitioners can feel anxious and overwhelmed emotionally with potential for stress and burnout when dealing with complex families. Along with Well Child/whānau nurses, other practitioners may encounter child protection concerns through their own role.

Smikle's UK study[5] looks at a broad range of health-care professionals who have access to children and young people in various healthcare settings. She suggests that safeguarding supervision should be accessible to those practitioners and provided by appropriately trained supervisors. It is clear there is a need to provide emotional support and containment of feelings to reduce the anxiety engendered by the stressful nature of the work. Safeguarding supervision, by providing support and containment can reduce feelings of stress and anxiety for the practitioner.

The need for practitioners to embed safeguarding supervision in their practice requires support from the organisation. Photo: AdobeStock

A study published in the UK's *Community Practitioner* journal[10] indicates that safeguarding supervision decreases compassion fatigue and increases compassion satisfaction, resulting in enhanced decision-making. This enables practitioners to work more effectively with complex whānau and contributes to child safety.

Organisational support

The need for practitioners to embed safeguarding supervision in their practice requires support from the organisation as well as the practitioner.[11] Smikle[5] highlights the lack of support for supervision generally from managers, whose focus is on clinical provision. The organisation also needs to ensure that safeguarding supervision is not just a vehicle to monitor practice in light of a risk-averse culture.[10] The benefits to organisations who support practitioners to access safeguarding supervision include retaining staff, a drop in sickness rates and better outcomes for families.[8]

Organisations with a focus on learning and with clear policies and guidelines around supervision expectations were more likely to promote and support safeguarding supervision.[11] The organisation needs to support both supervisors and supervisees by providing training and protected time.[4] [5] To achieve this, organisational culture needs to shift, with safeguarding supervision being seen as inherent in client care of complex whanau.
Smikle[5] states:

"So supervision is given the same importance as face-to-face client contact and is viewed as normal organisational business integral to how practitioners work and children and young people are safeguarded."

> **“Practitioners can feel anxious and overwhelmed emotionally with potential for stress and burnout when dealing with complex families.”**

In my current role I have had support from my clinical leader to initiate safeguarding supervision to colleagues in the three teams my clinical leader manages. Prior to setting it up, I undertook two days safeguarding supervision training to update my skills.

I am lucky to have dedicated time to provide this, and I offer sessions on a one-to-one basis, usually online. I also provide safeguarding supervision to a nurse, working in another area, quite often isolated, with a caseload consisting of complex, high-need families.

Fiona Sharpe, RN, RM, BSc, MA, is a Whānau Āwhina Plunket registered nurse. She is also a qualified district nurse and specialist community public health nurse and has completed a Master of Arts in advanced child protection.

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Kaitiaki NURSING NEW ZEALAND

PROFESSIONAL

Empowering nurses to deliver patient-centred analgesia

By James Camacaylan, Lisa Clince, Erica Gleeson & Grant McCullough

February 20, 2026

Hip fracture patients suffer considerable pain, and this can worsen when surgery is delayed. Upskilling a nursing pain management team to deliver the fascia iliaca block has been shown to improve patients' pain management and reduce reliance on opioids.

Hip fracture patients can experience significant pain while awaiting surgery. Photo: Adobe Stock

Older adults with hip fractures can often experience delays for surgery, which can leave them in severe pain while waiting in a ward for their operation.

The acute pain service nurses at Palmerston North Hospital saw an opportunity to improve pre-operative pain management for patients with a fractured hip, which led to their upskilling in the use of the fascia iliaca block.

What is a fascia iliaca block (FIB)?

- A fascia iliaca block is an injection of local anaesthetic into the fascia iliaca compartment in the hip to provide pain relief to a

This article describes the vision, aims and outcomes of this journey as implemented by the acute pain service team, which is made up of a nurse practitioner (NP) and three clinical nurse specialists (CNS), supported by anaesthetists. The acute pain service is a part of the local hip fracture working group.

Background

Pain relief in the form of local anaesthetic blocks injected in the hip was being given to patients with hip fractures in the Palmerston North emergency department (ED) by ED doctors, but often due to time pressure, patients were sent to the ward without a fascia iliaca block (FIB), which provides more comprehensive pain relief.

This, combined with delays in going to theatre, meant that some patients were experiencing severe pain while waiting for surgery. These patients were then more likely to receive regular opioid analgesics with unintended detrimental side effects.

patient awaiting hip fracture surgery.

- It blocks three specific nerves, the lateral cutaneous, femoral and obturator, providing broad pain relief.

- The "landmark" technique of administering the FIB involves pinpointing the correct site for the injection by identifying two bony protuberances of the pelvis — the anterior superior iliac spine and the pubic tubercle. The injection is delivered below the inguinal ligament which runs between the two bone markers.

It became clear the acute pain service could fulfil a role managing patients with a hip fracture who were admitted to the ward without receiving a FIB in ED or by ambulance staff, or those for whom surgery was delayed and therefore required a second FIB.

Discussions between the acute pain service and the lead pain/anaesthetic consultant led to a training programme for the acute pain service nurses to safely perform and administer FIB using the landmark procedure on patients in their ward awaiting surgery.

The "landmark" procedure for administering an FIB involves pinpointing the correct site for the injection by identifying two bony protuberances of the pelvis — the anterior superior iliac spine and the pubic tubercle. The injection is delivered below the inguinal ligament which runs between the two bone markers.

Hip fractures cause significant disability

Hip fractures cause significant disability for many older adults, with some of the worst outcomes for those aged 65 years or older, affecting more women than men.[1, 11] Having a hip fracture in later life can lead to long recovery periods, decreased quality of life, higher mortality rates and increased likelihood of entry into aged residential care, compared to those without a hip fracture.[1, 2, 3]

Pain is a significant feature of a hip fracture, causing discomfort and distress to the person and their family/whānau.[4] Untreated pain can have adverse effects on physical and psychological wellbeing such as catabolism (where stress hormones break down body tissues), increased activity in the sympathetic nervous system ("fight or flight" physiological reactions), suppression of the immune system, increased anxiety, loss of sleep and feelings of helplessness.[5, 6]

Pre-operative pain management

Surgery is recommended for most patients with a hip fracture, with the goal of alleviating pain and improving function. Surgical intervention itself is usually the most effective form of analgesia.[4] However

hip-fracture patients will often have an extended waiting time before surgery is available. Hence, effective pre-operative pain management for patients with hip fracture is a priority.

Hip fracture is more common in people with dementia,[10], [11] and people with fractured hips are at high risk of delirium (some studies saying the risk to be as high as 60 per cent[12]), particularly if they are administered opioid analgesia. A 2008 study also noted dementia patients "were unable to request analgesia and often were not prescribed or given adequate pain relief, resulting in unnecessary suffering".[10]

> **The ability for acute pain service nurses to administer FIB blocks represents new practice that previously was undertaken by medical staff.**

Analgesia can be administered systemically or locally. Systemic analgesic options include paracetamol, which should be offered every six hours unless contraindicated, and opioid analgesics.[4]

Opioids should only be used for the management of severe acute pain at the lowest effective dose for the shortest possible duration.[7] While being an effective analgesic for severe acute pain, opioids cause a considerable number of harms, such as ventilatory impairment, constipation and confusion.[8], [9]

Using local anaesthetic options reduces complications such as respiratory depression, sedation, and delirium. Use of local anaesthetic blocks is recommended, to reduce the amount of opioid a patient is given or if the opioid is ineffective in managing the pain. However a local anaesthetic nerve block should not be used as a substitute for early surgery.[4]

> **The FIB block is a straightforward and proven method for managing acute pain following hip fracture.**

The repeating of a fascia iliaca compartment block seemed a commonsense approach to relieve pain when surgery was delayed. The block is simple, fast acting, reliable and considered safe.[10] Three nerves — the lateral cutaneous, femoral and obturator — pass through the fascia iliaca compartment, and all are affected by the block.[10]

The FIB block has been tested in several settings and is a straightforward and proven method for managing acute pain following hip fracture.

Acute pain service nurses trained

The acute pain service nurses at Palmerston North have now been endorsed to perform the FIB using the landmark procedure, after undergoing training with a specialist consultant anaesthetist.

All patients that present with a hip fracture are now referred to the acute pain service, which then decides the most appropriate pain management plan before surgery. In some cases, this involves administering a FIB preoperatively or if surgery is delayed.

In the past, this would mean contacting the duty anaesthetist and organising the patient to be brought to theatre when a space was available for the anaesthetist to place a femoral nerve block under ultrasound guidance. At this hospital, the ability of acute pain service nurses to administer FIB blocks represents new practice that was previously undertaken by medical staff.

New practice audited

To assess the effectiveness of this new practice, an audit was undertaken of patients with a hip fracture who received a FIB for pain relief carried out by a member of the acute pain service over a period of 13 months.

Twenty-five patients were included in the audit, seven with dementia. One patient received two blocks from the acute pain service due to delays in surgery, which meant 26 blocks were audited. The audited patients comprised 18 females and seven males with an age range of 54-99 years.

The audit looked at five different measures: pain scale pre- and post-block, opioid use pre- and post-block and patient satisfaction with block.

The acute pain service team used the landmark procedure to deliver their FIB (as shown below in figure 1).[13] Patients weighing less than 50kg received 30ml 0.2% Ropivacaine, and for those weighing more than 50kg, 40ml 0.2% Ropivacaine.

These parameters for dosing mean the volume is sufficient for analgesic effect, yet well within the margin for toxicity. When a second dose was required, there was a stand down of six hours. There were no recorded complications from these procedures.

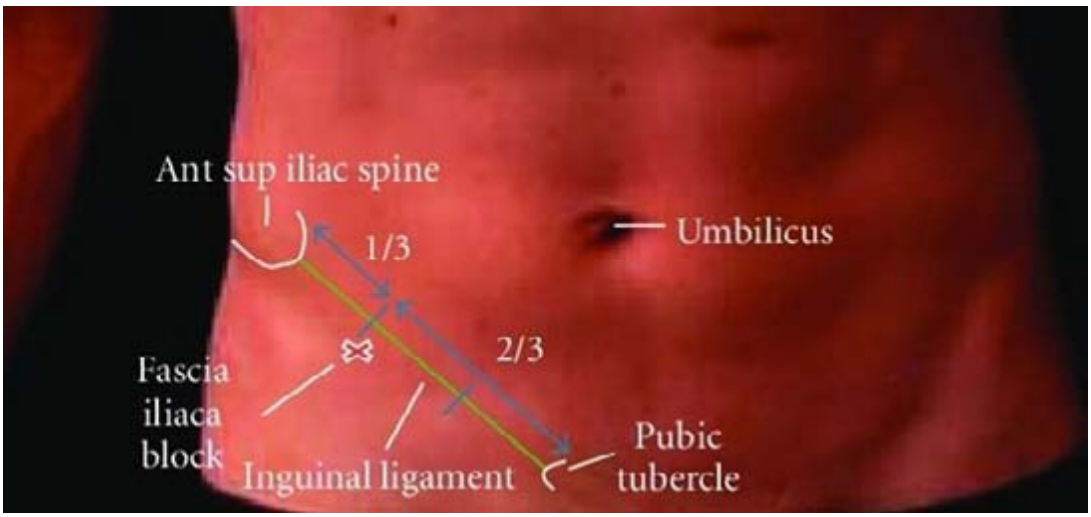

Figure 1: The 'landmark' technique, using exterior landmarks on the patient's hip, identifies the correct place to inject the local anaesthetic.

Pain scores were assessed using a visual analogue scale (VAS) except when this was inappropriate, such as for those patients with dementia. In this case the Abbey Pain Scale was used.

Pain scores on presentation for all patients at rest was between 4/10 and 10/10 with an average of 6.9/10. The same was true on movement, with pain rated between 4/10 and 10/10 with an average of 7.3. In comparison, the post-block pain scores were low — these scores were taken on movement at 15 minutes, two hours, eight hours, and 24 hours. The average rating was 2/10 at 15 minutes, 1.3/10 at two hours, 2.2/10 at eight hours, and 3.5/10 at 24 hours.

The audit compared opioid use before and after the block, which showed significant differences. The opioids used to control pain in the patients in this audit were limited to oral and intravenous (IV) morphine, oral oxycodone, tramadol and codeine.

Overall, post-FIB there was a reduction in the amount of opioids administered (see figure 2). However, due to three of the blocks being ineffective, patients given IV morphine increased by 66 per cent, from 14mg pre-FIB to 24mg post FIB. The remaining audited patients clearly showed decreased average opioid dosage post-FIB, where oral morphine was reduced by 48 per cent, oxycodone reduced by 22 per cent, tramadol by 58 per cent and codeine by 100 per cent.

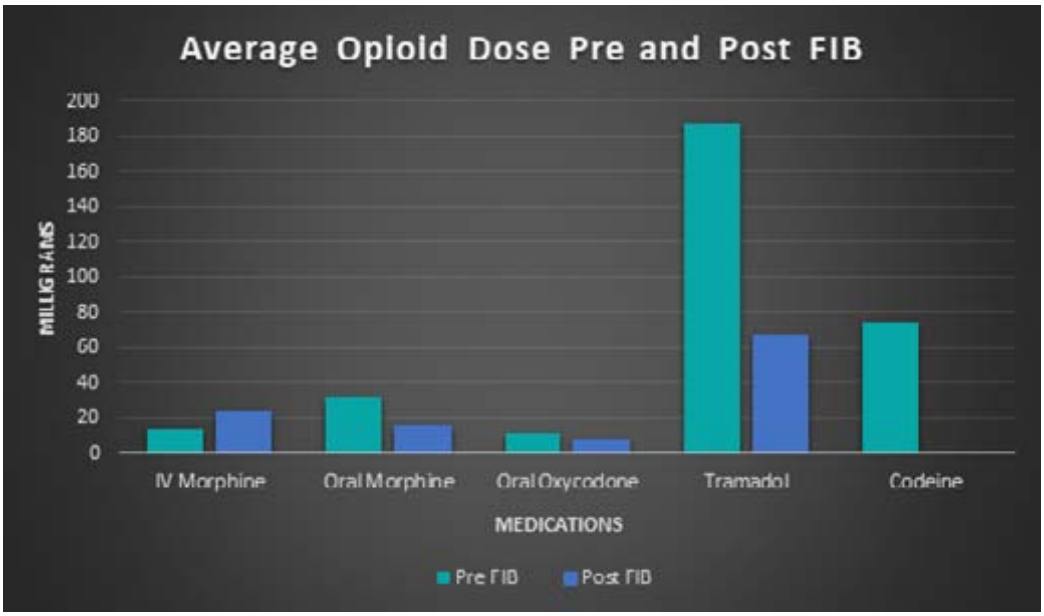

Figure 2

Patients were asked to rate the effectiveness of the FIB in providing pain relief 24 hours after the block, using the Likert scale, with 1 being very poor to 5 which was excellent. The range was between 2-5 with the average being 4.2 which correlates with a good-excellent rating (see figure 3).

Figure 3

Results demonstrated that a FIB is highly effective in the management of the pain associated with hip fracture. Interpreting the data, it is clear three of our patients did not receive significant benefit from their FIB and were the only patients to receive IV opioids after the block was given. In each of these cases, the patient still rated their satisfaction with their pain management as "good".

There were seven patients with a diagnosis of dementia who were part of our audit, and we used the Abbey Pain Scale to assess their pain. This is an internationally validated tool to help staff assess pain in patients with dementia and/or delirium, who cannot express how they feel. It uses measures including the way the patient vocalises, their facial expressions and body language, and behavioural and physical changes.

For all seven, the block was effective. The average pain score at 15 minutes and two hours being 0/10, the average at eight hours 1.3/10 and at 24 hours 1.9/10. This represents an excellent outcome for such an at-risk group.

The effective management of pain without the use of systemic opioids in the population who suffer a hip fracture has led to a reduction of the incidence of opioid-induced confusion and other additional complications. This audit has shown the inclusion of patients with a diagnosis of dementia has led to positive outcomes, particularly as this group has difficulty articulating their needs and their pain to nursing staff.

This audit highlighted an important issue of our time and the complexities associated with delays in surgery. The Australian and New Zealand Guideline for Hip Fracture Care[4] is a programme that, in ideal circumstances, delivers safe and timely care for patients suffering from a hip fracture. This audit indicates that the pressure on EDs and operating theatre space means hospitals are currently unable to fulfill the guideline for hip fracture care in its entirety.

The audit showed that RNs and NPs with appropriate training can deliver a FIB in a safe and timely fashion, providing a solution to fulfilling the criteria for hip fracture care.

Issues for extending RN practice

This extension of RN practice highlighted some issues to consider. These are:

1. RNs need training and assessment to undertake the FIB landmark procedure.
2. An FIB for hip fracture care involves prescribing medication which can be an obstacle to delivering the procedure, particularly after hours. Although three CNSs on the acute pain service team have prescribing rights, regulations at the time of writing this article prevented RN prescribers from prescribing local anaesthetics required for FIBs. This limits their ability to independently deliver the procedure. A way of improving this service would be to implement standing orders for the acute pain service nurses. (NB: In December 2025, the Nursing Council issued an updated drugs list which now authorises designated RN prescribers to prescribe Ropivacaine, a local anaesthetic used for FIBs.)
3. The delivery of a FIB service increases the acute and unplanned workload for the RN/NP in the acute pain service. This requires a commitment to ensure that the current FTE allocation meets both patient and service needs.

Hip fractures are painful, and pain, left untreated, can result in a host of complications that may delay the patient's surgery and complicate their hospital stay. Medical doctors have historically been responsible for inserting FIBs but several studies have shown specialist-trained nurses are capable of inserting FIBs successfully and safely.

> **Overall, FIB given preoperatively by trained acute pain service staff is safe, while reducing opioid consumption and improving patient satisfaction post a hip fracture.**

The initiative to administer FIBs was primarily undertaken to improve outcomes for patients with a hip fracture; however there were significant positive unintended outcomes. Firstly, being involved in this initiative increased the autonomy and extended the practice of the acute pain service nurses. Secondly, it empowered them to advance and lead nursing practice in the field of pain management.

Overall, FIB given preoperatively by trained acute pain service staff is safe, while reducing opioid consumption and improving patient satisfaction post a hip fracture.

This study has highlighted issues that may arise in services without the ability to prescribe medicines or those that have restricted lists to prescribe from. Further work is needed to ensure that the process is timely and safe.

While patients with dementia were included in this study's cohort, a larger study reviewing the pain issues of hip-fracture patients with delirium and dementia could be considered.

James Camacaylan, RN, MN, is a clinical nurse specialist; **Lisa Clince, RN, MN,** is a clinical nurse specialist; **Erica Gleeson, NP,** is a nurse practitioner; and **Grant McCullough, RN, MN,** is a clinical nurse specialist. Together they make up the acute pain service at Palmerston North Hospital. This service provides expert pain management, supporting patients through their recovery, and providing education to clinical teams under the guidance of the anaesthetic department.

- *This article was reviewed by Paddy Holbrook, RN, NP, an emergency department nurse practitioner and senior clinical lecturer in the nursing department, University of Otago, Christchurch.*

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COLLEGES & SECTIONS

Respiratory nurses raise ‘crucial’ voice on lung health in Aotearoa

By Jacquie Westenra

February 23, 2026

Jumping on a new national respiratory strategy group, catching up with the Minister of Health and doubling their committee members — NZNO’s respiratory nurses are not afraid to raise their voices for better lung health in Aotearoa. Chair Jacquie Westenra shares what’s been working for them.

NZNO college of respiratory nurses members in November at the NZ respiratory conference in Wellington: At back, from left from right: Mikayla Neil, Jacquie Westenra, Sharon Phillips and Raquel Jordan. Front: Katherine Waters and professional nursing advisor Annette Bradley-Ingle.

Poor respiratory health is a massive problem in New Zealand and — closely linked to poverty, deprivation and poor housing — it has a huge impact on our communities.

Jacquie’s respiratory nursing journey

And it's we nurses who often work the most closely with people who have respiratory disease — we see what's happening out there in the real world. So it's really crucial our voice is heard and we have the chance to influence funding priorities and national strategies.

We actually need to give respiratory health enough funding and resources.

So, we're thrilled to have two of our respiratory nurses involved in a new Government-backed steering group tasked with coming up with a national strategy for asthma and respiratory health.

> **I could wave my magic wand, the first thing I would conjure up is warmer, healthier homes.**

We are also scheduled to meet Minister of Health Simeon Brown in March to discuss a few things, including workforce shortages. We simply don't have enough specialist respiratory nurses out there — nor is there enough support and funding in primary health to train practice nurses to specialise in respiratory health.

Also on the agenda is the disproportionate impact of respiratory illness on Māori and Pacific communities and how to tackle smoking and vaping.

Wishes for a healthier Aotearoa

But if I could wave my magic wand, the first thing I would conjure up is warmer, healthier homes — cold damp houses are one of our biggest problems.

The next would be access to primary health care and GPs. So many people go without seeing their GP, or leaving it too late — and there just aren't enough GPs or nurse practitioners (NPs). We'd love to see more primary health nurses being supported to specialise in respiratory health care.

I started my respiratory nursing journey working for the Nelson Asthma Society about 28 years ago. After I had children, I worked as a practice nurse for a few years before returning to respiratory nursing in the community, at primary health provider Nelson Bays.

Even when working in primary health, I would see a lot of people coming in with asthma or COPD needing a nebuliser or other urgent treatment. As a nurse, I'd often be the first person to see them and became really interested in respiratory illness.

Jacquie Westnera.

I would run nurse-led clinics, doing assessments, spirometry (lung checks) and education around respiratory health. There are a lot of diseases that can affect the lungs — it's quite complex and always interesting.

The other thing about respiratory health, is that you're working with people of all ages. I work with children right through to our older members of the community.

So, it's the diversity — and I really love that. I like working across the whole age span.

Thirdly would be funding more vaccinations, such as pneumococcal, RSV (respiratory syncytial virus). For us, prevention is always the most effective approach — we can save so much money in the long run if

we fund vaccines and people have timely access to health care.

We also believe everyone, no matter where they live, should have good access to respiratory services such as pulmonary rehabilitation and specialist services.

Those are the biggies for us.

Membership boost

In May last year, we had just three of us on the committee. But by the end of 2025 we had doubled in size with Sharon Phillips, Sascha Noble and Raquel Jordan joining Katherine Waters, Mikayla Neil and myself. How did we do it?

We set up a stand at the two-day Asthma and Respiratory Foundation NZ conference late last year and that really worked. We got so much interest in our mahi, which was incredible, and we were fortunate to meet many similarly-passionate people working in respiratory health.

Photo: AdobeStock.

It was a fun time and we were fortunate to have some more nurses join us but we definitely would love more. So please email us: respiratory@nzno.org.nz if you're interested in joining, either the college or committee. All you need is a desire to advocate for better respiratory health for all New Zealanders.

We now have a really diverse and supportive committee of six respiratory nurses and NPs who work across large cities and small provinces; and in hospitals as well as iwi/Māori providers, community and primary health.

We all work really hard to make it worthwhile for our members and contribute to their professional development. Right now, we're working up a new respiratory knowledge and skills framework for respiratory nurses.

As a college, we endorsed the Asthma & Respiratory Foundation's *train the trainer* (https://www.asthmafoundation.org.nz/stories/empowering-communities-through-vape-free-education) course to help people educate rangatahi on the risks of vaping. And we signed an open letter to the Government calling for more border vigilance to prevent building materials with asbestos being used in our homes, schools and workplaces.

> **It's really crucial our voice is heard and we have the chance to influence funding priorities and any national strategies.**

We are also busily preparing for our symposium (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_respiratory_nurses/conferences_and_events) *New, New, New* and AGM in Wellington on May 1, which — like the name suggests! — will be focusing on what's new in respiratory health. That includes the latest updates to COPD (chronic obstructive pulmonary disease) guidelines in NZ, new inhalers and new research on the best inhalers for children and young people. We do such good research on lung health in Aotearoa — we punch well above our weight internationally in this space.

Respiratory nurses guide new national strategy

Despite being one of the country's most serious health issues, asthma and respiratory disease have not been a national priority since the 1980s. We know the scale of the problem and its cost — financial and personal — but until now we have lacked a unified plan to solve it.

A meeting between the Thoracic Society of Australia & New Zealand (TSANZ) and Asthma NZ with Minister of Health Simeon Brown and Te Whatu Ora-Health New Zealand last year led to a new steering group and three key projects:

- BREATHE (building respiratory excellence across the health ecosystem): Tackling asthma and respiratory disease with a new national strategy.
- A clinical network of respiratory experts.
- The development of standardised respiratory services nationwide.

Outside TSANZ and Asthma NZ, the Asthma and Respiratory Foundation and Māori, Pacific, paediatric and primary health networks are also involved alongside us nurses.

At a glance:

The respiratory health burden is significant and growing:

- Over a million New Zealanders are living with asthma or a respiratory condition.
- 82,500-plus hospital admissions annually are due to respiratory illness — that's one in every 11 hospital stays.

- 615,000-plus Kiwis are prescribed asthma medication — one in every eight people
- 1023 preventable deaths were recorded between 2008–2021, with 96 deaths per year still occurring today.
- 41,000-plus people with a respiratory illness are not enrolled with a GP (6 per cent).
- Every 2.5 minutes, someone in New Zealand has an asthma attack.
- The economic impact is vast — $1.2 billion per year for asthma alone, and over $8 billion across all respiratory illnesses.
- Diseases such as COPD, lung cancer and influenza list as top 10 avoidable contributors to lower life expectancy rates for Māori compared to other New Zealanders across all four of New Zealand's health regions.
- Māori, Pasifika, and children are especially vulnerable to respiratory disease, and New Zealanders living outside of urban centres often receive inadequate access to specialist respiratory care.
- Cure Kids' 2023 state of child health report (https://www.curekids.org.nz/our-research/state-of-child-health) lists respiratory illness as one of the five most urgent health priorities for New Zealand children.

— *Source Project Breathe overview.*

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LETTERS

‘End of an era’ – reunion for Palmerston North Hospital’s final nursing class of ’86

By Wendy Maddock

February 27, 2026

Palmerston North Hospital’s last cohort of hospital-trained registered nurses graduated in May 1986 and are having a reunion this May. Were you there? Even if you didn’t complete your training?

Last of the Palmerston North Hospital nursing students, left to right: Sharon Harris, Andrea Holley (nee Barnet) and Wendy Maddocks in their hostel room circa 1986.

The last class of hospital-trained registered nurses (RNs) from Palmerston North graduated in May 1986 and we are holding our 40th reunion on Saturday May 23 2026.

We are trying to find as many of our graduates and also those who started training with us but did not complete.

It literally was the 'end of an era' for our training of nurses, as we were the last class who went through this system of training.

I wrote 'The Right Girls', which featured in *Kaitiaki* a couple of years ago, about the history of training at Palmerston North Hospital. I also run a Facebook (https://www.facebook.com/PNHSNursing/) page about the nursing history of Palmerston North Hospital.

Please get in touch with Wendy Maddocks wendy.maddocks@canterbury.ac.nz to register your interest.

Wendy Maddocks

Christchurch

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LETTERS

Intensive care nurses sought for research on quality improvement programmes

By Katrina Burns

February 16, 2026

Wellington nurse researcher seeks current Auckland or Christchurch ICU nurses for research on quality improvement programmes.

Kia ora, I'm a nurse researcher at Victoria University of Wellington and an intensive care unit (ICU) nurse, and I'm looking to talk with registered nurses (RNs) who currently work, or have worked in the past two years, in:

- Auckland General ICU, or
- Christchurch General ICU

(adult/general ICUs only – not paediatric or cardiac-only units)

I'm interested in nurses' experiences with quality improvement (QI) programs, particularly CLAB prevention (Target CLAB Zero).

What's involved?

- A 10-minute interview
- A time that suits you
- Outside of work hours
- Completely voluntary and confidential

This study has Victoria University of Wellington ethics approval (2024/HE000082) and Te Whatu Ora consent.

If you're interested or would like more information, please email me: katrina.burns@vuw.ac.nz.

Katrina Burns
Wellington

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LETTERS

Shift choice and flexible scheduling: Impact on nurse fatigue and retention in New Zealand public hospitals

By Adetoun Oyekunle

February 16, 2026

Are you a registered nurse in a New Zealand public hospital working in a shift-based role?

My name is Adetoun Oyekunle, and I am a registered nurse (RN) and a professional doctorate student at Te Herenga Waka – Victoria University of Wellington. I am conducting a research study on shift choice and flexible scheduling, and currently looking for nurses to take part in a short, anonymous survey.

This research aims to explore how flexible scheduling and shift choice impact nurse fatigue and retention in New Zealand public hospitals. The goal is to understand whether giving nurses more control over their work schedules could reduce their level of fatigue, improve job satisfaction, and ultimately help retain them in the workforce.

Who can take part?

- Registered nurses working shifts in New Zealand public hospitals.
- Any department or specialty
- All levels of experience welcome

What's involved?

- Complete a short anonymous survey (approx. 15–20 minutes)
- At the end of the survey, you can optionally provide your email if you're open to a follow-up interview later in the study.

Why take part?

By participating, you will contribute to research that could help shape safer, more supportive work conditions for nurses. Your voice matters!

This study has received ethics approval from the Victoria University of Wellington Human Ethics Committee (https://www.wgtn.ac.nz/research/support/ethics/human-ethics-approval) (ref number:

2025/HE040118).

If you're interested, please scan the QR code or click the link below to access the survey.

https://vuw.qualtrics.com/jfe/form/SV_erj1wuAbDgatQrQ
(https://vuw.qualtrics.com/jfe/form/SV_erj1wuAbDgatQrQ)

For more information, please contact Adetoun Oyekunle at Adetoun.oyekunle.email@vuw.ac.nz or 02040839223.

Your responses will help us understand how flexible work options might support nurses' wellbeing and retention.

Adetoun Oyekunle
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