

NEWS

'He manawa ora' mo te kawa whakaruruhau – engari ka rangona tonu te ngānehenehe

By Joel Maxwell and Mary Longmore

March 30, 2026

Kua whakahāngia e te Kaunihera Tapuhi o Aotearoa "te manawa ora" ki te kawa whakaruruhau nā tētahi whakahounga i tō takamua Te Tiriti me te hauora Māori i roto i tētahi pānui marohi tapuhi, kātahi anō i whakarewa.



Guide co-authors at the Wellington launch last month, from left to right: Auckland University of Technology kaiwhakaako/senior nursing lecturer Kiri Hunter with Nursing Council kaiwhakahaere Waikura Kamo, chief education advisor Annette Huntington and chief executive Catherine Byrne. Photo by Adrian Heke.

The New Zealand Nursing Council has “breathed life” into kawa whakaruruhau, launching a revamped guidance document that draws Te Tiriti and Māori health to the fore.

Engari, ka tae mai tā rātou whakahou i te mahi a te tapuhi rongonui, kaiako noki Irihapeti Ramsden i te wā tahi ka hokia te paoro o te riri heahea o mua, i whiuwhiu mai ki te pānui tuatahi, i whakaputaina 34 tau ki mua.

However, the update of pioneering mahi by nurse and educator Irihapeti Ramsden arrives just in time to face echoes of the backlash to its original publication, 34 years ago.

Kua whakarewa te kaunihera, te rōpū whakamatua mō ngā tapuhi, i Te Tiriti o Waitangi, Māori Health, Kawa Whakaruruhau, Cultural Safety: [Guidance for Nursing Education and Practice](https://www.nursingcouncil.org.nz/common/Uploaded%20files/Public/About/Guidance_CulturalSafety_2025.pdf) (https://www.nursingcouncil.org.nz/common/Uploaded%20files/Public/About/Guidance_CulturalSafety_2025.pdf) i te Pēpuere.

Nursing regulator, the council launched Te Tiriti o Waitangi, Māori Health, Kawa Whakaruruhau, Cultural Safety: [Guidance for Nursing Education and Practice](https://www.nursingcouncil.org.nz/common/Uploaded%20files/Public/About/Guidance_CulturalSafety_2025.pdf) (https://www.nursingcouncil.org.nz/common/Uploaded%20files/Public/About/Guidance_CulturalSafety_2025.pdf) in February.

Kua whakahoungia te putanga o mua, i whakaputa i te 2011, ā, kia whakatō pūmau i Te Tiriti hei tuapapa o te hauora Māori, te kawa whakaruruhau me te ahurea haumaruru.

It updated the previous cultural-safety edition, published in 2011, and entrenched Te Tiriti as the foundation of Māori health, kawa whakaruruhau and then cultural safety.

‘So what we really needed to do in this guidance was come back to the real intent - and it was kawa whakaruruhau.’

Ka kī te kaiwhakahaere o te kaunihera tapuhi, Waikura Kamo, kua tīmata tā rātou mahi i te 2018 i muri i tā ngā rangatira tapuhi wero kia whakapiki i tā rātou mahi mō te hauora Māori me ngā tapuhi.

Nursing Council kaiwhakahaere Waikura Kamo said work on the guide began in 2018, after the council faced a challenge from Māori nursing leaders to do better for Māori health and nurses.

Nō taua wā, i kōrerotia e Kamo me ōna hoa mahi ki te “manomano” o ngā tapuhi e pā ana ki te ahurea haumaruru me te kawa whakaruruhau — ā, ka kitea ngā whakaaro me ngā māramatanga tino rerekē puta noa i te motu.

Since then, Kamo and colleagues had talked to “thousands” of nurses about what cultural safety and kawa whakaruruhau meant to them — and discovered patchy and wildly different understandings existed around the motu.

Ko te pānui tohutohu i puta he “taonga” i te taumata teitei rawa mō ngā tapuhi katoa, hei tautoko i ā rātou mahi, i te taha noki o ngā [āheinga matua](#), ngā taumata akoranga me ngā ture whanonga.

The resulting guide was a high level “taonga” for all nurses, to support their practice, alongside its more specific [competencies](#), education standards and code of conduct.

Hei whakataurite ki te putanga tohutohu 2011, ka arotahi te pānui hou ki te kawa whakaruruhau i raro i te kaha pā tonu mai a ngā tautika-kore Māori, hei tā Kamo ki Kaitiaki.

Compared to the broader 2011 cultural safety guidelines, the updated guide refocused on kawa whakaruruhau in the face of persistent Māori health inequities, Kamo told Kaitiaki.

“Ki tōku whakaaro kāhore anō tō tātou porihanga i te rite — i taua wā — mō te kawa whakaruruhau, ā, koia rā i matea te whakawhānuitanga o te ahurea haumaruru mō te katoa kē,” kua kīia e ia.

“I don’t think society – definitely not at that time — was ready for kawa whakaruruhau and I think that’s perhaps influenced why it had to be general for cultural safety for everyone,” she said.

“Nō reira, kua tino hiahia tēnei putanga kia hoki anō ki ngā whāinga tūturu — koia rā te kawa whakaruruhau.”

“So what we really needed to do in this guidance was come back to the real intent – and it was kawa whakaruruhau.”

Hei tā te kaiwhakahaere o te NZNO, hei tā Kerri Nuku ki Kaitiaki, ka whakakāngia anō te kaupapa e ngā tohutohu hou, “inarā hoki i tēnei wā”. “Ā, ka tino whakatōngia ki roto i ngā āheinga mahi me ngā ture whanonga mō ngā tapuhi noki.”

NZNO kaiwhakahaere Kerri Nuku told Kaitiaki that the new guidance was about reigniting the kaupapa, “especially at this time”. “And deeply embedding it into the competencies of practice and also into the code of conduct for nurses.”

Me te aha he whākaha ake i tāna tū, ā, “kaua rawa he ngutu kau”, kua kī ia.

It was about amplifying its position and “not just making it lip service”, she said.



NZNO kaiwhakahaere Kerri Nuku.



Irihapeti Ramsden's daughter Pirimia Burger at the launch of the updated cultural safety guide for nurses. Photo by Adrian Heke.

Kua kīia e Nuku ko ia rāua ko Sonia Rapana-Hawkins i atawhai “i roto i tētahi wā roa whanake” i te mahi whakahou — ā, i te whakahē rāua i ngā whakaaro o mua o te kaunihera.

Nuku said she and researcher Sonia Rapana-Hawkins helped “over a long period with the development” of the refresh — and had been critical of the council's old position.

‘We ain’t got many kuia left to look after and we’ve got to know how to look after them.’

“I te waimehatia ā Irihapeti Ramsden mahi, karekau i tino rorotu ki tō rātou kitenga, ā, ki taku whakapae kāhore i tino mōhiotia te kawa whakaruruhau me ōna rerekētanga ki te ahurea haumarū.”

“Previously the work of Irihapeti Ramsden was diluted and wasn’t seen to be popular, and I think largely there was a lack of understanding around what kawa whakaruruhau is and the difference with cultural safety.”

‘He whakaute noa iho’, ka kīia e te tapuhi/‘It’s about respect’, says long-time nurse

E ngākau whakapuke ana te tapuhi hauora tuawhenua i Te Tai Rāwhiti a Gina Chaffey-Aupouri ki te putanga hou e arotahi ana ki Te Tiriti hei “whakamīharo” — e tino hiahia ana i roto i tētahi wā torangapū tino taumaha mō te tangata whenua.

Long-time East Coast rural health nurse Gina Chaffey-Aupouri welcomed the new Tiriti-focused guide as “brilliant”— and much-needed at a politically oppressive time for tangata whenua.

He tino “tūturu ki tō mātou tāngata. Ruarua noa iho ō mātou kuia e ora tonu ana kia atawhai, ā, me mōhio tātou me pēhea taua atawhai.”

It was about “tūturu to our people — [being true to our people]. We ain't got many kuia left to look after and we've got to know how to look after them”.

Ahakoia ka whakararu ngā kupu i ētahi tāngata, ka whakapōhēhē i ētahi atu, rānei, hei tā Chaffey-Aupouri he whakaute noa iho — ā, ka whakakahatia ngā tāngata kia rapu i te atawhai ki ō rātou ake hiahia.

While the words could be triggering or confusing for some, Chaffey-Aupouri said it was simply about respect — and empowering people to be cared for how they wished.

“E rite ana te ahurea haumaruru ki tāu i atawhai ai i tō ake pūtahi o te aroha — koia te ara hei atawhai i te tangata i roto i tōna ake ahurea,” kua kīia e ia ki *Kaitiaki*.

“Cultural safety would be how you care for your loved one — it is how you care for any individual in their culture,” she told Kaitiaki.



“Kāhore he tino uaua ki taku whakapae, engari kāhore i te paku mōhio ahau ki ētahi ara atu i tāku i ako ai — kia manaakitia, kia awhitia, hei noho hāneanea te tangata, hei tino mōhio ia ki ngā āhuatanga hauora e pā mai nei ki a ia.”

“I don't think it's difficult, but I don't know any different to what I'm taught — to manaaki, to awhi, to ensure people are comfortable, ensure people understand what's happening for them and fully inform them.”

He rite ki te whakahā, mōna.

For her, it came naturally as breathing.

"Ko tāku katoa he whakaruruhau i ngā mōtika o te tangata, tōna whaiwāhitanga me tōna āwhina. He parāoa me te pata noa iho. Koia tōku oranga katoa. He pēnei ki te whakahā noa iho ki ahau."

"Everything I do is maintaining the protection of their rights, participation and care. That's just like buttering my bread. It's my life. It's how I breathe."

Mēnā e hiahia ana te tangata ki te noho tonu ki tōna ake whare kua ki te whare haumanu, ka tae atu Chaffey-Aupouri ki taua whare.

In practice, it meant if someone wanted to be treated at home rather than at the clinic, she would go there.

"Cultural safety would be how you care for your loved one – it is how you care for any individual in their culture."

"Mehemea kei te hiahia te tangata ki te whiwhi i tōna ake rongoā āpiti atu i ngā rongoā auraki, he tino pai. Mehemea kei te hiahia ia ki te kōrero i roto i tōna ake reo, he pai noki. Koia aua mea katoa."

"If they want to introduce their rongoā as well as the medicine they use, that's fine. If they want to use their language, that's fine too. It's all that."

Kei raro e putu ana te tangata whenua i roto i te ao hauora. Engari he paku utu mō Chaffey-Aupouri hei tuku i te mahi tapuhi ahurea haumaruru ki ngā tāngata katoa nāna rātou i atawhai hei tapuhi."

Chaffey-Aupouri said tangata whenua were doing it tough health-wise. But it cost her nothing to practice culturally-safe nursing with everyone she cared for in her role.

"Mōku ake, koia tōku oranga. Hei tapuhi Māori mō ngā tau 46 kua hipa i Te Tai Rāwhiti, koia tōku oranga. E kore rawa e huri ahau i tōku kaupapa, i te āhua o tāku kōrero ki te tangata."

"For me, it is my life. As a Māori nurse who has nursed for 46 years on the East Coast, it is my life. And nothing will change how I approach, how I talk to people."

Hari huritau, Irihapeti/Happy birthday, Irihapeti

I tū tā Ramsden tamahine a Pirimia Burger hei kaikōrero i te whakarewatanga o te putanga hou, ā, ka kīia e ia ka tau tahi mai te hui i te rā huritau 80 o tōna māma.

Speaking at the launch, Pirimia Burger — Ramsden's daughter — said the event landed on what would have been her mother's 80th birthday.

I mate Ramsden nā te matepukupuku i te 2003, 57 tōna pakeke.

Ramsden died aged 57 from cancer in 2003.

E ai ki Burger, kāhore rawa i mimiti tō tōna māma whakapono ki te kawa whakaruruhau, ahurea haumaruru rānei, hei whai i te amaru ki te tangata. Ka whāia noki te papanga, ā, kia āhei ai te tangata Māori – me ngā tāngata katoa — kia whiwhi i te atawhai e kore e takahi i tōna mana.



Irihapeti Ramsden

Burger said her mother never wavered from the belief that kawa whakaruruhau or cultural safety were about dignity. It was, she said, about accountability and ensuring that Māori — and all people — received care without being diminished.

Kua harikoa a Burger ki te kite i te whakatūturu anō me te whakahou noki nā runga i te pononga i te kaupapa — “tē whakaitia ki tētahi rārangi tiroiro, tē whakangāwaritia ki tētahi mea hāneanea noa iho”.

Burger was glad to see the kaupapa reaffirmed and refreshed with integrity — “not reduced to a checklist, not softened into something comfortable”.

“Nā te mea, karekau tēnei mahi kua kimi i te whakaaetanga noa iho. Ka whāia te whakaumu kē. Kia tuku te mana ki a rātou e whiwhi atawhai ana hei tautohi i te tikanga o te haumarū mō rātou anō.”

“Because this was never about compliance. It was about transformation. It was about shifting power so that those receiving care define what safe means.”

He rite tonu te mahi heahea/Same old backlash

I tēnei wiki ka whakahē te māngai hauora o te Pāti ACT a Todd Stephenson ki ngā herenga Tiriti, tautika noki e marohi ana i tā te kaunihira tapuhi Pānui Ture Whanonga hukihuki.

This week, ACT MP Todd Stephenson, the party's health spokesperson, criticised proposed Tiriti and equity obligations in the nursing council's draft Code of Conduct.

Ka tukua e te pukapuka te kawa whakaruruhau me te ahurea haumarū hei ārahitanga — e tohutohu ana i ngā tapuhi kia pānui i te pukapuka hou mō te roanga atu o te mōhiotanga.

The code cites cultural safety and kawa whakaruruhau as guidance — directing nurses to the newly-updated document for more information.

I roto i ngā panoni maha ki te putanga 2012, ka whakakaha ake te pānui ture i ngā herenga Tiriti, ā, ka titiro ki ngā pānga o te tāmitanga. E tae rā anō ana ōna paerewa e marohi ana ki ngā hiahia ki te tautīnei i te mana, te wairua, me te whakapapa i ngā pāhekoheko tapuhi.

Amongst a raft of changes from the 2012 document, the draft code beefs up Tiriti commitments and addresses the impacts of colonisation. Its proposed standards include an expectation to uphold mana, wairua and whakapapa in nursing interactions.



ACT MP Todd Stephenson.

Ka kī Stephenson i roto i ngā rongō kōrero me whai ngā ratonga hauora i te hiahia o te tangata, kia kua e aro ki te momo ā-iwi.

Stephenson said in media reports that health services should be driven on need, not race.

Hei tā Nuku, he kore mātauranga, mōhiotanga noki ō tā Stephenson kōrero. Ka aro pū ia ki ngā whāinga me ngā whakapono tōrangapū kē, kāhore ki te taurite-kore i roto i te pūnaha, “ā, me te urupare pai ake i ngā tūrora mā te mōhiotanga me te ahurea haumaruru”.

Nuku said his claims lacked knowledge and understanding. They were more political and ideological than reflecting a true understanding of the power imbalance within the system, “and how we can respond better to patients by understanding and being culturally aware”.

I te mutunga iho, ka tautoko ia i te whakahou i ngā tohutohu, he mahi tērā nā Ramsden i whaihua puta noa i te ao.

Overall, Nuku said she was glad the council had refreshed the guide, which covered mahi by Ramsden that was adopted internationally.

“He whakamīharo tā te kaunihera tuku i te manawa ora ki tēnei kaupapa. Ka taea e rātou te whakahokahokai tonu i te kaupapa? Āe rā. Ki tōku whakaaro me tipu tonu tēnei kaupapa hei hāngai ki ngā panoni a te taupori, engari me whai tonu i te ara tika.”

“I think it’s great the Nursing Council has breathed life into it. Could it have gone further? Absolutely it could have. I think the beauty of this is that it has to keep evolving as our populations change, but without losing the integrity.”

Hei tuarongo/Background

I hangaia e te kaiako tapuhi, a Ramsden te kaupapa o te ahurea haumaruru i te ngahurutau 80s. E arotahi ana tāna momo — kawa whakaruruhau — ki ngā iwi Māori. Engari ka waimehatia taua kaupapa ki te cultural safety noa iho nō mūri mai i ngā kaha amuamu a te umanga tapuhi me te marea whānui, hei kaupapa ōkawa mō te kaunihera.

Nursing educator and pioneer Ramsden developed the concept of cultural safety in the 1980s. Her version — kawa whakaruruhau — was focused on Māori specifically. But after a 1990s backlash from the nursing profession and public, it was watered-down to a broader cultural safety, which was adopted by the Nursing Council.



Some of NZNO Te Rūnanga members who gave evidence at the Waitangi Tribunal's inquiry into health services and outcomes in 2018.

Kua whakahou te kaunihera i te putanga 2011 kia arotahi ake ai ki Te Tiriti hei urupare ki te tiroiro a te Te Rōpū Whakamana i Te Tiriti ki te ratonga hauora me ōna putanga nā tērā i kite i te kaikiri toronaha me te tautika-kore Māori taikaha o te hauora.

The council began revising its 2011 guidelines to be more Tiriti-centric, after a 2018 Waitangi Tribunal inquiry into health services and outcomes found systemic racism was contributing to persistent Māori health inequities.

I tuku kōrero ētahi tapuhi Māori i roto i te tirohanga. I tautokona ngā kitenga e te kaihautū hauora o mua Ashley Bloomfield.

Several Māori nurses gave evidence as part of the inquiry. Its findings were acknowledged by then-director general Ashley Bloomfield.

Tātai pūmanawa hauora/Health credentials

Ka kīia e te māngai hauora o te Pāti ACT e matea ana tētahi arotahi ki te hiahia noa iho kua ki te momo ā-iwi i Aotearoa. Hei tā te haurongo ACT o Stephenson ko tōna tūranga rāngai hauora inātata nei ko te tū hei kaihautū o te tūhono me te wheako o te tūrora i Johnson & Johnson i Ahitereiria me Aotearoa. I ako ia hei rōia i te whare wānanga.

ACT's health spokesperson said health in New Zealand should be driven by need, not race. According to his ACT Party bio, Stephenson's most recent health-sector experience was as director of patient engagement and experience for Johnson & Johnson in Australasia. He studied law at university.

- *Translated by Joel Maxwell*
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NEWS

'Breath of life' for kawa whakaruruhau – but decades-old backlash still ACTs up

By Joel Maxwell and Mary Longmore

March 26, 2026

The New Zealand Nursing Council has “breathed life” into kawa whakaruruhau, launching a revamped guidance document that draws Te Tiriti and Māori health to the fore.



Guide co-authors at the Wellington launch last month, from left to right: Auckland University of Technology kaiwhakaako/senior nursing lecturer Kiri Hunter with Nursing Council kaiwhakahaere Waikura Kamo, chief education advisor Annette Huntington and chief executive Catherine Byrne. Photo by Adrian Heke.

However, the update of pioneering mahi by nurse and educator Irihapeti Ramsden arrives just in time to face echoes of the backlash to its original publication, 34 years ago.

Nursing regulator, the council launched *Te Tiriti o Waitangi, Māori Health, Kawa Whakaruruhau, Cultural Safety: [Guidance for Nursing Education and Practice](https://www.nursingcouncil.org.nz/common/Uploaded%20files/Public/About/Guidance_CulturalSafety_2025.pdf)* (https://www.nursingcouncil.org.nz/common/Uploaded%20files/Public/About/Guidance_CulturalSafety_2025.pdf) in February.

It updated the previous cultural-safety edition, published in 2011, and entrenched Te Tiriti as the foundation of Māori health, kawa whakaruruhau and then cultural safety.

‘So what we really needed to do in this guidance was come back to the real intent - and it was kawa whakaruruhau.’

Nursing Council kaiwhakahaere Waikura Kamo said work on the guide began in 2018, after the council faced a challenge from Māori nursing leaders to do better for Māori health and nurses.

Since then, Kamo and colleagues had talked to “thousands” of nurses about what cultural safety and kawa whakaruruhau meant to them — and discovered patchy and wildly different understandings existed around the motu.

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

The resulting guide was a high level “taonga” for all nurses, to support their practice, alongside its more specific [competencies](#), education standards and code of conduct.

Compared to the broader 2011 cultural safety guidelines, the updated guide refocused on kawa whakaruruhau in the face of persistent Māori health inequities, Kamo told *Kaitiaki*.

“I don’t think society – definitely not at that time — was ready for kawa whakaruruhau and I think that’s perhaps influenced why it had to be general for cultural safety for everyone,” she said.

“So what we really needed to do in this guidance was come back to the real intent – and it was kawa whakaruruhau.”

NZNO kaiwhakahaere Kerri Nuku told *Kaitiaki* that the new guidance was about reigniting the kaupapa, “especially at this time”. “And deeply embedding it into the competencies of practice and also into the code of conduct for nurses.”

It was about amplifying its position and “not just making it lip service”, she said.



NZNO kaiwhakahaere Kerri Nuku.



Irihapeti Ramsden's daughter Pirimia Burger at the launch of the updated cultural safety guide for nurses. Photo by Adrian Heke.

Nuku said she and researcher Sonia Rapana-Hawkins helped “over a long period with the development” of the refresh — and had been critical of the council’s old position.

‘We ain’t got many kuia left to look after and we’ve got to know how to look after them.’

“Previously the work of Irihapeti Ramsden was diluted and wasn’t seen to be popular, and I think largely there was a lack of understanding around what kawa whakaruruhau is and the difference with cultural safety.”

Happy birthday, Irihapeti

Speaking at the launch, Pirimia Burger — Ramsden’s daughter — said the event landed on what would have been her mother’s 80th birthday.

Ramsden died aged 57 from cancer in 2003.

‘It’s about respect’, says long-time nurse

Long-time East Coast rural health nurse Gina Chaffey-Aupouri welcomed the new Tiriti-focused guide as “brilliant”– and much-needed at a politically oppressive time for tangata whenua.

It was about “tūturu to our people — [being true to our people]. We ain’t got many kuia left to look after and we’ve got to know how to look after them”.

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Same old backlash

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The code cites cultural safety and kawa whakaruruhau as guidance — directing nurses to the newly-updated document for more information.

Amongst a raft of changes from the 2012 document, the draft code

was simply about respect — and empowering people to be cared for how they wished.



Gina Chaffey-Aupouri

“Cultural safety would be how you care for your loved one — it is how you care for any individual in their culture,” she told *Kaitiaki*.

“I don't think it's difficult, but I don't know any different to what I'm taught — to manaaki, to awahi, to ensure people are comfortable, ensure people understand what's happening for them and fully inform them.”

For her, it came naturally as breathing.

“Everything I do is maintaining the protection of their rights, participation and care. That's just like buttering my bread. It's my life. It's how I breathe.”

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“If they want to introduce their rongoā as well as the medicine they use, that's fine. If they want to use their language, that's fine too. It's all that.”

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Overall, Nuku said she was glad the council had refreshed the guide, which covered mahi by Ramsden that was adopted internationally.

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Background

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Some of NZNO Te Rūnanga members who gave evidence at the Waitangi Tribunal's inquiry into health services and outcomes in 2018.

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Several Māori nurses gave evidence as part of the inquiry. Its findings were acknowledged by then-director general Ashley Bloomfield.

Health credentials

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Kaitiaki
NURSING
NEW ZEALAND

NEWS

NZNO apologises for involvement of nurses in abuse in state care

By Joel Maxwell

March 24, 2026

Tōpūtanga Tapuhi Kaitiaki o Aotearoa New Zealand Nurses Organisation (NZNO) has apologised for the involvement of nurses in abuse in state care.



Video: NZNO kaiwhakahaere Kerri Nuku delivers the organisation's apology to survivors and whānau, for nurses involved in abuse in state care.

Speaking in the apology video, NZNO kaiwhakahaere Kerri Nuku said the organisation was “incredibly sorry that this happened” to survivors and their whānau.

“It seems unfathomable that this was happening on many of our watch. So we are incredibly sorry as an organisation that represented nurses at the time.”

Nuku said some nurses had participated in the abuse, some stayed silent, and some ran away from the problem. “This is not what we expect from nursing and this is not what survivors of abuse should have received at the hands of nurses.”

In 2024 The Abuse in Care Royal Commission of Inquiry released its findings in the report [Whanaketia – through pain and trauma, from darkness to light](https://www.abuseincare.org.nz/reports/whanaketia) (<https://www.abuseincare.org.nz/reports/whanaketia>).

The commission examined what children, young people and vulnerable adults experienced in the care of state or faith-based institutions from 1950 to 1999, as well as abuse that occurred since 2000.

During its five-year investigation, it heard from almost 3000 survivors.

While survivors were now adults, many were children when they came into the system — into state care or psychiatric hospitals — Nuku said.



NZNO kaiwhakahaere Kerri Nuku

“They were children, subject to such horrific abuse, degrading treatment, torture, and some of them raped.”

Those children should have been able to rely on nurses to protect them — but that never happened, Nuku said.

NZNO believed in the victims’ stories and the fight ahead of survivors, “and we want to join forces in bringing about change”.

Meaningful action was not an apology “without substance”, with the need for NZNO to look at the inquiry recommendations, she said.

“That this abuse occurred and for so long is a national disgrace. It is not only an issue of historical significance, but with abuse recognised up to 2019, it is also a contemporary issue. For this reason, NZNO joins calls for the swift implementation of all Royal Commissions’ recommendations,” Nuku said in a subsequent media release.

“This is not what we expect from nursing and this is not what survivors of abuse should have received at the hands of nurses.”

Colonisation’s destructive intent was at work, Nuku said, “and nurses became instruments of that harm”. “The scars left behind are not just physical. They are pervasive, lifelong, and intergenerational!”

Speaking to *Kaitiaki*, Nuku said it difficult to admit as a professional group that NZNO could have done better, and had let people down.

"I had to be mindful that there were nurses that were caught up in this and tried to speak up about it, and the system never allowed their voices to be heard."

However, nurses had a responsibility and duty to care for vulnerable people, "and we didn't do the best job that we could".

NZNO had to be ready to authentically be part of change. "Part of that was making sure of what we can do realistically as an organisation . . . this was about taking small steps, in a meaningful way, to progress change, so it wasn't overcommitting and not being able to deliver!"

NZNO's response included a pledge, guided by the findings of the abuse in care inquiries and the Lake Alice Hospital investigation.

NZNO pledge

- Embed trauma-informed and culturally safe practice in nursing education and professional development.
 - Advocate for a robust redress scheme that meets survivors' needs and honours international standards.
 - Protect whistleblowers and enforce transparency, ensuring no member can hide from accountability.
 - Collaborate with the Nursing Council of New Zealand to strengthen codes of conduct and ethics, making care synonymous with safety and dignity.
-



NEWS

'They're trying to gag us' – pamphlets confiscated, as Waitematā district nurses go on strike

By Mary Longmore

March 20, 2026

One minute they were there — then they weren't.



North Shore district nurses with some of the elusive strike pamphlets that survived banning orders.

Several boxes of brilliant-purple strike pamphlets were confiscated this week so North Shore district nurses couldn't share them with curious patients while on a uniform strike.

More than 60 Waitematā district nurses this month voted to go on uniform strike to highlight staff shortages, cancellations and delays in their service across west Auckland's Waitākere, North Shore, Wellsford and Hibiscus Coast.

'We're actually standing up for our patients doing this. But we feel like the Government or our management is trying to put a gag on us to not talk about it.'



The case of the missing pamphlets

NZNO delegate and district nurse Lesley Ward said staff were warned by Te Whatu Ora-Health New Zealand (HNZ) Waitematā management not to distribute the pamphlets, which explain why staff were wearing colourful T-shirts and scrubs instead of uniforms.

They outline the staffing problems, recruitment freeze and invite patients to contact NZNO or raise the issue with their local MP.

But after being delivered to the North Shore, before nurses could take them out on the road, the boxes were confiscated, she said.

"We got an email to say we weren't allowed to do that, that we were putting patients in a very vulnerable position talking to them about this stuff," Ward told *Kaitiaki*.

"I thought 'that's pretty ironic, considering patients are already so vulnerable because we are so short-staffed'. It's just rude — really rude."



Paediatric nursing and kaiāwhina staff on uniform strike in Taranaki this week.

Staff were “pretty angry and upset,” she said. “We feel like management is trying to gag us.”

Ward said management had previously tried to stop the strike from going ahead, claiming life-preserving services were needed — a claim which was rejected after an adjudication hui — and by members.

‘It’s like playground stuff: ‘I’m going to take your crayons because you’re not doing what I want’

The opposite was true, she said. HNZ was failing in its duty of care to patients, and nurses were calling them out on it.

“We’re actually standing up for our patients doing this. But we feel like the Government or our management is trying to put a gag on us to not talk about it.”

Banning ‘backfired’

However, the move had backfired, as staff were “way more fired up” now.

“It’s hilarious — especially with them going missing. It’s like playground stuff: ‘I’m going to take your crayons because you’re not doing what I want!’”



Some Waitemata district nurses on uniform strike.

In Taranaki, where similar visibility strikes are underway, delegate Glenda Huston said management were also making life hard, banning posters on walls, windows or lifts.

“They’ve been saying it’s an infection control risk because anything [unlaminated] on the walls is part of the cleaning schedule,” she said. “They can put posters up — but we can’t.”



NZNO delegate and Taranaki enrolled nurse Glenda Huston.

Huston said it felt heavy-handed and a way of “gagging” staff.

“It’s encroaching on our right to strike, is what it is.”

However, patients were “very” supportive and curious about what staff were wearing, she said.

Similar NZNO strikes are also underway in Whangārei and [Canterbury](#),

HNZ members around the country have also reported being ordered to remove safe staffing stickers as health and safety risk — and even threatened with Nursing Council referrals.

NZNO chief executive Paul Goulter said today that taking part in strikes to support collective bargaining was members’ legal right — and NZNO would support any member bullied for taking part in lawful strike action.

“We have zero tolerance for any employer going after our members in this manner.”

NZNO-HNZ bargaining has been [dragging on for 18 months](#), with several sticking points around enforceable staff staffing, culturally-safe patient ratios, designated senior nurses’ pay rates and full graduate employment.



Taranaki renal staff on uniform strike

NEWS

Purple passion – a week of health-care workers showing their true colours

By Joel Maxwell

March 13, 2026

So much purple, so little time.



Members showing their true colours at Hutt Hospital's children's ward.

Kaitiaki was swamped with images from around the country snapped by NZNO members and supporters in last week's go-purple events for pay equity.

We couldn't fit all our readers' faces in our stories about [the build-up preparations](#), or about the [nationwide events for International Women's Day](#), or even [the rally at Parliament](#) that drew an inspiring speech by hospice nurse Anna Garton.



This submitted photo shows members happy to help the kaupapa.

So read on here to see photos from enthusiastic members that were simply too good not to share.

After all, they thought the kaupapa supporting pay equity was too good not to share, too.



Aged-care workers get out in the Carterton sunshine as part of the go-purple kaupapa.

Last week's events came hot on the heels of [the people's select committee release](#) of its findings on the Government's gutting of pay equity claims.

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.



Members from Auckland hospital's Rangitoto ward.

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%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIlwLjAuMDAwMCIsIlAiOiJXaW4zMilslkFOljoiTWFpbCIsIlldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=1CqqYXciE4hJH1fnVbT15iTVxAqj9%2Fs5P2nVLxB9gs%3D&reserved=0>).



Westies unite! Members go purple at the West Auckland sexual health clinic.

At the report launch in Wellington, former Labour minister Lianne Dalziel, a committee member, said the law change's 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."



Members showing up for pay equity at Manuka Street Hospital in Nelson.

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

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."



Hutt Hospital older person's rehabilitation staff got in on the purple action too.

The report laid out in detail how the Government [covertly planned to dump the law](#), while still forcing unions and industry bodies to go through the negotiations.

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



Hair today, purple tomorrow — the Hutt Hospital members didn't stop at purple flags and clothing.

But the final word for the week should go to Wellington dialysis health-care assistant Tasi Grant, who spoke outside the city's hospital as part of a go-purple rally.

"It's sad, it's upsetting, because doing this work is really hard. You put so much on yourself and your body — your mental health — to help all these people and not being shown the same support as men is sad."



All that hard work at Hutt Hospital — and supporting the go-purple day — works up a thirst.

NEWS

'We are not going to stop until we get it back' – women, unions vow to fight for pay equity

By Mary Longmore

March 10, 2026

The message was short, sharp and defiant.



Video: Pay equity supporters gather at a rally on Parliament grounds on Monday.

"We are not giving up."

"We are not going to stop."

"We are not going to go away."

At Parliament, in the Wellington rain on Monday, the message was profoundly clear — from nurses, from aged-care workers and from the unions representing some of the largest women-led workforces in the country. As far as pay equity is concerned — it ain't over.



Hospice nurse Anna Garton, far right, with NZNO organisers Laura Thomas and Sue Wihare (centre).

Speaking at the PSA-NZNO pay equity rally, Wellington hospice nurse Anna Garton said it was devastating when the hospice nurses' nearly-completed pay equity claim was dumped "overnight". But "we are not giving up", she told a wet but enthusiastic crowd.

"The process is harder now. But we are continuing because this work matters and because our communities deserve a health system that values the people who care for them."

'The workforce providing that care has been undervalued for decades.'

Hospice nurses and kaiāwhina cared for people at "one of the most profound" times of their lives, Garton said.

"Hospice care is about dignity, it's about compassion — it's about making sure people are cared for with respect at the end of their lives. It's a privilege to do this work. But the workforce providing that care has been undervalued for decades."



Aged-care support worker Kate Halsall, left, with pay equity supporters.

PSA aged-care worker Kate Halsall said she was gutted by the sudden amendments — and the “secrets and lies” that preceded it.

“I wish this Government could see how working women are giving their all for low wages,” she told a wet but enthusiastic crowd.

‘It’s downright shameful to give out hope . . . and play with people’s lives!’

Instead of being able to pay their bills, she and fellow workers were forced to use After-pay to keep on top of living costs.

“It’s downright shameful to give out hope . . . and play with people’s lives.”

Labour spokesperson for workplace relations and safety Jan Tinetti said Labour had already committed to reversing the 2025 pay equity amendments — “that’s a promise” — but was now working through the [People’s Select Committee report](#) released last week.



NZNO president Anne Daniels.

"We've given our commitment and we will hold that commitment," she told the rally. "We know we can make it better."

Labour has so far not confirmed how much it would pay to restore pay equity — revealed at last year's Budget to be [\\$12.8 billion](https://www.rnz.co.nz/news/political/561806/budget-2025-coalition-claws-back-savings-from-pay-equity-kiwisaver-best-start) (https://www.rnz.co.nz/news/political/561806/budget-2025-coalition-claws-back-savings-from-pay-equity-kiwisaver-best-start). Leader Chris Hipkins has [questioned the figure](https://www.nzherald.co.nz/nz/politics/labour-leader-chris-hipkins-reignites-criticism-of-128-billion-pay-equity-figure-as-treasury-stands-firm/) (https://www.nzherald.co.nz/nz/politics/labour-leader-chris-hipkins-reignites-criticism-of-128-billion-pay-equity-figure-as-treasury-stands-firm/).

'We can't afford billionaires – but we absolutely can afford to have people able to have enough to eat.'

Speaking at the rally, Green Party MP Julie Anne Genter said 2020 amendments to the 1972 Equal Pay Act under Labour and the Greens had created "world-leading" legislation to address long-standing inequities in women-led workforces.

That had all now been unraveled by the Coalition Government — but "we will get it back", said Genter, who was Minister for Women in 2020.



Labour's Jan Tinetti and NZNO delegate Mae Gadd.

"You deserve to be paid better and we can afford to pay you better," she told the rally.

"We can't afford billionaires — but we absolutely can afford to have people able to have enough to eat, to live in a decent home and to do the work that is the most important for our society to thrive."

'It's all about solidarity and unions sticking up for each other.'

NZNO president Anne Daniels told *Kaitiaki* nurses and kaiāwhina wanted to see "action" not words from whoever was in Government.



Unionists Marion Edmonds, left, and Lyndy McIntyre.

"We are not going to go away," she said. "We know Māori and Pacific women are a hell of a lot worse off under this Government and the lack of transparency for pay equity and we are standing here for them."

'We are not going to stop until we get it back.'

NZ Council of Trade Unions national secretary Melissa Ansell-Bridges said one "silver lining" was the rise of people power in response — and this would not stop.

"Ultimately, what this is about is women in New Zealand who do essential work being paid every cent of what they deserve. And we will not stop until we achieve that," she said.



"We've been fighting for this for decades, and we are not going to stop now."

Unionists Lyndy McIntyre and Marion Edmonds told *Kaitiaki* the momentum to restore pay equity for women-led workforces was unstoppable.

"We are not going to stop until we get it back."

NZCTU's Melissa Ansell-Bridges.

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rs of the NZ Professional Firefighters Union (NZPFU) who had been on strike nearby also joined the pay equity rally.

"It's all about solidarity and unions sticking up for each other," member Corey Fairbairn told *Kaitiaki*.

The Government's [shock dumping](#) of 33 pay equity claims last year left hundreds of thousands of workers hanging — including hospice and Whānau Āwhina-Plunket nurses and kaiāwhina. Some claims were only weeks away from completion.

Community care and support workers must now wait till 2027 to review their historic [2017 pay equity settlement](#).



Julie Anne Genter. Photo: Naomi Madeiros.



Firefighter Corey Fairbairn at the rally for pay equity.

Still minding the gap

Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO also today launched a [Still minding the gap](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.stillmindingthegap.nz%2Finvoice.thepm&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7C71df671c7746422dc29a08de7d761f01%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639086143446206781%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiwlLjAuMDAwMCIiIAiOiJXaW4zMjMiLSIkFOIjoITWFpbCIsIldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=yfEvElyMAi6NNLVp35MwcoWu%2Bz0BFKNQkdjPFj2M8Y%3D&reserved=0)

(<https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.stillmindingthegap.nz%2Finvoice.thepm&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7C71df671c7746422dc29a08de7d761f01%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639086143446206781%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiwlLjAuMDAwMCIiIAiOiJXaW4zMjMiLSIkFOIjoITWFpbCIsIldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=yfEvElyMAi6NNLVp35MwcoWu%2Bz0BFKNQkdjPFj2M8Y%3D&reserved=0>)

campaign, where members can bill Prime Minister Christopher Luxon for wages lost due to gendered pay inequities.

- Women on the median wage lose **\$25.36 every week**.
- For wāhine Māori it is **\$58.40 every week**,
- For Pacific women it is **\$76.40 every week**



NZNO supporters of pay equity

NEWS

Purple reigns – nurses show true colours for pay equity around motu

By Mary Longmore and Joel Maxwell

March 6, 2026

Puzzled passers-by were seeing purple, but some of the nurses were seeing red — it was International Women’s Day again, and pay equity was still on the agenda.



You can't beat Wellington on a windy day -- NZNO members and staff brave the elements outside Wellington Regional Hospital on Friday.

“Unprintable!” That was one Wellington nurse’s response today to being forced to wait another 10 years for a pay equity review.

NZNO members around the country went full purple today to mark the upcoming International Women’s Day and make a continued pitch for pay equity.

Outside Wellington Regional Hospital, nurse manager Rachel Moss said having to wait till 2033 to have the HNZ [2023 pay equity settlement](#) reviewed would likely mean nurses’ pay would again lag behind male-dominated workforces.

'You put so much on yourself and your body – your mental health – to help all these people and not being shown the same support as men is sad.'

The Government's [shock dumping](#) of 33 pay equity claims last year left hundreds of thousands of workers hanging — including hospice and Whānau Āwhina-Plunket nurses and kaiāwhina. Some claims were only weeks away from completion.

Community care and support workers must now wait till 2027 to review their historic [2017 pay equity settlement](#).



Senior nurses Lynne Cowley and Rachel Moss outside Wellington Regional Hospital today.

"It's another way to repress women," agreed senior nurse, Lynne Cowley.

Wellington dialysis health-care assistant (HCA) Tasi Grant said it was important to make people aware of what was a big pay gap.

"It's sad, it's upsetting, because doing this work is really hard. You put so much on yourself and your body — your mental health — to help all these people and not being shown the same support as men is sad."



Dialysis health-care assistant Tasi Grant, registered nurse working in urology, Leiana Lavakula and clinical nurse specialist Selina Lui, outside Wellington's hospital.

Grant said she loved her department, and helping people through the moments that brought them into hospital — “bringing a little bit of brightness into their lives”.

Wellington nurse Hilary Gardner said it had taken so long to win pay equity in 2023 and now Te Whatu Ora nurses’ pay was going backwards again.

“It’s one step forward and two steps back.”



Wellington nurses Hilary Gardner, Mae Gadd and Helen Kemp outside the hospital today.

Porirua nurse Helen Kemp made the trip all the way to Wellington Hospital for the “dignity of women”.

She saw first-hand how the gutting of the Equal Pay Act had a huge impact on communities and child poverty.

To watch a mum-and-daughter duo at Wellington hospital click [here](#). And click [here](#) to see NZNO's Te Whatu Ora bargaining team turn purple too.

Equity stolen away

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



Te Omanga Hospice nurses including NZNO delegate Anna Garton (far left) stand up today.

Last May the Government ripped away \$12.8 billion worth of pay equity claims from women-led workforces including [hospice and Plunket](#) workers — just weeks away from being filed — as well as care and support workers.

The entire process had been [done in secrecy](#) while unions and industry groups continued working on claims. The axed claims included 12 by NZNO.

Meanwhile, the go-purple day was bolstered by the announcement by former National MP Jackie Blue that she had quit the party after 25 years. The Government's gutting of pay equity claims was the "atomic bomb" that forced her to make the decision.



Some of NZNO's Te Whatu Ora bargaining team took a break from negotiations to go purple for pay equity in Wellington today. Left to right: Lyn Logan, Maria Tutahi, Maree Jones (NZNO safe staffing coordinator), Al Dietschin and Candy Smith (NZNO administrator). Rachel Thorn is at the front. Absent, Dawn Blyth and Noreen McCallan.

Blue was part of the people's select committee that [released its report](#) last month into its findings on the law change.

NZNO's Te Whatu Ora bargaining team took a break from negotiations to express support for pay equity.



North Shore Hospital members go purple

Photos across the motu

"It's horrific that a woman in Government would support this kind of action against other women – it's pretty outrageous," Whangārei emergency nurse Rachel Thorn said.

Many who turned out in Wellington were senior nurses, frustrated at Te Whatu Ora-Health New Zealand's (HNZ) ongoing refusal to expand their pay scale.



Auckland's Greenland Hospital staff go purple today.

NEWS

Cut-down cupcakes, cute dinosaurs... nurses and kaiāwhina get creative for pay equity's go purple day

By Mary Longmore

March 5, 2026

As nurses and kaiāwhina everywhere prepare to purple up for pay equity tomorrow in the run-up to International Women's Day, we bring you some eye-grabbing inspiration from around the motu.



Christchurch nurse Courtney Milne early on in their visibility strike. This photo was edited to remove ward names.

In Tauranga NZNO members were giving out partial cupcakes to drive the message home this Working Women's Week.

"We are giving away cupcakes with 20 to 30 per cent cut out of them, to demonstrate that we all do similar work, but on pay day some get a full cupcake and others 80 per cent," one worker said.

"Everyone deserves a full cupcake — pay equity means filling the gaps, so it's fair for all."

For Pacific women, the overall pay gap with men is the largest at 15.8 per cent; wāhine Māori are paid 12 per cent less and women generally five per cent less.



Fancy a bite out of your pay?



Patients joined Kenepuru Hospital members in Porirua, saying they deserved more pay.

Last year the Government ripped away \$12.8 billion worth of pay equity claims from women-led workforces including [hospice and Plunket](#) workers — just weeks away from being filed — as well as care and support workers. In February, a people's select committee of former MPs slammed the move as [secretive and horrendous](#).

In Wellington, hospice nurse Anna Garton has dyed her hair purple in readiness.

Garton — who spoke of her "hope and excitement" after the people's select committee slammed the Government's actions — said it was crucial nurses and kaiāwhina stand up together on Working Women's Week, to make sure their work was "visible, valued and recognised".



Anna Garton purples up for Friday

"It's really important to continue the hard mahi done by our women before us, and to continue to support our current and future nursing workforce."

Garton said she wanted people to view nursing as a rewarding and fulfilling profession — and to see that nurses and health workers were valued by Government and their communities. That would ensure a strong future workforce, she said.

'Women's work is just as important as the work that men do.'

"We all know what it is like to work hard, to worry about our patients, their care and their outcomes, and balancing the pressures that come with working in such a constrained health care system — we are doing an awesome job

showing up, every day . . . for ourselves, and the people we work with."

At Auckland's Middlemore Hospital, NZNO delegate Liandra Conradie said members had been going hard on the purple and were keen to stand up for what was right.

"We're standing up to ensure we get what we deserve and ensure we don't revert back to when women got less, and were viewed as less" she told *Kaitiaki*.

"Women's work is just as important as the work that men do."

At Porirua's Kenepuru Hospital, patients came out to support members preparing to go purple, one saying she believed nurses should be paid more.

At Auckland's Greenlane Hospital, a famous purple dinosaur was providing inspiration for nurses and kaiāwhina decorating their workplace.

NZNO delegate Farah Tan said staff had got the purple memo and added a fun twist.

"We just added a Barney [the purple dinosaur] theme and created some posters," Tan told *Kaitiaki*.

'Everyone deserves a full cupcake – pay equity means filling the gaps, so it's fair for all.'

In Christchurch, NZNO members were also taking a light-hearted approach while on a renewed visibility strike, with balloons, corflute signs and handmade t-shirts.

Members on a visibility strike do not need to comply with their workplace's uniform policies — but other Te Whatu Ora members do, NZNO has advised.

Christchurch registered nurse (RN) and delegate Courtney Milne said the focus was celebratory and fun and patient response had been really positive.



NZNO delegate Farah Tan and colleague get ready



Greenlane Hospital is going full purple Barney this week

Milne — who made her own screen-printed safe staffing t-shirts for everyone (“I’m frugal and a little bit thrifty”) — said they were an “easy in” to a kōrero with patients.

“We had so many patients commenting on our t-shirts when I had one saying ‘safe staffing saves lives, not enough staff,’” she said. “Patients got talking and said ‘we’re so behind you!’”

The impact of ongoing staff shortages were felt “every shift”, including serious injuries to patients who were not supervised adequately, Milne said.



NZNO members at Middlemore Hospital are passionate about pay equity

A full schedule of events to mark Working Women's Week in the lead up to International Women's Day can be found [here](https://www.together.org.nz/working_women_s_week_2026) (https://www.together.org.nz/working_women_s_week_2026).

A pay equity rally at Parliament postponed this week due to bad weather is now being held on Monday at 12-12.30.



Tauranga workers including nurses give away "80 per cent" cupcakes today

OPINION

'We stayed true' – NZNO membership committee's last chair reflects on achievements, challenges

By Anne-Maree Wagg

March 13, 2026

Final chair of the membership committee, Anne-Maree Wagg says it allowed her to grow as a leader and helped members' voices be heard.



NZNO's final membership committee. From left: Karen Durham, Jennie Rae, Wendy Alexandra, Michael Deibert, Anne-Maree Wagg, Noreen McCallan, Bianca Grimmer, Titihuia Pakeho, Wendy Tantrum, Nano Tunnicliff and Anne Daniels. Photo: Samesh Mohanlall.

I first joined NZNO's membership committee in 2020 from the infection, prevention & control nurses college, as a college and sections representative.

At first, I felt quite overwhelmed and suffered from imposter syndrome. I was working in a

'Member voice matters'

Both NZNO's membership committee and Māori governance arm, Te Poari, were established in 2012, as part of NZNO's first constitution.

private clinic at the time, that wasn't represented in any of NZNO's collective agreements. I felt like an outsider and very ignorant.

However, within this group, I was nurtured and educated. Over the course of a few years my awareness of Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO operations and functions grew.

'I believe the membership committee stayed true to its role as a voice and advocate for members, and a conduit between NZNO's members and leaders.'

The membership committee at the time was very knowledgeable with very strong and influential members such as long-time chair Sandra Corbett.

I had always been a strong advocate for NZNO, since calling on its legal support during a police investigation into a death that occurred early on in my career. But through my involvement with its membership committee, my knowledge exploded regarding the structures and opportunities NZNO offered.

With this newly-acquired knowledge and skills, I became a stronger advocate for the colleges and sections — especially those not often heard — and for educating and informing members about all things NZNO.

The membership committee was a unique mix, with students, regional representatives and college and section representatives as well as the leaders — president and vice-president (ex-officio — by default of their role).

NZNO president Anne Daniels was particularly steadfast in her attendance, which has been much appreciated, helpful and a very positive influence.

As a group, we regularly had the chance to sit around a table to discuss member issues and

It's objective was to try and better connect members with NZNO's elected leaders (then-board). It comprised of a representative from each region, two from colleges and sections and two from the national student unit. The president and vice-president also sat on the committee which aimed to work in partnership with Te Poari to ensure member concerns were brought to the attention of the board — and the board's decisions conveyed to members.



Former chair Sandra Corbett, centre, with NZNO president Anne Daniels and kaiwhakahaere Kerri Nuku receiving honorary life membership last year.

Former chair Sandra Corbett said the committee also evolved to focus on cultural competence and the importance of recognising structural bias in nursing and health, in addressing health inequities.

"We have to make these things better understood because we don't want to continue to exacerbate the health inequalities we have today."

Former student co-leader Bianca Grimmer said the committee allowed students to feel "seen" and members connected.



Bianca Grimmer

"For students, it meant being seen and getting support to actualise free membership for students. It gave us a united voice."

While it was now disbanded, "members voices matter and they will continue to shape the

identify valid concerns and ways to improve NZNO.

We also had the privilege of face-to-face conversations with NZNO's leaders, which allowed us to both communicate concerns and feed back to members what was happening within the organisation.

Unfortunately, COVID and the loss of some foundational members saw the committee [struggle](#) with its purpose between 2020 and 2022. This was when I stepped up to become vice-chair, then chair in 2023. It was a challenging time as we tried to advocate effectively for members.

future of our union", she said.

The committee was disbanded in September 2025, when NZNO's [new constitution](#) came into effect.

— Sources: *Kaitiaki reports & interviews with members by NZNO social media advisor Naomi Madeiros.*

'For students, it meant being seen and getting support to actualise free membership for students. It gave us a united voice.'



NZNO's last membership committee at the 2025 conference and AGM — where it was officially disbanded after 13 years.

However, NZNO went through a transformation later that year, with the arrival of new chief executive, Paul Goulter. A new strategy — [Maranga Mai!](https://maranga-mai.nzno.org.nz/) (<https://maranga-mai.nzno.org.nz/>) — was created, the visibility of NZNO grew and our political voice strengthened.

'Embracing change'

The membership committee embraced this change. With this focus, we put our heads down and really began to define what we stood for — our role, our purpose, our goal.

We highlighted [real concerns](#) from our members, becoming a stronger voice for them. These included a lack of support, violence and unsafe staffing in their workplaces; but also how to better engage and be heard within NZNO.

We also strongly supported NZNO's national student unit as it highlighted the lack of workplace safety and support for student nurses — financial and professional. We also lobbied successfully for free [NZNO membership for students](#).

The committee also supported the 2018 change to one member, one vote — an approach we believed to be more equitable than delegates/group representatives voting from the AGM floor as previously took place.

Even though most of us worked at Te Whatu Ora-Health New Zealand (HNZ), we worked hard to ensure all members' voices were represented. As chair, Sandra Corbett had built strong relationships with NZNO's Māori governance arm, Te Poari, and we worked hard to continue this, and reflect NZNO's bicultural structure and te Tiriti o Waitangi.



NZNO's first membership committee in 2012. Back row, from left: Ne'Villa Kiriona, Jo-Anne Thomson, Erin Kennedy, Rose McGillicuddy, Juliet Manning, Marion Guy (then-president), Jacob Panikkamannil and Marieann Mohi. Front row, from left: Melinda Jordan, Evelyn Hawkins, Jennie Rae, Sharon Williams, Cheryl Hammond (chair), Jo Janssen, Ian Stevenson and Erin Beatson.

I do feel the membership committee did not reach its full potential. At times our struggles were reflections of the wider struggles NZNO was experiencing.

Nonetheless, in our last year — 2025 — we were working well at identifying and discussing concerns. We were able to highlight many challenges faced by members, bring them to the attention of leaders, and by then had the ability, knowledge and skills to brainstorm effective solutions.

I believe the membership committee stayed true to its role as a voice and advocate for members, and a conduit between NZNO's members and leaders.

It was also a place of nurturing and developing leaders, supporting members' understanding of all things NZNO, to encourage member engagement, future leadership and successfully raising the voices of nurses and kaiāwhina.

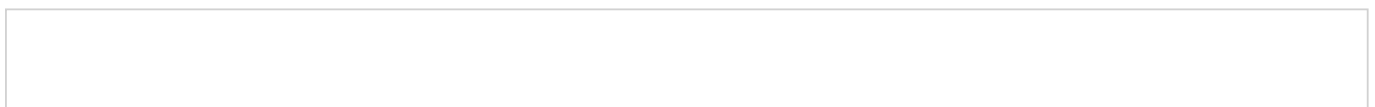
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- *NZNO's membership committee was disbanded in September 2025 at the NZNO AGM, when the [new constitution](#) came into effect. Instead, members will be represented through local organising groups currently being set up, in partnership with NZNO's Te Rūnanga, to create new rōpū (groups) called ngā hapū.*

NZNO Membership Committee

Kaitiaki Nursing New Zealand



Watch on



OPINION

The wisdom of health workers – should actual nurses be running Te Whatu Ora?

By Rob Campbell

March 2, 2026

Former Te Whatu Ora chair Rob Campbell walked away from a recent kōrero with NZNO-Tōpūtanga Tapuhi Kaitiaki o Aotearoa's national executive wondering why nurses and kaiāwhina aren't running the show.



Rob Campbell speaking at a previous NZNO -- Tōpūtanga Tapuhi Kaitiaki o Aotearoa conference. Photo: Marty Melville

Recently, I had the pleasure to spend some time with the executive of NZNO, the nurses' union. The purpose was to discuss developments in the health sector in recent times, the future of that sector and

the people working in it. This was a private discussion, the detail of which will stay that way, but I do want to share some wider reflections.

These reflections arise from the simple but very striking impression that we had a far more stimulating and incisive discussion about the issues than any I experienced with officials, managers, politicians or consultants while involved with Te Whatu Ora. It reminded me that the ongoing avoidance of real engagement with the sector unions which characterised that experience was wrong-headed and counter-productive.

But democratic, activist unions are authentic voices though, in my experience, the ones which are the least welcome voices to hierarchical management and governance.

As is common in many areas of our economy, the organised voice of those working at something is obscured or ignored by those managing and governing that work. To the loss of the common interest in favour of the private and/or privileged interest. I'm aware that labour organisations are not immune to the dangers of isolation from the active base — it is often easier and less challenging to listen horizontally than vertically when such distance arises in hierarchies. But democratic, activist unions are authentic voices, though in my experience; the ones which are the least welcome voices to hierarchical management and governance.



NZNO-Tōpūtanga Tapuhi Kaitiaki o Aotearoa's national executive, left to right: Rosie Katene, Tracey Morgan, Nano Tunnicliff, Michelle Fairburn, Kerri Nuku (kaiwhakahaere), Anne Daniels (president), Rachel Thorn, Saju Cherian, Grant Cloughley and Grant Brookes. (Not present: Tracy Black)

In the discussion today I had informed, experienced, engaged people from a wide range of the nursing workforce. They knew far more, and knew it in a more caring and nuanced way, than highly-schooled and KPI-driven managers chasing targets rather than serving others, or executives with career aspirations narrowing the breadth and courage of their vision, or visiting politicians preening for cameras and their handmaiden consultants dropping in to draft an invoice.

They should be heard and they go well past the vital issues of patient and worker safety and unreasonable pay scales which rightly label the picket lines.

No surprise, this group had real insights, some challenging of and some aligned with my limited perspectives. They should be heard and they go well past the vital issues of patient and worker safety and unreasonable pay scales which rightly label the picket lines when they are not heard. The union has to deal with these day-by-day.

But what I heard also was a much deeper recognition that a genuine health system has to put the common or public interest above the private interest, has to deliver care by a fully-funded common or public structure, moulded and accountable to its communities; and has to build that from healthy housing, work, environment, nutrition and physical activity. That equity is a core health system foundation not an occasional measurement tool.

What, I wondered as I walked away, would have Te Whatu Ora looked like today if these and others like them had been running it? A damn sight better and could hardly not be.

(My apologies if I have under-reported the depth of your kōrero to those present, who all told me far more than I could tell them).

Economist and trade unionist Rob Campbell was chair of Te Whatu Ora-Health New Zealand 2021-23. He was [sacked](https://www.rnz.co.nz/news/political/485021/health-nz-chairperson-rob-campbell-fired-over-politicised-comments-health-minister-says) (<https://www.rnz.co.nz/news/political/485021/health-nz-chairperson-rob-campbell-fired-over-politicised-comments-health-minister-says>) over social media comments claiming Christopher Luxon was 'dog-whistling' with National's proposal to scrap Māori co-governance of the country's storm, waste and drinking water. He is now chair of national health alliance [Kaitiaki Hauora](#), to which NZNO also belongs.

This viewpoint was reproduced with permission from Campbell's [Substack](#) (https://substack.com/@robcampbell433348/note/c-218811287?utm_medium=ios).

PROFESSIONAL

Remote, but not alone: How nurses' telehealth system enables safer heart-failure care

By Daman Kaur and Margaret Coghlan-Talbot

March 17, 2026

Nursing is an art with science, which resonates in our practice daily, say two Hawke's Bay nurses, who are speaking at an upcoming digital health workshop.



Margaret Coghlan-Talbot, clinical nurse specialist in cardiology, and Daman Kaur, nurse practitioner from the Hawke's Bay cardiology department.

Nurses play a vital role in delivering patient-centred, evidence-based care within rapidly changing health-care environments.

As patient needs become more complex, innovative approaches to care delivery are required.

A new model of care has been introduced for heart failure patients with reduced ejection fraction (HF-REF) — a percentage measure of how well the heart pumps blood around the body — to enhance timely, evidence-based care with improved patient and clinician experiences, and to support better health outcomes.

This article discusses the key components of this model and how it can be applied in nursing practice and in other areas or specialities.



Technology is allowing innovations like telehealth remote patient monitoring. Photo: AdobeStock

Rural, and urban

Together we have pioneered this model of care in Hawke's Bay.

Daman Kaur, a nurse practitioner in the Hawke's Bay cardiology department introduced the model in a rural and remote area of the region — trialling it for nine months with great success.

Colleague Margaret Coghlan-Talbot, clinical nurse specialist in cardiology, then introduced it to urban areas.

This telehealth model of care for HF-REF patients went nationwide from February. The key to this transformation is telehealth remote patient monitoring (RPM), which allows heart failure medications to be up-titrated more quickly, safely, and efficiently.

Additionally, this model of care addresses accessibility, is cost effective, and helps us meet our commitment to equity of care.

From a nursing perspective, RPM is a game-changer. It gives us the clinical data we need to make safe, timely decisions—without having to wait for in-person clinics and rely on patient memory, or manual paperwork.

Why rapid titration matters

For several years, cardiology specialists in New Zealand have called for an appropriate model of care to support patients transitioning from hospital to the community and to facilitate subsequent rapid titration of guideline-directed medical therapy (GDMT) for optimal treatment.

A position statement released by the heart failure national working group and the NZ Heart Foundation in 2024 [1](#) included the following recommendation:

“Following hospitalisation for heart failure, patients with HFREF should have early initiation of low-dose, combination guideline-directed medical therapy. Appropriate models of healthcare are required to support immediate transition from hospital to the community and to facilitate subsequent rapid titration of GDMT to optimise therapy.”

Heart failure patients need to be started and up-titrated on GDMT quickly after discharge to reduce symptoms, hospitalisation, and death. But the traditional model of care (with in-person clinics) is resource-heavy and has struggled to deliver this.



The RPM system collects vital signs and symptom reports daily, helping cut hospital readmissions dramatically. Photo: AdobeStock.

Many factors affect this — including patient access, being rural or remote-location, work, or having whānau commitments. Additionally, the old system is resource and time-consuming, dependent on patient travel, and constrained by limited appointment slots. This often means it takes many months to reach target doses, increasing mortality and morbidity.

RPM changes that.

How RPM works

With our innovative new model of care, patients are given a 4G-enabled tablet paired with pre-configured health monitoring devices: scales, blood pressure monitor, and pulse oximeters. The tablets are locked down for health-use only, with no need for the patient to provide internet, download apps, or use their own phone. The kit is simple and takes just a few minutes to initiate and personalise for each patient.

The RPM system collects vital signs and symptom reports daily (even intra-daily if needed). It also supports secure messaging, video calls for remote consultations, and educational content. Because patients don't have to come into the clinic for every adjustment, we can assess medication tolerance remotely and up-titrate more frequently and confidently. Clinicians can set individual parameters and if readings are outside those parameters, they get alerted.



A remote-first approach ensures more patients benefit from rapid titration reducing the overall burden on hospitals and staff from worsening heart failure symptoms.

Clinicians don't need to check all data daily as alerts are generated along with automated safety questionnaires. This provides clinicians with vital information and the clinician can then contact the patient as needed, or the patient can leave a message to contact the clinician. The video clinic appointments are weekly, which saves both the clinician and patient time and expenses associated with travel and time off work.

The results

The difference this made is substantial.

- Patients completed their medication titration in six to eight weeks, compared to six to nine months under standard care.
- Their 30-day hospital readmission rate is 0 per cent, compared to 25 per cent for patients not using RPM.
- Missed appointments have dropped to 0 per cent (versus 15.3 per cent for in-person clinics).
- Each patient enrolled in the RPM model is saving the health system approximately \$9500. To date, our team has saved more than \$250,000 and more than 50 bed nights with each new enrolment increasing these totals.

Why it works for patients and nurses

From a patient perspective, using a dedicated tablet with pre-provisioned medical devices removes barriers to RPM and increases engagement. This approach standardises care with a common set of devices for all patients, eliminating the technology issues that plagued our previous attempts at RPM.

Since we began providing this model of care nearly two years ago patients have consistently applauded the ease of use, convenience and immediacy of RPM.



Telehealth remote patient monitoring is a game-changer for nursing. Photo: AdobeStock.

From a nursing perspective, RPM is a game-changer. It gives us the clinical data we need to make safe, timely decisions—without having to wait for in-person clinics and rely on patient memory, or manual paperwork. Instead of waiting for the next clinic visit, we can check vitals and respond. Patients can ask for a call-back.

As clinicians, we have more clinical data to make decisions, which increases the safety and confidence for patient and clinician in the treatment.

RPM also saves time. Because we're not spending hours coordinating appointments, chasing data, travelling to clinics (sometimes long distances) and dealing with no-shows; we can focus more on clinical care. The result is greater efficiency and less burnout, all while expanding our team's capacity to manage more patients.

Our experience has shown remote care should be the default for managing heart failure patients with HF-REF, unless there's a clinical reason not to. A remote-first approach ensures more patients benefit from rapid titration reducing the overall burden on hospitals and staff from worsening heart failure symptoms.

Conclusion

In Hawke's Bay, we've shown that the telehealth heart failure model of care can improve outcomes, reduce costs, and ease pressure on health-care teams. We now have a clinician-friendly, patient-centered solution built right here in New Zealand—and it's delivering world-class results. It is equity in action.



*RPM patients completed their medication titration in six to eight weeks, compared to six to nine months under standard care.
Photo: AdobeStock.*

Remote-patient monitoring isn't just about technology — it's about giving clinicians better tools to do their jobs more efficiently, and giving patients a better chance at recovery. The sooner we explore how technology can solve some of our delivery-of-care challenges, the better it is for the clinicians, patients, our communities, and the health system as a whole.

*Daman Kaur **NP, MN, BN** is a nurse practitioner in the Hawke's Bay cardiology department; Margaret Coghlan-Talbot, **RN, BN, MN**, is a clinical nurse specialist in cardiology.*

Discounted entry for NZNO members to digital health workshop

Daman Kaur and Margaret Coglan-Talbot will speak about the RPM project as part of a [HiNZ \(https://events.humanitix.com/from-it-to-digital-and-ai-in-health\)](https://events.humanitix.com/from-it-to-digital-and-ai-in-health) (Health informatics New Zealand) [one-day course \(https://events.humanitix.com/from-it-to-digital-and-ai-in-health?\)](https://events.humanitix.com/from-it-to-digital-and-ai-in-health?_gl=1*h7npgx*_gcl_au*MTgyNzk0MzcxOS4xNzY4NTEwOTcx*_ga*OTE3Mzc1NDM4LjE3MjU0MDAwMTQ.*_ga_LHKW5FR9N6*cze3NzA3NTUyOTkkbzYzJGcxJHQxNzcwNzU1Mzc1JGo0NyRsMCRoMA..)

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) *From IT to Digital & AI in Health* on March 31.

The Auckland workshop is designed for health-care professionals, leaders and managers — not technical specialists — to give practical takeaway guidance and next steps that work in real provider environments.

NZNO members can enter NZNO into the 'access or discount code' box on the [ticketing website \(https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fevents.humanitix.com%2Ffrom-it-to-digital-and-ai-in-health&data=05%7C02%7CCoEditors%40nzno.org.nz%7Cfb671c2c784149173d9008de77fa46a8%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639080114254406313%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIiIAiOiJXaW4zMilskFOljoiTWFpbGlldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=24VzY1Z%2BjAVGRO%2BPNbhAodvy%2BIN2RF%2FgzeqYrsyuK98%3D&reserved=0\)](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fevents.humanitix.com%2Ffrom-it-to-digital-and-ai-in-health&data=05%7C02%7CCoEditors%40nzno.org.nz%7Cfb671c2c784149173d9008de77fa46a8%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639080114254406313%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIiIAiOiJXaW4zMilskFOljoiTWFpbGlldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=24VzY1Z%2BjAVGRO%2BPNbhAodvy%2BIN2RF%2FgzeqYrsyuK98%3D&reserved=0) and will be charged the member price of \$199 rather than \$299.

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PROFESSIONAL

'Peeling the onion': An intensive brief intervention service for young people

By Michela Fox

March 16, 2026

Mental health nurse section committee member Michela Fox shares the secrets of a successful youth mental health service. Experience, complementary knowledge — and the nursing spirit of collaboration are key.



Michela Fox: 'It's about building connections with people; it's about utilising your communication skills to relax people enough to tell you what's really going on in their head.' Photo: AdobeStock.

The intensive brief intervention service for youth has run for two years in the MidCentral district. We cover from Dannevirke, down to Ōtaki, and up to Sanson: a large geographic area.

My colleague, advanced-practitioner social worker Amanda Dean and I see people in acute crisis, up to 18-years old, who have had either a self-harm attempt, or they've had suicidal thoughts or they might have had a suicide attempt, and they need urgent assessment and quick intervention.

We take referrals from the emergency department; general practice doctors (GPs) can ring directly and say 'I've got a young person who's suicidal that I'm seeing right now'. School counsellors ring us — or the paediatric ward in the hospital might have a young person with a medical issue and they realise some self-harming has happened.

Wherever there's children and young people, they can be referred to us and we respond very quickly.



Michela Fox.

It's fantastic to help young people and their families when they're in crisis, and bring a calming, comprehensive assessment to what's going on. We can reassure families there is help; that we'll do everything in our power — take all of this information back to a multi-disciplinary team, come up with a plan and keep them linked with other support agencies.

We're client-centered, and focused on how we can connect people to what they need. We can arrange with them to see a psychologist, a psychiatrist, a paediatrician: it's very individual.

This approach has been tried in other districts but ours has been particularly successful because of our combined years of experience in mental health, more than 25 years each; our complementary roles as a registered nurse (RN) and social worker, and our collaborative approach.

We set up the service together: we support each other — and we utilise each other's skills.

Nurses are naturally very collaborative. We bring a partnership approach and an ability to look at complex situations and peel back the layers of the onion — examine why this situation occurred for this young person, and what they need. Then we can make a plan, and work together.

That's what works well with Amanda who is based in Horowhenua. As a social worker, she'll bring her expertise to my cases, and I'll bring my nursing expertise to hers.



Getting people to open up can be a challenge. Photo: AdobeStock.

I have been an RN since 1992. I've worked at an inpatient unit in adult community mental health, the alcohol and drug service for several years; five years at Feilding community mental health — a broad range of experiences.

I came into Child & Adolescent Mental Health Services (CAMHS) three years ago after working a short stint in an early-intervention service helping young people, 14 to 24, with early-onset psychosis.

That helped me become more passionate about working with young people, to reduce and prevent issues as they become adults: getting in early, providing education, support, and engaging their families to ensure people got well looked-after.

I'd like to grow the service — ultimately bring several more clinicians onboard.

Why mental health nursing?

Mental health nursing is holistic, it looks at the whole person: their social situation, their cultural and spiritual needs, their physical health needs, their emotional needs, it's the whole picture. That's what appeals to me.



The service is about preventative health — making sure young people can have a fabulous life. Photo: AdobeStock.

It's about building connections with people; it's about utilising your communication skills to get people relaxed enough to tell you what's really going on in their head. It's very challenging for people to talk about what their values are, what their family's like; to actually say the things that are really worrying them.

This is prevention health. This is a service that can get in there, help that young person and their family and work with all the other agencies to ensure that person has a fabulous life.

If we can invest into young people as a country, it helps New Zealand's future. This is about knowing as a nurse you're helping future generations.

And you can see the benefits in the present too.

You go to the supermarket and you see someone and they give you a thumbs-up. Or you see a young person working, and they didn't have a job previously. A young lady came into the service and she said to the administrator to pass on to me that she was back at school. That really keeps me going.

- Michela Fox **MSc, RN** is a specialty clinical nurse-intensive brief intervention at the Child & Adolescent Mental Health Service.
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FEATURES

'It's never too late to be what you might have been' – Ros Rowarth on 50 years of nursing

By Joel Maxwell

March 30, 2026

Somewhere her colleagues miss her, and are gently easing themselves into her absence, somewhere there's a former patient who gave her an emotional slap in the face that set her on the path to new growth in her 50s. Somewhere there's a set of red epaulettes that she proudly attached to her first nursing uniform.



Ros Rowarth, nurse practitioner, at Ranolf Medical Centre where she has seen generations of patients. She is pictured with the pounamu by Lewis Tamihana Gardiner, gifted to her by the practice.

Everywhere there are reminders of Ros Rowarth's work in primary health care.

Currently, however, she might be doing a spot of gardening.

Rowarth a nurse practitioner (NP) in primary health spoke to *Kaitiaki* about a half-century spent in nursing, after retiring in February.

It was a career that spanned changes in training, practice — saw nurses pushing to the top of their scope — and one that offers every health-care professional, and every person, motivation to never stop growing.

There were 50 in her cohort when she started her three-year training in 1976 at Middlemore, which still had the nurses' home on hospital grounds.



Back in the days of paisley curtains and starched nursing uniforms is Ros Rowarth.

Her family had emigrated from England that same year, when she was 18. So now Rowarth was starting a new life across the world, as well as starting to learn the skills of a profession she'd wanted to join since childhood.

She still remembers her first intramuscular injection, on a “very skinny lady”. It was awful, she said: the moment she discovered there was no comparison between people and oranges.

The matron’s rounds were “quite an occasion”, nurses running around to get the ward in order, patients sat up straight, junior nurses kept out of sight, before the entourage with senior nurses and doctors arrived.

“I think it was May, three years later that I got my red epaulettes: a first-year staff nurse.”

‘And I never left’

Rowarth spent the next few years working at Middlemore in the neonatal unit before challenging herself again — heading back to the United Kingdom to train as a midwife.



Ranolf Medical Centre staff, including nurse practitioner Caerlie Picken, third from left, with Ros Rowarth in white, centre.

She returned to New Zealand and her mahi included spells in maternity and neonatal units at Middlemore, till 1989, when her life changed again on a visit to Ranolf Medical Centre in Rotorua.

Rowarth was about to fall into the next phase of her life — she just didn’t know it when she arrived with her own baby for an appointment with a doctor.

It was a strange set of circumstances, she said. Her doctor turned up late and apologetic — he’d been trying to help a young mother feed her baby.

“I just said ‘I’m a midwife with a young baby and would you like to give her my number and I’ll see if I can help her, just as one mum to another?’”

“I think it was May, three years later that I got my red epaulettes: a first-year staff nurse.”

Before she knew it, she was a contracted midwife working through the clinic.

“That was not a planned move at all. I became one of the early independent midwives working in Rotorua only working through that one medical centre.”

One day, the practice nurse was away and one of the doctors asked if Rowarth could fill in, just for a day or two. “And I never left.”

Primary health would shape her career to the present day — but she would help shape primary health right back.

Primary health pioneer

Over the years, her contributions stacked up: she would join the local primary health organisation board, then serve as chairperson; she served on the board of the local independent practitioner association; she was part of the New Zealand College of General Practitioners cornerstone assessment team, its expert advisory group for primary care, and its quality committee. She chaired the general practice nursing alliance, worked with ACC, held roles with the NZNO college of practice nurses and amongst all that, found time to speak at conferences.

Rowarth wanted to make primary-health nursing a career that people were drawn to — not just an escape from somewhere else: Many nurses replying to job ads would say they'd had enough of night shifts, or stress, she said.

‘It’s knowing the stories of people’

Primary health nursing is about relationships, Rowarth said, with other health-care providers and patients.

“You end up caring for five generations of the same family — we do episodic care, but it’s the generations and it’s knowing the stories of people.”

Over the years the complexity of cases in people presenting at the clinic had increased. Patient expectations had grown too — influenced by consumer advertising for medications, and their own online research, which was sometimes “absolutely fabulous”, but other times, not so much.

“Your registration as an RN is only a start. And that’s what you build on.”

“Sometimes we’ve got people coming in and taking off their shirt and saying ‘I need a steroid injection’, before you’ve even done an exam.”

It's never too late

A patient came in one day and Rowarth was doing minor surgery on her, offering options, and the patient said "you were a hospital-trained nurse weren't you?".

"Yes I was," said Rowarth.

"Well you weren't trained to think, just do what the doctor told you," the patient said.

It felt like a slap in the face. But it just so happened that Auckland university was running a chronic-care condition paper in the area, so Rowarth decided to put her brain to the test.



Getting registered as an RN is only the beginning for nurses, says Ros Rowarth. Photo: AdobeStock

"It turned out I *could* think, and having started it I thought 'I'm not going to waste time', and I just kept going. And I just loved it. I loved the study, putting the theory into practice and having been in nursing for so long, I had so much background knowledge that I didn't know I had, and this was just formalising it really."

Rowarth was 54 when she started training again in 2011 to be an NP.

Students had to produce a portfolio, with quotes heading each section — her overall quote came from writer George Eliot (the pen name for Mary Ann Evans), to acknowledge, said Rowarth, she was "doing this a bit later than most":

It's never too late to be what you might have been.

Despite her later start, she was still an NP for a full decade. That was 10 years of improving life for people.

"And 10 years of — I hate the word role-modelling, because it sounds awfully pompous — demonstrating advanced nursing care."



Sometimes patients will come in, take off their shirt and ask for a steroid shot even before they get an exam. Photo: AdobeStock

Students came through the practice all the time, learning they have “so many options” and that brains just keep on absorbing stuff.

“Your registration as an RN is only a start. And that’s what you build on.”

A friend and a mentor

Colleague and fellow NP Caerlie Picken misses her friend at work.

She’s been at Ranolf for 12 years — but she actually met Rowarth at a presentation she gave in Auckland a couple of years before that.

In another case of the Rowarth effect, Picken kind of fell into work at the centre too.



Ros Rowarth has helped generations of general practice patients in Rotorua. Photo: AdobeStock

“Her words sat with me, and I thought about her and her presentation and her practice, and it just so happened that we moved to Rotorua. And so I sought out her practice based on what she’d talked about.”

Rowarth told her the clinic focus was on nurses working at the top of their scope — “and she wasn’t wrong”. It was something that Rowarth had fostered, she said.

“I still don’t want to talk about the fact she’s retired, and we’re pretending it hasn’t happened, because I miss her.”

Caerlie’s message to Ros

“Ros is the kind of leader and person you feel incredibly lucky to have worked alongside — wise, generous, and quietly inspiring in everything she does. She left a lasting mark not only on the profession, but on all of us who have had the privilege to learn from and be supported by her. Working alongside Ros has been a true privilege.”

Meanwhile, the future of general-practice nursing and health care looks complicated, said Rowarth.

The introduction of [physician associates](#) and paramedics into practices risked confusing patients if roles expand beyond the core team. The average ages of nurses and doctors in general practices were now heading towards the 50s. And the sector [paid less, making it less attractive](#).

She is staying on in a locum role, and continues as a professional supervisor.

In her own words

Two memories returned to Rowarth when she thought back over her career.

"In the first, I had the most delightful elderly couple they had a little house not far from the practice . . . they were well into their 80s and married as childhood sweethearts.

"One had to go into a rest home and his wife was so distraught at seeing him there that she spoke to his son, who rang me and asked me to go and sit with him.

"He was dying, and she didn't want him to be by himself. Just that depth of relationship [with the patients] was lovely. That stays with me.

"And, another one: where I was a midwife and delivering a baby, and there were 17 people in the room. With the mother and the baby, it was five generations, plus I'm not sure who else. And that stayed with me, because it was amazing to be part of that enormously joyful time. And it all went well.

"And so that book-ends it nicely, doesn't it? A birth and a death, and so many in-between."

FEATURES

Expect more hacks, but ‘no going back’ warns nurse and health information expert

By Joel Maxwell

March 8, 2026

The shiny new digital world of health care in 2026 is starting to look a lot like the dusty old world of the Wild West — even the names are recycled, reveals Karen Day.



There's no going back from digital technology in health. Photo: AdobeStock

“There’s this concept in computer science and security where you’ve got white-hat hackers who will break into systems and . . . then help them fix the security, whereas the black-hat hackers just break in and take what they can get.”

A registered nurse (RN) and midwife, and a senior lecturer in health informatics at the University of Auckland, Day spoke to *Kaitiaki* after what appeared to be an attack by a black hat — a name derived from headwear worn by western baddies — on the MediMap platform.

Aotearoa needed to prepare for more hacks, she said, but when it came to a digital future, “there’s no going back now”.



Dr Karen Day.

Instead, nurses needed to understand the “analogue” component of their mahi: This was the work that “needed to be valued and cannot be let go of”.

Digital information systems could be used to support and enable that work — but could never replace it, said Day.

“Because we’ll never ever be without nurses. We never have been without nurses — we never will be without nurses.”

Meanwhile, as the country consolidated its digital health-care systems, primarily the work of Te Whatu Ora — Health NZ (HNZ), it could expect more outages, “and more opportunities that the black-hat hackers find, to break in”.

At a glance

- MediMap is a digital medication and prescription system used in aged residential care, hospices and disability services.
- The system was in a “phased restoration” process from Monday after a data-altering hack [was discovered on February 22](#). Some patient names were replaced by that of US far-right activist Charlie Kirk; other patients were marked as dead when they were alive.
- Nurses were forced to go back to paper systems for medications and prescriptions — rebuilding patient charts from scratch.
- It closely followed the hack of primary health portal Manage My Health where the personal information of 120,000 patients was stolen by ransomware group Kazu.

Number-crunching Nightingale

Health informatics covered the theory and practice of health information systems (processing, storing and sharing data): all with the goal of boosting health outcomes.



Decision-making on digital information systems in Aotearoa has been made by doctors for the past 30 years — even though systems are used mostly by nurses. Photo: AdobeStock

Day said informatics has become more of a tech-based science in the age of digitisation, however the first nursing informatician was Florence Nightingale herself — a mathematician and statistician. “She used the information that she could glean in the Crimean War and applied public health principles like ‘please don’t do your patient’s wound care right next to the free-flowing sewage outside the building!’”

New Zealand’s health system needed to be more vigilant with its cyber security — and that meant creating a better infrastructure for its workers, Day said.

Wander around hospitals and in primary care, however, and you’d see nurses using systems designed for doctors, she said. Nurses were left out of decision-making on software over the past 30 years, something that stuck in Day’s craw. She was an advocate for nurses to “get in there” when it came to IT decision-making — after all, there was a limit to how much doctors can speak for nurses, “and I think the bar is pretty low”.

“We’ll never ever be without nurses. We never have been without nurses – we never will be without nurses.”

Meanwhile, as part of the collective responsibility for the health system, nurses should also boost their personal skills in a fraught new digital world.

“We have to remember all the time: hackers run businesses, very successful businesses. They use the same theories and research and experience that anybody who has a business will use. And they’re very scary people in an organised way.”

The same health privacy considerations that existed in the analogue world existed in the digital world, she said. “That means you have build skills in your digital competency. And if your employer’s not offering to give you digital literacy training, then you should ask for it.”

Training or otherwise, the software situation in hospitals was still looking patchy.

‘Twenty iterations of itself’

New Zealand hospitals had a compatibility problem, and it started about 25 years ago, Day said.



Nurses in the likes of Christchurch's hospital can't access patient records from across all of the nation's hospitals because of the patchwork of customised systems.

In 2001 the health system was decentralised via district health boards (DHBs) and primary health organisations (PHOs). This was the start of a "legacy of mismatched systems" in hospitals.

Thanks to customisations, the major software used by hospitals had "20 iterations of itself" across the country. "So if you're working in hospital A and you need to see a patient from hospital B, you can't see their record because the software, although it's got the same name and upgrade, works very differently."

It had created a gridlock problem, she said: Legacy software was woven in with a bunch of other software products — updating it meant updating everything. "And that gets very expensive."

Compounding the problem was the fact half of the vacancies and occupied positions in HNZ's digital team disappeared after the Government cut non-clinical staff numbers, she said. "That's a very strong message about the Government undervaluing the work that goes into keeping the lights on."

Nursing, and digitisation, are the future

So if nurses could never be replaced, but digital systems could help them work better, how does that work?



Nurses' work will never be replaced by digital technology — but it could be used to support it. Photo: AdobeStock

Day pointed to digital prescribing as an example of how — despite the risks — the software could shorten time needed by nurses and improve safety.

Digital prescribing had eliminated a lot of transcription errors, and ambiguity. Many digital platforms had decision-support tools — providing pop-up guidelines such as queries about dosage if patient weight has changed significantly. This kept users “within the straight and narrow of good care”.

Prescribing had always been a “contentious space” between doctors and nurses, but with registered nurse specialists with certain prescribing rights, and nurse practitioners, “we can now move the doctors on to do their expensive work elsewhere”, Day said with a chuckle.

“Nurses do prescribe differently from docs. Of course you’ve got match the drug to the problem, the same way the docs do it, but they have a different approach and I think nurses should be involved in that kind of decision-making.”

“That’s a very strong message about the Government undervaluing the work that goes into keeping the lights on.”

Day said she wouldn’t recommend going “back to analogue” for prescriptions.

“But I would recommend that . . . nurses who are doing the administration and management of medicines sit down and say ‘what’s our business continuity plan if that system goes down again?’”

Managing the risks was important — but Day kept a positive outlook when it came to the ongoing showdown between white hats and black hats.

“There are lots of really good people in the world, and in my hopefulness I think they outnumber the bad guys.”

Karen Day, RN, RM, PhD, FHiNZ, FIASHI, is a senior lecturer in health systems in the School of Population Health, at the University of Auckland.

FEATURES

‘So many hospitals are being attacked’: Myanmar doctor seeks NZNO nursing know-how

By Joel Maxwell

March 13, 2026

Cynthia Maung is a Myanmar refugee, a doctor and a leader who started her clinic using a rice-cooker as a steriliser. Now she’s keen to upskill her local nursing workforce with NZNO’s help.



From left, Myanmar doctors Nyunt Naing and Cynthia Maung with UnionAid trustee and founding chairperson Ross Wilson.

Maung was the guest speaker at an NZNO-UnionAid presentation — talking about building health care during a violent humanitarian crisis. UnionAid is a global union support network.

While she shared her experiences on the Thai border helping those displaced by military oppression, she was also keen to tap into NZNO nursing expertise too and boost training for border health-care workers.

Maung said she fled, along with many other medical and health workers, to the Thailand-Myanmar border in 1988.

She started the Mae Tao Clinic, just inside Thailand, in 1989: working in a donated building with a bare dirt floor. Maung sterilised instruments in a rice cooker — working with colleagues to help patients presenting with everything from malaria, to gunshot wounds and land-mine injuries.



Emergency care in action at the Karenni state hospital.

Now there were nine refugee camps along the 2000 kilometre-long border, home to generations of “stateless” people, said Maung.

While everyone suffered from the impacts of conflict and human-rights violations — forced relocation, forced labour, food disruption — women and children were most affected, she said.

Things had only worsened since 2021, when the Myanmar military took over the country in another coup.

The first professionals to oppose the coup were health-care professionals. They joined the nationwide civil disobedience movement — where more than 80 per cent of the health-care workforce, nurses, health-care assistants and doctors went on strike.

In that year after the coup, according to Human Rights Watch, the military killed more than 1500 people in a violent crackdown on resistance.



Maternity care and the single operating theatre at the Karenni state hospital.

"Today in Myanmar we have almost 3.5 million, four million people internally displaced — they are always under attack by airstrikes. Airstrikes are ongoing . . . not only on the border now, even in the central part. So many hospitals are being attacked," said Maung.

Patient demand increased by 20 to 25 percent annually since the coup, she said. Last year, clinic services provided almost 150,000 outpatient consultations and took 8000 inpatient admissions — including about 1800 women coming to deliver their babies.

Since the coup, the supply chain carrying items like vaccines or malaria medicine to border regions was interrupted or restricted by the military, she said.

Meanwhile, the US Agency for International Development (USAID) had stopped funding the clinic. The agency gutted by Elon Musk's cost-cutting efforts in the Donald Trump administration.



The men's ward in Karenni.

NZNO lends a hand

Last year, the NZNO board [approved a \\$35,000 grant](#) for a project to help build a sustainable health-care workforce in Karenni state, in eastern Myanmar, about 500 kilometres north of the Mae Tao Clinic.

Its primary goal was to boost and upskill the local health-care and medical workforce — initiatives including recruiting international nursing experts as volunteer teachers, and engaging with students through online learning.

Separately, but with support from nurses in Karenni and other parts of the world, the Mae Tao Clinic had developed a 120-credit bachelor of nursing curriculum.

Also speaking at the event, doctor Nyunt Naing said NZNO could help by providing expertise and funding for several initiatives including drafting “mock-up” practical exams, performing the testing, as well as grading skill levels from the results for the bachelor students.

UnionAid founding chairman Ross Wilson said NZNO had already built a relationship with the nurse training in Karenni. The next step now would be connecting the Karenni project doctor with Mae Tao's, he said. “The logic is to look at a larger project.”



NZNO kaiwhakahaere Kerri Nuku and president Anne Daniels.

NZNO kaiwhakahaere Kerri Nuku said NZNO was “here to support nurses across the globe”.

“There’s lots of crossovers with the project and discussions we’ve had with practical actions . . . we’ve got colleges and sections that can support some of the development.”

NZNO president Anne Daniels said she believed the “bones” were there for NZNO to establish training programmes.

“Whatever we do . . . in terms of skill development, knowledge development, we have to be very mindful of your constraints . . . it would be wrong of us to deliver any sort of programme that is not cognisant of the infrastructure gaps.”

Maung said she had wanted to be a health professional since she was young — but had grown up in a country that had been oppressed for decades.

Myanmar was ruled by successive military regimes, she said. “So this story of displacement, migration — it’s been going on since 1962.”



Kaitiaki

NURSING
NEW ZEALAND

COLLEGES & SECTIONS

'It's important' – mental health nurse battler never forgets the need for empathy

By Helen Garrick

March 18, 2026

Even in the face of police pullbacks, helping people at a time of crisis and vulnerability can be deeply fulfilling, says long-time mental health nurse Helen Garrick.



NZNO's renewed mental health nurses section committee, left to right: Helen Garrick (chair), Michela Fox, Katie Neale, Bruce Tomlinson (on screen), Jennie Rae, Brett Smith and Anne Brinkman (NZNO professional nursing advisor).



Would you tolerate being punched, kicked and strangled at work? Or having to send an email to get police help when taking a highly-distressed tangata whaiora (person seeking health) back to hospital?

This is our stark reality since New Zealand Police began withdrawing from mental health callouts in late 2024 to focus on “core policing”.

Working in mental health has always been challenging, but never more so than now.

We are enduring more violence and feel way less safe without knowing police have our backs when we need it.

Yet, there can also be a deep sense of satisfaction in caring for people at their most vulnerable — when we are supported to do so.

I became what was then a psychiatric nurse nearly 50 years ago. I wanted to work with people at a time they are experiencing crises or vulnerabilities. I really enjoy knowing what’s happening with people, getting to know them at a deeper level and figuring out how to work with them.

I also think there’s a social justice element for me in that people with mental health problems are often not treated with respect or genuineness or empathy, so I think it’s important to have someone there constantly pushing for that.

But now it’s we who work in mental health who are not feeling respected. We are enduring more violence and feel way less safe without knowing police have our backs when we need it.

Worse to come?

We now have to transport mental health patients — who might not want to go or return to a facility and may be aggressive — by ourselves. If we are concerned for our safety, we have to do a written risk assessment in advance!

We were already struggling with a loss of experienced nurses — and now we fear worse is to come.

After withdrawing from transportation of people in mental distress, callouts to mental health wards and missing people with mental health concerns, police are now set for the fourth and final withdrawal phase: Community welfare checks following a 111 call.

These can be unpredictable. Just last year, a [nurse was stabbed](#) doing a mental health callout in Rotorua. So, how is it going to work? We don’t know — we’re waiting for Te

At a glance: The four stages of Police withdrawal

- [Phase one](#)
(<https://www.police.govt.nz/about-us/programmes-and-initiatives/mental-health-response-change-programme>)
Nov 2024: Withdrawal from mental health transportation without written risk assessment; reduced presence at mental health facilities and faster ED handovers.
- [Phase two](#)
(<https://www.tewhatauora.govt.nz/news-and-updates/implementation-of-phase-two-of-mental-health-response-changes-to-start>)
April 2025 (delayed from March): ED patient handover within one hour; people experiencing mental health distress moved from police custody to health facility within 30 minutes.
- [Phase three](#)
(<https://www.tewhatauora.govt.nz/news-and-updates/new-news-page-5>)
November 2025: Reduced response to non-emergency mental health assistance, including at inpatient units; Missing persons in mental distress, or from mental health facilities, response only if

Whatu Ora -Health New Zealand (HNZ) to come up with some safety measures.

I don't know if a single organisation or union has the power alone to change this, but all of us pressuring? Maybe.

there is immediate safety risk.

- Phase four: Yet to be implemented. 15 minute ED handovers and reduced involvement in community welfare checks.
-

Our safety doesn't feel like a priority right now.

In November, Police failed to respond to an assaulted mental health worker resulting in a [complaint](https://www.rnz.co.nz/news/political/584031/mental-health-callouts-police-wiping-their-hands-union) (<https://www.rnz.co.nz/news/political/584031/mental-health-callouts-police-wiping-their-hands-union>) to the Independent Police Conduct Authority. Despite promises police would always respond to "immediate risk to life or safety", they never arrived.

NZNO's recent [survey of mental health workers](https://www.rnz.co.nz/news/political/584031/mental-health-callouts-police-wiping-their-hands-union) (<https://www.rnz.co.nz/news/political/584031/mental-health-callouts-police-wiping-their-hands-union>) found an overwhelming number felt unsafe because of the changes. It also revealed police had dumped a violent meth-fuelled patient at an ED and left, resulting in ED workers being punched, kicked and choked before police finally returned.

'They're not listening'

We are feeling frustrating about not being heard. We've been talking about this since it was first proposed, in the [media](https://www.nzherald.co.nz/northern-advocate/news/northland-police-delay-withdrawal-from-mental-health-callouts/3RGUEZ6W3ZDKRGZ6GH46PXZHH4/) (<https://www.nzherald.co.nz/northern-advocate/news/northland-police-delay-withdrawal-from-mental-health-callouts/3RGUEZ6W3ZDKRGZ6GH46PXZHH4/>) and with HNZ. But I don't think there's much listening going on in Government.

Nurses are afraid. The new rules demand we call 105 if we are being assaulted. Now, if you're being assaulted, to most of us, that seems pretty urgent. But we are now reliant on whether the police operator thinks it's urgent enough for police to attend.



Helen Garrick was one of several long-serving NZNO members who received a nursing award last year. She is pictured here with Sacha Young, Sandra Corbett and fellow mental health nurse Jennie Rae.

Even if nurses are directly in harm's way, we are told to call our security. But there is no security for community nurses — and hospital security have very limited powers.

Adding fuel to us feeling totally disrespected, is a proposal to better protect police and ambulance officers — but not mental health workers.

I don't know if a single organisation or union has the power alone to change this, but all of us pressuring? Maybe.

So, the MHNS has joined a network of other mental health organisations and we are all sharing what we're doing with each other. We are supporting other groups, such as the Mental Health Foundation when it launched a [petition for better child and adolescent mental health services](https://mentalhealth.org.nz/news/post/mhf-launches-youth-mental-health-petition) (<https://mentalhealth.org.nz/news/post/mhf-launches-youth-mental-health-petition>), and working closely with the Public Service Association (PSA).

If we can all do that for each other, we might be able to effect change.

Workforce

We are also supporting clinical psychologists, who are concerned about the fast-tracking of the new [associate psychologist role](#) into New Zealand — which we believe undermines our existing respective workforces.

The real challenge is to support and grow our mental health nursing workforce, rather than plug the gaps with other, imported, roles.

Acute or forensic mental health services were the [most-understaffed wards](#) last year — some, almost constantly. And in the community, who knows?

We need to:

- Recruit more mental health nurses
- Import more specialised mental health nurses from places with specialised training like the UK.
- Increase and standardise mental health within the nursing curriculum
- Return to a mental health nursing undergraduate degree.

Mental health nursing attracts people who want to know and understand about people. That doesn't change. But social and environmental things change — they can make it worse. At the moment, for example, we have high levels of poverty and homelessness and those things don't help mental health outcomes.

Have I ever wanted to quit? Never! Specific jobs, yes. Mental health nursing, no!

Mental health nurses committee bounces back

We now have got four new members, bringing our committee to six, who together bring expertise across primary, child and adolescent and forensic mental health services as well as telehealth and education. We were down to three last year, so this is a big improvement! Getting involved with the section gives you an in-depth understanding of what's going in nursing — and a chance to influence it. So please so join us [here](https://www.nzno.org.nz/groups/colleges_sections/sections/mental_health_nurses/join_us) or through our [Facebook](https://www.facebook.com/groups/932333176842877) page.

Te Whatu Ora-Health New Zealand responds:

HNZ director specialist mental health and addiction Karla Bergquist said HNZ was committed to working with Police to safely phase in the changes “in a way that ensures those in mental distress receive appropriate care, while maintaining staff safety”.

The changes were being monitored and any “unintended impacts” would be addressed.

So far, no decisions had been made on timing and final nature of phase four of the changes, Bergquist said.

She said HNZ did not expect staff to put themselves at risk or in dangerous situations.

“There may be times when staff need to withdraw from unsafe situations to minimise risk of harm until a safety plan is in place.”

Police would continue to respond when there was “immediate risk to life or safety, or when an offence has taken place”.

— *Helen Garrick now works for a mental telehealth service.*

If you have any questions please email the NZNO membership team at membership@nzno.org.nz.

MEMBERSHIP FEES – EFFECTIVE 1 APRIL 2026					
	Annual	Half yearly	Quarterly	Monthly (20th)	Fortnightly
Nurse practitioners, registered nurses and midwives, Health Professionals New Zealand members not affiliated to their professional bodies and not mentioned elsewhere	\$654.28	\$327.18	\$163.58	\$54.51	\$25.17
Enrolled nurses, registered obstetric nurses and College of Midwives members, Health Professionals New Zealand members with affiliations to their own professional bodies	\$522.64	\$261.31	\$130.65	\$43.53	\$20.10
Caregivers, health care assistants, aides, Karitane nurses, clerical, non-clerical support workers and all other support workers	\$390.37	\$195.18	\$97.59	\$32.52	\$15.01
REDUCED FEE CATEGORIES					
Members who have declared their income less than \$36,000 gross per annum	\$304.06	\$152.02	\$76.01	\$25.32	\$11.68
Members who have declared their income less than \$26,000 gross per annum	\$243.15	\$121.57	\$60.78	\$20.23	\$9.35
Those on parental and full-time postgraduate study leave, members not in nursing practice/unwaged, enrolled bridging students working part-time, members of another union affiliated to NZCTU					
OTHER					
All students in the BN, midwifery or enrolled nurse programme who are not working in the health sector	Free				
Students on Competency Assessment Programme (CAP) courses or those retired from nursing but wishing to retain membership	\$53.85				

- [Download the 2026-2027 NZNO Membership fee table](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnzno.acemlna.com%2FIt.php%3F%3D4lZy~GDLU3LN6pR80N5NU.Nw~6-nut~wjMtkYHfIVXCe75R-zEy7wuFr2-3m-NFfx1K0Z5oWJnGd954KytDFUr&data=05%7C02%7CJoel.maxwell%40nzno.org.nz%7C9b4a241266984681537e08de8e113832%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639104401762486416%7CUnkn)
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- [Download the 2026 reduced fee application form \(https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnzno.acemlna.com%2FIt.php%3F%3D4lZy~GDLU3LN6pR80N5NU.Nw~6-nut~wjMtkVHfIVXce75R-zEy7wuFr2-3m-NFfx1K0Z5oWJnGd954KytDFV9&data=05%7C02%7CJoel.maxwell%40nzno.org.nz%7C9b4a241266984681537e08de8e113832%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639104401762500516%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUslYiOilwLjAuMDAwMCIslIAiOiJXaW4zMilskFOIjoiTWFpbCislldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=4WpM8uMVhDBBCpiQ6zU585gaCsTT6NYBq1u1eO4lwlY%3D&reserved=0\)](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnzno.acemlna.com%2FIt.php%3F%3D4lZy~GDLU3LN6pR80N5NU.Nw~6-nut~wjMtkVHfIVXce75R-zEy7wuFr2-3m-NFfx1K0Z5oWJnGd954KytDFV9&data=05%7C02%7CJoel.maxwell%40nzno.org.nz%7C9b4a241266984681537e08de8e113832%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639104401762500516%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUslYiOilwLjAuMDAwMCIslIAiOiJXaW4zMilskFOIjoiTWFpbCislldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=4WpM8uMVhDBBCpiQ6zU585gaCsTT6NYBq1u1eO4lwlY%3D&reserved=0)

Paul Goulter

Chief executive, Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO



Kaitiaki

NURSING
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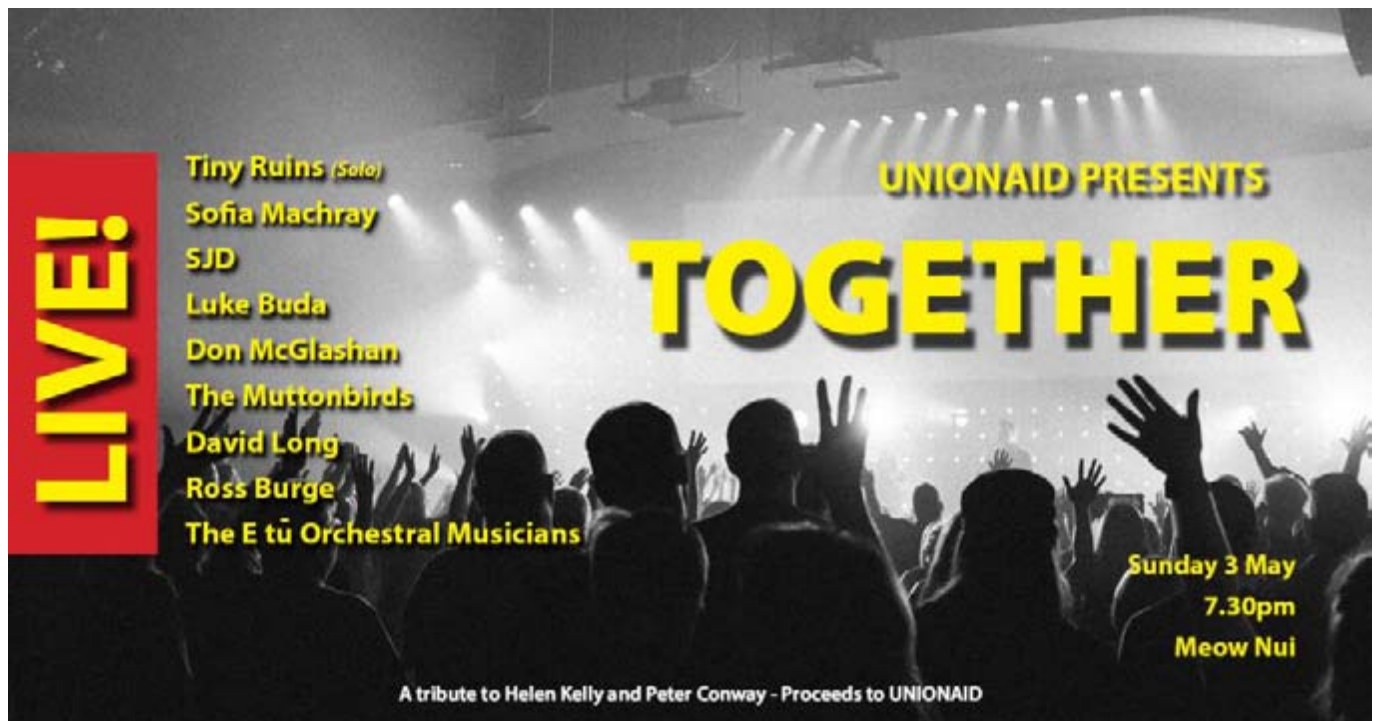
LETTERS

Join together – a night of iconic Kiwi music

By Philip Thet Paing Htoo

March 27, 2026

Join us for an unforgettable evening which brings together generations of Aotearoa's finest songwriters and musicians — performing timeless classics to boundary-pushing new sounds.



Luke Buda, Don McGlashan, SJD, the Mutton Birds, David Long, and Ross Burge come together with exciting new stars Tiny Ruins and Sofia Machray, supported by the E tū Orchestral Musicians.

This evening of great Kiwi music is both a tribute to former union leaders Helen Kelly and Peter Conway, and a celebration of solidarity with the peoples of our Asia Pacific region at a time of increasing political division and fear. All proceeds to UnionAID projects.

Sunday 3 May – Meow Nui, Vivian Street, Wellington
Doors open 7PM | Music from 7:30PM



Don McGlashan

For tickets click here: [Together Concert tickets | Meow Nui | Ticketek New Zealand](https://premier.ticketek.co.nz/shows/show.aspx?sh=UNIONAID26)
(<https://premier.ticketek.co.nz/shows/show.aspx?sh=UNIONAID26>).

Philip Thet Paing Htoo

UnionAID programme coordinator



Kaitiaki
NURSING
NEW ZEALAND

LETTERS

Upcoming digital leadership workshop features a nurse-designed patient tool

By Rebecca McBeth

March 4, 2026

From IT to digital and AI in health, an upcoming leadership workshop for health providers features a remote patient monitoring tool designed with the help of nurses.

FROM IT TO DIGITAL & AI IN HEALTH

Tuesday 31 March 9.30am - 4pm
Holiday Inn Auckland Airport



SESSION HIGHLIGHT

10:20 – 11:00 | Designing your future care model before introducing technology

- Starting with the optimal patient/client treatment pathway
- Understanding barriers to accessing the most effective pathways
- Reimagining the model of care to make the most effective treatment pathways more accessible
- Introducing technology that supports improved access to optimal care

Learn from those doing the mahi



Daman Kaur,
Nurse Practitioner



Margaret Coghlan-Talbot,
Clinical Nurse Specialist



REGISTER

PROGRAMME

SPEAKERS

I am writing to share details of an upcoming [HiNZ](https://events.humanitix.com/from-it-to-digital-and-ai-in-health) (Health Informatics New Zealand) one-day course on March 31 with NZNO-Tōpūtanga Tapuhi Kaitiaki Aotearoa members.

This Auckland workshop is designed for health-care professionals, leaders and managers — not technical specialists — to give practical takeaway guidance and next steps that work in real provider environments.

The registration link is [here](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fevents.humanitix.com%2Ffrom-it-to-digital-and-ai-in-health%3F_g%3D1*h7npgx*_gcl_au*MTgyNzk0MzcxOS4xNzY4NTEwOTcx*_ga*OTE3Mzc1NDM4LjE3MjU0MDAwMT) (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fevents.humanitix.com%2Ffrom-it-to-digital-and-ai-in-health%3F_g%3D1*h7npgx*_gcl_au*MTgyNzk0MzcxOS4xNzY4NTEwOTcx*_ga*OTE3Mzc1NDM4LjE3MjU0MDAwMT

[It includes a presentation from two nurses, Daman Kaur and Margaret Coglan-Talbot, about a remote patient monitoring project they helped to design and deliver.](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hinz.org.nz%2Fpage%2FMarchWorkshop2026&data=05%7C02%7CCoEditors%40nzno.org.nz%7Cb671c2c784149173d9008de77fa46a8%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639080114254391902%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMilslkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=aK522nFmloNE5MjjqcNnCoV0mkN%2F%2FV9CDqto u P X p 1 % 2 B s % 3 D & r e s e r v e d = 0)</p></div><div data-bbox=)

To make it more accessible for nurses we've created a code for NZNO members that will enable you to access our member pricing for this event. If you enter NZNO into the 'access or discount code' box on the [ticketing website](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fevents.humanitix.com%2Ffrom-it-to-digital-and-ai-in-health&data=05%7C02%7CCoEditors%40nzno.org.nz%7Cb671c2c784149173d9008de77fa46a8%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639080114254406313%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMilslkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=24VzY1Z%2BjAYGRO%2BPNbhAodvy%2BIN2RF%2FgzeqYrsyuK98%3D&reserved=0) (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fevents.humanitix.com%2Ffrom-it-to-digital-and-ai-in-health&data=05%7C02%7CCoEditors%40nzno.org.nz%7Cb671c2c784149173d9008de77fa46a8%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639080114254406313%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMilslkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=24VzY1Z%2BjAYGRO%2BPNbhAodvy%2BIN2RF%2FgzeqYrsyuK98%3D&reserved=0) the member price of \$199 rather than \$299 will appear.

I think it will be of real value to nurse leaders and those interested in learning more about digital strategy and implementation.

Rebecca McBeth

Editor

Health Informatics New Zealand
