

NEWS

## Robbing Pita to pay Paul – Budget leaves nurses, Māori in ‘money-go-round’



By Joel Maxwell and Mary Longmore

May 28, 2026

At best Budget 2026 has kept the health system in steady decline — at worst it drove Māori health off a cliff.



Minister of Finance Nicola Willis delivering Budget 2026 as Associate Finance Minister David Seymour looks on. Photo: Nathalie Jacquies.

Overall new funding for health came in above the expected \$1.37 billion injection — now at \$1.45b. Most of the additional spending, however, has not been ring-fenced and could still be eaten up in the future by changing Government whims.

Meanwhile, the funding uplift would only keep the system in slower decline, a new report has revealed, while giving Māori unwanted special funding attention — literally cutting spending on the people with the highest health needs.

Funding for hauora Māori sank by \$11.5m overall – with cuts to existing tamariki immunisation (\$47.2m) and other health programmes, as well a \$1.3m cut to maternal mental health funding. These cancelled out \$37m in new funding.

## **‘This budget does not give me hope.’**

---

Meanwhile, additional funding was rolled out for free bowel screenings — the minimum age to drop from 58 to 56. This follows the Coalition Government’s controversial [scrapping of free screening plans for Māori and Pacific people](#) from 50 last year.

NZNO’s college of cancer nurses chair Heather Bustin said while the further bowel screening drop didn’t achieve equity, it was a step in the right direction.

Hospital and health services saw an overall \$194m decrease in funding — \$95m swiped to go to primary health. Overall, primary, community, public and population health received \$613m — however this falls well short of what was needed.

Pre-Budget the public health coalition Kaitiaki Hauora released a report that set a red line — \$1.4b — just to keep the system in steady decline.

Meanwhile the nursing workforce in HNZ had actually shrunk, the report revealed, and was already understaffed by thousands of nurses.

The Budget’s additional funding squeaked in at \$1.45b — but came in well below the numbers needed to bring the system back to health, especially in primary care and hauora Maori.

### **A compassionate prescription**

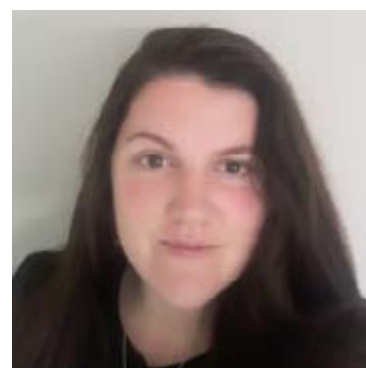
To restart the heart of the health system, the report recommends an annual \$6.8b operational funding boost across six key areas.

- Population health – \$973m
- Primary care – \$1.3b
- Hauora Māori – \$1.7b
- Workforce – \$1.6b
- Electives/planned services – \$281m
- Dental health – \$936m operational and \$1b capital.

Chair of the NZNO college of primary health nurses Tracey Morgan said it was shocking and disgraceful to see the loss of the Immunising our Tamariki programme.

Morgan — who was in the middle of doing community vaccinations – told *Kaitiaki* it was “disgusting” to see the loss of that programme and lack of support for Māori.

Primary health, including population health, needed \$2.3b to keep up with demand, according to the report, but only got \$613m.



*Cancer nurse Heather Bustin*



*NZNO college of primary health nurses chair Tracey Morgan.*

"This budget does not give me hope," she said.

NZNO kaiwhakahaere Kerri Nuku said the Budget was a "money go-round" which left the health sector to do more with even less.

"This Budget robs Pita to pay Paul . . . Māori are left worse off after Budget 26."

Nuku was concerned that \$1.37b of the new cash wasn't even ring-fenced — pointing out that the Government had already raided \$300m from last year's funding uplift, for unfunded projects since that Budget.

"For example, any further outsourcing of elective surgeries will have to come from this cost

pressure funding. This means that core service delivery is whittled away. This is the funding which is meant to ensure the health sector can tread water."

Meanwhile another \$174m for the new scaled-down Dunedin Hospital was announced.

However funding for the new Whangārei Hospital ward tower was pushed out until 2031; and Hawke's Bay, Palmerston North and Tauranga hospital redevelopments had funding allocated for design and enabling work which won't be completed for years.

NZNO president Anne Daniels — an Dunedin emergency nurse — welcomed the new [Dunedin Hospital funding](#) but said more investment was needed in staffing.



*NZNO kaiwhakahaere Kerri Nuku.*



*Protests erupted in Dunedin in January 2025 when then-new Minister of Health Simeon Brown announced a downscaled new hospital for the city. Photo: Mary Hall.*

"It is my hope that it will be to recruit and retain the people who would work in the hospital."

Overall, Daniels said the Budget was "all about things, rather than people".

### **Kaitiaki Hauora report fast figures**

- An additional \$1.4b was needed to maintain a system already declining. Anything less would just hit the accelerator on the descent.
  - Workforce is one of six key areas in need of about \$6.8b combined over multiple years to start reviving the health system.
  - However, the latest available HNZ figures show it short 2250 nurses and 700 kaiāwhina/HCAs.
  - Rather than increase its nurses, HNZ's nursing workforce actually dipped by 400 nurses in the year to December 2025.
-

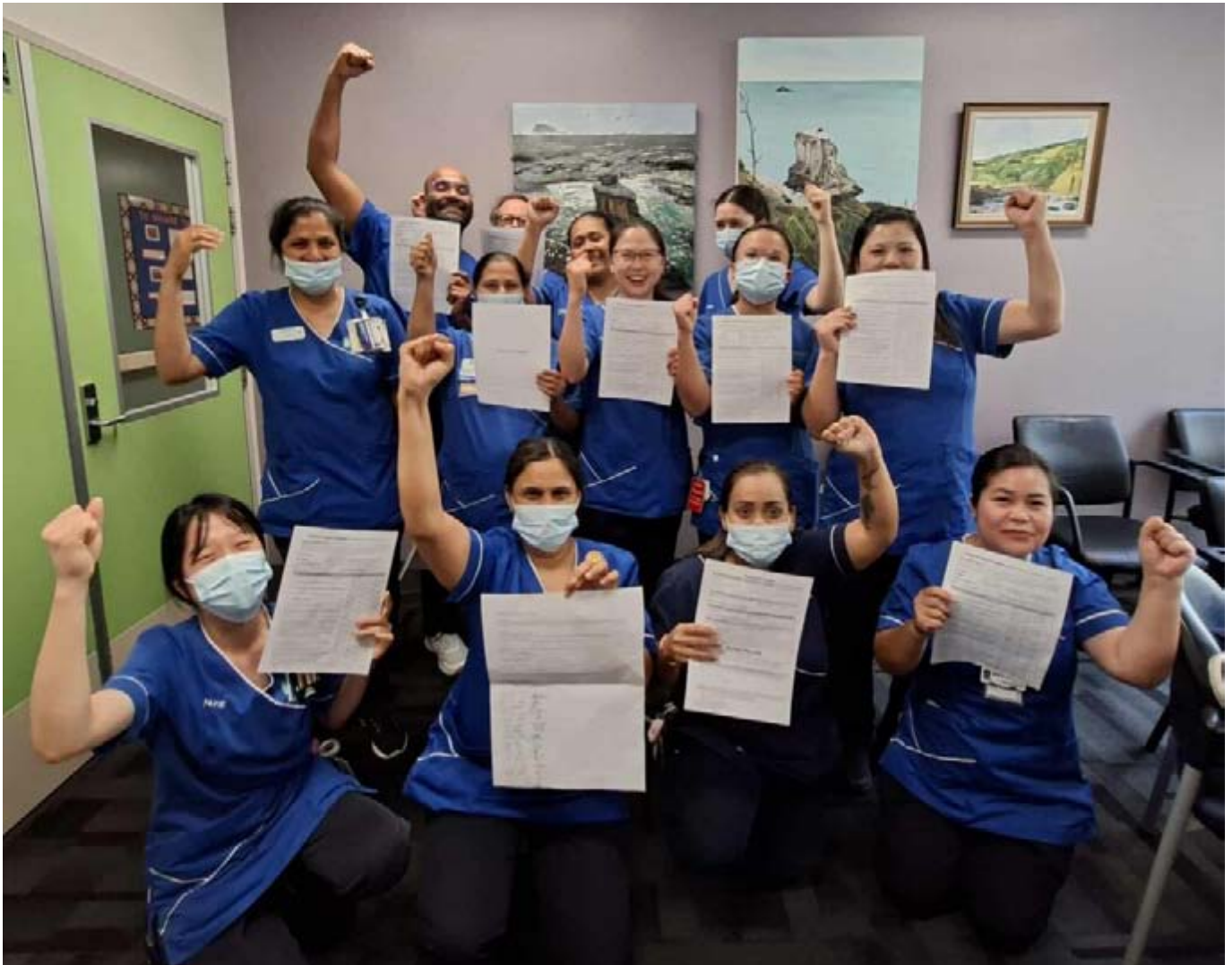
NEWS

## More HCAs but no more nurses – Waitākere Hospital staff to ‘wait and see’ after safety complaint

By Mary Longmore

May 25, 2026

Under-the-pump nurses and health-care assistants (HCAs) at Waitākere Hospital’s Muriwai stroke ward say they will “wait and see” if things improve in the next two weeks before deciding their next moves — which could include health & safety strike action.



Waitākere Hospital's Muriwai stroke and rehabilitation ward staff this month with their letter of complaint.

Hospital managers met staff on May 15, after 40 wrote to Te Whatu Ora-Health NZ (HNZ) chief executive Dale Bramley over severe and chronic understaffing on the 41-bed stroke and rehabilitation ward.

The letter called for minimum ratios of 1:4 nurse-to-patients in the mornings (plus four HCAs); 1:5 in the afternoons (plus three HCAs); and 1:8 patients overnight (plus two HCAs). Nurses went public with the complaint, which was front page news in the [NZ Herald](https://www.nzherald.co.nz/nz/waitakere-hospital-stroke-patients-left-in-wet-beds-amid-staffing-crisis/V36IB53NHRBR3LITDLBZ3UGMU/) (<https://www.nzherald.co.nz/nz/waitakere-hospital-stroke-patients-left-in-wet-beds-amid-staffing-crisis/V36IB53NHRBR3LITDLBZ3UGMU/>) this month — and put pressure on managers to front up.

## **‘They don’t see the staff crying at the end of their shifts. They don’t see the abuse and impact that takes on you psychologically.’**

---

NZNO delegate and registered nurse (RN) Gemma Bethell told *Kaitiaki* that managers listened to staff at the hui, but did not agree to hire more nurses. However, they did agree to hire more HCAs, so staff would wait to see if things improved before a follow-up meeting in early June.

Bethell told *Kaitiaki* nurses were worn out from unsustainable nursing workloads. Some nights, a single nurse was responsible for up to 11 patients, which compromised both staff and patient safety.

While HCAs were a valued part of the nursing team and could help with moving patients and personal cares, they could not carry out nurse duties like assessing patients, taking vital signs, wound care or administering medications for often-complex patients, she said

“The burnout is real,” Bethell told *Kaitiaki*.

“They don’t see the staff crying at the end of their shifts. They don’t see the abuse and impact that takes on you psychologically. They’re not seeing the personal impacts. All they’re seeing is numbers on a computer system and that’s what their focus is on.”

## **‘At the moment, we are short every single day.’**

---

Managers also offered to better train staff on how to use staffing tool TrendCare and invited Bethell to a safe staffing system CCDM (care capacity demand management) meeting to see how their calculations were made.

Bethell said she would go along — but did not feel reassured by the response.

“They think that the staffing they have and the systems we’re using prove we don’t need more staff. They’re admitting they need to hire more HCAs but they don’t see a problem with nurse-to-patient ratios.”

Management seemed most concerned about the bottom line, she said.

"We just want to make a difference for patients and their families."



*Waitākere Hospital RN Gemma Bethell*

### **HCA's injured by unsafe work**

Muriwai ward HCA Shayal Singh said HCAs were often forced to move heavy or stiff stroke patients without enough assistance. This was dangerous both to patients and HCAs — several of whom were currently on ACC leave with workplace injuries.

"We have some people who need a three-person assist, but one or two of us have to do it," she told *Kaitiaki*. "It really breaks our backs."

Management had promised for "months" to hire more HCAs.

Instead temporary/bureau HCAs were called on — but often did not turn up.

"They don't like coming to our ward, they call in sick and say it's too heavy!"

The ward was frequently understaffed, meaning patients didn't get to the toilet, changed or turned often enough.

### **'We don't want our grandparents to lie on the bed, soaking wet.'**

---

"We want our own staff, our own resource," she said. "At the moment, we are short every single day," she said.



Shayal Singh

"It's impossible for one or two HCAs to cover 41 beds. We try to manage but we just can't get to everyone in time," she said. "We don't want our grandparents to lie on the bed, soaking wet — that's not fair on them."

Singh said it was important the voice of HCAs was heard alongside nurses.

"We do a lot of work . . . but sometimes we feel like we are not counted."

Another meeting is being held in early June. Bethell said health & safety strike action was not off the table.

"We don't want to go there if we don't have to but I'm fairly certain that's what's going to be discussed if we don't have any change."

### **HNZ 'exploring skill mix'**

HNZ was recruiting more health-care assistants (HCAs), increasing its pool of bureau staff and "exploring what skill mix would work best" on Muriwai ward, after the complaint, group director of operations Waitemata Brad Healey told *Kaitiaki*.

A prompt investigation had shown April staffing was generally at expected levels according to its CCDM [safe staffing tool care capacity demand management] calculations — but filling leave at short notice was challenging.

Of 84 requests to cover unplanned leave in April, 75 were filled by bureau staff and most night shifts were covered, he said.

HNZ expected to recruit more HCAs within coming months, Healey said.

---

NEWS

## Bupa aged-care nurses latest to raise pay equity claim

By Kaitiaki coeditors

May 22, 2026

NZNO nurses working at Bupa aged residential care homes throughout Aotearoa have raised a pay equity claim to address historic gender-based wage discrimination.



*The mass-cancellation of pay equity claims last year sparked mass protests.*

Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO has more than 380 registered nurse (RN) members working at Bupa's 40 aged residential care homes across the country.

NZNO aged-care national delegates committee member and RN Maree Ross says the formal claim follows workplace meetings and a member ballot.

By raising the claim, “we are standing up for all our aged care colleagues to be valued and paid comparably to male dominated workforces with similar skills”, she said.

It follows NZNO's re-raising of its [hospice and Whānau Āwhina Plunket](#) members' claims late last year, covering about 750 and 800 members respectively. Both had been close to completion last May when the Coalition Government suddenly [cancelled 33 active pay equity claims](#) and made it harder to lodge new ones.

Ross said aged-care nursing had been historically and systematically undervalued as it was predominantly performed by women.

**‘In many facilities, a single registered nurse is responsible for the clinical oversight for the whole facility for an entire shift.’**

---



*NZNO RN and delegate Maree Ross*

Yet it was highly skilled and clinically complex work — often done under considerable pressure.

“In many facilities, a single registered nurse is responsible for the clinical oversight for the whole facility for an entire shift.”

The Bupa claim called for aged-care nurses' work to be properly recognised and paid, finally

### **Underpaid, overworked**

During member meetings, nurses spoke about the risks to residents' safety caused by chronic understaffing, in the face of increasingly complex needs and growing workloads.

Their concerns echo the findings of NZNO's 2025 [Care in Crisis: Manaaki i te Raru](#) report, which found aged-care nurses were constantly forced to make impossible choices about who gets help first because they were stretched so thin.



*Protests erupted after May's 2025 shock pay equity announcement.*

Ross said while their claim was specific to Bupa nurses, historic gender-based wage discrimination occurred right across the aged-care sector.

She believed it was timely to raise a new pay equity claim a year after the Coalition Government gutted New Zealand's world-class pay equity scheme to save \$12.8 billion.

NZNO is also supporting a [complaint to the United Nations](#) over the pay equity rollbacks involving several unions and Pay Equity Coalition Aotearoa.



*NZNO members across the health sector have been protesting since pay equity claims were cancelled.*

---

NEWS

## Call for nurses, kaiāwhina to stand up against Government efforts to 'erase' trans communities

---

By Mary Longmore

May 21, 2026

New law proposal attempts to 'erase' trans and intersex communities, says rainbow nursing group as it calls nurses and kaiāwhina to stand firm.



*A bill to define women and men according to their biology will harm trans communities, say nurses. Photo: AdobeStock.*

NZNO's rainbow nurses and kaiāwhina are calling on the nursing workforce to stand firm in support of Aotearoa's transgender communities in the face of Government attempts to "erase" them.

"Our professional duty is to care with evidence, compassion and Te Tiriti-based equity and that means standing against laws that erase trans and intersex people."

A New Zealand First bill to "define" men and women biologically passed its first reading in Parliament on Wednesday, with the support of National and ACT. It can now go before Parliament's select committee process which usually takes several months. The Bill states it would come into force the day shortly after it is passed.

## **'No legislation can erase the reality that you have always existed and always will.'**

---

The legislation ([Definitions of Woman and Man\) Amendment Bill](https://www.legislation.govt.nz/bill/members/2026/296/en/latest/) (<https://www.legislation.govt.nz/bill/members/2026/296/en/latest/>)' would legally define women as "an adult human biological female" and a man as an "adult human biological male".

New Zealand First MP Jenny Marcroft, whose lodged the members' bill, told Parliament it would bring clarity after "progressive politics" had prioritised ideology over biology.

But NZNO's rainbow group say the move will legitimise discrimination and harm takatāpui, trans, intersex, non-binary and MVPFAFF+ communities. [MVPFAFF+](https://www.leva.co.nz/our-work/suicide-prevention/in-a-crisis/rainbow-support/) (<https://www.leva.co.nz/our-work/suicide-prevention/in-a-crisis/rainbow-support/>) is an acronym for rainbow and gender-diverse communities across the Pacific region.

It also failed to reflect intersex people who could have up to 40 variations on their sexual characteristics, said the nurses/kaiāwhina. The group is calling on the wider health/nursing workforce to stand up against the move and support the trans community in their clinical practice, workplaces and professional networks.

"Nurses have a clear professional responsibility to provide safe, respectful, culturally-responsive and evidence-informed care to every person."

The Nursing Council's code of conduct required nurses to care for people "based on best-available evidence and practise in a way that does not discriminate based on gender or sexual orientation", the nurses said. It also obliged nurses to respect people's identity, maintain trust, protect vulnerable people from harm and intervene when there was unsafe, unethical or discriminatory practice.

## **'This bill exists exclusively to further marginalise trans people and will also have a significant impact on people across the country with variations of sexual characteristics.'**

---

Te Tiriti-guided care, also required by the Nursing Council, must also actively protect Māori including those who were trans, intersex or takatāpui.

"Health equity cannot be achieved if laws and language erase the diversity of the people nurses care for!"

"We send our deepest aroha and support to our takatāpui, MVPFAFF+, trans, non-binary and intersex whānau across Aotearoa. We see you, we stand with you and we affirm your dignity, identity, and right to live safely and fully as yourselves. No legislation can erase the reality that you have always existed and always will."

### 'Politics of division'

Youth health nurse practitioner Michael Brenndorfer — who works in gender-affirming care — described the bill as "politics of division" and waste of tax-payers' money to solve a problem that didn't exist.

"This bill exists exclusively to further marginalise trans people and will also have a significant impact on people across the country with variations of sexual characteristics caught in the crosshairs of attempts to rigidly define these terms."



Youth health NP Michael Brenndorfer. Photo: Becki Moss.

It ignored the biological realities of many intersex people born with a range of sex characteristics — and the psychosocial realities of gender identity and expression, Brenndorfer said.

"The irony that the parties bringing this forward are claiming to be doing so to protect women's rights while also being the parties voting against gender pay equity claims and abortion access should tell us everything we need to know about their motives here."

Brenndorfer was referring to an incoming new [citizens' test](https://www.rnz.co.nz/news/political/594397/new-test-covering-responsibilities-and-privileges-of-nz-citizenship-announced-for-migrants)

(<https://www.rnz.co.nz/news/political/594397/new-test-covering-responsibilities-and-privileges-of-nz-citizenship-announced-for-migrants>) for migrants to ensure they understood New Zealand's human rights laws; last

year's shock mass-dumping of [pay equity claims](https://www.nzherald.co.nz/nz/how-mps-voted-on-abortion-law-reform/WV4JCWZTSB4PFZFHTFUTDFUC64/) for women-dominated workforces; and the voting record of New Zealand First leader Winston Peters and Minister of Health Simeon Brown on the [2020 decriminalising of abortion](https://www.nzherald.co.nz/nz/how-mps-voted-on-abortion-law-reform/WV4JCWZTSB4PFZFHTFUTDFUC64/) (<https://www.nzherald.co.nz/nz/how-mps-voted-on-abortion-law-reform/WV4JCWZTSB4PFZFHTFUTDFUC64/>).

Marcroft claimed the proposed law change would enshrine gender rights for women and girls and followed a [Supreme Court decision](https://www.rnz.co.nz/news/world/558406/in-landmark-ruling-uk-s-top-court-says-legal-definition-of-woman-refers-to-biological-sex) (<https://www.rnz.co.nz/news/world/558406/in-landmark-ruling-uk-s-top-court-says-legal-definition-of-woman-refers-to-biological-sex>) in the United Kingdom last year which ruled the term woman referred to biological sex.

Labour's Camilla Belich said the bill was "problematic" and harmful, while Green Party co-leader Chloe Swarbrick described it as a "time warp" back to a time when women were defined by body parts alone.

---

NEWS

## 'They won't be forgotten' – wreath laid for 53 nurses killed in earthquake

By Mary Longmore

May 18, 2026

Grace McKenna was just seven when her Irish father, a nurse, died in the catastrophic Christchurch earthquake on February 22, 2011.



*This year the wreath was laid at the part of the wall remembering the 16 nurses from Thailand who died on February 22, 2011. Left to right: NZNO staff Cindy van der Merwe, Stephanie Duncan, Michelle Talingting, Fiona Palframan, Teri Essex and nurses Sandy Richardson, Janine Randle, Viv Jones, Christchurch Hospital chaplain Angela McCormick (at back) Phillipa Rodney, Grace McKenna, Terry McLaughlin and Labour's Christchurch central candidate George Hampton.*

McKenna was among several residents of Ōtautahi/Christchurch who turned out this month to remember 53 nurses killed in the magnitude 6.3 quake.

Her father, Christchurch Hospital nurse manager Eoin (Owen) McKenna, was one — he was just 41 when he lost his life that day.

### Prayer for the nurses

We now take a moment to pray  
for those nurses-  
A lot of whom came out from  
distant shores to work in our  
land-our whenua

McKenna is now preparing to follow in her dad's footsteps into the nursing profession.

"There are lots of different reasons, but my dad would be a big part of that," said McKenna, currently working as a health aide.

### **'It was fabulous to meet her and hear her story and to hear that she's going to go nursing is just wonderful.'**

---

She said it was good to meet nurses at the event who had worked with her dad.

"It was really nice to be able to attend and just know that there are still people who value those who were lost," she said. "To be able to meet some of the nurses who were there who previously worked with my dad, was a really nice connection."

McKenna — who came after seeing a [Kaitiaki story](#) about the event — was pleased that the international nursing losses were recognised, with the wreath laid at different parts of the wall each year: "That there are still people involved in the nursing world who acknowledge all of them — not just those who worked at the hospital, but all of those who were involved in nursing who were in Christchurch at the time of the earthquake."



2026 wreath

Of the 185 people who died on February 22, 53 were nurses — many from overseas studying English in the CTV building that collapsed.

Reluctant to talk too much about her own private loss, McKenna said the day was for "everyone".

"It's not just about him — it's about everyone and all the families who lost someone. I was just the only one lucky enough to attend."

Christchurch nurse Janine Randle, who makes and lays a wreath every year, said she was thrilled to meet McKenna and hear she would be following in her father's nursing footsteps.

And who paid the ultimate price,  
the day the land ruptured

E te atua. Compassionate god,  
source of all truth, and love,  
We pray that peace-te rangimarie  
be upon their souls, that they  
Are at peace, in the heart of your  
loving embrace.

Bless the life they lived and all  
the people they ever loved.  
Bless the work they did, what  
they made with their hands, their  
heart and their love.

Bless the peace that surrounds  
them here as they fly free.  
May their families too, o god be  
forever consoled both by this and  
their memories of their beloved

May the dreams these nurses  
had, inspire others to become a  
beacon of light, a beacon of hope,  
and an oasis of serenity in the  
weight of pain and suffering.

And we pray for peace in our  
world, for whatever and who ever  
is in your hearts desires.  
May all of you be protected as  
you go into the unfolding day

*Written by Angela McCormick  
(chaplain and retired RN)*

---

"It was fabulous to meet her and hear her story and to hear that she's going to go nursing is just wonderful," Randle told *Kaitiaki*.

Attendance at the yearly event had dwindled since community members and media initially thronged to the event when it started in 2018, she said.

"In 2018, we had TV, the mayor – it was well known. But of course, people forget and so it's timely that was reminded again."



*Janine Randle, centre (with a stick, just after hip surgery), with NZNO nurses, left to right: Terry McLaughlin, Viv Jones, Sandra Richardson and Leona Robertson laying the wreath last year in memory of the 53 nurses who died in February, 2011.*

This year, more people turned up and, unlike previous years, it was "sunny and warm, not wet and cold — so you can't ask for better than that".

**Read about Janine Randle's annual wreath laying [here](#). And read it in te reo Māori [here](#).**

Randle had the idea to lay the wreath, done every year on May 12, International Nurses' Day, after fellow RN Terry McLaughlin tracked down the names and the overall number of nurses killed.

**'As long as at least one person is there to recite the victims' names every year, then they won't be forgotten.'**

---

He alerted NZNO via what was then its Canterbury regional council (now, local organising group), of which Randle was a member.

"So we made a commitment, NZNO regional council, that we would commemorate them on International Nurses' Day every year, so that's what we've done."

Randle said people were astonished when they found out so many nurses, almost a third of the toll, lost their lives that day.

McLaughlin said it was a “privilege” to meet McKenna. While it was heartening to see more numbers this year, the nurses would never be forgotten regardless.

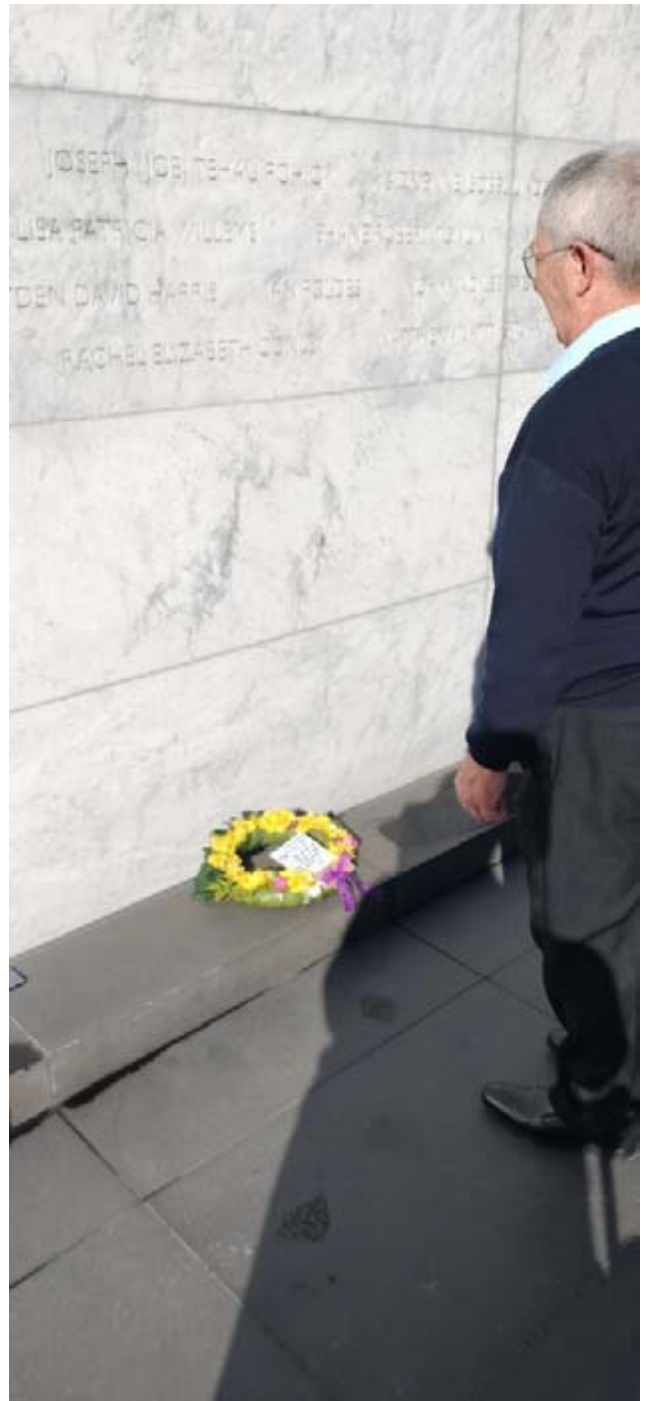
“At the end of the day, numbers attending aren’t that important. As long as at least one person is there to recite the victims’ names every year, then they won’t be forgotten.”

Every year they place the wreath under the name of a different nurse/group of nurses, and the event has run for nine years. This year, Randle read a prayer for the nurses written by hospital chaplain and RN, Angela McCormick.

Altogether the 53 nurses came from eight countries — 16 from China, 13 from Japan, 11 from the Philippines, six from Thailand, four from New Zealand and one each from Canada, Ireland and Taiwan.

Randle has been a nurse for 52 years and an NZNO delegate for 42.

*\* This article was amended on May 20 to add that Eoin McKenna was a nurse manager at Christchurch Hospital.*



*RN Terry McLaughlin, laying last year’s wreath, says the nurses who died will always be remembered.*

NEWS

## NZNO members vote to accept Te Whatu Ora offer

By Kaitiaki co-editors

May 15, 2026

NZNO nurses, midwives and health care assistants working for Te Whatu Ora-Health NZ (HNZ) have voted to accept the latest collective agreement offer following a close secret ballot, which closed today.



NZNO's Te Whatu Ora bargaining team. From left to right: Glenda Huston, Al Dietschin, Nano Tunnicliff (on screen), Noreen McCallan, Lyn Logan, Maria Tutahi (on screen), Rachel Thorn, Debbie Handisides and Dawn Barrett. (File photo)

More than 38,000 Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO members were eligible to vote in the ballot.

NZNO Auckland delegate and bargaining team member Dawn Barrett said NZNO and HNZ would now begin work to implement the agreement.



*Bargaining team member Dawn Barrett.*

"This includes launching a time bound work programme with NZNO to research nurse-to-patient ratios, including applying a cultural lens supporting our Te Tiriti commitments. Te Whatu Ora has also agreed to strengthen its care capacity demand management staffing tool, by reviewing ways to make it more transparent, enforceable and accountable," she said.

Barrett said the bargaining team thanked all NZNO members who participated in the extended 20 months of bargaining.

"We could not have made any progress without their willingness to stand up for what was right for patients and nursing staff.

"We recognise that many members who voted to reject this offer were willing to carry on the fight.

"We celebrate you and know there is more to be done as we continue to battle to ensure all New Zealanders get the care they need and our nurses, midwives and health-care assistants are properly recognised and valued," Barrett said.

#### **The process so far**

This was the third offer from HNZ since bargaining began in September 2024. Members rejected an [offer last May](#) for a one-plus-one per cent pay rise across two years. An "[even worse](#)" offer in June for two-plus-one per cent across two years prompted strike action. Both failed to lock in safe staffing or match the cost of living. A counter-offer by NZNO was rejected.

There have been multiple strikes over the past 20 months' of bargaining, starting in [December 2024](#), then 2025's [May Day rallies](#), [perioperative nurse](#) and 24-hour [nationwide strikes](#) in July, a [two-day strike](#) in September, a mega '[save our services](#)' strike in October, [partial strikes](#) in November, dozens of [uniform strikes](#) around the country and a [district nurses' strike](#) in April this year.

---

NEWS

## 'More respiratory nurses needed' college tells Minister

By Mary Longmore

May 15, 2026

Better respiratory care in the community will save people ending up in hospital — and nurses are the answer, NZNO's respiratory nurses tell Simeon Brown.



*NZNO's respiratory nurses with Minister of Health Simeon Brown recently, from left: Annette Bradley-Ingle (professional nursing advisor), Mikayla Neal, Sharon Phillips, Katherine Waters, Jacquie Westenra (chair), Raquel Jordan and Sascha Noble.*

At an April 30 meeting, NZNO's college of respiratory nurses told Minister of Health Simeon Brown that more support for

**At a glance:**

primary-health care (PHC) nurses to provide respiratory care in the community would save millions.

Early diagnosis and treatment of lung diseases had a huge impact on outcomes — clinically and economically, the nurses said in a letter given to the Minister on the day.

### Evidence

(<https://www.nejm.org/doi/full/10.1056/NEJMc2409121>) showed getting specialist care early to people with asthma and COPD halved their need for respiratory health care over a year. Respiratory-related hospitalisations cost an estimated \$8 billion in direct and indirect costs, according to the Asthma and Respiratory Foundation — yet many were unnecessary.

PHC nurses were well-placed to make a difference — they just needed the resources and specialist training, the nurses suggested in the letter.

- One in five New Zealanders are estimated to live with a respiratory condition.
  - Respiratory disease is the third-leading cause of death in New Zealand.
  - Respiratory disease accounts for about nine per cent of hospital stays.
  - It is estimated by Asthma and Respiratory Foundation to cost \$8 billion annually
  - Respiratory disease is one of the most pressing and solvable health challenges facing Aotearoa New Zealand.
- 

“Nurses working in primary care are in the ideal position to enable timely diagnosis of obstructive airways diseases [like] COPD, asthma and bronchiectasis through spirometry [breathing test].”

## **‘Primary health providers need to be supported in recruiting and training nurses to provide services which are timely, accessible and culturally appropriate for their local community.’**

---

PHC nurse-led clinics could provide low-cost smoking/vaping cessation, pulmonary rehab, vaccinations such as influenza, COVID, pneumococcal and RSV and patient respiratory treatment reviews.

But with cost identified as a major barrier for people, any such clinics must be funded.

Other barriers included getting more nurses into primary health, which paid less than hospitals — and then into hard-to-staff areas

Currently, registered nurses (RNs) and nurse practitioners (NPs) were offered “significantly less” in the voluntary bonding scheme than doctors and midwives to work in hard-to-staff areas/specialties — making it less appealing.

### **Inequities**

Currently, access to community respiratory care like pulmonary rehabilitation and spirometry was fragmented around the country, leading to inequities in outcomes.



*Left to right, NZNO college of respiratory nurses committee: Sharon Phillips, Sascha Noble, Raquel Jordan, Annette Bradley-Ingle (professional nursing advisor), Katherine Waters, Mikayla Neil and Jacquie Westenra (chair).*

Māori and Pacific communities were hit especially hard, with higher rates of asthma, COPD, lung cancer and respiratory hospitalisation rates two to three times higher than non-Māori.

#### **What works?**

Local, whānau-centred, culturally and community-grounded care was proven to deliver better results — especially in respiratory health, where ongoing self-management was critical.

“Primary health providers need to be supported in recruiting and training nurses to provide services which are timely, accessible and culturally appropriate for their local community.”

A national lung screening programme, too, as existed in Australia would make a huge difference in preventing hospitalisations. When provided through local PHC services, it could bring a 50 per cent increase in screening for high-risk populations such as Māori.

**‘These are precisely the type of interventions that can deliver both equity and value for money.’**

---

An Auckland pilot, [Te Oranga Pūkahu](https://www.lungcancerpolicynetwork.com/app/uploads/Domain-4-Case-study-Aotearoa-New-Zealand-Maori-led-development-of-a-culturally-appropriate-screening.pdf) (<https://www.lungcancerpolicynetwork.com/app/uploads/Domain-4-Case-study-Aotearoa-New-Zealand-Maori-led-development-of-a-culturally-appropriate-screening.pdf>), for Māori aged 55-74 is delivering lung screening through local PHC providers rather than centrally, after overseas (United Kingdom) [findings](https://pmc.ncbi.nlm.nih.gov/articles/PMC7947401/) (<https://pmc.ncbi.nlm.nih.gov/articles/PMC7947401/>) showed this approach

increased screening by 40-50 per cent in high-risk populations. Picking up lung problems like asbestiosis, chronic obstructive pulmonary disease (COPD) and tuberculosis early, prevented hospitalisation and, in some cases, early death, the nurses said.

“These are precisely the type of interventions that can deliver both equity and value for money.”

### **Where are the nurses?**

However, there were not currently enough respiratory-trained PHC nurses in New Zealand to respond to a national lung screening programme — something that needed to change.

“Where is the workforce or resource to pick up these people who will be identified?”

Funding vaccinations like RSV (respiratory syncytial virus) and pneumocococcus, also prevented hospitalisations — saving double every dollar spent on vaccines, according to the [Prevention Pays report](https://www.gsk.com/media/cahdc43t/economic-value-of-adult-vaccination-in-new-zealand.pdf) (<https://www.gsk.com/media/cahdc43t/economic-value-of-adult-vaccination-in-new-zealand.pdf>).

Across all these areas, respiratory nurses were central to success, allowing earlier diagnoses, active follow-up and patient education, which all prevented conditions worsening and hospitalisation, the nurses said.

Committee members told *Kaitiaki* after the hui that they felt the Minister paid close attention to their concerns.

Chair, Nelson RN Jacquie Westenra, said nurses wanted to see fewer people ending up in hospital with preventable respiratory diseases.

“We talked about what is obvious — how we can provide a better service to prevent people ending up in hospital.”

### **Simeon Brown responds:**

Minister of Health Simeon Brown said nurses were “key” to the Government’s efforts to strengthen the primary health workforce.

“The Government is focused on ensuring all New Zealanders, including Māori, have access to timely, quality health care. We know primary care is the cornerstone of the healthcare system, and we have a range of initiatives underway to strengthen the workforce,” he told *Kaitiaki*.

“Nurses are a key part of this, and I thank them for their shared commitment to improving health outcomes for all Kiwis.”

Brown said he enjoyed meeting the respiratory nurses and “greatly valued” their contribution.

---

See also [Respiratory nurses raise ‘crucial’ voice on lung health](#)

---

NEWS

## The mental health facility where the doors don't lock properly: Hillmorton revealed

---

By Joel Maxwell and Mary Longmore

May 11, 2026

Nurses have been forced to work in squalid, unsafe and understaffed conditions at Christchurch's Hillmorton Hospital, a new NZNO survey has revealed.



*Mental health services at Hillmorton Hospital have come under scrutiny in a newly-released NZNO survey of its nurses. Photo: AdobeStock.*

The report includes allegations of unsafe premises, rock-bottom morale, and even pressure on nurses to cook staffing figures at the specialist mental health facility.

One nurse had to work with rotting rat carcasses in the ceiling above their office — for a year.

NZNO's [survey](https://www.nzno.org.nz/Portals/0/Files/2026/NZNO%20Hillmorton%20Survey%20Report%20-%20May%202026.pdf?ver=KdVu9mYrZ6Aj7ygWPKTreg%3d%3d) (https://www.nzno.org.nz/Portals/0/Files/2026/NZNO%20Hillmorton%20Survey%20Report%20-%20May%202026.pdf?ver=KdVu9mYrZ6Aj7ygWPKTreg%3d%3d) gives voice to nurses ignored in a Ministry of

Health (MoH) investigation of mental health services released last year.

### By the numbers

- Four out of five nurses the NZNO surveyed felt unsafe due to understaffing in the last month.
- Staff described broken heaters, peeling wallpaper, graffiti, worn carpet with stains or soaked in urine, infestations of ants, rats and mice, building leaks, broken panels in lounge areas and patient room doors getting jammed.
- Staff described cameras not working, security doors that did not lock or close properly, malfunctioning duress alarms, delayed alarm responses and blind spots where patients climb up walls and fences.
- Over half reported they have felt unable to raise concerns without fear of blame or retaliation.

In the report, a senior nurse reported “a vile stench of dead rotting rat carcasses trapped in the ceiling above our office space for over a year now”.

Care capacity demand management data showed “sustained” short-staffing across services. The worst was the whaikaha forensic ward for intellectually disabled patients, short-staffed in 93 per cent of shifts last year.

### ‘The building is falling apart’

Speaking to *Kaitiaki*, NZNO delegate Shivaun Smith said constant understaffing and facilities that were “falling apart” were the biggest daily challenges in her work with intellectually disabled forensic patients at Hillmorton.

The unit – which cared for some of the highest-need mental health patients in the country — was often below the required two-to-one nurse-to-patient ratio, leading to dangerous situations.

“We quite often have them dysregulating . . . and then it’s just so unsafe to be on the floor, you have to pull out [leaving] someone still in harm’s way with the other patients.”

Her unit – originally designed as an admissions area – had become high-care area “not fit for purpose for daily life”, Smith said.



Hillmorton Hospital

“The building is falling apart. The systems are broken. There are rats. Our lights are broken. The TVs turn off randomly. The doors lock randomly sometimes — they unlock randomly sometimes,” Smith said.

Their emergency pager/phone system broke for about five weeks in February and March, leaving staff reliant on their prohibited personal phones during an emergency – which did happen.

“Someone had a seizure and we were unable to get help in the first two minutes.”

Asked why she stayed there, Smith said it was for the patients. “The patients – I absolutely love them. A lot of us feel that way. Most of our wards stay because we love the patients.”

Yet frontline staff bore the brunt of patient frustrations at being stuck in small “barren” spaces all day, she said. “We never have enough staff to take them out and do meaningful activities anymore,” she said.

One older patient had previously enjoyed regular walks which reduced his pain, but there were no longer enough staff.

“We’ve even got people who are retired coming back doing shifts to get this person out, so he can have a meaningful life,” Smith said. “Yeah they’re in the forensic unit but they still need to have some meaning and fulfilment in life.”

---



*Mental health staff were under pressure in Hillmorton Hospital. Photo: AdobeStock.*

In the survey, nurses described chronic understaffing in wards with high-risk patient conditions such as violence or suicide. Staff across inpatient units were forced to deal with patient numbers increasing without an increase in available beds.

This led to frequent patient transfers and “sleep-overs” between units, the report said.

The ratio of male staff was often not met, or the numbers were puffed up using non-frontline staff, creating danger for female nurses.

Morale was low, there was a culture of bullying and blame, and mistrust was high. “Several nursing staff described pressure to manipulate Trendcare data to inaccurately reflect staffing and VIS levels [the traffic-light system to show if staffing matches demand],” the report said.

**‘There are rats. Our lights are broken. The TVs turn off randomly. The doors lock randomly sometimes – they unlock randomly sometimes.’**

---

Staff outlined safety concerns including doors that could not be locked, “thereby increasing the risk of patients absconding”, unsafe room layouts, and fire doors not closing.

NZNO delegate and Hillmorton nurse Gabrielle Nolan said Hillmorton members were calling for HNZ to address the issues raised in the survey.

“We would like to see Te Whatu Ora resource baseline rosters to ensure safe staffing, stop using redeployment to plug roster gaps, establish workforce planning for early career nurses, immediately fix maintenance and equipment issues, and set up an anonymous reporting system for staff concerns,” Nolan said.

The survey ran three weeks for nursing and care staff at Hillmorton and associated mental health services. There were 186 respondents — a response rate of one third.

### **History of violence**

In June 2022, Zakariye Mohamed Hussein, on leave from Hillmorton forensic inpatient services, stabbed Laisa Waka Tunidau to death outside her Christchurch home.

Then in October 2024, voluntary Hillmorton patient Elliot Cameron killed Frances Anne Phelps, 83, at her Christchurch home. Cameron had been doing gardening work for Phelps, who did not know he was a Hillmorton patient.

Launched after the 2022 murder, the MoH investigation into Canterbury’s inpatient and associated mental health services was released last August. It found critical staff shortages, poor morale and disrupted staff development.



*NZNO has called for changes to staffing, facilities, equipment and staff morale at Hillmorton Hospital.*

Report author John Crawshaw, MoH director of mental health, made 18 recommendations and has visited Hillmorton twice to check progress.

He said visible progress had been made since the report came out. But frontline nurses said the staffing levels and conditions at Hillmorton were worse than when Crawshaw's report was released last year, according to the NZNO report.

HNZ national director of mental health and addiction services, Phil Grady, said he had reached out to NZNO chief executive Paul Goulter and offered to work through concerns in the survey.

"We are progressing maintenance and equipment upgrades for Hillmorton Hospital, and ensuring robust processes are in place so staff can raise concerns safely and without fear."



Rats have been reported at Hillmorton Hospital. Photo: AdobeStock.

HNZ had launched a nursing workforce safety and sustainability programme that would work with unions such as NZNO "to make sure what we deliver is practical, clinically sound and workable".

"We are continuing to strengthen recruitment and retention initiatives and improving baseline rostering at the hospital and have the lowest number of nursing vacancies in a number of years."

Meanwhile, an MoH response to *Kaitiaki's* inquiries said Crawshaw was undertaking four quarterly visits to assess progress against the 18 recommendations.

During his visits he took opportunities to speak to staff about pressures or challenges, the response said, and a third visit was planned for this week. Crawshaw was "aware of challenges facing staff in Hillmorton and other parts of the mental health sector".

"He says he has always had a good level of engagement with staff, including nurses and frontline staff, on these monitoring visits and expects that to continue for this week's visit."

As part of the visit, one of the things being discussed would be checking with HNZ on work they have underway to address these concerns, the response said.

### Changes needed

NZNO recommendations included:

- Resourcing baseline rosters.
- Ending the use of redeployment to plug baseline rosters.
- Immediately finding and fixing maintenance and equipment problems.
- Establishing an anonymous reporting system for staff to lodge issues to address the culture of fear and blame.

- The inclusion of staff interviews in upcoming monitoring visits.



NEWS

## What now for members, after Health New Zealand's latest offer?

By Mary Longmore

May 8, 2026

NZNO's bargaining team members say they have fought hard in the room — now it is up to members to decide whether to accept Te Whatu Ora-Health NZ (HNZ)'s latest offer.



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

The new offer includes a 2.5 per cent pay rise now and another two per cent next year (compared to two and one per cent previously); a promise for more transparency around vacancies and more timely recruitment, implementing some te Tiriti claims and lump sum payments for senior nurses/midwives and step 5 enrolled nurses.

Christchurch enrolled nurse Debbie Handisides, a bargaining team member, noted there was also a working group on the enrolled nurses' role with their expanded scope.

Whangārei emergency nurse Rachel Thorn, also on the team, said it was now up to members to decide whether it was good enough.

NZNO member meetings are being held around the country, from Kaitia to Invercargill, as well as online, to discuss the offer — the first since mid-2025. Thorn urged members to attend the meetings before voting opens on Monday. The meeting schedule can be found [here](https://maranga-mai.nzno.org.nz/ratification) (<https://maranga-mai.nzno.org.nz/ratification>). An online ballot will open on Monday May 11 and run till 5pm, May 15.

The new offer includes:

- A 2.5 per cent pay rise from March 2, 2026, followed by another 2 per cent rise from March 2, 2027.
- A \$1300 lump sum for senior designated nurses/midwives; \$2000 lump sum for step 5 enrolled nurses (ENs) to acknowledge their new scope of practice; and \$1000 for all other eligible members.
- Extension of the tikanga pūtea for members who use te āo Māori knowledge and skills outside their day-to-day work.
- Protection of safe staffing (CCDM FTE) calculations which will not be paused, modified or stopped without NZNO's agreement.
- A promise to keep NZNO informed of nurse vacancies at their ward/unit level, as well as district/national data.
- Joint research into nurse-patient ratios, including culturally-safe ratios.
- Nurse practitioners everywhere get the same professional development leave and funding at the maximum rate.
- Joint work on a professional pathway for health-care assistants.
- Joint work on a kaupapa Māori dispute resolution policy.
- Joint work on an EN workplan; supporting mental health and midwifery workforce and nursing workforce sustainability.

The offer summary can be found [here](#)

([https://assets.nationbuilder.com/nzno/pages/4407/attachments/original/1776983722/Headline\\_summary\\_of\\_the\\_Te\\_Whatu\\_Ora\\_offer\\_to\\_NZNO\\_members\\_24\\_April\\_2026.pdf?1776983722](https://assets.nationbuilder.com/nzno/pages/4407/attachments/original/1776983722/Headline_summary_of_the_Te_Whatu_Ora_offer_to_NZNO_members_24_April_2026.pdf?1776983722)) or in detail [here](#) ([https://assets.nationbuilder.com/nzno/pages/4407/attachments/original/1776983722/Headline\\_summary\\_of\\_the\\_Te\\_Whatu\\_Ora\\_offer\\_to\\_NZNO\\_members\\_24\\_April\\_2026.pdf?1776983722](https://assets.nationbuilder.com/nzno/pages/4407/attachments/original/1776983722/Headline_summary_of_the_Te_Whatu_Ora_offer_to_NZNO_members_24_April_2026.pdf?1776983722)).

If accepted, the new collective agreement would come into effect from March 1, 2026, until October 31, 2027.

Thorn said she appreciated members had endured 20 long hard months of bargaining and would likely have a mixture of feelings.

This is the third offer from HNZ since bargaining began in September 2024. Members rejected an [offer last May](#) for a two per cent pay rise across two years. An “[even worse](#)” offer in June for three per cent across two years prompted strike action. Both failed to lock in safe staffing or match the cost of living. A counter-offer by NZNO was rejected.

There have been multiple strikes over the past 20 months' of bargaining, starting in [December 2024](#), then 2025's [May Day rallies](#), [perioperative nurse](#) and 24-hour [nationwide strikes](#) in July, a [two-day strike](#) in September, a mega '[save our services](#)' strike in October, [partial strikes](#) in November, dozens of [uniform strikes](#) around the country and a [district nurses' strike](#) in April this year.



NEWS

## Working 10-hour nursing shifts? Prepare to lose sick leave under new law

---

By Joel Maxwell and Mary Longmore

May 7, 2026

They're surrounded by sick people and subject to assaults: now nurses face the additional injury of having sick days wiped by a proposed new law.



Workplace Relations and Safety Minister Brooke van Velden with her ACT Party leader David Seymour. Credit: Stuff Digital.

NZNO and its members have come out swinging at the Employment Leave Bill, proposed by the Coalition Government, as anti-worker, anti-women and just bad for the soul.

The NZNO written submission to the education and workforce select committee said the law change would cut millions of workers' entitlements.

However, Workplace Relations and Safety Minister Brooke Van Velden has told *Kaitiaki* the Government intends to pass it before November's election.

NZNO president Anne Daniels said the move was another example of the Government's focus on budget over people.

"Workers' rights have been – I wish I could say slowly – rapidly removed, mostly in secrecy, and if there has been consultation it has been within tight time frames with minimal time to respond."

Sufficient holidays were crucial for workers' wellbeing, she said.

"Holidays are supposed to be for rest and recuperation so you can go back and do your job as well as you can because you are not exhausted and burnt out."

If adopted, the bill would also hit casual and part-time workers – predominantly women, who shouldered more childcare – hardest.



NZNO president Anne Daniels.

On the heels of [mass-dumping of pay equity claims](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rnz.co.nz%2Fnews%2Fnational%2F591034%2Fworkplace-safety-law-changes-out-of-step-with-global-good-practice-select-committee-told&data=05%7C02%7CJoel.maxwell%40nzno.org.nz%7C7405ec23f7a84eabe39208dea0f12a0b%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639125154837141121%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMilSlkFOljoiTWFpbClldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=4h%2B%2BviBISCuYNdemD3x8Fr1WycD5UJKYf%2BGD9vr6A18%3D&reserved=0) and proposal to [ease workplace health and safety](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rnz.co.nz%2Fnews%2Fnational%2F591034%2Fworkplace-safety-law-changes-out-of-step-with-global-good-practice-select-committee-told&data=05%7C02%7CJoel.maxwell%40nzno.org.nz%7C7405ec23f7a84eabe39208dea0f12a0b%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639125154837141121%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMilSlkFOljoiTWFpbClldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=4h%2B%2BviBISCuYNdemD3x8Fr1WycD5UJKYf%2BGD9vr6A18%3D&reserved=0) rules, this was simply another attack on women-dominated workforces, Daniels said.

### By the numbers

- Currently all workers — full-time, part-time, or casual — get 10 days of sick leave annually if they have worked continuously for six months.
- The proposed law would pro-rata sick leave instead — likely cutting sick days for casual and part-time workers.
- Also, all workers would max out their annual entitlement for sick leave at 80 hours on the bill's new hourly calculations. This means, for example, nurses working four 10-hour shifts a week, who currently get a flat 10 sick days (100 hours) annually, would lose two days of sick leave.
- Meanwhile the new law would stop workers such as nurses and health-care assistants from accruing annual leave while they recover from injuries on ACC.

### Time for the soul

*A registered nurse and NZNO member working 10-plus hour shifts at Wellington hospital, who did not wish to be named, spoke to Kaitiaki about the bill.*

I think it's counterproductive and deceitful.

We're already working at a less-than ideal level with the Government's inability to commit to staffing us adequately. We already go to work sick as it is, because you get the text from work saying 'can you please come in, we're really short staffed'.



*Sick leave is important for already-understaffed hospital shifts. Photo: AdobeStock*

Working night shifts in particular reduces your life span. There's well-documented evidence of that. Now if they want to take away some of your entitlement to sick leave, people are going to come to work sick, which also increases your tiredness.

You're going to make more mistakes and your work-life balance just becomes pretty grim when you're working when you shouldn't be.

Also, a lot of sick leave is more about mental health than physical health.

Yesterday I looked after two patients who had breast surgery as a result of cancer.

It's very confronting when you've been through it yourself, but you've still got to provide care to these people, and you've got to put your own feelings aside and give these people what they need. And it's hard.

Sometimes sick leave is there to restore your soul.

---

**To read about the fight against the Government's law changes hammering workers on May Day — and see members' faces around the motu — click [here](#).**

NZNO mental health nurses section chair Helen Garrick said this change would be "very detrimental" to [nurses who had been assaulted](#) and forced on leave.

The bill comes alongside the Government's phased police withdrawal from mental health call-outs — leaving nurses and HCAs [on their own to deal with violent patients](#).

These people would already be struggling with the after-effects of physical attacks, she said, and then would have to deal with a loss of income, she said.



"I'm certainly very upset by that proposal — I think it's terrible for people to have to worry about that on top of everything else."

*NZNO mental health nurses  
section chair Helen Garrick.*

### **'Significant financial liability'**

Meanwhile, van Velden said the ACC provisions responded to feedback from employers that they faced "significant financial liability" if an employee was off work for a long period of time.

"Workers will begin accruing leave, and have access to it, as soon as they return to work, including for hours worked while they are still also receiving ACC."

She said the bill aimed to simplify how leave was earned, taken, and paid. "There are areas where employees will benefit most and areas where employers will benefit most."

The select committee will report back to Parliament on July 13.

"The Government intends to pass the bill into law before the election. Once passed, there will be a 24-month implementation period before it comes into force, to support employers with implementing the change," said van Velden.

---

NEWS

## Kua maumaharatia ngā tapuhi 53 i hinga i te rū nui i Ōtautahi

By Mary Longmore

May 12, 2026

Tau atu, tau mai, ka whakatakotoria e te nēhi o Ōtautahi a Janine Randle tētahi puapua whakamahara i te pakitara whakamaumahara o te tāone nui ki ngā tapuhi 53 i mate i te rū nui o Pēpuere 2011.



Janine Randle, centre (with a stick, just after hip surgery), with NZNO nurses, left to right: Terry McLaughlin, Viv Jones, Sandra Richardson and Leona Robertson laying the wreath last year in memory of the 53 nurses who died in February, 2011.

*Every year, Christchurch nurse Janine Randle lays a wreath at the city's earthquake memorial wall for 53 nurses who died in the February 2011 earthquake.*

*"Kei te hiahia e au kia haere tonu, ā, ko tōku whakapepeha 'kia maumahara i ngā tapuhi,'" hei tā Randle, nāna i mahi i te mātūtū tamariki i te Hōhipera o Ōtautahi.*

*"I just like to keep things going, and my motto is 'remember the nurses,'" said Randle, who works at the Christchurch Hospital children's surgery ward.*

### REMEMBERING THE NURSES

#### Canada (1)

Marielle Falardeau 60

#### Japan (13)

Yumiko Hata 29

Miki Hayasaka 37

Yuko Hirabayashi 28

Hifumi Hoshiba 41

Ko Randle — māna e tae atu ki tōna tau 70 i te Noema — i mahi hei tapuhi mō ngā tau 52 kua hipa, hei māngai NZNO noki mō ngā tau 42. Ka kīia e ia ka “tino ohorere” ngā tāngata i a rātou e mōhio ana ki te rahi o ngā tapuhi i mate i taua rā, i te rū 6.3 te kaha i patua mai i te Pēpuere 22, 2011.

*Randle — who will be 70 in November — has been a nurse for 52 years and NZNO delegate for 42. She says people are often “gobsmacked” when they find out how many nurses actually died that day, in the magnitude 6.3 earthquake that struck on February 22, 2011.*

“Ko ētahi o rātou he wae tāpoi, i te wāhi tino hē, i te wā tino hē. Ko tētahi o rātou i mahi i te Hōhipera o Ōtautahi hei kaiwhakahaere nēhi.”

*“Some of them were tourists, just in the wrong place at the wrong time. One of them worked at Christchurch Hospital as a duty nurse manager.”*

I roto i ngā tāngata 185 i mate i taua rā, he hunga tapuhi 53 i hinga. Ko te nuinga o rātou nō tāwāhi, e ako ana i te reo Ingarihi i te tari CTV kua turakina kia whakarite mō tō rātou whakamātautau rēhitatanga. Kō ētahi atu i mahi i tētahi whare haumanu ki reira, i whakatā ai i te pukapū tāone, he wae tapoi noa iho, rānei.

*Of the 185 people who lost their lives that day, 53 were nurses. Many were from overseas, studying English in the CTV building that collapsed in preparation for their registration exam. Others were working in a medical clinic there, or were off duty and in the central city — or simply visitors, unfortunate tourists.*



Last year's wreath

Ā, mō tata ki te 10 tau, ia tau i te Mei 12, koia te Rā Whakanui i te Tapuhi ā-Ao, ki reira a Randle, e tuku ana i ngā mihi — tae noa ki te tau tata i hipa ahakoa tētahi poka ki tōna hope he 3 wiki i mua.

Haruki Hyakuman	27
Rika Hyuga	30
Toshiko Imaoka	34
Noriko Otsubo	41
Yoko Sakurai	27
Yoko Suzuki	31
Hiroko Tamano	43
Asuka Tsuchihashi	28
Ayako Yamaguchi	30

#### **New Zealand (4)**

Elizabeth Jane 'Jane' Grant	51
Teresa McLean	40
Christine Patricia 'Trish' Stephenson	61
Lisa Willems	43

#### **People's Republic of China (16)**

Yu Cai	31
Xiling 'Vivi' Han	25
Wen He	25
Chang Lai	27
Jin-Yan 'Vicky' Leng	30
Wanju 'Julia' Li	44
Hui Yun Tu	22
Li-Min Wang	32
Tao Wang	29
Lin-Lin Xu	26
Xiujuan Xu	47
Caiying 'Cathy' Ye	27
Di-Di Zhang	23
Hui Zhang	34
Yan-Tao Zhong	31
Xiao-Li Zhou	26

#### **Phillipines (11)**

Lalaine Collado Agatep	38
Mary Louise Anne Bantillo Amantillo	23
Emmabelle Cabahug Anoba	26
Valquin Descalsota Bensusurto	23
Ivy Jane Cabunilas	33
John Kristoffer Villegas Chua	23

*And for nearly a decade, every year on May 12, International Nurses' Day, Randle has been there, paying her respects — even last year, just three weeks after hip surgery.*

He rua tau nō muri mai, i te whakatuwheratanga o te pakitara whakamaumahara i te 2017, kua taka te kapa mō tetahi atu RN, Terry McLaughlin, kua mōhio ia ki te nuinga o ngā ingoa kua pānuitia.

*It was a few years later, at the opening of the city's memorial wall in 2017, when another RN, Terry McLaughlin, realised he knew many of the victims' names as they were read out.*

I a ia a mahi ana i ngā ratonga kiritaki i te Hōhipera o Ōtautahi i te rā o te rū, kua waea mai ētahi whānau i tāwāhi e rapu ana ki ngā kōrero mō ō rātou pūtahi aroha i Aotearoa.

*Working in customer services at Christchurch Hospital on the day of the earthquake, McLaughlin had received several overseas calls from families seeking news of their loved ones in New Zealand.*

### **I could hear the children in the rooms around me saying: 'help, help'.**

Kua whakatewhatewhatia e ia, ā, ka kitea i hinga ngā tapuhi 53 nō ngā whenua e 8 — he 16 nō Haina, 13 nō Hapani, 11 nō Piripīni, he 6 nō Tairana, he 4 nō Aotearoa, me kotahi nō ia o Kānata, Aerana me Taiwan.

*He did some sleuthing, and discovered that altogether 53 nurses from eight countries — 16 from China, 13 from Japan, 11 from the Philippines, six from Thailand, four from New Zealand and one each from Canada, Ireland and Taiwan — had died in the quake.*

Kua whakamōhiohia NZNO e McLaughlin nā runga tā te uniana kaunihera ā-rohe o Waitaha (inaiānei he rōpū whakariterite paetata). I marohi Randle, tētahi mema, kia whakatakoto i tētahi puapua whakamahara ia tau, ia tau, i te Mei 12.

*McLaughlin alerted NZNO via what was then its Canterbury regional council (now, local organising group). Randle, a member, suggested laying a wreath every year on May 12.*

"Nō reira, kua kī taurangi mātou o te kaunihera ā-rohe kia maumaharatia rātou i runga i te Ra Whakanui i te Tapuhi ā-Ao, tau atu, tau mai, me te aha ka whāia tonu taua ara."

*"So we made a commitment, NZNO regional council, that we would commemorate them on International Nurses' Day every year, so that's what we've done."*

Jewel Jose Francisco	26
Ezra Mae Sabayton Medalle	24
Erica Avir Reyes Nora	20
Jessie Lloyd Albaracin Redoble	30
Rhea Mae Sumalpong	25
<b>Republic of Ireland (1)</b>	
Eoin Thomas 'Owen' McKenna	40
<b>Taiwan (1)</b>	
Hsin Hung Lee	32
<b>Thailand (6)</b>	
Thanydha 'Koy Thanida' Intarangkun	36
Phimphorn Liangchuea	41
Haruthaya 'Jenny' Luangsurapeesakul	32
Wanpen 'Nok' Preeklang	45
Jiitra 'Tarr'	40
Waithayatadapong	40
Siriphan Wongbunngam	27



Janine Randle's handmade ANZAC day 2026 wreath in memory of nurses who died in WWI.

Ia tau, ka whakatakotoria te puapua whakamahara i raro i te ingoa o tētahi nēhi hou.

*Each year, the wreath is laid under the name of a different nurse.*

I te tuatahi, ka huihui mai te hapori me te arapāho ki te whakatakotoranga puapua whakamahara mō ngā nēhi i hinga. Engari “kua mimiti haere” te rahi o ngā tāngata — he āhuatanga e hiahiatia ana e ia kia whakatika.

*At first, the community and media thronged the wreath-laying ceremony for the lost nurses. But nine years later, numbers have “whittled down” to a handful — and that’s something she wants to remedy.*

“Kāhore tēnei i te tino mōhio — tae atu rā ki ngā tāngata o Ōtautahi,” ka kīia e Randle ki Kaitiaki. “Nō reira, kei te hiahia mātou kia whakamaharatia anō ngā tāngata.”

*want to make sure that people remember.”*

*“It’s not something that’s well known — even Christchurch people don’t know,” Randle told Kaitiaki. “So, again, we*

Ka whakatakoto ia i te puapua whakamahara i te 11.30am i te Tūrei, Mei 12.

*She will be laying the wreath at 11.30am on Tuesday, May 12.*

Ka hangāia, ka whakatakotoria noki e Randle tētahi puapua whakamahara ia Rā ANZAC i te whare karakia nēhi i te haeata, mō ngā tapuhi i mate i WWI.

*Randle also makes and lays a wreath every ANZAC day in the nurses’ memorial chapel at dawn, for nurses who lost their lives in WWI.*

I whakatū ngā mema NZNO o Waitaha i tētahi tūru papa rēhia hei maumaharatanga mō ngā pāpurenga o te parekura whare karakia Ihirama i te 2019.

*The Canterbury NZNO members have also erected a park bench in memory of the 51 victims of the 2019 mosque shootings.*

### **‘The whole building shook’**

I mahia e Janine Randle i tō te Hōhipera o Ōtautahi mātūtū tamariki i te patu mai a te rū 7.1 i te Hepetema 4, 2010 — he rima marama i mua i te rū kino ake i te Pēpuere.

*Janine Randle was on duty at Christchurch Hospital’s children’s ward when a 7.1 earthquake hit on September 4, 2010 — five months before the more catastrophic February quake.*

“Kei roto ahau i tētahi taiwhanga me te tākuta e mātai ana i tētahi kōtiro, ā, ka rūrū mai te whare katoa,” kua kīia e ia ki Kaitiaki. “Kei waho o te taiwhanga he kāho wai, ā, ka taka mai taua kāho, kua

waipukengia te katoa, ā, i rangona ngā tamariki i ngā ruma tata e tangi ana 'āwhinatia mai, āwhinatia mai!'"

*"I was in a room with the registrar examining a teenage girl and the whole building shook," she told Kaitiaki. "Outside the room was a water cooler and the water cooler fell over and the water flooded everywhere and I could hear the children in the rooms around me saying: 'help, help!'"*

I te patu mai a te rū Pēpuere 22, e noho ana ia i tōna kāinga

*When the February 22 quake hit, she was at home.*

"Kua puta mai ngā mea katoa i ngā kuaha, engari kīhai mātou i tere mōhio ki te taumahatanga i te tāone i te mea kua turakina ngā waea hiko me te pouaka whakaata."

*"Various things shook and flew out of doors but it was some hours before we realised how serious it was in town, because the TV and phonelines were down."*

---

---

NEWS

## Remembering the 53 nurses killed in the Christchurch earthquake

By Mary Longmore

May 7, 2026

Every year, Christchurch nurse Janine Randle lays a wreath at the city's earthquake memorial wall for 53 nurses who died in the February 2011 earthquake.



Janine Randle, centre (with a stick, just after hip surgery), with NZNO nurses, left to right: Terry McLaughlin, Viv Jones, Sandra Richardson and Leona Robertson laying the wreath last year in memory of the 53 nurses who died in February, 2011.

"I just like to keep things going, and my motto is 'remember the nurses,'" said Randle, who works at the Christchurch Hospital children's surgery ward.

Randle — who will be 70 in November — has been a nurse for 52 years and NZNO delegate for 42. She says people are often "gobsmacked" when they find out how many nurses actually died that day, in the magnitude 6.3 earthquake that struck on February 22, 2011.

### REMEMBERING THE NURSES

#### Canada (1)

Marielle Falardeau	60
--------------------	----

#### Japan (13)

Yumiko Hata	29
-------------	----

Miki Hayasaka	37
---------------	----

Yuko Hirabayashi	28
------------------	----

"Some of them were tourists, just in the wrong place at the wrong time. One of them worked at Christchurch Hospital as a duty nurse manager."

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

Of the 185 people who lost their lives that day, 53 were nurses. Many were from overseas, studying English in the CTV building that collapsed in preparation for their registration exam. Others were working in a medical clinic there, or were off duty and in the central city — or simply visitors, unfortunate tourists.



Last year's wreath

And for nearly a decade, every year on May 12, International Nurses' Day, Randle has been there, paying her respects — even last year, just three weeks after hip surgery.

It was a few years later, at the opening of

the city's memorial wall in 2017, when another RN, Terry McLaughlin, realised he knew many of the victims' names as they were read out.

Working in customer services at Christchurch Hospital on the day of the earthquake, McLaughlin had received several overseas calls from families seeking news of their loved ones in New Zealand.

**I could hear the children in the rooms around me saying: 'help, help'.**

He did some sleuthing, and discovered that altogether 53 nurses from eight countries — 16 from China, 13 from Japan, 11 from the Philippines, six from Thailand, four from New Zealand and one each from Canada, Ireland and Taiwan — had died in the quake.

Hifumi Hoshiba	41
Haruki Hyakuman	27
Rika Hyuga	30
Toshiko Imaoka	34
Noriko Otsubo	41
Yoko Sakurai	27
Yoko Suzuki	31
Hiroko Tamano	43
Asuka Tsuchihashi	28
Ayako Yamaguchi	30

#### **New Zealand (4)**

Elizabeth Jane 'Jane' Grant	51
Teresa McLean	40
Christine Patricia 'Trish' Stephenson	61
Lisa Willems	43

#### **People's Republic of China (16)**

Yu Cai	31
Xiling 'Vivi' Han	25
Wen He	25
Chang Lai	27
Jin-Yan 'Vicky' Leng	30
Wanju 'Julia' Li	44
Hui Yun Tu	22
Li-Min Wang	32
Tao Wang	29
Lin-Lin Xu	26
Xiujuan Xu	47
Caiying 'Cathy' Ye	27
Di-Di Zhang	23
Hui Zhang	34
Yan-Tao Zhong	31
Xiao-Li Zhou	26

#### **Phillipines (11)**

Lalaine Collado Agatep	38
Mary Louise Anne Bantillo Amantillo	23
Emmabelle Cabahug Anoba	26
Valquin Descalsota Bensurto	23
Ivy Jane Cabunilas	33

McLaughlin alerted NZNO via what was then its Canterbury regional council (now, local organising group). Randle, a member, suggested laying a wreath every year on May 12.



Janine Randle's handmade ANZAC day 2026 wreath in memory of nurses who died in WWI.

"So we made a commitment, NZNO regional council, that we would commemorate them on International Nurses' Day every year, so that's what we've done."

Each year, the wreath is laid under the name of a different nurse.

At first, the community

and media thronged the wreath-laying ceremony for the lost nurses. But nine years later, numbers have "whittled down" to a handful — and that's something she wants to remedy.

"It's not something that's well known — even Christchurch people don't know," Randle told *Kaitiaki*. "So, again, we want to make sure that people remember."

She will be laying the wreath at 11.30am on Tuesday, May 12.

Randle also makes and lays an NZNO wreath every ANZAC day at the dawn service to remember nurses who lost their lives in WWI.

The Canterbury NZNO members have also erected a park bench in memory of the 51 victims of the 2019 mosque shootings.

John Kristoffer Villegas Chua	23
-------------------------------	----

Jewel Jose Francisco	26
----------------------	----

Ezra Mae Sabayton Medalle	24
---------------------------	----

Erica Avir Reyes Nora	20
-----------------------	----

Jessie Lloyd Albaracin Redoble	30
--------------------------------	----

Rhea Mae Sumalpong	25
--------------------	----

#### Republic of Ireland (1)

Eoin Thomas 'Owen' McKenna	40
----------------------------	----

#### Taiwan (1)

Hsin Hung Lee	32
---------------	----

#### Thailand (6)

Thanydha 'Koy Thanida' Intarangkun	36
------------------------------------	----

Phimphorn Liangchuea	41
----------------------	----

Haruthaya 'Jenny' Luangsurapeesakul	32
-------------------------------------	----

Wanpen 'Nok' Preeklang	45
------------------------	----

Jiitra 'Tarr'	40
---------------	----

Waithayatadapong	27
------------------	----

Siriphan Wongbunngam	27
----------------------	----

#### 'The whole building shook'

Janine Randle was on duty at Christchurch Hospital's children's ward when a 7.1 earthquake hit on September 4, 2010 — five months before the more catastrophic February quake.

"I was in a room with the registrar examining a teenage girl and the whole building shook," she told *Kaitiaki*. "Outside the room was a water cooler and the water cooler fell over and the water flooded everywhere and I could hear the children in the rooms around me saying: 'help, help!'"

When the February 22 quake hit, she was at home.

“Various things shook and flew out of doors but it was some hours before we realised how serious it was in town, because the TV and phonedlines were down.”

---

---

NEWS

## Complaint lodged with UN over 'sneaky' gutting of pay equity claims

By Mary Longmore and Joel Maxwell

May 6, 2026

New Zealand has become an international “pariah” since gutting pay equity laws — and now faces further humiliation as the United Nations is asked to investigate.



*UN pay equity claimants, left to right: Wellington early childhood teacher Mel Burgess, Hawke's Bay support worker Tamara Baddeley, Wellington secondary school teacher Clare Preston and Auckland teacher aide Ally Kingi at today's launch.*

On Wednesday, Pay Equity Coalition Aotearoa (PECA), which includes the New Zealand Council of Trade Unions, lodged a formal complaint with the United Nations (UN).

The complaint asked the UN to investigate whether the Government's changes to pay equity laws amount to systemic discrimination against women.

New Zealand's Government had always prided itself on its gender equality reputation, former equal opportunities commissioner and PECA spokesperson Judy McGregor said.



*PECA spokesperson and former EEO commissioner Judy McGregor with NZNO president Anne Daniels at Wellington's national library, where the UN pay equity complaint was announced today.*

"Now it's a pariah, and I think whatever happens to the complaint . . . I think the significance will be, firstly, its publicity effect, secondly, its reputational effect, and thirdly we might get a substantive decision from the UN."

The "devious" action amounted to "state-sponsored gender-based pay discrimination," McGregor said. "This . . . breached the rights of women to have a say – it was so sneaky, even Winston Peters didn't have time to leak the email."

Just getting to the packed room where she was speaking created financial stress for Tamara Baddeley, home care worker.

Baddeley was one of four complainants sharing stories in Wellington a year to the day since the Coalition Government gutted pay equity legislation.

"For me I had to get a new battery for my car yesterday before I drove down from Napier. I don't know where that money's coming from."

Pay equity would mean she wouldn't have to worry about that sort of thing, Baddeley said. Friends and colleagues could afford decent food for their children, warm clothes, and good shoes — maybe even



*Kristine Bartlett at today's announcement.*

Molly Henderwood said they came to show their support for "such an important issue".

afford their first home, or a decent holiday.

"It would take the edge off and make little things a bit easier — and those sudden unexpected bills wouldn't mean deciding 'do I pay the bills or do I buy food?'"

Auckland teacher aide Ally Kingi, another complainant, said women weren't 'given' the right to vote in New Zealand's historic global first in 1893. "No-one woke up one morning and handed it to them. Women fought for it and women won. That is our history, that is our whakapapa, that's where we come from, that's who we are."

Despite this, the "sniveling little sneaks" in the Government had overturned pay equity then crowed about saving their Budget, she said.

Kingi acknowledged the rangatahi – students — who had turned up in support.

"You're really important – your future is really important to all of us."

Wellington East Girls' College students Nardous Ibrahim, Jacquie Sanders, Iris Hall, Eleni Matsis and



*Wellington East Girls' College students, Nardous Ibrahim, Jacque Sanders, Iris Hall, Eleni Matsis and Molly Henderwood.*

Original care and support claimant Kristine Bartlett, who fronted the ground-breaking Supreme Court test case in 2014, said she was happy to see the fight continue, after the mass-dumping.

"I was really upset – I cried for days. I still feel upset now," she told *Kaitiaki*.

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.

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



Left to right, teacher aide Ally Kingi, EEO commissioner Gail Pacheco and former EEO commissioner, Judy McGregor.

Equal Employment Opportunities Commissioner Gail Pacheco said New Zealanders wanted a human rights-based pay equity system for women – and would not accept anything less.

Last September, NZNO's [Plunket and hospice](#) members refiled claims under the new system, which sets near-impossibly high thresholds.



Wellington caregiver Lisa Marriner

The old claims were the most advanced of 12 underway through NZNO under the previous system.

Wellington caregiver and NZNO member Lisa Marriner, at the event to provide support, felt sad that unions were forced to turn to the UN because New Zealand's own Government had "done the wrong thing".

Watch Lisa Marriner's video [Women thrown under the bus by Government](#).

"It's something that saved the Budget but it's been at the expense of women."

The UN will now assess whether the complaint is admissible. If the complaint is accepted, it will be sent to the New Zealand Government for a response.

# Tell on the government

Kaitiaki Nursing New Zealand



**The people's voice**

In February the people's select committee — set up to allow public consultation denied by the Government — [released its damning report](#) into the law change.

It drew together submissions, Cabinet papers and and other research and included extraordinary nuggets of information.

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

See also: [Pay equity wasn't a nice-to-have](#)

---

NEWS

## Nurses link across the country – and street – against Government attacks on rights

By Mary Longmore and Joel Maxwell

May 1, 2026

Some nurses were leaving a long shift, others gearing up to start one — they were the first links in a literal, and figurative, chain across Aotearoa for workers' rights.



Nurses including NZNO president Anne Daniels and delegate Grant Brookes, braved a chilly dawn in Wellington as part of a nationwide May Day protest over the erosion of workers' rights.

It was a chilly May Day morning and nurses joined hands with about 150 people outside Wellington Regional Hospital to kick off nationwide events marking International Workers' Day.

## **'It's our time now to stand together for the fight against this incredibly anti-worker Government!'**

The cross-union event, with hui running from Whangārei to Invercargill, aimed to put a spotlight on the Coalition Government's ongoing employment law changes, and the erosion of workers' rights in election year.



*Wellington nurses and kaiāwhina turned out at dawn for workers' rights.*

The Wellington rally included a show of human chain-making force with members from NZNO, PSA and NZEI [linking arms across the street](#) from the hospital to the nearby Newtown School.

NZNO president Anne Daniels, standing at the intersection of Adelaide and Mein St near the hospital's emergency department, wished the crowd could simply be celebrating workers' day.

## **'We're working with far too few staff and it's not safe for us, and it's not safe for our patients.'**

---

Instead they were being forced to protest against "a decimation of workers' rights", she said — covering everything from sick pay, holiday pay, and simply a lack of pay.

Unions were standing up together across New Zealand to tell the Government it wasn't good enough, she said.

"We're working with far too few staff and it's not safe for us, and it's not safe for our patients."



From left, front, registered nurse and delegate Gitta Majumder and fellow nurse Tweena Samuel.

Nearby, Wellington nurse Tweena Samuel had turned up straight off a night shift on the maternity ward. She was there to protest how many nurses were burning out from constant short-staffing.

"People are reluctant to take breaks," she told *Kaitiaki*. "We are getting burnt out from having to do longer hours."

**'I am very concerned with the levels of safe staffing and clearly this is going to have to be something addressed in Government.'**

---

Beside her was registered nurse (RN) and delegate Gitta Majumder who could see the impacts of short-staffing in the workplace — the tiredness and reluctance by nurses to leave their patients and simply have a rest.





Wellington workers

"Young nurses are getting burnt out, and maybe not staying in nursing."

RN Shelah Wiseman said hospitals desperately needed to be employing more nurses, to plug the gaps. "We were short today — and are short most of the time," she said.

## **'We are getting burnt out from having to do longer hours.'**

---

A safer health system was what neonatal nurse Nickie Moore wanted, "for us and for our families" while NZNO delegate and paediatric nurse Mel Anderson was quite simply fed up with workers' rights being "destroyed" by the Government.



Wellington nurses Nickie Moore, left, and Mel Anderson.

Wellington hospital RN Mohamed Kamal, also a delegate, had made an early trip from Newlands on "a freezing morning" before his regular 8am start.

He was there to fight for the rights to safe staffing and fair pay.

"We need lots of things to be done — so we can keep the nurses here in the country and keep health care for all New Zealanders — it's what they deserve."

In Palmerston North, nurse Amber Frith said it was her first time at a May Day workers' event.

"For me it was really nice seeing the solidarity across different industries . . . all coming together with the same sort of message," she told *Kaitiaki*.

"It raised awareness for me of all the issues other people are facing."



Registered nurse Amber Frith, bottom front right, with colleagues at her local May Day workers' event in Palmerston North.

Meanwhile later in the day a second gathering in Wellington — a paid union meeting — was held at Cuba Mall in central Wellington: bringing together about 300-plus members from multiple unions.

### **'It raised awareness for me of all the issues other people are facing'**

---

NZ Council of Trade Unions general secretary Melissa Ansell-Bridges told the crowd packing the mall that workers had won their current protections – but rights were going backwards and at risk from an “atrocious” Government.

“It’s our time now to stand together for the fight against this incredibly anti-worker Government.”



Jaison Abraham, far left, was one of the dozen radiology nurses pictured here who headed to Cuba Mall for the midday hui.

The crowd included a group of radiology nurses from Wellington hospital.

Wellington nurse Jaison Abraham was one of 11 nurses who turned out for the midday protest. He said more wanted to come from their team of 23 but were not allowed.



A jam-packed Cuba Mall for the May Day hui on Friday.

### Workers' rights? What rights?

On May 6, 2025, the Government announced it [was introducing and passing the law](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkaitiaki.org.nz%2Farticle%2Foutrage-shock-and-fury-as-government-halts-pay-equity-claims%2F&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7Cdd540900395f47e9afa108dea72967db%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639131993436849872%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiilwLjAuMDAwMCIslIAiOiJXaW4zMiliSkFOljoiTWFpbCIsIldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=1STRAYQbY7mkHFv6O5VqZHgwZzzeMfOVtrNLIABylSM%3D&reserved=0) (<https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkaitiaki.org.nz%2Farticle%2Foutrage-shock-and-fury-as-government-halts-pay-equity-claims%2F&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7Cdd540900395f47e9afa108dea72967db%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639131993436849872%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiilwLjAuMDAwMCIslIAiOiJXaW4zMiliSkFOljoiTWFpbCIsIldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=1STRAYQbY7mkHFv6O5VqZHgwZzzeMfOVtrNLIABylSM%3D&reserved=0>) gutting pay equity claims the same day.

At that point, 14 claims had been settled, and 33 were still underway.

The changes saved the Government \$12.8 billion for Budget 2025. A dozen of the claims [that were axed](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkaitiaki.org.nz%2Farticle%2Fbusiness-lobbyists-code-names-and-treaty-breaches-peoples-voice-damning-on-pay-equity%2F&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7Cdd540900395f47e9afa108dea72967db%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639131993436885842%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiilwLjAuMDAwMCIslIAiOiJXaW4zMiliSkFOljoiTWFpbCIsIldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=LwN7at0Y8sXkTptOru00bqx6X8vp2%2FPC3bH46RVukvc%3D&reserved=0) (<https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkaitiaki.org.nz%2Farticle%2Fbusiness-lobbyists-code-names-and-treaty-breaches-peoples-voice-damning-on-pay-equity%2F&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7Cdd540900395f47e9afa108dea72967db%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639131993436885842%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiilwLjAuMDAwMCIslIAiOiJXaW4zMiliSkFOljoiTWFpbCIsIldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=LwN7at0Y8sXkTptOru00bqx6X8vp2%2FPC3bH46RVukvc%3D&reserved=0>) were raised by NZNO.



Hutt Hospital diabetes nurses travelled into Wellington central for the May Day rallies.

Speakers across the country, including NZNO chief executive Paul Goulter, were expected to address the Government's attacks on working people's rights.

This ranged from the rollback of pay equity and changes to the Holidays Act; the cost-of-living crisis, restoration of fair pay agreements, properly funded public services, and fair tax.



Members gather in Auckland for May Day events.

### Short-staffing needs a fix

Labour health spokesperson Ayesha Verrall told *Kaitiaki* she was “very concerned” about hospital staffing levels — and this would be tackled by Labour if re-elected.

“I am very concerned with the levels of safe staffing and clearly this is going to have to be something addressed in Government.”



Swamped in purple is Labour health spokesperson Ayesha Verrall outside Wellington's hospital.

Verrall — who attended with Labour leader Chris Hipkins — said she was very aware of how much workers were struggling with living costs. If re-elected, Labour would focus on “initiatives that will improve material conditions of their lives” — jobs, health and houses.

---

---

OPINION

## Nurse grant body NERF pauses grants for administrative changes

By Kerri Nuku and Anne Daniels

May 13, 2026

The Nursing Education and Research Foundation (NERF) has paused grant and scholarship applications until July as it restructures its administration systems.



*Some members of the NERF Board and wider team supporting the transition work, left to right (rear): NZNO president and NERF co-chair Anne Daniels, NZNO researcher Sue Gasquoine, NZNO representatives/NERF trustees Melinda Jordan and Aroha Hudson. Advisor/trustee Marie Burgess is at front. Absent: Kerri Nuku and Juliet Manning.*

Established in 1968 to promote excellence in nursing through scholarships, grants and research funding, NERF has long supported the development of the nursing workforce.

For many years, NERF has operated with administrative and operational support from Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO. Following a decision by the NZNO national executive to conclude the existing agreement, NERF is now transitioning to an independent administrative and operational model.

The transition will allow NERF to better respond to the needs of the nurses, midwives, students and caregivers across Aotearoa.

We plan to improve access to and management of funding, as well as strengthen NERF's visibility and engagement across the nursing and health sector.

There will also be an increased focus on sharing the impact of NERF's funding and strengthening relationships with donors, partners and scholarship recipients.

### **NZNO-NERF relationship 'enduring'**

The relationship between NERF and NZNO is enduring. Both organisations remain connected through their shared commitment to the nursing profession.

And while our operational structure may be changing, NERF's purpose remains the same: Supporting nursing education, research and professional development. We are also deeply committed to ensuring te ao Māori is reflected across our work, so we genuinely serve all communities across Aotearoa.

We will now build on NERF's strong legacy of supporting nurses across Aotearoa, and take it into the future, while honouring our responsibilities under Te Tiriti o Waitangi.

We – NZNO kaiwhakahaere Kerri Nuku and president Anne Daniels – continue to co-chair the NERF board along with NZNO representatives Juliet Manning, Melinda Jordan, Aroha Hudson (business advisor) and long-time nurse educator and advisor, Marie Burgess.

Applications for all grants and scholarships are expected to re-open in July.

NERF will provide updates on future funding opportunities as decisions are confirmed.

---



**Kaitiaki**  
NURSING  
NEW ZEALAND

OPINION

## **Young, white and female: An ideal nurse in the 1980s**

---

By Jacquie Kidd

*May 13, 2026*

In an exclusive extract from her new book, Ngākaurua, Māori health professor Jacquie Kidd describes her rage as she tries again to become a nurse in the 1980s — only to be confronted with an educational system steeped in racial prejudice.



*Jacquie Kidd, on her first try training as a nurse in 1980s Napier.*

The newness and excitement of classes made me feel focused and happy for a while but anger was just below the surface. As I sat through the lectures, I began identifying things that really pissed me off. I felt like my temper was constantly at a simmer.

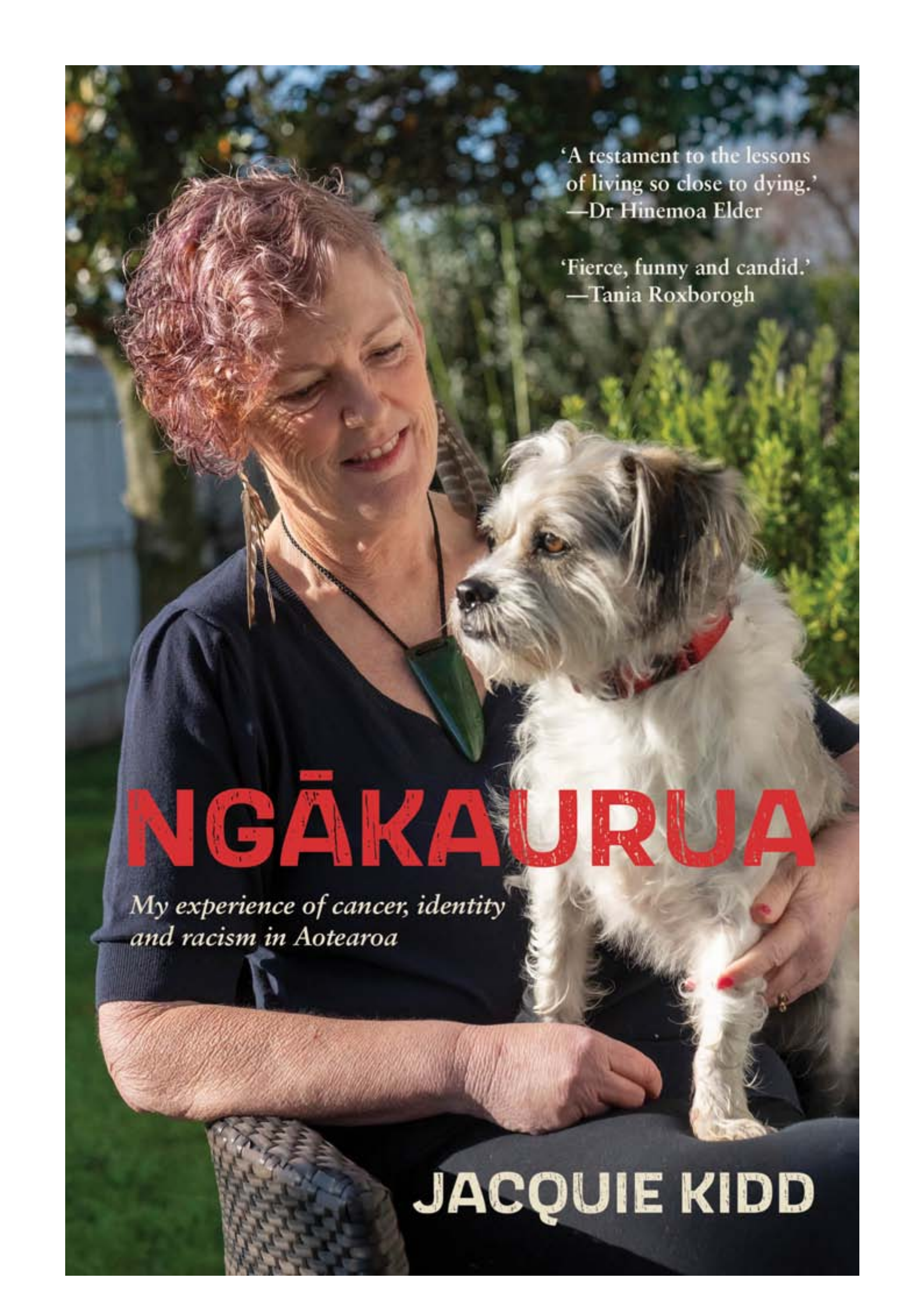
First of all, the nursing curriculum in the 1980s was built around the assumption that the 'ideal nurse' was young, female and white. Apart from the sciences and two stand-out men in the mental health teaching team, all the lecturers were older, female, straight and white. Their worldview was narrow, smug and – in my view – unchallenged. They didn't seem to turn a reflexive eye over their own experiences. Consequently, their lecture content was filled with assumptions that their student

audience was the same and that no alternative perspective existed. I was one of very few mothers in the class, and apart from me there were three wāhine Māori students who were also mothers, and only one man. The bulk of the class were young white women who had just left school.

## **I was stunned, hurt and furious at her ignorance and casual dismissal of my whānau.**

In class, the phrase 'those people' was applied freely to anyone non-white and not straight, and lecturers drew heavily on prejudicial stereotypes that often veered into outright racism and bigotry. The example that has stayed in my mind all these years, and still raises my blood pressure, came in a social science lecture. The topic was something about how people could improve their wellbeing by making healthy lifestyle choices. Examples were things like drug and alcohol use, education, contraception and healthy eating.

Remember – this was in a small rural city, distant from the political centres of the 1980s, and an early year-one class filled with mostly privileged white girls who had little life experience. In a wider context, HIV and AIDS were coming to the attention of the Aotearoa population, but most media attention erroneously framed them as a problem for the marginalised and stigmatised populations of gay men and intravenous drug users. The land march led by Whina Cooper in 1975 and the 1981 Springbok tour protests were mere blips in white memory that had been eclipsed by the interwoven myths of Godzone as a place of heterosexual nuclear family bliss, racial harmony and meritocracy.



'A testament to the lessons  
of living so close to dying.'  
—Dr Hinemoa Elder

'Fierce, funny and candid.'  
—Tania Roxborough

# NGĀKAURUA

*My experience of cancer, identity  
and racism in Aotearoa*

**JACQUIE KIDD**

The class started as expected, with a description of what we now refer to as the 'social determinants of health'. They're logical. The healthiest among us tend to have a warm and dry house; a good education, which leads to a steady source of liveable income; a secure, nutritious food supply; social inclusion; and access to good healthcare within a healthy, non-toxic environment. Like I said, they make sense.

### **In that moment, and for the remainder of my first year, I was raging. I felt overexposed somehow, as though every injustice was a personal cut.**

---

The difficulty with these social determinants of health comes when someone with a narrow life perspective tries to explain why some groups of people don't have what they need to make them healthy.

This lecturer was a small woman, grey haired, white skinned, with a British accent, and many years of nursing experience. Her concern for unhealthy populations related to 'those people' making poor choices. Her lecture started with the problems related to teen motherhood, known then as 'being a solo mum'. I switched off for a moment when she made a statement about the unforgivable ignorance of those people who either get pregnant or allow their child to get pregnant as a teenager.

At that point, my brain thought: 'So she's saying my mother – my mother – was ignorant and made a poor choice when she had me?' When I zoned back in, she was in full flight about Māori (pronounced 'Murries', of course) because they didn't care about being healthy and constantly made bad choices that overburdened poor nurses. I promptly switched off again, and instead started linking her statements together. This woman was running my mother down; now she was doing the same with my adored grandmother, and by extension, she was dismissing, discounting and disrespecting me as well, a 'solo mum' reliant on a benefit to stay in my nursing course. I was stunned, hurt and furious at her ignorance and casual dismissal of my whānau. It was a highly personalised, powerful moment of realisation for me, albeit still uninformed.

### **I was also frustrated at nursing in general: how we functioned, our hierarchy, our narrow minds, our lack of power.**

---

I've recounted my experience of that moment quite a few times over the last three decades. In all her ignorance and smug superiority, that nurse ignited in me a fire that underpinned my need to make a difference, to do everything I could to challenge ignorance – in myself and in other nurses, to furiously resist those neat, devastating stories about what it meant to be Māori. And I knew I needed to start paying attention to my whakapapa, because I could see that her way of thinking was going to damage it irreparably. Until that moment I hadn't considered that Māori were under threat. By extension, my precious daughters were threatened too.

In that moment, and for the remainder of my first year, I was raging. I felt overexposed somehow, as though every injustice was a personal cut. And there were a lot of injustices. I stood for election for the student association and became president. In that role, I attended the polytech's board meetings, where I

personally encountered, for the first time, what seemed to be the absolute power of white businessmen. With my blue-collar, avoidant upbringing, I hadn't really encountered them before. There was one kuia who attended those meetings on behalf of her iwi. I would watch her shakily deliver requests for the development of structures to support Māori students, which were immediately voted against by men with eyerolls and smirks. I always cast the student vote with her, but it was two against everyone else.

I was also frustrated at nursing in general: how we functioned, our hierarchy, our narrow minds, our lack of power. I can't believe I managed to graduate with all those thoughts in my head. Everything felt so unfair. Nobody listened. Nobody was interested in the people who didn't have the power. I focused on injustices and inequalities, which meant I was always looking at deficits. I hadn't reached the point where I could articulate issues of equity and the possibility of multi layered change.

---

*Jacquie Kidd, Ngāpuhi, is professor of Māori health at Auckland University of Technology. She has a clinical background in nursing and almost two decades of expertise in whānau-focused Māori health equity research. In 2022, she was diagnosed with terminal bowel cancer. Her book, Ngākauria, was published in April by The Cuba Press.*

- Disclosure: *Kaitiaki* coeditor Mary Longmore worked with Kidd to edit *Ngākauria*.
-

OPINION

## Pay equity wasn't a nice-to-have – now the UN will have a chance to examine the issue

By Judy McGregor

May 6, 2026

For generations, women's work has been undervalued – not accidentally, but systemically, writes Judy McGregor.



Judy McGregor, right, with some affected workers and equal employment opportunities commissioner Gail Pacheco (second from right) at the UN pay equity complaint launch.

The work that holds communities together – in care, education, and social services — has been consistently paid less than work of comparable value done by men. Pay equity laws exist because of that reality. They are not a bonus. They are a corrective to a long-standing economic imbalance.

One year ago, New Zealand changed those laws.

On this anniversary, that decision has taken on new significance. A complaint has now been lodged with the United Nations, asking whether those changes amount to systemic discrimination against women. That is not a routine step. It reflects the seriousness of what is at stake.

**‘These people are not on the margins of the economy. They are in care and disability support, education, and social services: roles that are essential to how we function as a society.’**

---

Because the question at the heart of the complaint is a difficult one: what happens when the mechanisms designed to address the undervaluation of women’s work are weakened? When the law was changed in May last year, existing pay equity claims were cancelled, and new thresholds introduced. At the time, the changes were presented as technical — a refinement of process.

One year on, the outcome is clear: for women in undervalued sectors, the pathway to fair recognition has stalled.

These people are not on the margins of the economy. They are in care and disability support, education, and social services: roles that are essential to how we function as a society. They are also roles overwhelmingly done by women, and long recognised as underpaid relative to comparable work.



*Judy McGregor at the National Library today.*

Pay equity is not just about fairness in principle. It is about how we value work – and who benefits from that valuation. Many of the affected workers are in sectors that are publicly funded or directly employed by the state. That means the Government was not only setting the rules. It was also the largest employer affected by the claims.

That raises legitimate questions. When the rules change in a way that removes claims involving your own workforce, it is reasonable to ask whether the balance between fiscal considerations and fairness has been appropriately struck. This is where the United Nations comes in.

## **‘Whose work do we value? Whose work do we pay for? And what do we do when fairness carries a real cost?’**

---

The complaint has been filed under a mechanism designed to examine systemic discrimination — not isolated cases, but patterns embedded in law and policy. Historically, it has been used in serious cases involving structural failures to protect women’s rights. Its use here signals something important: economic inequality is not separate from women’s rights. It is central to them.

New Zealand has long seen itself as a leader in gender equality. That reputation is built not just on history, but on ongoing choices. Those choices are often tested when they carry a real cost.

Right now, for tens of thousands of women working in undervalued sectors, the system designed to deliver pay equity is not delivering outcomes.



*Workers and unions representing women-dominated workforces such as caregiving, teaching and early childhood, along with the Human Rights Commission are supporting a complaint to the UN over last year’s mass-cancellation of 33 pay equity claims.*

The UN complaint will not resolve the issue overnight. But it does place the question where it belongs — not as a technical disagreement, but as a matter of rights and accountability. Whose work do we value? Whose work do we pay for? And what do we do when fairness carries a real cost?

These are not new questions. But they are now being asked of New Zealand in a new way.

How we answer them will matter – not just for our international reputation, but for the kind of country we choose to be.

---

— Dame Judy McGregor is a former Equal Employment Opportunities Commissioner and spokesperson for Pay Equity Coalition Aotearoa. This viewpoint was first published in *The Post*.

See also [Complaint lodged with UN over 'sneaky' gutting of pay equity claims](#)

---

OPINION

## An honest kōrero: Four decades later, are we honouring Irihapeti's vision?

---

By Pipi Barton

May 4, 2026

If the goal was transformation, then why do Māori health inequities persist after decades of cultural safety education? Pipi Barton examines the disconnect between nursing education, its practice, and Irihapeti Ramsden's vision.



*The refreshed guidance for kawa whakaruruhau at its launch in February.*

It is quite possible that this view will not be popular with many nurses, both Māori and non-Māori, but I have reached a point where there needs to be a frank and honest conversation.

Friends and colleagues who know me will be aware that I have been consistent in my views on cultural safety.

My position is this: here we are, 40 years on, and very little has changed in Māori health. The evidence remains clear: Māori, and other marginalised groups, continue to experience racism and discrimination when accessing health care.

If cultural safety were truly effective, surely, we would see some meaningful shifts in Māori health outcomes and inequities by now. We have not. In my view, this does not reflect a failure of cultural safety as a framework, but rather, a failure of its implementation, its measurement and the lack of accountability across both health and education systems.



Pipi Barton

Irihapeti Ramsden's vision was never about compliance, nor was it about content. It was about transformative praxis. It called for nurses to understand who they are, to be conscious of their own culture, power, attitudes, and biases, and to recognise how these shape the experiences of those they care for.

If Irihapeti were alive today, I believe she would be disappointed. What she envisioned has made its way into the classroom, but it has not meaningfully transferred into practice.

**Read about the refreshed kawa whakaruruhau guidance [here](#), hear from her daughter [here](#), and find out from the nursing council why the refresh was needed, [here](#).**

Cultural safety is taught, assessed, and discussed, yet at the coal face the same patterns persist as they did in the 1980s. Sadly, very little has changed.

We also need to ask harder questions about the context in which we are now practising. With more than half of the nursing workforce trained overseas, how does this shape understandings of cultural safety? How are we supporting nurses entering Aotearoa to practise in ways that are responsive to Māori? And are we being honest about the challenges this presents?

**'The statistics are damning. As the largest health workforce in the country, nursing is not separate from this issue.'**

---

This is a conversation that many are reluctant to have, for fear of offending Māori or diminishing Irihapeti's legacy. There is also, at times, a level of convenience in maintaining the status quo. Including cultural safety within our education and regulatory standards gives the appearance that something is being addressed, while in practice, very little changes.

I have previously argued that the Nursing Council of New Zealand has at times, been complicit in this lack of progress. To their credit, they are now attempting to do something about it.



*Irihapeti Ramsden.*

The statistics are damning. As the largest health workforce in the country, nursing is not separate from this issue – we are part of it. Our everyday practice contributes to these outcomes, whether intentionally or not. So, the question becomes: how do we turn this around?

Irihapeti did not intend for nursing to still be in this position four decades after the introduction of cultural safety. Her aim was never static knowledge, but transformation. She envisioned a workforce that understood the relationship between power, culture, and care, and acted differently because of it.

That transformation is not consistently evident in practice.

There is a clear disconnect between what student nurses learn in the classroom and how they apply it once they enter the workforce. We need to ask why. What happens in that transition? What are the pressures, expectations, and constraints that shape practice in ways that override what has been taught?

Cultural competence has been an established expectation within the nursing council competencies since their inclusion under the Health Practitioners Competency Assurance Act 2003. Since that time,

nurses have been required to demonstrate competence through audit processes; however, research increasingly calls into question whether these processes meaningfully reflect practice.



*At the launch in Wellington in February of refreshed kawa whakaruruhau guidance are Pirimia Burger, Irihapeti Ramsden's daughter, with cousin Mananui Ramsden and Arawhetu Gray.*

The nursing council's current revisions of the code of conduct signals an important shift in its acknowledgement of racism, inequity and the limitations of existing regulatory approaches.

However, addressing these issues through the code itself raises further concerns. While individual nurses are expected to provide culturally safe care, it is necessary to understand the broader structural and systemic conditions that shape nursing practice.

The persistence of inequities, despite the inclusion of cultural safety within competencies and the code, suggests the issue does not lie in the absence of standards but in their implementation, assessment and system-level accountability.

This raises critical questions: How do we ensure that nurses are critically conscious of racism, discrimination, bias, and inequity in their everyday practice? More importantly, how do we measure this, and how do we regulate it in ways that is both meaningful and workable?

I do not claim to have all the answers. I have some ideas, but before we move to solutions, there is a more important first step.

**'The persistence of inequities, despite the inclusion of cultural safety within competencies and the code, suggests the issue does not lie in the absence of**

## standards!

---

Nursing—including our leaders, educators, professional bodies, and regulators – must be willing to accept that cultural safety, as it currently stands, is not achieving its intended aim.

If we are unwilling to ask whether it is working, then we must ask ourselves what it is we are protecting.

Acknowledging this, is not an attack on Irihapeti's legacy. It is, in fact, the opposite. It is an act of upholding the mana of her vision. Because her vision was never about maintaining the status quo, it was about transforming it.

---

**Pipi Barton, RN, PhD** (Ngāti Hikairo ki Kāwhia) is programme co-ordinator/kaiako at Northtec's Te Puawānanga Tapuhi Māori o Te Kotiu (bachelor of nursing Māori), Te Tai Tokerau.

---

PROFESSIONAL

## 'Siri, should I take this pill?' – assessing which AI-driven assistant is best

---

By Charon Lessing, Marie McKay, Shannon Foster and Deon Johnston

May 19, 2026

Can you take garlic with your lisinopril? As artificial intelligence makes inroads with virtual assistants, researchers examine its efficacy at helping older adults with medicinal questions.



*Which AI-assisted virtual assistant offered the best advice when it came to medicines and natural supplements? Photo: AdobeStock*

As clinicians and members of the public gain increasing access to artificial intelligence (AI)-enabled tools such as the notetaking applications recently approved by Te Whatu Ora-Health NZ [1](#) (HNZ) and systems capable of rapidly synthesising emerging evidence, older adults are frequently unable to benefit from these innovations.

Barriers including complex password requirements, visual limitations such as small font sizes, concerns about damaging the device, and exposure to overwhelming volumes of unsolicited content can restrict older adults' ability to use digital technologies to find reliable health information.[2](#)

Voice assistants (VAs) have been available in Aotearoa since 2011, beginning with the release of Siri on the iPhone 4, followed by the wider availability of Amazon's Alexa as a standalone Echo smart speaker from 2017.[3](#)

These technologies gained particular uptake among older adults due to their simplicity, hands-free operation and capacity to support everyday tasks such as setting reminders, accessing weather updates, listening to radio content and answering general knowledge queries.



*How do natural supplements interact with the likes of blood thinner warfarin? We asked the likes of Siri and Alexa. Photo: AdobeStock.*

Although recent technological development has been dominated by advances in chatbots and generative AI (which generates/creates content), resulting in a relative decline in investment in voice assistant platforms, this trend appears to be shifting.

New iterations of VA technologies are currently under development, with several releases scheduled for this year, signaling renewed emphasis within the sector.[4](#)

Despite their growing presence in domestic settings, relatively little research has examined the safety and accuracy of voice assistants when providing health-related information.

In 2022, the quality of responses generated by Alexa, Siri, and Google Assistant for queries concerning medicines and natural health products in New Zealand was assessed using a scoring algorithm validated in previous studies.[5](#) [6](#)

## 'The findings suggest that voice assistants may offer older adults a convenient, accessible means of obtaining information about health conditions and natural remedies.'

---

Across devices, performance was generally favourable although notable limitations were observed.

The Auckland University of Technology research group evaluated each VA using a set of questions related to commonly-used natural health products, with particular attention to potential medicine/supplement interactions and relevant cautions.

Table 1: Matrix of natural remedy questions asked of the virtual assistants

<b>A. In health, what is this substance used for?</b>	<b>B. Can I take this substance with warfarin? <sup>a</sup></b>	<b>C. Can I take this medicine with the substance in A?</b>	<b>D. Can I treat this condition with the substance in A?</b>	<b>E. If I am/have this condition, can I take the substance in A?</b>
1. garlic	garlic	lisinopril	high blood pressure	pregnant
2. fish oil	fish oil	dalteparin	dyslexia	stroke
3. St John's wort	St John's wort	sumatriptan	depression	HIV infection
4. turmeric	turmeric	famotidine	arthritis	gastric ulcer
5. melatonin	melatonin	buspirone	insomnia	pregnant
6. glucosamine	glucosamine	simvastatin	arthritis	diabetic
7. cranberry	cranberry	trimethoprim	urinary tract infection	kidney stones
8. zinc	zinc	alendronate	prevent a cold	diabetes
9. echinacea	echinacea	digoxin	prevent a cold	asthma
10. probiotic	probiotic	ciclosporin	colic in my baby	immune compromised

<sup>a</sup> modified to 'blood thinners' as none of the VA could recognise 'warfarin'

Two clinicians—a registered nurse and a pharmacist—independently assessed each response using the New Zealand Formulary (NZF) as the principal reference standard, resolving discrepancies through consensus.

Siri and Google Assistant demonstrated the highest levels of verbal comprehension and clarity. Siri successfully interpreted 96 per cent of spoken queries, with Google Assistant achieving 86 per cent. Alexa, by contrast, recognised only 42 per cent of the questions, often failing to interpret medicine names or medical terminology.

When responses were generated, general information about natural health products was typically accurate and supported by credible, non-commercial sources.



*Hey Siri, should I try this pill? Photo: AdobeStock*

More than half of the 65 sources cited across all devices were classified as either 'expert with low risk of bias' or 'evidence based', with relatively few references originating from high bias sources such as promotional websites.

Performance was more variable for questions involving medicine interactions. None of the devices recognised the term warfarin, necessitating modification of the query to blood thinners.

With this adjustment, Siri achieved complete comprehension (100 per cent), followed by Google Assistant (90 per cent), whereas Alexa provided a response in only 40 per cent of cases.

When the question was understood, accuracy scores ranged from 4.0 (Alexa, mean 4.5) to 6.0 (Siri, mean 5.7) out of a maximum score of 6.

#### **Scoring accuracy**

A maximum of 6 possible points were awarded for understanding the question and providing a response (0 or 1), the source of the answer (0 or 1 depending on likely potential for commercial bias), the underlying resource used to provide an answer (0, 1 or 2 points depending on the evidence base) and finally the accuracy versus NZ Formulary (0, 1 or 2 points).

---

Comparable results were observed for the remaining supplement/medicine interaction questions. Siri provided responses for eight of 10 questions, Google Assistant for half, and Alexa for none.



Voice assistants shouldn't just be for the young when it comes to seeking health advice. Photo: AdobeStock

When answers were provided, both Siri and Google Assistant achieved near maximum accuracy (scores of 6). Similar patterns were observed for caution related queries.

Table 2: Summary of findings

Voice Assistant (VA)	Alexa	Google Assistant	Siri
VA understood question and provided answer – overall	21/50 (42%)	43/50 (86%)	48/50 (96%)
Mean score – overall	2.1 (4.9) *	4.8	5.3
VA understood question and provided answer –warfarin	4/10	9/10	10/10
Mean score – warfarin interaction	4.5*	5.6	5.7
VA understood question and provided answer – interaction	0/10	5/10	8/10
Mean score – interaction	–	5.8*	5.8*
VA understood potential caution	2/10	9/10	10/10
Mean score potential caution	5.5*	5.3*	5.5

VA understood question on use/place in therapy	5/10	10/10	10/10
Mean score use/place in therapy	5.0*	5.6	5.4

\* Mean score for answers where the question was understood; out of maximum possible 6

### Implications and future directions

The findings suggest that voice assistants may offer older adults a convenient, accessible means of obtaining information about health conditions and natural remedies.

When the VA successfully interpreted the spoken query, the resulting information was generally accurate and derived from reputable sources.

However, the study also identified key areas requiring improvement, particularly in relation to speech recognition and comprehension.

For older adults who rely on voice activated technology due to visual or functional limitations, repeated misinterpretation may pose a substantial barrier to effective use. Moreover, given the high prevalence of polypharmacy in this population, failures in comprehension of medicine-related questions could have safety implications.

As AI-driven technologies continue to evolve, next generation voice assistants have the potential to function as trusted tools for supporting health information seeking among older adults.

Ensuring accuracy, safety, and user-centered design will be essential as reliance on these systems increases.

Ongoing evaluation of both the functionality and the clinical accuracy of emerging VA models will be crucial as new versions become available.

---

**Charon Lessing PhD, Marie McKay DipN, MEd, Shannon Foster MEd and Deon Johnston DipIS** are from the faculty of health and environmental sciences at Auckland University of Technology's school of community and public health.

### References

1. Health New Zealand | Te Whatu Ora. (2025). [Generative AI and Large Language Models](https://www.healthnz.govt.nz/health-professionals/guidance-standards/topic/digital-technologies/using-generative-ai-and-large-language-models) (<https://www.healthnz.govt.nz/health-professionals/guidance-standards/topic/digital-technologies/using-generative-ai-and-large-language-models>).
2. Khan S, Webster S, Puxty J, Robertson M. (2026). [Key Challenges and Barriers to Digital Literacy for Older Adults: Scoping Review](https://pubmed.ncbi.nlm.nih.gov/41838931/) (<https://pubmed.ncbi.nlm.nih.gov/41838931/>). *JMIR publications*.
3. Slabbert B. (2018). [Amazon reveals Echo NZ prices and Alexa's Kiwi jokes](https://www.stuff.co.nz/technology/gadgets/100667451/amazon-reveals-echo-nz-prices-and-alexa-s-kiwi-jokes) (<https://www.stuff.co.nz/technology/gadgets/100667451/amazon-reveals-echo-nz-prices-and-alexa-s-kiwi-jokes>). *Stuff*.
4. Nellis S. (2025). [Apple says some AI improvements to Siri delayed to 2026](https://www.reuters.com/technology/apple-says-some-ai-improvements-siri-delayed-2026-2025-03-07/) (<https://www.reuters.com/technology/apple-says-some-ai-improvements-siri-delayed-2026-2025-03-07/>). *Reuters*.

5. Alagha EC, Helbing RR. (2019). [Evaluating the quality of voice assistants' responses to consumer health questions about vaccines: an exploratory comparison of Alexa, Google Assistant and Siri](https://pubmed.ncbi.nlm.nih.gov/31767629/) (<https://pubmed.ncbi.nlm.nih.gov/31767629/>). *BMJ Health Care Inform* 26(1).
  6. Boyd M, Wilson N. (2018) [Just ask Siri? A pilot study comparing smartphone digital assistants and laptop Google searches for smoking cessation advice](https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0194811) (<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0194811>). *PLOS One* 13(3).
-



**Kaitiaki**  
NURSING  
NEW ZEALAND

FEATURES

## **A journey shaped by determination, sacrifice, and purpose – Mele Penu’s path to EN**

---

By Ceasar Jr. Beltran

*May 20, 2026*

What does it take to be a role model for your daughter and grow your nursing career? Enrolled nurse Mele Penu shares her story of resilience, perseverance, and sacrifice.



*Mele Penu, centre, with classmates.*

At Middlemore Hospital, where the pace is fast and the work is deeply human, Mele Penu walks into the stroke rehabilitation ward as an enrolled nurse (EN) who understands caregiving in more ways than one.

Her nursing journey was not straightforward. For more than a decade, Mele worked as a health-care assistant (HCA), dedicating herself to caring for others. Before that, she had started a nursing pathway but chose not to continue at the time.

"I heard about the HCA course and thought that was close enough," she recalls.

Years passed, and like many HCAs, she built experience, skill, and resilience. Encouraged by family and friends to take the next step, the idea of becoming a nurse stayed with her. It was not until the birth of her daughter that everything changed.



*Mele Penu and daughter Skyla.*

"When my daughter turned two, I decided to study to become an enrolled nurse. I wanted to step up and be a role model for her!"

What followed was a journey shaped by determination, sacrifice, and purpose.

Training to become an EN while working and raising a child was one of the most challenging periods of Mele's life.

"Being physically and mentally drained, working as a single mum and having to sacrifice time away from my daughter was the hardest time of my training."

Her days were full on, and her responsibilities were constant. Like many in the nursing workforce, she had to manage financial pressure, study demands, and the emotional load of motherhood.

"I thank God for blessing me with a supportive family. My mum and my daughter's father supported me during my studies."

She reduced her working hours so she could spend time with her daughter and keep up with her studies.

"There have been ups and downs, but the ups will always overcome the lows."

During her training, Mele also experienced a separation from her husband. This added another layer of emotional strain during an already demanding time.

"My faith in God kept me going. I had to put aside my feelings and keep going."

She stayed focused on her purpose.

"I had to remind myself why I was doing what I was doing and whom I was doing it for. My purpose and drive were my daughter!"

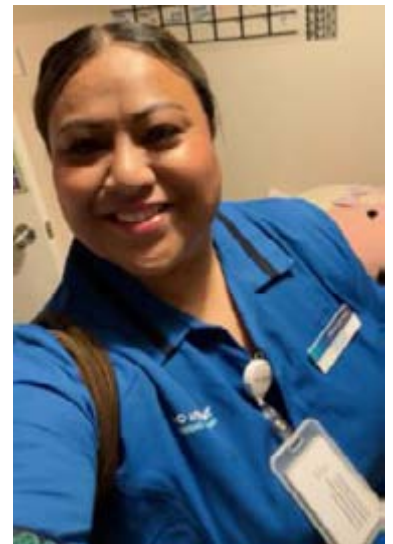
Her story reflects a reality many nurses face. Resilience is often built through continuing, even when life is difficult.

Her identity as a Samoan woman deeply influences her nursing practice — fostering cultural safety and trust.

"My Samoan heritage has profoundly impacted my nursing path by forming my values, outlook on care, and bond with patients."

Raised with values like fa'aaloalo (respect) and tautua (service), she sees nursing as an extension of her cultural identity, inspiring pride in her cultural roots.

"In my culture, looking after others, particularly the elderly and the ill, is a collective duty!"



*Mele Penu in her enrolled nurse uniform.*



Article author, Caesar Jr. Beltran.

These values guide how she cares for patients.

"I make sure patients feel recognised, appreciated, and supported not only physically but also emotionally and spiritually."

Her experience also strengthens her ability to provide culturally safe care, especially for Pacific communities.

"I understand how cultural values, language, and family participation influence a patient's health journey."

Now working as an EN in stroke rehabilitation, Mele brings empathy, insight, and lived experience into her role.

"Being an EN means being a steady, caring presence for others, even on days when you're still trying to steady yourself."

It reflects what nursing often requires—showing up for others while managing your own challenges.

### **A message to others**

Mele's journey will resonate with many HCAs who are considering further study but feel held back.

Her message encourages others to pursue their passion with confidence, fostering a sense of empowerment and belief in their potential.



Middlemore Hospital, where Mele Penu now works as an enrolled nurse.

Mele's journey reflects the experiences of many in the health-care workforce, especially Pacific women balancing caregiving roles, cultural expectations, and personal challenges while pursuing professional growth.

Her pathway from HCA to being a nurse highlights both the potential within the workforce and the importance of support systems that help make that progression possible.

Today, as she cares for patients in stroke rehabilitation, Mele carries not only clinical skills but also a story of perseverance, faith, and purpose. It is a story that will continue to inspire others.

## **'I had to remind myself why I was doing what I was doing and whom I was doing it for. My purpose and drive were my daughter.'**

---

### **Author reflection**

As a clinical coach working in adult rehabilitation, I have the privilege of supporting nurses at different stages of their journey. Stories like Mele's are a reminder that behind every qualification is a deeper story of sacrifice, identity, and purpose.

Mele's journey reflects the strength within our HCAs, many of whom already demonstrate the values and capabilities needed in nursing. What they often need is the right opportunity, support, and belief in their potential.

Her story also highlights the importance of culturally-grounded care in Aotearoa. As our workforce continues to grow and diversify, it is nurses like Mele who help bridge the gap between clinical care and cultural understanding.

For me, this is why we invest in growing our own workforce. Because when we support people like Mele, we are not only developing nurses. We are strengthening the care we provide to our communities.

---

---

**Cesar Jr. Beltran, RN, MN**, is a nursing clinical coach — adult rehabilitation and health of older people, at Middlemore Hospital.

---



**Kaitiaki**  
NURSING  
NEW ZEALAND

COLLEGES & SECTIONS

## Primary health nurses' college a rock of stability in an 'atomised' sector

By Michael Brenndorfer

May 27, 2026

Primary health nurses are bouncing around an 'atomised' and profit-making sector — yet could play a crucial role in transforming communities' health given the chance, says nurse practitioner Michael Brenndorfer.



Some of NZNO's college of primary health care nurses, left to right: Jeanette Banks, Marianne Grant, Cathy Leigh (professional nursing advisor), Michael Brenndorfer, Erica Donovan, Rosie Katene, Tracey Morgan (chair), Cat Mear, Sarah Wright, Bridget Wild, Kathryn Chapman (rear), Melanie Terry and Jess Beauchamp.



Some people might not be aware that primary care and primary health-care (PHC) are actually two very different things.

Primary care is just about identifying the level of medical care — primary (first point of call in the community), secondary (hospitals) or tertiary (specialist).

But PHC is more of a philosophical approach, springing from the barefoot doctors of China in the 1960s who focused on preventative care in rural communities. Done well, PHC empowers communities, is often led by communities — and is all about improving access to health care for everyone. It's a values system.

But sadly that's not what we're working with here in Aotearoa.

Our primary care system tends to be doctor-led, medicalised (as opposed to whole-person) — and increasingly privatised.

More practices than ever are being run by large corporates like Green Cross, which owns The Doctors, Unichem and Life pharmacies — and is up for sale to [private equity firms](https://www.rnz.co.nz/news/business/592358/green-cross-health-confirms-talks-over-medical-division-sale) (<https://www.rnz.co.nz/news/business/592358/green-cross-health-confirms-talks-over-medical-division-sale>).

### **'We see our role as expanding holistic practice rather than as business-owners'**

---

This growing trend to treat community health as a business, which prioritises profit over need, is something we in the college are really concerned by.

It is in this environment that we strive to give the holistic care we are obliged and want to give — whether as health-care assistants, enrolled nurses, registered nurses, nurse prescribers or nurse practitioners.

But many of us want something different. We see our role as expanding holistic practice rather than as business-owners: of providing the full package of care for people — diagnoses and treatment; psychosocial and medical.

#### **Dwindling support**

Into this profit-driven environment, come the new graduates.

#### **Nurses missing from Labour's free GP visit policy?**

Another missing piece of the puzzle is Labour's three free GP visits policy. Where are the nurses?

Labour hasn't been in touch with the PHC college about this — so far we've been left out of the conversation.



*Labour's health spokesperson Ayesha Verrall at May Day protests on May 1.*

Current PHC funding is based on patient enrolments. But we need a PHC system that's actually structured to embrace the full scope of registered nurses and support their potential to expand into nurse prescribing and/or becoming NPs.

Labour's health spokesperson Ayesha Verrall told *Kaitiaki* a

When I started in 2013, there was a well-structured nurse-entry-to-practice (NETP) programme for new graduates employed on a minimum of 0.8 full-time equivalent (FTE). We had clinical coaches supporting us through the first year and funding for 96 study hours to attend courses in vaccinations, smear-taking and the like. We also had funding for post-graduate study, to prepare our level two portfolio and for experiential days where we would visit other services.

“wide range of professionals working in primary care” were consulted in the development of the policy.

---

But that has now gone.

The new ‘supported first year of practice’ (SFYP) scheme which has replaced NETP allows graduates to be employed part-time on 0.6 FTE hours, a drop in study hours to 80 and mentoring/coaching hours slashed from 240 to 80-100. Funding goes to the practice/primary health organisation directly, with less oversight from HNZ of the professional support provided.



*Primary health NP Michael Brenndorfer on the job.*

At the other end, the NP training programme has been replaced with the ‘NP training supporting scheme’ with a 70-hour drop in clinical supervision over the year.

All of these add up to a lot less support and valuing of PHC nurses.

**‘We’re atomised so much in primary care, because we don’t have a mega structure ... it can be isolated.’**

---

In Māori/iwi providers, it's even tougher — they are deeply underfunded. I work at both an iwi provider and a medical centre and get paid substantially more at the former.

Many of us doing it for passion but that might not always be sustainable.

### **College 'stable' island in rocky seas**

We're atomised so much in primary care, because we don't have a mega structure like HNZ. It can be isolated — I don't even know the nurses two doors down at my practice. But our college is a stable rock and provides a sense of solidarity — you don't feel so alone. If you work in primary care, please come and [join us](#)

([https://www.nzno.org.nz/groups/colleges\\_sections/colleges/college\\_of\\_primary\\_health\\_care\\_nurses/join\\_us](https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_primary_health_care_nurses/join_us))!

We have weathered the recent political environment while maintaining good membership of about 1300 and a stable committee — all while planning our symposium [Protecting our future — stronger together](#) (<https://web.cvent.com/event/a95cd88f-3a54-4097-b565-656a96ceddcb/summary>) in Christchurch on October 9-10.

We get out there quite a bit — we are represented on the GP forum and a range of primary health advisory groups. We're also publishing our [Logic journal](#) ([https://www.nzno.org.nz/groups/colleges\\_sections/colleges/college\\_of\\_primary\\_health\\_care\\_nurses/logic\\_journal](https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_primary_health_care_nurses/logic_journal)) every quarter — we're proud of this!

And with our 2026/27 collective bargaining is set to begin next month, we'll be fighting hard for pay parity with HNZ and for NPs to be included in the MECA.

- *Michael Brenndorfer is a PHC nurse practitioner based in Auckland and on the publishing committee of the primary health nurses' college Logic journal. This article was written from a kōrero and edited by Kaitiaki coeditor Mary Longmore.*

\* *This article was corrected on May 28 to reflect that the number of clinical supervision hours in the NP training support scheme has been reduced by 70, not 150.*

---



**Kaitiaki**  
NURSING  
NEW ZEALAND

LETTERS

## **NERF 2026 grants and scholarships applications open after administrative pause**

---

By Anne Daniels and Kerri Nuku

*May 25, 2026*

Applications open tomorrow, Tuesday May 26, for 2026 Nursing Education and Research Foundation (NERF) grants and scholarships.

NERF is opening a new round of scholarships and grants as it transitions to an operationally independent organisational model.

Previously, NERF operated with administrative and operational support from Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO.

However, NERF is now moving to an independent administrative and operational model, after a decision by the NZNO national executive to [conclude the existing agreement](#).



*Some members of the NERF Board and wider team supporting the transition work, left to right (rear): NZNO president and NERF co-chair Anne Daniels, NZNO researcher Sue Gasquoine, NZNO representatives/NERF trustees Melinda Jordan and Aroha Hudson. Advisor/trustee Marie Burgess is at front. Absent: Kerri Nuku and Juliet Manning.*

While the organisational structure is evolving, NERF's mission remains unchanged — supporting nurses, midwives, caregivers and students across Aotearoa through scholarships, grants and research funding.

After a pause, applications for the latest funding round are open from Tuesday 26 May to Friday 10 July at 5pm.

Funding opportunities available in this round are:

- Undergraduate Study Scholarship
- Postgraduate Study Scholarship
- Dr Jane Nugent Scholarship

Further information on how to apply will be available on the [NERF scholarships and grants webpage](#)

([https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nzno.org.nz%2Fsupport%2Fscholarships\\_and\\_grants&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7C36927d58d03b4b7c3c2008deb6b5cb8c%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639149089091054376%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMmIsIkFOljoiTWFpbGlldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=gUnAg%2BRf93KA%2FABq2V7jhwja%2Fyfi25LMCyX0fCso5j8%3D&reserved=0](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nzno.org.nz%2Fsupport%2Fscholarships_and_grants&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7C36927d58d03b4b7c3c2008deb6b5cb8c%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639149089091054376%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMmIsIkFOljoiTWFpbGlldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=gUnAg%2BRf93KA%2FABq2V7jhwja%2Fyfi25LMCyX0fCso5j8%3D&reserved=0))

[https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nzno.org.nz%2Fsupport%2Fscholarships\\_and\\_grants&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7C36927d58d03b4b7c3c2008deb6b5cb8c%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639149089091054376%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMmIsIkFOljoiTWFpbGlldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=gUnAg%2BRf93KA%2FABq2V7jhwja%2Fyfi25LMCyX0fCso5j8%3D&reserved=0](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nzno.org.nz%2Fsupport%2Fscholarships_and_grants&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7C36927d58d03b4b7c3c2008deb6b5cb8c%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639149089091054376%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMmIsIkFOljoiTWFpbGlldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=gUnAg%2BRf93KA%2FABq2V7jhwja%2Fyfi25LMCyX0fCso5j8%3D&reserved=0)) from Tuesday.

NERF co-chair and NZNO president Anne Daniels  
NERF co-chair and NZNO kaiwhakahaere Kerri Nuku

---



# Kaitiaki

NURSING  
NEW ZEALAND

LETTERS

## Southern Cross Health Trust boosts investment in nursing students to \$1million

---

By Jacinda Page, Monica Goldwater and Chris White

May 20, 2026

Nursing scholarships applications are still open at Auckland University of Technology till May 30– and will open in July at Christchurch's ARA institute of nursing.

The Southern Cross Health Trust still has seven of its 56 nursing scholarships available for 2026, after awarding 49 as part of a \$1 million commitment to support nursing students through their study and clinical placements.

Almost half recipients are Māori, contributing to a more diverse workforce.

The nursing scholarship programme was established with Auckland University of Technology (AUT), awarding 17 scholarships in 2025. Now in its second year, the programme has expanded more than threefold, offering 56 scholarships across six tertiary nursing providers in 2026. The remaining scholarships will be awarded in June.

Alongside AUT, scholarships are available through University of Waikato, Western Institute of Technology, Whitireia – WelTec, Ara – Institute of Canterbury and Southland Institute of Technology.

The cost of study and clinical placements can be a major barrier for prospective nurses. By providing practical financial and clinical support, we can help support more student nurses through to graduation.

Recipients receive a \$500 weekly stipend while on clinical placement, a \$5000 annual contribution towards course fees and \$500 per year for general health and wellbeing. They also receive mentorship opportunities from Southern Cross Healthcare and the cost of the Nursing Council of New Zealand state exam, taken to become registered nurses, is covered in their final year.

In addition, a \$300 nursing uniform and footwear voucher for clinical placement is provided to all first-year nursing students (approximately 1500) at the six nursing schools – a contribution valued at \$450,000.

One recipient, AUT second-year student Monique Overend, said it helped her, as a single parent, to focus on her studies by taking off some of the financial pressure.

By increasing the number of scholarships and partnering across regions where we have a hospital presence, we are supporting New Zealand's future nursing workforce and the health of our communities.

Further details about the 2026 nursing scholarship programme, including upcoming application dates, are available at [www.southerncrosshealthcare.co.nz](http://www.southerncrosshealthcare.co.nz) (<http://www.southerncrosshealthcare.co.nz>).

Southern Cross Health Trust general manager

Jacinda Page

Southern Cross Healthcare chief nursing & quality  
officer Monica Goldwater

Southern Cross Health Trust and Southern Cross  
Healthcare chief executive Chris White



*Monique Overend*

---

LETTERS

## Hutt Hospital class of '66 reunion

---

By Allison Jamieson

May 14, 2026

Recently 17 retired nurses gathered in Wairakei, Taupō to celebrate 60 years since they began their nursing training.



*Allison Jamieson's Hutt Hospital nursing cohort in 1966. Jamieson is second from right, sitting.*

On April 4, 1966, 26 young women started the three-year training program at Lower Hutt Hospital, with 19 graduating in August 1969.

Some who did not graduate attended while, sadly, three have passed away, so we have nineteen current members.

The friendships begun in the nurses' home have strengthened and lasted through all that life has thrown at us!

We have had regular reunions around New Zealand and even one in Brisbane!



*Allison Jamieson (front row, third from right) was one of the Hutt Hospital-trained nurses who trained in the 1960s still keep in regular touch. This year they gathered in Taupō in March to mark 60 years since they started training together.*

This year, 17 of us descended on Wairakei Resort in Taupō at the end of March for a weekend filled with chat, laughter, fun activities, food and, of course, shopping.

Our prelim class enjoyed a wonderful celebration meal at a Taupō restaurant.

— Allison Jamieson  
Plimmerton

---