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

NEWS

Wheelie bad: Hutt's leaky hospital with water-catching bins, sizzling sockets

By Joel Maxwell and Mary Longmore

June 29, 2026

Nurses have raised the alarm as staff and patients at Hutt Hospital face fire-risk "fizzing" walls, and water-catching wheelie bins in a case of leaky-health syndrome.

Visitors to Hutt Hospital faced strategically arranged wheelie bins to catch leaks in May and early June.

Concerned nurses who contacted *Kaitiaki* said visitors entering in May and June were greeted with strategically-positioned wheelie bins catching leaks from the ceiling in the main foyer.

A water-logged wall socket in the hospital was cordoned off as it emitted an ominous buzzing noise (**play video below to hear**). Other walls were "fizzing", nurses say.

Water has soaked through walls, around windows and through ceiling panels around the hospital — leaks spotted everywhere from the intensive care unit to the operating theatre entrance, to public corridors.

People heading to the fractures clinic faced leaks in the corridor.

Water-logged electrics at Hutt Hospital

Kaitiaki Nursing New Zealand

In late June a burst water pipe disrupted entry to the emergency department with contractors called in to excavate and fix the problem, according to nurses working at the hospital.

Public corridors and patient areas were affected — parts of the hospital strewn with towels, cones, warning signs and missing ceiling panels.

Some in the hospital had been left staring into the void — literally — with a water-stained hole in a ceiling panel in one area.

A view of the water-damaged ceiling at Hutt Hospital.

A nurse and NZNO delegate working at the hospital, who *Kaitiaki* agreed not to name, said she'd noticed the wheelie bins at the entrance in May and early June.

"But that severe weather that we had on Friday just exposed all the other leaks throughout the hospital," she said. "We've got cracked walls, cracked ceilings — it's everywhere. I would say there's a leak or some sort of damage in every area."

Bathroom lights and wall sockets had been replaced after "fizzing" noises from water in the circuitry, which electricians warned were a fire risk.

A patient bed next to a leak in the floor and lower wall at Hutt Hospital.

"One nurse alerted duty managers to a wall socket that had a leak that was buzzing as well – but the duty nurses got electricians in who said if it wasn't reported when it was it might have triggered a fire."

Over the weekend, patients saw building services put buckets in the roof with hoses running outside to drain the water.

Got leaky problems at your hospital? Email *Kaitiaki* at coeditors@nzno.org.nz

"That was the temporary fix, over the weekend – buckets in the ceiling."

Already-busy staff were having to use wash bowls as buckets, mop floors, constantly replace towels and put up signs and cones to warn people. "It's a health and safety hazard, a slip hazard, especially for people who are already a falls risk."

Many staff thought the building should be "condemned" due to the extent of the problems – or at least closed down for repairs.

So far, there had been no word from management, she said. "We're just kind of managing it, as we are, on our own."

In May, *Kaitiaki* reported on "squalid, unsafe" conditions at Christchurch's mental health unit Hillmorton Hospital, which had

Intensive care was needed getting to the ICU.

doors that did not lock and rotting rat carcasses in the ceiling.

The main infrastructure announcements in Budget 2026 centered around spending for Whangārei Hospital ward tower; and preparatory and design work on Hawke's Bay, Palmerston North and Tauranga hospital redevelopments.

Te Whatu Ora-Health NZ regional director infrastructure Steve Crombie said the leaks were "localised problems, not site-wide" and HNZ was prioritising fixing the riskiest ones.

He told *Kaitiaki* ". . . each one is assessed and managed as soon as it it identified, with priority given to anything that could pose a safety or clinical risk".

Qualified maintenance and infrastructure staff were inspecting, isolating and monitoring the water leaks, while staff put up barriers and signs, cleaned up water and isolated affected electrical fittings.

Crombie said he wanted to reassure the community that Hutt Hospital remained safe for patients, whānau and staff.

Where is the water?

Staff have reported leaks in or near the following areas of Hutt Hospital to *Kaitiaki*.

Gynaecology, general surgery, the plastic and burns unit, outpatients areas, the fracture clinic corridor, the operating theatre entry, the intensive care unit, older persons and rehabilitation services, the corridor between the fracture clinic and medical assessment and planning unit (MAPU) along with several inpatient wards.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

Kaitiaki
NURSING NEW ZEALAND

NEWS

She knows where her son's body lays – now she wants safety for workers like nurses

By Joel Maxwell and Mary Longmore

June 24, 2026

A multi-union event including NZNO on the steps of Parliament has ramped up pressure on NZ First leader Winston Peters to back up his pro-worker words with action.

Health-care assistant Anna Christensen, left, with NZNO organiser Laura Thomas and president Anne Daniels.

It came as the controversial Health and Safety at Work Amendment Bill awaits its second reading in Parliament.

Peters says he'll definitely stop it — but we'll just have to wait till after the election.

The bill, introduced by Workplace Relations and Safety Minister Brooke van Velden has been slammed by unions, politicians and workers for weakening regulations brought in after the Pike River mining explosion that killed 29 workers.

It was criticised for turning the clock back on health and safety — rushing through ideological changes, lowering protections for workers in small businesses, and creating confusion.

Wellington health-care assistant Anne Christensen said she turned out to protect health workers' safety. In health and nursing, the biggest safety issue was understaffing, she told *Kaitiaki.*

New Zealand First leader Winston Peters accepted the 15,000-strong petition 'Not One More' against the proposed health and safety changes from Pike River campaigners Sonya Rockhouse and Anna Osborne.

"It's just the constant issues with safe staffing," said Christensen, who is also health and safety representative at her work. "I'm very concerned to any changes that we have for safer staffing and really we all need to support each other to ensure that things don't get worse, rather than better."

She warned that a less safe workplace led to burnout and loss of health and nursing staff. "You can't retain them if people are worried about going to work and keeping safe – so it's at least important that we retain the current standards and not start chipping away at them."

Pike River campaigners Anna Osborne and Sonya Rockhouse spoke at the event — dismayed by the Government's attempts to unravel health and safety changes they have championed.

Left to right, Labour's Jan Tinetti, NZNO president Anne Daniels and Pike River campaigners Anna Osborne and Sonya Rockhouse.

Rockhouse said she knew the exact location where her son Ben's body lay deep in the mine where he was killed 16 years ago. "I'm here today to speak for him, because sadly he can't speak for himself."

She said it was criminal that she had to remind people of the dangers of stripping health and safety lessons.

"For example the New Zealand minister for Worksafe [van Velden's responsibility] admitted she hasn't read the Royal Commission report on Pike River yet. Yet she feels equipped to suggest these unsafe and absurd amendments to health and safety laws."

The bill would ultimately create more risk for workers. "Our government wants to weaken the very laws designed to ensure better safety in the workplace."

Wellington nurses turned out in support of keeping strong health and safety laws.

Workplace safety records in New Zealand were still amongst the worst in developed nations, Rockhouse said, with death and injury rates twice that of Australia.

“My son was killed almost 16 years ago, I nearly lost a second son in the explosion. Daniel was one of two men who escaped the mine after being knocked unconscious for 50 minutes.”

Everyone deserved to go to work and return safely to their families, unharmed, she said.

Meanwhile Peters had previously told media he couldn’t stop the bill because of the coalition agreement.

However speaking to a crowd that shouted for him to “kill the bill”, he said he couldn’t stop it now because of “logistical reasons”. Peters promised that if New Zealand First returned after the election he would make getting rid of the law a priority.

Workers unions were united at Parliament today against proposed amendment to health and safety laws.

Labour spokesperson for workplace relations and safety Jan Tinetti pointed out the coalition agreement that Peters mentioned was between ACT and National.

"Winston Peters has the opportunity to vote this down. I challenge him to vote this down and put workers' right first, now. The longer we wait, the more workers will be seriously injured and die."

Meanwhile Greens workplace relations and safety spokesperson Teanau Tuiono warned the crowd to look out for campaigning right-wing politicians "cos-playing" like they cared about workers' rights. This included Peters. "They do not care about workers and this legislation is another example of that."

Neither Labour nor the Greens would support the bill.

NZNO president Anne Daniels said nurses understood well the impact of unsafe, understaffed workplaces, both on themselves and on patients.

Green MP Teanau Tuiono warned people to 'watch out for cos-playing right-wing politicians'.

Research showed more than half of health-care workers experienced high levels of violence, abuse and bullying, leading to "unsustainable levels of stress, burnout and moral harm", she said. "When patients suffer, so do we."

Yet the amendment would remove psycho-social harm as a critical risk. "Serious and harmful risks to health and safety are being pushed aside by this Government, she said.

See also: *Law changes will make it difficult for us to stay safe in health*.

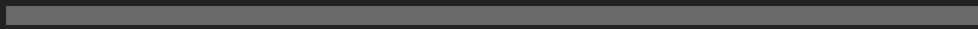
NZNO demanded "every member of Parliament vote against the dangerous legislation".

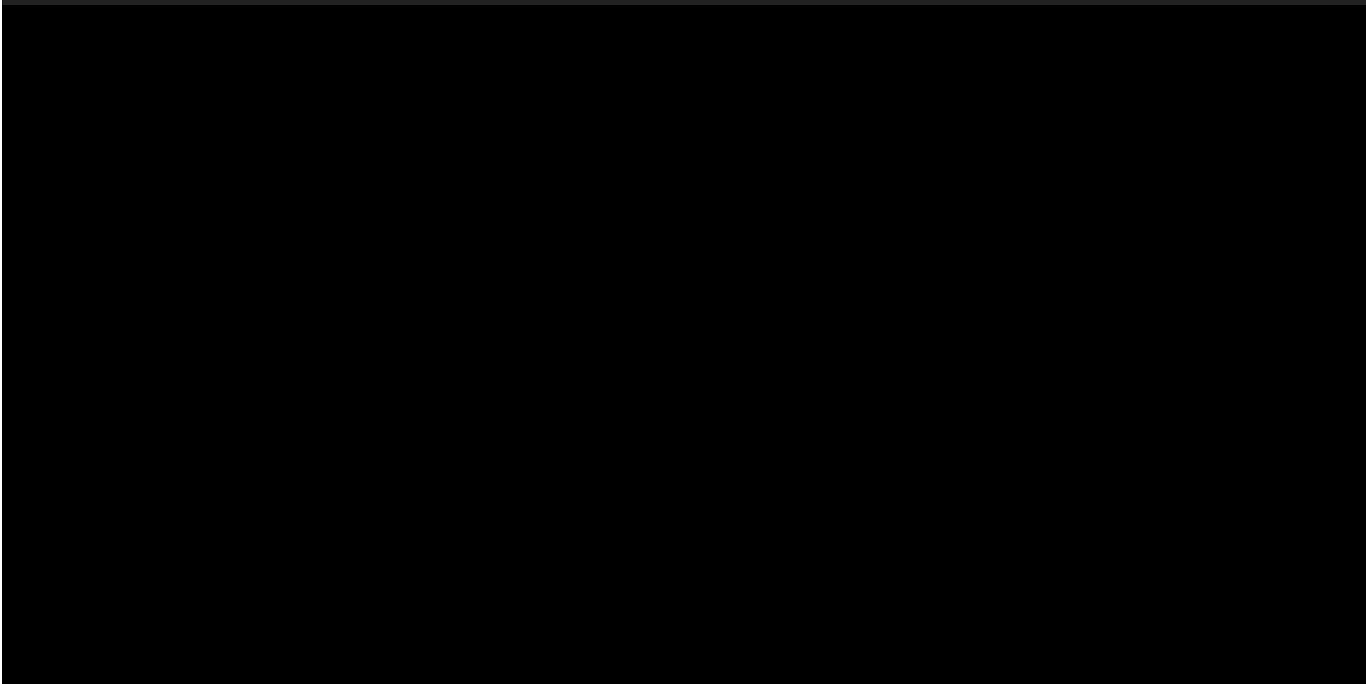
Daniels said the current health and safety laws were passed in the wake of one of the worst disasters in New Zealand's industrial history — Pike River.

There were 75 pairs of shoes laid out on the steps of Parliament representing the number of work-related suicides last year.

"Those men are not statistics. They are real. They are cared for. We care for them. That's why we're standing here today."

The event included 75 pairs of shoes laid out on the steps, representing the number of people who died from suicide linked to workplace pressure last year.

00:00

00:08



Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

Kaitiaki NURSING NEW ZEALAND

NEWS

Jobs for boys but student nurses can pay $10,000 more thank you very much

By Joel Maxwell and Mary Longmore

June 22, 2026

The Government says fees-free was a fizzer but nurses and students have slammed its axing as a $69 million snub against female-dominated mahi.

Regional Development Minister Shane Jones, photographed with Finance Minister Nicola Willis ahead of Budget Day last month. Photo: Stuff Digital.

Justifying the plan to dump fees-free final year of tertiary study, leaked ahead of Budget 2026, Ministers said the money would be better spent elsewhere.

However, *Kaitiaki* has discovered it would make life about $10,000 tougher for affected nursing students and funnel savings to male-dominated trades instead.

Adding insult to injury it comes alongside a nursing shortage and a tradie glut.

After hearing news of the scheme's demise, Whangārei NZNO delegate and district nurse Jenni Mansell had the idea to use savings to help nursing students beat placement poverty.

There might be a potential shortage of builders and electricians in the future, she said, but New Zealand was desperately short of nurses now.

NZNO delegate and district nurse Jenni Mansell.

Figures in a report on [health funding by Kaitiaki Hauora] show Te Whatu Ora-Health NZ (HNZ) alone is short-staffed by 2250 nurses. It has an 87 per cent female nursing workforce.

"So why not jump on it now with those extra funds and just say 'let's support an area that's struggling like health'?"

Mansell said it was about equity — "the fact that we are a female-dominated workforce and we never get a fair go at things".

Predominately-male trades had been paid for years for training, she said, "it's just the way the whole thing was set up".

"So where's our female professions that are getting supported into their 'trade'?"

It did not need to be paid on an hourly basis but could be be a lump-sum payment to acknowledge the work students do on clinical placement, Mansell said.

"Because they do get put to work when they're on the wards. We're so short staffed they are out there doing hands-on, doing it all."

Meanwhile in May 2025 the Government gutted the pay equity scheme for female-dominated workforces, announcing and passing a law on the same day. At that point, 14 claims had been settled, and 33 were still underway.

Trades demand?

In the announcement of the $69m extra Trades Academy funding in Budget 2026, Regional Development Minister Shane Jones said fees-free had no real impact.

Prime Minister Christopher Luxon said the fees-free scheme had not achieved any goals. Photo: Stuff Digital (File photo)

The Government was making "better use of the funding" and making sure young people were not stuck because of a lack of opportunity, he said.

When contacted by *Kaitiaki*, Jones would not comment on whether money saved should help nursing students on placement, and whether the decision ignored a female-dominated workforce. He would not comment on how this would impact the health-care shortage in regions such as Northland.

A spokesperson referred *Kaitiaki* to Education Minister Erica Stanford and Tertiary Education Minister Penny Simmonds.

Stanford had no comment to make either — a spokesperson bumping queries to the tertiary minister.

New Zealand's construction industry experienced a savage downturn in the last 12 months with mass lay-offs and lowered staff demand. It has an 83 per cent male workforce.

No real impact

Before she started her course, second year nursing student Siarra Marsh was told her first year would be fees-free. Then when she started the course she was told her final year would be free instead.

"Now that I'm half-way through my study I'm told no year is free," she told *Kaitiaki*.

She nearly cried, she said, when she got the news.

For her it would add another about-$9000 to her debt, which would take many additional years to pay off. To date her studies had left her about $35,000-plus in debt.

"We're already entering a job that's challenging enough and now we're facing the abolishment of fees-free."

Nursing student Siarra Marsh.

Nursing was important to the Taranaki student — speaking while on clinical placement — and more than just work.

"Although I'm stressed out, although I'm exhausted, although I have time pressures, I have work, I have whānau, I have study, I know that in a day I can make a difference."

Nurses were already begging to get some kind of financial support from the Government for clinical placement, "and then they're just trying to take more away from us".

Marsh was asked "on the daily" whether she would head overseas to the likes of Australia for work when she'd completed her study.

But she would stay, she said, despite the lack of support from the Government.

'We're already entering a job that's challenging enough and now we're facing the abolishment of fees-free.'

"My massive reason for getting into nursing was that . . . I couldn't sit back and see my whānau be mistreated because of short-staffing, and not enough nurses because they're all moving away. A big part of doing nursing for me was for my community."

While leaking news of the axing to media in May, New Zealand First leader Winston Peters said funding would be used for trades and industries "where we can get a far better payback".

Finance minister Nicola Willis confirmed the change — and Prime Minister Christopher Luxon said some of the money would go to trades. Fees-free "didn't achieve any goals", he said.

NZNO national student union co-chair Poihaere Whare said nursing students now faced an-about $10,000 extra cost for that final year.

It added stress and uncertainty for nursing students — many already juggling the cost of living, travel, and dealing with "placement poverty".

People were getting into more debt to cover everyday expenses like rent or power. They were dipping into their food budget, which meant they ate lower-quality food, she said.

"All of those things that people don't think about, the essentials that we need to survive, we're starting to have to dip into those just to be able to continue our education, go to placement, pay for uniforms, make sure we have proper shoes."

NZNO national student union co-chair Poihaere Whare.

Some people were heading to placement with no lunch. "They just have the coffee provided on a ward, or milo — milo is a best friend to them."

Whare had taken to bringing sandwiches for a fellow student who simply couldn't afford kai while working, she said.

About 61 per cent of students in an NZNO survey planned to go overseas if they couldn't secure a job in Aotearoa, she said. One in three people don't finish their nursing degree, and those that did had better incentives to work overseas than stay at home.

'So where's our female professions that are getting supported into their 'trade'?'

Tertiary response

Simmonds said funding decisions were based on evidence and advice about where investment "would achieve the greatest benefit". "The Government remains committed to supporting students across all fields of study."

She said the Government currently spends about $4 billion annually on tertiary student funding.

The Government's priority was "a strong and sustainable student support system" that reduced financial barriers to tertiary education, she said.

Tertiary Education Minister Penny Simmonds

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

NEWS

Mentoring new graduates into primary health 'huge' pressure, say senior nurses

By Mary Longmore

June 23, 2026

Getting nursing graduates up to speed in primary health care (PHC) adds huge pressure to nurses' workload, a Te Tai Rāwhiti preceptor and nurse says.

Te Tai Rāwhiti nurse preceptor Ayla Evans, right, with graduate nurse Raman Kumar -- formerly a doctor in the Phillipines.

The comments come after *Kaitiaki* revealed PHC practices have been slow to take on registered nurse (RN) graduates — despite incentives of $15-20,000 a year. Just 250 out of 400 available places were taken up over its first year to April 1 — 62 per cent.

HNZ has now revealed it plans to evaluate the scheme this year, to ensure the funding getting to where it needs to be to support graduate RNs.

Senior practice nurse from the East Coast, Ayla Evans, said primary health RNs cared deeply about supporting graduates into becoming skilled and safe practitioners — but often-small practice teams were incredibly slammed.

"We have to fit it in, squeeze it in — it's another thing to do", the NZNO delegate told *Kaitiaki.* "While we know everyone starts somewhere, it puts a lot of pressure on my team who we know are already under the pump."

It was challenging, at times, to provide adequate mentoring — especially in a sector struggling with burnout and lower pay than elsewhere.

"It takes six months to a year to train to this position and even then you don't know everything. It's the complexity of it. We do the cardiac stuff, we don't just do one thing — we do a little bit of everything across the entire age range."

New RNs needed constant support, with buddying, regular meetings and reflection along with "complicated" IT systems and paperwork.

'Constant' supervision

"It's making sure they're never alone, they're with a senior nurse or colleague — we are just constantly supporting them," Evans said. "It's hours [of extra work] for multiple staff. It's not just my time — it's everybody's time. It increases the workload."

> **'It's not easy and we owe it to the new grads coming out to do a good job. And sometimes I feel like we don't.'**

Despite this, the funding — which employers can use as they wish — did not always trickle down.

"We don't get anything extra for the pressure it takes to train them — and [paperwork] expectations are through the roof," Evans said.

"It's not easy and we owe it to the new grads coming out to do a good job. And sometimes I feel like we don't."

Pay parity with HNZ, release time, simpler paperwork, administrative support and more flexible professional development for preceptors would all help ease the pressure.

Meantime, senior nurses were burning out. One local practice had already lost three nurses this year — one to retirement and two to better paid roles elsewhere. This wasn't great for them, or graduates' safe practice, Evans said.

"If they're not well, they don't want to come to work — they're too stressed out, then we're going to lose them."

Te Whatu Ora-Health NZ (HNZ) living well director Martin Hefford would not commit to ringfencing the funding for senior RNs/preceptors — but told *Kaitiaki* HNZ would be reviewing the scheme later this year.

"The outcome from this will inform any future shape of the initiative to ensure investment is targeted effectively and continues to support positive outcomes for graduate registered nurses."

Martin Hefford

Currently the funding was flexible in its use by employers, who just had to show they could provide preceptorship and HNZ's supported first-year-of-practice programme to access it.

Ayla Evans

GP network 'offers support'

Gabrielle Lord, nursing director and practice and clinical manager at Procare — a network of more than 140 general practices across wider Auckland — acknowledged supporting new graduates was time intensive. "However, in-practice training remains one of the most effective ways for new graduates to develop a strong understanding of how general practice operates in a real-world environment."

She said ProCare had clinical improvement specialists and educators available to work closely with practices taking on graduates and support the preceptors.

"If a practice is experiencing challenges or requires further support, we will step in to provide additional assistance."

She said the graduate funding was often used for backfill to cover the preceptor or external training for the graduate.

HNZ last year replaced its PHC nurse-entry-to-practice (NETP) programme with a 'supported first year of practice' which reduced the minimum employment hours from 0.8 to 0.6 full-time-equivalent and cut back mentoring and study hours.

Minister of Health Simeon Brown said only that supervising and mentoring graduates was “common in most workplaces”.

ProCare practice and clinical manager & nursing director Gabrielle Lord.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

Kaitiaki
NURSING NEW ZEALAND

NEWS

'Grassroots' Coromandel nurse practitioner awarded NP of the year

By Mary Longmore

June 19, 2026

A "grassroots" Coromandel nurse mātanga tapuhi/nurse practitioner (NP) who hiked through hills so she could open the local health clinic during Cyclone Gabrielle has been named NP of the year.

The winners on the night were nurse practitioners.

Ashleigh Battaerd said she was "absolutely blown away" by this week's award, which recognised her "exceptional care and leadership" in the rural communities of Hauraki and Coromandel.

"There are many wonderful mātanga tapuhi in New Zealand and I'm quite a grass roots NP, beavering away doing my work," she told *Kaitiaki*. "It was very surprising but very humbling to be acknowledged by my colleagues."

‘I essentially donned wet weather gear and a dry bag with supplies and walked about 45 minutes over a hill to get to the other side of the slip . . . so I could open the clinic for the day.’

NP of the year Ashleigh Battaerd

Working at iwi provider Te Korowai o Hauraki, Battaerd leads a team of GPs and NPs across four clinics in the rohe with an “unwavering commitment to supporting patients, whānau and colleagues in some of New Zealand’s most remote communities”, according to NPNZ.

She also had a willingness to go above and beyond “hiking over hills to open the clinic during rough weather, knowing no-one else would make it that day”.

Battaerd said that was in early 2023, during Cyclone Gabrielle, when a big slip was blocking the route from her home just outside Whitianga to the centre’s clinic.

“I essentially donned wet weather gear and a dry bag with supplies and walked about 45 minutes over a hill to get to the other side of the slip so I could be collected by colleagues and driven to the clinic so I could open the clinic for the day and provide care to the far northern community.”

She then had do the same thing in reverse, in the dark, at the end of the day.

“I’m no stranger to the outdoors, so it didn’t seem like much to me — but I get that not everyone has the same comfort with the outdoors as me!”

Originally from rural Canterbury, Battaerd had lived in the Coromandel for nearly 17 years with her teacher husband and was “very entrenched, very connected”.

“I grew up in a rural community in the South Island so rural communities are what I know and passionate about — and rural people are unique.”

She wanted to break down barriers to care and equity in rural communities. The key to achieving that was humility, she believed.

“Being a humble person, first and foremost. Being willing to be dynamic and think a bit laterally — probably home visiting a little bit more than people would in an urban area. Meeting people where they need to be met.”

Battaerd said while she was tauiwi — not Māori — she related very much to te ao Māori concepts and had been very warmly welcomed by the Hauraki iwi of Hauraki "I feel really valued, which is neat".

Most innovative NP Tania Kemp

Battaerd was among a swathe of NPs recognised for their mahi, at the Nurse Practitioner New Zealand (NPNZ) awards in Queenstown this week.

NP intern of the year Turuhira Marino

NZNO Te Rūnanga member Turuhira Marino, a Tairāwhiti primary care RN, won NP intern of the year for a practice "grounded in te ao Māori, cultural integrity and a deep commitment to health equity".

"With more than 12 years nursing experience, she has dedicated her career to improving outcomes for whānau, strengthening the Māori workforce and providing holistic, culturally-responsive care," NPNZ said.

Great Barrier Island NP Tania Kemp won the Janet Maloney-Moni innovation in health care award, named after New Zealand's first Māori NP. The award recognised her work on the remote island providing accessible and culturally safe care in everything from emergency to palliative — often as the only available clinician.

NP Sandra Oster was recognised for her outstanding contributions.

Auckland NP Nazreen Begum Hussain, who works at Northland/Auckland Pacific health service, The Fono, received the Deborah Harris NP award for excellence in education and/or research — from Deborah Harris, New Zealand's first registered NP.

Over the past 12 years, Hussain had provided compassionate and culturally responsive care to diverse communities, particularly those who faced barriers accessing care, NPNZ said.

NPs Mark Baldwin and Sandra Oster jointly won the outstanding professional contribution award.

Oster is a teaching fellow at the University of Auckland's advanced practice nursing programme who has played a "pivotal role" in mentoring hundreds of NPs in her role at the university and with the NP training programme.

Auckland NP Nazreen Begum Hussain, left, winner of the excellence in education and/or research, with New Zealand's first NP, Deborah Harris.

Dunedin mental health NP Baldwin spent nearly a decade advocating for legislative change to allow NPs to prescribe medication restricted under section 29 of the Medicines Act — a change which took place last November.

Dunedin NP Mark Baldwin was acknowledged for his outstanding contributions.

Dunedin mental health NP Baldwin spent nearly a decade advocating for legislative change to allow NPs to prescribe medication restricted under section 29 of the Medicines Act — a change which took place last November.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

Kaitiaki
NURSING NEW ZEALAND

NEWS

‘Whitewash’ at Nursing Council board as Māori chair, members slashed

By Mary Longmore and Joel Maxwell

June 19, 2026

A Māori advisory group says the Nursing Council of New Zealand has been “whitewashed” after a swathe of ministerial appointments torpedoed its board’s Māori representatives from six to one — the absolute minimum.

The Nursing Council board’s recent revolving door has seen a very different makeup. From top row, left to right: Jijo John, Amanda Singleton, Margareth Broodkoorn, Alex Gordon, Tony Ward. Middle row, left to right: Sharon Brownie (chair), Manu Pelayo, Miriam Manga, Ngaira Harker, Julia Hennessy, Rīpeka Tamanui-Hurunui. Bottom row, left to right: Hariata Vercoe, Iosefa ‘Sefa’ Tiata Paituli, Candy Cookson-Cox, Helen Nielsen, Anthony Hill and Frances Hughes.

“It’s just shameful actually – I don’t think people realise how far-reaching and how arrogant these moves are in terms of absolute dismissal of policies and processes,” said Brenda Close, chair of the council’s

Māori committee, Te Toki.

"If we're not courageous and speak up then these fellas are just going to continue to whitewash and our whānau are going to suffer at the end of the day."

> **'It's gone from the most diverse board the Nursing Council has ever had to the whitest.'**

The Nursing Council board is a mix of ministerial appointments and elected members. In the past few months, Minister of Health Simeon Brown has declined to re-appoint several Māori representatives, including chair Ngaira Harker, Margareth Broodkoorn and Ripeka Tamanui-Hurunui. Candy Cookson-Cox and Hariata Vercoe are understood not to have re-applied leaving just Waikato nurse practitioner Miriam Manga, Ngāti Kahungunu ki Wairoa, as the sole Māori representative on the board from next month when Tamanui-Hurunui finishes up her term.

Nursing Council's Te Toki Māori committee, are worried about their own future — and the loss of Māori voice at the Nursing Council. Left to right: Hineroa Hakiaha, Brenda Close (chair), Raukahawai O'Connor (deputy chair), Hemaima Reihana-Tait and Sandra McDonald. Absent: Marguerite Marsh.

Pacific nurse leader Pauline Fuimaono Sanders was also declined by the Minister but Pacific church leader Iosefa Paituli Tiata reappointed. Two internationally-qualified nurses (IQNs), Jiju John and former deputy chair Manu Pelayo both resigned earlier this year, Pelayo saying only: "For personal reasons I find it untenable to continue".

In recent months, Brown has instead appointed Sharon Brownie, Frances Hughes, Anthony Hill, Alex Gordon, Amanda Singleton, Helen Nielsen and Julia Hennessy.

"It's gone from the most diverse board the Nursing Council has ever had to the whitest," said one former member, who *Kaitiaki* agreed not to name.

Close said it was an deeply disturbing to see Māori perspectives almost wiped out at board level. After years of work to bring a Te Tiriti-guided approach to nursing and health care in the face of persistant health inequities for Māori, she feared for the future of cultural safety at the Council.

"From our perspective, the behaviour's pretty sinister. Particularly that we recently launched kawa whakaruruhau, cultural safety, Te Tiriti o Waitangi. And that's now so strongly embedded in nursing practice, as it should be."

> **'If we're not courageous and speak up then these fellas are just going to continue to whitewash and our whānau are going to suffer at the end of the day.'**

Another Te Toki member, Māori nursing educator Sandra McDonald, said cultural safety related directly to clinical outcomes. "If someone leaves the hospital and doesn't have that understanding . . . their health outcome can be astronomically different."

"The opportunity for these people to have a better health outcome, a better access, a better experience, is going to be trampled."

Te Toki was set up five years ago to guide the council, which has been highly proactive in setting up Te Tiriti-led cultural safety in nursing with the release of its kawa whakaruruhau guide earlier this year.

The latest revelations come after Brown publicly lashed out at the Medical Council's "ideological agenda (https://www.thepost.co.nz/nz-news/361026562/leading-doctors-phil-and-sue-bagshaw-brand-simeon-browns-interference-medical-council-inappropriate)" following similar cultural safety moves — declining to reappoint chair Rachael Love, Ngāpuhi, Te Arawa, and deputy Simon Watt.

Doctors' unions have expressed concern at the move, describing it as overreach and a backward step — and noting that cultural safety was key to clinical outcomes.

Push for greater regulatory control

The changes come as the Government pushes for greater influence of all health regulators and the removal of Te Tiriti obligations, through proposed changes to the Health Practitioners Competence Assurance Act.

Tōpūtanga Tāpuhi Kaitiaki o Aotearoa -NZNO kaiwhakahaere Kerri Nuku said she had raised concerns repeatedly since the Government last year released its consultation: Modernising Health Workforce Regulation.

NZNO kaiwhakahaere Kerri Nuku warns increasing Government's control of health regulation will have far-reaching impacts on clinical and cultural patient safety. Photo: Naomi Madeiros.

"If we follow the current coalition pathway, our internationally-acclaimed work in the area of cultural safety and the work of Irihapeti Ramsden, kawa whakaruruhau, will be eradicated by a Minister who does not understand the concept and has never worked with directly with patient care."

The result would be widening gaps between "the rich and poor, Māori and non-Māori, young and old, those with disabilities, and LGBT groups", she said.

Nuku said quality care for patients would be "driven by political priorities" and not patient care.

"Patient voice will become marginalised for those with the influence. I hope the public can understand the impact of these changes."

Kawa whakaruruhau guide co-authors in April, from left to right: Auckland University of Technology kaiwhakaako/senior nursing lecturer Kiri Hunter with Nursing Council kaiwhakahaere Waikura Kamo, chief education advisor Annette Huntington and chief executive Catherine Byrne. Photo by Adrian Heke.

Chief executive Cath Byrne and kaiwhakahaere Waikura Kamo said they were unable to comment. Former chair Ngaira Harker also did not want to comment.

Minister of Health Simeon Brown was approached for comment but had not responded within 24 hours.

The Nursing Council Board is a mix of elected members and ministerial appointments but must have at least three elected members and one Māori member under its current policy. Elections are due to be held in August.

Nursing Council chair Sharon Brownie responds:

Asked if kawa whakaruruhau would continue to be a priority under her leadership, Brownie would not commit — nor to the future of Te Toki Māori committee within the Council.

Instead, she told *Kaitiaki* that Council's primary obligation was adhering to its legislative requirements under the Health Practitioners' Competency Act, as well as ensuring public safety.

But she said professional health practice in New Zealand had strong roots in the holistic model of care developed by professor Mason Durie.

"In respect to safe practice, care for the whole person is central to safe nursing practice."

Brownie said recent statistics showed Māori life expectancy had improved but "there is still more work to be done".

The Council "remained committed to supporting ongoing improvements in Māori health outcomes" and working collaboratively with Government, health providers and regulators "to strengthen the contribution of the nursing profession to equitable, high-quality health care for Māori and all New Zealanders".

Asked if Te Toki would remain, Brownie would only say she was preparing to meet both Te Toki and the Council's Pacific advisory group, Fautasi, in the near future to "gain insight into current priorities and perspectives".

After being appointed to the Nursing Council board last September, Brownie became chair in April, following Harker's resignation.

Newly appointed chair of the Nursing Council, Sharon Brownie.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

Kaitiaki
NURSING NEW ZEALAND

NEWS

$19 million underspend revealed as general practices slow to sign up nurse graduates

By Mary Longmore

June 15, 2026

Just 62 per cent of places in a $30.4 million scheme to drive more nursing graduates into primary health care (PHC) were taken up in its first year, Budget figures have revealed.

Some of NZNO's nursing student members last year, many of whom are now hitting the workforce.

Announced last year (https://www.beehive.govt.nz/release/healthcare-boost-means-seeing-gp-faster) by Minister of Health Simeon Brown as part of a wider PHC boost, the plan was to funnel 400 registered nursing (RN) graduates a year to "where they were desperately needed" in general practice, aged-care

and community support. Hard-to-staff rural providers get $20,000 a year for taking on a graduate, and urban providers $15,000.

But employers have been slow to sign up since applications opened last May, with just 250 graduates taking up roles in the first year to April 1 — 62 per cent of the 400 places available, Budget figures reveal.

It is part of a four-year $641 million primary care "tactical action plan (https://www.beehive.govt.nz/release/healthcare-boost-means-seeing-gp-faster) (PCTAP)" to boost patient access by getting more GPs (from overseas and local schools) nurse practitioners (NPs) and nurses in an under-staffed sector.

GPs, too, have been slow to sign up with just 49 of the 100 supported-training places available taken up by overseas-trained doctors to date.

> **'Our new grads are a wonderful resource but they also are brand new to it, so do need that support.'**

Overall, Budget papers reveal a $19.167 million underspend on the PCTAP for the 2025/26 year — money that is now being transferred to the 2026/27 financial year.

GPs told *Kaitiaki* that low staff turnover in the current economic climate meant there were few nursing jobs available — hence the slow signup.

Last year's survey by general practice owners association GenPro showed nurse vacancy rates had dropped by 20 per cent in the past two years to 23 per cent.

Primary health – a place for new nurses?

Primary health was touted as a good option for graduate nurses after a budget-constrained HNZ turned hundreds away last year.

But new nurse Bianca Grimmer warned it could be a mixed bag for new graduates, with some practices great and others "not-so-great" in terms of mentoring.

NZNO graduates and students, left to right: Bianca Grimmer, Poihaere Whare (current Te Rūnanga Tauira chair) and Davis Ferguson.

"That can lead to massive pressure on the new graduate . . . which is a big risk to them and their safe practice," the former NZNO student leader told *Kaitiaki*.

Senior practice nurses were often "stretched too thin" to provide proper mentoring — or moving across the ditch for higher pay.

"Our new grads are a wonderful resource but they also are brand new to it, so do need that support."

HNZ last year replaced its nurse entry to practice programme with a 'supported first year of practice' scheme which reduced the minimum employment hours from 0.8 to 0.6 full-time-equivalent and cut back mentoring and study hours.

A 'positive start'?

HNZ living well director Martin Hefford told *Kaitiaki* it was a "positive start" reflecting growing interest from both graduates and employers.

"As awareness grows and more employers are ready to participate, we expect uptake to continue and increase."

He said the initiative was employer-led and relied on the availability of suitable roles within primary and community, as well as graduates choosing to take up those opportunities.

Bianca Grimmer

Since April, funding for another 31 graduate RNs has been approved across 177 PHC providers, HNZ said.

Another 165 PHC employers had also been approved but may not have yet recruited, a spokesperson said.

And while there is an overspend in some PHC areas, others are still waiting to hear how much they will get.

Plunket 'one of 60' child health providers – Minister

Minister of Health Simeon Brown said Whānau Āwhina Plunket funding was being negotiated alongside other Well Child / Tamariki Ora providers.

Plunket nurse Hannah Cook called on the Government to keep its Coalition promise to fund Plunket enough to run properly, after no Plunket-specific funding was announced in the May Budget.

But a spokesperson for Brown said Plunket was one of more than 60 Well Child Tamariki Ora providers, whose funding was now being negotiated as part of HNZ's $1.37 billion-a-year Budget 2026 increase.

At a glance:

The five-year primary care tactical action plan aims to grow and retain the PHC workforce and expand digital access to 24/7 primary care. Outcomes by 2028 include:

- 400 employer incentives to employ graduate registered nurses annually into PHC.
- Support 120 PHC nurses to advance education, including prescribing.
- Expanded funding to support training for 120 PHC NPs annually.
- Fund 150 more GPs, including up to 50 domestic medical graduates and 100 overseas-trained doctors, onto PHC training pathways.
- Meeting the Government's target of 80 per cent of New Zealanders being able to access GPs within one week.
- A new 24/7 digital health service.

Kaitiaki
NURSING
NEW ZEALAND

NEWS

Learning the lessons of Erica Hume: New mental health unit might have old problems

By Joel Maxwell and Mary Longmore

June 11, 2026

A new mental health unit could be repeating dangerous mistakes of the past revealed in a decades-long search for answers in a young woman's death.

The new about-$67 million mental health inpatient unit in Palmerston North, Ngā Wai Ngāro.

University student Erica Hume died by suicide in May 2014 while an inpatient in ward 21 at Palmerston North Hospital. Her death, aged 21, followed that of a friend Shaun Gray several weeks before — also by suicide, and also in the ward.

She died after learning the news that Gray had died in the ward that she had considered a safe place, a coroner's report revealed.

On Monday, coroner Matthew Bates found Hume's death was preventable — had hospital management and staff followed their own policies and procedures.

Underpinning Bates' findings was what he described as the "limited nursing resource" in the old ward, where staff were routinely stretched and under immense pressure. This environment meant nurses had not followed procedure.

Erica Hume

Any lessons learned should also apply to ward 21's recent replacement, Bates said, but *Kaitiaki* can reveal it's currently running about 20 FTE short of staff from a total of about 98.

Ward 21 was replaced with an about-$67 million new facility, Ngā Wai Ngāro, which started taking patients from February this year.

Te Whatu Ora-Health NZ (HNZ) says it's prioritising recruitment and bringing in expert leadership to support staff and patients.

However, the understaffing problems from the old ward might be plaguing nurses and patients in the new one.

A staff member, who *Kaitiaki* has agreed not to name, said the new unit was short about 14 to 18 fulltime equivalent (FTE) nursing staff — about a third out on ACC leave from workplace assaults and violence.

There should be about 10 nurses per shift, including three in the high needs unit, however it was usually only eight or nine nurses. Even this relied on many nurses doing extended shifts or overtime.

> **'Here it's a huge place – when something happens in one corner of the unit, for staff to reach there takes time – yet staffing numbers haven't changed.'**

Sometimes the shift number could be as low as five or six nurses, the staff member said. "Very rarely do we have enough staff – we're always short-staffed."

Recruitment and retention had always been a struggle but had gotten worse since moving to the new unit. Very senior staff were leaving "because it's affecting them".

"It's very hard, tiring to work in that environment, you get abuse from frustrated patients."

HNZ was trying to recruit but “no one wants to work here” because of the publicity, the staff member said.

Bigger unit, more problems

The new facility was a lot bigger than the old ward, which meant staff took longer to reach people, when there were assaults or self-harm occurring.

“Here it's a huge place – when something happens in one corner of the unit, for staff to reach there takes time – yet staffing numbers haven't changed.

“We need staff everywhere – we don't know what's happening in one section of the unit, especially the high needs unit; which is three times, four times bigger than the old place.”

Coroner's findings

- In 2014 staff failed to fill out a risk assessment form when Hume was admitted — vital information was not recorded in her file.
- Staff failed to carry out observations in line with policy and procedure. Hume was left unchecked for a critical 55 minute period, when a nurse allocated to her care was absent from Hume's section of the ward.
- If management and staff had followed procedures then Hume's death may have been prevented. Her death was avoidable.
- Complacency had developed with paperwork and observations. However this came from an environment of immense pressure — staff “simply doing the best they could with the limited time and resource available”.
- The overall environment meant nursing practice on ward 21 in 2014 did not reflect prescribed policy and procedure.

Bates said the nurse-to-patient ratios were routinely exceeded in 2014. “Many staff expressed concerns about ward acuity and staff-to-patient ratios on ward 21, which could put staff and patient safety in jeopardy. The issue was widely known.”

While staffing levels were “not directly causative” of Hume's death, the fact that staff were routinely stretched contributed to an unsafe and taxing ward environment. “This environment will have had impacted the quality of patient care, including patient safety.”

NZNO pressure

In 2014, two months ahead of Hume's death, NZNO delegates and an organiser met senior management to raise serious concerns about staff and patient safety, the coroner's report revealed.

Their clear view was that ward 21 was not a safe workplace — it was only a matter of time before “a serious or sentinel event” occurred to a staff member, patient, visitor, or member of the public, Bates said.

Photo: AdobeStock. Where are the nurses? Staffing acute mental health units has long been a challenge, say mental health nurses.

After repeated follow-up requests from delegates it was unclear what promised responses were actually underway before Hume's death, the report said.

HNZ MidCentral interim group director of operations Katherine Fraser-Chapple provided an FTE breakdown to *Kaitiaki*: the unit was short a combined 19.79 FTE staff (inclusive of nurses) from leave and vacancies — out of an overall 98.2 FTE base.

Those on leave were having their roles backfilled or covered by other staff, Fraser-Chapple said. "Staffing levels vary daily from shift-to-shift, with some staff on return-to-work plans, and others extending shifts or working overtime."

> **'Like many rural hospitals, Ngā Wai Ngāro faces challenges in attracting and retaining experienced mental health nurses.'**

She said recruitment remained a priority. "Like many rural hospitals, Ngā Wai Ngāro faces challenges in attracting and retaining experienced mental health nurses."

Fraser-Chapple said there had been "a slight increase" in reported incidents involving aggression toward staff since the new unit opened. This reflected factors such as a small cohort of highly unwell patients and an adjustment period as staff learned to work within a new environment.

An experienced mental health director of nursing was contracted for 12 weeks to review nursing practice and optimise patient care, "with a strong focus on violence minimisation". An interim clinical director psychiatry was also contracted through to mid-August to provide psychiatric leadership and support to staff and patients, she said.

Chair of NZNO mental health nurses section chair Helen Garrick.

Several groups, including some frontline staff, had been set up in MidCentral to deal with system-wide, and unit-based violence, she said.

Chair of NZNO mental health nurses section Helen Garrick said it was concerning there seemed to be no real effort to improve acute mental health staffing.

"It is a concern that we are chronically understaffed across inpatient units and we do not seem to be making any real movement in addressing that," she said.

"We keep hearing about the hiring of more nurses – but nobody seems to know where they are."

She knew the Palmerston North staff had been trying hard to get more staff.

"It's terrible — I do feel a particular sympathy for the Palmerston North unit because I know the frontline staff in there have tried very hard to get good staffing and it hasn't been successful."

The new 28 bed unit officially opened in September last year. The first patients arrived in February — with media reporting six nurses seriously injured in the first few months of operation. This included concussions.

Hillmorton Hospital, the mental health facility which had problems with crumbling infrastructure.

At the opening, Mental Health Minister Matt Doocey said it was "an understatement to say this facility is a major step up from ward 21".

"I am confident it will deliver better mental health care for the region."

Last year coroner Ian Telford slammed chronic understaffing at the Taranaki Base Hospital emergency department (ED) in the 2020 death from head injuries of Leonard Collett.

Meanwhile, mental health nursing has been under pressure for years.

There were problems with infrastructure such as the state of buildings like Hillmorton Hospital, through to dangerously-low and chronic understaffing, revealed in information uncovered by NZNO. Another challenge facing nurses was the phased withdrawal of police responses to mental health call-outs.

The FTE breakdown at Ngā Wai Ngāro

The 19.79 FTE currently out of the workplace at the new unit comprised 8.2 FTE on work-related leave, 4.9 FTE on non-work related leave, 1.2 FTE on maternity leave, and 5.49 FTE undergoing recruitment — of which, Fraser-Chapple said 2.2 registered nurse FTE was in the final stages of recruitment.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

Kaitiaki
NURSING NEW ZEALAND

NEWS

Nursing, health stars prominent in 2026 King's Birthday honours

By Kaitiaki co-editors

June 3, 2026

Compassion, knowledge, mana — this year's King's Birthday Honours recognised extraordinary lives in nursing and health.

Irihapeti Bullmore, one of this year's Honours recipients, pictured at the recent launch of Ara's revised puahou tapuhi o Aotearoa bachelor of nursing programme. Photo: Ara Institute of Canterbury.

Ruth Davy

OFFICER OF THE NEW ZEALAND ORDER OF MERIT

For services to nursing and women's health.

Ruth Davy is a leading figure in women's heath, nursing and public health leadership, who has worked to reduce inequity and remove barriers to health care for women.

As chief executive and, later, chairperson, Davy led the foundation of the independent Well Women's Nursing Service in 1989, now the Well Women and Family Trust (WWFT), established in response to the Cartwright Inquiry.

Ruth Davy.

She led the establishment of New Zealand's first mobile van service for women's health, providing free health checks and education in hard-to-reach communities.

Davy worked with Work and Income, Women's Refuge and community leaders to ensure these services met the needs of high-priority women. Through WWFT, 2400 women receive health checks annually, including cervical and breast screening, sexual health care and infection testing.

She became the first independent nurse smear taker, and led WWFT to become an NZQA-approved cervical smear taker training organisation.

Davy secured critical contracts with regional health authorities and the Ministry of Health for dedicated programmes to improve screening for Māori, Pacific and Asian women who missed regular care.

She introduced frameworks for nurse training in cultural competency, ensuring health services better met the needs of Māori and Pacific women.

Davy helped found two Asian health organisations and developed an initiative empowering Māori and Pacific women to be community health promoters.

Lesley Ansell

MEMBER OF THE NEW ZEALAND ORDER OF MERIT

For services to midwifery.

Lesley Ansell.

Ansell has had a career in midwifery, initially in the United Kingdom and since 1992 in south and central Auckland.

While working in Middlemore Hospital, Ansell observed a high rate of the childbirth emergency known as shoulder dystocia, involving the entrapment of the baby's shoulders during birth which can lead to injury or death of the baby.

She questioned the complicated, established manoeuvres in practice at the time and advocated an easier solution.

The evaluative work and quantitative research that followed led to the technique axillary traction becoming the basis of her master's degree, demonstrating successful resolution of the problem.

The Auckland midwifery and obstetric community quickly adopted this technique, which was easier to remember and more successful in resolving the problem.

She continued to evaluate the success of the manoeuvre using quantitative research methods, with the results being published in the *Australia and New Zealand Journal of Obstetrics and Gynaecology* in 2019 and subsequently in her doctoral thesis.

Her work has been included in the development of New Zealand hospital guidelines, the Pacific Emergency Maternal and Neonatal Training Manual and the Royal College of Obstetrics and Gynaecology guideline. Ansell's expertise in the field is widely recognised and included in multi-professional training in hospitals and midwifery education throughout New Zealand.

Sharon Brownie

MEMBER OF THE NEW ZEALAND ORDER OF MERIT

For services to health and nursing education.

Brownie has made enduring contributions to health and nursing education for nearly five decades.

Sharon Brownie.

At Lakeland Health, Brownie worked with community stakeholders on major initiatives, including establishing whānau facilities at Rotorua Hospital. In the 1990s, she led the deinstitutionalisation of Templeton Centre, supporting 420 residents into community living and enabling nurses to gain full registration and retain employment.

In 2003, she became chief executive officer of the Royal Australian and New Zealand College of Psychiatrists (RANZCP), working with the board and college members to establish a policy unit, develop clinical guidelines supporting best practice in mental health and partnering with government to expand psychiatry training and the workforce.

As Wintec's director of health and social practice she oversaw more than 2000 students across nursing, midwifery, counselling, physiotherapy, occupational therapy, and social work.

From 2021 to 2024, she led the establishment of Te Kotahi Oranga, a student-led primary health care clinic. She mentors up to 10 early-career academics, supporting PhD completion, publication, and grant success, while also supporting medical students at the Charles Sturt School of Rural Medicine.

Brownie is currently chairperson of the New Zealand Nursing Council, an honorary research fellow at the Peter MacCallum Cancer Centre, and an associate editor of *Kōtuitui: New Zealand Journal of Social Sciences*.

Irihapeti Bullmore

MEMBER OF THE NEW ZEALAND ORDER OF MERIT

For services to seniors' health, particularly Māori.

Irihapeti Bullmore (Kāti Māmoe, Waitaha, Kāi Tahu, Kahungunu ki Wairarapa, Te Rarawa, Ngāpuhi) is a community Māori nurse who has developed culturally responsive health care combining traditional Māori approaches with contemporary health systems, to support kaumātua and their whānau.

Irihapeti Bullmore speaks at Ara Institute of Canterbury. Photo: Ara Institute of Canterbury

She developed the kahukura kaumātua programme, a monthly kaupapa Māori day programme blending clinical health promotion with cultural celebration. In 2017 she established Whare Tiaki, the first explicitly kaupapa Māori supported living facility for kaumātua in Ōtautahi. She initiated and led the Te Tairanga Kaumātua Collective, a regular hui of health professionals working with Māori, advising on care and access to services for the older population. She contributed to landmark research reframing how frailty is understood within te ao Māori, acknowledging the concept of waikare o te waka o Meihana (the double-hulled waka framework).

Bullmore has contributed to Te Pūtahitanga o Te Waipounamu, helping influence the delivery of Whānau Ora navigators to positive health outcomes for almost 5000 Māori. Her research around health and social isolation in older people has influenced community care nationally, and was included in wider international research involving adult home care in Canada and Finland.

Bullmore helped design and deliver the first indigenous falls prevention programme, Taurite Tu. She is a part-time co-lead on the new puahou tapuhi o Aotearoa bachelor of nursing at Ara Institute of Canterbury. Bullmore chairs Te Roopu Kawawhakaruruhau-Cultural safety.

Janice Kuka

MEMBER OF THE NEW ZEALAND ORDER OF MERIT

For services to Māori health.

Kuka (Ngāti Ranginui, Ngāi Te Rangi) has been a leading figure and advocate for Māori health care in New Zealand for more than 40 years.

Janice Kuka.

She was involved in the kohanga reo movement and through her role as a social worker in Tauranga Hospital contributed to the establishment of kaupapa Māori services within the hospital in 1989.

Her contributions in this area led to the creation of Māori nursing wards and mental health services. In 2010 she became managing director of Ngā Mataapuna Oranga, a Māori primary health organisation (PHO) and Whānau Ora hub. She has led the organisation to provide health care, social services and cultural support to about 30,000 people and operate four general practice clinics with more than 12,500 enrolled patients. She co-ordinated funding which extended the organisation's assistance to whānau and communities during the COVID-19 pandemic.

Kuka expanded access to care by developing mobile clinics, which were successful in delivering health services across the Western Bay of Plenty.

She is a member of several health boards including the Asthma and Respiratory Foundation, and is chairperson of Turuki Health Care, Te Manu Toroa, and Pirirākau Hauora where she advocates for Māori-led health services and self-determination to improve Māori health outcomes.

Kuka has contributed to Waitangi Tribunal enquiries, representing Māori PHOs and advocating for Māori-led health care.

Ros Corban

THE KING'S SERVICE MEDAL

For services to nursing.

Ros Corban (Ngāi Tahu, Ngāti Maniapoto, Ngāti Mutunga o Wharekauri) has been a nurse for more than 60 years.

She spent more than half of her career at Tokoroa Hospital, covering many roles, including ward charge nurse in paediatrics and night charge nurse in the accident and emergency department.

She oversaw the general and maternity wards, ensuring a continuity of care across departments.

Corban has provided palliative and end-of-life care to terminally family members, friends and others in her community, enabling patients to remain in their homes. She has mentored and trained countless nurses, mentoring student nurses from Toi Ohomai Institute of Technology through practical placements.

She has supported international nurses through their applications to work in New Zealand.

Corban visited her patients after they were discharged to help with household tasks, arranged transport home from hospital, and provided food for former patients in hardship.

Ros Corban wearing a korowai presented to her on her retirement from Rangiura Retirement Village and Care Home.

She worked till 81 as clinical nurse leader at Rangiura Aged Care Home in Putāruru — where she oversaw its change to integrated digital software and digital medication administration.

- *Bios taken from the King's Birthday Honours list.*

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

NEWS

Primary health-care nurses chase Te Whatu Ora pay rates as 2026 bargaining kicks off

By Mary Longmore

June 4, 2026

Primary health-care (PHC) nurses say they will be fighting hard to finally reach pay parity with Te Whatu Ora-Health NZ (HNZ) as 2026/27 bargaining starts.

NZNO's primary health team are ready for bargaining. Left to right: Kylie Goddard, Priscilla Wiki and Tracey Morgan. Absent: Nerissa Cameron. Photo: Latayvia Tautai.

Waikato PHC nurse Tracey Morgan said primary health-care nurses needed to be valued and paid the same as their hospital colleagues.

“Otherwise, we are going to lose them, and we don’t want to lose those nurses — primary health is the place to be!” said Morgan, who is on the bargaining team,

PHC nurses won an eight per cent pay rise in 2025 — but today are lagging about 10 per cent behind their HNZ colleagues’ pay scales since a new HNZ-NZNO agreement was settled this month. But the gap can be as high as 20 per cent for senior nurses or 30 per cent for administrative staff, who are also covered in the PHC multi-employer collective agreement (MECA).

The PHC MECA covers about 3500 nurses, nurse prescribers, health-care assistants and administrative staff who belong to Tōpūtanga Tāpuhi Kaitiaki o Aotearoa-NZNO. But it does not include nurse practitioners (NPs) — something NZNO has previously tried to change.

> **‘It’s about more than just money – it’s about our conditions, it’s about retaining nurses and it’s about supporting us to do this job.’**

Bringing NPs into the MECA is a key 2026/27 claim, along with better sick leave, an allowance for nurse prescribers and senior nurses and acknowledgement of te Tiriti o Waitangi obligations, the team said.

An NZNO survey of its PHC members prior to bargaining found pay scales, sick leave, NP coverage and recognition of nurse prescribing and senior roles were the biggest concerns. More than 80 per cent last year said they had considered leaving their jobs, many because of pay and workloads.

NZNO’s 12 pay equity claims, including for PHC and urgent care nurses, were among 33 suddenly cancelled by the Government last year in its shock pay equity law changes.

Nursing ‘today, tomorrow and the future’

Morgan told *Kaitiaki* she was tired of watching overworked, underpaid PHC nurses quit the sector.

“This is about nursing today, tomorrow and the future.”

South Auckland enrolled nurse (EN) Priscilla Wiki, also on the team, said she wanted the work of PHC nurses to be better recognised and appreciated.

Primary health nurses went on strike in 2022 for pay parity.

"For me, the amount of mahi that we nurses do and provide to our people — we deserve that recognition, that feeling of being valued."

> 'I see a lot of overworked and underpaid nurses. I see burnout.'

Wiki joined the bargaining team after seeing the strain the sector was under.

"I see a lot of overworked and underpaid nurses. I see burnout."

Meet the PHC bargaining team here.

Auckland registered nurse (RN) Kylie Goddard said nurses also deserved better parental and sick leave.

"It's about more than just money — it's about our conditions, it's about retaining nurses and it's about supporting us to do this job."

Bargaining began this week on Wednesday June 3. However, a formal bargaining process agreement (BPA) is yet to be put in place after NZNO proposed a more streamlined approach which would stop practices from dropping out during bargaining causing delays, as had previously occurred.

About 580 PHC employers are being represented in bargaining by three separate primary health networks: GenPro, ProCare and Green Cross Health.

Chief executive of GenPro, which represents 61 per cent of the employers, Mark Liddle told *Kaitiaki* he hoped to see a deal that "recognises both the value of nurses working in primary care and the cost pressures facing general practice.

"We need to retain our highly-valued workforce and ensure practices are sustainable into the future."

Mark Liddle

ProCare chief executive Bindi Norwell has said it was "disappointing" that there was no new spending for primary health in last week's Budget.

While there had been $440.7 million announced over five years, "the reality is that none of that is new money" which barely kept up with inflation and population growth let alone the ageing population, Norwell said in a statement.

See also *Primary health nurses' college a rock of stability in an 'atomised' sector.*

At a glance: 2026/27 PHC MECA claims include:

- Acknowledgement of te Tiriti o Waitangi as the founding document of Aotearoa.
- Adding nurse practitioners to the MECA for the first time.
- Pay scales that reflect the new HNZ-NZNO collective agreement.
- An allowance for nurse prescribers to reflect responsibilities and growing workloads.
- A simpler professional development recognition system with higher rates.
- Improved sick and parental leave entitlements.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

Kaitiaki
NURSING NEW ZEALAND

OPINION

Nurses could be pushed beyond scope: Warning as Palmerston North loses only gastro specialist

By Karen Kempin

June 30, 2026

Palmerston North's last gastro doctor left in June. This week, Karen Kempin, gastroenterology nurses' college secretary, spoke at a community meeting about the risks to nurses and patients.

Karen Kempin, secretary of the NZNO gastroenterology nurses' college, speaking at the community meeting in Palmerston North.

The gastroenterology specialty nurse role started primarily as a support role assisting with endoscopy procedures. The close teamwork and communication between nurse and endoscopist ensures accurate and safe procedures are performed.

The nurse is also the primary clinician in the pre- and post-procedure care phases for patients having endoscopic procedures.

This close working relationship encouraged gastroenterology nurses to undertake role expansions into specialty care, particularly taking the lead in monitoring and being the primary contact for patients diagnosed with a chronic disease.

Patients with inflammatory bowel disease, chronic liver disease and having direct enteral nutrition via a feeding device will be familiar with the gastroenterology clinical nurse specialists that operate out of Palmerston North Hospital.

The NZNO gastroenterology nurses' college committee, from left, Julia Anderson (PHN), Karen Kempin, Nathalie Pollock, Emma Deere, Michelle Harman, Trisha Milne and Nideen Visesio. Caroline McClutchie was not present.

Care of these patients is a team approach between specialist doctors, nurses, dieticians, radiology, pathology, psychologists, surgical teams and others, with nurses often being the main care co-ordinator and direct contact for the patient if there is a change in their health status.

Having nurses familiar with surveillance requirements for patients, requesting and reviewing pathology and radiology test results, providing education and handling a phone/email 'hotline' for patients frees up doctors to manage new patients and acute deterioration in patient status.

Nurses often co-ordinate and participate in multi-disciplinary team meetings and can run nurse-led clinics to provide patients with medication and disease management education and monitor the stability of chronic health conditions.

Nurses in these specialty nurse roles have undertaken post graduate study and receive education and support from other senior nurses around New Zealand through networks established by the NZNO gastroenterology nurses college.

> **‘The greatest support and provider of advice and overview of specialty nurse practice is the consultant gastroenterologist.’**

However, the greatest support and provider of advice and overview of specialty nurse practice is the consultant gastroenterologist.

Specialty nurse clinics are usually held alongside doctor clinics, and nurses need immediate access to doctors to ask questions, escalate anomalies and pass on sudden deterioration in patient condition.

With no consultant gastroenterologists now in Palmerston North Hospital, nurse specialists cannot run nurse-led clinics and will only be able to complete basic monitoring of patient status through blood tests and radiology reports.

‘Hotline’ patient interactions will have a delayed response, leading to more general practice and emergency department attendances and less-than timely care causing preventable deterioration in patient health.

The experienced specialty nurses may feel pressure to go beyond their currently limited practice to help patients they know well after caring for them for many years.

The nurse is also the primary clinician in the pre- and post-procedure care phases for patients having endoscopic procedures. Photo: AdobeStock

Patient harm may result from this decision, which could also have happened if the nurse did not intervene, but the nurse may suffer corrective action or loss of their nursing registration if they are found to be acting outside their newly-limited scope.

Palmerston North nurses know that patients with a new diagnosis of inflammatory bowel disease and liver disease will not receive all their care promptly or locally and will suffer long term harm because nurses cannot give their usual standard of care regarding disease education, symptom management advice and medication instruction.

The gastroenterology nurses college and NZNO have identified that specialty nurses at Palmerston North face many challenges while there are no consultant gastroenterologists in the health region.

> **'The nurse may suffer corrective action or loss of their nursing registration if they are found to be acting outside their newly-limited scope.'**

With service being managed by temporary and locum specialists, who can they escalate concerns to in a timely manner to prevent patient harm?

How are newly diagnosed patients going to be cared for? Are patients now expected to travel out of region for specialist appointments and how will the Palmerston North specialty nurses keep up with what is happening with these patients?

How will specialty nurses maintain their education and skills and keep up-to-date with current best practice without doctors in the team?

Is there even a service or team without a vital member?

- *A new specialist is expected to start in September. Palmerston North's hospital is funded for nearly six full-time gastro specialists.*

This was an excerpt from a speech given to a packed house of about 140 people by **Karen Kempin**, nurse practitioner and nurse endoscopist, and secretary of the NZNO gastroenterology nurses' college.

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

OPINION

When evidence becomes politically inconvenient

By Pipi Barton

June 26, 2026

An experienced Māori nursing educator fears for cultural safety and Māori health outcomes in the wake of recent ministerial appointments to the medical and nursing councils.

The Nursing Council launched its updated cultural safety guide, kawa whakaruruhau, in February. Nursing Council kaiwhakahaere Waikura Kamo, left, is pictured with Irihapeti Ramsden's daughter Pirimia Burger next to her. Photo: Adrian Heke.

Only a few weeks ago, *Kaitiaki* published my opinion piece calling for a review of cultural safety. My argument was simple: despite 40 years of cultural safety within nursing education and regulation, Māori health inequities persist. I stressed that this was never the vision of Irihapeti Ramsden, the Māori nurse leader whose work laid the foundations for cultural safety in nursing. To be clear, my concern has never

been about the validity of cultural safety itself, but rather its implementation, measurement, and accountability.

Yet here I am again, this time writing in defence of cultural safety.

> **Health professionals would be left in the unenviable position of continually adapting their standards, procedures and policies to accommodate the priorities of the government of the day.**

The recent decision by the Minister of Health not to reappoint members of the Medical Council, reportedly because of concerns about an "ideological agenda (https://www.stuff.co.nz/politics/360993290/simeon-brown-removes-medical-council-leaders-over-idealogical-agenda)", should concern all health professionals. Not because regulators are beyond criticism, but because professional regulatory bodies must be able to operate independently of political influence. Once politicians start dictating what is acceptable, they cross a line.

Our regulatory bodies risk resembling our health system, forever flip-flopping between political agendas. Health professionals would be left in the unenviable position of continually adapting their standards, procedures and policies to accommodate the priorities of the government of the day, while simultaneously undermining the public's confidence in the regulator as an independent authority.

Is this our future? Are we really heading this way?

Let's look at the facts.

The primary role of regulatory authorities is to protect the public and maintain professional standards, not to reflect political priorities. Once governments begin intervening in the composition and direction of regulatory authorities based on political preference, the public have every right to question the independence of those bodies and subsequently lose confidence in the profession and its regulator.

Māori nursing lecturer Pipi Barton holds grave concerns for cultural safety in nursing.

We are all familiar with the political ideology that exists in this current Government: the Treaty Principles bill, the Treaty clause review across Government legislation, the Pae Ora Amendment Act are just a few examples that many Māori view as diminishing rights and protections under Te Tiriti o Waitangi.

Therefore, against that backdrop, it shouldn't be a surprise that cultural safety and cultural competence have also become part of the political debate.

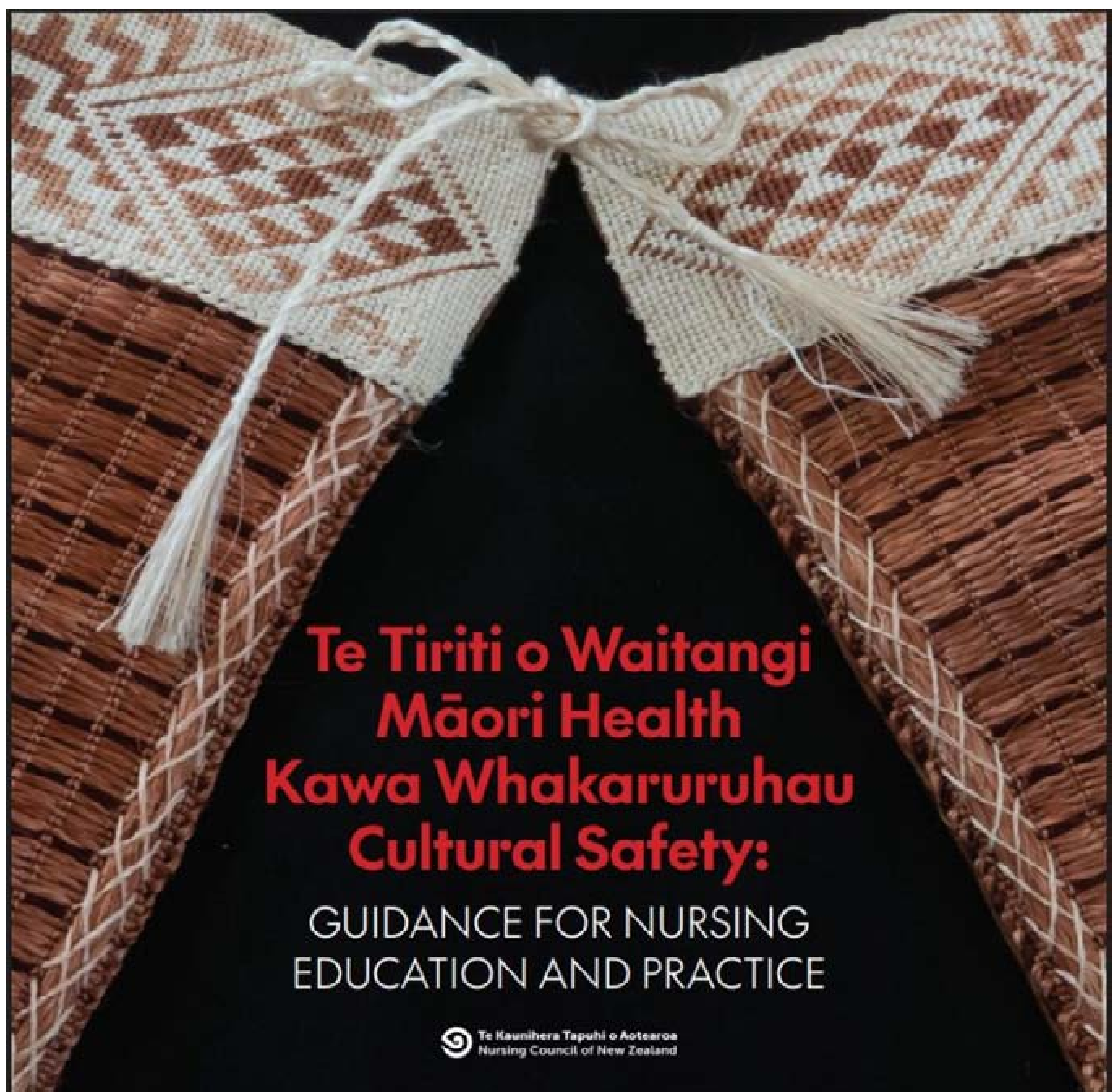
The Medical Council "ideology" being referred to by the Minister includes cultural competence, cultural safety and a focus on Māori health. We need to be clear about what the Minister is challenging here,

because we know cultural competence within regulatory standards is a common expectation amongst health professional regulators, and these standards exist for a reason. Māori health inequities are not an ideological position. They are a matter of fact.

For more than four decades, research has consistently demonstrated that Māori experience poorer health outcomes and inequitable access to health care. Māori continue to experience racism and discrimination within the health system. These findings have been documented repeatedly through scientifically robust research and by Government agencies themselves.1, 2, 3.

The issue therefore is not whether Māori health inequities are ideological fantasy or have been conjured out of thin air. The science is clear, and the evidence is damning; Māori health inequities do exist.

The question therefore is not whether these inequities exist. The question is what responsibility health professions have in responding to them. This is where the Nursing Council enters the conversation.



In recent years, the Nursing Council has made important progress in strengthening its response to Te Tiriti o Waitangi, cultural safety, kawa whakaruruhau, racism and health equity through its competencies,

standards and regulatory expectations. Many Māori nurses would argue that these developments were long overdue, and others, me included, believe that we still have some progress to make.

I have previously been critical of the Nursing Council's historical response to these issues. In my view, the profession was slow to acknowledge both its responsibilities as a Te Tiriti partner and its obligation to protect the public by addressing inequitable health outcomes. However, recent changes suggest a Council that has begun taking both the evidence and its responsibilities more seriously.

> **We also know from our history how easily those gains can be dismantled or diminished.**

This progress has not occurred by accident. It reflects decades of advocacy by Māori nurses who have fought to ensure that Māori health inequities are recognised as a **nursing issue** not simply a Māori issue.

My concern now is whether these gains will be maintained and continue to be strengthened under the Council's new leadership. I think it is reasonable to observe that the new chair's recent comments in *Kaitiaki* de-emphasise the structural and Treaty-based context of Māori health, replacing it with broader, more general commitments that are less specific and less accountable. That distinction is subtle but important and not lost on Māori nursing.

Keeping a close watch

I, along with many of my Māori nursing colleagues, am watching developments closely.

Not because we oppose scrutiny or debate, but because we understand how much effort has been required to achieve the progress made to date. We also know from our history how easily those gains can be dismantled or diminished. For many Māori, these developments are not being viewed in isolation, but as part of a broader pattern of decisions affecting Māori participation, Te Tiriti commitments, and equity-focused approaches across the public sector.

Nurses and nursing leaders across the motu turned out in February for a joyful launch of the updated Nursing Council cultural safety guide for nurses, kawa whakaruruhau — five years in the making after 'thousands' of interviews. Photo: Adrian Heke.

Any attempt to weaken Te Tiriti commitments, cultural safety expectations or equity-focused standards would represent a significant step backwards for the profession. Nursing cannot have it both ways. We cannot claim to be an evidence-based profession while dismissing decades of evidence demonstrating persistent Māori health inequities.

If the direction of travel is for the Nursing Council to follow the path currently being signalled to the Medical Council by this Government, towards reviewing or removing these commitments, then those advocating for change must answer these simple questions: how will doing so improve outcomes for Māori? More importantly, what will replace them? How will success be measured? Who will be held accountable for implementation, monitoring, and outcomes? And most significantly how will the Nursing Council's obligations as a crown entity under Te Tiriti o Waitangi be maintained?

Nursing cannot have it both ways. We cannot claim to be an evidence-based profession while dismissing decades of evidence demonstrating persistent Māori health inequities.

Until those questions can be answered convincingly, Māori nurses, and indeed all nurses, have every reason to remain vigilant. Ironically, while the Minister accuses the Medical Council of being influenced by ideology, the decision itself reflects the current Government's ideological position. The difference is not the presence of ideology. The difference is whether we are prepared to ignore decades of evidence when that evidence becomes politically inconvenient.

Read about the refreshed kawa whakaruruhau guidance here, hear from Irihapeti Ramsden's daughter here, and find out from the Nursing Council why the refresh was needed here.

The future of nursing regulation should not be determined by political ideology, but by evidence, public safety, and our collective responsibility to improve health outcomes for all New Zealanders, particularly those we know have not been getting a fair deal. This *is* and has always been, the way we do it here in Aotearoa.

As nurses, this is consistent with our ethical obligation of non-maleficence: to do no harm and to act when evidence demonstrates that harm is occurring.

E tū mai ana ngā wero ki mua i a tatou, ngā tapuhi Māori, nō reira me noho mataara, me noho rite hoki ki te tiaki, ki te whakamaru, ki te kōkiri mō ā tātou taonga, otirā mō te Kawa Whakaruruhau, arā Te Tiriti o Waitangi.

— Pipi Barton RN, PhD. *Tapuhi Māori, Ngāti Hikairo ki Kāwhia.*

References

1. Health and Disability System Review (https://www.health.govt.nz/publications/health-and-disability-system-review-final-report). (2020). Health and disability system review – Final report – Pūrongo Whakamutunga. Author.
2. Ministry of Health. (2024). *Tatau kahukura: Māori health chart book* (https://www.health.govt.nz/publications/tatau-kahukura-maori-health-chart-book-2024)(4 th ed).
3. Waitangi Tribunal. (2019). *Hauora: Report on stage one of the health services and outcomes kaupapa inquiry* WAI 2575 (https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_195476216/Hauora%202023%20W.pdf).

Kaitiaki
NURSING
NEW ZEALAND

OPINION

Government takeover of health and education regulators 'abuse of power' – unions

By Chris Abercrombie, Ripeka Lessels, Kerri Nuku, Fleur Fitzsimons, Garrick Cooper and Ti Lamusse

June 24, 2026

Union leaders representing nearly 250,000 workers are joining forces to protest against the recent 'unprecedented political interference' in professional regulation across health, education and public services.

Union leaders have condemned the Government's 'unprecedented' regulatory interference. From top, left to right: PPTA president Chris Abercrombie, PSA national secretary Fleur Fitzsimons and TEU co-president Garrick Cooper. Bottom, left to right: NZNO kaiwhakahaere Kerri Nuku, NZEI president Ripeka Lessels, and TEU co-president Ti Lamusse.

A new law that bans all elected representatives from the Teaching Council of Aotearoa – and gives the minister of education total control over appointments – is another step in a highly disturbing and unprecedented level of political interference in the public sector in Aotearoa New Zealand.

The Education and Training (System Reform) Amendment Bill, which passed its third reading in Parliament on June 23, moves the regulation of professional teacher standards from the Teachers Council to the Ministry of Education.

This means that the Teaching Council can no longer be regarded in any shape or form as a body that represents the teaching profession.

Teachers should have a genuine say in the Teaching Council – it's as simple as that. This is a significant abuse of political power and every New Zealander should be seriously concerned.

The law change strips the council of its independence and moves teachers' professional standards to the Ministry of Education, reinforcing total ministerial control.

This law change mirrors the same undemocratic process used to remove Te Tiriti obligations from school boards via a last-minute amendment. By silencing teachers' voices and bypassing parents and school communities on the frontline, the Government is failing our educators and the communities they serve.

The Teaching Council should be made up of experts in the teaching profession, not Government-backed idealogues.

> **New Zealanders deserve a nurse-strong Nursing Council which puts their health needs first.**

The removal of democratically elected members from the Teaching Council is part of a concerning pattern of silencing voices that this National-led Coalition Government disagrees with.

We have seen a total lack of consultation and engagement in constructive dialogue with those professionals and experts that will ultimately have a major role in delivering their policy.

Meanwhile, Health Minister Simeon Brown has gutted the Nursing Council, replacing eight existing board members since late last year.

Member's of the Nursing Council's Māori advisory board expressed concern for the Council's cultural safety in nursing work after Minister of Health Simeon Brown declined to renew several experienced Māori nursing leaders to the board.

We are aware that four of these members wanted to stay on and two have quit in protest. This is a ministerial overreach which has taken the number of nurses on the board from seven down to four.

New Zealanders deserve a nurse-strong Nursing Council which puts their health needs first.

> **We are seeing increased and inappropriate politicisation of advice in the public service under this Government.**

The passing of the legislation follows the recent decision by Brown not to re-appoint the Medical Council chair and deputy chair as council members. Both the chair and deputy chair were voted by their fellow council members into their respective roles.

It also follows a survey of public servants earlier this year, which found that 54 per cent of the 1200 respondents agreed that policy advice had become more politicised and public servants were now more likely to tell ministers what they think they want to hear.

Decisions by ministers have consequences.

We are seeing increased and inappropriate politicisation of advice in the public service under this Government.

Good decisions depend on good advice. Free and frank, politically neutral advice is the cornerstone of our democracy, when ministers are only hearing what they want to hear, they're making decisions with one eye closed.

New Zealanders will pay the price for that down the track. It will lead to poorer outcomes in health, education and workplace safety and other public services. It will hurt the economy and reduce the country's response to the climate crisis.

This article was written collectively by leaders of the following unions: NZNO which represents 64,000 nurses, student nurses, health-care assistants and midwives; the PPTA which represents 25,000 secondary-school teachers and principles; NZEI Te Riu Roa which represents more than 50,000 early childhood and primary school teachers and principles; Tertiary Education Union which represents 12,000 tertiary academics, researchers and teachers; and the PSA which represents more than 95,000 workers across central Government, local councils and state-owned groups.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

Kaitiaki
NURSING NEW ZEALAND

OPINION

‘Affirmation’ from health-care providers tells different story to bill’s anti-trans angst

By George Parker et al

June 3, 2026

Trans health initiatives are not a “woke contagion”, as some politicians would have us believe, says a group of health-care experts — they are simply honouring cultural safety.

Health-care providers have reported an unmet need for education about trans peoples' health-care needs. Credit: AdobeStock

When introducing her Legislation (Definitions of Woman and Man) Amendment Bill for its first reading in Parliament, New Zealand First MP Jenny Marcroft branded trans health initiatives as a “woke contagion” that is being forced on our health-care system.

The bill wishes to define 'woman' in law as "an adult human biological female", and 'man' as "an adult human biological male".

Such an attempt at defining binary sex classifications under the law is seen as unscientific and unworkable at a practical level. Sex is a complicated and often misunderstood outcome of chromosomes, genes, gene expression, enzymes, hormones and anatomy.

The bill would affect how trans, non-binary, takatāpui, and intersex people are viewed in the eyes of the law, weakening anti-discrimination protections and restricting rights and access to health care and services.

The new bill would affect how trans, non-binary, takatāpui, and intersex people are treated in the eyes of the law. Credit: AdobeStock

The harm and discrimination this leads to is well documented overseas. The bill has passed its first reading and is at select committee, where New Zealanders can have their say.

Marcroft claims to represent the views of ordinary New Zealanders in her opposition to trans people and their health-care needs. However, our experience as trans health researchers and educators tells us a different story. We are a diverse group of trans, takatāpui, and cisgender nurses, kahu pōkai (midwives), doctors, and health researchers who work together on research and education initiatives to build capability for trans inclusion in our health-care system.

We see this work as part of a commitment to cultural safety in Aotearoa's health-care system whereby all people, including rainbow communities, should have equitable opportunity to access health care that meets our needs.

Plenty of research supports why this work is important. *Counting Ourselves*,[1] a national study of trans and non-binary people's health, found that participants rate their health much lower than the general population yet report an unmet need for health services.

Trans and non-binary people are much less likely to report being treated with respect and dignity in their health-care interactions compared to the general population. This can lead to trans people avoiding health care.

> **'More than one in five participants avoided seeing a doctor or nurse practitioner because they were afraid of being disrespected or mistreated as a trans or non-binary person.'**

In *Counting Ourselves*, more than one in five participants avoided seeing a doctor or nurse practitioner in the past year because they were afraid of being disrespected or mistreated as a trans or non-binary person.

Amongst those who had been pregnant, less than half reported their main care provider was affirming or very affirming of their gender.

When communities have a higher need for health care and are less likely to access it, health inequities become locked in.

While there are real challenges to ensuring our health-care system provides safe and accessible services to trans people, we hear every day in our work that Aotearoa's health-care providers are ready, willing, and able to listen and respond.

We also hear from trans people the positive impacts of this, increasing their willingness to access services and improving their overall health and wellbeing.

Trans and non-binary people are much less likely to report being treated with respect and dignity in their health-care interactions compared to the general population. Credit: AdobeStock

Across a range of trans health initiatives, health-care providers from across the motu express their enthusiasm to meet trans health-care needs and their willingness to make changes to their practice to ensure this happens.

They also tell us that these changes are relatively straightforward and tend to improve care for everyone.

Time and time again we hear support and affirmation from health-care providers: "I would love to be more accepting and inclusive", "it makes me want to try harder to make these patients feel comfortable", "it's great that it's being brought into our service", "these changes are always easy and readily accepted by all", "our world is changing in a wonderful way and everybody benefits from inclusive care".

Our work opens opportunities to have deeper conversations about sex, gender, relationships, bodies and norms with kaimahi. We hear these opportunities for reflection can positively impact their overall practice.

One of the messages we hear consistently from health-care providers is that a major barrier to inclusive practice is a lack of leadership in the health-care system.

Leadership for inclusive health care is going backwards at a time when health-care providers want and need it. Credit: AdobeStock

Health-care providers also report an unmet need for education about trans peoples' health-care needs.

This is important, because while Marcroft claims people don't support trans health initiatives, her Government is systematically erasing trans people and their health-care needs from health policy.

Leadership for inclusive health care is going backwards at a time when health-care providers want and need it.

Nurses and kahu pōkai led the creation and development of cultural safety, pioneered by Irihapeti Ramsden in the late 1980s to deliver on a professional commitment to Te Tiriti o Waitangi and to work towards equity for Māori. Trans health initiatives are valued as part of this proud tradition and need defending as such.

Nurses and midwives can speak for themselves about their commitment to providing inclusive, safe and equitable care to Aotearoa's diverse people and communities. All health-care providers deserve access to the resources they need to fulfill these professional commitments.

How you can help

You can express your opposition to the bill by writing to your local MP or clicking here (https://www3.parliament.nz/en/pb/sc/committees-press-releases/have-your-say-on-the-legislation-definitions-of-woman-and-man-amendment-bill/) to prepare a written submission.

And for more information about some of our projects, click here (https://primarycare.qtopia.org.nz/) to find out about primary care training, here (https://www.instagram.com/warmingthewhare) to find

out about the warming the whare project or here (https://transpregnancycareproject.wordpress.com/) to find out about the trans pregnancy care project.

George Parker, **RM**, senior lecturer, Victoria University; **Sara K Filoche BSc Hons**, **MSc**, **PhD**, **Pg Dip Gen Med**, University of Otago, Wellington; **Rona Carroll**, senior lecturer and general practitioner, University of Otago Wellington. **Liora Noy RN**, **IBCLC**, **MPH**, Newtown Parenting Support Centre; **Ed Hyde**, obstetrics and gynaecology specialist, clinical senior lecturer, University of Otago; **Fleur Kelsey**, **RM** and senior lecturer, Otago Polytechnic; **Katie Graham**, Lecturer in health psychology, Victoria University; **Elizabeth Kerekere**, adjunct professor, Victoria University; **Alex Ker**, named investigator, Warming the Whare Project, doctoral candidate, Victoria University; **Jaimie Veale**, senior lecturer and Rutherford discovery fellow, University of Waikato.

References

1. Yee, A., Bentham, R., Byrne, J., Veale, J., Ker, A., Norris, M., Tan, K., Jones, H., Polkinghorne, T., Gonzalez, S., Withey-Rila, C., Wi-Hongi, A., Brown-Acton, P., Parker, G., Clunie, M., Kerekere, E., Fenaughty, J., Treharne, G., & Carroll, R. (2025). *Counting Ourselves: Findings from the 2022 Aotearoa New Zealand Trans and Non-binary Health Survey* (https://countingourselves.nz/). Transgender Health Research Lab, University of Waikato, Hamilton, NZ.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

Kaitiaki NURSING NEW ZEALAND

FEATURES

Why stop at 65? Nurse extraordinaire Ros Corban on working into her 80s

By Joel Maxwell

June 26, 2026

Back then new nurses wore starched dresses, starched hats, belts, thick white stockings, white shoes and the lingering fear of doctors and fierce ward sisters.

Ros Corban, second from right in the back row, with her fellow new nursing students in 1962.

Ros Corban started her 60-year nursing career sharpening syringe needles on a stone — she ended it by spearheading the digital revolution in everyday practice. In between Corban was busy changing countless lives.

The local legend in South Waikato has spoken to *Kaitiaki* about nursing into her 80s, and the joys and connections of small-town life, after receiving a King's Birthday nod this month.

Her journey started back in 1962 when Corban (Ngāi Tahu, Ngāti Maniapoto, Ngāti Mutunga o Wharekauri) simply had enough of boarding school. She didn't want to go back and thought she'd go nursing instead. "It just came to me like that."

She was in for a culture shock — exchanging Sacred Heart Girls' College in New Plymouth aged 17, with a few preliminary months in a nursing classes as buffer, for the men's ward in Taumarunui Hospital. "I learned quickly, as you have to."

Ros Corban in her 1960s uniform.

Corban was a registered nurse by 20. After a break to get married and have her two daughters she started at Tokoroa Hospital in 1970.

Tokoroa was a town on the rise. At the end of the 40s it had a population of a few hundred but by the time Corban arrived it had hit 15,000 thanks to the nearby Kinleith Mill. By decade's end — the thinking was at the time — it would ascend to city-hood, topping 20,000 residents.

These days the hospital has been downsized, like all such rural facilities said Corban — and also like Tokoroa itself — but at the time it had everything: medical wards, surgical, maternity, paediatric. She loved the work, and the hospital was even near her home, a five-minute drive in winter and a pleasant walk in summer.

But the work was hard. There were no showers for patients, and there were no hoists so nurses got bad backs lifting people in and out of baths and beds, she said.

Nurses would sharpen syringe needles — not throw them away after one jab — running the tip across a whetstone. The needles, along with glass syringes would then be sterilised in autoclaves.

Things like bed pans and urinals had to be washed by hand. "We never had gloves, terrible when I think about it today. Today wherever you go in a hospital now there's boxes of gloves, sanitiser everywhere. So it's so much easier today, that's probably why I've managed for so long."

In modern nursing everybody is on a first-name basis, whether a nursing colleague or a specialist. "It was very formal back then. Every time a doctor came, we were terrified of the doctors. We had to stand up with our hands behind our back. The ward sisters, they were fierce."

Ros Corban, third from left in the back row, with her fellow graduates in the mid-60s.

Scrubs and sneakers might be the modern nursing uniform, but back then they wore those starched uniforms and caps, belts, stockings and shoes. "Can you imagine doing showers and baths dressed like that? It was much harder physically."

Corban worked at the hospital for 37 years with stints including ward charge nurse in paediatrics and night charge nurse in the accident and emergency department, before heading to Rangiura Retirement Village, "a beautiful place to work" where she stayed for another 18 years. It was there that Corban, clinical nurse leader, retired late last year, aged 81.

She would have kept working too if she hadn't become a bit unwell.

This year she was awarded a King's Service Medal for her services to nursing. Those services didn't necessarily end with a patient's discharge and return home, or sometimes even with their death for that matter.

Over the years Corban would help people get home from hospital, then check in to make sure they were coping; she'd do some shopping for them, do a bit of cooking. "It was just something I did. A lot of people touch your heart when you look after them."

Then there was Lilian and Bob. Lilian was a resident at Rangiura, a special person, a "lovely lady", said Corban. She and her son Bob came from the United Kingdom: there was only the two of them in New Zealand.

"So anyway, Lilian died and Bob was very unwell, so he had her cremated and I picked her up from the funeral place and brought her home. And then he went and died."

Corban then had Bob cremated and kept them both at her home before having them both buried a year later. "They had absolutely no one so what would have happened? And they were such good people, but anyway, that's what you do."

Ros Corban at her retirement party wearing the special korowai presented to her.

She left a huge gap

Helen Tuck, physiotherapist and current joint acting clinical lead at Rangiura, was there when Corban first arrived, and one of those who sent letters supporting her medal.

Corban might have been nursing for a long time, but she was always open to fresh ideas, said Tuck. She showed huge love and support for new international nurses, and supported her staff as medication management went digital.

> **'I can never say I've learned everything. You learn every day – that's the thing about nursing, there's always something new to learn.'**

Even as a clinical nurse lead hitting 80 it wasn't unknown to see Corban emptying a bed pan, or a commode: she was still doing the practical hands-on stuff to help residents, Tuck said. She was a "proper old-fashioned nurse".

"She got on so well with everybody, the cleaners, the carers; everybody thought of her as a mother to us all. She's left a big hole actually."

Despite being a mentor to so many new nurses, Corban still considered herself a student of the profession, even after 60 years, even on her last day at work, even aged 81.

"I can never say I've learned everything. You learn every day — that's the thing about nursing, there's always something new to learn."

Now in her retirement, Corban was modest about her honour. It was almost unfair since her 60 years had been a labour of love. "There's so many people who do the work and don't get recognised, and I've only done what I've been so passionate about."

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

PROFESSIONAL

Emotional fatigue or emotional growth – clinical placement key to nursing identity

By Ceasar Jr. Beltran

June 12, 2026

Keeping nurses in nursing doesn't begin after graduation — it begins during training, explains a nursing clinical coach working at Middlemore Hospital.

'People outside the profession may not fully understand the emotional labour nursing students carry.' Photo: AdobeStock

By the time nurses graduate, many of them have already experienced burnout, self-doubt, and emotional exhaustion.

Behind every nursing student is a story rarely seen by the general public. While clinical placement is often described as a valuable learning experience, it can also be emotionally demanding, physically exhausting, and mentally overwhelming.

One nursing student who contributed anonymously to this article described placement as a time of "significant learning, emotional growth, and self-evaluation". Some days brought confidence and connection with patients. Other days brought stress, uncertainty, and the pressure to avoid mistakes.

For a student's perspective on hospital clinical placement click here.

“The pressure to perform completely, the fear of making mistakes, and the emotional weight of witnessing people suffer all contributed to that moment of doubt,” the student said.

Ceasar Jr. Beltran

For many nursing students, the challenge is not only learning clinical skills. It is learning to care for others while still learning to care for oneself.

Students often juggle long placement shifts, academic deadlines, financial pressures, and personal responsibilities, with little time to recover emotionally.

Many quietly carry the stories of patients home with them.

“Even when we try not to, we carry the stories of our patients with us,” the student said.

These experiences are not isolated. Conversations with students and new graduates often reveal similar themes: emotional fatigue, fear of failure, inconsistent support during placement, and uncertainty about whether they can continue.

Yet despite these challenges, many students stay.

What makes the difference is often not the workload itself, but the support surrounding it.

The student described supportive clinical educators, preceptors, classmates, and family as the reason they continued during difficult moments.

> **‘If we want to retain compassionate and capable nurses within the profession, we must pay attention to the environments we create for students.’**

“Having someone who listens, reassures, and guides without judgment allowed me to regain my confidence.”

This highlights an important reality within nursing education. Students do not expect placement to be easy. What they hope for is an environment where they feel safe asking questions, making mistakes, and learning without fear of embarrassment or criticism.

Consistent and supportive preceptors can significantly shape a student’s confidence and sense of belonging. In contrast, constantly changing preceptors and unclear expectations can leave students feeling unsettled and unsupported.

“When students feel comfortable asking questions, making errors, and learning at their own pace, the entire experience becomes more enjoyable.”

Retention in nursing does not begin after graduation. It begins during training.

Students may forget specific tasks or procedures over time, but they rarely forget how they were treated during placement. Photo: AdobeStock

If we want to retain compassionate and capable nurses within the profession, we must pay attention to the environments we create for students. Clinical placements are not only places of learning. They are places where future nurses begin to form their professional identity, confidence, and sense of belonging in healthcare.

Students may forget specific tasks or procedures over time, but they rarely forget how they were treated during placement: A supportive word, patient guidance, or a preceptor who takes time to teach can shape whether a student feels encouraged to continue.

People outside the profession may not fully understand the emotional labour nursing students carry. They are expected to remain compassionate, professional, and resilient while witnessing suffering, navigating complex health-care environments, and managing the expectations of training.

And yet, despite the difficulties, many continue because they still believe nursing matters.

Perhaps retention starts there: not only in resilience, but in creating learning environments where students feel supported enough to stay.

Ceasar Jr. Beltran, RN, is a nursing clinical coach at Middlemore Hospital.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

Kaitiaki NURSING NEW ZEALAND

PROFESSIONAL

How one supportive team changed my dread of hospital nursing

By Elan Mary Biju

June 8, 2026

A Wellington nursing student explains how a positive clinical placement helped her get over a 'dread' of hospitals — and appreciate true teamwork.

What a difference a supportive clinical placement can make, says the writer. Photo: AdobeStock.

I found out the hard way what a difference clinical placements can make in shaping nursing students' perception of the health environment.

My most recent placement was transformative, especially when viewed through the lens of Tanner's clinical judgement model[1] which considers the context and environment nurses practise in.

This reflection helped me understand how my experiences, both positive and negative, contributed to my evolving professional identity — and clarified the importance of team work at a workplace.

'Dread' of working in hospitals

Before starting this particular placement, I felt a deep sense of dread about working in hospitals. During a previous placement, I had encountered a hospital environment that felt cold, fragmented, and overwhelming. The team dynamics were strained, communication felt hierarchical and I often felt invisible and unsupported, like I didn't belong.

I noticed that I spent most days just trying to get through, counting down until it was over. These experiences led me to question whether I belonged in hospital nursing at all. I left that placement disheartened, convinced that hospitals were not for me.

> **'I was greeted warmly, introduced to the team, and asked about my goals – small gestures that immediately made me feel welcome and valued.'**

However, from the very first day of my recent placement, I noticed a stark contrast to my previous experience.

I was greeted warmly, introduced to the team, and asked about my goals — small gestures that immediately made me feel welcome and valued.

Elan Mary Biju

The team, including nurses, support workers, doctors and allied health staff, communicated openly and respectfully, collaborating with genuine mutual support. There was no visible power imbalance, and everyone's input was acknowledged and appreciated.

These interactions didn't just boost my confidence they also positively influenced patient outcomes and lifted the morale of the whole team. It was a powerful reminder of how inclusive, respectful environments can transform both care and learning.

As the days went on, I began to feel the impact of this positive team culture on my own learning and wellbeing. I felt psychologically safe to ask questions, make mistakes, and reflect openly. I realised that my enjoyment of the placement wasn't just about the clinical tasks or patient interactions, but about the environment created by the team.

One moment that stood out was when the nurse coordinator asked me what I'd like to focus on that week and then adjusted the shift plan so I could observe a multidisciplinary team meeting.

It showed me that leadership here wasn't about control, it was about coordination, inclusion, and mentorship.

Calm collaboration in the face of challenges

I also noticed how the team handled challenges. When a patient became distressed, staff responded calmly and collaboratively. One nurse led the de-escalation while others supported by clearing the area and offering reassurance.

What impressed me most was that even if the patient wasn't assigned to a particular nurse, they still stepped in to help. No one ignored patients just because they weren't theirs. There was no blame, no isolation, just shared responsibility.

What also made a big difference was how the team included student nurses in casual conversations. They'd ask about our day, share a laugh, or explain things without making us feel like outsiders. These small acts helped ease the tension and made the placement feel safe, supportive, and genuinely welcoming.

It taught me that great care comes from shared responsibility, mutual respect, and a strong sense of team.

> **'When everyone is treated as an equal, regardless of their role or experience, it creates a space where care improves and people thrive.'**

In response to this environment, I found myself becoming more engaged and confident. I began looking forward to my shifts, initiating conversations with patients and staff and offering help wherever I could.

I also responded by adjusting my mindset. I stopped seeing hospital work as inherently stressful and started viewing it as a space for growth, when the team culture is healthy. I realised that my previous discomfort wasn't about the hospital setting itself, but about the lack of support and cohesion in that team.

As I settled into this new environment, I also began to reflect on my own role within the team. I understood that being a good team member goes beyond clinical skills — it involves emotional intelligence, clear communication and a genuine willingness to support others.

Thriving not just surviving

I realised I was no longer just surviving the placement; I was thriving in it. The supportive environment empowered me to grow both as a nurse and as a collaborative team member.

As I reflect on this placement, I realise how it significantly shifted my understanding of what makes a hospital environment positive or negative.

Nursing students benefit hugely from warm, collaborative and supportive clinical placements, says one. Photo:AdobeStock.

I learned that the quality of a clinical environment isn't defined solely by its physical setting or workload, but is shaped by the people within it. It's the communication, the shared values and the way staff treat each other that truly matter.

Teamwork in nursing is not optional, it's the foundation. When everyone is treated as an equal, regardless of their role or experience, it creates a space where care improves and people thrive — including students like me.

Leadership 'visible but not dominating'

I also reflected on the role of leadership.

At my placement, leadership was visible but not dominating. Coordinators listened, delegated fairly and acknowledged everyone's contributions. This created a sense of balance and mutual respect. I didn't feel like just a student, I felt like a valued part of the team.

> **'I no longer fear the hospital setting. Instead, I seek out environments where teamwork is prioritised.'**

Another key reflection is how this placement supported my learning.

Because I felt safe and supported, I was able to focus on developing clinical skills, asking questions, and making connections between theory and practice. I wasn't distracted by interpersonal stress or fear of

judgment.

By noticing the difference in team dynamics, interpreting their impact, responding with renewed engagement and reflecting on the lessons learned, I've come to see hospital nursing in a new light.

I no longer fear the hospital setting. Instead, I seek out environments where teamwork is prioritised — and aim to contribute to that culture myself.

This placement showed me that a strong, supportive team is key to good, compassionate care. That understanding has reshaped how I see nursing and the kind of nurse I want to become.

See also: Emotional fatigue or emotional growth — clinical placement key to nursing identity

- *Elan Mary Biju is a Wellington- based nursing student whose experiences in diverse clinical settings have shaped her interest in compassionate team work and positive workplace culture. This article was adapted from a reflection as part of her course work.*

Reference

1. Tanner, C. (2006). Thinking like a nurse: a research-based model of clinical judgement in nursing (https://pubmed.ncbi.nlm.nih.gov/16780008/). *Journal of Nursing Education*, *45*(6), 204-211.

Kaitiaki
NURSING
NEW ZEALAND

COLLEGES & SECTIONS

A space for infection prevention and control nurses everywhere

By Lisa Gilbert

June 25, 2026

Chair of NZNO's infection, prevention & control nurses college Lisa Gilbert has a vision to bring IPC nurses across every part of the sector together.

NZNO's infection prevention and control nurses college committee. From left to right: Angie Foster, Ranjeet Kaur, Anne Hutley, Lisa Gilbert (chair), NZNO professional nursing advisor Wendy Blair and Michelle Taylor. Committee members Ruth Barrett and Sue White were not present.

I have a vision to bring IPC nurse leaders from across the health system — aged care, mental health, corrections, private hospitals, primary health — together into a national advisory group, to collaborate and develop strategies to tackle infection prevention and control (IPC) issues.

This would make New Zealand's health-care environments safer for everyone and provide consistent IPC guidance wherever health care is provided. The risks of not having cross-sector IPC policies are quite high. We know, for example, that residents in long-term care facilities tend to have more multi-drug-resistant organisms. So, if we're not consistent in how we manage this, we risk proliferating them. Or things like emergency planning. Imagine if there was no coordinated response to COVID — we'd be on the back foot. Whereas, if we've already got those relationships, trust and communication, we can quickly agree on a response to whatever the outbreak is.

I just think having something set up in times of peace, makes it easier in times of war.

We would love to get this underway soon, before our *Lights, Camera, Prevention!* (https://www.ipcncconference.nz/) conference in Wellington on August 26-28 — when I'll be stepping down as chair after more than four years.

(https://infectioncontrol.co.nz/event/ipcnc-conference-2026/)

The Health Quality & Safety Commission developed an independent cross-sector IPC programme. But the programme transitioned to Te Whatu Ora-Health NZ (https://www.hqsc.govt.nz/news/infection-prevention-and-control-ipc-programme-transitioning-to-health-nz/) last year and since then the forum for cross sector collaboration has not occurred.

Working as a whole of health system is important because there is an ongoing risk of multi-drug-resistant organism transmission or other disease outbreak. Since the beginning of the year, there have been three significant outbreaks that have the potential seriously affect New Zealand. Australia has a bird-flu H5 variant confirmed (https://www.rnz.co.nz/news/health/609885/time-for-nz-to-prepare-epidemiologist-says-as-bird-flu-reaches-australia) for the first time – human to human spread is unlikely but this could be devastating for our bird life. The risk of the latest strain of Ebola reaching New Zealand from the Congo or Uganda is low, but not zero. The recent rodent-borne Hantavirus which infected a New Zealander aboard the MV Hondius cruise ship reminds us we are not too far away to escape these risks.

These potential threats are on top of the infectious disease outbreaks that aren't quite as novel or exotic. The ongoing measles epidemic in America means New Zealand is likely to continue to see occasional cases, with the potential for a wider outbreak, which is why ongoing vaccination for susceptible people is vital. Pertussis/whooping cough is another vaccine-preventable illness that New Zealand is still seeing cases related to the outbreak that began in 2024. COVID continues to lurk — although it is starting to settle into a more seasonal pattern.

If we do our job right in IPC, nothing exciting happens — but it also means we fly under the radar when it comes to funding and resourcing.

During COVID, I think we lost some of our humanity in some of the policies and procedures we put in place.

I stepped into the chair role during COVID when IPC nursing was in the spotlight and under pressure — but also appreciated and resourced. A lot of district health boards got extra IPC funding, but some of that was only temporarily. So, now we are back to the status quo — not enough IPC staff. In smaller regions there may be a single IPC nurse or clinician, such as Wairarapa, Te Tai Rāwhiti (East Coast) or south Canterbury.

It's not just nurses we don't have enough of. Infectious diseases physicians are understaffed. Medical microbiologists, we don't have enough. Specialist antimicrobial stewardship pharmacists, we don't have enough.

At the same time, we're starting to hear about the impact of Health NZ's review of occupational health services. IPC and occupational health both have a responsibility for staff health, including vaccination and follow-up from occupational exposures to blood and body fluids, or a workplace exposure to an infectious organism. In areas where occupational health staff full-time-equivalent (FTE) hours have decreased, some of our members report that supporting staff has become the IPC teams responsibility.

Climate change, too, is bringing greater risk of infections. Photo: AdobeStock.

Aside from outbreaks, there are the day-to-day things that bubble along all the time. Like cleaning guidelines. What does clean look like? What equipment is useful? What does waste management look like? Staff vaccination and illness — when should staff be back at work after being sick?

These are all things that would be useful for the IPC group to have an opinion and feedback on to keep IPC guidelines current across sectors.

COVID hangover

There's still a level of exhaustion among the IPC workforce, post-COVID. The level of stress, ongoing heightened awareness and additional workload — we are definitely still feeling it. I'm not sure we've done psychological support for health-care workers very well post-COVID. Not just for IPC nurses but all health-care workers. It affected everyone and lot of people are feeling tired, overwhelmed and under-appreciated, still.

During COVID, I think we lost some of our humanity in some of the policies and procedures we put in place. The Government eventually eased off which was great, but I think at the beginning, I feel, to have people dying by themselves, that's not a kind or compassionate thing to do.

In an infectious disease outbreak, it's not unusual for people to die. But what we can do — with good IPC risk assessment — is put controls in place. We tell the family they need to wear PPE, go straight home, do not visit anyone else and watch out for symptoms.

> **If we do our job right in IPC, nothing exciting happens – but it also means we fly under the radar when it comes to funding and resourcing.**

But in COVID, we didn't always treat people as people which is one of the nursing fundamentals — treat the person, not the disease.

It was also unfortunate that vaccinations became such a polarising topic. It was very much 'if you're not with us, you're against us'. Whereas most people want choice, even if it's a limited one. We did suggest at the start that it would appropriate to have more than one type of vaccine available — the conventional one, even though it wasn't as effective — or the new one, which was a bit scarier or unknown. It's your choice. That might have helped move more people into vaccination.

What does clean look like? Photo: AdobeStock.

Climate change, too, is a huge risk for IPC.

We're going to have an increase in soft tissue and skin infections and food-borne illnesses because the environment is warmer, so the bugs will breed better. We need that advisory group to be advising Government on how to manage this increased infection risk.

College mahi

We've got about 900 members, which is great. Anyone with an interest in IPC can join, no matter where you work — check it out! (https://infectioncontrol.co.nz/join-us/)

Lately, we've made our *fundamentals of IPC* (https://infectioncontrol.co.nz/home/fundamentals-of-ipc-programme-course/) programme more sustainable. This links experienced IPC practitioners with small groups of new IPC nurses, to mentor them as they complete education modules. It teaches new IPC nurses the basics and provides them with a network of other IPC nurses.

We're also reviewing our education and travel scholarship and award (https://infectioncontrol.co.nz/home/professional-development/ipcnc-scholarship-and-awards/) funding, to make sure it's sustainable into the future.

Another focus this year has been on a closer relationship with the Australasian college for IPC, so we can make sure that their guidelines and statements are appropriate for the New Zealand context.

'I enjoy the detective work' – why I became an IPC nurse

I caught the IPC bug when I started in IPC, last millenia. I'd just had my first baby and was looking for a "little" part-time job — bonus points if it was "ladies" hours. Once I started, I was excited to learn about all the organisms. I enjoy the challenge of the detective work. I love that there is the ability to influence and teach and make change.

I describe three prongs in IPC. First, education. Second, surveillance, which is the detective work — linking together different infections, like you've got a cluster of surgical site infections and you're trying to figure out what connects them. And thirdly, the firefighting — when things go wrong, like COVID, or other outbreaks..

The other thing that keeps me interested in IPC is how broad a topic it is. We spend a lot of time with facilities, looking at building and construction, waste management, laundry standards and PPE. We look after staff, visitors, patients — it's so broad, it's great.

Infection prevention and control nurses college chair Lisa Gilbert.

The future has so many things to worry about – antibiotics no longer working, pandemics, preparedness and zombie apocolypses, climate crises — all of that, but I am confident that when I step down from chair at our annual general meeting later this year, the team I work with have the right stuff to help us all sleep at night.

Kaitiaki
NURSING
NEW ZEALAND

LETTERS

Colorectal surgical society nurses' awards 2026 – applications now open

By Marita Beard

June 5, 2026

Help us recognise and celebrate excellence in colorectal nursing before August 1, across colorectal nursing, gastroenterology, stoma therapy, cancer care, endoscopy, surgical nursing and related specialties.

The Colorectal Surgical Society of Australia and New Zealand (CSSANZ) invites nominations for the 2026 CSSANZ Nurses Awards, recognising the outstanding contribution nurses make to the care of patients with colorectal conditions.

Two award categories are available:

- Professional excellence
- Publications and educational materials

The awards are open to nurses in Australia and New Zealand working in colorectal nursing, gastroenterology, stoma therapy, cancer care, endoscopy, surgical nursing and related specialties.

Award recipients will receive support towards continuing professional development, including attendance support for the CSSANZ colorectal spring meeting 2026 (conditions apply).

Applications close 1 August 2026.

For eligibility criteria and application details, visit: https://www.cssanz.org/Web/Web/Members/Awards-Scholarships-Fellowships-Grants/Nurses-Award.aspx (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cssanz.org%2FWeb%2FWeb%2FMembers%2FAwards-Scholarships-Fellowships-Grants%2FNurses-Award.aspx&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7C00716a06a5804909406808dec2a567d1%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639162212875228586%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=jEIm6XYaBGpSSuRr80qvjGArFx3VcU72oGHqW5CMb3E%3D&reserved=0).

Marita Beard, CSSANZ administration officer