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NEWS

Antacid didn't cut it – then five-hour wait to find he was having a heart attack

By Joel Maxwell

July 31, 2026

A man waited five hours in Wellington's emergency department (ED) gripped by a heart attack — three years later the full staffing fix has yet to arrive.

A man was forced to wait five hours while having a heart attack in Wellington's emergency department. File photo with AdobeStock.

In a report released this week, health and disability commissioner Morag McDowell found Te Whatu Ora-Health NZ (HNZ) failed to provide the man with an appropriate standard of care in the 2023 incident.

Now HNZ has confirmed to *Kaitiaki* that three years later, barely over half of an ED staffing boost planned as a fix were on the floor.

Interim group director for operations in the district, Michelle Sutherland said of the 67 FTE extra positions, 37 were "in place". Another 18 were being "onboarded" (prepared after hiring), and 12 were still being recruited.

Meanwhile NZNO college for emergency nurses NZ (CENNZ) co-chair Natasha Hemopo told *Kaitiaki* it was fortunate the situation hadn't ended with a patient collapsed in the waiting room, like June's Waikato ED incident. That incident, she said, had left some ED members there struggling to return.

NZNO college for emergency nurses co-chair Natasha Hemopo.

The patient, a 55-year old man, arrived at the ED shortly after midnight in August, 2023 with burning central chest pain radiating over his back and left shoulder — the antacid Gaviscon hadn't eased the pain. He was middle-aged, Māori and had a family history of heart attacks.

McDowell said he should have received an electrocardiogram (ECG) but instead waited hours before seeing a doctor.

A nurse gave the man a triage score of 3 when he should have been scored as a 2 — to be seen within 10 minutes. But even with the score of 3 he should have been seen by an ED doctor within 30 minutes, the report said.

When a doctor finally saw the man four-and-a-half hours after triage, an ECG was given, which showed he was having a heart attack. He was immediately referred to the cardiac team and given a stent to improve blood flow in the arteries in his heart.

"Health NZ said that, at the time of . . . presentation, the ED was at 200 per cent occupancy and had 20 patients who needed to be seen within four hours. In addition, there was a shortfall of 10 nurses for the shift," McDowell said.

McDowell said the man's symptoms and history should have raised immediate suspicions of a heart attack. He was given the wrong triage score and his wait to see a doctor was "inappropriate and well outside the expected timeframes even for the incorrect triage score".

ED fixes

As well as the staffing boost the report outlined a raft of HNZ remedial action after the incident:

- Providing triage nurses with further education on cardiac symptoms.
- Planning to develop a hospital-wide escalation process for when the ED is at critical capacity.
- Introducing a waiting room nurse in 2024 to support clinical investigations following triage.
- Requiring that all ED nurses attend a triage course with CENNZ.

'The ED was at 200 per cent occupancy and had 20 patients who needed to be seen within four hours. In addition, there was a shortfall of 10 nurses for the shift.'

Hemopo said members in the ED had told her that HNZ had not recruited the full additional FTE. “I know they say they’re going to, but . . . they’re still working at a deficit.”

It was lucky the man had finally received the care he needed, she said, in light of a man’s death in the Waikato ED waiting room toilets in June after a nine-hour wait.

“I don’t know what happened to that man at Waikato, but this person involved in the HDC case could very well have collapsed.”

Hemopo had spoken to Waikato ED members the previous week who were devastated by the incident there. “They’re having a hard time just to return back to work knowing that they’re going back into those environments.”

Management in Waikato hospital were quick to offer support after the incident — but that was “reactive”, she said.

“In the long-term, nationally, nurses in EDs are struggling, not only with the workload, the staff shortages, everyone’s having to backfill and do longer shifts and work in stressful environments. You’re giving care to people in corridors.”

Nurses were simply “fed up”, she said.

Health and disability commissioner Morag McDowell.

Improvements underway

Sutherland said HNZ had launched a range of improvements in response to issues in the report. These included “significant investment in staffing, clinical leadership and patient-flow initiatives” in the ED.

She said roles established since 2025 included nurse practitioners, clinical nurse specialists, a charge nurse manager and senior medical officers.

“Patient safety remains our priority, and we are committed to continuously reviewing and improving our services to ensure patients receive safe, high-quality care.”

Of the 200 per cent occupancy rate at the time of the incident, Sutherland said HNZ “does not use occupancy as a measure of ED performance”.

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NEW ZEALAND NURSES ORGANISATION
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NEWS

‘We’re willing and ready to go’ say grads, but less than half score Te Whatu Ora jobs – again

By Mary Longmore

July 29, 2026

Nurse graduates say they are “ready and willing to go” — but fewer than half graduating this month have been offered supported-entry jobs at Te Whatu Ora-Health NZ (HNZ).

Some Ara school of nursing graduates. Less than half of mid-year graduates have been offered jobs at Te Whatu Ora so far this year.

Of the 964 registered and enrolled nurse graduates who sat their finals this month, just 428 have so far been matched with a job at HNZ — 44 per cent.

Graduate ‘devastated’ after missing out

I applied for graduate nursing positions in Canterbury,

This is unchanged from a year ago when just 45 per cent of mid-year graduates were matched with HNZ jobs — a drop from previous rates of up to 90 per cent, described by students as "shockingly low".

Auckland's Megan Budgen has been unable to find work since graduating late last year, despite applying for more than 100 nursing jobs.

She has her fingers crossed for the current round — otherwise would be eyeing Australia, or forced to consider giving up on nursing entirely.

> **'Nursing is not just a job to me – it is the career I have worked incredibly hard for and the only thing I truly want to do.'**

"If I'd known this when I started in 2021, I'd have been like 'no, I don't want to do it, I could easily get a job somewhere else'," she said.

"We see on the news so much that we're so short-staffed that people are dying yet the Government isn't putting enough funding into hiring and keeping nurses."

Auckland graduate Megan Budgen, speaking at NZNO's hui for health last year about the financial hardships faced by students.

HNZ chief nurse Nadine Gray told *Kaitiaki* that 359 offers went out on July 22, and a further 79 were expected to go out on July 24. More would follow in coming weeks, she said without specifying how many. All are RN positions, she confirmed. It was not yet clear how many jobs were available for EN graduates.

Marlborough, and the West Coast.

The only response I received was from Canterbury, where I was placed in the talent pool, but I did not receive an offer. After being told that talent pool can take up to eight months to come off. I spoke to both charge nurses for my top two picks and they said there was not funding or skill mix enough for another new grad. Which is disappointing knowing that there is need but Te Whatu Ora isn't enabling this.

Honestly, I am devastated. Nursing is not just a job to me — it is the career I have worked incredibly hard for and the only thing I truly want to do. After years of study, placement hours, and previous health-care experience as both a health-care assistant in acute clinical areas and as an ambulance officer, I felt I had given myself the best possible chance. Not being offered a position has been heartbreaking.

Right now, I am exploring any opportunities that may become available, but the uncertainty is extremely stressful. It is difficult not knowing when, or if, I will get the chance to begin the nursing career I have worked so hard to achieve.

I think it is important people understand the impact this is having on graduate nurses. Many of us are passionate, qualified, and ready to work, but are being left without a clear pathway into the profession we love.

— Name withheld by request.

NZNO student co-leader Poihaere Whare warned graduates would be eyeing up Australia — and that enrolments would dry up.

"Why would you do something for three years and there's no guarantee of a job?" she said. "If they don't get placed here, they're going to leave."

She called for better planning, to accommodate the nearly 3000 nursing graduates coming through each year.

NZNO student co-leader Poihaere Whare

"We're willing and ready and waiting to go — we just need the opportunity to prove ourselves."

HNZ revealed last week it would only be offering 1800 new graduate jobs over its 2026/27 financial year which runs from July 1, 2026 to June 30, 2027 — even though nearly 3000 graduates are expected over that period.

Another 400 places are available for graduates in primary health care (PHC) under an initiative where HNZ pays practices up to $20,00 per annum to take on a new RN graduate.

Last week, 773 registered nurse (RN) and 191 enrolled nurse (EN) mid-year graduates sat their final nursing exam — a total of 964, according to the Nursing Council.

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NEW ZEALAND NURSES ORGANISATION
Kaitiaki
NURSING NEW ZEALAND

NEWS

Auckland University's first Māori head of nursing 'awesome', say tauira

By Mary Longmore

July 29, 2026

Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO students say the appointment of Waipapa Taumata Rau, University of Auckland (UOA)'s first Māori head of nursing, Josephine Davis, is important for rangatahi.

University of Auckland's first Māori head of nursing at the NZNO national student hui day in July with Xahlia Murray, right, and Shanel Dodunski.

"Having that representation means a lot for tauira Māori," NZNO's Te Rūnanga Tauira (TRT) representative at UoA Xahlia Murray told *Kaitiaki* at NZNO's national student hui in Wellington.

“It’s quite inspiring and someone we can look up to and see succeed and who is Māori. It really motivates our rangatahi into leadership.”

National student representative at the university, Shanel Dodunski, agreed, saying it was “awesome” to see more Māori nursing leadership.

One of New Zealand’s first Māori nurse practitioners (NPs), Davis (Ngāti Kopaki, Ngāti Manu, Ngāti Whātua Ōrākei) said she never in her “wildest dreams” imagined being in the role — but hoped it would encourage others.

“I hope all our tauira Māori can see that this is a space for them. I hope they can see people who look like them and think like them and that me standing here shows them what is possible,” she said in a statement.

First Māori head of nursing at University of Auckland, Josephine Davis, was welcomed onto Waipapa Marae with her whānau in May. Photo: Chris Loufte

A nurse for 36 years, Davis said she came from line of healers, carers and nurses. “Being a nurse has always felt very natural to me.”

She joined the university in 2022 as a professional teaching fellow before becoming a senior lecturer in nursing. She helped establish the Māori nurse academic rōpū, *Mauri o te Hā*, as well as support Māori nursing students to connect with wider networks, including NZNO’s annual Māori nurse gathering, hui ā tau.

More Māori leadership in nursing education could ultimately help bring better health for Māori and other populations who carried a significant share of ill health.

Davis, who was appointed in May, was at NZNO's national student hui where students challenged heads of schools to stand up for them in the face of financial hardship and cultural safety attacks.

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NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

NEWS

Plunket nurses told to double appointments as funding, staffing crunch hits

By Mary Longmore and Joel Maxwell

July 28, 2026

NZNO Plunket nurses have raised the alarm over Government funding after being told they have to double their appointment workload.

Plunket nurse clinic day appointment workloads have doubled in the past six weeks. Photo: AdobeStock.

Meanwhile, they say, colleagues are being tempted to work in hospitals with higher paying jobs.

Now, they just want the Government to stump up on its campaign promises and coalition funding deal. Health Minister Simeon Brown, however, refused to respond to questions when approached by *Kaitiaki.*

NZNO delegate and Whānau Āwhina Plunket nurse Kelly Morrissey said nurses were told about six weeks ago they needed to see eight to 10 clients on a clinic day (clients coming to Plunket clinics), rather than the usual four – more than double.

Appointment times had been cut to half an hour and nurses feared they would miss something, under so much pressure, she said.

To add your signature as a Plunket health worker to a letter to NZ First leader Winston Peters about underfunding click here (https://maranga-mai.nzno.org.nz/open_letter_plunket).

NZNO delegate Kelly Morrissey

Morrissey said Plunket was a "hugely important" service, often dealing with things like mental health, sudden infant death and family violence.

"If we're in a hurry, are we going to miss something that's going to lead to some big catastrophic event that we could've potentially helped people [with] if we've had time to sit there and talk with them," she said.

Being able to sit down with families and talk, whakawhanaungatanga, was crucial for safety, she said.

"Sometimes they say everything's fine, but when you get into that conversation with them, you actually find things aren't fine and they've just put a big cover on it".

Parents were under massive pressure these days, financially and socially, and Plunket nurses wanted to give them the safest care they could.

"We all want to be delivering the best care. We want to know we've done everything we can within our power to support a family," she said.

> **'If we're in a hurry, are we going to miss something that's going to lead to some big catastrophic event.'**

"I worry they're not going to feel heard, listened to or supported in the most vulnerable time of their life and things are going to get missed."

Morrissey said Plunket nurses already felt undervalued, and wanted the chance to share their views and experiences on the impact of such drastic changes.

NZNO national delegate and Plunket nurse Hannah Cook said the Government should stick to its campaign promises — as well as the deal signed between National and New Zealand First — and fund Plunket properly.

Cook said Plunket nurses were paid "considerably less" than hospital-based colleagues.

> **'Limited funding and understaffing feels like juggling several balls in the air.'**

NZNO national delegate and Plunket nurse Hannah Cook. (File photo)

"The lack of funding is resulting in much-needed staff leaving for higher paying jobs in hospitals."

Proper Government funding would keep nurses from leaving Plunket for better paid hospital jobs, she said.

"Limited funding and understaffing feels like juggling several balls in the air always mindful it could come crashing down at any time."

Plunket nurses' pay equity claim was among 33 cancelled by the Government last year — just weeks away from being raised.

Minister of Finance Nicola Willis, along with NZ First minister Shane Jones, stopped to have a pāua pie ahead of Budget 2026, which did not provide extra funding for Plunket as per the National and NZ First coalition deal.

However the fight for pay equity didn't end there.

NZNO Plunket and hospice nurses have since raised new claims under the amended pay equity laws. They were followed by Bupa aged-care nurses.

Plunket, a nationwide not-for-profit organisation, declined to comment when approached by *Kaitiaki*.

Health Minister Simeon Brown would not reply to questions from *Kaitiaki* on whether he was concerned about Plunket funding, or whether he had discussed the issue with New Zealand First ministers.

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NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

NEWS

Understaffed, under pressure and now on strike – Muriwai ward walks out

By Mary Longmore and Joel Maxwell

July 24, 2026

Nurses and health-care assistants (HCAs) from Muriwai ward marched side-by-side out the main entrance of Waitākere Hospital on Friday — striking for safe staffing.

NZNO delegate and registered nurse (RN) Gemma Bethell with young supporter and son Theodore, making a stand for safe staffing in Muriwai ward. His sign refers to the number of patients a single nurse has to currently care for on night shifts.

The hour-long health and safety strike drew about 90 people, including former staff, to the streets of west Auckland.

NZNO members had been raising health and safety concerns since April 2025 — the ward becoming a flashpoint for national concerns over understaffing.

Ahead of the strike, media reported on how a patient suffered a broken spine while the ward was short three health-care assistants (HCAs). This came after repeated warnings during the day about severe capacity issues.

The ward provides care for older people who have suffered strokes — and is the largest acute ward in Aotearoa.

NZNO delegate Gemma Bethell, who brought her son Theodore, 6, along, ("he loved it") said the strike was "high energy and really positive" as former staff and workers from other parts of the hospital turned out to support about 40 Muriwai ward staff.

Warning of further strikes if nothing changed, Bethell said staff were not prepared to back down on making their ward safer for patients – and themselves.

"It's not something we can back down on, because it's causing harm. Harm to the staff and potential harm to patients. Everyone's so burnt out and tired," she said.

"If they're not prepared to meet us with some health and safety compromises and to address some of these concerns, I think there'll be further strikes."

Muriwai ward staff standing tall on Friday in their health and safety strike.

She acknowledged Te Whatu Ora-Health NZ (HNZ) had hired two more HCAs to fill vacancies – however it was refusing to change the base ratios.

After raising their unsafe staffing concerns in May, staff were told at a meeting with Waitematā district chief nurse Kate Gilmour that they would have to prove it by constantly updating the CAG (capacity at a glance) tool.

> **'It's not something we can back down on, because it's causing harm. Harm to the staff and potential harm to patients.'**

"But when you go into an emergency situation, you're not thinking 'oh, I better switch the CAG because there's six of us dealing with a code for the next 40 minutes – that's not where your mind goes."

Bethell said management didn't appear to want to hear nurses' and HCAs' real experiences on the floor. "They're not prepared to see the reality and level of harm it's doing, and burnout its creating for staff."

What staff need

- One more nurse on morning shifts, to bring the ratio down from 5 to 4 patients per nurse.
- One more nurse on night shift to bring the ratio down from 11 to 8 patients per nurse.
- One more HCA on afternoons.

Bethell said patients on the stroke ward required a lot of assistance – each time needing up to three people to help them go to the bathroom or shower.

"This is not a ward where people are independently mobile. They are dependent for all activities of daily living."

The health and safety walkout was held under the Employment Relations Act (section 84) which allows strikes if work is considered dangerous or unsafe.

There was full-on support for the strike on Friday. Photo: Enzo Giordani

As previously reported by *Kaitiaki*, 40 staff in the ward wrote a letter to HNZ chief executive Dale Bramley over severe and chronic understaffing on the 41-bed ward.

HNZ was contacted by *Kaitiaki* for comment but had not replied as time of publication.

Check out our video of staff walking off the job here.

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NEWS

‘It’s really disheartening’ – Te Whatu Ora graduate job offers fall short

By Mary Longmore and Joel Maxwell

July 24, 2026

Te Whatu Ora-Health NZ (HNZ) is promising 1800 jobs for new nurse graduates over the next 12 months — but it’s still only 60 per cent of what’s needed.

NZNO student leaders Poihaere Whare, Siarra Marsh and Dawn Blyth. Photo Naomi Madeiros.

This week HNZ announced the 1800 roles on offer — but *Kaitiaki* calculated there would be nearly 3000 potential grads over that period, meaning there would only be enough jobs for 60 per cent.

Meanwhile HNZ is yet to confirm when those jobs would become available.

Chief nurse Nadine Gray said the first offers were going out this week and would be 0.8 full-time equivalent (FTE) but would not reveal how many — nor how many were registered nurse (RN) or enrolled nurse (EN) roles.

> **‘They are trying – but the job numbers aren’t quite matching the number of graduates that we’ve got and that’s really hard.’**

Nearly 1000 new graduates — 773 RNs and 191 ENs — sat their finals this week but would have already received provisional job offers through recruitment service, ACE.

By the numbers

- The 1800 job offers would roll out over the new financial year, which runs from July 1 to June 30, 2027.
- There are 964 new mid-year nurses hitting the job market this week, another 1700 or so expected at the end of the year — plus a smaller cohort of about 80 next March (based on this year’s figures).
- With another 234 graduate RNs confirmed to be still waiting for jobs in the ACE “talent pool” at June 30, it brings to about 2978 the number of graduates likely to be seeking work over that period.

NZNO student co-leader Dawn Blyth said she knew that only half of graduates at one South Island campus had been offered Te Whatu Ora jobs this week — 75 of 150.

“It’s really disheartening for a lot of students to study for three years and hope for a job and then not get one,” she said. “They are trying – but the job numbers aren’t quite matching the number of graduates that we’ve got and that’s really hard.”

Queensland vs Christchurch?

Blyth said “a lot” of current graduates were now considering applying for the new graduate programme in Queensland, Australia, instead.

And many in her own cohort — who graduate in November — had already applied for Melbourne’s new graduate programme, lured by higher pay, job security and lifestyle.

“They’ve already made their mind up,” said Blyth, speaking in a personal capacity.

Acknowledging efforts to employ students, Blyth said it was “fantastic” to hear HNZ had resumed offering 0.8 rather than 0.6 FTE, “as students need 0.8 to survive”.

NZNO's student representatives, some of whom will be graduating this year. Photo: Naomi Madeiros.

"It's hard because Health NZ are in a really tricky situation that they can only offer jobs to budgeted vacancies and while we appreciate that and understand that, it's really disheartening to get to the end of your study and have no job."

Gray said graduate recruitment would occur across the year and all specialties including emergency departments, medical and surgical services and mental health and addiction.

But, in what has become a common refrain amid budget restraints, she urged graduates to look beyond hospitals.

HNZ would also be funding primary and community health jobs for up to 400 new graduate jobs through its primary care "tactical action plan", she said.

More than 300 graduate RNs had already started working in primary health care (PHC) over the past year, under the initiative which pays practices up to $20,000 per year to take them on.

> **'As a new grad, I think there's a fear of being put under pressure because there are . . . bad staff shortages there.'**

"Alongside hospital-based positions, aged-care and primary care is a great place for graduate nurses to start and build their careers," Gray said. "My own nursing job was in aged care and was the best start to a fulfilling career in nursing."

Gray said HNZ was committed to building a "strong pipeline of experienced and specialist nurses who have trained in New Zealand".

Blyth said she supported graduates going into communities as well as hospitals, "it's such an important part of society, to treat at the ground roots".

Minister of Health Simeon Brown said 1800 job target matched last year's, when HNZ offered 1716 graduate RNs jobs, of which 1666 were accepted.

But in total over their financial year, 1845 graduate RNs found work in New Zealand's health system, including primary, community, non-government agencies and aged care, Brown said.

"The Government is committed to continuing to build a strong nursing workforce and employing locally trained, homegrown nurses."

Last year, *Kaitiaki* revealed that just 45 per cent of RN graduates were being employed by HNZ — despite claims it was "the biggest intake in a decade".

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NEW ZEALAND NURSES ORGANISATION
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NEWS

‘We need to be recognised’ – primary health nurse on why she decided to stay and fight for better pay

By Mary Longmore

July 23, 2026

Auckland enrolled nurse Priscilla Wiki has thought about leaving primary health for better pay. Just once. But she just couldn’t do it — even though the pay is up to eight per cent higher elsewhere.

Enrolled nurse Priscilla Wiki, right, with Tracey Morgan and Kylie Goddard, all members of NZNO's primary health-care team battling for better pay and sick leave. Photo: Latayvia Tautai.

“I’m still here because of the relationships I have with our people and when I think about leaving them it makes me feel like I’d be letting them down.”

Wiki is speaking to *Kaitiaki* after the fist bargaining round with employers on June 3. She put her hand up — or rather was volunteered — by colleagues to be part of NZNO’s primary health care (PHC) bargaining team, fighting on behalf of about 3500 members for the same pay as hospital nurses.

> ‘I thought, ‘nah, if I’m doing all of these skills and applying them in my role to serve my people, I feel this should also be recognised.’

“I thought ‘why not?’ There are a lot of things that the nurses here and in the GP clinic world that isn’t been seen or shown in pay rates.”

Wiki started out as a health-care assistant (HCA) at a Māori health provider before taking up an ‘earn as you learn‘ opportunity to juggle work and study to towards her EN qualification about five years ago through a University of Auckland/HNZ/Māori and iwi provider initiative.

Moving into nursing made sense and wasn’t too hard with a few years’ primary health experience — but then she started noticing the pay gap. Wiki gets paid nearly $8 per hour less than an EN in her position at HNZ.

“I thought, ‘nah, if I’m doing all of these skills and applying them in my role to serve my people, I feel this should also be recognised.”

And Wiki — like so many nurses — goes over and above the basic nursing duties, visiting patients at home or wherever they are; and ensuring they get the wider social support or housing or wraparound care they need by referring them onto other services within her provider.

Blockhouse Bay PHC members

Primary health care nurses and workers around the motu want better pay,sick leave and the inclusion of nurse practitioners in their collective agreement.

Having spent a lot of time working closely with a GP with a special interest in women’s health, it’s an area she is passionate about and knows a lot about. And now Wiki can do a lot of the care and procedures herself — and has caught some potential cervical cancer signs early.

“I’ve had women come in who say they’ve had a bad experience in the past, so they’re forever declined to have their cervical smear test done. But having that conversation in a way they understood it and making them feel comfortable, managed to bring them around,” Wiki said.

“I just talk to them like they’re a normal person. . . Gaining that rapport and working on that relationship allows them to become comfortable and then we can have those conversations.”

It’s because of these experiences — feeling like she is making a real difference — that keeps her where she is.

“It’s the appreciation and acknowledgement that we are getting back in return from these people we are here to serve.”

But it's not fair — and primary health sector is losing skilled, passionate nurses because of it, she says.

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

Despite an eight per cent pay rise in 2025 — PHC nurses are lagging by eight to 11 per cent behind their HNZ colleagues' pay scales since a new HNZ-NZNO agreement was settled last month.

But the gap can be as high as 20 per cent for senior nurses and 30 per cent for administrative staff, also covered in NZNO's PHC multi-employer collective agreement (MECA).

> **'… coming away from it made me realise the importance of fighting for those of us who are out there in primary health and being acknowledged and recognised for the mahi we are doing.'**

A Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO survey of 720 PHC nurses late last year found 80 per cent were considering quitting the sector because of worsening workloads and the pay rates.

Wiki said facing down the representatives of about 580 PHC employers on behalf of more than 3500 nurses, HCAs and administrative staff covered by the PHC MECA for the first time was confronting.

"But coming away from it made me realise the importance of fighting for those of us who are out there in primary health and being acknowledged and recognised for the mahi we are doing that nobody else — or not many others — would see."

Employers are expected to respond by the end of this month, July, to NZNO's claims (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nzno.org.nz%2FPortals%2F0%2FFiles%2F2026%2F2026_CA_DRAFT.pdf%3Fver%3DxOGaWklilXrJO_Ggvxde7w%253d%253d&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7C45acb4309a2440f1cabd08ded87cecf5%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639186228232424908%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=mDnRx1AWM2aeBhV4mEmY92TMk

LuxsAKLpZD1KdVussg%3D&reserved=0), which include pay parity with Te Whatu Ora, bringing nurse practitioners into the MECA and increasing sick leave entitlements.

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

Primary health funding changes drop ethnicity

In June, general practices accepted a new $120.6 million primary care funding package for 2026/27 which recognises patients' rural locations, deprivation and co-morbidities alongside age and gender — but drops ethnicity as a consideration.

Minister of Health Simeon Brown told GPs in 2025 that "reweighting" capitation funding in this way would have more impact on high-needs populations, NZ Doctor reported (https://www.nzdoctor.co.nz/article/news/ethnicity-exclusion-hits-high-needs-clinics-papers-reveal).

However, this ignored Ministry of Health advice in June 2025 (https://s3.ap-southeast-2.amazonaws.com/nzdoctor.files/production/public/2025-10/June%202025%20Capitation%20reweighting%20-%20further%20advice.pdf) that excluding ethnicity would mean less funding for practices with the highest needs populations.

The change followed the 2024 Sapere report *Rebalancing the Scales (https://s3.ap-southeast-2.amazonaws.com/nzdoctor.files/production/public/2025-10/Briefing-Sapere-Report-and-reweighting-primary-care-capitation-funding-H2024057558.pdf)*, commissioned by Te Whatu Ora-Health NZ (HNZ) to ensure primary health was being funded correctly to care for high-need populations.

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NEW ZEALAND NURSES ORGANISATION
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NEWS

Summerset members to ponder new offer after day of action for bargaining team

By Joel Maxwell

July 20, 2026

It was a beautiful day for a Teams hui, but the NZNO Summerset members still hadn't found what they were looking for.

Members join in the day of action for NZNO Summerset members on Wednesday.

NZNO's Summerset members will go to the ballot on a new offer following last week's return to the bargaining table.

Meanwhile ahead of last week's negotiations members gave some moral — and musical — support to the bargaining team with a day of action.

It came after members voted in June to reject Summerset's offer, covering one year.

The day of action included NZNO Summerset members from the lower North Island who came together in person and online to belt out a famous U2 song – *One*.

NZNO Summerset members gather for a day of action to support their collective bargaining team.

Despite some technical challenges, the hui members sang the more-than five minute song together (unfortunately for copyright reasons *Kaitiaki* can't play the video), then enjoyed it so much they gave it another blast.

The song's lyrics were picked to send a message of support for the bargaining team.

An NZNO member and self-described "one-voicer" taking part in the action, who *Kaitiaki* agreed not to name, said the day was an opportunity for workers to come together as one team and one voice.

In New Plymouth NZNO Summerset members held a community meeting ahead of the restart of bargaining.

"Summerset's values is 'one team' and what we're doing is we're taking this action because we're about protecting one team."

Other events included lunchtime gatherings and a community meeting held in New Plymouth.

The new Summerset offer included an increase in the one-off payment from $375 to $575 for union members. The other details of the previous offer remained unchanged.

It was a beautiful day for action on Thursday.

The aged-care sector has previously come under scrutiny — last year NZNO released its *Care in Crisis* report in Wellington.

The report was based on 80 in-depth interviews and 415 surveys of aged-care nurses and health-care assistants across the motu — nearly 500 workers.

It found that whether large private operators or small not-for-profit, aged residential care was underfunded and understaffed across the country.

The ballot for members was planned to go out this week.

Palmerston North staff making a stand in Manawatū.

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NURSING NEW ZEALAND

NEWS

‘A terrible thing to do’: Nurses slam bill that would send homeless kids packing

By Joel Maxwell

July 15, 2026

Nursing leaders have come out swinging at a Government anti-homeless law that could see 14 year olds in desperate need of help — and a home — incarcerated instead.

Nurses say the move-on orders bill will make life worse for the homeless -- the Government says it knows better. Photo: AdobeStock

The Government, however, has told K*aitiaki* that it knows better.

The NZNO submission to the justice select committee, on the Move-on Orders Bill, said it would make homelessness an offence for people as young as 14 — with penalties including a $2000 fine or up-to three months in jail. It risked "victimising children".

"The possibility that a prison term then introduces a young person to the criminal justice system simply because they don't have shelter or a home is manifestly unfair."

Police could order people to move on for simply sleeping rough or asking for money. If they don't leave the area for up to 24 hours then they could face the fine or prison time.

Nurse practitioner, Michael Brenndorfer who works at a youth help hub in Auckland.

The NZNO submission called for homelessness to be considered a health issue "addressed by health and social services" rather than within the criminal justice system.

Speaking to *Kaitiaki*, NZNO college of child and youth nurses committee member and nurse practitioner, Michael Brenndorfer, agreed the bill would criminalise the existence of young people struggling with housing.

"It entirely contradicts everything we know about best practice in youth development and youth health, and instead will only serve to harm those most vulnerable rangatahi in our community."

It could push "isolated and disenfranchised" young people further into the criminal justice system, he said, and away from actual evidence-based youth support services.

> **'It entirely contradicts everything we know about best practice in youth development and youth health.'**

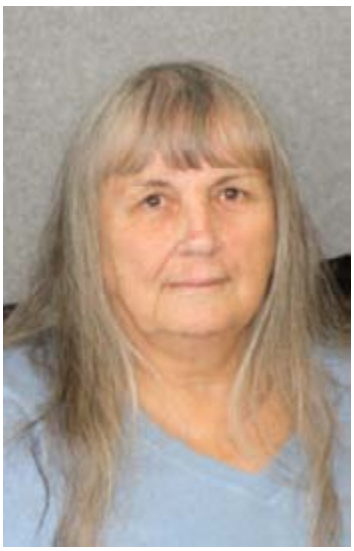
Making it worse had been the "essential dismantling" of emergency housing support over recent years, said Brenndorfer.

These made it nearly impossible to arrange safe accommodation for young people, "pushing them onto the streets as their only options for avoiding unsafe family situations".

"We echo others in the call for the introduction of duty-to-assist legislation making it compulsory for services like the Ministry of Social Development (MSD) to house rangatahi when they are homeless."

Mental-health contradiction

The submission warned the law could drag police back as mental-health first responders, which the Government had been phasing out since 2024 — although the final phase has been stuck in pause since April.



Helen Garrick

NZNO mental health nurses section chair Helen Garrick told *Kaitiaki* that with the current lack of mental health services there was a risk that people would be criminalised instead and end up in the corrections system. "The whole thing seems to be particularly targeted towards vulnerable people who can't do anything about it."

Not all homeless people were suffering from mental illness or addiction, but many were, she said. They lived on the streets because they had no alternatives.

One of her biggest concerns was that people — particularly the young and very old — would be moved on from their support groups and systems, including medical support.

Garrick said there had been concern that support services generally knew where to find people currently: this would make it "even harder to get hold of them".

"There's people with chronic medical conditions who are living on concrete and in the cold, and we can't even find them to get them into some sort of medical treatment."

This, she said, was a "terrible thing to do to a group of people".

Problems, what problems?

When the bill got its first reading in Parliament, in May, Justice Minister Paul Goldsmith called it a tool against "disorderly behaviour" in city centres.

Goldsmith would not reply when *Kaitiaki* asked if police should help people aged 14 sleeping rough, rather than just move them to another part of the city.

The move-on orders bill would include people asking for money in central cities. Photo: AdobeStock

Instead a spokesman said the Government did not agree with the nurses' and NZNO assessments.

In a written statement Goldsmith told *Kaitiaki* the Government had no policy to criminalise homelessness.

"Only people who refuse those orders, will face prosecution. A move-on order is not a criminal charge."

Police Minister Mark Mitchell said that officers had "the expertise to assess and determine what support is required" when dealing with homeless people.

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NEWS

Nursing students challenge schools to stand up for them – and cultural safety

By Mary Longmore

July 6, 2026

Nursing students across Aotearoa stood before their teachers in Wellington to ask for more protection amid cultural safety attacks, financial hardship and far-flung placements.

NZNO's national student unit at their hui with heads of schools in Wellington on Friday July 3.

And the kaiako — teachers — listened as NZNO student representatives shared their struggles to stay afloat financially, survive placements and work out how to care for Māori in a culturally safe way.

Sam Prouting said he was out of pocket by $410 per week while on placement at Palmerston North Hospital — far away from where he lived — due to parking costs, having to stop paid work and fuel prices.

> **'I'm just trying to do what I need to do to get ahead in my nursing career.'**

One student said her family lost $670 a week while she was on placement — "that's a lot of pūtea to lose in a week for my whānau . . . for me to pursue a career in health care. For me to provide our people — my people — in Aotearoa, in the future, the utmost care".

Another student said had to patipati — beg — his whānau members for money to help him get to placement, as he couldn't do his part-time job. The constant financial pressure had a negative impact on his mental health.

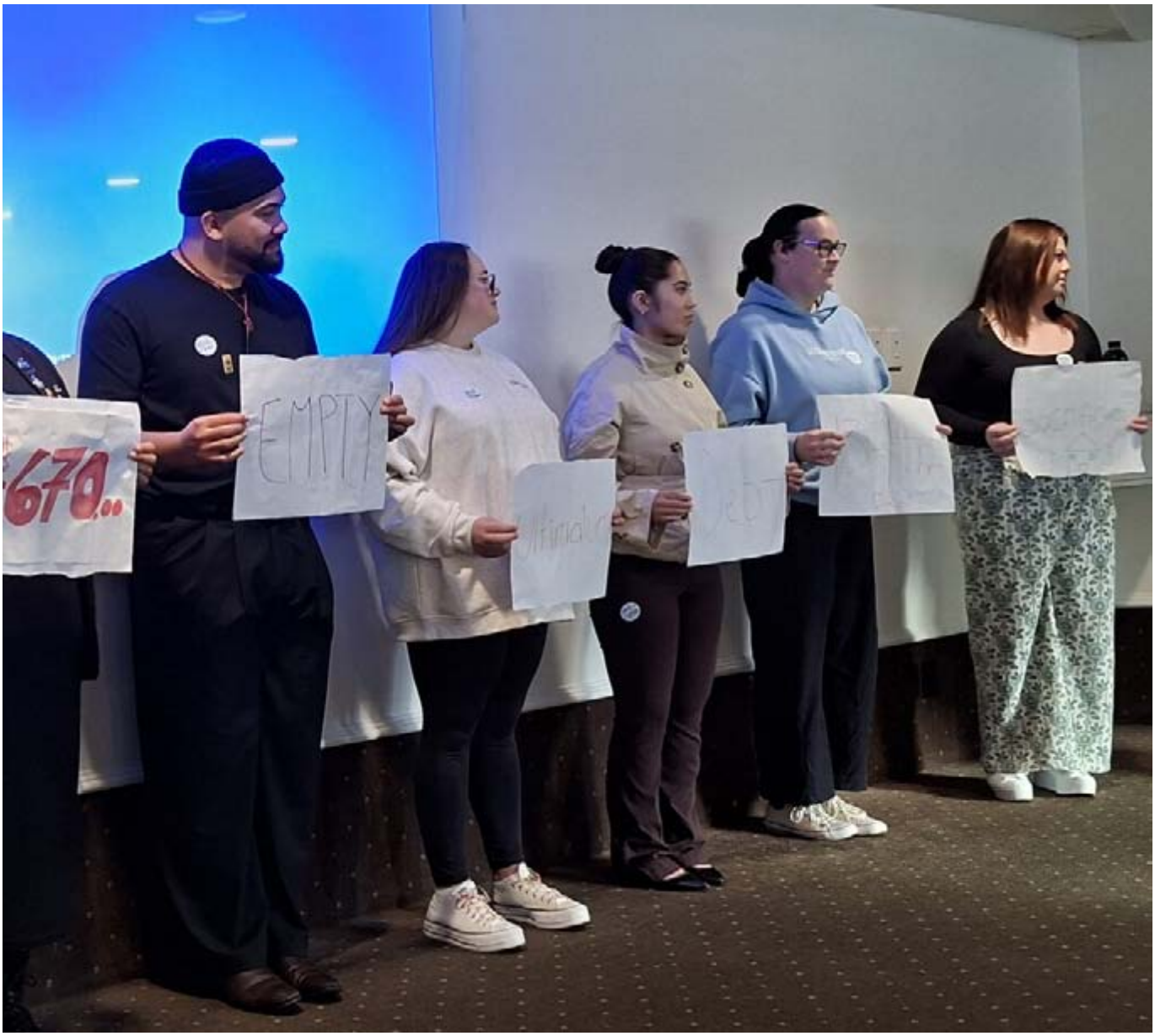
"I had to put a little bit more pressure on my own whānau just to get to placement. My whānau gave and supported me — I know some don't have that luxury. Some weeks they couldn't, and I had to use AfterPay," he told the heads of school.

"I'm just trying to do what I need to do to get ahead in my nursing career."

University of Waikato senior Māori health lecturer Donna Foxall responds to nursing students.

The students said financial challenges were still the same, if not worse, than last year with 65 per cent of students struggling to afford basics like bread, rent and fuel, a third spending more than $2000 on study-related expenses and 62 per cent having to cut back on part-time work while on placement.

On top of that, more were now being employed only part-time after graduating, on 0.6 full-time equivalent (FTE), under Te Whatu Ora's new first year programme — while debt would only grow with the loss of fees-free.



Some of the NZNO student representatives describe their struggles to heads of school.

New graduates were dealing with unsafe staffing — and sometimes asked to mentor students "while still building their own confidence and competence".

Kawa whakaruruhau — Te Tiriti-based cultural safety guidance for nurses — was inconsistently taught across schools and modelled in the workplace, the students said. Many educators and health-care professionals lacked Te Tiriti knowledge, making it hard for students to know how to apply it in every day nursing practice.

> **'We know the journey is difficult for you – we have been there.'**

Being on placement often meant bullying, poor communication, excessive workloads and lack of support. On top of that, many preceptors were still not familiar with the new pou/competency standards.

'Advocate for us tauira, we are the future'

The students asked schools to advocate for tauira, in finding employment, upholding te Tiriti and consistency across campuses.

Waikato University Māori health lecturer Donna Foxall promised to think about how to better support students, saying their pūrākau (stories) "touched me, and everyone here".

"We know the journey is difficult for you — we have been there . . . we know the financial challenges and physical hardship."

New Zealand chair of the Council of Deans of Nursing and Midwifery (Australia and New Zealand) Nicolette Sheridan said she would talk to her Australian colleagues about how to better support nursing students on placement.

Australia last year introduced an A$338 weekly 'practicum' payment for nursing and midwifery students on placement.

Finalising an NZNO policy on better financially supporting nursing students on placement was also discussed, with further details to come.

Head of Massey University nursing school Nicolette Sheridan, also New Zealand chair of the Council of Deans of Nursing and Midwifery (New Zealand and Australia) responds to student concerns.

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NEWS

Show us the money! New Te Whatu Ora pay rates on the way

By Mary Longmore

July 1, 2026

After a six week wait, Te Whatu Ora-Health NZ (HNZ) said new pay rates would start to roll out this month for more than 35,000 of their nurses, health-care assistants and midwives.

Some of NZNO's bargaining team members, left to right: Glenda Huston, Maria Tutahi, Dawn Barrett, Noreen McCallan, Debbie Handiside and Rachel Thorn. Team members not pictured are Lyn Logan, Allister Dietschin and Nano Tunnicliff. Photo Naomi Madeiros.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO HNZ members voted in mid-May to accept a 4.5 per cent pay rise over two years — 2.5 per cent from March 2, 2026, then another 2 per cent from March 2, 2027. Enrolled nurses also get a $2000 increase to their step five rate in recognition of their expanded scope; and nurse practitioners an annual $6000

Relief Tiriti claims intact after 'whiplash' talks

Waikato registered nurse (RN) Maria Tutahi said she was happy that NZNO's Te Tiriti claims for tikanga Māori pūtea allowance

professional development allowance, both from March 2, 2026.

Rachel Thorn

But six weeks later by late June, they had still not kicked in.

HNZ has now confirmed to *Kaitiaki* the first payments will start this month, July, and be completed "in stages" by September.

All will be backdated to March 2.

Bargaining team member Rachel Thorn, a Whangārei emergency nurse, welcomed the news. She said it had been frustrating after such drawn-out bargaining to face yet more delays.

Thanking staff for their patience, acting people and culture director Deborah Kent told *Kaitiaki* HNZ was working through a large number of collective agreements that covered about 64,680 employees.

A $1000 lump sum (or $1300 for designated senior nurses/midwives) was also on track to be paid by mid-August — within three months of the new agreement's signing — as agreed, Thorn said.

Safe staffing 'wins'

Dawn Barrett

Auckland RN Dawn Barrett, also on the bargaining team, said two key safe staffing changes agreed in the new collective were almost settled: More transparency around vacancies and recruitment and better reporting pathways for floor staff experiencing unsafe staffing.

and kaupapa Māori dispute policy were part of the new agreement.

"We're so happy that it got on there — it was on and off, it would give you whiplash!" said Tutahi, also in the bargaining team. "I'm really happy we're going to be able to shape these two kaupapa and we are going to have input into it, on behalf of Māori nurses."

Maria Tutahi

Tikanga Māori pūtea was a financial acknowledgement of the cultural expectations which often fell on staff with pūkenga (expertise) Māori.

"I'm really happy that we can look forward to something that works for us and we have input in the creation of. It could have been something else — non-Māori telling us what we should do in this space, but it's not. It's us. That's what I'm happy about."

Both were being worked on by NZNO's Māori governance arm Te Poari and HNZ, but were expected to be in place by early 2027.

Tutahi said the 20 month bargaining had been gruelling, costing her 80 days away from her whānau. "It was so much. It was hard on them — but it was really hard on me."

However, it also had up sides — strong relationships with the team, more knowledge and

"They are essentially giving staff licence to raise consistently unresolved issues, especially with patient or staff safety — and HNZ will act," Barrett said.

"Previously, the incident reporting system went into some ether and never got replied to . . . so people didn't feel that, even if they raised the issue and did the datex form, that anything happened, or they didn't feel listened to — or it just disappeared."

Barrett said she expected news of an updated safe staffing escalation system and vacancy reporting within a month.

Pay equity

Rachel Thorn said since 2025 Equal Pay amendments removed regular pay equity reviews, bargaining was the only means HNZ members could keep up with male-dominated workforces. Yet the current deal fell well short of that.

"The sad thing is about the pay is we've allowed them to erode our pay equity which we only gained a few years ago. Now there's no mechanism to review it, the only way to prove our pay gap and keep up with inflation is to go into bargaining — and we know how great that is."

deeper appreciation of previous teams.

"It opened my eyes to a lot of things I just took for granted. I wasn't as familiar as I am now with everything in the collective. I have more knowledge — and more consideration of what previous teams have put into negotiations."

And while her team all had their own, often strong, opinions, there was no "bad blood", Tutahi said.

"We would just disagree — that's it. We were very professional. I couldn't have been with a better team."

HNZ members received a $4 billion pay equity settlement in 2023 — but cannot now review it's still keeping up with similar male-dominated workforces until 2033.

The close vote to accept the offer followed 20 months of bargaining, multiple strikes — from picketing to uniform or redeployment — and mediation.

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

Preparation for the next round of bargaining has already begun ahead of the current collective's expiry in October 2027.

- *Bargaining also began this month for a separate collective for members in very senior roles excluded from the main HNZ-NZNO-collective agreement.*

Next steps

- **Research into culturally appropriate nurse-to-patient ratios**: NZNO and HNZ are currently discussing how to approach their joint research into legally-enforceable ratios, where they have been implemented overseas in places like Queensland, Victoria, California, Oregon and British Columbia. Due to begin mid-July and be finished by mid-April 2027 — but further work may be needed.
- **Graduate recruitment** to be prioritised with up to 1800 new registered nurses (RNs) employed on an average of 0.8FTE.
- **Safe staffing** work programme to be completed within 18 months.
- **Mental health nurse workforce** plan for safer staffing, better managing violence and aggression and recruit to vacancies.
- **Enrolled nurse** workforce plan.
- **Health-care assistant** role and professional development review.
- **Designated senior nurses/midwives** pay scale to be reviewed.

The 2026/27 collective agreement can be found in full here (https://www.nzno.org.nz/Portals/0/Files/Documents/Support/CA/Health%20NZ%20%E2%80%93%20Te%20Whatu%20Ora%20and%20Toputanga%20Tapuhi%20Kaitiaki%20O%20Aoteraroa%20NZNO%20Nursing%20and%20Midwifery%20CA%201%20March%202026%20%E2%80%93%2031%20October%202027.pdf?).

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NURSING NEW ZEALAND

NEWS

NZNO calls for independent inquiry into man's death in Waikato ED waiting room

By Joel Maxwell and Mary Longmore

July 1, 2026

A man's death in the waiting room toilets at Waikato Hospital's emergency department (ED) after a nine-hour wait has sparked calls from NZNO for an independent inquiry.

NZNO has called for an independent review into a man's death in the waiting room toilet of the Waikato Hospital emergency department.

NZNO chief executive Paul Goulter said the organisation's thoughts and condolences were with the man's whānau.

Nursing leaders respond

"Te Whatu Ora's Midland executive regional director Cath Cronin refused to say this morning whether the ED was understaffed on Monday night. The public deserve better than obfuscation."

After 20 months of members having short-staffing concerns brushed off in collective bargaining, they had little confidence in Te Whatu-Ora-Health NZ (HNZ) reviewing its own processes, he said.

Goulter said New Zealanders needed to know whether their EDs had enough staff — the inquiry should also examine whether Waikato Hospital had enough funding to staff its ED.

NZNO chief executive Paul Goulter.

The man died after a reported nine-hour wait in the ED — found unresponsive in the toilets of a crowded waiting room shortly after 1am, overnight Monday.

Staff performed chest compressions on the man while on a gurney being taken from the waiting room.

It came the day after media reported that the Waikato Hospital ED had recently received more than 300 patients in a single day — June 8.

Meanwhile NZNO emergency nursing leaders have called out a nationwide problem of short-staffing, dangerously long waiting times and inpatient gridlocks.

NZNO president Anne Daniels said nobody should have to wait nine hours for help and blamed a "totally unethical" approach to health care that put budget before patient safety.

"We have a system called CCDM that tells us how many nurses, doctors and wider team members we need to actually support triage category timely see and treat – but we're not recruiting to that, because we're working under a

College of emergency nurses New Zealand co-chair Natasha Hemopo

The college of emergency nurses New Zealand, representing ED nurses nationwide, extends our heartfelt condolences and prayers to the patient and whānau involved in the incident at the Waikato ED.

This should not happen in our country.

Also, we extend our prayers and thoughts to all emergency staff and to all the staff at Waikato Hospital who will return and carry on, because they are professionals who care for the communities we live in.

Recently, we have had senior clinicians from the Australasian College for Emergency Medicine and senior nurses from Waikato ED talk about the increased workloads that are placing patients and staff at risk.

This is not new; the variance response management tool, has captured ED pressures relating to hospital pressures/inpatient beds at an hourly rate, depending on demand and patient acuity.

What is lacking is a proper response and meaningful actions to alleviate workload pressures within EDs and across the entire hospital system, so these incidents do not happen again.

–College of emergency nurses New Zealand co-chairs Natasha

NZNO president Anne Daniels.

budget which has been set by the Minister of Health," she said.

Hemopo and Wendy Sundgren.

"This is why the review has to be broader than just this one incident because people are dying in EDs all around the country."

Waikato ED was under significant pressure – but so was the entire health system, she told *Kaitiaki.*

"These are system failures that are actually being set up by the decisions made by Government and enacted by employers. And, sorry – it's totally unethical."

She called for an independent review that looked at all the contributing factors to not only this death, but other ED deaths in recent years – including primary health care backlogs which meant people were forced to turn to ED for help.

Last year coroner Ian Telford slammed the "conscious decision" to understaff Taranaki Base Hospital's ED — leading to the 2020 death from head injuries of Len Collett.

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OPINION

‘I chose the nurse’s heart over cold data’: Ensuring Leo’s spirit remains for the future

By Simone Inez Harriman

July 8, 2026

Whether health technology is wood or silicon, keeping the humanity in human-centred care will always be the goal, writes a nurse who discovered its importance first-hand.

The future, including artificial intelligence, is a partnership where technology restores sensory and nerve pathways. Photo: AdobeStock

Nearly three decades ago, I was a student nurse on a clinical placement at a centre for children with complex needs. It was there that I met Leo. In his late teens, Leo lived with cerebral palsy, and right from the start he wanted to be noticed.

In his defiant but friendly greeting—“hi, my name is Leo”—he sent a clear message: I am more than the sum of what you see.

Leo was encased in a massive wooden standing frame. To my nursing student eyes, it was a visually abominable, anti-human device that seemed to secretly diminish him.

Simone Inez Harriman

As the crisp blue autumn sky beckoned other mobile children to spill out into the morning sun, Leo stood bound and motionless in a chilly corridor.

The frame required two people to manoeuvre, causing a temporary delay in his transition between classes.

Later that afternoon, Leo shared the pain behind his frustration. A surgical mistake had made it too painful for him to sit astride a horse — his greatest joy.

He told me how he used to ride by himself with someone leading the horse, how free he had felt, and how he hated being in that frame. He wished he could "chop it up for firewood".

As he spoke, a fly buzzed noisily between us and settled on his cheek. That mere fly brought home the appalling reality of Leo's experience; he tried to brush it away but needed my help.

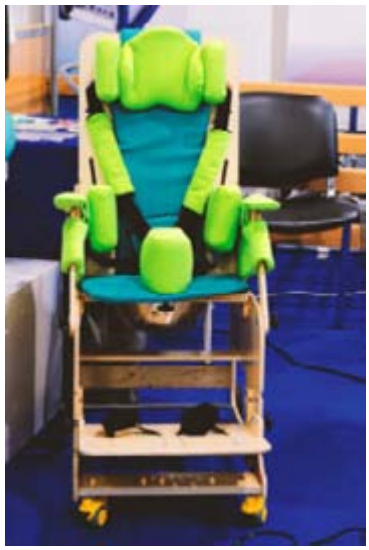
To lighten his mood, I talked about cars. Leo loved them. When he looked at me with earnest hope and asked if he could ever drive a car with hand controls, I felt the weight of my future profession.

Logic suggested his coordination was too poor, and a teacher's aide nearby had warned me against giving false hope. But looking into his eyes, I chose the nurse's heart over cold data.

I blurted out: "Yes. If you try really hard, you may be able to drive one day. And with all this new technology happening every day, you might be out of that frame sooner than you think."

Leo's eyes shone. In the weeks that followed, we designed cars on his computer and explored his dreams.

That experience taught me that there is no false hope; there is only the empowerment we choose to give.



Wooden frames should not act as a barrier to seeing the person inside. Photo: AdobeStock

Oddly, during the rest of my placement, I never saw the frame first — I'd see Leo. Because Leo was, and always will be, more than the sum of what you see.

From wood to silicon

Decades later, as I witness the rapid advancement of artificial intelligence (AI) and assistive technology, I am reminded of Leo.

The wooden frames of the past are being replaced by digital tools, yet the risk remains the same: that we focus on the device rather than the person.

To ensure the nurse's heart remains at the centre of this evolution, I have collaborated with AI to translate Leo's spirit into a guiding framework for future care.

The manifesto of empowerment

A collaborative framework for the future of human-centred care.

1. The rejection of the wooden frame: Technology must never encase the spirit. Progress is measured by the removal of barriers, not the construction of cages.
2. The primacy of 'I am': Every individual is more than their physical limitations. Technology exists to amplify the unique voice of the soul.
3. The sacredness of hope: We choose the blurted-out "yes" over the logical "no". Hope is a biological necessity and a fundamental right of the patient.
4. The symbiotic bridge: The future is a partnership where technology restores sensory and nerve pathways, guided by human empathy and intent.
5. The council of evolved souls: We advocate for leadership that represents all diversities, ensuring that wise decisions for the planet are rooted in the lived experience of those we care for.
6. The pursuit of the sun: Our ultimate goal is to ensure no one is abandoned in a dark corridor. We work so that every person can move toward the rays of the light.

Simone Inez Harriman is a retired registered nurse, who graduated into nursing aged 40, with a passion for intersection of human empathy and technology. Her work in Te Taitokerau has included intensive care nursing, paediatric nursing, emergency department nursing and mental health/addiction nursing in Dargaville Hospital.

- *The manifesto was written based on interaction with Google AI.*

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OPINION

Why the Government's pay equity amendments needed international scrutiny

By Gail Pacheco

July 6, 2026

Placing the decision to amend the pay equity framework under the international spotlight is more than just a legal challenge, writes Gail Pacheco.

Equal employment opportunities commissioner at Te Kāhui Tika Tangata Human Rights Commission Gail Pacheco and care worker Kristine Bartlett.

One year after New Zealand rewrote its pay equity laws under urgency, the issue has reached the international stage.

On May 6 Pay Equity Coalition Aotearoa (PECA) and four women whose livelihoods have been directly affected asked the United Nations committee on the elimination of discrimination against women to examine (https://tikatangata.org.nz/news/nz-pay-equity-rollback-triggers-united-nations-complaint) whether New Zealand has breached its human rights obligations.

This isn't simply a legal challenge. For many nurses and other workers in female-dominated occupations, it is about whether decades of hard-won progress on pay equity can be protected.

Pay equity (https://tikatangata.org.nz/our-work/pay-equity?token=03f66278f1accf53688cff9e86f396f748e70e3e35f4c5f9c6e566b118699f59) means equal pay for work of equal value. Unlike equal pay — which means being paid the same for doing the same job — it compares different jobs requiring similar skills, responsibility and effort.

UN pay equity claimants, left to right: Wellington early childhood teacher Mel Burgess, Hawke's Bay support worker Tamara Baddeley, Wellington secondary school teacher Clare Preston and Auckland teacher aide Ally Kingi in Wellington on May 6 2026 for the launch of the complaint.

It seeks to address the historic undervaluation of work performed predominantly by women, such as nursing, teaching and social work.

Pay equity is a fundamental human right. It is recognised in international agreements such as the Universal Declaration of Human Rights and the Convention on the Elimination of all forms of Discrimination Against Women (https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women) (CEDAW).

As a signatory to CEDAW, New Zealand has committed to upholding these obligations in law, policy and practice.

For many years, there was no clear way to enforce pay equity in New Zealand.

See also *Complaint lodged with UN over 'sneaky' gutting of pay equity claims*

That changed after care worker Kristine Bartlett's landmark case in 2012, where the Supreme Court recognised that low pay could reflect the historic undervaluation of work mostly done by women and that anyone who does such work can make a pay equity claim under the Equal Pay Act 1972.

NZNO members joined together in March for International Women's Day with a focus on pay equity.

The resulting pay equity process, established in 2020 by the Equal Pay Amendment Bill, has delivered significant pay increases for hundreds of thousands of workers in female-dominated occupations.

Many NZNO members received pay equity settlements through this process, while others had active claims underway when the law changed in 2025.

On 6 May 2025 the Government made major changes (https://tikatangata.org.nz/news/eeo-commissioner-says-equal-pay-act-amendments-undermine-progress-for-pay-equity) to the pay equity process without consultation and under urgency.

It cancelled 33 active pay equity claims; removed review clauses from existing settlements; and made it harder to raise future claims through a raft of changes including by restricting potential comparators to within the claimant's industry or sector.

For many workers, these changes did not simply alter a legal process, they removed a pathway to have the value of their work fairly recognised.

Former MPs from across the political spectrum joined together to form the people's select committee on pay equity.

These changes have been widely criticised. Thousands of New Zealanders have attended union-organised protests, a people's select committee of former MPs concluded the amendments undermine human rights, and five unions including NZNO have challenged them in the High Court.

Exactly one-year after the law change, PECA and the four affected women lodged a complaint to the CEDAW committee, alleging the amendments amounted to systemic discrimination and breach the right to equal treatment in respect of work of equal value.

Why does the complaint matter?

- It brings New Zealand's pay equity changes under international scrutiny.
- It provides a pathway to hold the Government accountable for its human rights commitments.
- It signals that progress on pay equity should move forwards – not backwards.

The four women represent different groups affected by the amendments – secondary teachers, teacher aides, home and community support workers, and early childhood teachers. Together, they illustrate the different ways the legislative changes have restricted access to pay equity.

NZNO members braved the wind outside Wellington Hospital for international Women's Day 2026.

If the complaint is accepted, the committee would seek a response from the Government, before issuing its findings and recommendations.

It is important to note that the committee cannot force legal changes or require remedies, but its findings carry significant international weight and reputational effects.

Pay equity advances in New Zealand have been achieved because people like Bartlett stood up, shared their stories and pushed for female dominated work to be valued fairly.

The complaint before the CEDAW committee is the latest chapter in New Zealand's pay equity journey.

It reminds us that equal pay for work of equal value is a human right – and one worth defending.

What can you do?

- Talk to your friends and family explaining what pay equity is and why it matters. Many people still confuse pay equity with equal pay.
- Write to your MP explaining why New Zealand needs a fair, accessible, human rights-based pay equity system that enables all affected workers to have their claims heard.
- Get involved: Support campaigns for pay equity (for example with local women's rights organisations) and share reliable information through your networks and social media.

– Gail Pacheco is the equal employment opportunities commissioner at Te Kāhui Tika Tangata Human Rights Commission. To learn more about her work on pay equity click here (https://tikatangata.org.nz/our-work/pay-equity?token=03f66278f1accf53688cff9e86f396f748e70e3e35f4c5f9c6e566b118699f59). To read the full complaint click here (https://tikatangata.org.nz/cms/assets/Documents/General/Pay-Equity/Report-Complaint-under-CEDAW-final.pdf).

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

OPINION

Winter ‘onslaught’ – nurses ponder how they’ll deal with ED overloads

By Natasha Hemopo and Wendy Sundgren

July 1, 2026

As the winter wave hits emergency departments (EDs), NZNO emergency nurse leaders are hearing of widespread understaffing, dangerously long waits and inpatient gridlock.

The College of Emergency Nurses committee, from left, Emma Richardson, Amanda Harrison, Jo Aston, Vicki Bijl, Natasha Hemopo, Wendy Sundgren, Julie Manning, Rochelle Harper, Rachael Wilson and Suzanne Rolls.

Emergency Departments (EDs) are all currently struggling to cope with the large number of patients and whānau needing care.

This is evident as collegial groups are all reporting the same experiences, from regional departments to our large urban EDs such as Waikato and Christchurch.

The statements are all the same and the workload and pressures are growing.

The expected winter surge of patients presenting to EDs will only add more workload pressures and place more patients and whānau at risk.

Health Minister Simeon Brown has pointed to an increase in emergency nurses as a sign of improving support for emergency departments. (File photo)

When departments are overloaded and lack staffing and resources, such as hospital beds, this will have a ricochet effect on patients awaiting to be seen in waiting rooms and for patients awaiting to be offloaded from ambulance trolleys.

Access to primary care services is challenging, and despite the narrative from the ministry, nurses are already having real conversations, worried about how their departments and colleagues will survive another onslaught of heavy workloads, delayed care for patients and whānau and delayed transfer to inpatient ward beds due to a lack of growth of inpatient beds.

> **'When departments are overloaded and lack staffing and resources, such as hospital beds, this will have a ricochet effect on patients.'**

The annual gaming continues whilst emergency staff go above and beyond trying to provide quality care, which requires culturally-sensitive care in view of our often unsafe environments, to bridge the

demeaning and overcrowded corridors that are used as default wards.

None of the nurse managers and clinical directors we talk with say they are adequately staffed; instead, they are asking for more.

The latest statistics show that shorter-stay beds have risen to 74.4 per cent from 74.2 per cent, a shortfall from the target of 95 per cent.

> **'Nurses are already having real conversations, worried about how their departments and colleagues will survive another onslaught of heavy workloads.'**

These numbers do little to reflect the lived experience of elderly patients lying in corridors, and young children with shortness of breath experiencing symptoms of bronchiolitis sitting in the overcrowded waiting rooms.

These negative experiences do little to support all staff working long hours; they only add to the burnout rate that leads to early exits.

The need for culturally-safe nursing care is greater now than ever to survive in a health environment that fails to provide resourcing that matches the demand and health needs of all New Zealanders.

No word from minister

Kaitiaki contacted Health Minister Simeon Brown for a response but he would not comment. Te Whatu Ora-Health NZ (HNZ) clinical executive national director Richard Sullivan said the 2026 winter plan was underway since May.

"More than 230 full-time equivalent (FTE) staff have been recruited across the country to support in our hospitals, a further 74 are to be covered internally. As recruitment for the remaining FTE continues, HNZ is collaborating with health-care partners including general practices, pharmacies, and primary providers to support the plan's delivery."

Natasha Hemopo and **Wendy Sundgren** are co-chairs of the NZNO college of emergency nurses New Zealand.

- *This piece was written before a man died in the early hours of June 30 after reportedly waiting nine hours in Waikato Hospital ED.*

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

FEATURES

‘We need to take up space’: Rōpū means handful of Māori nurse PhD students not alone

By Mary Longmore

July 24, 2026

A small but passionate rōpū of Māori nurses undertaking doctoral study through Waipapa Taumata Rau, University of Auckland, has formed a supportive whānau that stretches across Aotearoa.

On retreat this year, left to right: Eillish Satchell, Nadine Riwai, Liz Lewis-Hills and Ebony Komene.

Although they live and work in different regions of the motu, they meet regularly to support one another through the challenges and successes of the doctoral journey.

Waipapa Taumata Rau nurse researcher Ebony Komene (Ngāpuhi, Te Arawa, Tainui), who has been actively connecting doctoral nursing students across the university, said Māori nurses often wore multiple pōtae (hats). "These pōtae sit not just in the nursing space but the Māori space — and then you add the research component. So, we need to be connecting with each other".

While there are no official figures on the number of Māori nurses preparing for doctorates in Aotearoa, Komene says the number is likely small — less than 40 — "so a safe and supportive space is important".

She and colleague Coral Wiapo (Ngāti Whātua o Kaipara), a doctoral candidate and teaching fellow in the university's school of nursing, decided to establish a Māori nēhi PhD whānau last year after realising they may be the only nurses in the Māori and indigenous scholars' network, Te Kupenga o MAI.

'We don't accept the loneliness – how do we change that so it's not lonely?'

“We wanted to connect with each other and see how we can support ourselves through this journey, because often it’s a lonely one,” said Komene, whose research explores how Māori NPs/Mātanga tapuhi weave medicine, nursing and te ao Māori in their practice.

“We don’t accept the loneliness — how do we change that so it’s not lonely?”

With support from the head of research at Te Kura Neehi – School of Nursing, they sent a school-wide invitation to connect with other Māori nurses undertaking doctoral study.

Left to right: Liz Lewis-Hills, Eillish Satchell, Ebony Komene and Nadine Riwai on their second writing retreat in Whangārei this year.

Among the first to respond were Nadine Riwai (Ngāti Porou, Te Aitanga-a-Māhaki, Te Uri o Hau, Ngāi Takoto), Adele Ferguson (Ngāpuhi, Te Rarawa), and Liz Lewis-Hills (Ngāti Whatua, Ngāpuhi).

The rōpū has since grown to around six members who meet online each month to discuss their mahi, support scholarship applications, publish research and progress their theses.

‘Having these wāhine around… provides a sense of reassurance and connection, knowing others are experiencing similar challenges and milestones.’

Their tautoko for one another was evident throughout the interview, as they celebrated each other's achievements.

Riwai, a charge nurse manager in Māori Health whose background spans primary care, women's health and cancer screening, said the rōpū was a space where they felt comfortable asking questions, sharing challenges, lifting each other up and learning from one another, regardless of where they were in their doctoral journey.

They were also imagining some collective publishing at some point, said Komene.

"So, it's just a little pocket of opportunity we've just been growing and growing."

It's a PhD pie – inspiring kai on retreat.

Lewis-Hills, who has Thai and Māori whakapapa, said having the tautoko of other Māori nurses and wāhine was a big confidence-booster, confirming the direction of her PhD which reimagines diabetes in pregnancy service delivery for Māori.

"We need to take up space," she said. "Having these wāhine around is invaluable. It provides a sense of reassurance and connection, knowing others are experiencing similar challenges and milestones, even if we are at different stages of our journeys."

'When you're weaving together Western research tools and mātauranga Māori, you

need a solid sounding board.'

As a member of UoA's department of Māori health, Te Kupenga Hauora Māori, Lewis-Hills is supervised by clinicians and academics from a range of disciplines. She said the Māori nēhi PhD whānau added an important nursing perspective to her doctoral journey including opportunities to connect, share experiences and insights with fellow Māori nurse researchers.

Ferguson, who recently submitted her final PhD draft, said she also drew a lot of strength, cultural support and whakawhanaungatanga — kinship — from the rōpū as she researched how Whakatāne Hospital responded to the Whakaari/White Island eruption.

"When you're weaving together Western research tools and mātauranga Māori, you need a solid sounding board. Bringing my work to the rōpū was a key part of my methodological process."

Ebony Komene (front), Coral Wiapo and Eillish Satchell (rear) on the inaugural retreat in 2025.

Riwai, who is researching inequities in cancer screening for Māori, said she also loved the kaupapa of the rōpū. "Coming together as a nursing whānau is important. These hui remind you that you're part of something bigger. It's nice to see where everyone's at and know you're not alone."

The group brought together nurses who had completed, or were nearing completion of, their doctorates and were willing to share their experiences which made the rōpū invaluable for those earlier in their doctoral journeys, Riwai said.

‘This group gives us a space to do that and grow our Māoritanga, be confident as Māori nurse leaders and learn from others who have come before us.’

Eillish Satchell (Ngāpuhi, Pākehā) who has a background in emergency nursing and is a lecturer at Waipapa Taumata Rau, said the rōpū provided a space to grow as Māori nurses and researchers.

“Coming from a blended whānau, there’s not always safe spaces to explore and celebrate being Māori. This group gives us a space to do that and grow our Māoritanga, be confident as Māori nurse leaders and learn from others who have come before us.”

Satchell — now Dr Satchell after completing her PhD in May — has been working with ambulance services on how to support whānau during death and dying during out-of-hospital emergencies.

Last December, after successfully applying for support from the Mana Toa fund for Māori and Pacific post-graduate students, Komene, Wiapo and Satchell went on their first writing retreat in Te Whara, Whangārei — where all three have whakapapa.

Having a dedicated time and space to focus on writing and rangahau (research) allowed Wiapo and Satchell to complete their doctorate, with Satchell writing her final chapter there.

Co-founder of the PhD rōpū Coral Wiapo

But the connections and uplifting of wairua was just as important, she said.

“Going on the retreat allowed me to do some work and also make sure I was doing all the things I wasn’t doing at home – taking care of my tinana, making sure I was having some kai and uplifting my wairua by being around other Māori nurses writing.”

Wiapo shares how her research used mana wāhine theory and wānanga to explore the lived realities of being wāhine, Māori and a nurse. The opportunity to connect with other wāhine Māori nurses undertaking doctoral research, often grounded in their own lived reality, was critical to creating healing spaces from which to research.

Another retreat was held this month, July, this time in Kawakawa Bay, Tāmaki Makaurau, and it may become an annual event, Komene said.

” Our rōpū needs spaces like this. We’ve got mums, nurses studying part-time, and people with whānau responsibilities. These are all the challenges we’re navigating throughout this journey.”

- *Komene was recently awarded the 2026 Fulbright-Ngā Pae o te Māramatanga graduate award to research the role of indigenous nurse practitioners.*

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

FEATURES

Hitting the self-belief switch: NP intern Turuhira Marino on ditching doubts

By Joel Maxwell

July 20, 2026

Turuhira Marino is completing an internship to become a nurse practitioner, but has already become fully-qualified in believing in herself.

Nurse practitioner intern Turuhira Marino: 'I thrived in that paper and the self-belief switch just flicked on.'

The 2026 nurse practitioner (NP) intern of the year has spoken to *Kaitiaki* about her life in primary health care, her love of the mahi — and her awakening self-belief.

Just getting nominated was a shock — now she wants to help other nurses ditch any doubts about their potential.

Marino was born and bred in Ruātoki, a small rural community about 20 kilometers inland from Whakatāne, but has lived in Rotorua for about 16 years. It's still close enough to whānau — but with just enough separation too, she said with a laugh.

Marino said her dream as a nurse had always been to serve and look after her people. A career in primary health was one of the best ways to do that — being "the ambulance at the top of the cliff".

Nurse practitioner intern of the year at the awards ceremony, Turuhira Marino.

"I love this space because you're able to build that ongoing relationship with whānau, and you might work with generations of whānau over the years, so building up that long-term rapport."

The NZNO Te Rūnanga member has been a nurse for nearly 12 years, and is completing her year-long NP internship — clinical practice, with clinical mentorship — at Western Heights Health Centre.

Even before Marino started her NP journey she was lucky enough to be rubbing shoulders with Māori NPs who encouraged her to think about becoming one too. "I thought it was far-fetched, I thought it was unobtainable. Although others see a lot of potential in myself that I don't yet realise or see in myself."

Then came the one really difficult academic paper that changed her thinking completely.

It was 2023 when she was mid-way through a post graduate diploma to become a nurse prescriber, which included a dreaded pharmacology paper. Everybody warned her it would be challenging.

"I thrived in that paper and the self-belief switch just flicked on. I thought 'actually I am intelligent, I am clever, I do know things'."

Mum's always right

Now she's completing her NP qualification, but her career started down a different path.

Marino's mum, Tangi Thrupp encouraged her to consider nursing while she was at high school, but she decided to train as a physiotherapist in Auckland instead. That fell through when all her course friends quit and left her feeling a bit "mokemoke" (lonely).

Her mum mentioned a massage certificate course in Tauranga, so she returned to the Bay of Plenty and completed that instead. She eventually got sick of earning peanuts and her mum planted the seed again, saying there was a nursing school in Rotorua, "'how about you go to nursing?'".

> **'I thrived in that paper and the self-belief switch just flicked on. I thought 'actually I am intelligent.'**

At Waiariki Institute of Technology, now Toi Ohomai Institute of Technology, she met nursing educator Liz Rameka, "and she just had this warm greeting that I felt at home". Within five weeks of starting, Marino knew it was meant to be. "And I finally admitted to my mum, 'oh mum you were right', and haven't looked back since."

This year she has faced the intensive challenge of the NP internship, "they all speak of it", she said. "I still feel humbled every day actually, I don't know everything, and it's ok not to know everything.

Her mahi demanded that she broaden her "differential thinking" — the systemic approach to considering symptoms — when it came to diagnosing a patient.

"This year has been a lot more around the what-ifs, 'what else could this be?', and 'how do you know it's not that?'. That's where a lot of my growth and learning is coming from."

Māori NPs Jayme Kitiona, left, and Jacinda Childs who launched Tau Oranga Health Care in Rotorua.

Looking ahead, Marino said the world is the NP's oyster — there were real advantages to having one in a team, "not only because they've got the added clinical knowledge, but I think the empathy that nurses practise with".

"It's been taught to us quite early in our journey so it comes quite naturally — trust and rapport-building happens quite fluidly."

Plus there were other options for NPs — including setting up their own practices, like the low-fees Tau Oranga Health Care practice in Rotorua run by Māori NPs Jayme Kitiona and Jacinda Childs.

NPs – the best of nursing and medicine

Speaking to *Kaitiaki*, Kitiona said Māori NPs were already making a significant impact for Māori health, and this would only grow.

NPs brought together the best of nursing and medicine, and Māori NPs brought an additional strength "through our whakapapa, lived experience, and te ao Māori".

All of the NP award winners this year, clockwise from top left, Ashleigh Battaerd, Mark Baldwin, Nazreen Begum Hussain, Turuhira Marino, Tania Kemp (back), and Sandra Oster.

"Turuhira absolutely embodies these qualities. She is passionate, dedicated, and leads with humility and aroha." Marino was incredibly deserving of the award and "we're honoured to be supporting her journey", said Kitiona.

And as for that award — to be honest, Marino had no idea that she was being nominated, and it wasn't something that she was super keen on: thinking she'd have pressure on her at a national level. "I went on a little crusade — who put me under the spotlight, who did this to me?"

Eventually she found out it was her University of Auckland lecturers who nominated her. "I was so humbled and lost for words . . . to have it come from my nursing lecturers . . . again I don't see the potential in myself but others certainly do."

When she received the award she told the audience she took it because of those who had paved the way there, and those who were to come. "I accepted it to provide visibility for other Māori nurses who might be considering early on, 'I could never fathom that for me, I don't think I'm clever enough'."

> **'I was so humbled and lost for words . . . to have to come from my nursing lecturers . . . again I don't see the potential in myself but others certainly do.'**

If she could do it, said Marino, they can too.

"Try and get rid of the thoughts. 'am I worthy?', 'can I do this?', that's where I'd like to make a shift in those who might doubt themselves — that they can do this."

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

LETTERS

Poem for – and from – a hopeful new grad

By Beth Armitage

July 31, 2026

A Waikato nurse expresses her frustration at being unable to care for patients how she would like, through poetry.

Waikato nurse Beth Armitage

Hopeful new grad

You arrive early, you finish late

Caring hard you're skipping breaks

You didn't sign up for this to be your fate

You think of leaving now, this relationship with nursing is love/hate

Am I a failure you're wondering

While your ears with Watson ring: "caring the essence of nursing"

I just wanted to to care

How can I care?

Please let me care ?

Impossible to care

Quick the pain relief over there

Faster, faster, oh I wish I had time to wash this patient's hair

I need more support, I look around

But everyone's running bum up head down

Caring, caring it's why I'm here

This load's too heavy for me to bear

Document, document why do I always finish late?

And I just can't seem to get off on breaks

I can't properly care for everyone

This load's too much, shall I run?

A thousand things going through my mind- why does it always feel like I'm behind?

It's because you care . . . I see you going the extra mile there

This constant state of overwhelm

Will my cortisol level ever come down?

Most days you go home wondering

Why is this failure feeling lingering?

Take your breaks on time they say

Can I take a thousand and stay away?

But how could I possibly go away?

With all that's going on, I care too much I have to stay and fight so to a future new grad I can say:

It's better now than the yesterdays, now we actually have TIME to care in the right way.

This poem is partly a reflection of my own experience as a new graduate but also draws on my 11 years of nursing experience and observations of how deeply hopeful students and new graduates can be affected by the seemingly impossible job of nursing — the job of simply being able to actually, fully and holistically, care in the way we nurses have been trained. My sense that the system feels broken and it feels pointless asking for or hoping for better staffing ratios — because nothing ever seems to change. Wondering if the fighting is even worth it, but realising if we don't do anything about then we definitely won't see any changes.

— Beth Armitage is based in Waikato.

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

LETTERS

‘Spread the word’ on the fund helping nurses who are doing it tough

By NZ nurses memorial fund committee

July 1, 2026

For more than a century a fund has been helping nurses in times of need — find out how you can seek help, or help the fund.

Nurses who might be facing financial pressures and need some help can contact the New Zealand Nurses Memorial Fund. Photo: AdobeStock.

As the politicians and others acknowledge, times are tough, with many people experiencing financial hardship and we write to highlight the help available from the New Zealand Nurses Memorial Fund (NZNMF).

Recently, recipients have been given funds for sudden unexpected illness and for single parents struggling financially, amongst others.

So, as managers and colleagues, we encourage you to spread the word to any nurse that you think might benefit from funding from NZNMF.

The NZNMF philosophy is that it is there to help when social services and someone's own resources are not enough to meet their needs. NZNMF is closely allied with NZNO however applicants do not need to be a member to apply for assistance.

NZNMF was established as a benevolent fund in 1917 in memory of the 10 nurses lost in the sinking of the Marquette and has supported many nurses in times of financial hardship and emergencies for over 100 years.

We welcome applications from nurses with at least two years' post registration experience in New Zealand.

The fund's income comes from interest on its investments and also from bequests, donations and membership subscription. You can become a member or life member and support the fund to help others. You can also encourage donations and bequests. The fund is a registered charity – charity no. CC288878.

Applications for assistance or donations can be made to the NZNMF committee by email nznmfund@gmail.com or NZNMF PO Box 5363 Dunedin 9054.

Our annual subscription is $10 and life membership $100. Bequests are welcomed.

— NZ Nurses Memorial Fund Committee