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

NEWS

Māori nurse educator Pipi Barton recognised with top honour

By Marino Harker-Smith

August 27, 2026

Advocating for Māori nurses, as both tauira and in the workforce, has been a career mission for Northland nurse and academic Pipi Barton — this year's recipient of the biennial Te Akenehi Hei Memorial Award.

Nurse leadership: 2026 Te Akenehi Hei Memorial Award recipient Pipi Barton, right, pictured with previous recipient Dhyanne Hohepa, left, and Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO kaiwhakahaere Kerri Nuku. Photo by Naera Ohia.

It was the findings of her doctorate research that supported the establishment of NorthTec's puawānanga tapuhi Māori (bachelor of nursing Māori) programme. The degree is one of only four Māori

nursing programmes — and the only one to be based in a rural setting, in the Māori community of Ngāwha, near Kaikohe.

Barton (Ngāti Puhiawe, Ngāti Horotakere, Ngāti Hikairo ki Kāwhia) was presented with the taonga during the Huraina Te Matarau indigenous nursing Aotearoa conference, held at Māhurehure Marae in Tāmaki Makaurau earlier this month.

The award is the highest honour bestowed by Te Rūnanga o Aotearoa ki Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO, recognising a Māori person whose leadership, service and contribution have significantly advanced Māori health and well-being.

It is presented biennially and acknowledges those whose work has strengthened Māori nursing, whānau, hapū, iwi and communities throughout Aotearoa.

> **'I realised very quickly that nursing education was very mainstream and didn't reflect who I was as a Māori.'**

Barton said she was surprised and honoured, especially with the status of the some of the previous recipients who she has respected and admired, including Moe Milne and Maureen Allen among others.

Milne was also one of her nominators and one of her role models.

Barton grew up on Kaeo in the Far North and has spent most of her working life in Whangārei and Waikato since becoming a registered nurse in 1991.

Barton's masters and doctorate research focused on Māori health and Māori nursing, and in particular examined how the Māori nursing workforce has remained static at seven per cent for the past 40 years despite Māori making up 17.5 per cent of the population.

"Our programme is a response to that to try and grow the Māori workforce and particularly the rural Māori nursing workforce.

"My research identified that Māori students and nurses really struggle in mainstream BN programmes and that there is a need for more Māori nursing programmes," she said.

"I'm currently doing research to determine whether Māori programmes increase Māori retention and completion of BN programmes."

Only BN in rural Māori community

NorthTec's Puawānanga Tapuhi Māori was established in 2025 and the first cohort from this programme is due to graduate at the end of 2027.

Although there are three other Māori nursing programmes in New Zealand, in Porirua, Manukau and Whakatāne, this is the only one that is based in a rural setting in a Māori community.

‘Remember you are a Māori who happens to be a nurse not a nurse who happens to be Māori.’

It is also wānanga focused with classes taught all around Te Tai Tokerau marae, which is many of the students’ marae. Because of the vast area of Northland, a unique feature of the programme is its mode of delivery, with a blend of online and kanohi ki te kanohi teaching, taught in intensive blocks and wānanga.

When not in class tauira remain in their own communities and kaiako travel to the tauira.

Barton’s inspiration to get into nursing, like many Māori, came from friends and whānau. Her father and his two sisters were Māori nurses.

“They were my inspiration and living in Northland there were limited options to study and nursing was the most attractive,” she said.

“I realised very quickly that nursing education was very mainstream and didn’t reflect who I was as a Māori.”

‘We stand on the shoulders of those before us’

During Barton’s acceptance speech she acknowledged her tīpuna Māori and tapuhi Māori saying she stands for them.

“This award carries the ingoa of Akenehi Hei. As Māori nurses we stand on the shoulders of those who stood before us and I have spent much of my career advocating for Māori nurses.

“There have been many who have walked along beside me and supporting me along the way.”

She reminded attendees at the conference: “Remember you are a Māori who happens to be a nurse not a nurse who happens to be Māori.”

The previous recipient of Te Akenehi Hei Memorial Award was Dhyanne Hohepa in 2024.

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NEWS

Latest EN graduate job figures reveal Minister's 'empty' promises, say enrolled nurses

By Mary Longmore

August 27, 2026

Enrolled nurses say they feel 'deflated' after just 29 of the latest wave of EN graduates got a job at Te Whatu Ora-Health NZ (HNZ).

NZNO's enrolled nurse section say they have been let down again after HNZ has hired just 15 per cent of the latest EN grads. EN committee, left to right: Professional nursing advisor Suzanne Rolls, Tina Giles, Michelle Prattley (chair), Gwen Ahuriri, Selena Morritt, Debbie Handisides, Glenda Huston and Angela Ritchie. Absent is Christy Reedy.

That's just 15 per cent of the 191 ENs who graduated in July — despite promises from the Minister of Health Simeon Brown he would "actively encourage" recruitment.

Meanwhile, 200 EN graduates are still looking for work — some from as far back as 2024.

Christchurch enrolled nurse Debbie Handisides said the figures were "deflating" after Brown promised he would do better for ENs.

NZNO's enrolled nurses met Brown in December to share concerns about lack of graduate jobs and a failure by some regions to allow them to work fully within their newly-expanded scope of practice.

> **'There's a lot of mistrust – they keep telling us we are important, yet we keep seeing low job numbers.'**

After two follow-up letters, the Minister finally replied in March, saying he valued ENs and was "actively encouraging the employment of enrolled nurses" across HNZ and the wider sector.

However, the latest graduate job figures showed these words were "empty" and "disingenuous", NZNO's enrolled nurses told *Kaitiaki*.

"We keep hearing from the Minister, we keep hearing from the chief nurse, that we are being acknowledged, we are being heard, they want to do something for us — yet we see these numbers. So it's very deflating," said Handisides.

She said it made it harder to see the enthusiasm of EN students on placement, knowing how few of them would get jobs.

"There's a lot of mistrust — they keep telling us we are important, yet we keep seeing low job numbers."

The employment rate is similar to last year's, when just 15 per cent of EN graduates were employed by HNZ.

New EN role 'not always recognised'

On top of that, ENs were still being denied the right to practice to their fullest extent in some regions, Taranaki enrolled nurse Glenda Huston said.

NZNO's enrolled nurse committee after raising concerns with Minister of Health Simeon Brown in December. Left to right: Debbie Handisides, Michelle Prattley (chair), Simeon Brown, professional nursing advisor Suzanne Rolls and Selena Morritt.

"We have all of our different districts, who have different directors of nursing, who have their own personal beliefs and understanding of what an enrolled nurse is able to do."

In 2025, the Nursing Council launched a new scope of practice for ENs allowing them to become independent practitioners without RN supervision and take up more leadership roles.

'We are committed to ENs' – chief nurse

Chief nurse Nadine Gray said HNZ was committed to hiring more ENs, but it would take time to "build the pipeline". This is despite there being 200 ENs currently in the talent pool.

The EN role had changed, she said, and HNZ was "working with the sector" to encourage broader and higher EN employment, by improving understanding of the new role, and reviewing models of care and clinical practice protocols.

HNZ had committed to offering a total of 70 EN roles by the end of the current financial year — June 30, 2027. About 320 ENs are expected to graduate in that time, which would mean about 22 per cent would score HNZ jobs, she said.

Gray has also promised HNZ jobs for 1800 (https://www.healthnz.govt.nz/news-and-updates/strong-pipeline-of-nurses-progressing-into-the-workforce) of the 3000 registered nurses (RNs) estimated to graduate over the next 12 months — about 60 per cent.

Minister of Health Simeon Brown did not respond to questions from *Kaitiaki.*

At a glance:

- There have been 29 EN graduates employed by HNZ since its new financial year began on July 1, 2026*.
- There have been 201 ENs graduates so far this year; 13 in March and 191 in July, according to Nursing Council figures. Another 120 or so are expected in November.
- There are currently 200 ENs sitting in the HNZ-ACE employment pool including 70 who graduated this year and 132 from 2024/25, according to HNZ.

** HNZ has so far refused to provide the number of EN graduates it has employed to date in 2026. Kaitiaki's simple request for this figure has been redirected as a formal 20-day Official Information Act request.*

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NEWS

Gisborne ED staff vote for health and safety strike as understaffing bites

By Joel Maxwell

August 27, 2026

Between long 12-hour shifts and crushing work demands, nurse Clara Dolman-Tuhou has only seen her son three times in the last two weeks.

Gisborne Hospital NZNO members on the picket line during their 2023 strike.

At times she had to set multiple alarms to get herself out of bed for a few moments to say good morning before he headed off to daycare — then collapsed back for sleep ahead of another looming shift.

She spoke to *Kaitiaki* as nationwide understaffing flashpoint has sparked up again — this time in Gisborne Hospital emergency department (ED) with NZNO members voting to strike in September to fight unsafe staffing.

The health and safety strike will run on September 9 from 2.30pm to 3.30pm.

NZNO delegate and Gisborne ED nurse, Dolman-Tuhou said that staff were exhausted from understaffing.

"At the moment we've lost a lot of senior nurses in our department over the last eight to nine months — it's taken a very big toll on everybody."

NZNO delegate and Gisborne ED nurse Clara Dolman-Tuhou.

In a heartfelt personal article published in *Kaitiaki* she revealed she worked 30 hours over her contracted full-time equivalent (FTE) hours in the last fortnight alone.

Now, speaking about the strike, she said senior nurses were "under the pump" having to support intermediate and junior colleagues. "The long hours are absolutely out the gate, unsafe, it's taken its toll."

Nurses just wanted to give patients the care they deserved, but morale was low, everybody was exhausted, "and we just want help".

Dolman-Tuhou had been nursing in the ED for just over three years. "I'm quite a junior nurse and to be a junior nurse in this type of environment is so scary. But I'm very lucky that the senior nurses that are still on, they're very supportive."

Nurses in the ED had come together to support each other and keep communicating with each other, she said.

She had many whānau in the region and seeing them unwell but being unable to give them as much support as she wanted was "hugely upsetting".

Meanwhile she said she'd only seen her young son three times in the last fortnight.

> **'The long hours are absolutely out the gate, unsafe, it's taken its toll.'**

Dolman-Tuhou would drag herself out of bed after setting five alarms on her phone to make herself wake up, say good morning, have breakfast with him, send him off to daycare and then go back to sleep.

They were all taking turns to do 12 hour shifts — they were calling on the bare minimum reserves of energy they had just to pull through, she said.

This came at the same time as the belated flu season: "It's taken a toll on everybody, all sorts of ages, all sorts of health histories, and it's quite dire at the moment."

The strike comes after a member ballot closed on August 24 with strong support for the strike. NZNO and members would work with Te Whatu Ora-Health NZ (HNZ) on a contingency plan so that services could continue to run during the strike.

NZNO members on a health and safety strike from Muriwai ward at Waitākere Hospital in July.

Co-chair of college of emergency nurses New Zealand (CENNZ), Natasha Hemopo said the region had a high number of high-acuity patients with chronic conditions and low access to general practice doctors.

She said the decision by an ED to go ahead with a strike was "huge". "I think that need must be driven by the desperation."

Hemopo said the action in Gisborne might trigger other EDs around the country to strike too. "I know in North Shore, they've had a gutsful; Auckland, Middlemore, I know in Christchurch . . . their numbers are just over 300 a day."

She said the college supported the members, "but I know it would have been a difficult decision".

It followed a similar health and safety strike in Waitakere Hospital's Muriwai ward in July.

NZNO nurses and health-care assistants (HCAs) walked off work for an hour after raising concerns since April 2025 — the ward becoming a focus 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 HCAs.

This came after repeated warnings during the day about severe capacity issues.

'Appropriate measures will be put in place'

An HNZ spokesperson said the Gisborne ED would remain open "and appropriate measures will be put in place to maintain patient and staff safety and provide service continuity".

College of emergency nurses New Zealand co-chair Natasha Hemopo

"Tairāwhiti is in an ongoing process looking at ED nursing staffing levels to ensure we have the right workforce capability, capacity and skill mix to deliver safe, high-quality patient care."

There had been several opportunities for feedback throughout "and we remain committed to working in good faith as this process continues".

The winter season had been a busy time for health services with a high number of patients with flu and respiratory illness. "August demand at Tairāwhiti has been very high combined with increased sick leave among clinical staff."

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NEWS

Proposed new RN prescriber and NP competencies open for consultation as both roles bloom

By Mary Longmore

August 24, 2026

Consultation is open on proposed new standards of competence for nurse practitioners (NPs) and registered nurse (RN) prescribers that the Nursing Council says will better reflect their expanded practice today.

Photo: AdobeStock.

Departed Nursing Council chief executive Catherine Byrne — speaking to *Kaitiaki* before she resigned — said both roles were "fundamental" for improving equity and access to health care.

What does it mean?

RN prescribers:

A seventh pou (standard) rongoā haumaru

> **'There's been so much growth in the number of NPs and therefore the influence.'**

There were now more than 1000 NPs registered to practise in Aotearoa, and their work had changed significantly since the scope was last reviewed in 2016, she said.

And with a clear message from Government that continued NP growth was a priority, Byrne said it was up to the Council to ensure its regulatory framework supported this growth — as well as public safety.

Recently-departed Nursing Council chief executive Catherine Byrne.

RN prescriber practice, too, had changed, Byrne said, requiring a separate "future-focused" scope to reflect expanding prescribing rights.

Last year, the number of medications RN prescribers could prescribe doubled to 450 for common and long-term conditions such as high blood pressure, diabetes and menopause symptoms.

Yet RN prescribers have not had competency standards until now.

Their first scope was established in December 2025, adding prescribing skills like pathophysiology and pharmacotherapeutics to the existing RN scope.

At the same time, the 2016 NP scope was updated to bring it into line with the EN and RN scopes which were updated in 2025 — including their commitment to Te Tiriti o Waitangi, equity and culturally-safe care.

New competencies were now needed to reflect the new/updated scopes, the Council states in its consultation.

(https://nursingcouncil.org.nz/common/Uploaded%20files/Public/Consultations/2026-NP-RN-prescriber-standards-qualifications/RN-prescriber-standards-of-competence-proposed-0726.pdf) or safe prescribing practice, is proposed on top of the six RN pou, requiring:

- Comprehensive information-gathering
- Diagnostic reasoning
- Shared decision-making
- Clear communication
- Ongoing evaluation.
- Access to prescribing guidance from an experienced prescriber
- Working in collaboration with a wider team.

More details for RN prescribers can be found here. (https://nursingcouncil.org.nz/common/Uploaded%20files/Public/Consultations/2026-NP-RN-prescriber-standards-qualifications/RN-prescriber-standards-of-competence-proposed-0726.pdf)

Nurse practitioners

As well as the six existing RN pou, NPs would be required to meet another four pou:

- Tika, safe and accountable advanced practice, including clinically, ethically and culturally (kawa whakaruruhau).
- Pūkengatanga and evidence-informed advanced practice, including scientific knowledge and mātauranga Māori.
- Rangatiratanga and leadership, including in clinical practice, Māori

health and health system development.
- Manaakitanga and whānau-centred care.

More details for NPs can be found here (https://nursingcouncil.org.nz/common/Uploaded%20files/Public/Consultations/2026-NP-RN-prescriber-standards-qualifications/NP-standards-of-competence-proposed-0726.pdf).

One more 'pou' for prescribers – four for NPs

The proposed changes would integrate NP and RN prescriber standards into the system of pou, recently introduced for RNs and ENs.

For RN prescribers, who mainly work in the community or specialist care like diabetes, the proposed new competencies simply add an extra pou (standard) to the six already within the RN scope. The seventh pou, rongoā haumaru, sets out the requirements for safe prescribing practice, such as diagnostic reasoning, shared decision-making and ongoing evaluation, as well as guidance from experienced prescribers in the wider team.

For NPs, there are four extra pou they must meet, alongside the six RN pou. Those four new pou reflect their requirement to:

- Provide clinically and culturally-safe advanced care.
- Apply scientific evidence and mātauranga Māori.
- Provide rangatiratanga, or leadership, both clinically and in wider health system design to improve health outcomes.
- Provide person and whānau-centred care that considers (Tiriti-led cultural safety model) kawa whakaruruhau and health equity.

Qualification changes

The proposals also include changes to qualifications for each role.

RN prescribers would need just two years' experience rather than three — but one must be in New Zealand.

> **'You look at the competencies as they develop across the scopes, you can see quite clearly the difference between the EN role right through to advanced standards of an NP.'**

NPs would still need four years' experience and a clinical Master's degree — but at least one year of experience would need to be in New Zealand.

Nurse prescriber and practitioner numbers have grown rapidly in recently years and there are now 1014 NPs and 805 RN prescribers (primary health and specialty teams) plus another 42 RN prescriber diabetes and 20 RN prescribers Hepatitis C, according to Nursing Council data (https://nursingcouncil.org.nz/common/Uploaded%20files/Public/Publications/Workforce%20Statistics/Quarterly%20Data%20Reports/ncnz-quarterly-report-june-2026.pdf).

There were also another 841 community nurse prescribers. However, updates to their authorisations would be considered separately, likely over the next year or so, according to the Council.

Nursing Council NP project co-lead Rachael Walker.

A 'clear' path to advanced nursing

The changes follow updates to the enrolled and RN scopes in 2025/26 to reflect modern nursing practice. For RNs, there was more emphasis on preliminary diagnosis and cultural competency as well as digital health care. For ENs, it allowed them to practice more independently rather than under the direction of RNs.

RN prescriber clinical project co-lead Jill Clendon said the new scopes and competencies would provide a clear pathway for people to advance their nursing practice while maintaining safety and supporting leadership.

Nursing Council RN prescriber clinical project co-lead Jill Clendon

"You look at the competencies as they develop across the scopes, you can see quite clearly the difference between the EN role right through to advanced standards of an NP and how they develop right across that spectrum," she told *Kaitiaki*

NP project co-lead Rachael Walker said the proposed changes made it very clear that NPs were autonomous practitioners, with increased emphasis on scientific knowledge and leadership.

"There's been so much growth in the number of NPs and therefore the influence," she said. "They are advocating for better outcomes and equity, wherever they are — a clinical environment or across policy change and population health."

Consultation closes on September 7.

More detail on the proposed competencies can be found here (https://www.nursingcouncil.org.nz/common/Uploaded%20files/Public/Consultations/2026-NP-RN-prescriber-standards-qualifications/Consultation-document-NP-RN-prescriber-standards-qualifications-0726.pdf).

Consultation feedback can be made here (https://www.nursingcouncil.org.nz/NCNZ/publications-section/Consultation/Consultation-NP-and-RN-prescriber-standards-and-prescribed-qualifications.aspx).

Key changes – NP standards of competence

Element	Current	Proposed
Competency Framework	*Competencies for the mātonga rapuhi nurse practitioner scope of practice* Domains (6) Competencies (47)	*Nurse practitioner standards of competence* Pou (4) Descriptors (29)
Competencies versus standards and descriptors	*Competencies* Detailed Specific areas of knowledge and skills.	*Standards of competence* Broad expectations and able to be contextualised to all areas of practice. The descriptors provide guidance of what's required for each standard. Greater emphasis on the Pou statement. Less descriptors than previous competencies. Must be read in conjunction with the principles for safe prescribing practice.
Pou	Duplication between pou has been removed. Streamlined descriptors with greater emphasis on the pou.	Pou one – Safe and accountable advanced nursing practice Pou two· PGkengatanga and evidence-informed nurse practitioner practice Pou three – Rangatiratanga and leadership Pou four: Manaakitanga and people-centred care
Demonstrating continuing competence requirements	Demonstrated against each competency aligned to the pou	Demonstrated against each standard with descriptors used to inform practice expectations

Key changes – RN prescriber standards of competence

Element	Current	Proposed
Competency Framework	*Competencies for nurse prescribers* Competencies (5) Elements (53)	*Standards of competence for RN prescriber (including standards of competence for RNs)* Pou (7) Descriptors (39+12)

Element	Current	Proposed
Competencies versus standards and descriptors	*Competencies* Detailed with some duplication. Specific areas of knowledge and skills.	*Standards of nursing competence* Broad expectations and able to be contextualised to all areas of practice. The descriptors provide specific examples of expectations required for each standard. Greater emphasis on the Pou. Less descriptors than previous competencies. Must be read in conjunction with the principles for safe prescribing practice.
Pou	Competencies for nurse prescribers – 5 competency areas.	Builds on the standards of competence for RNs. There is an additional pou (pou 7) – Rongoā haumaru – safe prescribing practice for RNs who have met the requirements for the Council approved RN prescriber scope.
Demonstrating continuing competence requirements	Demonstrated against each competency aligned to each domain and indicators.	Demonstrated against each standard with descriptors used to inform practice expectations.

— *Source: Nursing Council*

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NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

NEWS

‘There was despair’: Government’s meddling in Nursing Council slammed at hui-ā-tau

By Joel Maxwell

August 18, 2026

The largest gathering of Māori nurses, kaimahi, kaiāwhina and ākonga in Aotearoa has blasted the Government’s gutting of the Nursing Council.

The new guidance for Te Tiriti, kawa whakaruruhau and cultural safety was released earlier this year.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO Te Rūnanga passed a resolution at its annual hui-ā-tau rejecting “the attack of the Government” on the nursing regulator.

NZNO kaiwhakahaere Kerri Nuku told *Kaitiaki* that the vote at the Tāmaki Makaurau gathering was unanimous and one of the strongest statements sent out of hui-ā-tau ever.

"What happened is that it was actually brought up from the floor — about the Government overreach and the protection of cultural safety and the whakapapa of Irihapeti's (Ramsden's) work."

NZNO kaiwhakahaere Kerri Nuku. Photo: Naomi Madeiros.

The kōrero brought up deep concern — especially from students — about the erosion of cultural safety, Nuku said.

She said they wanted to send a strong message that Māori nurses were upset by the Government's actions — and Māori being used again as a political battering ram in election year.

"Because when people look at cultural safety they immediately think it's Māori being advantaged, as opposed to the fact that this is about providing quality of care in a quality-of-care framework."

Health Minister Simeon Brown's gutting of the Nursing Council board has led to a raft of resignations from respected and experienced members of the Council's executive, she said. This included the chief executive, the chief nursing education advisor and two legal advisors.

Nuku said since last year Brown had replaced eight existing members of the board — despite four of them wanting to stay on. Of the remaining four, two internationally qualified nurses resigned in protest and the other two members did not seek reappointment.

There was a strong contingent of Māori nursing students at hui-ā-tau talking about the impact of racism on their training and ability to graduate, said Nuku.

"There was despair from the students, there were many saying 'I'm not even looking at staying in New Zealand'."

Many were already looking at Australia for mahi, which had support, training and pathway packages — only considering a return, once they were skilled practitioners, to work with their whānau in Aotearoa.

Left to right, Nursing Council chief executive Catherine Byrne, chief education advisor Annette Huntington, and senior legal advisors and registrars Clare Prendergast and Nick Davis have all announced they are leaving the professional regulator — taking more than 60 years of collective experience at the Council with them.

"The cultural safety element triggered a lot of wider impacts and discussion."

The Nursing Council mirrored changes at the Medical Council, which Brown had admitted were made because of what he claimed was their ideological agenda (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thepost.co.nz%2Fpolitics%2F361024008%2Fsimeon-brown-ousts-medical-council-leadership-over-ideological-agenda&data=05%7C02%7CJoel.maxwell%40nzno.org.nz%7C1fbc9bcabbe34a7664cc08defc223611%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639225421052806709%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=oHc%2FeOjnx14tt%2Fx%2FsZRRJXCWRK4qM5uNKUnrg%2FfbnsI%3D&reserved=0), Nuku said.

This month *Kaitiaki* reported on then-chief executive Catherine Byrne's resignation. Her departure followed that of chief education advisor Annette Huntington and senior legal advisors Clare Prendergast and Nick Davis — who were both part of the executive leadership team.

Te Rūnanga o Aotearoa resolution

That this NZNO hui, the biggest gathering of Māori nurses, kaimahi, kaiāwhina and tauira in Aotearoa New Zealand:

- Strongly rejects the attack of the Government on the Nursing Council.
- In particular on the governance structure, Council members and the impacts on Nursing Council staff.

This hui in particular does not and never will accept cultural safety being used as a political football to attack Māori.

Māori nurses and tauira stand united with NZNO in their opposition to these changes and the proposed amendments to the Health Practitioners Competence Assurance Act that will sacrifice patient safety for political direction.

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NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

NEWS

‘Great crowd of Westies’ turn out to support Waitākere Hospital nurses

By Mary Longmore

August 17, 2026

Around 400 people turned out to a public meeting in Henderson recently to support local nurses and health staff from Waitākere Hospital.

NZNO delegates, Gemma Rose Maber, Nivi Sharma, Michael Brenndorfer, Labour health spokesperson Ayesha Verrrall, Gemma Bethell and Neil Warrington at the West Auckland hui.

Thursday's hui — organised by NZNO and local Te Atatū MP Phil Twyford — was called in response to concerns over staffing levels at Waitākere Hospital, particularly in its older persons and rehabilitation ward, Muriwai.

It also follows news that just 11 of 30 beds promised by Labour in 2021 would be delivered by the current Government, which was now planning a staged approach, "over time".

> **'But times have changed – the Waitākere way has gone.'**

NZNO delegate Neil Warrington — who has worked Waitākere Hospital for 23 years – said the news was a let down and meant patients would likely continue to be cared for in corridors.

NZNO delegate and long-time Waitākere Hospital RN Neil Warrington at last night's safe staffing hui in West Auckland.

He told the meeting that on his ward, Muriwai — an older adult rehabilitation ward — constant short staffing was "incredibly demoralising" and, often, dangerous for patients.

“Not having enough time to spend with patients often means they are more at risk of falling and sometimes this leads to serious harm.”

Last month, a Muriwai patient fell and fractured his spine after nurses had warned managers they were severely short of health-care assistants (HCAs).

A supportive crowd of ‘Westies’ turned out to support swamped nurses. Photo by Enzo Giordani.

Warrington said when he started out, the “Waitākere way” meant patient-centred care and time for nurses to talk to patients and find out what they needed to recover.

“But times have changed — the Waitākere way has gone,” he said.

“Almost every shift starts with finding out we are short-staffed. Staff are leaving and not being replaced meaning that we are having to pick up extra shifts to support our colleagues.”

Staff were rushed, medication, procedures and basic care were often late and patients were left in wet beds.

“Sometimes an anxious or distressed patient needs a nurse to sit with them and hold their hand and just talk – the human touch,” he said — however this was not usually possible.

NZNO delegate Michael Brenndorfer MC'ed the hui. Photo: Enzo Giordani.

Another Muriwai ward nurse and NZNO delegate, Gemma Bethell, told the hui that rehabilitation took time and patience — yet staff were constantly rushed.

"One of the hardest parts of my job is knowing what my patients need but not always having enough time to provide it."

Despite constant back pain from lifting patients without enough help, Bethell said she still loved being a nurse — but good will could only go so far.

NZNO delegate Michael Brenndorfer, who MC'ed the event, said it felt like nurses were under attack.

"Every step of the way it's felt like this Government hates nurses and is attacking nurses every day."

Twyford said on social media it was a "great crowd of Westies" who turned out to demand an end to under-staffing at Waitākere Hospital.

"Our hospital needs more nurses, more health workers, more beds."

NZNO delegate Michael Brenndorfer with Te Atatū MP Phil Twyford.

Muriwai ward staff last month went on an hour-long strike last month over unsafe staffing levels — calling for just one more nurse on morning shift, one more on night and one more HCA in the afternoon.

HNZ response: 'Seasonal pressure'

HNZ's Waitematā group director of operations Brad Healey said health services across the country were under pressure due to seasonal illnesses — which also contributed to staff absences.

"To strengthen workforce capacity on the Muriwai ward we are recruiting for five health-care assistant positions, along with a range of other roles."

HNZ had a long-term workforce strategy in place and was recruiting across a number of services including the emergency department and surgical short stay unit. "We are looking forward to opening Karekare ward this year, supported by the recruitment of approximately 15 additional full-time equivalent staff."

This would increase bed capacity and patient flow across the hospital, he said.

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Kaitiaki NURSING NEW ZEALAND

NEWS

Nursing Council chief executive quits amid leadership exodus

By Mary Longmore

August 13, 2026

Chief executive Catherine Byrne and several senior executives have quit the Nursing Council two months after a major board reshuffle by Minister of Health Simeon Brown saw several nurses and Māori ousted.

Going, going, gone: Left to right, Nursing Council chief executive Catherine Byrne, chief education advisor Annette Huntington, and senior legal advisors and registrars Clare Prendergast and Nick Davis have all announced they are leaving the professional regulator -- taking more than 60 years of collective experience at the Council with them.

Byrne's resignation was announced to staff today by new board chair Sharon Brownie.

Her departure follows that of chief education advisor Annette Huntington and senior legal advisors Clare Prendergast and Nick Davis — who are both part of the executive leadership team — but finish up this week.

Prendergast has worked at the Council for more than 30 years, while Davis had worked there for more than 10. Huntington, a former Council chair in the early 2000s, has been an education advisor there since 2020. She finishes next month.

Their resignations were announced in the Council's latest pānui (https://nursingcouncil.org.nz/Public/NCNZ/About-section/Executive_leadership_team.aspx). Davis is taking up a deputy registrar role at the Medical Council while Prendergast is moving into consulting, the newsletter said. None of the departing staff would comment.

> **'Now we've got staff with integrity who have worked so hard to embed cultural safety, clearly saying they're not willing to jeopardise their integrity.'**

NZNO kaiwhakahaere Kerri Nuku described the quittings as "soul-destroying", blaming political over-reach after Minister of Health Simeon Brown ousted several nurses and Māori from the board in recent months. He also declined to reappoint Medical Council chair Rachelle Love and deputy Simon Watt, saying they had been derailed by ideology (https://www.thepost.co.nz/politics/361024008/simeon-brown-ousts-medical-council-leadership-over-ideological-agenda) over cultural competency.

But it was the Minister's own ideology and unprecedented interference impacting the nursing profession and risking Māori health, Nuku said

"I think it's the minister's over-reach — and now we've got staff with integrity who have worked so hard to embed cultural safety, clearly saying they're not willing to jeopardise their integrity," Nuku told *Kaitiaki.*

"To see their work threatened due to political ideology, is soul destroying."

Nuku said she had never seen so much Government interference in the nursing workforce.

NZNO kaiwhakahaere Kerri Nuku says the loss of Nursing Council leadership is 'soul-destroying' and is blaming ministerial interference.

"This is just a further step, or another patu, on Māori and Māori workforce."

She now feared the Council's Māori roles such as kaiwhakahaere and Te Toki advisory group would be "next on the chopping block".

Nuku said NZNO would be requesting a hui with both Minister Brown and the Nursing Council board chair over the board and staff changes.

"The new Nursing Council board seems to be about embedding the aspirations of a Minister, not actually advocating for nursing nor public safety."

Formerly a Taranaki director of nursing, Byrne was appointed Council chief executive in 2018.

She first joined the Council in 2009, after then-Health Minister Tony Ryall agreed to allow nurses to elect three members to their regulatory body. Byrne then became chair in 2015.

'This is just a further step, or another patu, on Māori and Māori workforce.'

On Byrne's watch, the Council has updated scopes of practice across nursing to support its growth as a skilled, respected and independent profession.

Enrolled nurses gained an updated scope allowing them to practice independently, rather than under the direction of RNs, while revised standards for RNs emphasised clinical decision-making skills. Changes to advanced nursing roles are currently being consulted on.

Byrne also introduced Te Tiriti and cultural safety as a core part of required nursing competencies, updated Tiriti-led cultural competency guide for nurses kawa whakaruruhau and created a new kaiwhakahaere Māori leadership role. Māori and Pacific voices were represented through Te Toki and Fautasi advisory groups.

She also streamlined the process for internationally-qualified nurses to work here while boosting their cultural and clinical competency requirements.

Happier days — Nursing Council kawa whakaruruhau co-authors in February, featuring, left to right: Auckland University of Technology kaiwhakaako/senior nursing lecturer Kiri Hunter, Nursing Council kaiwhakahaere Waikura Kamo, Nursing Council chief education advisor Annette Huntington and chief executive Catherine Byrne. They collaborated on the new cultural safety guidance, after speaking to "thousands" of nurses.

An interim chief executive is already lined up to be in place from next Monday, August 17, according to the chair's announcement to staff, sighted by *Kaitiaki.* In it, Brownie thanked Byrne for her contribution to nursing regulation and wished her "all the very best" for her future.

Brownie told *Kaitiaki* it was not appropriate to comment on the resignations but discussions were "finalising" on appointing an interim chief executive.

Minister of Health Simeon Brown did not respond to requests for comment.

- *Kaitiaki will feature more about Cath Byrne's contribution to the nursing profession in coming weeks.*

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NEWS

Government 'fudging' hiring figures as nurses face intense pressure

By Joel Maxwell and Mary Longmore

August 11, 2026

The hospital nursing workforce has grown by a measly 54 roles since the Coalition Government took power, it has been revealed — despite its claims of 2100 extra nurses.

Ministers Nicola Willis and Simeon Brown announcing a $100 million funding boost for Wellington Regional Hospital last year.

In total, there were just 54 more full-time equivalent (FTE) nursing roles at Te Whatu Ora-Health NZ (HNZ) in the quarter to March this year than when the Government got its feet under the desk two years ago, HNZ's own workforce statistics (https://www.healthnz.govt.nz/about-us/what-we-do/programmes-and-

initiatives/health-workforce-information-programme) show. Any additional boost came from the tail-end of a recruitment drive launched under Labour.

Minister of Health Simeon Brown has repeatedly claimed that 2100 new nurses have been hired at HNZ under the current Government. But many of these new nurses were hired in part-time roles — and it fails to factor in nurses who have left.

> **'That interview was so bad – it really showed how much fudging was going on.'**

NZNO kaiwhakahaere Kerri Nuku said nurses were under enormous staffing pressure. "What I've heard is that many nurses are thinking of leaving because of that pressure. I can't imagine the pressure that they're going under."

NZNO kaiwhakahaere Kerri Nuku. Photo by Naomi Madeiros.

Speaking to TVNZ's Q&A over the weekend, Brown tried to say that there were now 2100 more nurses at HNZ — but was challenged by interviewer Jack Tame.

"Come on Minister, that is totally different [and] not accounting for attrition," Tame said.

Brown then acknowledged there was "a lot more work to do" saying he was keen to progress nurse-patient ratios to get a clearer picture of how many nurses are needed. A commitment to research ratios internationally was a key part of the latest NZNO-HNZ collective.

Nuku said she had been lost for words after the interview. "That interview was so bad — it really showed how much fudging was going on."

The hiring figures showed that efforts to recruit more Māori into nursing were also currently a dream.

"We're dreaming that this Government actually cares about recruiting Māori nurses . . . quietly people are saying 'it would be great to get more Māori nurses', but actually if there's no strategy, intention or investment it's never going to happen."

It was hard to articulate how bad things were for nurses currently, Nuku said.

> **'Come on Minister, that is totally different [and] not accounting for attrition.'**

HNZ figures show a surge of nearly 3000 nurses hired between mid-2023 and early 2024 — stalling a few months after the new Government took power amid a graduate hiring freeze.

Recruitment delays (https://www.rnz.co.nz/news/health/522145/frontline-hospital-roles-going-unfilled-amid-hiring-freeze-despite-health-nz-saying-otherwise) soon extended to the wider health workforce amid a $1

billion Budget blowout (which then-chief executive Margie Apa blamed on nurse recruitment (https://newsroom.co.nz/2024/07/24/unexpected-success-in-hiring-nurses-drives-health-nz-deficit/).)

Over that same two years the hiring rate for nurse graduates at HNZ has remained low with fewer than half getting hired each round.

Cuts in disguise?

Just over three per cent of nurse vacancies were approved for recruitment in 2025, figures provided to *Kaitiaki* reveal.

Labour's health spokesperson Ayesha Verrall told *Kaitiaki* that HNZ had disguised frontline cuts by simply not replacing nurses when they left — saving hundreds of millions.

"Right now, 1445 nursing vacancies are unfilled across HNZ and around 1300 have remained unfilled over the last two years," she said.

"This has saved HNZ over $200m and by leaving these positions unfilled, it can claim it hasn't cut jobs."

The worst health district was Capital, Coast and Hutt Valley where 444 nursing vacancies remained unfilled. "It's as if Wellington and Hutt hospitals just cut 444 nursing jobs," Verrall said.

"The Government has broken its promise not to cut front line jobs – and found a sneaky way to save millions on staffing costs."

Labour health spokesperson Ayesha Verrall pictured with NZNO president Anne Daniels at this year's May Day rallies by Wellington Hospital. Photo by Naomi Madeiros.

Health Minister Simeon Brown did not respond to questions from *Kaitiaki* about the staffing numbers — and has not responded to any questions for several weeks.

NZNO researcher Nathalie Jaques has described the Minister as being "slippery" with the recruitment numbers. Speaking on Newstalk ZB today, she said his claims that nurses had increased was "creative accounting".

By the numbers

- The total nursing workforce FTE in the quarter to March 2024 was 29,404.
- The total nursing workforce FTE in the quarter to March 2026 was 29,458.
- This was a grand increase of 54 FTE nurses in the HNZ workforce over the last two years.
- However, a recruitment drive under the previous Government saw a whopping increase of 2496 nursing FTE between June 2023 (26,908) and March 2024.

- Prime Minister Christopher Luxon was sworn in on November 27 — a few months later, the recruitment drive stalled and never restarted.

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NEWS

Patients admitted to lazy boy chairs as city outgrows hospital, nurses tell mayor

By Mary Longmore and Joel Maxwell

August 10, 2026

A group of Hutt Hospital nurses have called on Hutt city mayor Ken Laban's help getting a hospital upgrade after struggling with "constant" overcrowding and, now, leaks.

At the mayoral meeting, from left, RN Eden Baker, Keri Brown (Council staffer), Mayor Ken Laban, NZNO organiser Sue Wihare, Limah Peters and Naomi Waipouri.

Hutt Hospital sprang leaks earlier this year, prompting nurses to complain in June to *Kaitiaki* of sizzling electrical sockets and water-catching wheelie bins in the entrance foyer.

The four NZNO delegates, who met Laban, also said the hospital was too small for the Hutt Valley and needed urgent expansion.

"We can't go on like this. Regardless of the building's disrepair, the hospital is also just too small for the population of the Hutt Valley," one of the nurses told *Kaitiaki.*

The nurse said sometimes patients were admitted to a lazy boy chair rather than a bed, or treatment rooms or day rooms.

Wheelie bins used to catch water at the main entrance to Hutt Hospital.

"It gets that bad – they're being kept in the hallways of ED for up to 10 hours sometimes."

She said staff and patients deserved better. "There are no beds – almost every single day there are no beds available. We're struggling not only every winter, but every summer now – and it's just getting worse."

The nurse was concerned about the future for the city and wanted to ensure there was some long-term planning in place.

"If so, it needs to be relayed to the people working on the floor of the hospital so we have some peace of mind."

In June, nurses revealed water had 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.

A soggy ceiling panel leaving a void at Hutt Hospital.

Laban told the visiting nurses he was aware of long-standing building problems and promised nurses he would meet Te Whatu Ora-Health NZ (HNZ) management responsible for the infrastructure funding, she said.

In a written statement to *Kaitiaki* after the meeting, Laban said he had listened to the issues around the hospital.

"While I naturally want what's best for locals, and those in the wider Wellington region, the responsibility lies with the Government of the day to fund and make improvements to the hospital. I will advocate for that in my dealings with MPs of all persuasions."

HNZ Capital Coast & Hutt Valley interim group director of operations Michelle Sutherland confirmed the lazy boy chair usage.

"During periods of high hospital occupancy, patients awaiting admission may spend a short time in a lazy boy chair while inpatient beds become available."

HNZ worked to minimise delays and avoid extended waits whenever possible, she said.

> **'There are no beds – almost every single day there are no beds available.'**

Meanwhile HNZ central regional director of infrastructure Steve Crombie said leaks and related building faults were investigated and repaired where possible.

"Safety and electrical assessments were completed, and targeted remediation work was undertaken to reduce the risk of recurrence." HNZ was progressing roofing repairs and replacements across the hospital, including planned roof renewals, he said.

Asked by *Kaitiaki* about potential expansion, Crombie said the hospital was scheduled for redevelopment in the health infrastructure plan (https://www.healthnz.govt.nz/publications/health-infrastructure-plan) — but confirmed to *Kaitiaki* that this was only seismic replacement work.

HNZ continued to "review capacity requirements across the region to ensure hospital services can meet current and future demand", he said.

A no-go zone at Hutt Hospital following leaks.

Longer term weathertightness and roof replacement works were being considered through HNZ's national asset remediation programme.

Work is currently underway on an expanded replacement for the hospital's acute mental health unit Te Whare Ahuru — largely underwritten with a $50 million donation by property developer Sir Mark Dunajtschik.

Hutt's future population

In the hospital catchment, Hutt City has a population of about 114,200. In 2025 its council expected it would grow by another 40,000 in the next 30 years. Upper Hutt currently has about 47,400 people.

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NEWS

High Court becomes new frontline in battle to win back pay equity rights

By Joel Maxwell

August 4, 2026

It was a bleak and freezing Wellington morning but a trio of primary school kids were about to grab the bullhorn and preach about pay equity.

School students from left, Cathriz Moreno, Julia, and Jaynelle Anthony, front and centre as a multi-union rally was held in front of the High Court in Wellington.

They weren't even worried that they might be late for school.

A muti-union legal challenge in the High Court in Wellington was heard on Tuesday — arguing that the Government's gutting of pay equity breached the bill of rights.

Ahead of the opening arguments, members from all five unions involved in the challenge — including NZNO — rallied on the steps of the court in freezing Wellington weather.

Three primary school students, Cathriz Moreno, Julia, and Jaynelle Anthony were walking past when they struck up conversation with union members.

NZNO delegate Lisa Marriner, left, braves the elements to speak outside the High Court in Wellington.

Moreno happened to be preparing to give a speech on pay equity in her class — so she and her friends stepped up and delivered an impromptu speech in front of the gathered crowd.

They always pay men more than women for doing exactly the same jobs, Moreno said, "and that's what I don't get about it". "We women should be treated equally, no matter if we do the same thing or a different thing, no matter what job we do, we should be paid equally to men."

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

Also speaking at the rally, Wellington caregiver and NZNO delegate Lisa Marriner said she was "absolutely gutted" when she found out what the Government had done.

Representatives from five unions gathered in front of the High Court in Wellington.

Gutting pay equity was touted as an "elegant solution" to meeting fiscal constraints, she said, with some politicians even proud of doing it.

Marriner said that NZNO represented one-third of the axed claims — the likes of nurses, midwives, and health-care assistants.

"For the sector I work in — aged-care — without pay equity our current system is actually keeping our workers, mainly women, poor. Systemically and structurally keeping us poor."

The case before the court was about fairness, she said: about bringing it back as "an overt value" that had historically been the Kiwi way.

NZNO president Anne Daniels, left, outside the High Court in Wellington.

The challenge would argue that the legislation, made without consultation — interfering with completed settlements — discriminated on the grounds of sex, and trampled natural justice.

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

NZNO president Anne Daniels said that on September 19 Aotearoa would be marking 133 years of women's suffrage.

"It is unacceptable that we're actually standing here in front of the High Court, fighting for our human right to be treated as equals."

Union supporters of pay equity joined a rally at the High Court.

For pay equity to be removed "in such an underhanded way", had been a total betrayal of women's trust in the Government.

"But the fact is, we will win, we will keep fighting, and it is something that's got to happen for our future generations."

The hearing was set down for three days — with a decision likely to be reserved.

Unions in the action

- New Zealand Nurses Organisation Tōpūtanga Tapuhi Kaitiaki o Aotearoa
- Public Service Association Te Pukenga Here Tikanga Mahi
- Post-Primary Teachers Association Te Wehengarua spokesperson
- Te Hautū Kahurangi o Aotearoa | New Zealand Tertiary Education Union
- NZEI Te Riu Roa

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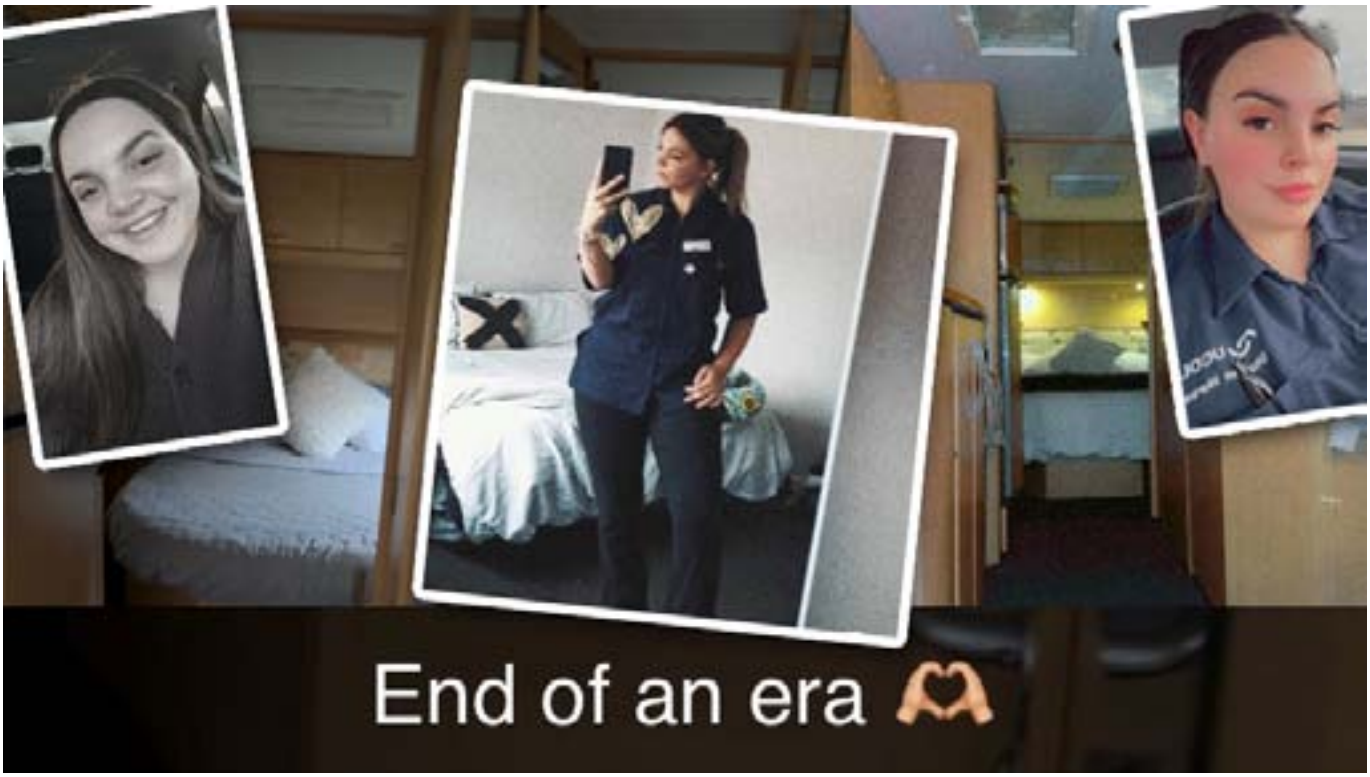
NEWS

‘It was so cold’: Student nurse moves into caravan for two-month placement

By Mary Longmore

August 4, 2026

New nursing graduate Ella Hofman got so cold and sick living in a caravan for two months on placement, she was still unwell weeks later while sitting her nursing exams.



Ella Hofman says farewell to her borrowed caravan parked up at friends' in Whanganui.

“It was so cold — I had a diesel heater but it really stunk and I just couldn’t handle that so I got two hot water bottles and four blankets and just hoped for the best,” she told *Kaitiaki.*

Foxton-based Hofman had to live in a caravan for nine weeks because her final general practice clinical placement was a two-hour round trip away, in Whanganui. The only other option had been Auckland — even further away. So she asked family friends who lived in Whanganui if she could put her sister’s caravan on their front lawn for two months. They said yes.

"I don't want to travel that much. I went home at weekends, but in the week I stayed in the caravan — but I got really sick."

Ella Hofman's temporary home, on it's way to Whanganui.

Hofman had to empty the toilet each day, but was able to shower and eat meals inside their house.

Towards the end of the nine-week placement she came down with a cold, which became influenza and then a sinus infection, which is still lingering.

"It was just a really bad time," Hofman told *Kaitiaki,* still sounding very under the weather. "It was my birthday, I came home. I've been sick on and off since then."

The experience meant Hofman had to sit her registered nurse (RN) state exam final last week while sick, leading to high anxiety. "I hope I haven't mucked it up — I'm very worried about it."

> **'I want to apply the skills that I've learnt and not lose them.'**

She is one of 964 nurses (RNs and ENs) who graduated this month vying for just 428 new graduate RN roles currently available at Te Whatu Ora-Health NZ (HNZ).

Hofman — who has a $70,000 student loan — said it was tough after working so hard for so long to be faced with an uncertain future and possible lengthy wait for work.

"How are we supposed to have experience if you're not going to hire a new grad?" she said. "I want to apply the skills that I've learnt and not lose them – I want to get in straight away."

Primary vs hospital

Hofman was quite keen on exploring primary health because of the range of work they could experience there.

"I really enjoyed it because I feel like you learn a lot about different conditions and you're constantly learning," she said.

"In the hospital, it's very fast-paced and you don't always consolidate what you're doing — you're just delegated to do it."

She was waiting to see if she passed her state final exam before applying for work, but estimated about half her classmates were applying for primary or community roles.

"As a new grad, I think there's a fear of being put under pressure because there are . . . bad staff shortages there [in hospitals]."

However, even PHC advertisements were mostly seeking experienced RNs and vaccinators.

UCol is one of a handful of schools, primarily polytechnics, which run mid-year nursing intakes at their Palmerston North and Whanganui campuses.

New mid-year graduate Ella Hofman is nervous about finding a job.

Placements 'huge challenge'

NZNO's national student unit co-leader Poihaere Whare said clinical placements were a huge challenge for students, logistically and financially — especially the final one which could be as long as 12 weeks.

"This is why students do what they have to do — stay in a camper van, or sleep in a car," she said.

Whare said she had been prepared to sleep on an airbed in the back of her car if her placement had been far away — but in the end, didn't need to.

"We have to do what we have to do. Sometimes it means travelling — forward and back, forward and back — and that's another cost with petrol prices."

Some form of financial support for students on placement would make a huge difference, Whare said.

Her own school, Te Whare Wānanga o Waikato — University of Waikato, was really good at communicating with students at the beginning of year three to find out if they had whānau to stay with on out-of-town placements.

NZNO student co-leader Poihaere Whare

Schools acknowledge placement challenges

Heads of school at the NZNO national student hui earlier this month talked about the challenges of placements — for example there are just five mental health placements in Wairarapa so all the other students have to go to Wellington.

Students in Palmerston North — which has two nursing schools — are often sent to Dannevirke, Levin, Kāpiti or Whanganui for placements.

Nursing school heads listen to student concerns at NZNO's hui in Wellington last month.

One South Island nursing school recently sent students to Wairarapa and Hawke's Bay for placements. While transport and accommodation were supplied, it meant students were away from home for six weeks.

Nursing exam results are out on August 6.

HNZ has said there will be 1800 jobs available for graduates over the 2026/27 financial year — a job rate of about 60 per cent.

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OPINION

‘I miss the simple moments of everyday family life’ – the real cost of understaffing

By Clara Dolman-Tuhou

August 26, 2026

Emergency department nurse and NZNO delegate Clara Dolman-Tuhou shares the impact of short-staffing ahead of a health and safety strike at Gisborne Hospital’s ED in September.

NZNO delegate Clara Dolman-Tuhou, centre, enjoying some precious time with several generations of her whānau.

Over the past two weeks, due to short staffing, hospital capacity pressures and ongoing department presentations, I have worked more than 94 hours — approximately 30 hours over my contracted FTE.

That has meant working three 12-hour shifts and one 10-hour shift, all during afternoon shifts — the very periods when demand and presentations are often at their peak.

During these shifts, I have watched our emergency department reach capacity, with the waiting room full and staff stretched to their limits.

But behind those numbers are real people. And there is a human cost.

NZNO delegate Clara Dolman-Tuhou.

For me, that cost is my whānau and, most importantly, my child.

I often only see my son in the morning before he goes to daycare — and sometimes that depends on whether I can wake after an exhausting shift. I miss the simple moments that should be part of everyday family life: the "welcome home," "how was your day?", and simply being there when my child gets home.

He gets home approximately 30 minutes after I have to leave for my next shift.

I am incredibly grateful and blessed to have my whānau around me during this time. They step in, pick up the pieces and keep everything going. At times, it feels like they are essentially raising my child while I am at work trying to help keep the system moving.

And I want to be clear — I absolutely love my job.

There is enormous privilege in caring for people when they are at their most vulnerable. It is rewarding and meaningful work, and I am proud of what I do.

But loving the job does not make the current situation sustainable.

The mental strain, exhaustion and anxiety that my colleagues and I are experiencing are becoming increasingly difficult to ignore.

From my own experience, I walk into the department and see it immediately.

Emergency departments are under pressure around the country. Photo: AdobeStock

Morale is low. People are exhausted. Minds are racing. Staff are running on empty.

We are operating at the limits of what is sustainable. And this is not okay.

Health-care workers cannot continually be expected to absorb the consequences of short staffing, increasing presentations and limited hospital capacity by simply working more hours.

We cannot keep asking exhausted staff to carry an already overloaded system. Because eventually, something has to give.

And I have reached a point where I am questioning my own career choice and wondering what other options might exist — not because I no longer care, but because I care deeply, and I am exhausted.

‘Morale is low. People are exhausted. Minds are racing. Staff are running on empty.’

This is not about blaming individual staff or pointing fingers. It is about acknowledging that the people holding the system together are people too.

We have families waiting for us at home. We have children who need their parents. We need sleep. We need support.

And we need a health-care system that recognises that staff wellbeing and patient safety are inseparable.

When health-care workers are consistently exhausted and stretched beyond safe limits, this is no longer only a workforce wellbeing issue. It becomes a matter of patient safety, staff retention and the long-term sustainability of our health system.

Spending time with whānau has become difficult thanks to ED understaffing. Photo: AdobeStock.

We cannot continue calling it dedication when people are simply being pushed beyond their limits.

Something needs to change. For our patients. For our communities. For our whānau. And for the nurses and other health-care workers who continue showing up, day after day, despite having very little left in the tank.

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Kaitiaki NURSING NEW ZEALAND

OPINION

Staff tried to raise alarm over cervical screening failings, say nurses

By Women's health college nurses

August 5, 2026

Staff tried to warn of cervical screening failings but were not listened to, say women's health nurses after revelations that nearly a million notifications had not been sent to eligible women.

Some of NZNO's women's health college committee. Rear, left to right: Jackie Gartell, Sarah Marshall (chair) and former professional nursing advisor Julia Anderson. Front, left to right: Georgina Barber, Nadine Riwai, Josie Lambert, Sandy Hamilton. Absent is Vanessa May, Lucia Newell, Claire Paterson and Georgia Killen.

New Zealanders deserve a cervical screening programme that is reliable, safe, equitable and responsive. When barriers to access, delays in care or failures in communication occur women ultimately bear the consequences.

Media have reported that a Te Whatu Ora-Health NZ (HNZ) review of the national cervical cancer screening programme register found widespread and serious problems (https://www.stuff.co.nz/nz-news/361014791/secret-review-finds-major-flaws-cervical-cancer-screening-register-huge-numbers-not-notified-testing), likely to have caused screening delays after 968,000 notifications failed to go out.

The national cervical screening programme must acknowledge where it has fallen short and commit to meaningful improvements that restore confidence and prioritise the health, safety, and wellbeing of wāhine across Aotearoa.

The increasing uptake of HPV (human papillomavirus) screening — New Zealand's primary cervical cancer screening method — is an important success story. Nearly three years on from its introduction on September 12, 2023, national screening coverage has continued to improve across all population groups.

This reflects the strength of HPV primary screening itself and the dedication of the workforce delivering the programme.

However, improved coverage does not negate the concerns identified through this review. The underlying infrastructure, governance decisions, system design, data quality, notification processes and clinical safety mechanisms require urgent attention to ensure the programme functions as intended.

> **'Women should not have to fight for a screening programme that works. They should be able to trust that the system designed to protect them will do so effectively, consistently, and equitably.'**

It is important to recognise that both clinical and non-clinical staff have worked tirelessly for years behind the scenes to deliver and support the programme. This mahi includes maintaining screening services, training staff, managing an increasingly complex national register as well as supporting women and whānau through their screening journeys.

Many of the issues identified through this public review were already well known to those working within the system. Concerns have been raised through multiple channels over several years and have also featured in previous Parliamentary and independent reviews.

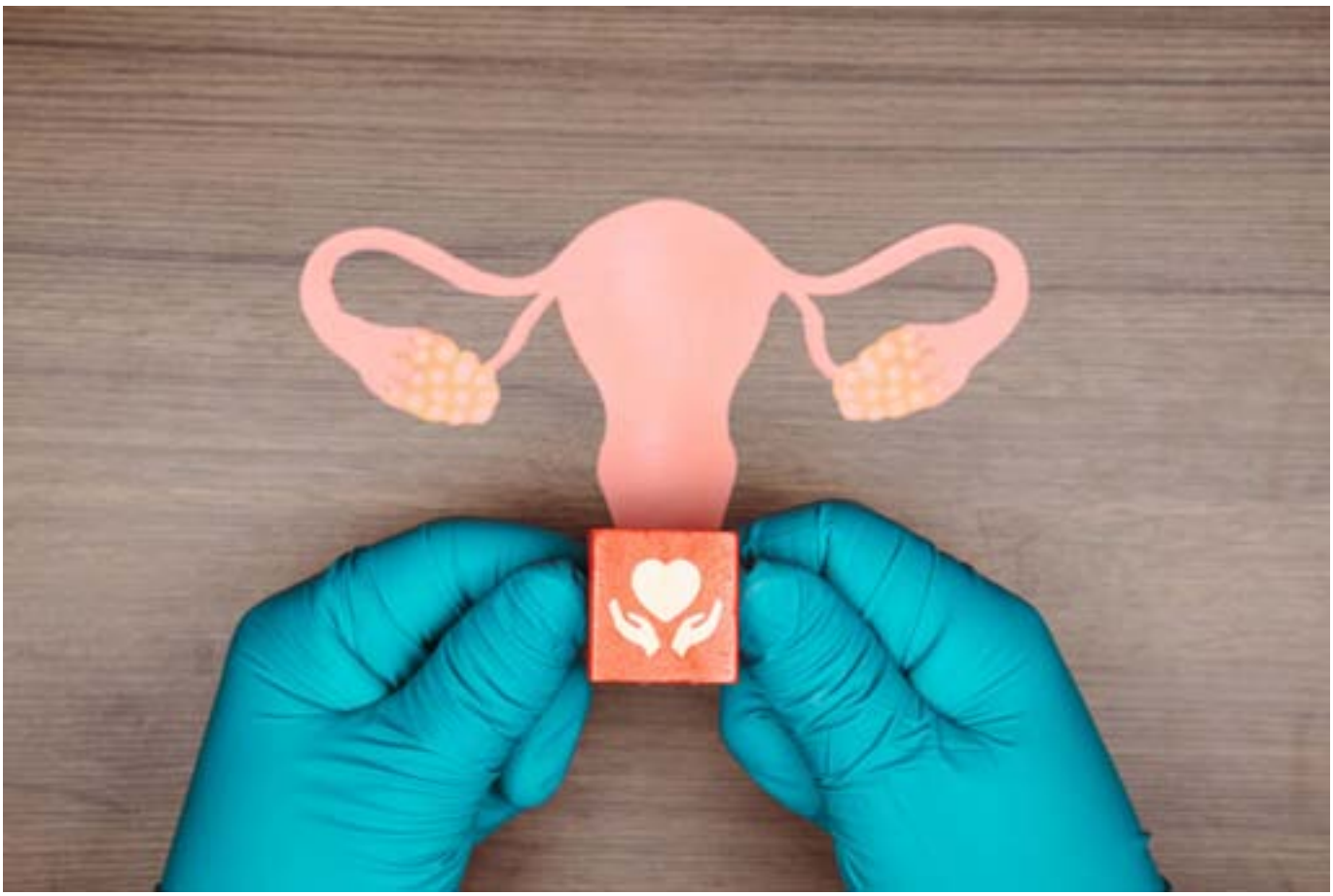
These are not new issues and they warrant ongoing concern and action at the national level.

The programme will only continue to improve by genuinely listening to those who deliver it every day.

Frontline nurses, administrators, regional teams, community providers and navigators bring invaluable experience of what works, what creates barriers, and where opportunities exist to improve access, equity and clinical safety. Their expertise alongside whānau voice should inform system design rather than be constrained by it.

Women should not have to fight for a screening programme that works. They should be able to trust that the system designed to protect them will do so effectively, consistently, and equitably.

‘The programme will only continue to improve by genuinely listening to those who deliver it every day.’



‘Women should not have to fight for a screening programme that works.’ Photo: AdobeStock.

As we move forward following this review, the timely implementation of the recommendations will be a critical first step in driving the system changes that are needed. These improvements must support the delivery of safe, timely, and accessible screening services, ensuring that wāhine remain engaged with screening programmes and can once again have confidence and trust in the system intended to protect their health and future generations.

- *Registered nurses Georgia [last name withheld on request] and Nadine Riwai are members of the NZNO women’s health college and work in cervical health.*

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OPINION

My first political forum after 16 years as a registered nurse – here's what I learned

By Olivia Vodanovich

August 5, 2026

A high-profile election health forum in Auckland drew 1400 people and media attention for its political attendance (or lack of) — but for NZNO private hospital delegate Olivia Vodanovich it was a first-time eye opener.

NZNO colours were out in force at the political hui for health in Tāmaki Makaurau. NZNO delegate Olivia Vodanovich is at the centre back in red.

Hi my name is Olivia but my friends call me Liv, I have been a union member since I was at university and have been nursing for 16 years.

Over the last 16 years I have previously worked within the aged-care sector and I'm currently a fulltime registered nurse within a private surgical hospital provider.

I have a passion for working towards change within our working environments for patients and staff, supporting my peers and being the gap-filler/link between staff/members and management, so thought 'what better way than becoming a delegate?', and there was also some gentle persuasion from work friends.

Olivia Vodanovich

I had never attended a political forum before and honestly felt like I may have been an intruder into the area as our plight within private nursing at times doesn't feel the same as the public sector's. But actually attending the forum solidified to me that by simply being part of nursing and a New Zealander, it affects us all.

I had no expectations before arriving at the forum — I was coming with an open mind. I had to Google Te Ohu Whakawhanaunga Tāmaki Makaurau (https://www.teohu.community/) as I had no idea what their vision was, or who they were.

I found I loved that they bring together a diverse group of organisations, community and faith groups and unions with a common purpose and focus for a better Aotearoa.

'Standing together, we can make change' has always been my motto in life.

I sat in my car upon first arriving at the forum, as I was early. I am a long-standing people watcher and I loved the number and diversity of people walking in to attend.

> **'I had never attended a political forum before and honestly felt like I may have been an intruder into the area.'**

I felt excited to be a part of it. Sitting in the auditorium surrounded by all those people chatting, waving flags and cheering on the speakers was empowering and also a cause for self reflection.

Each speaker had a different story from a different area but their message was the same for our Government and future governments to do better within the health-care sector for the workers and the people of Aotearoa.

Olivia Vodanovich was one of 1400 people who turned up (minus a few political leaders) to the health forum in Tāmaki Makaurau.

I was completely shocked and honestly so disappointed/disgusted by the top four political parties [National, ACT, NZ First and Labour's leader and deputy] — as they didn't have the decency to show face. Even if it wasn't their top dog, there should have been some form of representation to show they were willing to listen and make a commitment to try to make a change.

Turning up is the first step to making people believe in you and what you stand for. It's actually just that simple.

Moving towards the election I hope that political leaders have the decency to listen and truly hear that nurses and health-care workers want and need change.

The audience supported speakers sharing their thoughts on the future of health care.

Safe staffing makes for better working environments, and safer care for patients and the people of New Zealand.

Better pay and pay equity will help to retain and promote this vital workforce and the health-care system as a whole.

- *Labour's workplace relations spokesperson Jan Tinetti attended the forum but was not permitted to speak as organisers said only senior leaders could have speaking rights.*

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FEATURES

She's nursed two decades, gets paid at a third-year rate: Why these nurses went on strike

By Joel Maxwell

August 24, 2026

Most days they're alone with just a cellphone, supplies and their car — constantly moving — but on one day they stopped and stood together.

Driving home their point, not their cars, are the NZNO nursing members at Total Care Health on strike in August.

More than 50 NZNO members, some of the lowest-paid community nursing workers in the country, gathered at picket lines across the North Island to strike this month.

They work at Total Care Health, an ACC-funded specialist mobile nursing service that, despite the pay, makes high demands on staff experience, skill and nursing instinct.

As members mull their next steps in bargaining, *Kaitiaki* spoke to some of those who joined the picket lines — sharing what it takes to work a day on the road and in patients' homes and lives.

NZNO delegate Stephanie Waite (speaking below in the video) is in Auckland where she's just driven from the fringe of Otāhuhu and Mt Wellington, down to Manurewa, then back up to Botany, for clients.

"That's huge mileage to cover."

Waite is in her seventh year as a clinical nurse leader, her eighth as a delegate, her eleventh with the company, and her 20th working as a district nurse or variation thereof ("We do pretty much what a district nurse does, but it's all injury or private care related.").

On any given day, in the background, she might also have to arrange staff education, induct new nurses, complete administrative work, or liaise with case managers.

Time behind the wheel is part of the job. There was a nurse just recently, says Waite, who was on the road to scheduled clients when she was diverted on an about-40 minute journey to help ambulance staff change a catheter (they weren't trained for it). The catheter was blocked, a serious problem for the tetraplegic patient with a condition that could send his blood pressure dangerously high.

Waite and her colleagues might have to complete their notes in their car, whether in the summer heat or busy streets. There's not enough time allotted for travel, she says, and they have to "quibble" over overtime.

They deal with complex demands like those from pelvic and hernia mesh injuries.

"We're becoming more specialised in managing the wounds caused by the mesh and also the continence issues that come with it. So we need to have the knowledge of managing stomas and catheters and troubleshooting."

NZNO delegate Mark Wiggins, left, with fellow members on the picket line.

Waite loves her work, she loves the clients and their whānau, and she loves the flexibility of community nursing. But not so much her pay.

They're far behind Te Whatu Ora-Health NZ (HNZ) workers and only getting further behind, she says. "A level 7 nurse base salary in the hospitals is $107,000. I'm currently on $96,500 as a clinical lead."

As if to prove her point about an ever-growing gap, under the new HNZ collective a grade 7 registered nurse (RN) now actually gets paid $109,407 — rising to more than $111,000 next year.

This job demands experience

NZNO delegate Mark Wiggins is grateful to have Waite as his clinical team leader — she's "brilliant", "invaluable", and underpaid for the work she does.

Wiggins should know — he's been a nurse for 35 years and every day on the job, he says, is a consolidation of everything he's learnt up to this point. This job demands experience.

"You work in isolation, you've got your colleagues on the end of the phone, but you're not going in just for a wound. A wound's attached to a whole person, and it exists because of that person."

It could be skin tears, or maybe someone's fallen over, or dog bites, right up to massive wounds from burns. It ranges in ages as well — from littlies to seniors.

Because they deal with cases covered by ACC, many of the people the nurses see are considered serious injury clients. These are people who have paralysis of different levels. Paraplegics, quadriplegics and tetraplegics.

NZNO members had a clear message for Total Care in August.

"We'll go in to them and we'll do urinary catheters, unfortunately they'll get some wounds, they'll get pressure sores that we'll go in and support. There's also supplies they'll need for their cares."

Wiggins has worked with Total Care for seven years now after spells as a district nurse in Auckland and Counties Manukau, and working as a clinical nurse specialist for burns at Middlemore Hospital. He came to New Zealand 20 years ago from the UK and he can't believe two decades — a whole lifetime — have passed.

Now he's on the NZNO bargaining team ("it's not an easy thing"), and was pleased with the strike. It was the first time he'd ever really taken part in any action like it.

When people are already on low wages it gets harder to motivate them to take unpaid time off, he says — but there was strong support from the members. "It's the most and highest votes that we've had for any action that we've taken."

Overall the way health care is funded probably needed to be reprioritised — with more focus on primary care to ease the pressure on hospitals, he says.

"You can build as many hospitals as you like, but you don't need to fill 'em. The idea is not to."

Speaking of funding priorities, another NZNO non-delegate member who *Kaitiaki* has chosen not to name, has been nursing for nearly two decades, but is paid the same as a third-year nurse in HNZ.

She used to work in hospitals but took up community nursing, as a working mum, for increased flexibility and no shift work. She knew it would mean a pay drop: "But why do we have to take such a massive pay cut to be able to take care of our families? I'm as qualified as a hospital nurse, as any other nurse, yet I get paid a pittance in comparison. It's pretty frustrating."

The company relies on her experience, education and her gut instinct, she says. When she walks into someone's home, she's there by herself and it's not just treating a wound: That wound could turn into cellulitis, a serious skin infection, which then could turn into sepsis — a life-threatening immune reaction — or even gangrene.

NZNO members and a young supporter

"Numerous times I've walked into a house and I'm going for the wound and I've looked at the person and thought 'oh, you're not ok' and shipped them off to hospital."

> **'I'm as qualified as a hospital nurse, as any other nurse, yet I get paid a pittance in comparison. It's pretty frustrating.'**

Other times she's visited homes with people wearing ankle monitors and she doesn't know why, or there's people there who are "not very pleasant", she says, but at the end of the day she's a nurse with a duty of care.

The Total Care members might not have that massive march in the cities with thousands of people, "but it was good to see that the majority of our members were out there", she says.

If there were no nurses then there would be no company or contracts or work being done, she says. "So how we can be the least valuable members of a team when we literally are the business is amazing."

The path ahead

- Bargaining for Total Care Health members goes into mediation on August 27.
- A member survey on further steps wrapped up on August 19.
- There have been two rejected Total Care offers — 2.5 per cent over 13 months; then a two-year agreement with three per cent initially and 2.5 per cent in a year.

- However, staff are seeking parity with NZNO members at sister service Access Community Health who accepted a hard-fought offer in April including a professional development and recognition programme (PDRP).

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COLLEGES & SECTIONS

Child and youth nurses speak up for rangatahi in the face of ‘horrendous’ political onslaught

By Donna Burkett

August 13, 2026

With an election approaching, NZNO’s college of child and youth nurses, tapuhitia ngā mokopuna mō apōpō, is speaking up wherever it can for at-risk young people in the face of political oppression, says co-chair Donna Burkett.

COLLEGES & SECTIONS

CYNN committee, left to right: Marg Bigsby (NZNO professional nursing advisor), Jo Heap, Donna Burkett, Jo Clark-Fairclough, Michael Brenndorfer, Julia Laing, Kirsty Ure and Ellyn Proffit.

TAPUHITIA NGĀ MOKOPUNA MŌ APŌPŌ
College of Child & Youth Nurses·NZNO

This year, our college has been really active in speaking up where we feel our voice can help advocate for our vulnerable tamariki and rangatahi. Heading into an election, we were aware this advocacy would require a lot of focus and time.

We strongly oppose a lot of the rhetoric around New Zealand First's "definition of woman and man" amendment bill, which marginalises our vulnerable rainbow and trans communities. So we have submitted on that and are also supporting an initiative to promote trans-inclusive nursing education to tertiary health-care programmes.

Young people already in poverty are at even more risk from the move-on bill, which is just horrendous for those living on the streets, and would further marginalise rangatahi already so high risk. So we've submitted on that bill along with proposed child protection reforms and paediatric and adolescent palliative care initiatives. We want to ensure access is fair and equitable, especially for young people aged 18-24, who are not paediatric by definition but who we shouldn't be treating as adults, either, as they have unique needs.

As a college we often work closely with other key groups — our colleagues at the NZNO college of primary health care nurses, the Children's Commissioner Te Kāhui Korowai Rangatahi, Youth Health

Aotearoa, Children Rights Alliance Aotearoa and Paediatric Society NZ among others — to keep abreast of what's going on and what we need to be responsive to.

CCYN committee members meeting face to face earlier this year in Tāmaki Makaurau, Auckland. Left to right: Ellyn Proffit (front), Jo Clark-Fairclough, Donna Burkett, Kirsty Ure, Marg Bigsby (professional nursing advisor), Michael Brenndorfer, Jo Heap and Julia Laing.

We've been involved in about 10 submissions so far this year — our own or others'. There's so much going on, politically, and we try really hard to be responsive.

It can be a real struggle as a committee, as we're all working fulltime in busy roles across the health system so it can be difficult to decide where to put our energy. But we do take our national college work pretty seriously — both promoting the work nurses do in this space every day and representing the voice that children and young people often don't get.

We work everywhere — anywhere a child or young person might be. So that's primary health, nurse-led clinics, regional and rural outreach, Well Child, along with child and youth mental health services, rural and regional hospitals around the

From Qatar to Australia – and back

I only ever wanted to work with children and young people — and have done so since graduating 25 years ago in Otago. Over my nursing career, I have worked in most regions of New Zealand, Australia — and Qatar, where I helped in developing and commissioning (check everything works before opening) a new children's hospital!

My career has largely been focused on nurse-led child and youth health in the community. But 10 years ago after coming home from Qatar, I joined the academic teaching team at Otago Polytechnic's School of Nursing – Te Kura Tapuhi. Now I develop the child and youth health curriculum, making sure that our up-

country in collaboration with specialist hospitals like Starship and Kidz First in Auckland.

We believe access to safe, quality and equitable health, education and social services is a fundamental right for all New Zealanders — particularly for children and young people.

Yet we're seeing more and more struggles for our young people to access these services. We know, from talking to our primary health colleagues, that there are young people, particularly in rural areas, who are just so underserved. Often they have no means to access health services, or even health education and promotion. That's a real worry for us, that there are pockets of young people doing it so tough, dealing with poverty, family violence and abuse — areas that often overlap.

On top of that, trying to navigate really complicated health, education and social structures, can be hard for our young people. So we nurses try to support and advocate for them to ensure they are not forgotten.

Growing up, for many of us, can be tough enough but then trying to traverse social media, with the negative lens it can have — the heaviness of that — is not something we envy young person having to navigate.

'Uniquely challenging'

Working with young people can be challenging. They're often working out their own identities which can cause conflict with families or society wanting them to conform. They're going through massive transformation, both psychologically as they try to find their space in the world, and physically as their pre-frontal cortex rewires. So they can be pretty spontaneous.

A key part of being a nurse in this space is to get alongside them and be an active listener, without judging, so you create an environment where the young person feels safe to share.

If we can do that, hopefully we can make their lives a bit easier — and build their trust that when they need help, they can find it.

and-coming graduates and future workforce understand the unique needs of children and young people.

Donna Burkett in Qatar

While I'm not practising clinically, I spend massive amounts of time with young people at the school, so still have that pastoral care role — triaging them and steering them to the right supports.

It has been a privilege to give back to help shape the future nursing workforce that has offered me so many opportunities and meant so much.

Having responsibility for 150 students and nine staff, my hands are pretty full. But my dream would be a dual role working in both education and clinical sectors, which can be really hard in nursing in New Zealand.

I feel proud of what we have achieved at the college in my six years there and the work has kept me grounded in what is important for our young people in Aotearoa.

Through this mahi, I have had the privilege of working alongside an incredible team who tirelessly campaign for a better New Zealand for all our tamariki and rangatahi — and the nursing workforce that cares for them.

Membership bounces back

Our membership plummeted a few years ago but we're now coming back strong! This related to a journal subscription fee which members clearly signalled they didn't want to pay for, so our numbers dropped for a while there.

But we fought hard to get people back, focusing on what's important to them. With the use of social media — Facebook Instagram and LinkedIn — we're now back up to 520.

We're proud to have growing numbers of nurse practitioners (NPs) and registered nurse (RN) prescribers, which really helps young people access medication they might need, for anything from contraception to urinary-tract infections or ADHD, as well as repeat prescriptions for long-term conditions like asthma or eczema.

CYN co-chairs Jo Clark-Fairclough and Donna Burkett are stepping down later this year.

At Matariki 2023, we were gifted a Māori name for our college: Tapuhitia ngā mokopuna mō apōpō, which means to nurse and care for the next generation. This important work was spearheaded by Jo Clark-Fairclough and supported by NZNO kaumātua Keelan Ransfield.

This was an important milestone in upholding our bicultural competency goal. To further complement this, in late 2023 the college adopted a bicultural leadership model, with Jo and myself as co-leaders. This has worked beautifully. But after six years on the committee, we've served our maximum term so will be stepping down in November this year.

> **‘A key part of being a nurse in this space is to get alongside them and be an active listener, without judging, so you create an environment where the young person feels safe to share.’**

But we want to keep this kaupapa going — continue to live and breath Te Tiriti o Waitangi and cultural safety in our individual practice and collectively, as a college, to help close the health gap for tamariki and rangatahi Māori. We want to keep advocating this approach to the nurses who care for them.

For us, it’s been about feeling safe to ask questions — taking the lens of our own bias away and be open to learning and growing together.

We feel pretty confident — we’ve had seven people express interest in filling our last committee vacancy, so that’s really reassuring for Jo and I that we’re going to leave the committee in a really good space.

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NEW ZEALAND NURSES ORGANISATION
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LETTERS

Light it up orange for world patient safety day, says advocate

By Charlotte Korte

August 27, 2026

On 17 September landmarks across Aotearoa will be illuminated in orange, joining a global movement for a shared commitment to safer health care.

This September, for the first time, New Zealanders across the motu will come together for a whānau-led world patient safety day campaign.

Led by patient advocacy groups Health Consumer Advocacy Alliance, Patient Voice Aotearoa and Kaitiaki Hauora, this event marks a significant step in bringing greater public attention to patient safety across Aotearoa. There is already real momentum among patients, whānau, health workers, organisations and communities for better patient safety.

> **Together, the concerns of patients and health professionals are highlighting the gravity of the challenges facing our health system.**

Established by the World Health Organization in 2019, the day aims to bring patients, families, health workers, health leaders, policy-makers and communities around the world together with the shared goal of reducing avoidable harm in health care.

But this year, Aotearoa is not simply acknowledging the day. We are showing up — in bright orange!

Safer care starts when we listen to those who experience and deliver health care and act on what they tell us.

Previously, it has been consumers and patient advocates who mostly raised concerns about our health system. But health professionals are now also speaking up about working conditions, patient safety and lack of consultation. Those delivering care have direct insight into how system and workforce pressures affect safe care — they have the right, and deserve, to be consulted. Nurses, for example, are publicly raising concerns (https://www.rnz.co.nz/national/programmes/morningreport/audio/2019048850/nurses-sound-alarm-on-conditions-at-north-shore-hospital) about working, conditions, staff and patient safety.

Together, the concerns of patients and health professionals are highlighting the gravity of the challenges facing our health system.

If the people delivering care are being pushed beyond safe limits, patient safety is already at risk (https://www.nzherald.co.nz/nz/nurses-vs-health-nz-who-is-telling-the-truth-about-hospital-staffing/premium/AZN3DU464NDPBHVG53GSP2KFXU/?gift_token=mUrTFvBkxJ).

We are bringing together people and organisations from across the health system and wider community to strengthen the focus on safer care. The concerns being raised by health workers reinforce what patients and whānau have been saying for years: Safety concerns need to be heard, taken seriously and acted on.

When the system puts staff under pressure, the people caring for us are left carrying the harm, mentally, emotionally, physically and financially.

There is important work already happening across our health system, with many people committed to making health care safer. But we need to stand alongside the international patient safety community, to raise awareness of why safer care matters across Aotearoa. We need to keep asking the most important questions: What can we do differently to make health care safer? What needs to change to better support our health workforce?

Patient advocate Charlotte Korte

That is what September 17 is about. Not simply acknowledging patient safety. Showing up for it. Making it visible. Turning the conversation into action.

So far Auckland's Sky Tower and landmarks in Wellington, Tauranga, Whangārei, Nelson, Christchurch and Dunedin have confirmed they will be illuminated in orange, with more expected to join.

But the real story is the people behind them.

People whose lives have been changed by preventable harm. Patients and whānau who have had experiences they never expected to have. Health professionals who know that safer systems are possible. And decision-makers who have the opportunity to listen and act.

Patient advocate Liz Manley

Patient advocate Denise Astill

There will also be a live-streamed patient safety forum in Auckland, bringing together patients, whānau, clinicians, health leaders and MPs from across the political spectrum. Patients and whānau will share their lived experiences directly with MPs, and describe the changes needed to reduce harm and build a safer health system. So far, parties? Have confirmed.

Feel free to come along, listen, ask questions, have your say — or watch online here (https://events.humanitix.com/patient-safety-forum-part-of-world-patient-safety-day-2026).

— Charlotte Korte is a health advocate with lived experience of harm from a surgical mesh. She has been a strong advocate for surgical mesh reform, contributing to policy change, education and the development of a national surgical mesh restorative justice project. She co-founded the Health Consumer Advocacy Alliance with Denise Astil who, along with Liz Manley, are helping with world patient safety day.

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NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

LETTERS

Staff shortages obvious during stay at North Shore Hospital

By Sarah Beck and Mike Leyden

August 24, 2026

A patient expresses her appreciation for the care she received in North Shore Hospital recently — despite evident short-staffing. ED staff at the hospital recently declared a 'state of emergency' (https://nzno.org.nz/about_us/nzno_in_the_news/artmid/8374/articleid/7161/fed-up-north-shore-ed-staff-declare-state-of-emergency) over unsafe staffing.

Sarah Beck and her husband Mike Leyden saw first-hand the pressure nurses, HCAs and doctors were under at North Shore Hospital.

We recently spent three days in North Shore Hospital and were surprised and delighted by the support given by both nurses and doctors. Surprised because there was an obvious shortage of both. Delighted that in this under-resourced setting these health-care professionals gave so much of themselves.

We are both volunteers at a Devonport op shop, were in hospital at the same time and found we shared the same concerns.

We realise our government has put more money into health, with an increase of 10 per cent in the 2026 Budget (https://www.rnz.co.nz/news/politics/596615/budget-2026-health-spend-delivers-for-hospital-upgrades-more-beds-and-new-it-system) (for hospital upgrades, more beds and a new IT system) and that nurses are paid more. But nurses say they are also expected to do more.

Health NZ (Te Whatu Ora) has asked hospitals to save money and there are significant restrictions on hiring staff.

> **Maybe financial planners think that we oldies are asleep by 6.30pm with no needs until 8am. One nurse to 15 patients at night seems very mean.**

Sick nurses and health-care assistants are often not replaced when needed. If a health-care assistant calls in sick, a nurse is expected to make beds, shower patients, clean up messes, feed patients and assist with walking as well as their other duties.

We know that we are not a rich country. We don't have the population or the diversity of high-earning exports to be rich.

The nurses we talked to understand that we may never achieve a nurse/patient ratio of l: l, which is the aim of health systems in Queensland, California and Canada. They just want a "safe staffing" ratio.

The nights we were in hospital certainly showed that this is not happening. We were in medical wards of 30 beds and every bed seemed occupied. There were two nurses on duty in one of our wards after 7pm and an empty nurse station during the night.

It was necessary to join others in the chorus of bells and buzzers. Maybe financial planners think that we oldies are asleep by 6.30pm with no needs until 8am. One nurse to 15 patients at night seems very mean. Australia aims for a nurse/patient ratio of 1:7 at night and 1:4 during the day.

Our hospital system is not keeping up with an ageing population and people are living longer (just look at the death notices), and a freeze on hiring nurses has been in place for some months now.

As we both waited to be discharged — a wait of more than three hours — we wondered whether there was a shortage of doctors to sign us out or a shortage of backroom public servants or both?

Maybe AI will quicken clerical processes but a robot will never replace a doctor or a nurse.

Sarah Beck and Mike Leyden

Auckland

- This letter was first published in the *Devonport Flagstaff* and *Rangitoto Observer.*

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NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

LETTERS

Nursing Council election candidate profiles

By Kaitiaki co-editors

August 3, 2026

Voting has opened for three seats on the Nursing Council of New Zealand. Kaitiaki has published all candidate profiles as supplied. Nurses will receive an email or letter with voting details from August 3. Voting closes 5pm, September 11.

Nurses will be sent voting details for candidates vying for three seats on the Nursing Council from August 3.

Kathryn Adams

Biographical sketch

Dr Kathryn Adams (PhD, RN) brings an unmatched perspective, bridging historic regulation with current frontline realities.
Appointed as a Nursing Council Education Officer by visionary pioneers Colleen Singleton and Dr Irihapeti Ramsden to introduce Cultural Safety nationally, Kathryn demonstrated a lifelong commitment to tino rangatiratanga. A published author and two-term Capital & Coast DHB Board member, she later bypassed

retirement during COVID-19 to answer the critical aged care nursing shortage. Currently practicing part-time in aged care, Kathryn uniquely combines deep governance expertise, rich institutional legacy, and an active, daily understanding of frontline clinical pressures.

Statement to voters

I am standing for the Nursing Council Board to ensure regulatory governance is deeply connected to frontline realities. My career spans unique regulation experience as an Education Officer—where visionary nurse leaders Colleen Singleton and Dr Irihapeti Ramsden established my role to introduce Cultural Safety. In 1980s I co-designed the first bicultural curriculum based on Sir Mason Durie's Te Wheke model with trailblazing Māori nurse educator, Mere Balzer. As former CCDHB Board member and current aged care nurse, I understand the complexities of health governance and daily clinical pressures. Vote for me for seasoned, practical, and deeply relevant governance.

Conflict of interest statement

Director of small engineering business (Tokoroa) – Agree Holdings Ltd.
No other conflicts of interest.

Chinonso Agochukwu

Biographical sketch

Chinonso Blessing Agochukwu is a Registered Nurse in New Zealand. With approximately 10 years of diverse nursing experience, Chinonso brings a deep commitment to clinical excellence, patient-centred care, and workforce advocacy. Chinonso holds a Bachelor of Nursing Science and a master's in international public health. She brings clinical and administrative experience that equips her with a comprehensive understanding of the challenges facing frontline nurses, from workload pressures to continuous professional development. Known for her leadership and collaborative approach, Chinonso has actively contributed to nursing practice. She is passionate about ensuring that policy decisions reflect the realities of day-to-day nursing practice.

Statement to voters

I am standing for the Nursing Council to ensure our regulatory frameworks are safe, practical, and future-focused. As a Registered Nurse passionate about healthcare quality, I will bring strategic oversight and clinical reality to Council governance. My priorities are maintaining the highest standards of public safety, ensuring transparent regulatory processes, and supporting workforce excellence across Aotearoa. I am committed to collaboration and evidence-based decisionmaking that prepares nursing for evolving health challenges while upholding our professional integrity.

Together, let's ensure safe nurses and a safe public. I ask for your votes to make this a reality.

Conflict of interest statement

Member of the New Zealand Nurses Organisation (NZNO).
Member of the Public Service Association (PSA).
Employed as a Registered Nurse at Waitemata (Te Whatu Ora).

Simon Auty

Biographical sketch

1992 Nelson Polytechnic Board
1993 Graduated with Diploma of Comprehensive Nursing (Nelson)
1994 Registered by New Zealand Nursing Council
1994 Community Nursing Blenheim
1994 Wanganui Hospital PACU
1995 Rotorua Hospital Theatre
1996 Waikato Hospital Theatre
1999 Graduated Bachelor of Nursing (Waikato)
1999 Wellington Hospital Theatre
2003 Southland Hospital Theatre
2005 Bowen Hospital ACNM Theatre
2010 Maoribank School Chair Board of Trustees
2013 Post Graduate Diploma Health Informatics (Otago)
2019 NZNO Board of Directors
2019 Member of NZ Institute of Directors

Statement to voters

In an over 30 year career in Nursing I have developed strong Governance skills through a variety of opportunities such as School Board of Trustees, NZNO and membership of the NZ Institute of Directors.

Public Safety is a core value of Nursing and now with the development of AI tools the intersection of my experience in Nursing, Governance and my education in Health Informatics are useful to the profession as we collectively grapple with not just with how these tools will affect Nursing, but also how we safely use them.

Conflict of interest statement

Registered Nurse.
Employee of Health New Zealand.
Employee of Evolution Health Group.
Member of New Zealand Nurses Organisation.

Nesca Bowlin

Biographical sketch

Nesca Heitapu Bowlin is a Registered Nurse, Nurse Educator, Researcher, and Governor with more than 18 years of nursing experience and six years of governance experience. She has worked across surgical, neurosurgical, ophthalmology, ENT, aged care, palliative care, and community health settings. Nesca currently teaches pharmacology in nursing, nursing research, leadership, and cultural safety at Wintec and has supported more than 1,150 nursing students towards registration. She serves on Te Whakakitenga, a key stakeholder for the newly developing medical school at Waikato University. Her research focuses on hauora Māori, nursing education, and health equity.

Statement to voters

Bringing the collective voice of nurses from the bedside to the boardroom. With six years of governance experience and more than 18 years as a Registered Nurse, Nesca understands both the responsibility of governing in the public interest and the harsh realities of nursing practice. As a Nurse Educator, Researcher, and Governor, she has worked to strengthen workforce development, education, research, and community leadership. The public deserves confidence that every nurse is competent, ethical, and safe. Nurses deserve a regulator that understands practice and supports a sustainable workforce. She will bring transparent leadership, and a future-focused approach to Nursing Council.

Conflict of interest statement

Wintec CHASP BN – Nurse Acedemic/Educator.
Waikato Tainui – Te Whakakitenga Governance Board.
Ngā Uri a Maahanga Trust – Trustee, Hauora Portfolio.
Wharangi Ruamano – Māori Nurse Educators.

Anna Carey

Biographical sketch

Anna, a registered nurse with over 25 years experience in New Zealand's health sector, is Head of Clinical Improvement at Summerset (aged care provider). In this national leadership role, she is responsible for the delivery of clinical strategy, manages a range of complex portfolios and oversees their clinical quality and risk framework.

In her career, Anna has worked in a range of roles including patient facing, clinical leadership, education, quality, auditing and management. She holds a Master of Health Sciences and is passionate about the nursing profession focusing on quality and safety and the provision of culturally appropriate services.

Statement to voters

Ko Anna tōku ingoa. I'm standing for election because I'm committed to maintaining high standards of nursing practice and maintaining patient safety. I'm a registered nurse with a Masters in Health Science. I have over 25 years experience working across the New Zealand Health Sector particularly in aged residential care, clinical leadership, management, education and quality improvement. I have spent my career not only delivering care, but improving systems and processes that support nurses to provide clinically and culturally safe, quality care. I believe these skills would enable me to make a meaningful contribution to Nursing Council.

Conflict of interest statement

I am on the following committees/groups:
- New Zealand Aged Care Association Christchurch Excecutive Committee
- Aged Residential Care Nursing Workforce Development Advisory Group (Waitaha, Health NZ)
- Ara Institute of Canterbury Nursing Advisory Committee.

Georgina Casey

Biographical sketch

I am a NZ-trained nurse with a BSc and Master of Philosophy (Nursing). I've experienced nursing from multiple perspectives as a clinician, educator, leader, and academic. My career spans aged care, clinical education, quality and governance, and university teaching. After returning from the UK in 2001 with a young family, I established CPD4Nurses to provide flexible continuing professional development opportunities for nurses balancing work and family commitments. As programme lead for the University of Otago's Master of Nursing Science, I am committed to high standards of practice and education and supporting equity in our profession and across Aotearoa New Zealand.

Statement to voters

As a nurse and educator, I am committed to upholding the values and traditions that have long defined nursing in Aotearoa New Zealand – compassion, professionalism, accountability, and cultural safety. Our profession is continuously evolving to meet the health and structural challenges of an increasingly complex world. If elected to the Nursing Council, I will support robust standards that ensure safe, competent practitioners while recognising the diverse communities, settings and specialties that nurses serve. I will listen to nurses across the profession, advocate for practical and balanced regulation, and help strengthen public trust in nursing for future generations.

Conflict of interest statement

Programme Lead for the Master of Nursing Science at the University of Otago.

Jiajia Chen

Biographical sketch

I am a mother of three, partner, daughter, artisan cook, jewellery maker, houseplant enthusiast, and lifelong learner who enjoys travelling, exploring different cultures, and sharing good food. Born in Shanghai, China, I came to New Zealand as an international student and have proudly made Aotearoa my home. I became a registered nurse in 2006 and have dedicated my career to nursing across Te Whatu Ora, tertiary education, and the Department of Corrections. I hold a Postgraduate Diploma in Advanced Nursing (Distinction), a Master of Business Administration from the University of Auckland, and serve as a Justice of the Peace.

Statement to voters

When nurses are empowered to do their best work, patients are safer, and outcomes improve. If elected, I will serve with integrity, curiosity, and compassion, bringing clinical, educational, leadership, and governance experience. I believe better decisions are made when different perspectives are welcomed.

I will champion high professional standards, contemporary nursing education, an inclusive and equitable nursing workforce, and governance that enables nurses to practise confidently and at the top of their scope, strengthening public trust, public safety, and the future of nursing in Aotearoa New Zealand.

Conflict of interest statement

Public sector employment: Clinical Manager with Ara Poutama Aotearoa (Department of Corrections). My employment may give rise to actual or perceived conflicts of interest where matters directly relate to my employer. Any such conflicts will be declared and managed in accordance with the Council's policies. Justice of the Peace: Appointed on 6 February 2016. I do not consider this role to present a conflict of interest with the work of the Nursing Council.

Director: Mai Home Ltd (since 2015). This business is unrelated to nursing or healthcare, and I do not consider it to present a conflict of interest with the work of the Nursing Council.

Amanda Child

Biographical sketch

I am pleased to submit my nomination for consideration. With 40 years of clinical experience as a Registered Nurse in New Zealand and Canada, I hold qualifications in drug and alcohol abuse counselling and sports coaching, specialising in equestrian. As a Justice of the Peace and co-founder of the New Zealand Aesthetic Nurses Association, I am dedicated to advancing our profession and ensuring patient safety. My strong community leadership, international registration, and commitment to professional standards position me to serve effectively. I respectfully seek your consideration for this opportunity.

Statement to voters

Amanda Child is a registered nurse with 40 years of experience, a Justice of the Peace, and co-founder of the New Zealand Aesthetic Nurses Association, the only not-for-profit organization dedicated to advancing aesthetic nurses and

patient safety. She advocates for the Nursing Council's mandate to safeguard the
public by upholding professional standards. Amanda believes we must adhere
to the principles that drew us to nursing, delivering care that is safe, skilled, and
transformative for our communities. Her decades of clinical experience and
commitment to nursing integrity equip her to serve the profession with distinction
at Council Level.

Conflict of interest statement

Chair: New Zealand Aesthetic Nurses Association (NZANA).

John Boy Jerry Csapo-Camu

Biographical sketch

As a Nurse Practitioner practising across primary health and urgent care, with an extensive clinical background built in cardiovascular intensive care and emergency response (PAR) before completing his NP pathway in 2022. He is an external treatment injury advisor to ACC and a member of the Health Practitioners Disciplinary Tribunal. John is also Clinical Director of Governance and Safety at Caci, New Zealand's national appearance medicine network, and Co-Founder of MObyJC Injectables. He brings deep clinical expertise and a systems-level perspective to nursing leadership, with an enduring commitment to patient safety and public confidence in nursing.

Statement to voters

As a Nurse Practitioner, I have seen what nurses can do when they are trusted,
supported and given the right framework to lead. We are not assistants to the system, we are the backbone of it. Across primary care, urgent care, governance and the disciplinary arena, I have watched nurses diagnose, prescribe, govern and protect the public with skill and integrity. Give a nurse the right scope, the right support and the courage to use it, and there is no ceiling on what we achieve. I am standing to widen that framework for every nurse. Let's build it together.

Conflict of interest statement

Caci Clinics – Clinical Director of Governance and Safety. A clinical governance role within the national appearance medicine network.

JC Injectables Limited – Director and owner.

MObyJC Injectables (MObyJC) – Co-founder and Clinical Director. The company provides Nurse Practitioner led clinical oversight and standing orders to independent practitioners.

Injector Academy MObyJC – Clinical Director. This is the training and education arm of MObyJC.

Kaye Davies

Biographical sketch

I am the founder of Giving Time, supporting older adults to live with dignity, connection, and practical care. My work focuses on coordination, advocacy, and building trusted relationships across families and providers. I bring a strong community perspective, with experience in complex needs, including dementia, and a clear focus on safe, person-centred care.

I have developed an independent support network model that strengthens collaboration while maintaining accountability and clear boundaries. I offer a governance mindset, valuing transparency, fairness, and risk awareness. I am motivated to support the Nursing Council to uphold public safety, trust, and strong professional standards.

Statement to voters

I am seeking your support as a community member of the Nursing Council of New Zealand. I bring an independent, practical perspective shaped by my work supporting older adults and their families through complex care journeys. I focus on safety, dignity, and outcomes that matter to people receiving care. I understand the importance of strong governance, clear standards, and public trust. I will contribute thoughtful, balanced judgement, ask constructive questions, and keep the public voice at the centre of decisions. My commitment is to support a system that is safe, fair, accountable, and responsive to the communities it serves.

Conflict of interest statement

At the time of my nomination, I was the owner and director of Giving Time Ltd, which provides care coordination and support services for older adults. Giving Time also managed Honouring Time, a separate business I own that provides privately funded end-of-life support in partnership with hospice services. Since submitting my nomination, the separation of these businesses has been completed. While Giving Time will continue to provide management services to Honouring Time, the two entities now operate independently. I recognise the importance of identifying and managing any actual, potential, or perceived conflicts of interest. I am committed to being open and transparent, declaring any conflicts as they arise, and withdrawing from discussions or decisions where my interests could reasonably be seen to influence my judgement. I will always act in the public interest and uphold the integrity of the Nursing Council.

Jan Dewar

Biographical sketch

From Southland, clinical practice as a nurse led me to further study and senior nursing roles. I was ADON (MidCentral DHB) until 2020, responsible for professional leadership, practice improvement programmes and clinical governance. My doctoral research focusing on care standards contributed to my leadership of the renewed Registered Nurse scope and Standards of Competence. As Head of Nursing (AUT) from 2023, I successfully implemented changes to improve competence and confidence of graduates. I am an Associate Professor in Nursing at VUW, and co-chair the National Nurse Leaders Group and Kawa Whakaruruhau Wharangi Ruamano who have each endorsed my nomination.

Statement to voters

I bring extensive experience across nursing practice, leadership, education, research, and governance, with a strong commitment to public safety and professional standards. I strongly believe in nurses as the cornerstone of health, acting with empathy and skill. I understand the importance of regulation in supporting safe, competent care having led the review of RN scope and standards of competence. I bring a strategic, evidence-informed perspective shaped by senior nursing and governance roles. My history demonstrates support for nurses to meet the needs of all people and communities. I whakapapa to Kāi Tahu and value collaboration, integrity, and sound governance.

Conflict of interest statement

Co-chair National Nurse Leaders Group (NNLg).
Co-chair Kawa Whakaruruhau Wharangi Ruamano (KWWR).
Nursing programme auditor on behalf of Nursing Council.

Phebe Eruera

Biographical sketch

Phebe Eruera (Tūwharetoa, Ngāti Awa, Rarotonga) is a kaupapa Māori registered nurse whose practice is anchored in whakapapa, whānau, hapū, iwi, and community. Raised in Kawerau and now living in Te Teko with her husband and
children, she brings cultural depth and compassion to acute mental health care. As a student nurse educator and active community member, she champions Māori health equity, Te Tiriti aligned practice, and culturally grounded workforce development. Always keen to upskill, Phebe is dedicated to transforming mental health services so Māori experience care that upholds dignity, connection, and collective wellbeing.

Statement to voters

I am standing to serve all people with integrity, accountability, and a commitment to equity in health and wellbeing. My journey has been shaped by the teachings of my ancestors, whose resilience, courage, and dedication to collective uplift guide my every step. As a

kaupapa Māori registered nurse and active community member, I have seen the power of whānau centred, culturally grounded care. I advocate for services that honour Te Tiriti o Waitangi and uphold the mana of our people. Always keen to upskill, I will work to ensure health services reflect community needs, strengths, and aspirations.

Conflict of interest statement

I am a Registered Nurse practising in acute mental health with Te Whatu Ora.
I am a board member (Trustee) for Tuwharetoa ki Kawerau Hauora.
I am a Student Nurse Educator with Te Whare Wānanga o Awanuiarangi.

Sharron Feist

Biographical sketch

An experienced nursing leader, currently working as Director of Nursing for Community Nursing, Older Persons, Rural and Primary Integration within HNZ, Southern. With over 30 years nursing and healthcare leadership experience across NZ and the UK, I am passionate about the nursing profession, patient safety, high quality care, and strengthening the nursing workforce for the future. I have led strategic service improvements that have made positive changes for patients and focused on workforce development initiatives that grow and enable our teams to be the best they can be. I bring passion, integrity, trust, collaboration, and commitment.

Statement to voters

I am passionate about strengthening the nursing profession and ensuring high standards of care delivery for patients/whanau. With over 30 years' nursing experience across clinical, operational, quality improvement, and senior nursing leadership roles, I understand the challenges and opportunities facing our profession. Patient safety, professional standards, and workforce support and development have been central to my career. I am committed to supporting nurses to deliver safe, equitable, and person-centred care while maintaining public trust and confidence. I will bring integrity, trust, collaboration, strategic thinking, and experienced nursing leadership to the council.

Conflict of interest statement

Member of New Zealand Nurses Organisation (NZNO).
Member of Nursing Executives of Aotearoa.

Marion Guy

Biographical sketch

Marion is a registered nurse with many years' experience across clinical practice, nursing leadership and health governance. She holds a Postgraduate Diploma and a Master of Nursing and has contributed extensively to the advancement of nursing and healthcare in New Zealand. Her experience includes

leadership roles in diverse
healthcare settings and service on health governance boards where she has supported strategic decision-making and quality improvement. In her leadership
and governance roles she advocates for nursing excellence, equitable healthcare and strong professional standards to improve outcomes for patients, whanau and communities. Marion received a Queens Service Order for services to nursing.

Statement to voters

I have had one term on Nursing Council seeking election for a 2nd term. My extensive nursing knowledge and experience across the health sector in leadership, governance and current clinical practice, enables me to participate fully in Nursing Council decision-making processes. I believe it's important to have nurses who understand the current health NZ environment from a broad perspective. This enables informed decision making. The Council's role is to ensure public safety through setting safe nursing standards. We must communicate more with all nurses to ensure the growing cultural diversity in our nursing workforce is incorporated in our standards.

Conflict of interest statement

Member of New Zealand Nurses Organisation (NZNO).

Sandie Harris

Biographical sketch

Nursing is in my blood, coming from a family full of nurses and midwives. I began my nursing journey while raising my three boys, who remain my proudest achievement. Living and working in small-town New Zealand has given me a strong
understanding of the unique challenges faced by rural communities. I am not afraid to speak up, fiercely advocating for both my colleagues and the Whaiora we serve. Outside of nursing, I enjoy exploring Aotearoa—chasing fish along our coastline, discovering new places on two wheels, and recharging among the bush, beaches, and communities that make New Zealand so special.

Statement to voters

As a frontline mental health nurse, I understand both the opportunities and challenges facing our profession today. Over the past 12 years, I have worked in mental health and addiction services across urban, rural, and remote communities throughout Aotearoa New Zealand. Rural nursing is my passion, and I understand the unique challenges faced by nurses and the communities we serve. I am a strong advocate for equitable access to healthcare, culturally responsive practice, and a well-supported nursing workforce. I bring frontline experience, leadership, and a willingness to speak up. If elected, I will be a practical, authentic voice for nurses.

Conflict of interest statement

Public Service Association (PSA) Delegate (Union).

Karole Hogarth

Biographical sketch

Dr Karole Hogarth is a registered nurse, Professor, and Head of School of Nursing with more than 30 years of clinical experience including 16 years in nursing education. She leads a team of 35 staff and more than 450 students, providing strategic leadership across curriculum development, governance, quality assurance, and workforce sustainability. Karole collaborates extensively with national nursing leaders and regulatory bodies, including the Nursing Council of New Zealand. A committed advocate for cultural safety, Kawa Whakaruruhau, staff development, and research informed practice, she has made significant contributions to nursing leadership, education, and professional advancement throughout Aotearoa New Zealand.

Statement to voters

As a registered nurse, Professor, and Head of School of Nursing, I bring more than 30 years of clinical experience and extensive leadership in nursing education, regulation, and workforce development. I currently lead a large nursing school, work closely with the Nursing Council of New Zealand on programme quality and professional standards, and as a nursing programme auditor. Throughout my career, I have championed learner success, cultural safety, evidence-informed practice, and the sustainability of the nursing workforce. If elected to the Nursing Council Board, I will provide thoughtful, collaborative leadership, ensuring public safety while supporting a strong, future-focused nursing profession.

Conflict of interest statement

Auditor Nursing Council of New Zealand.
Professional relationships with Nursing Council of New Zealand (Education) Education Review Panel.
Professional relationships with clinical stakeholders Otago region Nursing Education in the Tertiary Sector (NETS – Heads of Schools) representative Nurse Executives Aotearoa Southern.

Rosie Jeliazkova

Biographical sketch

Immigrated to NZ 30 years ago and gained my NZ registration in 1998. My professional journey started in my home country, working for 2 years in the operating theatres. Continuing my passion for the OR, I have worked at Middlemore hospital for 18 years, before moving to an office medical case manager position. Throughout my carrier I have worked in both public and private ORs, as well as an education and product

specialist for an Australian company. Following 3 years living overseas and back to NZ last year, I have been working in an eye clinic in Auckland.

Statement to voters

My passion for nursing led me to work in various roles throughout my 26 years professional career. I believe the most important component to achieve an excellence is through education and clinical practice. Supporting every nurse in their strive to excellence is the only way to uphold the integrity of our profession. If elected, I will endeavour to work towards maintaining of our most important role as advocates in health and safety. The public of NZ expects the highest standard of care, honesty and compassion from us, and we as an organisation must endeavour not to fail in our mission.

Conflict of interest statement

I have no conflicts of interest.

Mark Jones

Biographical sketch

Mark built on graduate health care qualifications gaining skills and experience in policy analysis, development and implementation and research enquiry. An analytical and strategic thinker, he can draw information from a range of
sources and disseminate clear messages and strategy to a variety of audiences. Mark is innovatory, creative, a proven team leader and player; effective negotiator and communicator. Mark has considerable international experience within professional organisations, NGOs, governmental systems, academic institutions and trade unions. He has a robust record in change management and organisational leadership. Mark is ethical, dedicated, committed, robust and dependable; characteristics anchored in his Christian faith.

Statement to voters

The essential purpose of Te Kaunihera Tapuhi o Aotearoa / Nursing Council of NZ, is to ensure people receive the best possible care from the best possible nurses. The Council seeks to achieve this through setting and overseeing educational standards underpinning good practice across all scopes wherever we work. I would be honoured to be elected to Council, play a positive and determined role in this work and be sure to see it extends to recognising the importance of safe and supportive workplaces where you are able to practice to your best ability and not compromise the care you give.

Conflict of interest statement

I have no conflicts of interest.

Amal Joseph

Biographical sketch

Amal Joseph is a Registered Nurse with extensive clinical experience in New Zealand and international healthcare settings. He currently serves in the Emergency Department at Middlemore Hospital, Auckland, delivering compassionate
care to patients with diverse and complex health needs. Amal holds a Bachelor of Science in Nursing and a Postgraduate Certificate in Nursing. He is committed to advancing equitable access to healthcare and education, particularly for underserved communities. In addition to his clinical role, He is actively involved in community social service and charitable initiatives.

Statement to voters

Nursing is more than a profession—it is a commitment to serving our communities with compassion, skill, and integrity. Through several years of nursing practice, including my current role in the Emergency Department at Middlemore Hospital, I have gained valuable insight into the realities of frontline healthcare. If elected to the Nursing Council, I will advocate for a strong nursing workforce, meaningful professional development opportunities, and safe, high-quality care for all New Zealanders. I am committed to listening to nurses, supporting our profession, and helping shape a positive future for nursing. I would greatly appreciate your vote and support.

Conflict of interest statement

I'm acting as an New Zealand Nurses Organisation (NZNO) delegate from Emergency Department – Counties Manukau DHB.

Bernie Kushner

Biographical sketch

I am a master's-prepared Registered Nurse from Canada who emigrated to Aotearoa in 1999. With 29 years' experience across acute care, primary health, nursing education, and tertiary teaching, I bring a broad understanding of healthcare and
workforce challenges. Living and working alongside First Nations peoples in Canada strengthened my commitment to Te Tiriti o Waitangi and cultural safety in New Zealand. Through leadership, committee service, clinical education, and teaching roles, I have gained valuable insight into the realities facing nursing students and frontline nurses. I offer fresh perspectives, energy, and dedication, and would be honoured to serve on the Council.

Statement to voters

I am a Registered Nurse with experience across acute care, primary health, and nursing education in Canada and New Zealand. I sit on several committees pertaining to education, quality improvement, compliance and student service which allows me to have a fuller understanding of the challenges that face tertiary education providers, clinical providers, students and frontline nurses. I am committed to upholding Te Tiriti o Waitangi and culturally safe nursing care. If elected I bring a collaborative, results-focused and evidence-informed approached to Council decision-making that focuses on the protection and safety of health consumers in Aotearoa New Zealand.

Conflict of interest statement

Content expert for Nursing Council – IQN theory exam for NZ registration and for NCNZ State Exam content development.

Miriam Manga

Biographical sketch

Miriam (Ngāti Kahungunu) is a Nurse Practitioner at Kidz First, Counties Manukau, providing specialist paediatric care for tamariki and rangatahi across South Auckland. She combines advanced clinical practice with leadership in service development, quality improvement and governance, with a strong focus on improving equitable health outcomes for Māori and Pacific whānau. Miriam has served on the Nursing Council of New Zealand since 2024 and remains committed to ensuring nursing regulation supports public safety and reflects the needs of both the profession and the communities it serves. She holds a Master of Health Science in Advanced Nursing Practice from AUT.

Statement to voters

Serving on the Nursing Council has reinforced my belief that effective regulation must protect the public while enabling nurses to provide safe, equitable and culturally responsive care. I am standing for re-election to contribute further to the work of Council, bringing a frontline clinical perspective grounded in a commitment to Te Tiriti o Waitangi. I will continue to bring that lens to regulatory decisionmaking, advocating for regulation that reflects contemporary nursing practice and supports public safety. It would be a privilege to continue serving the nursing workforce and the people of Aotearoa New Zealand.

Conflict of interest statement

Current elected member of Nursing Council of New Zealand.

Patricia McClunie-Trust

Biographical sketch

I am a nurse educator and researcher at Waikato Institute of Technology, with extensive experience in tertiary education. My career in nursing commenced with the Hospital Certificate for nursing registration

at Waikato Hospital in 1976, then a Bachelor of Social Science, and a Master of Arts and PhD in Nursing. Over my nursing career I have developed a strong commitment to the principles of Te Tiriti o Waitangi in teaching, learning and research ethics and nursing practice. I support registered nurses as a professional supervisor and act as a lay member of the New Zealand Association of Counsellor's Ethics Committee.

Statement to voters

My contribution to nursing includes delivering high-quality professional, vocationally focused education aligned with bicultural values and nursing workforce development needs. I am involved in research on the implications of shifts in health policy focus and the health workforce's need for professional education, particularly in developing new pathways to nursing registration and emerging professions. I believe collaboration is an essential professional skill that leads to high-quality outcomes in nursing education and practice. I believe I would bring an in-depth knowledge of nursing, its scopes of practice and contemporary professional and workforce challenges to this role.

Conflict of interest statement

Member of the College of Nurses Aotearoa.
Member of the New Zealand Nurses Organisation.
Editor-in-Chief for the Kaitiaki Nursing Research Journal.
Employed at Waikato Institute of Technology as a nurse educator and researcher.

Diane McCulloch

Biographical sketch

I am nominating for Nursing Council of New Zealand bringing a frontline perspective to the regulation and strategic direction of nursing. As a Clinical Nurse Specialist (CNS), I experience the realities, pressures, and triumphs of our nursing workforce first hand. My current role and past Board member of NZNO provides me with a unique dual perspective. I understand the complexities of clinical governance and workforce delivery, the importance of community – led, culturally responsive health initiatives. This allows me to view regulatory challenges through a wide lens –
ensuring patient safety remains paramount while fiercely supporting sustainability and development of our nurses.

Statement to voters

As a practising Clinical Nurse Specialist at Te Whatu Ora Waitemata, I bring an active frontline perspective to the Nursing Council. I understand our workforce pressures, clinical realities, and the vital importance of culturally responsive care. If elected, I will champion practical regulatory standards, streamline professional pathways, and advocate for sustainable workforce well-being- ensuring public safety goes hand in hand with nurse support. I offer strong clinical

leadership, accountability, and total dedication to empowering nurses across Aotearoa. Please vote for a proven realistic voice on the ground.

Conflict of interest statement

Employee of Te Whatu Ora Waitemata employed as a Clinical Nurse Specialist.

Rhonda McKelvie

Biographical sketch

I am 100% committed to the nursing workforce. My clinical career in acute paediatric settings involved several countries and healthcare systems; practising, studying and developing in world leading hospitals. This season of my career remains deeply clinical; focused on supporting nurses with professional development, research, constructing/utilising evidence, practicing at best professional potential, expanding practice and innovating. I'm privileged to offer professional and academic supervision, be involved in strategic workforce development and planning, to be teaching, coaching future leaders, supporting nurses to publish, and to be involved in clinically responsive research, and regional, national and international workforce and research collaborations.

Statement to voters

The public expects a lot from nurses, and rightly so. Nurses are privileged to be part of people's best and worst days, their first and last days, and everything in between. The social contract between nursing and the public is one of trust; that nurses will bring their scientific knowledge, compassionate humanity and cultural literacy to the accomplished practice of nursing. The Nursing Council sets and maintains high standards for professional practice that protect the public and protect the profession. What I can contribute is deeply practical experience spanning workforce education, professional development, safe staffing, practice expansion and innovation.

Conflict of interest statement

New Zealand Nurses Organisation member – Fellow of College of Nurses.
Member of Nurse Executives Aotearoa.

Journal Editor Nursing Praxis Aotearoa.

Raukahawai O'Connor

Biographical sketch

Raukahawai O'Connor is a senior nurse leader with more than 27 years of experience across New Zealand and Australia's public health systems. She leads strategic initiatives focused on quality, safety, workforce development, and equitable
health outcomes. She brings extensive expertise in clinical governance, regulatory compliance, service

improvement, and system leadership. Passionate about protecting the public through safe, competent nursing practice, Raukahawai is committed to upholding Te Tiriti o Waitangi and advancing cultural safety, lifelong learning, and health equity. She offers strong governance capability, strategic insight, and a collaborative leadership approach to support the Council's statutory responsibilities.

Statement to voters

As a proud Māori nurse, I am standing for the Nursing Council to help ensure regulation protects the public while advancing equity, cultural safety, and professional excellence. I honour the legacy of Māori nursing leaders who have gone before us and believe their vision must continue to shape our profession. Throughout my career, I have championed Māori health, workforce development, and quality improvement. I am committed to upholding Te Tiriti o Waitangi, strengthening Kawa Whakaruruhau, and supporting nurses to provide safe, competent, whānau-centred care. I bring governance experience, strategic insight, and a collaborative approach to this important mahi.

Conflict of interest statement

Current deputy chair of Te Toki – Māori advisory committee to Nursing Council Board.
Current employee of Health New Zealand (HNZ).
Current member of Te Kahui Piringa – Māori advisory committee to Te Tāhū Hauora (Health Quality & Safety Commission).

Beth Poi

Biographical sketch

I am a Nurse Practitioner with over 26 years of healthcare experience, beginning my career as a Healthcare Assistant before progressing to my nursing studies and advanced practice roles. My clinical background covers aesthetic medicine, paediatrics, theatre and rural primary health giving me a broad understanding of healthcare across diverse settings. I am passionate about delivering high-quality, patient-centred care and supporting the ongoing growth of the nursing profession. My experience has strengthened my commitment to leadership, professional development, and ensuring nursing remains a strong and influential voice within New Zealand healthcare.

Statement to voters

Nursing is a profession built on experience, leadership, and advocacy. I understand the mounting challenge's facing nurses at all levels. If elected, I will advocate for professional growth and autonomy, workforce development, equitable access to healthcare, and strong nursing representation. I am committed to ensuring nurses' voices are heard and respected in decisions that shape our profession and the future of healthcare.

Conflict of interest statement

Premier Aesthetics.

Michelle Robinson

Biographical sketch

I am the Clinical Nurse Manager (CNM) for the Children's Unit and Special Care Baby Unit (SCBU) at Rotorua Hospital, Health New Zealand Lakes. My leadership career is built on 12 years in the Rotorua Emergency Department, including five years as an Associate Clinical Nurse Manager (ACNM). I am completing a Master's in Health Leadership and Management, integrating governance, health economics, and
leadership with 17yrs of clinical experience. My current role includes, workforce planning, clinical risk, quality improvement, and financial accountability. This combination of academic study and operational leadership equips me to support professional standards, governance, and public safety effectively.

Statement to voters

As CNM of the Children's Unit and SCBU, with 12 years' experience in the Rotorua Emergency Department, I understand the challenges facing New Zealand's health workforce. I am standing for the Nursing Council to bring frontline clinical experience, leadership, and practical insight to regulatory decision-making. My Master's studies in Health Leadership and Management, combined with experience as both ACNM and CNM, have strengthened my governance and policy expertise. If elected, I will advocate for transparent, evidence-based regulation, workforce sustainability, and equitable outcomes. I am committed to upholding public safety, Te Tiriti principles, and professional nursing standards.

Conflict of interest statement

I have no conflicts of interest.

Suzanne Van Mierlo

Biographical sketch

Sue van Mierlo trained in London, UK, graduated in 1997, moving to Aotearoa in 1999. She holds a Master of Advanced Nursing. Her career spans cardiac and general medicine, aged residential care, primary care, and community health.
Sue is a registered Nurse Practitioner and privileged to be seconded to Te Kapua Whakapipi, partnering with marae and hapū to deliver marae-based health services. Sue is Nurse Practitioner Lead for the Nurse Practitioner Training Support Scheme for Te Manawa Taki. She is a passionate advocate for cultural safety, equity, and community wellbeing with governance experience across education and community organisations.

Statement to voters

As a Nurse Practitioner with more than 25 years of experience, I am committed to advancing a nursing workforce that is safe, competent, culturally responsive, and future focused. Throughout my career, I have worked across a variety of healthcare settings and actively supported the development of the nursing workforce through strong clinical leadership, education, mentorship, and workforce development. If elected, I will advocate for strong professional standards, cultural safety, workforce sustainability, and equitable health outcomes while ensuring public safety remains at the heart of nursing regulation.

Conflict of interest statement

Employee at Pinnacle Midlands Health.
Seconded to Te Kapua Whakapipi (office of the Ariki, Tūwhareatoa).
Regional lead for Nurse Practitioner training support scheme.

Charleen Waddell

Biographical sketch

Charleen's Rongomaiwahine, Kāi Tahu, Kati Mamoe, and Ngāti Kahungunu whakapapa highlights deep connections across Aotearoa. A CNS-Diabetes and Nurse Prescriber with over 25 years of experience, she practices across primary and secondary settings, including marae clinics. Her six years in NZNO Governance as Tiamana Te Tai Tonga and Murihiku LOG Co-Chair demonstrate equity-led leadership. Through Te Kotahitanga at SIT, she successfully embeds Kawa Whakaruruhau into nursing education, while her He Mana Tapuhi mentorship actively grows the Māori nursing workforce. Charleen's robust clinical knowledge, governance expertise, and unwavering community focus make her an exceptional leader for Nursing Council.

Statement to voters

With over 25 years of frontline experience currently as a Clinical Nurse Specialist- Diabetes, Nurse Prescriber and recently as Nurse Educator, Charleen brings deep clinical expertise from primary, community and secondary settings focussed on disease state management (LTC), whanau ora to her patients and colleagues. As the Tiamana for Te Tai Tonga (NZNO), she is a proven leader dedicated to championing health equity, embedding Kawa Whakaruruhau into nursing education, and mentoring tauira to sustain our workforce. Vote Charleen Waddell for strong advocacy, robust governance, and a driven regulatory voice committed to nursing, equity, and whanau outcomes.

Conflict of interest statement

Workplaces – currently employed Southern Institute of Technology and Te Whatu Ora.
Designated Prescriber, committee noted on application.

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