

NEWS

'You're joking' – exhausted ED nurses respond to HNZ promise

By Mary Longmore

September 29, 2026

Too little, too late and a political ploy. That was the reaction of emergency nurses to Te Whatu Ora-Health NZ (HNZ)'s announcement it would hire another 380 frontline staff over the next nine months.



NZNO college of emergency nurses co-chairs, Vicki Bijl and Natasha Hemopo.

National chief nurse Nadine Gray announced on Friday HNZ would be recruiting an additional 380 full-time equivalent (FTE) frontline workers, including nurses, midwives and HCAs by June 30, 2027.

Gray could not say how many of the 380 would be nurses, which would be up to hospitals, but did say it included 94 FTE emergency staff who would be “largely nurses”.

NZNO college of emergency nurse co-chair Natasha Hemopo, who watched the announcement with colleagues, said the reaction was: “You’re joking”.

“They were like, ‘380 nationally, for the whole country? You’re joking. And 94 allocated for emergency departments? Not enough’.”

‘This has come from health-care workers speaking up and calling it out.’

Hemopo said her own region, Midlands, was allocated fewer than 40 of the additional FTE roles. “Waikato ED alone, they will soak up 40 nurses,” she told *Kaitiaki*.

“When you break that down over the Midlands, or per region as they’ve done, it doesn’t even clinically backfill what’s needed on the floor right now.”

Hemopo said it was the courage of nurses and health-care workers speaking out that had led to the staffing boost, five weeks out from the General Election.

“This has come from health-care workers speaking up and calling it out. In part it’s an acknowledgement from HNZ that they need to do something about it. I just worry that it’s too late — on boarding of staff takes months.”

Staff at [Waitākere Hospital](#) and [Gisborne ED](#) have gone on strike for safer staffing recently, while [Tauranga Hospital ED](#) staff have asked HNZ bosses for 15 more nurses, North Shore ED have called 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) (https://nzno.org.nz/about_us/nzno_in_the_news/artmid/8374/articleid/7161/fed-up-north-shore-ed-staff-declare-state-of-emergency) and [Whanganui Hospital ED](#) (https://nzno.org.nz/about_us/nzno_in_the_news/artmid/8374/articleid/7244/whanganui-hospital-ed-averaged-680-capacity-over-a-week) staff have spoken out about being nearly seven times over capacity this month.

Hemopo estimated thousands more staff were urgently needed simply to bring the workforce back to full strength after a two-year hiring freeze under the current Government.

“Our [emergency] departments are in crisis now, they’re struggling now.”



National chief nurse Nadine Gray at HNZ's press conference at Auckland's North Shore Hospital on Friday where she announced another 380 frontline staff would be employed over the next nine months.

NZNO kaiwhakahaere Kerri Nuku said the promise rang hollow, coming after two years of warnings from frontline health workers.

"In the meantime, nurses have struggled through the worst influenza outbreak in a decade, overcrowding in our hospitals and hours . . . long waits in emergency departments."

New roles

HNZ confirmed to *Kaitiaki* these were new roles rather than filling existing vacancies — revealed to be nearly [1500 for nurses](#) last month.

Gray told *RNZ* she did not have an "absolute breakdown" of how many nurses would be hired as that would be up to individual hospitals to work out. As for thousands of nurses being employed by Christmas — as [promised by Minister of Finance Nicola Willis](#) — Gray could only say "best efforts will be made".

In a release, Gray only said the staff would be hired in regions and services where a particular need had been identified by safe staffing tool CCDM (care capacity demand management).



NZNO kaiwhakahaere Kerri Nuku

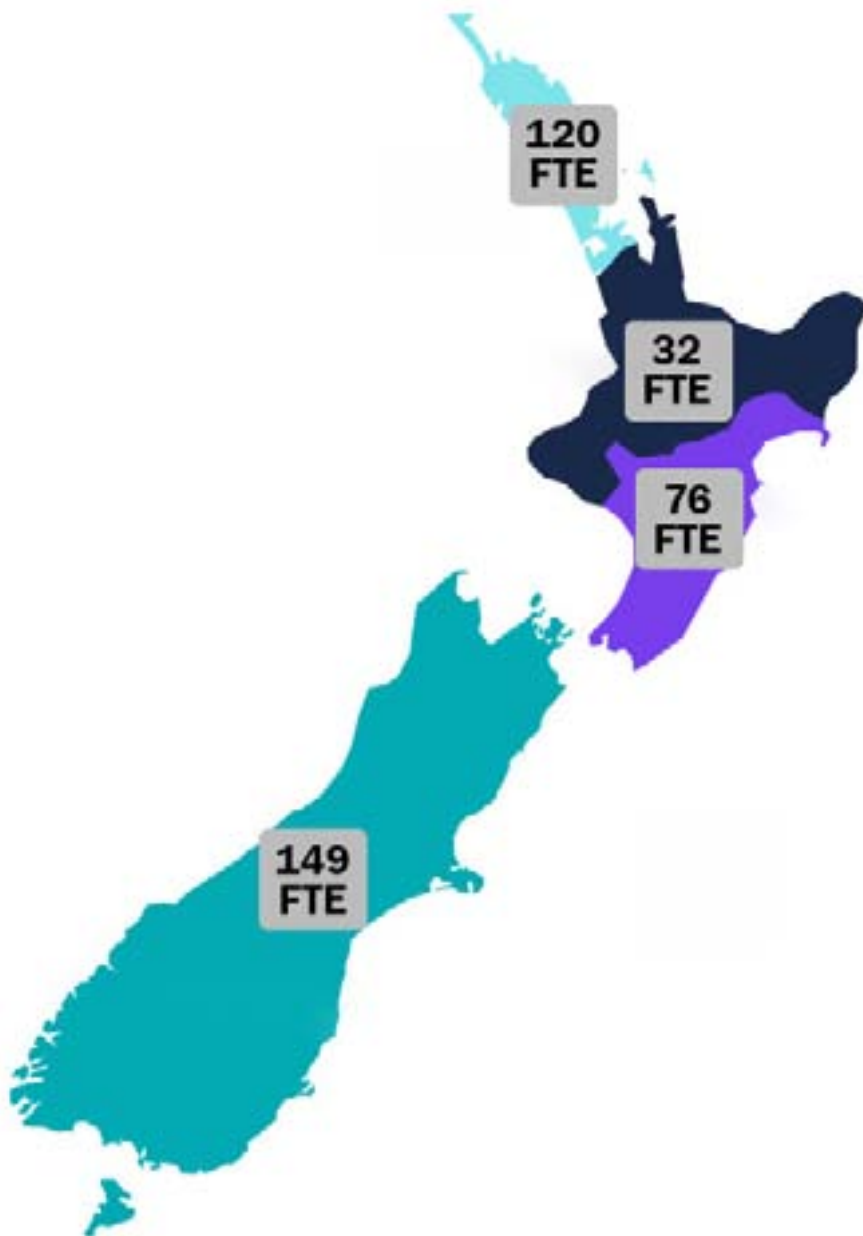
HNZ was also investigating whether nurse-to-patient ratios could improve its workforce planning, said Gray, describing the current system, CCDM, as "complex".



Gisborne Hospital ED staff went on strike for safer staffing this month, including Sarah Kapene and horse Pearl.

HNZ committed to investigating ratios as part of its [2026-27 collective agreement with NZNO](#).

In 2023, HNZ identified it was [short 4800 nurses](#) nationally before recruiting another 3000 FTE nurses over 2023-24. Since the first quarter of 2024, the nursing workforce has grown by just [54 FTE](#) — despite claims by Minister of Health Simeon Brown that 2100 new nurses had been hired.



HNZ is hiring another 380 FTE nurse, midwife and HCA roles over its current financial year, which runs to June 30, 2027. That includes 120 FTE for the Northern region; 32 for the Midland region; 76 for the Central region; and 149 for the South Island.

NEWS

NZNO annual general meeting kicks off with global nursing conference announcement

By Joel Maxwell

September 25, 2026



The NZNO annual general meeting (AGM) has kicked off with the announcement that the organisation would host the the 2028 ICN nurse practitioners and advanced nurses conference in Aotearoa.



Members listen as NZNO kaiwhakahaere Kerri Nuku announced the winning conference bid at the 2026 annual general

NZNO kaiwhakahaere Kerri Nuku announced that NZNO had won the bid to a full house of applause at the AGM held in Rotorua on Tuesday.

The international conference, recently held in Nashville in the US, is touted as an opportunity for global leaders in advanced-practice nursing to connect and shape the profession's future.

See also: [*This is what democracy looks like!*](#)

Nuku said NZNO put in the bid to host the 2028 event two years ago at Helsinki. This was the first time ever that a national nursing organisation had done this, she said.

"I want to acknowledge the profession side of our organisation — because this is the opportunity to show what it is that is unique about us. To put on display as a small island country in the South Pacific how we've managed to stand up and to challenge and compete as nurses in this space."

NZNO members would need to unite for 2028 and show its collective voice as a professional and industrial organisation: "Show our power, our will and courage to put Aotearoa and professional nursing on this international stage."

Nuku launched her address with praise for members' hard mahi in raising health-care issues.

"What we are seeing through these active campaigns is an NZNO that is rising up, that is maranga mai . . . and if you looked over the last few months you would see in almost every single week there is some sort of action that is coming from the members."

Speaking after Nuku's announcement, NZNO president Anne Daniels gave her address — thanking all members who had "disrupted respectfully, challenged constructively, and led unapologetically".

NZNO was being noticed "where it counts" as the election in November approached, she said. "We can even make the Minister of Health look frazzled on national television."

Health care was arguably the most pressing concern for the public in the election season, Daniels said.

Action over the past few months has included a [health and safety strike](#) in the Gisborne Hospital emergency department (ED), a [letter sent to Te Whatu Ora-Health NZ](#) (HNZ) declaring a state of emergency in the Tauranga Hospital ED, and [two strikes](#) (https://www.nzno.org.nz/about_us/nzno_in_the_news/artmid/8374/articleid/7245/exasperated-muriwai-ward-nurses-strike-again-over-unsafe-staffing) in the Waitakere Hospital Muriwai ward.

Speaking about safe staffing, Daniels said without the members, the entire health system would grind to a halt.

"Let's stop calling it short staffing, when it happens every single shift. When unsafe staffing becomes normal it is no longer an unexpected shortage — it is a deliberate business decision!"

Patients and nurses were the ones dealing with the consequences, she said.



NZNO president Anne Daniels



NZNO kaiwhakahaere Kerri Nuku

"NZNO has been instrumental through

you, being a membership-led organisation . . . to expose the lies and coverups of the Coalition Government regarding the state of our health-care system failings."



NZNO chief executive Paul Goulter

Meanwhile NZNO chief executive Paul Goulter made his initial address to the conference, acknowledging the "tremendous" fight from members over the last year.

NZNO had taken up the challenge of becoming a lead voice in health and nursing, he said.

"You can just see the media following it, and see the public following it: And that's only occurred because nurses and NZNO members are prepared to stand up and be counted."

Chair of the ICN NP/APN network Josette Roussel zoomed in from Canada during the conference to congratulate NZNO for bringing an "amazing opportunity for nurses to come together . . . from many countries". She said at the recent Nashville conference there were more than 1300 nurses — advanced practitioners, NPs and "friends" from 70 countries.

The AGM ran for the afternoon — following a pōwhiri welcoming members — with the NZNO's annual conference running for two days from Wednesday.

Speakers at the conference included economist Max Rashbrooke, giving a rundown of the political situation ahead of the election, Māori nurse educator and 2026 Akenahi Hei award winner, Pipi Barton, as well as Sarah Beaman, secretary of the Queensland Nurses and Midwives' Union.

- Check out *Kaitiaki* in the coming week for more coverage.



Chair of the ICN NP/APN network Josette Roussel zooming in to the conference from Canada, with NZNO kaiwhakahaere Kerri Nuku onstage.

NEWS

Emptying beds 'not a solution' say striking Waitākere Hospital staff

By Mary Longmore

September 24, 2026

Waitākere Hospital's Muriwai ward staff walked off the job this week to strike for a second time — despite an 11th hour decision by Te Whatu Ora-Health NZ (HNZ) to close off five beds.



Muriwai staff on strike this week.

NZNO delegate Neil Warrington said the ward desperately needed one more nurse rostered on nights in the stroke and older adult ward. While moving patients out of five of the ward's 41 beds had relieved pressure on day and evening shifts, nights remained unsafe, he said.

Staff decided to go ahead with the two-hour health and safety strike on Monday morning, action they "didn't take lightly", Warrington said.

"Basically the hospital needs every bed it can get and more. What we want is the extra staff to keep the beds open — that is our ideal solution," he told *Kaitiaki*.

'Everyone is absolutely exhausted. We're not providing the patient care that we should be providing, that we want to provide. That just burns you out.'

On top of that, the five beds were not actually closed, but flexed, "so, at any point during a shift, they can say they've got five more patients coming", which would strain staff further, Warrington said.

"Everyone is absolutely exhausted. We're not providing the patient care that we should be providing, that we want to provide. That just burns you out."



Muriwai staff are not backing down. Neil Warrington is second from right.

Muriwai Ward staff first went on [strike in July](#) over unsafe staffing levels after a patient fractured their spine while the ward was short three health-care assistants (HCAs). It came after staff had been raising concerns for more than a year — and repeated warnings that particularly day about capacity.

Bed changes permanent – but flexible?

Director of operations Waitematā Brad Healey said since May, HNZ had hired two more HCAs for Muriwai Ward and “strengthened escalation processes”. Another 18 nurses had also been hired by the hospital, with Muriwai a priority for vacancy cover “where available”.

He also confirmed five patients had recently been transferred from Muriwai to the Hospital’s new Karekare Ward while retaining the same staffing levels in Muriwai This was a permanent move “to

support safe patient care and capacity management across the hospital".

However, he acknowledged that the beds would be flexible "when demand pressures require".

The new Karekare ward was promised to Waitematā Hospital by Labour in 2021 as a new 30-bed ward. However, it was revealed in July that just 11 beds would be available in the unit initially. Minister of Health Simeon Brown has said another 19 beds would be opened "over time".

'Basically the hospital needs every bed it can get and more. What we want is the extra staff to keep the beds open.'

HNZ told *Kaitiaki* this week that the new ward was now staffed for 15 beds.

Warrington said staff were standing strong and would not give up on safer staffing at nights.

Earlier requests for an extra nurse on morning shift and extra HCAs had not been fully resolved but efforts were underway to recruit another HCA, while pool nurses were "somewhat" alleviating the morning shifts, he said.

And now?

"We're going to do a bit of strategising and say 'where to from here?'"

NEWS

HNZ backtracks on police handover time after admitting plans ‘not safe’

By Joel Maxwell

September 23, 2026

Te Whatu Ora-Health NZ (HNZ) has partially backed down on a controversial police policy for mental health handovers in emergency departments (EDs) — admitting it’s not safe.



Planned police handover times for detained mental health patients to EDs has been rolled back.

An HNZ release said the handover time in phase four of the police withdrawal programme for mental health patients would now be 30 minutes – and the previously planned time was not safe.

Phase four would have seen police handing over patients detained under the Mental Health Act to EDs in 15 minutes — down from 60 minutes.

"We have agreed that a universal 15-minute handover time is not currently safe, feasible and sustainable to implement, and a 30-minute handover is a more practical, realistic, and achievable next step," the release said.

In 2024 NZ Police [announced plans](https://www.police.govt.nz/news/release/police-announce-phased-plan-reduce-service-mental-health-demand) to phase out attendance at mental health call-outs over a year. They said it would allow officers to focus on "core policing".



NZNO president Anne Daniels

The plan was slammed by [NZNO members and mental health nurses](#) as making workers less safe.

Speaking to *Kaitiaki*, NZNO president Anne Daniels said there was no way that a safe hand-over could occur unless the correct number of staff was there to deal with the process.

"If there's a police hand-over and the person is in hand-cuffs then the person [staff member] needs to know the legislation; they need to have the skill and knowledge to understand whether it's going to be an okay decision to accept that person in the first place."

Staff also needed to know if there was somewhere safe to keep the patient from hurting themselves or others.

"It's a huge decision and it's not something that can happen in two minutes."

Daniels said many of the NZNO's colleges and sections involved in areas affected by the programme had always known that it would never work. These nursing experts understood what would actually be required, she said.

"The fact is patient safety and staff safety weren't being put to the fore . . . the worst part about it is that we need to have a public health system that's going to meet the needs of people."

'We have agreed that a universal 15-minute handover time is not currently safe, feasible and sustainable to implement.'

Meanwhile it was not yet clear when phase four would begin — the release saying HNZ and police were "actively progressing work" on implementation and timing of the 30-minute change.

"So far, changes from earlier phases of the programme, have resulted in police officers spending significantly less time in emergency departments," the release said.

Police announced in April this year that they would be pausing the roll-out of phase four — after warnings over safe capacity to deal with the changes.

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



Emergency departments are not yet able to safely receive mental health patients from police in 15 minutes.

“There may be times when staff need to withdraw from an unsafe situation until appropriate risk management measures are in place.”

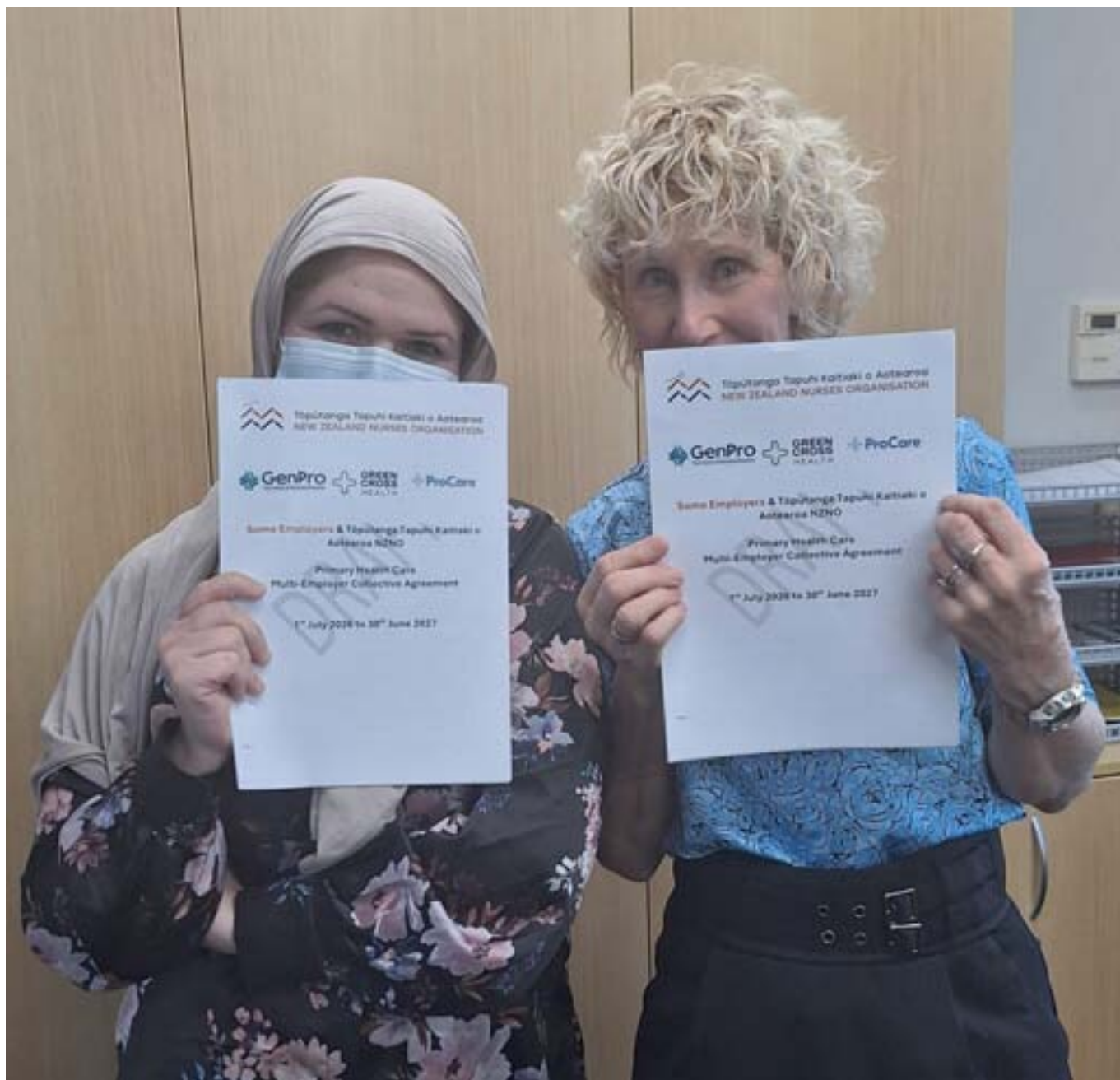
The release said police data between May and July this year revealed 84 per cent of handovers were completed within 60 minutes and of that 50 per cent within 30 minutes.

NEWS

A 3.5 per cent offer on the table for primary health nurses – have your say

By Mary Longmore
September 23, 2026

An offer to primary health-care workers is a step towards pay parity with Te Whatu Ora-Health NZ “but certainly not the end point”, says an Auckland registered nurse (RN) on the bargaining team.



Primary health nurses from Greenhithe, Auckland, whos their support for NZNO's bargaining team.

Voting closes today at noon on the offer, which includes a pay rise of 3.5 per cent pay rise for registered and enrolled nurses and health-care assistants (HCAs) and 7-10 per cent/\$2 per hour for administrative staff, who currently face a gap of up to 28 per cent with HNZ. RNs face a gap of 8-10 per cent.

Employers are also offering a prescribing allowance of \$1.50 per hour for designated RN prescribers and \$1 per hour for community health nurse prescribers.

Auckland registered nurse (RN) Kylie Goddard said pay parity with HNZ remained the goal. While this offer was a step in that direction, it was “certainly not the end point” for the sector.

‘It’s not just about nurses – everyone in primary health does as much or more as those in hospitals.’

Nurses, HCAs and administrative staff have been frustrated with a persistent pay gap which widened again after HNZ and NZNO settled a new collective earlier this year — and after a horror winter which has seen the sector overwhelmed by sickness while struggling to retain nurses.

Many have described acutely unwell patients being sent back to clinics by hospitals and emergency departments because they are full.

Goddard said it was important everyone in the PHC team, including administrative staff and HCAs, were recognised for their work.

“It’s not just about nurses — everyone in primary health does as much or more as those in hospitals.”



Feilding practice nurses

PHC members around the country have been getting behind the bargaining

It was also about better sick leave for PHC workers, who were regularly “exposed to infectious diseases”.

NZNO’s team representing 3500 PHC nurses along with administration staff and HCAs has been negotiating their multi-employer collective agreement (MECA) since June with representatives of about 580 PHC employers.

NZNO made its claims on June 3 then waited three months for the second day of bargaining on September 3, before this offer was made on September 17.

The current offer falls short of NZNO's claims on pay, sick leave increases, Te Tiriti-guidance and bringing nurse practitioners into the MECA. However, employers have agreed to work with NZNO on modernising the current MECA, which runs to nearly 50 pages.

Goddard said bargaining over a busy winter had been tough and the team appreciated the support of members around the motu.

She encouraged PHC workers to make sure they were NZNO members to grow their collective strength at the bargaining table. "We need every primary health-care employee committed to collective bargaining."

Goddard said the team had worked hard to get the offer and asked people to vote.

"This gives us a year and then next time we'll be negotiating in the spring not the winter"

Vote on the offer [here](https://www.surveymonkey.com/r/ZYXC3ZJ) (https://www.surveymonkey.com/r/ZYXC3ZJ). Voting closes Wednesday 23 September at 12 noon.

The full offer can be found [here](https://maranga-mai.nzno.org.nz/phc_meca) (https://maranga-mai.nzno.org.nz/phc_meca).

Current offer includes:

- A 3.5 per cent increase for RN, ENs and HCAs. For RNs, this would see new graduates start on \$33.93 per hour and rise to \$48.60 per hour for nurses on the top scale. For ENs it would be \$31.16 to \$36.34 per hour; and for HCAs \$26.39 to \$30.46 per hour.
 - A 7-10 per cent increase for administration staff which would see them paid \$27.04 to \$28.86 per hour.
 - A prescribing allowance of \$1.50 per hour for designated RN prescribers and \$1 per hour for community health nurse prescribers.
 - A new hourly rate of \$49.90 for nurses in leadership roles.
 - Increases of \$1.10 to \$2.35 per hour for RNs and ENs to recognise professional development and/or merit; and \$1.45 for administrative staff.
 - A one-off \$500 lump sum for those on 0.6 full-time equivalent or \$250 for those under 0.6 FTE.
 - A commitment for employers and NZNO to jointly develop a new modern multi-employer-collective agreement (MECA).
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NEWS

Manapōti wāhine: 'Still fighting' for economic equality 133 years after suffrage

By Mary Longmore

September 19, 2026

'You look beautiful, powerful and strong!' Feminist crowd grooves into Parliament to 'girls just have funds'.



Nurses, midwives and caregivers were at the forefront of this week's suffragette march/dance to Parliament. Photo: Naomi Madeiros.

High school students joined original feminists from the '70s and beyond as women across generations marched downtown to Parliament — many frustrated to still be fighting for equal pay 133 years after women's suffrage or manapōti wāhine in te reo Māori.

Teacher aide Ally Kingi, in full suffragette regalia, told an enthusiastic crowd of 300-odd dancing wāhine and supporters they were "beautiful, powerful and strong" as they arrived, dancing, in celebration of Aotearoa's world-leading move to give women the vote on September 17, 1893.

Watch the dancing at: [Girls just wanna have ... equal pay!](#)

But there was also anger — rage, even — at still having to fight after losing 33 pay equity claims after the Government's [shock law change](#) last May. Or, as Kingi put it: “Dumped overnight after their little secret meeting”.



Left to right, NZNO president Anne Daniels, Lynne Renouf and Maryan Street say the fight continues.

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.

Former Labour Party president and minister Maryan Street said it was a disgrace women were still fighting for economic equality. “Pay equity is all about economic justice and we don’t have it and this lot aren’t going to give it to us.”

Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO president Anne Daniels was both proud and angry to be marching.



Students joined the inter-generational march to Parliament.

"We're still fighting because we have to — because we are being made to," she told *Kaitiaki*. "We are supporting women in this country to have equality and equity in every aspect of their lives."

Outside Parliament, aged-care worker Lisa Marriner told the crowd that women "deserved dignity and knowing that our work is valued fairly".

The Government's move meant care and support workers like her — in a workforce largely of women — lost their only pathway to level up pay rates to male-led professions.



Aged-care support worker Lisa Marriner, right, with teacher aide Ally Kingi.

"I and thousands of women across the country were gutted when the Government cancelled 33 active pay equity claims," she said, to cries of "shame".

The work of teachers, nurses, teacher aides, librarians and lab technicians, too, was "essential to New Zealand's health and wellbeing, our prosperity and our quality of life" yet undervalued.

Wellington enrolled nurse Sarita Sharma said the nursing workforce was under huge pressure.





‘Pay equity is all about economic justice and we don’t have it and this lot aren’t going to give it to us.’

“We are so short-staffed and we deserve fair pay,” she said in between hospital night shifts. “At night they sleep in their beds while we look after their whānau. They don’t sit there and hold dying patients’ hands — they sit behind their desks and make policies.”



Wellington nurse Sarita Sharma, right, with her sister Sunita Karen say health care workers deserve equal pay.

Wellington student Alice Doolan, 15, said she enjoyed seeing people from different generations at the event.

“I think it’s important to have young people as well as older people — all ages.”

Marriner called on the next Government to fix the system — which meant ensuring pay equity was easy to access, easy for employers to engage with and sufficiently funded.

Labour deputy leader Carmel Sepuloni said Labour had already promised it would reinstate pay equity if re-elected but — like leader Chris Hipkins — would provide no details.



NZNO nurses Naomi Waipouri and Vanessa Cole were among 300 marching on Parliament for pay equity on suffrage day.

Pay Equity Coalition Aotearoa (PECA) in May [complained to the United Nations](#) over the pay equity law changes, claiming it demonstrates systemic discrimination against women.

Twelve of the 33 cancelled claims were NZNO's — however [Plunket, hospice](#) and [Bupa aged-care](#) members have refiled claims under the new system, despite near-impossible thresholds.

A multi-union legal challenge in the High Court in Wellington was lodged in August arguing that the Government's gutting of pay equity [breached the bill of rights](#).



NZNO turned out in force to march on Parliament on Suffrage Day.

NEWS

Another 2300 nurses in hospitals by Christmas? 'They'd need a superhuman HR team'

By Mary Longmore and Joel Maxwell

September 17, 2026

The Government has been caught in a "BS" trap after Finance Minister Nicola Willis promised an apparently impossible number of new nurses by Christmas.



NZNO president Anne Daniels say Ministers Brown and Willis are 'dreaming' after promising 2300 nurses would be delivered by Christmas.

Willis made the promise on Wednesday in an RNZ political panel appearance — under pressure over nursing workforce numbers.

She said 2300 nurses were being actively recruited by Te Whatu Ora-Health NZ (HNZ) and placed in roles around the country. They would be in hospitals by Christmas, Willis promised.

HNZ told *Kaitiaki* that the 2300 recruitment number was announced in August and while 322 roles had been accepted, the number, with new vacancies, was still 2278. About 1800 would be new graduates from ACE matches, promised for the current financial year.

‘They would have to have an HR team with superpowers to onboard that many graduates by Christmas.’

The next round of matches won’t be announced till the end of the year — leaving only a few weeks for graduates to accept and then be thrown into hospital wards to make the Christmas deadline.



New nurse Bianca Grimmer

New registered nurse (RN) Bianca Grimmer said it varied but generally took at least two months from being matched through ACE with a new graduate job to hitting the hospital floor.

Most got their job offers at the end of November and started in mid-late January the following year, said Grimmer, a former NZNO student leader.

“They would have to have an HR [human resources] team with superpowers to onboard that many graduates by Christmas.”

Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO president Anne Daniels said she did not believe it was possible to hire 2300 nurses by Christmas.

Kaitiaki. “It’s bullsh*t, it’s totally impossible, they’re dreaming,” she told

“Having all those nurses in by Christmas is just a total impossibility. And every nurse everywhere will know that – the actual process is a huge one.”

A former charge nurse, Daniels said she knew recruitment took six weeks “at a minimum” if the charge nurse was making decisions – and even longer, if regional sign-off was needed.

“Paperwork, interviews, competency assessments and all that – it takes weeks and weeks.”

Hiring enough experienced, senior and skilled nurses, alongside new graduates, was also essential for safely staffed hospitals: “It’s not just about numbers,” Daniels said.

“As much as I would like to see it happen, it’s impossible,” she said. “This is just a desperate election promise.”

No timeline was given for when the roles would be filled.

It comes as NZNO members across the country have [raised concerns about frozen hiring](#) and understaffed wards.

Despite claims by Health Minister Simeon Brown that there were 2100 new nurses added since the Government took power, the workforce [actually only grew by 54 FTE](#) in the past two years.

He has been contacted by *Kaitiaki* for comment on Willis' claim.



NZNO president Anne Daniels



Minister of Finance Nicola Willis and NZ First deputy Shane Jones had a kai ahead of Budget 2026.

Meanwhile, 104 NZNO members working in the Tauranga Hospital emergency department (ED) have written a letter to HNZ chief executive Dale Bramley [declaring a state of emergency](#) in the department.

The letter comes after NZNO ED workers in Gisborne Hospital went [on a health and safety strike](#) over short-staffing there.

NZNO's college of emergency nurses have spoken of the pressures ED are under, across the country.

How many will be hired?

HNZ national chief nurse Nadine Gray said the 2300 referenced by Willis [was from August 14](https://www.healthnz.govt.nz/news-and-updates/strong-pipeline-of-nurses-progressing-into-the-workforce) (<https://www.healthnz.govt.nz/news-and-updates/strong-pipeline-of-nurses-progressing-into-the-workforce>). From that date to September 11, 322 nurses had accepted roles with HNZ.



HNZ national chief nurse Nadine Gray

HNZ was currently recruiting to 2278 nursing roles across the country: part of a constantly changing recruitment number as roles were filled and advertised.

The number included a previously-announced commitment of 1800 roles for RN and enrolled nurse graduates across the current financial year (ending in 2027), Gray said.

Labour's health spokesperson Ayesha Verrall said the promise was an "incredibly deceptive use of numbers" and did not refer to new nurses – simply replacing those who had left after a two-year hiring freeze.

"It may well be that there need to be that many nurses that need to be hired in order to

for the health system to stand still. But the Government has, for two years, now kept the number of nurses roughly fixed at the same level," she told RNZ.

When she challenged the Minister of Health in Parliament on the figure, he "deliberately avoided committing to those being new nurses, over and above the current total number of nurses".

Verrall said Labour was committed to growing the nursing workforce and employing all graduates – however, would not commit to paid placements for nursing students.



Labour's Ayesha Verrall is accusing National of 'deceptive' figures.

How many grads?

Gray said as of 10 September, 426 graduate nurse offers were accepted from the mid-year intake.

"We are preparing for the large end-of-year cohort of graduate nurses. To-date, 1935 completed applications have been received, the highest number of applicants received in six years. Of these, 1727 are new applications and 208 are re-applications from other intakes."

NEWS

State of emergency: Tauranga ED staff send cry for help to management

By Mary Longmore and Joel Maxwell

September 15, 2026

NZNO members working at Tauranga Hospital have revealed that their emergency department (ED) is itself in a state of emergency.



The Tauranga Hospital ED is under huge pressure.

A letter from 104 ED workers to Te Whatu Ora-Health NZ (HNZ) chief executive Dale Bramley has declared a state of emergency in the department.

The letter is the latest in a wave of revelations over the state of ED staffing and funding in New Zealand.

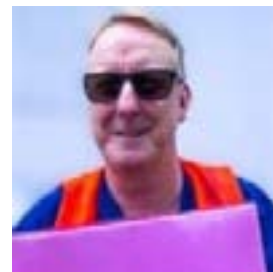
"Our emergency department is operating over capacity every day. What should be considered exceptional demand has become our daily reality," the letter said.

It said despite increasing patient numbers and complexity, the ED had still not had the staffing boost identified under care capacity demand management (CCDM) for the last two financial years.

According to CCDM it needed about 17 new mainly-nursing staff from last year alone — this did not take into account the increasing pressure this year.

"The gap between patient demand and available resources continues to widen . . . staff are being asked to manage increasing numbers of patients with inadequate resources.

Patients were being assessed and treated in corridors — forcing nurses to work in unsafe environments for patients.



NZNO delegate John Wylie (file photo)

"It increases workload, compromises patient privacy and dignity, heightens clinical risk, and contributes to staff stress, fatigue, moral distress, and burnout," the letter said.

NZNO delegate John Wylie said the ED was often working at 150 per cent to 200 per cent capacity. "And I cannot recall any recent day when the ED was not running at over 100 per cent capacity."

He said patients would ultimately be the ones who pay the price for hospitals that are constantly understaffed and under-resourced.

NZNO college of emergency nurses NZ (CENNZ) co-chair Natasha Hemopo said the nurses' call for help needed to be taken seriously.

'They need to give us staff so we can respond appropriately to the demand – and the volumes are just incredible.'



College of emergency nurses New Zealand co-chair Natasha Hemopo

"Nurses are resilient and they're used to working at capacity but I know those nurses and if they're saying they're in a state of emergency, then managers need to listen."

Tauranga, like EDs around the country, was experiencing huge pressure with "incredible" patient volume. Yet, despite unsafe staffing being reported using the HNZ tool, nothing was happening.

"They need to give us staff so we can respond appropriately to the demand – and the volumes are just incredible," she said.

"Everyone's overwhelmed and the volumes are just overcapacity and it's not safe – it's not safe for patients, family or our nurses or doctors, all our staff. It's so hard."

Hemopo said HNZ was just delaying recruitment when EDs needed staff “now, on the floor – so that’s a problem”.

In his written reply to the letter, Bramley said he had visited the ED and seen the challenges facing staff. “I acknowledge the sustained pressures experienced by the department and the impact these can have on both staff wellbeing and the delivery of patient care.”



Patient safety at Tauranga Hospital could ultimately be the price paid for understaffing.

He requested a meeting between staff and management in the next fortnight to come up with a plan that “includes and uplift to staffing numbers”.

Midland executive regional director Cath Cronin told *Kaitiaki* the ED faced increasing demand from rapid population growth and patients with more complex needs.

“We have offered to meet with staff at Tauranga Hospital and are in the process of working out a time that suits everyone.”

Cronin said workforce “capacity and capability” must evolve alongside increasing community demand. “We are committed to ensuring the concerns raised by staff are part of those discussions.”

System-wide emergency?

- The letter comes after NZNO ED workers in Gisborne Hospital went [on a health and safety strike](#) over short-staffing there.
- A ballot of North Shore ED workers closes on September 16 deciding whether to go on strike.
- It comes after revelations short-staffing had still not been addressed at Wellington hospital ED three years after a [man waited five hours for treatment](#) while gripped by a heart attack.
- Meanwhile the focus on dangerously crowded and overworked EDs was triggered with the story of a man who died in a [Waikato hospital ED toilet](#).

- Last year a [coronial inquest warned](#) the risk of a catastrophic event was high at Taranaki Base Hospital ED due to understaffing following the death of Leonard 'Len' Collett.
-



NEWS

'It's been a long time coming': Four generations stand shoulder-to-shoulder on Gisborne ED nurses' strike

By Joel Maxwell and Mary Longmore

September 9, 2026

Four generations of health workers — three nurses and a medical receptionist — were among about 200 standing shoulder-to-shoulder on strike for safer staffing outside Gisborne Hospital today.



Four generations of staunch, left to right: ED receptionist Eden Collier; her grandmother ED nurse Karen MacDonald, MacDonald's sister Janice O'Neill, their 91-year-old mum Alison MacDonald -- and Eden's mum Camille Collier (with Nui the dog) on strike outside Gisborne

Hospital today. Photo: Supplied.

About 34 NZNO members walked out of the ED waiting room, flanked and clapped on by ED doctors and other supporters at 2.30pm today — launching a one-hour health and safety strike.

Emergency nurses Karen MacDonald and her daughter Camille Collier were among those walking off the job into a 200-strong crowd. Supporting them was MacDonald's 91-year-old mother, Alison MacDonald, a former nurse and delegate at Te Puia Hospital, and Collier's daughter, Eden Collier, who works with her mum and grandmother on ED reception.

'It's crazy, and we're just so exhausted. But we do it because we can't leave our colleagues and we can't leave the patients.'

"It's really really supportive — it's quite exciting," MacDonald told *Kaitiaki*, who said she initially felt a bit scared.

"Then we saw everyone on the side of the road when we came out — it was actually really empowering for us, having all that support."



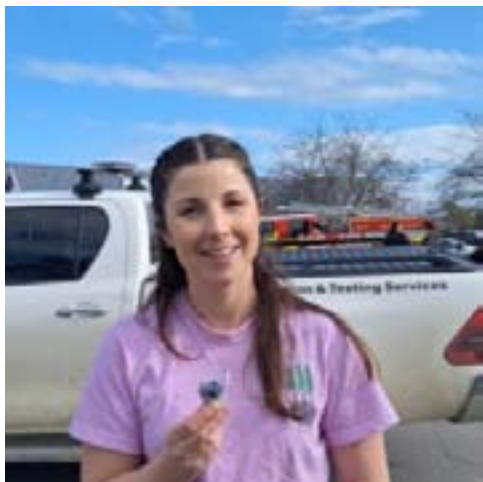
Gisborne ED nurses Clara Dolman-Tuhou and Amanda Hughes lead the walk out. Image: Jess Martin.

Despite being of retirement age, MacDonald said she was working 92 hours a fortnight just to cover the roster.

"It's crazy, and we're just so exhausted. But we do it because we can't leave our colleagues and we can't leave the patients."

'We've had dump trucks with our slogans, we've got fire engines, we've got horses, we've got dogs.'

Four generations join the picket line



Gisborne ED nurse and delegate, Jessie McDonald

MacDonald said it was very special having four generations together on strike, all in health: "My grand-daughter said nursing isn't for her, but she's in reception."

MacDonald said the ED nurses also appreciated the support of doctors and colleagues, who clapped them out as well as joining the picket lines.

"The doctors are all out here in force — our senior doctors — and a lot of traffic, because it's school time," she told *Kaitiaki*, almost drowned out by tooting.

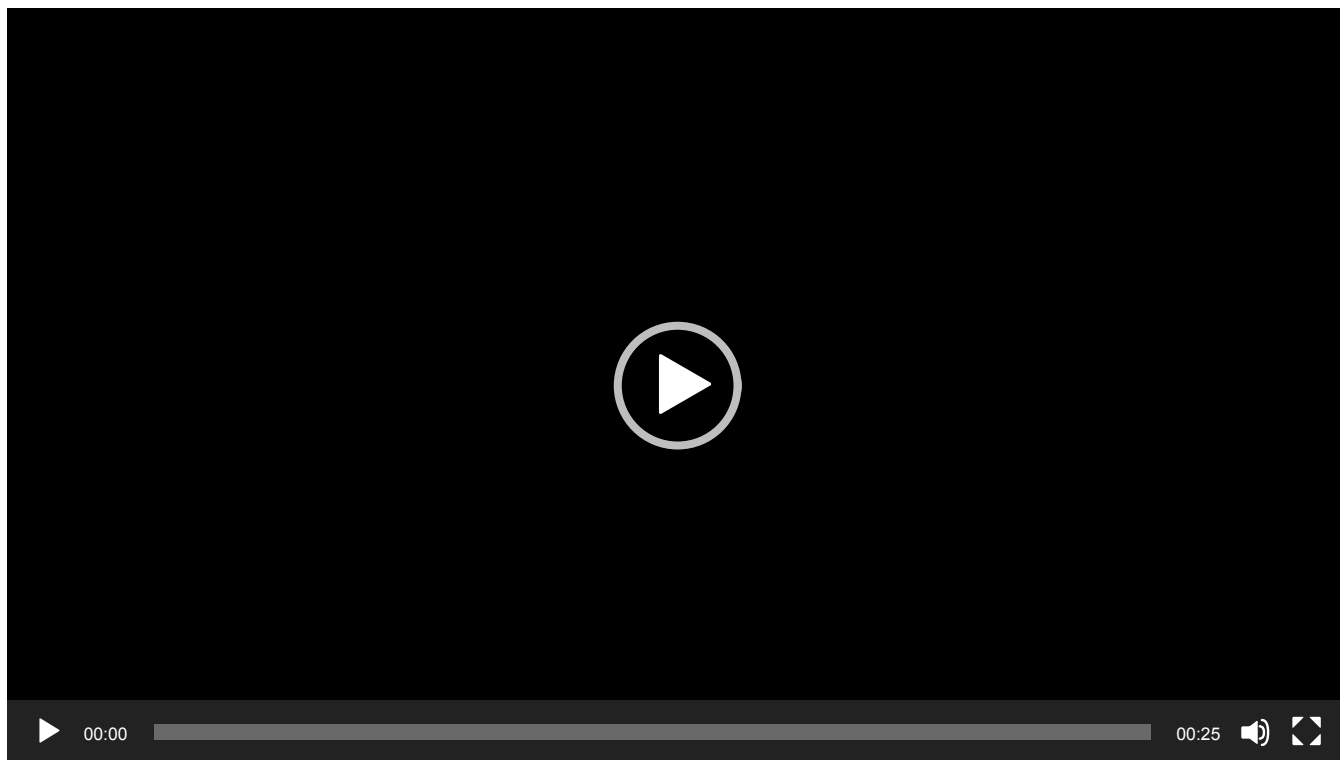
"We've had dump trucks with our slogans, we've got fire engines, we've got horses, we've got dogs," she said.

Also on the picket line was NZNO delegate and Gisborne ED nurse Clara Dolman-Tuhou, who said the members were pumped for the strike —

with preparations underway for days.

"It's been a long time coming, and all the hype that we've got and the support that we've got, not just from the media but the community as well."

She said members were hyped for the strike — "some banners have been made and some purple tutus have been purchased" — and the weather had even done its part, switching from rain the previous day to sunshine.



Gisborne Hospital ED nurses are clapped out by doctors and colleagues with a guard of honour as they walked off the job today for an hour's health & safety strike.

'Rollercoaster' workload

The workload in the previous few weeks had been a rollercoaster, Dolman-Tuhou said. "Definitely in the weekends we're feeling it. I think we had about six nurses on this Sunday just gone that did 12-hour shifts throughout that 24 hour period."



‘It was actually really empowering for us, having all that support.’

At other times the workload was not as chaotic — but even then there was “still a good flow of people” coming through the doors.

“I guess we’re getting used to the environment in there, so that when we actually have maybe what some would call a normal day, it’s actually quite nice and relaxing for us.”

Previously in a heartfelt [personal article](#) published in *Kaitiaki*, Dolman-Tuhou revealed she worked 30 hours over her contracted full-time equivalent (FTE) hours in the last fortnight alone.

Every nurse and their horse were turning up for the Gisborne ED strike — Gisborne nurse Sarah Kapene rides in on Pearl the pony with an impressed NZNO organiser Lewis Wheatley in the foreground.



Health system ‘in crisis’

The night before the strike, third-generation health worker, Gisborne intensive care nurse Olivia Anderson, told an NZNO election hui in the city it was getting harder to be a nurse “when the very system you work for shows how uncaring it can be”.

Anderson described a patient who had nearly lost their life because they couldn’t get a GP appointment. Eventually, they presented to Gisborne Hospital with severe sepsis that meant a lengthy stay and multiple interventions.

“Not only did this patient have to suffer a long hospital stay, the admission compounded already severe understaffing and under-resourcing within our hospital,” Anderson told politicians who had turned up from several parties — except National.



Gisborne ICU nurse Olivia Anderson says nurses want to care but it's hard in an uncaring system. Image: Jess Martin.

She said privatising health was not the answer to "timely, universal" health care for everyone in the community.

See [Olivia Anderson's video](#) describing how nurses try to care in an 'uncaring system'.

NEWS

Enrolled nurses back in bonding scheme after tackling Minister

By Mary Longmore

September 9, 2026

Enrolled nurses (ENs) are stoked to be back in the voluntary bonding scheme — a year after being unexpectedly dumped.



Enrolled nurses are back in the VBS after Ministerial intervention. Left to right (standing): NZNO professional nursing advisor Suzanne Rolls with EN section committee members Glenda Huston and Angela Ritchie. Sitting: Selena Morritt, Debbie Handisides, Michelle Prattley (chair), Tina Giles and Gwen Ahuriri. Absent is Christy Reedy.

Te Whatu Ora-Health NZ (HNZ) has confirmed that ENs are back in the latest intake, including 2024 graduates (as well as 2025) who would otherwise have missed out.

The voluntary bonding scheme (VBS) pays bonuses of \$8500 to \$14,000 for health professionals to work in hard-to-staff regions and specialties for three to five years.

Apply by September 23

There are just two more weeks to apply for the scheme, which closes on September 23, for a 2027 start. Nurses can get \$8499 (net) after their first three years,

NZNO enrolled nurse section chair Michelle Prattley welcomed the news, saying ENs deserved to be recognised for the important role they played across primary, community and aged care.

However, she was disappointed that HNZ was no longer an eligible workplace for ENs already working in hospitals who might want to apply, saying they should be supported wherever they were.

then \$2833 each year after that. Further details can be found [here](https://www.healthnz.govt.nz/health-professionals/workforce-development/training-and-career-development/start-career/voluntary-bonding-scheme/how-works) (<https://www.healthnz.govt.nz/health-professionals/workforce-development/training-and-career-development/start-career/voluntary-bonding-scheme/how-works>).

‘Our EN workforce deserves to feel valued wherever they provide care.’

“While it is encouraging to support new and recent graduates, I believe there is also value in recognising and retaining ENs who are already working within HNZ,” she told *Kaitiaki*. “Our EN workforce deserves to feel valued wherever they provide care.”

Hospitals – do not apply

Until last year, both ENs and registered nurses (RNs) could apply to work in hospital-level mental health and addiction services. RNs could also apply to hard-to-staff HNZ facilities in Wairoa, South Canterbury and the West Coast.

But changes last year excluded HNZ leaving just primary health, community health and aged care. Only midwives, anaesthetic technicians, radiation therapists, sonographers and medical physicists could apply for some HNZ roles.



Enrolled nurses with Minister of Health Simeon Brown last December.

'Primary focus' – HNZ

Executive director of people, culture and health & safety Robyn Shearer said HNZ reviewed VBS each year. Its current focus was to boost the primary health workforce and improve access so HNZ nurses were not eligible.

ENs had been re-introduced, "recognising the role enrolled nurses play in delivering care across priority services and communities" and were eligible to apply for the same roles as RNs and nurse practitioners (NPs), she said.

HNZ never explained why it dropped ENs, but internal papers released to *Kaitiaki* under the Official Information Act reveal budget pressure to slash the VBS intake after 925 applicants were accepted in 2024. The following year, after ENs and hospitals were excluded, that dropped to 405 — 137 midwives, 107 RNs and 22 NPs (eligible for the first time).

'It is one of the ways we're encouraging and retaining talented people in areas that are more difficult to staff'

Finding they had been cut, ENs took it up with Minister of Health Simeon Brown [face-to-face](#) in December, who promised to look into it. Shortly after, HNZ confirmed it would [restore ENs](#) to the scheme. But joy quickly turned to [disappointment](#) after HNZ said it was too close to the deadline to change.

This year, just [29 EN graduates](#) have so far been employed by HNZ — about 15 per cent of the 191 who graduated in July.

Scheme 'retains talented people'

Shearer said the scheme helped health professionals establish their careers in high-needs specialties, services or communities.

"It is one of the ways we're encouraging and retaining talented people in areas that are more difficult to staff and where they can make a big difference for patients and our communities."

Minister Brown did not respond.

NEWS

North Shore nurses send an SOS to the community – and a message to vote health

By Mary Longmore

September 4, 2026

North Shore nurses and students called on the public to vote with health in mind this election, as they shared fears for their patients, the health system and themselves at a public meeting this week.



North Shore nurse Sophie Tames, right, with nursing student Shimee Araguas, urged about 200 people at a public hui to vote health. Photos by Michelle Beard.

North Shore Hospital nurse Sophie Tames said she loved nursing but the workload was “crushing”.

After three years in nursing, recently she experienced the worst shift of her life in her medical-gastro ward, with multiple critically-ill patients and four nurses short.

‘Despite these lows and the truly horrifying conditions we are facing at the moment, I still show up.’

The next day, despite experiencing stomach pain, she went to work so as not to let her colleagues down — before ending up in ED herself with appendicitis.

“Despite these lows and the truly horrifying conditions we are facing at the moment, I still show up, as do my colleagues, because we care,” said Tomes, an NZNO delegate who urged people to “vote with health in mind”.

North Shore emergency nurse Jean Classey said the ED was short by 25 full-time nurses, overcrowded and under “enormous pressure” as patients waited for ages and in corridors.



North Shore emergency nurses Jean Classey, left, with Jean Moor, said North Shore ED was 25 nurses short.

That meant nurses had to choose who to care for, which was incredibly stressful — and frightening for patients.

“Nurses are often the ones who have to face that frustration, even though they are working as hard as they possibly can,” said Classey, an NZNO delegate.

North Shore Hospital nurse educator Amanda Robinson, also a delegate, said senior nurses were struggling to see a future in New Zealand, currently, with huge workloads and inadequate pay.

“One educator or clinical nurse specialist, tries to do the work of three, at times . . . why would an expert nurse want to take on extra responsibilities and a pay cut?”



Aged-care nurse and NZNO delegate Rajni Lata said nurses sometimes had nearly 77 residents to look after.

Aged-care nurse and delegate Rajni Lata said nurses were often responsible for up to 21 residents across rest home and hospital-level care — and up to 77 some nights. That had forced her into ethical dilemmas about who to help first.

“No health-care professional should have to make those decisions when caring for someone’s parent, grandparent or loved-one.”

‘I basically had to beg someone to take me to the toilet after hours of waiting and trying to ask for help.’

As well as being unsafe for residents, it caused stress, fatigue and burnout for staff, she said.

District nurse Lesley Pook called on the community to stand with nurses and fight for a fully-funded public health system.



District nurse Lesley Pook said many were leaving the specialty — and profession.

Over the past month, district nurses had to defer nearly 1000 patients because there were not enough nurses — yet they were the ones who kept patients out of hospital, she said.

Now, every time a nurse left it was a battle to replace them — and managers said they would just have to lower their standards of care.

"We didn't do three years of training . . . just to leave our patients suffering with less care than they need."

As a result, many district nurses were heading to Australia, other nursing roles — or leaving the profession altogether.



[Recent patients](#) Sarah Beck and Mike Leyden shared their experiences in North Shore Hospital

Nursing student Shimee Araguas, who recently spent time in North Shore Hospital as a patient, said she spent 15 “horrible” hours waiting in a corridor for treatment — and nine hours to get food.

“I basically had to beg someone to take me to the toilet after hours of waiting and trying to ask for help.”

The public hui aimed to raise awareness in the community of the pressures on nurses and the health-care system, after 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)” was declared by North Shore Hospital’s emergency nurses last week as winter pressures bore down on understaffed wards.

About 200 people turned out to the meeting in Northcote on Thursday, including faith leaders and Labour’s Shanan Halbert, the Greens’ Hūhana Lyndon, Opportunity’s Daniel Eb and New Zealand First’s Daryl Harbraken.



A large North Shore crowd turned out.

NEWS

Government urged to partner with Māori after damning Waitangi Tribunal report finds ‘unsafe’ disability services

By Kaitiaki coeditors

September 4, 2026

The Coalition Government must urgently partner with Māori to better care for tāngata whaikaha Māori — Māori with disabilities, says NZNO kaiwhakahaere Kerri Nuku.



A Waitangi day 2026 attendee holds the Tino Rangatiratanga flag representing self-determination for Māori.

The Waitangi Tribunal this week released [Hauwhaikaha](https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/7197/government-must-adopt-wai-2713-)

(https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/7197/government-must-adopt-wai-2713-

[recommendations-on-disability-system](#)) — the disability system report, which found that tāngata whaikaha Māori received culturally unsafe services that further marginalised them and did not adequately respond to them either as Māori and disabled.

‘Essentially, claimants are asking to be heard and seen within the disability system with the call: ‘nothing about us, without us’.

Significant parts of the disability system continued to prejudice tāngata whaikaha Māori and failed to provide for tino rangatiratanga, partnership, equity and Māori participation in decision making, the report found.

“Essentially, claimants are asking to be heard and seen within the disability system with the call: ‘nothing about us, without us,’” it said.

Nuku said it was a “damning indictment” on the Crown which has not prioritised culturally safe care.

“Attendance at occasional cultural-competency training does not necessarily translate into culturally safe practice.”



NZNO kaiwhakahaere Kerri Nuku



Hineraumoa Te Apatu was one of the founders of NZNO's Māori nursing arm, Te Rūnanga whose members have provided evidence of Māori health inequities as part of the Wai2575 claim.

Tāngata turi (Māori deaf community), kāpō Māori (blind or visually impaired), and those with foetal alcohol spectrum disorder were among the worst-affected by inadequate care, it found.

Nuku said the Coalition Government dismissed cultural safety as ideology but the report showed that culturally unsafe care caused harm to tāngata Māori.

She called on the Government to urgently adopt the recommendations for:

- Co-designed Māori-Crown disability support services.
- More Māori in their governance and management.
- Stronger monitoring of cultural safety and competency.
- Public monitoring of inequitable outcomes for tāngata whaikaha Māori.
- Explicitly including Te Tiriti and equity obligations into Crown service contracts.
- Restoring the monitoring of disability and health services to

Māori previously held by Te Aka Whai Ora (now disestablished Māori Health Authority), including in prisons.

Report will ‘take time’ to consider

A spokesperson for Minister for Disability Issues Louise Upston said the report would take time to consider and a response coordinated across several agencies named in the report.

Those include social development, Māori development, ACC, health, Corrections and education.

Hauwhaikaha is part of the Wai 2575 Health Services and Outcomes Kauapapa inquiry into the wider health system which began in 2016.

The 2018 Māori nurses' claim, taken by Nuku and NZNO honorary member Hineraumoa Te Apatu, on behalf of Te Rūnanga o Aotearoa, also forms part of the Wai 2575 inquiry.



Minister for Disability Services Louise Upston said considering the findings would 'take time'.



NEWS

'It gives us hope': Student nurses welcome Labour's promise they'll all get jobs

By Mary Longmore

September 2, 2026

Nursing taura are cautiously thrilled with Labour's promise of full employment — as long as it is kept.



NZNO student vice-chair Siarra Marsh, second from left, with nursing classmates who are cautiously hopeful about Labour's promise.

Labour's health spokesperson Ayesha Verrall said this week, if elected, Labour would guarantee a job for every New Zealand-trained nurse in the public health system.

It comes after two painful years for nursing graduates — the first casualties of a 2024 [hiring freeze](#) at Te Whatu Ora-Health NZ (HNZ) in the face of a \$1.4 billion deficit. Then-chief executive Margie Apa denied

the freeze, which was [confirmed](https://www.rnz.co.nz/news/health/1055811/documents-reveal-health-nz-hiring-crackdown) (https://www.rnz.co.nz/news/health/1055811/documents-reveal-health-nz-hiring-crackdown) last month by documents released under the Official Information Act.

‘We think this is amazing, we’d love for this to happen – but a lot of the time we get promises but not the action.’

Since then, nurse graduate job rates have remained low, with fewer than half employed on graduation compared to 80-90 per cent previously. Meanwhile, more than 400 (enrolled and registered) graduates are still waiting in the ACE job pool — some from as far back as 2024.

NZNO student vice-chair Siarra Marsh said everyone she talked to at her Taranaki nursing campus was happy with the policy — but a little unconvinced it would really happen.

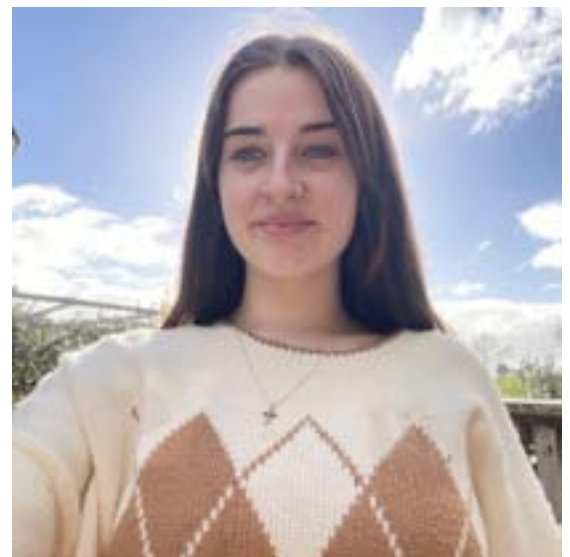
“We think this is amazing, we’d love for this to happen — but a lot of the time we get promises but not the action.”

It would also help keep locally-trained nurses in the country, she said.

NZNO’s 2025 [student survey](#) showed 60 per cent of nursing students were considering moving overseas after graduating as they didn’t think they’d get jobs here — rising to 70 per cent for tauira Māori.

Placement poverty was another challenge for nursing students, who must do 1000 hours of clinical placements during their degree — including 10 weeks in their final year. This was a key reason for high dropout rates, particularly now free-fees had been dumped, Marsh said.

“So this gives us hope – and having hope is sometimes all we get in this political environment. It gives us something to hold onto, that it might happen.”



NZNO student vice-chair Siarra Marsh

Mentoring, enough hours and financial support also key

Marsh said students had also successfully fought to regain their 0.8 full-time-equivalent (FTE) hours after they were slashed to 0.6 FTE in 2025. Chief nurse Nadine Gray [confirmed in July](#) that its latest round of job offers would be 0.8 FTE.

NZNO Te Rūnanga Tauira chair Poihaere Whare said new graduates also needed enough senior nurses to mentor them, telling TVNZ they were few and far between.

Verrall said low hiring rates meant graduates were being forced overseas while the nursing workforce grew by just 54 FTE in two years — despite a health system “in crisis”.



Outgoing NZNO Te Rūnanga Tauira chair Poihaere Whare on TVNZ in response to a new Labour Party promise of 100 per cent employment for nurse graduates.

“This is about giving graduates certainty, strengthening the workforce, and improving care for patients,”.

Labour would also double the subsidy for primary health to hire new graduates, from \$20,000 to \$40,000 in urban areas and \$15,000 to \$30,000 in rural, she said.

By the numbers:

- So far in 2026: [Less than half](#) of the latest batch of RN graduates found jobs in July — and [15 per cent](#) of EN graduates.
 - HNZ has promised to employ 1800 registered nurse (RN) and 70 enrolled nurse (EN) graduates over its 2026/27 financial year from July 1 to June 30, 2027.
 - In 2025, there were 2404 RN graduates and 339 EN graduates — a total of 2743 nurse graduates.
 - Based on these figures, HNZ promise would amount to an employment rate of about 70 per cent.
 - However, adding the 435 EN/RN graduates still unmatched as far back as 2024/25 brings that down to 60 per cent.
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NEWS

Primary health nurses head back to the table after eight-week delay from bosses

By Kaitiaki coeditors

September 2, 2026

'We deserve more respect', say primary health-care (PHC) nurses, frustrated that employers took eight weeks to respond to their claims for better pay and sick leave.



Nelson primary health nurses are among thousands seeking a better pay and sick leave deal.

Face-to-face bargaining between NZNO primary health nurses and representatives of about 580 general practices and urgent medical centres resumes tomorrow, Thursday September 3.

That's three months after the last meeting — despite promises by the employers they would respond within four weeks.

Waikato registered nurse (RN) Tracey Morgan, who is on the bargaining team, said the sense that employers were dragging their feet just added to the lack of respect felt by PHC nurses at being paid less than hospital nurses.

'Primary Health Nurses continue to be undervalued yet they are often the ones who are there before clinic opens and still there past close time.'

'We deserve better' – PHC delegate

PHC delegates, speaking at a bargaining meeting, said they cared deeply for the community and deserved to be paid fairly for their skills.

Pukekohe patient facilitator and receptionist Karyna Ross, who is an NZNO delegate, said as the scope of PHC nurses' work grew, so did the pressure.

Hospital pressures also meant PHC nurses were taking on more long-term patient care, connecting whānau, hospitals and specialists.

At the same time, they were struggling to care for patients during a particularly tough winter 'flu season. Many were getting sick themselves, which added to the pressure of finding cover.



NZNO 2026/27 PHC bargaining team, left to right: Kylie Goddard, Priscilla Wiki and Tracey Morgan. Photo Latayvia Tautai.

"We primary health nurses are doing the work that keeps people out of hospital," she said. "We're carrying that pressure, without pay parity or certainty about when the MECA [multi-employer collective agreement] will be resolved," she told *Kaitiaki*.

"Primary Health Nurses continue to be undervalued yet they are often the ones who are there before clinic opens and still there past close time."

However, PHC nurses around the motu were finding their own ways to protest, from sharing photos or writing a collective letter to their managers.

Morgan said the bargaining team would be taking that solidarity back into the room this week.

"We deserve more, and we're walking into that room with our 3000-plus colleagues under the PHC MECA in our minds and our hearts."



Pukekohe PHC administrator and NZNO delegate Karyna Ross

"Those of us working in primary health do it because we care for the health and wellbeing of all of our families who walk through our doors and the greater community. But it is our highly skilled nursing and administrative work that deserves to be acknowledged and paid fairly."

Join the next update on Friday 4 September at 12:30–1:00pm via the PHC MECA Facebook group and Zoom. Join your PHC MECA group [here](https://www.facebook.com/groups/606612743811973) (<https://www.facebook.com/groups/606612743811973>).



Primary health care nurses around New Zealand are getting behind the bargaining team, including these Manawatū members.

Employers blame 'unexpectedly new' MECA for delay

Bargaining meetings began in early June, when NZNO's team proposed pay rises of up to 8 per cent for RNs; 14-15 per cent for ENs and HCAs; 18 per cent for nurse leaders and 26 per cent for administrators, as well as two more annual sick days. A completely redrafted MECA also would also cover nurse practitioners (NPs) starting at \$75 per hour, include Te Tiriti principles and introduce unsafe work escalation processes.

But employers took eight weeks to reject the proposals, suggesting instead re-introducing 90-day trials and all-inclusive salaries — which are generally unlawful in collective agreements.

'While we all agree that a new, modern and cleaner PHC MECA is a good thing, the document tabled is entirely new.'

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

ProCare general manager of people and culture Matt Prestwood, who is leading the employer negotiations, blamed the delay on an unexpectedly rewritten and "entirely new" MECA being proposed by NZNO.

"While we all agree that a new, modern and cleaner PHC MECA is a good thing, the document tabled is entirely new, meaning there are a lot of existing clauses that employers may require, or favour, to be kept in the agreement, that are missing," he told *Kaitiaki*.

Agreeing on these clauses had taken longer than anticipated, but the PHOs were keen to progress things “as rapidly as possible from here”, he said.

PHC nurses won an [eight per cent pay rise in 2025](#) — but today are lagging about 11 per cent behind their HNZ colleagues’ pay scales since a new [HNZ-NZNO agreement](#) was settled. But the gap can be as high as 20 per cent for senior nurses or 30 per cent for administrative staff, who are also covered in the PHC MECA.

The PHC MECA covers about 3000 nurses, health-care assistants and administrative staff who belong to Tōpūtanga Tāpuhi Kaitiaki o Aotearoa-NZNO. But it does not yet include NPs — something NZNO wants to change



Matt Prestwood



Primary health-care nurses 2026-27 claims include:

- Registered nurses: Increases of 4-8 per cent up to \$51 per hour for the most senior.
 - Enrolled nurses: Expanded pay scale with top hourly rate increased from \$35 to \$40 — 14 per cent.
 - Graduate RNs: Rates up from \$33 to \$35 per hour — 6 per cent.
 - Administrators/receptionists: Expanded scale with top hourly rate increasing from \$27 to \$34 — 26 per cent.
 - HCA: Expanded pay scale with top hourly rate increasing from \$29.50 to \$34 — 15 per cent.
 - Senior nurse/leaders: Scale expands from one to three steps and top hourly rate from \$47 to \$58 — 18 per cent.
 - Bringing NPs into the MECA starting at \$75 per hour for new graduates up to \$90 for NPs with three-plus years’ experience.
 - Increased annual sick leave from 10 to 12 days.
 - Acknowledgement of Te Tiriti o Waitangi as the founding document of Aotearoa.
 - Removing all-inclusive rates that would include overtime, call-backs and Kiwisaver and 90-day trials.
 - A new escalation process for unsafe workloads.
-

See the claims in detail [here](https://www.nzno.org.nz/Portals/0/Files/2026/310726-PHC-MECA-UPDATE-(1).pdf?ver=Hjfqn4DAPwFso-YrF0rCXw%3d%3d) (https://www.nzno.org.nz/Portals/0/Files/2026/310726-PHC-MECA-UPDATE-(1).pdf?ver=Hjfqn4DAPwFso-YrF0rCXw%3d%3d).

- *This article was corrected on September 4 to amend clarify Karyna Ross's job title.*
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Kaitiaki

NURSING
NEW ZEALAND

FEATURES

Members emerge from NZNO conference vowing to ‘fight, fight, fight’ for a safer health system

By Kaitiaki coeditors

September 30, 2026



There was a vibe.



Fired-up members matched out calling for democracy and equality, as a three-day NZNO conference wrapped in Rotorua last week.

After three days of kōrero about racism, power, abuse, wealth and — most of all — the need for a safe and public health system, a powerful beat throbbed through the Rotorua Novotel atrium.

Challenged to “be the voice” for a safer health system, about 200 nurses, health-care assistants and students stood, clapped and shimmied out into the sunlight chanting: “This is what democracy looks like!”

‘Never has your voice been so needed – and never has it been so listened to.’

NZNO chief executive Paul Goulter said the voice of nurses and all workers was never so important as now, as New Zealand faced a “stark” choice between greed and individualism or equality.

“Never has your voice been so needed — and never has it been so listened to.”

NZNO and its members must not only speak up for health, but also against racism and inequality.



Led by taura — students — members poured out of the conference vowing to speak up for a better health system and fairer society.

“We have to be that voice for the vulnerable — we have to be the voice, not just for nursing, but for a quality public health system as well,” he said.

Watch the full video: [This is what democracy look like!](#)

“We speak for those who cannot get to see a GP for weeks. For those who can’t even afford to go and see the GP. For those waiting endlessly in EDs. For those who sit in pain on wait lists for operations and care. For Māori and Pacific peoples enduring terrible, racist health outcomes.”

“Nurses and the union must speak for all of these — this is our mission.”

Really up for it!

Members responded, calling they were “really up for” the challenge.

Over the three-day conference, registered nurses (RNs), enrolled nurses (ENs), health-care assistants (HCAs) and midwives listened, spoke, argued cried — and even danced a bit — in between brainstorming on how to save a dangerously understaffed health system.



Rotorua primary health nurse, Rosie Katene.

Rotorua nurse Rosie Katene, mana whenua, opened the conference with the story of tribal leader and peacemaker, Te Ao-kapurangi.

Katene's connections with her kāinga run deep – as shown in the iwi affiliations shared with *Kaitiaki*:

Ko Matawhaura te maunga

Ko Te Rotoiti-i-kitea-ai-a-Ihenga-i-ariki-ai-a-kahu te moana

Te Arawa te waka

Ko Ngāti Pikiao te iwi

Ko Ngāti Rongomai, Ko Ngāti Te Rangiunuora, Ko Ngāti Te Rangiwehehi ōku hapū.

At the conference, Katene shared how Te Ao-kapurangi — descended from Tamatekapua of Te Arawa canoe and Hoturoa of the Tainui canoe — was a woman of mana who belonged to Ngāti Rangiwehewehi and Tapuika hapū. Her courage and quick-thinking saved many lives in the early 1800s.

“And that’s what we do as nurses — we put other people’s wellbeing before our own.”

‘Nurses and the union must speak for all of these — this is our mission.’

Members of NZNO’s Māori governance arm, Te Poari, also shared their experiences of identity and unmasking — taking off “the masks we wear every day, working in places we don’t identify with which have been developed with no consultation”, NZNO kaiwhakahaere Kerri Nuku said.

“No longer will we wear masks — we will and will continue to be — unapologetically Māori.”



Rangi Blackmoore-Tufi talked about the masks she wears as a Māori nurse: Perception, expectations and 'I'm fine'.

Economist Max Rashbrooke slammed National’s track record, New Zealand’s supermarket duopoly and lobbyists for creating a chasm between rich and poor — an “extractive” rather than inclusive economy. This meant wealth, power and influence was concentrated in a small portion of society, and extracted from others.

A successful society, on the other hand, was inclusive, with shared wealth, less poverty and widespread political engagement.

'Health care doesn't stop until the day you die and we're sick and tired of being the ugly cousin.'

In New Zealand the widening gap in the past 40 years, had been driven by National's Ruth Richardson's slashing of benefits in the 1990s, cuts to top tax rates from 66 to 39 per cent, and a decline in union cover for workers: " . . a big shift in economic power away from ordinary working people towards people who are running companies".

Association of Salaried Medical Specialists (ASMS) research showed health had been underfunded for decades here, compared to similar economies overseas who spent about \$4 billion more per year.

"That's what we would need to spend, extra, if we were going to lift our spending to a comparable level to that of a country whose health system you look at and think 'that's a pretty well-functioning health system'."

Rashbrooke said this could be funded through "comprehensive" capital gains tax which included all income people made from selling assets and would raise about \$5-8b per year.

"So you could fund a better health-care system out of a proper capital gains tax."

Nurses need to 'come together, park the stuff you disagree on, find the stuff you agree on, and have a kōrero.'

What can we do?

Rashbrooke believed the answer lay in more citizen assemblies, with grassroot and community networks such as Porirua's Assembly on Climate, greater union voice and Māori making decisions about Māori, such as Ngāti Toa was doing in its rohe.



Max Rashbrooke

Watch Max Rashbrooke explain how to get [back to where we want to be](#).

In Scandinavian and some European countries, for example, Governments sat down with unions and business to “thrash things out”.

A \$10,000 cap on political donations and more lobbying transparency with a register would also help right the scales, as would halving child poverty, funding poorer schools more, building 50,000 more state houses, restoring pay equity, making union membership automatic and increasing our “criminally-low” tax rates which meant the wealthiest people paid as little as nine per cent tax, when counting their untaxed asset sales.

Public health and housing researcher Philippa Howden-Chapman said a “kind” society would build enough dry, healthy homes to stop children ending up in hospital with an asthma attack.

She noted a clear link between warm homes and children’s health, with 25,000 — a third — fewer children hospitalised with preventable conditions each year after the Healthy Homes initiative was introduced in 2014.

Good community nursing and public housing was the way forward for healthier families, she said.



Public health researcher Philippa Howden-Chapman



Some of NZNO's Māori members shared their challenges around identity and masks through theatre.

Aged Care Association chief executive Tracey Martin — a former New Zealand First MP — called for aged care to be part of the health system rather than the underfunded “ugly cousin”.



“Health care doesn’t stop until the day you die and we’re sick and tired of being the ugly cousin,” she said. “Suddenly the funding is different from when they’re in hospital . . . why? The only thing that’s changed is the address, not the right to care.”

Lack of funding made it hard for nurses to provide safe and meaningful care — something the Association was working with NZNO and fellow worker union E tū on changing, along with pay parity for for the sector.

“We cannot expect nurses and care workers to compensate with good will indefinitely — the answer cannot be to simply work harder.”

Nurses needed to “come together, park the stuff you disagree on, find the stuff you agree on, and have a kōrero”.

Former Green MP and long-time social activist Sue Bradford shared her experience on the People’s Select Committee after the Government cancelled 33 pay equity claims and changed the rules in 2025.

‘We fight for a society, an economy, a health system, a political system where wealth makes no difference and we all stand equal!’

Closing the conference, Goulter said NZNO, nursing, working people and Māori were at a cross road and must fight for a “true democracy” — one that recognised Te Tiriti, equality and offered quality health care for everyone.

“Do we accept a society, an economy that’s based on greed, individualism, division, self-interest — a society absolutely destructive to the values we hold? Or, we fight. We fight for a society, an economy, a health system, a political system where wealth makes no difference and we all stand equal.”

Earlier, NZNO president Anne Daniels said members speaking up had made health one of the most pressing concerns as the Election approached.

“We are running on empty. We work on our days off, we work overtime, we work without breaks, we work when we are exhausted and know we could make mistakes . . . because we care.”

It was time to say “no more” — and nurses were saying it, doing it, through strike action and speaking up — at Tauranga, North Shore, Muriwai ward and Middlemore hospitals, she said.



NZNO chief executive Paul Goulter

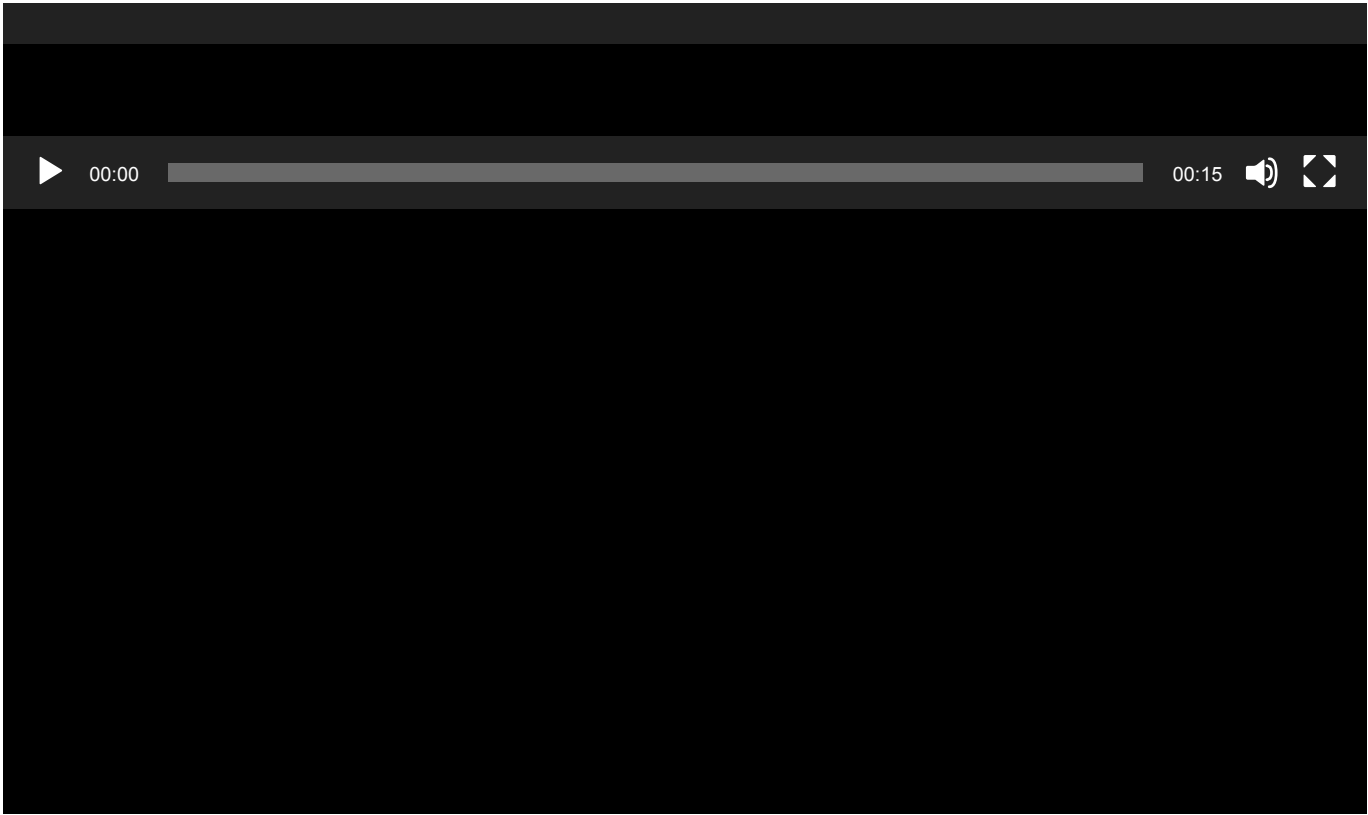


NZNO president Anne Daniels, left, and kaiwhakahaere Kerri Nuku acknowledged the impact of members speaking up over the past year.

At the AGM, member groups also voted to accept new NZNO policies to support and strengthen a sustainable HCA and midwifery workforce.

NZNO kaiwhakahaere Kerri Nuku also revealed [NZNO would be hosting the 2028 International Council of Nurses \(ICN\) nurse practitioners and advanced nurses conference](#), which would be attended by hundreds of nurses from around the world.





FEATURES

'We are committed to cultural safety,' promises new Nursing Council chair – but is it the Māori kind?

By Mary Longmore

September 15, 2026

Nursing Council chair Sharon Brownie says the regulator is committed to cultural safety — but what kind remains unclear.



Nursing Council kaiwhakahaere Waikura Kamo explains the importance of kawa whakaruruhau in a series of education videos released by the Council.

"The Council remains committed to cultural safety as a core tenet of safe nursing practice. The Council will continue to require it in its regulation of nursing practice," she told *Kaitiaki* via email.

The promise followed a public [update](#)

(https://ncnz.informz.net/informzdataservice/onlineversion/pub/bWFpbGluZ0luc3RhbmNISWQ9MzcwNTM1OA==#Council_deliber_AB84C0995) for nurses from Brownie confirming the commitment and the release of a series of videos on cultural safety for nurses.

See the videos [here](https://www.nursingcouncil.org.nz/NCNZ/About-section/Videos-Cultural-safety-in-nursing-practice.aspx). (<https://www.nursingcouncil.org.nz/NCNZ/About-section/Videos-Cultural-safety-in-nursing-practice.aspx>)

But pressed on whether she meant kawa whakaruruhau — a Tiriti-led approach underpinning the Nursing Council's guidance till now — Brownie would not specify.

She said only that the Council “remains committed to ensuring competency expectations are safe and respectful to Māori” — the bare minimum required under the Health Practitioners Competence Assurance Act.

However, even those obligations to Māori would be stripped out under proposed Government changes to the Act — leaving just a watered-down version of cultural safety in the law governing health professionals.

Before Brownie took over in April, part of sweeping changes by the Minister of Health Simeon Brown, the Council had set strong expectations that nurses be guided by the rights of tāngata whenua to equitable health outcomes.

In 2024/25, updates to (enrolled and registered) nursing scope and standards required them to be culturally, as well as clinically competent, within a Tiriti context. That was soon followed by a [major launch](#) of the Council's new guide to cultural safety, attended by the whānau of late nursing educator Irihapeti Ramsden — the architect of kawa whakaruruhau.



Nursing Council chair Sharon Brownie

‘Kawa whakaruruhau is about patients, about acknowledging tāngata whenua, and respecting tino rangatiranga.’

NZNO kaiwhakahaere Kerri Nuku said the approach was a “totally evidence-driven” way for nurses to be aware of their own biases when caring for Māori, who continue to experience worse health and longevity statistics than non-Māori.

“The really sad thing, New Zealand was leading Irihapeti’s work, which is internationally renowned . . . and we’re just removing it. It seems so wrong.”

The Nursing Council had spent the past eight years embedding kawa whakaruruhau into its nursing standards, or ‘[pou](#)’, after a 2018 challenge from Māori nursing leaders to do better for Māori.

Nuku said that had sprung from the Waitangi Tribunal 2575 health services and outcomes inquiry, which found Māori were poorly-served by the health system. Several Māori nurses from Te Rūnanga o Aotearoa-NZNO gave evidence at the inquiry.

Now the Coalition Government seemed intent on ripping it away, disregarding all that evidence, she said.



NZNO kaiwhakahaere Kerri Nuku

“Kawa whakaruruhau is about patients, about acknowledging tāngata whenua, and respecting the tino rangatiratanga Māori must have within the health space.”

Sense of ‘uncertainty’

Māori nursing educator Pipi Barton said there was a sense of uncertainty about the profession’s future currently. But nurses must continue to focus on equitable health outcomes no matter the Government of the day, she said.

“Governments change, governance appointments change. For me, the more important issue is, how do we retain our professional independence in the current political environment?”

In June, Brown refused to reappoint several Council board members, including chair Ngaira Harker (Ngāti Kahungunu). He made eight new appointments, including Brownie, leaving just one Māori and one Pacific representative on the 15-strong board, prompting allegations of a “[whitewash](#)”. Previously, there were six Māori and two Pacific members. Two internationally-qualified nurses also quit in protest.

Then-chief executive [Catherine Byrne quit](#) shortly after along with several other senior leaders.

Brown told [Newsroom](#) (<https://newsroom.co.nz/2026/08/12/health-minister-quietly-slashes-maori-representation-on-nursing-council-to-one-seat/>) he expected the Nursing Council to focus on its “key role which is to ensure patients have access to timely care, through the education, registration, and discipline of the nursing profession”.



Pipi Barton

Brown has also accused the Medical Council of becoming “distracted” by ideology, ousting chair Rachelle Love (Ngāpuhi, Te Arawa) and deputy Simon Watt, saying the doctors’ regulator needed to focus on “core responsibilities”.

‘For me, the more important issue is, how do we retain our professional independence in the current political environment?’

The Government is currently reviewing Te Tiriti references across 19 pieces of legislation in what Justice Minister Paul Goldsmith says will ensure clarity and “consistency”.

As well as stripping away Te Tiriti obligations, the Government’s proposed amendments to the Health Practitioners Competence Assurance Act would give it more power to the minister to enact policies — something NZNO has condemned as political overreach and a risk to patient safety.



Second interim chief executive appointed

Perioperative nurse Rob McHawk was initially appointed interim chief executive and registrar. But less than two weeks later, the board replaced him with Chelydra Percy, who has no nursing background but led GNS (Geological and Nuclear Sciences Institute) through its merger with NIWA (National Institute of Water and Atmospheric Research) last year. She was previously chief executive at BRANZ — a private building and construction research company.

McHawk remains registrar — previously part of the chief executive position and a statutory role under the Act.

Percy has been hired for six months, as recruitment for both roles continues.

Percy was known for “open, transparent leadership” and building strong relationships, Brownie said.

Meanwhile, the deputy chair position has been vacant for five months, since Brownie vacated it to become chair. This is despite the Council’s own policy that one of the roles be Māori.



Interim Nursing Council chief executive Chelydra Percy



Interim Nursing Council registrar Rob McHawk

Brownie said a deputy chair would be elected at the next board meeting.

Hundreds of Māori nurses and health-care workers recently [voted](#) to reject Government “attacks” on cultural safety in nursing practice.

Nuku also said the Council's recent decision to [pause nurse recertification audits](https://www.nursingcouncil.org.nz/Public/Nursing/Continuing_competence/NCNZ/nursing-section/Continuing_Competence.aspx) (https://www.nursingcouncil.org.nz/Public/Nursing/Continuing_competence/NCNZ/nursing-section/Continuing_Competence.aspx) was a patient safety risk.

However, Brownie said continuing competency requirements remained, even though its auditing of five per cent of nurses — about 4000 — were on hold for up to a year.



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 left the Nursing Council after, collectively, 60 years.

PROFESSIONAL

Kaitiāia ED nurse first EN to achieve international trauma qualification

By Kaitiaki coeditors

September 3, 2026

A nurse from Northland has become the first enrolled nurse (EN) in New Zealand to successfully complete an internationally-recognised trauma course.



Kaitiāia emergency EN Kayla Timms has qualified in a structured approach to caring for trauma patients.

Kayla Timms, who works at Kaitiāia Hospital's emergency department (ED), completed the intensive course, trauma nursing core course (TNCC), after just two years in nursing. Details of the course can be found on NZNO's college of emergency nurses page, [here](https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/courses#Other) (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/courses#Other).

Timms' achievement reflects the important contribution ENs make to delivering safe, high-quality care in rural communities, Northland chief nurse Megan Marshall said in a release from Te Whatu Ora-Health NZ (HNZ).



Northland chief nurse Megan Marshall.

The intensive course teaches the knowledge, critical thinking and practical skills required to care for patients experiencing traumatic injury. It also provides a structured approach for nurses to trauma assessment and management.

Timms said the benefits were immediate and she had already applied the new skills while caring for a patient involved in a motor vehicle crash. Being equipped with a systematic assessment process gave her greater confidence in that situation, as well as on night shift, she said.

Kaitaia's overnight clinical teams were trained to work together and respond to a range of cases, including trauma. Courses like TNCC were important for rural nursing practice, she said.

Timms had taken up several opportunities to work to the top of the new EN scope of practice, gaining competencies in venepuncture (taking blood), vaccination administration and intravenous medication administration.

'It's wonderful to see an enrolled nurse pushing boundaries, working to the top of scope and contributing such valuable skills to rural health care.'

These skills had helped her transition from primary health to the hospital's ED and she strongly encouraged other ENs to pursue professional development opportunities and continue building their clinical skills.

For nurses in rural communities, especially, it was important to have access to training and development so patients could receive high-quality care close to home, Timms said.

"Strong, systematic" assessment skills such as those taught in the TNCC were essential when caring for complex patients — and could make a significant difference to outcomes.

'Fantastic achievement' says EN leader

NZNO enrolled nurse section chair Michelle Prattley said it was a "fantastic" achievement and reflection of Timms' "dedication, commitment to professional development and passion for nursing".

"It's wonderful to see an enrolled nurse pushing boundaries, working to the top of scope and contributing such valuable skills to rural health care," she told *Kaitiaki*. "What an inspiration to other ENs and to the wider nursing profession."



NZNO enrolled nurses chair Michelle Prattley

NZNO's college of emergency nurses co-chair Natasha Hemopo said CENNZ also wanted to acknowledge Timms' achievement in completing the course, which required a lot of preparation and hands-on experience.

"It is a very good course and an essential course for nurses, all nurses working within emergency and trauma care within Aotearoa," she said. "I encourage anyone wanting to upskill and wish her well on her next goal."

Marshall said the achievement highlighted the valuable role ENs held within multidisciplinary health-care teams.

"We're very proud of our nursing teams and acknowledge the importance of the care they deliver for our rural communities. Ongoing education and training for nurses has a positive impact for staff, patients and their whānau."

LETTERS

October memorial for 53 nurses who died in Christchurch earthquake

By Nannette Ainge

September 16, 2026

The 53 nurses who died in Christchurch's devastating earthquake on 22 February 2011 will be remembered in the Nurses' Memorial Chapel in October.



That 53 nurses died in one city on a single day represents a great loss to the nursing profession.

As part of Christchurch City Council's Heritage Festival, the Chapel will tell the stories of some of the lives lost and a retired nurse's determined effort to identify them.

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

Most were in the six storey CTV building which collapsed on the corner of Madras and Cashel Street. They were overseas-trained nurses studying English at King's Education language school before heading into the health-care sector, or local nurses working in a medical practice. Three died elsewhere under collapsed buildings and on the city's streets.

From eight countries, the nurses represented more than a quarter of the 185 people killed in Christchurch's earthquake on 22 February 2011. With others, they died in collapsed buildings or on the city's streets. We tell some of their stories.



Nurses' Memorial Chapel

2 Riccarton Avenue
Christchurch

www.cnmc.org.nz



Christchurch Heritage Festival
16-26 October 2026

ccc.govt.nz/heritagefestival

The nurses were among the 185 who died in the earthquake. Their names are etched on the Oi Manawa, the Canterbury Earthquake National Memorial wall flanking the Ōtākaro Avon River. At least 21 nurses are buried or commemorated at Avonhead Memorial Cemetery's interment site especially designed for the earthquake's victims.

The display also describes how the New Zealand Nurses Organisation remembers the 53 nurses on 12 May, International Nurses Day. The wreath is placed under a different name each year.

See also [*They won't be forgotten – wreath laid for 53 nurses killed in earthquake.*](#)



The annual wreath-laying ceremony earlier this year, in memory of the 53 nurses who died in Christchurch's 2011 earthquake.

We invite you all to see the display in the Nurses' Memorial Chapel from Wednesday October 21 to Sunday October 25, 12 – 4pm.

<https://ccc.govt.nz/news-and-events/whats-on/event/never-forgotten-the-53-nurses-who-died-in-the-christchurch-earthquake> (<https://ccc.govt.nz/news-and-events/whats-on/event/never-forgotten-the-53-nurses-who-died-in-the-christchurch-earthquake>).

Nanette Ainge

Convenor of the Museum Group

Nurses' Memorial Chapel, Christchurch

LETTERS

‘We all deserve better’ – a nursing student shares her anguish

By Shimee Araguas

September 7, 2026

On behalf of every student nurse, patient and health-care worker, I ask for more support and better funding in our public health system. Because health-care workers deserve better. Patients deserve better. Student nurses deserve better. And the people of Aotearoa deserve better.



Student nurse Shimee Araguas, left, with North Shore emergency nurse Sophie Tomes spoke publicly about understaffing at North Shore Hospital. Photo: Michelle Beard.

We thought we chose a good path,
Because in the past,
There's been a shortage,
So they need nurses right?
But now we can't sleep at night
Too many questions unanswered

Like will I get a job?
Or what even is this all for?
When there was only forty-four
percent of new grads who got a role
Is it all for nothing?
Studying plus the part-time jobs
the government said we should be doing
They said unemployed people are lazy,
So are we?

Will it ever be worth it?
The moments of stress,
Going to unpaid placements and having to pass the test.
But still we try our best
Despite the burnout and feelings of doubt
I paid the price, tuition and time
Hoping that soon a role will be mine

They want experience
but guess where the experienced are
They've already left
and moved away very far
Meanwhile the people that stay,
Just keep trying to make a living day by day

Yes, there's new hospital buildings,
but there's barely new staff,
Can new grads work there?
Questions ignored,
while there's still more than half
of them wishing to be employed.

Meanwhile, the nurses who ARE employed try to help,
but they're now sacrificing THEIR own health
Short-staffed and over-worked,
How is it fair?
They don't care
until they're the one, needing the care

– Shimee Araguas is a nursing student who shared this poem recently at a [community meeting](#) called by
North Shore Hospital workers over unsafe staffing.



Kaitiaki

NURSING
NEW ZEALAND

LETTERS

Māori/Polynesian whānau on Gold Coast seeking caring nurse to help with son

By Bradley (last name withheld by request)

September 2, 2026

We're a Māori/Polynesian family based on the Gold Coast looking for the right registered nurse (RN) or enrolled nurse (EN) to join our son's dedicated long-term home care team.

We're particularly keen to connect with nurses already living in Australia, planning the move across the ditch, or looking for an opportunity to build a life on the Gold Coast.

About our son

Our son sustained a significant acquired brain injury at birth and now lives with profound neurological and medical complexity.

His treating consultant paediatrician has described his care requirements as being equivalent to high-dependency nursing care within the home environment.

Over many years, we've worked alongside Queensland's tertiary paediatric services and a multidisciplinary clinical team to develop a participant-specific model of care centred around continuity, consistency, trust and collaborative practice.

We're proud of the team we've built.

Now we're looking for the right person to grow with us.

Why this role is different

This isn't traditional community nursing where you're travelling between multiple participants. You'll work exclusively with one child as part of an established, deliberately small care team.

Over time, you'll develop a detailed understanding of our son's individual presentation, recognise subtle clinical changes and build genuine participant-specific expertise.

For us, continuity matters.

We want nurses who genuinely enjoy getting to know the person behind the diagnosis and becoming part of something long term.

What does the care involve?

Our son's care includes:

- Airway assessment and secretion management
- Suctioning and respiratory support
- Medication administration
- Transpyloric feeding
- Seizure recognition and emergency management
- Clinical observations and recognition of deterioration
- Positioning and pressure care
- Manual handling and hoist transfers
- Overnight clinical monitoring
- Infection-control practices
- Clinical documentation and team communication

Because our son cannot verbally communicate pain, discomfort or deterioration, careful observation and learning his individual baseline are extremely important.

Never worked in complex paediatrics?

Don't automatically rule yourself out.

Previous paediatric, disability or high-dependency experience is highly regarded, but we're also interested in nurses with a strong clinical foundation, the right character and a genuine willingness to learn.

Successful applicants undertake structured participant-specific:

Orientation → Shadowing → Training → Supervised Practice → Competency Development → Independent Practice.

You'll work alongside experienced team members while learning our son's established care model.

We don't expect you to know our son on day one.

We expect you to be willing to learn him.

Who are we looking for?

Qualifications matter, but after years of building our son's team we've learned that character matters just as much.

We're looking for someone who is:

- Reliable
- Honest
- Consistent
- Accountable
- Professional
- Calm under pressure
- Curious and willing to learn
- Comfortable asking questions

- Able to receive feedback professionally
- Team-oriented
- Interested in long-term continuity rather than simply picking up occasional shifts

Trust and consistency sit above everything else for our family.

We're a small team. Every person matters, and every person is depended upon.

Essential requirements

You must have:

- Current AHPRA (Australian Health Practitioner Regulation Agency) registration as an RN or EN, or be eligible to obtain the required Australian registration before commencing.
- Current First Aid and CPR.
- Australian working rights.
- Current driver's licence.
- Ability to participate in a rotating roster, including overnight shifts.

Experience in paediatrics, complex disability, respiratory support, airway/secretion management, enteral feeding, epilepsy, cerebral palsy, high-dependency nursing or one-to-one care is highly regarded.

Get in touch

Please email your CV and a short cover letter to: frankie.kwn2024@gmail.com

In your cover letter, we'd particularly like you to answer in your own words

- What do consistency, professionalism and reliability mean to you?
- How long did you remain in each of your last three positions, and what influenced your decision to move on?

You don't need to write us the perfect corporate cover letter. We'd much rather hear your genuine story, experience and reasons for wanting to join our son's team.

If you're a Kiwi nurse looking at making the move to Australia, already living on the Gold Coast, or know someone who could be the right fit, we'd love to hear from you.

We're not trying to build the biggest team.

We're trying to build the right team.

One Child • One Whānau • One Purpose

\$120,000+ per year based on experience & roster.

Bradley (last name withheld by request),
Gold Coast, Australia

LETTERS

Nurses invited to participate in 10-minute survey for research into AI in New Zealand health care

By Luke Mokokoko

September 2, 2026

We are writing to invite health-care professionals to take part in a brief research survey on artificial intelligence (AI) in New Zealand health care. Your perspective as a health-care professional is genuinely valuable to this research.

About the research

Our study explores which factors influence New Zealand health-care professionals' intention to use AI-driven clinical decision support systems (AI-CDSS) — tools designed to assist with clinical diagnosis and treatment. As AI-CDSS technology continues to develop and enter clinical settings, understanding health-care professionals' attitudes and intentions is essential.

Who can participate?

You are eligible to participate if you are:

- A doctor or a nurse.
- Currently working in New Zealand.

What does participation involve?

- Completing a 10-minute online survey administered via Qualtrics.
- The survey includes short vignette scenarios that were developed in collaboration with New Zealand healthcare professionals to ensure they are realistic and clinically relevant.
- Participation is entirely voluntary and fully anonymous — no identifying information will be collected.

Incentive

As a thank you for your time, all participants who complete the survey will be entered into a draw for one of three \$100 gift card vouchers.

Ethics

This study has received ethical approval from the University of Canterbury human research ethics committee (HREC). It is conducted in accordance with the UC code of ethical conduct for research,

teaching and evaluations involving human participants.



How to participate

To access the survey, please follow the link below:

https://canterbury.qualtrics.com/jfe/form/SV_eDk6C29mJotWDQO

(https://canterbury.qualtrics.com/jfe/form/SV_eDk6C29mJotWDQO)

If you have any questions about the research, please do not hesitate to contact us directly using the details below.

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