Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

Kaitiaki
NURSING NEW ZEALAND

ELECTION 2026

Vote for health: From Labour to ACT, where do our politicians stand on privatising health?

By Kaitiaki coeditors

October 30, 2026

Kaitiaki launches an eight-day crash course on how our politicians plan to fix a health system in crisis. We've posed eight questions to the main parties. Now we're rolling out their responses – or lack thereof – before the Election.

Today we ask: What's your position on privatisation in the health system?



Party	Response
Labour	Entering into long-term outsourcing contracts as the Government has done puts more pressure on the public system, with staff left to pick up more complicated and risky procedures.

Party	Response
	We are concerned that it also negatively impacts on the necessary case mix needed for trainees. Labour is committed to ensuring that private contracts do not come at the expense of our public healthcare system. We will seek opportunities to reduce the level of outsourcing over the medium-term. – *Health spokesperson Ayesha Verrall* Labour's health policies can be found in full here: https://www.labour.org.nz/our-policies/ (https://www.labour.org.nz/our-policies/)
OPPORTUNITY	Our focus is a properly funded public system: a stable share of GDP, cost pressures met in full, and new initiatives funded on top of existing budgets, so services are not quietly rationed to balance the books. = *Health spokesperson Jessica Hammond* Opportunity health policy can be found here: https://www.opportunity.org.nz/healthy_people (https://www.opportunity.org.nz/healthy_people)
māori	Te Pāti Māori is opposed to the privatisation of our health system. Te Pāti Māori's full health policy can be found here (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.maoriparty.org.nz%2Fhealth&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7Ca095c8b298b541f828cd08df2b27d665%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639277122288576357%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=dSHoJHEQVpbF1P0WJLkeRTwH5ub0leFNUiU4FtcrFCg%3D&reserved=0) and its education and training policy here. (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.maoriparty.org.nz%2Feducation_training&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7Ca095c8b298b541f828cd08df2b27d665%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639277122288600121%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=pUoKnDVoXcvVgpe0uBu7GSSnXk6Sbf2vYqYl0ek%2Buuc%3D&reserved=0)
Green	The Green Party opposes shifting public money and capacity into profit-driven health care. Outsourcing is not a substitute for rebuilding a strong, publicly delivered system; it can cost more, weaken public capacity and deepen inequities. – *Health spokesperson Hūhana Lyndon* The Green Party's full health policy can be found here: https://www.greens.org.nz/health_policy

Party	Response
	(https://www.greens.org.nz/health_policy)
National	National's health spokesperson, current Minister of Health Simeon Brown, refused to answer any of *Kaitiaki's* questions, citing NZNO's "politicising" of health in the lead up to the General Election. 
ACT	The ACT Party's health spokesperson Todd Stephenson did not answer questions due to "capacity constraints". 
New Zealand First	No answers were received from New Zealand First's health spokesperson Casey Costello. 

Responses published in the order they were received.

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NURSING NEW ZEALAND

ELECTION 2026

Vote for health: From Labour to ACT, how will (or won't) our politicians ensure culturally-safe health care?

By Kaitiaki coeditors

October 29, 2026

Kaitiaki launches an eight-day crash course on how our politicians plan to fix a health system in crisis. We've posed eight questions to the main parties. Now we're rolling out their responses – or lack thereof – before the Election.

Today we ask: To honour Te Tiriti, will you support kawa whakaruruhau as a requirement in nursing education and regulation?



Party	Response
Labour	Cultural safety sits alongside clinical competence, ethical conduct and professional development as an element of patient safety.

Party	Response
	The current Government has put politics over best practice when it comes to health regulators. We disagree with their undermining of regulators' independence, including with the Nursing Council. Labour will restore the independence of the health regulators. We are comfortable with these bodies making standards, including around cultural safety. These are matters better settled by the mix of professionals and lay people who sit on professional regulators' boards, rather than by ministers. *– Health spokesperson Ayesha Verrall* Labour's health policies can be found in full here: https://www.labour.org.nz/our-policies/ (https://www.labour.org.nz/our-policies/)
OPPORTUNITY	Yes. We want equitable health outcomes, that means measurable equity goals with public reporting and stable multi-year funding for kaupapa Māori and iwi-led providers. This looks like meaningful Māori participation in health delivery, planning and oversight to achieve measurable health outcomes. We also can't expect to deliver health equity if clinicians are not trained in how to welcome and serve Māori. We see this as both a Treaty obligation, and just good clinical practice. It's crucial that all New Zealanders feel safe with their healthcare providers. *– Health spokesperson Jessica Hammond* Opportunity health policy can be found here: https://www.opportunity.org.nz/healthy_people (https://www.opportunity.org.nz/healthy_people)
māori	Te Pāti Māori strongly supports including Kawa Whakaruruhau as a requirement in nursing education and regulation. Te Tiriti o Waitangi should guide all decision making in Aotearoa, and that is what our Te Tiriti entrenchment policy seeks to address. Te Pāti Māori's full health policy can be found here (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.maoriparty.org.nz%2Fhealth&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7Ca095c8b298b541f828cd08df2b27d665%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639277122288576357%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=dSHoJHEQVpbF1P0WJLkeRTwH5ub0leFNUiU4FtcrFCg%3D&reserved=0) and its Te Tiriti entrenchment policy here. (https://www.maoriparty.org.nz/te_tiriti_entrenchment)

Party	Response
Green	Yes. The Green Party supports kawa whakaruruhau as a core requirement in nursing education and regulation. Honouring Te Tiriti means embedding cultural safety, tikanga and mātauranga Māori throughout the health workforce—not treating them as optional extras. – *Health spokesperson Hūhana Lyndon* The Green Party's full health policy can be found here: https://www.greens.org.nz/health_policy (https://www.greens.org.nz/health_policy)
National	National's health spokesperson, current Minister of Health Simeon Brown, refused to answer any of *Kaitiaki's* questions, citing NZNO's "politicising" of health in the lead up to the General Election. 
act	The ACT Party's health spokesperson Todd Stephenson did not answer questions due to "capacity constraints". 
New Zealand First	No answers were received from New Zealand First's health spokesperson Casey Costello. 

Responses published in the order they were received.

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ELECTION 2026

Vote for health: From Labour to ACT, how will (or won't) our politicians fix pay parity?

By Kaitiaki coeditors

October 28, 2026

Kaitiaki launches an eight-day crash course on how our politicians plan to fix a health system in crisis. We've posed eight questions to the main parties. Now we're rolling out their responses – or lack thereof – before the Election.

Today we ask about pay parity: How will you close the pay gap between Health NZ nurses and those in other sectors such as primary health, aged care and iwi providers?



Party	Response
Labour	Labour wants to achieve pay rates for primary care nurses that mean there is no disincentive to practicing in the community compared to the hospital.

Party	Response
	– *Health spokesperson Ayesha Verrall* Labour's health policies can be found in full here: https://www.labour.org.nz/our-policies/ (https://www.labour.org.nz/our-policies/)
OPPORTUNITY	We will advocate to lift first-level care from 5.7 to 10 per cent of Health New Zealand's spending over the life of our 10-year health plan, with that money going first to retaining the clinicians already working there. We recognise how the lack of pay parity affects workers and services, and by extension, patients, outside Health NZ. We will advocate for funding to be sufficient to pay workers well whether they are inside or outside Health NZ. – *Health spokesperson Jessica Hammond* Opportunity health policy can be found here: https://www.opportunity.org.nz/healthy_people (https://www.opportunity.org.nz/healthy_people)
māori	Te Pāti Māori will introduce a sustainable funding model for the primary care, aged care, and iwi providers to close the pay gap, and ensure that all nurses in Aotearoa are paid at the same rates. Te Pāti Māori's full health policy can be found here (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.maoriparty.org.nz%2Fhealth&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7Ca095c8b298b541f828cd08df2b27d665%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639277122288576357%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=dSHoJHEQVpbF1P0WJLkeRTwH5ub0leFNUiU4FtcrFCg%3D&reserved=0) and its education and training policy here. (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.maoriparty.org.nz%2Feducation_training&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7Ca095c8b298b541f828cd08df2b27d665%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639277122288600121%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=pUoKnDVoXcvVgpe0uBu7GSSnXk6Sbf2vYqYl0ek%2Buuc%3D&reserved=0)
Green	Nurses should receive equal pay for work of equal value, regardless of whether they work for Health NZ, primary care, aged care, kaupapa Māori or iwi providers. We will fund contracts so providers can match public-sector pay and conditions. Closing these gaps is essential to retaining nurses, strengthening community care and preventing services from competing for the same workforce. – *Health spokesperson Hūhana Lyndon* The Green Party's full health policy can be found here: https://www.greens.org.nz/health_policy (https://www.greens.org.nz/health_policy)

Party	Response
National	National's health spokesperson, current Minister of Health Simeon Brown, refused to answer any of *Kaitiaki's* questions, citing NZNO's "politicising" of health in the lead up to the General Election. 
ACT	The ACT Party's health spokesperson Todd Stephenson did not answer questions due to "capacity constraints". 
New Zealand First	No answers were received from New Zealand First's health spokesperson Casey Costello. 

Responses published in the order they were received.

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Kaitiaki
NURSING NEW ZEALAND

ELECTION 2026

Vote for health: From Labour to ACT, how will (or won't) our politicians fix safe staffing?

By Kaitiaki coeditors

October 22, 2026

Kaitiaki launches an eight-day crash course on how our politicians plan to fix a health system in crisis. We've posed eight questions to the main parties. Now we're rolling out their responses – or lack thereof – before the Election.

Today we ask: How will you create a safely-staffed public health system?



Party	Response
Labour	Labour will offer every eligible New Zealand-trained graduate nurse a job in our health system. This policy is an important step in building a nursing workforce that can meet New Zealand's future health needs.

Party	Response
	NZNO hospital members recently voted for a settlement that included an element of research into safe staffing ratios, we will honour the commitment NZNO members voted for. *– Health spokesperson Ayesha Verrall* Labour's health policies can be found in full here: https://www.labour.org.nz/our-policies/ (https://www.labour.org.nz/our-policies/)
OPPORTUNITY	You cannot train a nurse in one term of Parliament, so we will seek cross-party agreement on a ten-year Health Plan with a legislative basis. Its workforce projections will be published and progress reported annually to Parliament. We support lifting health funding from about 7.4 to 9 per cent of GDP, with cost pressures, including wages, met in full every year. New money for first-level care like general practice, community pharmacy, midwifery, urgent care, community allied health, dental and community mental health goes first to people: retaining clinicians, more training places, and a wider practice team that includes nurses. We have not set staffing ratios; those belong with the people who run the system, answerable for the results. *– Health spokesperson Jessica Hammond* Opportunity health policy can be found here: https://www.opportunity.org.nz/healthy_people (https://www.opportunity.org.nz/healthy_people)
māori	Te Pāti Māori will invest $1 billion per annum in health workforce development, with a particular focus on expanding the Māori workforce and training opportunities. Māori health professionals are more likely to remain in Aotearoa, practice in rural locations, and serve underserved communities. We will also explore full student loan write offs for all people who work in Aotearoa for five years after their study, creating a significant incentive for our health care workers to stay and work in Aotearoa. Te Pāti Māori's full health policy can be found here (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.maoriparty.org.nz%2Fhealth&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7Ca095c8b298b541f828cd08df2b27d665%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639277122288576357%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=dSHoJHEQVpbF1P0WJLkeRTwH5ub0leFNUiU4FtcrFCg%3D&reserved=0) and its education and training policy here. (https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.maoriparty.org.nz%2Feducation_training&data=05%7C02%7CMary.Longmore%40nzno.org.nz%7Ca095c8b298b541f828cd08df2b27d665%7Cddd1e190237c4a86a2b758dc452c5162%7C0%7C0%7C639277122288600121%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMD

Party	Response
	AwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=pUoKnDVoXcvVgpe0uBu7GSSnXk6Sbf2vYqYl0ek%2Buuc%3D&reserved=0)
Green	A safely staffed public health system requires sustained investment and workforce planning—not hiring freezes and rationed vacancies. The Green Party will work towards properly funding public health services, urgently filling vacant clinical roles, and employing the nurses Aotearoa trains to achieve safe staffing levels. – *Health spokesperson Hūhana Lyndon* The Green Party's full health policy can be found here: https://www.greens.org.nz/health_policy (https://www.greens.org.nz/health_policy)
National	National's health spokesperson, current Minister of Health Simeon Brown, refused to answer any of *Kaitiaki's* questions, citing NZNO's "politicising" of health in the lead up to the General Election. 
act	The ACT Party's health spokesperson Todd Stephenson did not answer questions due to "capacity constraints". 
New Zealand First	No answers were received from New Zealand First's health spokesperson Casey Costello. 

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NEW ZEALAND NURSES ORGANISATION
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NURSING NEW ZEALAND

NEWS

Nurse Lupe versus corporate giants: Patients travelling 125km just to get primary care

By Joel Maxwell

October 28, 2026

It was one community nurse from Palmy making herself heard against multi-billion dollar entities with global financial links.



NZNO member and primary care nurse Lupe Kelekolio shares her thoughts at the report launch.

Nurses forced to quit by workload pressure, patients driving hundreds of kilometres just to get a GP appointment — a community's nurse has delivered a sobering speech on the human cost of privatisation.

NZNO delegate Lupe Kelekolio, a primary care nurse in Palmerston North for coming up to half a century, spoke at the launch of *Who owns the health system?*, a report into health-system privatisation.

It revealed that nearly half of public health funding was being "consumed" by the private health sector.

Kelekolio was a long-term conditions nurse at THINK Hauora, a Midcentral PHO that put "whānau and community" at the centre of its mahi, she said.



One in four general practice clinics is now a corporate business.

However, Kelekolio had seen first-hand the impacts of corporatisation on nurses and patients elsewhere in the community.

"One GP clinic in my district was bought out by an American corporation. Several nurses have now resigned saying huge workload pressures are risking the safety of their patients."

Other patients including some in Palmerston North couldn't afford local general practice doctors (GPs), instead using iwi provider Ora Toa (Ngāti Toa) in Porirua — 125km away.

Ora Toa fees were capped at $20 for community service card holders, and $30 for everyone else, she said. "Sometimes patients can only attend video consultations because the cost of getting to Porirua is too much."



Louisa Wall, former MP and current chair of the Tuwharetoa iwi Māori partnership board, speaking at the privatisation report launch.

Speaking to *Kaitiaki* after her speech, Kelekolio said there was always a story behind numbers like those in the report.

"There's whānau and there's communities behind those numbers . . . people are not just numbers. They're people, they're families, they're the reason for us being here."

The report said that 80 per cent of the increase in public health spending over the last three years was funneled into the private sector.

Of the combined $31.9 billion Te Whatu Ora-Health NZ and ACC public health spend, $14.8b went to private sector providers.

Privatisation was no longer "creeping" into the health system, the report said, it had already bolted. "Almost half of public health spending – 46.4 per cent in 2024/25 – is now being consumed by the private sector."



NZNO senior strategic researcher Nathalie Jaques speaking at the NZNO annual conference in 2026.

Meanwhile the private sector was lurching towards increased "corporate consolidation" with fewer not-for-profit organisations in the mix.

Report researcher Edward Miller said corporate providers had to maximise shareholder returns at the expense of safe staffing, wages, equipment and patient care.

Public funding now flowed to health-care providers controlled by asset managers, pension funds, private equity funds, and multinational corporations, the report said.

Just normal GP clinics: financed via the Caymans

NZNO senior strategic researcher Nathalie Jaques spoke at this year's annual conference about the growing impact of corporatisation in primary care.

Corporate ownership jumped from 14 per cent of practices in 2022 to about 25 per cent this year. This came after US private equity giant TPG's acquisition of Tāmaki Health, and Tend's purchase of The Doctors.

> **'One GP clinic in my district was bought out by an American corporation. Several nurses have now resigned.'**

The report revealed more details about the purchase.

"The debt-funded Tāmaki Health deal appears to be structured through the Cayman Islands, borrowed at roughly double current public borrowing rates," the report said.

Government was swapping "transparent and accountable" public-health borrowing, for vast amounts of higher-cost debt taken on by private businesses.

It was still being repaid through public cash — but the profit incentive, a legal obligation for these entities, conflicted with "high-quality, accessible, and equitable health services".



Health advocate Malcolm Mulholland speaking at the report launch.

Kelekolio said when care was limited because of underfunding or staff shortages, "it causes delays for us who struggle to afford it".

That, she said, was when cracks appear. "And when our whānau fall through the cracks, they suffer."

Kelekolio said she believed that nurses on the frontline were casting a safety net, woven from different strands.

"Each strand represents all the different sections of our health system. Woven together we stand and work as one."

By the numbers

- Public money now accounts for 55 per cent of general practice revenue, up from less than half in the last two years.
- Public money makes up about 45.3 per cent of private hospital revenue, up from about 35 per cent five years ago.
- Public money accounts for about 76 per cent of aged residential care revenue, yet almost all facilities are privately owned.

– *Who owns the health system? How public finding is driving private profit* Commissioned by NZNO, the Public Service Association and the Association of Salaried Medical Specialists.

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NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

NEWS

If it walks like a cap, and talks like a cap, it's actually a 'managed enrolment process'

By Joel Maxwell

October 24, 2026

The Government agency funding nursing schools confirms it told them to keep student levels at 2025 numbers — but denies it is a cap.



Labour leader Chris Hipkins with Massey nursing lecturers Andrea Donaldson, foreground, and Maree Sheard. Photo: Stuff Digital.

The enrolment cap story emerged last week after Labour leader Chris Hipkins visited Massey's nursing school in Palmerston North.

Nursing lecturers Andrea Donaldson and Maree Sheard revealed the Tertiary Education Commission (TEC) had asked the school to cap enrolment numbers to 2025 levels, as part of a nationwide decision. This was the first that Hipkins, and most of the rest of the country, had heard about the decision.

When *Kaitiaki* asked Te Whatu Ora-Health NZ (HNZ) whether it had been involved in the decision, chief nurse Nadine Gray said the agency was not aware of any decisions on a cap to enrolments.

This appeared to contradict Tertiary Education Minister Penny Simmonds who said the decision was based on advice from HNZ about the availability of clinical placements.



NZNO nursing leadership came out against the caps, from left, Te Rūnanga Tauira (TRT) chair Josh Lang, vice chair Kamaea Morris, national student vice-chair Catie Lattimore and chair Katie Lumsden.

The mystery deepened with a written statement from TEC to *Kaitiaki* saying HNZ was indeed "correctly reporting that TEC has not communicated a cap on nursing to it".

However, in a twist, the statement said this was because "there isn't a cap": but a "managed enrolment process" instead, which was "developed and supported by both agencies".

The Merriam-Webster dictionary defines a cap as an upper limit on some action. TEC, on the other hand, defined the 'managed enrolment process' as holding next year's enrolments to 2025 levels.

But TEC said if there were enough clinical placement capacity in a particular region, confirmed by the local district chief nurse, then a nursing school could seek approval to enroll more students in that area.

NZNO student leaders have told *Kaitiaki* the cap was a "terrible" idea, and urged HNZ to instead make sure there was enough senior and experienced nurses on the floor, to provide safe placements for students.



Tertiary Education Minister Penny Simmonds

Meanwhile, as news of the cap broke, nursing numbers came under the spotlight again, with Health Minister Simeon Brown denying a staffing crisis at Starship Hospital had forced suspensions of child cancer treatment.

The nursing workforce has risen by 54 fulltime equivalent (FTE) since early 2024, when the Coalition Government effectively took the health reins.

It came in the midst of ongoing controversy over a hiring freeze on nursing staff in Te Whatu Ora-Health NZ; meanwhile barely half of new nursing graduates were getting job offers on the ACE programme, and desperate letters declaring a state of emergency in emergency departments (EDs) were being fired to management.

Based on the numbers supplied by Simmonds, capping numbers at 2025 levels would mean very roughly a year-on-year drop of about 640 nursing students nationwide.



HNZ chief nurse Nadine Gray

Simmonds previously said there were 11,270 nursing students in 2025, and 11,910 students so far this year. On these numbers there would be a difference of 640. This would vary depending on clinical placement capacity, and the ongoing increase in study applicants since at-least 2019.

Gray told *Kaitiaki* that HNZ had to work with 18 nursing schools in New Zealand, and given the growing demand, tertiary providers had needed to find placements out of town or region when local capacity reached maximum.

"This is where education needs to make timely decisions about enrolments and how best to work with industry to plan local placement capacity, which will help also avoid costs to the student."

TEC is a Crown agency that provides funding to 700 tertiary education organisations across New Zealand.

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Kaitiaki NURSING NEW ZEALAND

NEWS

‘It’s a lie, Chris’ – health, nursing numbers key in closing election debates

By Joel Maxwell

October 22, 2026

One of the two Chris’s was telling porkies — but it was up to the audience, and the country, to decide.



Nurses gather outside Stuff headquarters for the final leaders' debate -- with National's Christopher Luxon present in billboard, unlike Labour's Chris Hipkins who turned up in person. Centre, back, is Greenlane NZNO delegate and registered nurse Jesse Paea, in shorts.

Health has become a pivotal issue in the Election countdown — with nurses literally offering a physical reminder of their concerns at *Stuff*’s final leaders’ debate on Tuesday night.

National’s Christopher Luxon and Labour’s Chris Hipkins launched the debate explaining what they would do for health.

Hipkins said he'd met nurses gathered outside who were worried about the "deepening crisis" in the health system. "They simply can't keep up. They want to know that help is on the way."

Hipkins pointed to Labour's promise of jobs for every nursing graduate, and its three free GP visits policy that would ease pressure on the likes of emergency departments with better primary care. He also promised to end the HNZ hiring freeze, something the current Government had put in place.



Labour's Chris Hipkins and National's Christopher Luxon at the Stuff leaders' debate.

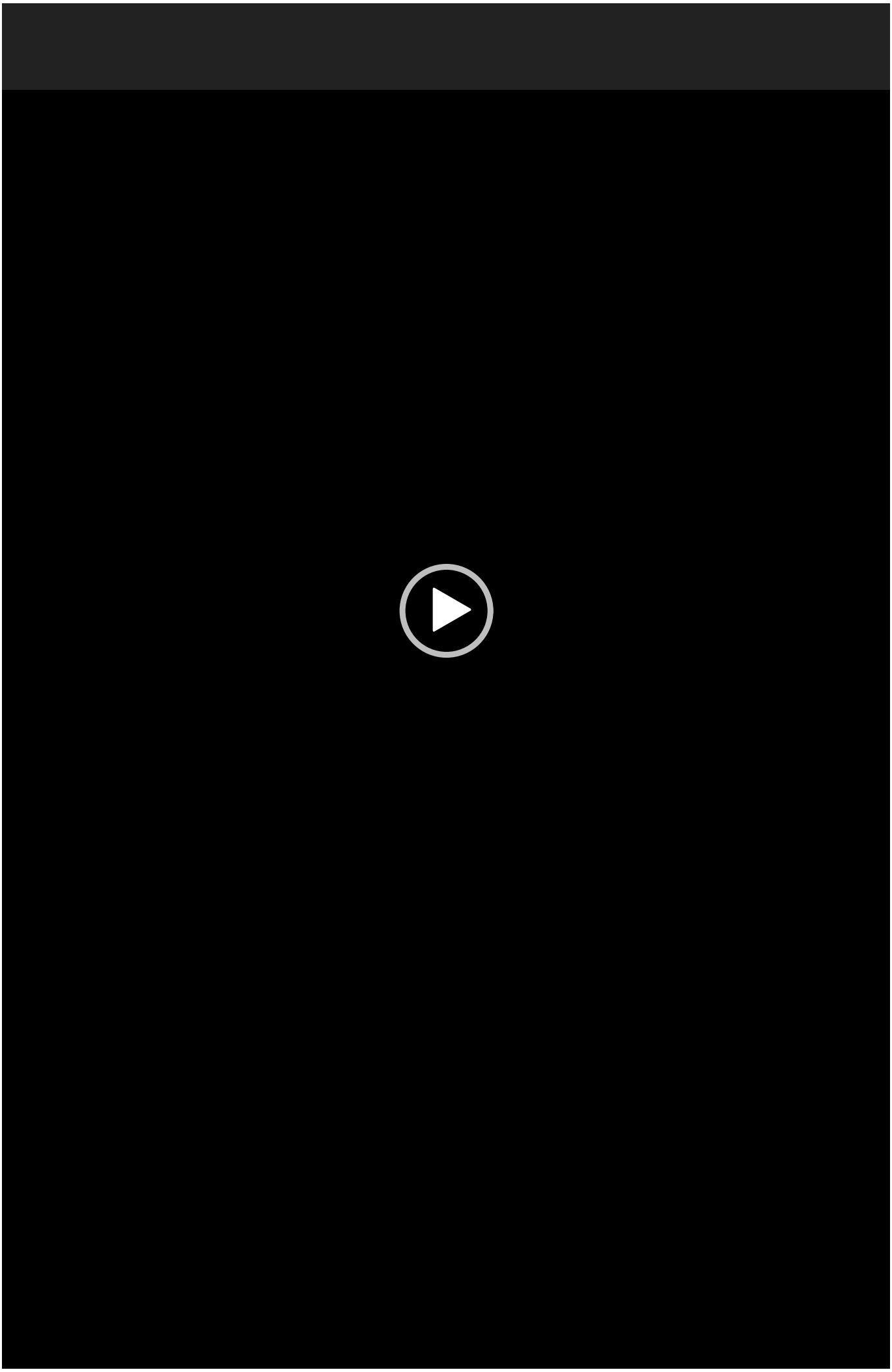
Luxon said his Government had put record amounts of funding into health care — and had recruited 2100 extra nurses.

Here, Hipkins jumped in: "There he is again, that's simply not true. You've hired 54 more nurses."

Luxon, in reply, doubled down on the 2100 number and even went further about the 54 increase: "Chris, you know it's a lie."

Kaitiaki has previously reported on a hiring freeze on nursing staff in Te Whatu Ora-Health NZ; meanwhile barely half of new nursing graduates were getting job offers on the ACE programme, and desperate letters declaring a state of emergency in emergency departments (EDs) were being fired to management.







staff attrition. Overall there was only a 54 fulltime equivalent (FTE) increase over the past two years.

Standing outside *Stuff* headquarters as part of that rowdy gathering of nurses and NZNO staff was Greenlane Clinical Centre registered nurse and NZNO delegate Jesse Paea.

Paea told *Kaitiaki* that it was important to let both main political parties know nurses' stance on health. "That patient ratio matters, and that the current Government needs to be held accountable in regards to hiring 54 nurses, and the hiring freeze."

> **'There he is again, that's simply not true. You've hired 54 more nurses.'**

He confirmed Hipkins had stopped to have a chat with the nurses: "assuring us he was going to help us and support us". It was a "respectful" move from the Opposition leader, Paea said.

Despite making a lot of noise, Paea said, the group had not attracted a similar quick visit from Luxon. "Unfortunately he didn't and I found that disrespectful."

By Wednesday morning current Health Minister Simeon Brown was facing questions over his boss' accusation of dishonesty.



Health Minister Simeon Brown. (File photo). Credit: Peter McIntosh

Brown himself admitted in Parliament in August there was only a 54 FTE rise in the HNZ nursing workforce from March 2024 to March this year.

Now, going head to head with Labour's health spokesperson Ayesha Verrall in a testy RNZ health debate, he was asked about Luxon calling that number a lie.

Morning Report presenter Ingrid Hipkiss: "It's not though is it? You said that."

Brown did not directly answer her question, instead pointing to decreased doctor numbers in the last term.

Meanwhile Verrall said her party's three-free primary care visit policy would meet increased demand through appointments with general practice doctors and

nurse practitioners (NPs).

So, Brown said, Labour was advertising three free GP visits "and it might not be a GP"?

Verrall pointed out the meaning of GP: "In a general practice, staff include GPs and nurse practitioners, and that is a reality of health-care provision in large parts of New Zealand."

Speaking to *Kaitiaki* after the health debate, Rotorua NP Jayme Kitiona said there were growing numbers of NPs in primary-health care — and people were starting to understand their mahi and scope of practice.



Labour health spokesperson Ayesha Verrall.

"I think it's entirely up to patients and whānau if they choose to enrol or join their care with a NP, in a GP practice or NP -led care. We absolutely do provide the same scope of care."

The NP-led clinic in Rotorua she launched with fellow NP Jacinda Childs in January, Tau Oranga Health Care, had grown from zero to more than 1200 enrolments since then.

Kitiona said she had been wondering how the free-appointment policy would be funded and how any extra funding would come through to clinics. "How are they going to fund that, where does it come from and what does it look like?"

She also wondered where the additional doctors and NPs would come from to provide more appointments.

Meanwhile, Kitiona backed NP's place in primary-health care — something she was keen to share with Brown.

"Maybe Simeon Brown needs to have a consult with a nurse practitioner," Kitiona said. "And then he'll understand. People are not sure what a nurse practitioner can do until they have a consult with a NP and then they go 'ok, yes I'd like you to be my primary health-care provider, yes I want to see you again, now I understand'."



Rotorua nurse practitioners, from left, Jayme Kitiona and Jacinda Childs.

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NEWS

Child cancer treatments ‘delayed not suspended’, claims minister amid damning new staffing revelations

By Mary Longmore

October 15, 2026

Minister of Health Simeon Brown is denying nurses’ reports that some child cancer treatments have been suspended for a week amid a staffing crisis at Starship Hospital’s oncology ward.



A Starship nurse told the *New Zealand Herald* (https://www.nzherald.co.nz/nz/auckland/starship-hospital-suspends-child-cancer-treatments-amid-staffing-crisis) staff were "horrified" after being told last week that some bone marrow transplants and chemotherapy treatments would have to be postponed due to lack of staff.

But Brown claimed it was only a "handful" of cases due to a "small number" of nursing vacancies.

"Because of these vacancies, a handful of chemotherapy sessions have been delayed by a few days" — but no more than seven, Brown said in a Facebook (https://www.facebook.com/SimeonBrownMP) post.

In their words: Starship ward 27b nurses speak out

Nurses on the ward told *Kaitiaki* while some new nurses had been hired on the ward, they were either newly-qualified or didn't have experience in paediatric oncology.

"The problem isn't just the number of nurses we have, it's the level of experience on the floor," said one. "We're really short of experienced nurses, especially those who are qualified to give chemotherapy."

Some had been told they couldn't do their chemotherapy training until next year — and those being trained now were being "rushed

> **'It doesn't matter whether you call it delayed, suspended or postponed – any wait for cancer treatment is a lifetime when you have a sick child.'**

NZNO kaiwhakahaere Kerri Nuku has dismissed his comments as "semantics" as new figures (https://www.nzno.org.nz/about_us/nzno_in_the_news/artmid/8374/articleid/7293/starship-oncology-ward-short-staffed-85-of-all-shifts-in-august) released today show nurse shortages have plagued the ward all year — hitting a peak in August when 85 per cent of shifts were below safe-staffing targets.

"It doesn't matter whether you call it delayed, suspended or postponed — any wait for cancer treatment is a lifetime when you have a sick child," Nuku said.

"Health Minister Simeon Brown can argue oncology services are being postponed and not suspended but such semantics are unlikely to be important to whānau with children with cancer."

The figures — obtained by NZNO under the Official Information Act — show overall, 42 per cent of shifts on Starship's oncology ward — 310 out of 729 — were understaffed in 2026.



NZNO kaiwhakahaere Kerri Nuku is dismissing as 'semantics' Simeon Brown's claim cancer treatments are delayed, not suspended.

Staffing levels had worsened since the previous year, 2025, when 31 per cent of all shifts were below safe levels. That amounted to 1147 fewer clinical care hours for patients this year or six full-time nurses, Nuku said.

through before they've had a chance to build up their skills and confidence".

As a result, chemotherapy was "absolutely being delayed because we don't have enough nurses qualified to administer it," particularly on night shifts.

That meant treatments often got pushed back a day or two.

Another said nurses without enough experience were looking after complex patients.

"When I first started working in this area, you had to have a lot of experience before you could work with transplant patients. . . Now we're seeing nurses with only months of experience looking after incredibly vulnerable transplant patients."

Experienced nurses were under too much pressure to support the newer nurses how they would like.

"I can see they need help, but I've got so much going on with my own patients that I just don't have the time."

Another said conditions were the worst they'd experienced.

"I've never seen it this bad. I've never felt so unsafe at work, and I've never cried so much. It's honestly broken me."

One nurse said they used to love getting to know their patients.

"We get to know them and their families and we get to be there with them throughout their journey," they said.

"But we can't do that anymore. We're so stretched that we barely have time to do what absolutely needs to be done, let alone spend time with patients and their families."

"It's heartbreaking because we know what good care looks like. We know what these

Te Whatu Ora-Health NZ (HNZ) should never have let it get this bad, Nuku said.

"Nurses have been crying out for the past two years about the risk to patient safety caused by deliberate short-staffing."

patients need and we want to be able to give them that. But, right now, we're just trying to get through each shift."

Treatments 'rescheduled'

Starship Hospital director Greg Williams confirmed nursing shortages had forced its paediatric haematology/oncology service to "reschedule some treatments".

"These decisions are not made lightly and are based on clinical need."

Starship was recruiting experienced and new graduate nurses "as quickly as possible", said Williams.

"We want to reassure parents and families that their children will get the clinical care and support they need."

However, later,HNZ issued another statement saying Starship "has not suspended any cancer treatments and no children have missed out on cancer care".

Auckland director of operations Mike Shepherd said treatment schedules were "routinely adjusted to match capacity".

"This is prioritised in a way which ensures the highest risk patients have little to now delay in treatment."

Staffing had improved in October, he said, releasing data showing a third of shifts were understaffed so far this month.

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NEWS

Back to the future – ‘terrible’ order to cap nursing student numbers comes under fire

By Mary Longmore and Joel Maxwell

October 14, 2026

Nursing schools have been told to cap next year’s student numbers at 2025 levels — sparking criticism and fear over the future of the nursing workforce.



NZNO student members, pictured in Rotorua last month, say a plan to cut nursing students is "the opposite" of what needs to happen.

Tertiary Education Minister Penny Simmonds confirmed to *Kaitiaki* that the Tertiary Education Commission (TEC) told nursing schools to cap 2027 student numbers at 2025 levels.

She said the demand came after increasing pressure on clinical placements in Te Whatu Ora-Health NZ (HNZ).

But NZNO student co-leader Josh Lang said the focus should be on increasing the nursing workforce, not decreasing it.

> **'If they are going to cap it, it's going to be hard for us, the future people who want to be nurses, but it's going to be harder for the whole country.'**

"We know we need to increase our domestic workforce so putting the brakes on is just the exact opposite of what we need to be doing now."

Finding safe and supportive clinical placements was challenging because of understaffing, meaning there weren't enough senior nurses to support the students on the floor and in primary health.

Lang said the national student unit wanted to see a strong national plan to grow the workforce, particularly Māori and Pacific nurses.

Second-year nursing student at Massey, Catie Lattimore – an NZNO student representative on the campus – said the news was "terrible".

"My first thought was, 'that's disgusting', what the heck?'" she told *Kaitiaki.*

Capping nurse numbers would affect the entire public health system, warned Lattimore, who is also NZNO's national student vice-chair.

"About the future, it makes me scared because, honestly, if they are going to cap it, it's going to be hard for us, the future people who want to be nurses, but it's going to be harder for the whole country," she said.

The health system was already under huge pressure – this would make things so much worse, she warned.



NZNO's student leaders Katie Lumsden and Catie Lattimore, right, are horrified at the move to cut nursing students.

"If they're going to cap nurses at the source, our health system is going to go down the drain," she said. "Where are they going to get the nurses from? Are they going to try and buy people from other countries?

Northland nurse and academic Pipi Barton said the current Government was trying to keep a cap on the health budget — the nursing workforce being its biggest expenditure. "So they're trying to save money where-ever they can, basically."

Barton said she had been hearing from nurses on the floor that they were feeling overworked. “So yes, having less staff does add pressure and can mean staff are reluctant to take students due to workload pressures.”


Pipi Barton

Given a global shortage of nurses, decisions like this to cap student numbers completely contradicted World Health Organisation (WHO) recommendations (https://www.who.int/philippines/news/detail-global/12-05-2025-nursing-workforce-grows--but-inequities-threaten-global-health-goals) for governments to invest in domestic nursing workforces.

“By capping and limiting the numbers that can come through and do their training, is capping the domestic workforce.” Eras of austerity such as in the 1990s, which limited the domestic workforce, only created cycles of spiking international recruitment to fill vacancies, she said.

Meanwhile, Barton said there would only be more people applying to study nursing, as a career with less impact from AI. “And it makes sense, because that’s where the need is, but the Government’s not thinking about that — they’re just thinking about austerity and trying to save money.”

Tightened caps on student numbers increased competition for places — “and again Māori and Pasifika will end up on the back foot”.



NZNO student leaders, left to right: Te Rūnanga Tauira chair Josh Lang, TRT vice-chair Kamaea Morris, national student vice-chair Catie Lattimore and chair Katie Lumsden.

"There will be higher expectations on who gets in and who doesn't, just like medical school . . . if you look at the history and there's this structural discrimination that occurs within education, within tertiary education, particularly within nursing."

Kaitiaki has been tracking the shortfall in HNZ jobs for new graduates over the past few years. In that time the number of new graduates finding jobs in the ACE scheme has been barely reaching 50 per cent. Despite promises of more jobs, the number of roles has struggled to keep up with the number of graduates.

It comes alongside increasing pressure on nursing staff with the workforce only growing by 54 fulltime equivalent roles since the Coalition Government got its feet under the desk.

> **'So yes, having less staff does add pressure and can mean staff are reluctant to take students due to workload pressures.'**

NZNO primary health care college chair Tracey Morgan said at a time when the primary health care, hospitals, aged care and Māori and iwi health-care providers were crying out for nurses, the new mandate

made no sense.

“This new directive from the TEC to train fewer nursing students is counter-intuitive to what Aotearoa desperately needs in a health system in crisis.”

Meanwhile, Lattimore said she was very proud of Massey nursing staff for speaking out on the plan, which otherwise might have remained a secret.

Associate professor Andrea Donaldson, who revealed the order, was one of Lattimore’s lecturers, she said. “It broke at Massey, damn!”

Not enough capacity



Tertiary Education Minister Penny Simmonds

Kaitiaki contacted Health Minister Simeon Brown and Associate Health Minister Matt Doocey for comment, but was referred to Tertiary Education Minister Penny Simmonds.

Simmonds confirmed TEC gave nursing schools guidance to “generally align their 2027 nursing enrolments with 2025 levels”. This was based on advice from HNZ about the availability of clinical placements, she said.

Schools would have to consult with their HNZ district chief nurse to agree on appropriate clinical placement volumes. This meant proposed enrolment increases could still be considered if there was placement capacity in that region, she said.

Some regions already had limits imposed on 2026 enrolments based on placement capacity, Simmonds said.

She said nursing enrolments were up from 8696 in 2019, to 11,910 so far this year.

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NEWS

‘It’s a start’ say primary health nurses on 3.5 per cent pay rise

By Mary Longmore

October 5, 2026

A 3.5 per cent pay rise is a start — but not the end, says Waikato practice nurse Tracey Morgan after NZNO’s primary health-care members voted to accept their employers’ offer.



Photo: AdobeStock.

“We are still a long way off [pay parity]”, Morgan told *Kaitiaki*. “We’re going to keep up the pressure on this, it’s our priority.”

After three months of bargaining, on September 24 NZNO primary health-care (PHC) nurses voted to accept an offer of 3.5 per cent for registered and enrolled nurses and health-care assistants, along with a 7-10 per cent increase for administrative staff and $1 to 1.50 allowance for nurse prescribers.

The 12-month multi-employer collective agreement (MECA) covers about 3500 PHC members and has been ratified by 580 PHC employers, represented in bargaining by three primary health care organisations, GenPro, ProCare and Green Cross Health.

Other claims for two more days' sick leave, acknowledgement of Te Tiriti and to bring nurse practitioners (NPs) into the MECA for the first time would be back on the table in 2027, Morgan said.



Tracey Morgan, centre, with NZNO bargaining team members Kylie Goddard, right, and Priscilla Wiki.

Employers had also agreed to work with NZNO on developing a more streamlined MECA document than the current 50-plus pager over the next 12 months.

Prior to this offer, PHC nurses had a pay gap of 8-10 per cent with their peers at HNZ, while for administrative staff the gap was up to 28 per cent.

While the pay gap would now shrink to under seven per cent, Morgan said PHC nurses would not be giving up until they achieved full parity with Te Whatu Ora-Health NZ (HNZ).

Morgan said it was gratifying to see higher numbers of PHC nurses voting in the ballot this time around, reflecting higher engagement.

The pay gap for PHC workers widened after HNZ staff settled a $4 billion pay equity claim in 2023. Two PHC pay equity claims (including one for administrative staff) were among the 33 cancelled by the current Government in 2025.

In August NZNO was one of five unions launching a High Court legal challenge to the pay equity law changes, arguing they breached members' rights.

The 2026/27 PHC MECA can be found here (https://maranga-mai.nzno.org.nz/phc_meca).

At a glance – the 2026/27 PHC MECA:

- 3.5 per cent pay increase increase for RNs, ENs and HCAs.
- 7-10 per cent pay increase for administration staff.
- $1.50 per hour allowance for designated RN prescribers and $1 per hour for community health nurse prescribers.
- A higher hourly rate of $49.90 for nurses in leadership roles.
- Professional development and merit allowance increases of $1.10 to $2.35 per hour.
- Lump sums of $500 for those on 0.6 FTE or more and $250 for those under 0.6 FTE.

Pay Rates – full breakdown by scale and step

Registered nurse / practice nurse / midwife scale	
Step	**Hourly Rate**
7	$48.60
6	$47.19
5	$45.82
4	$41.22
3	$39.03
2	$36.73
1	$33.93

Enrolled nurse scale	
Step	**Hourly Rate**
4	$36.34
3	$35.17
2	$32.62
1	$31.16

Medical receptionist / administration Staff Scale	
Step	**Hourly Rate**
4	$28.86
3	$28.08
2	$27.42
1	$27.04

Health-care assistant scale	
Step	**Hourly Rate**
4	$30.46
3	$29.91
2	$28.04

Health-care assistant scale	
Step	**Hourly Rate**
1	$26.39

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NEWS

Care and support workers first in line for pay equity boost under new Government

By Mary Longmore and Joel Maxwell

October 2, 2026

Auckland health-care assistant (HCA) Sabina Lama says this week's pay equity announcement by the Greens gives her a "glimmer of hope".



Auckland health-care assistant (HCA) Sabina Lama speaks at the Greens pay equity announcement, flanked by co-leader Marama Davidson and associate health spokesperson Ricardo Menéndez March.

"This job is not easy, it's really hard and undervalued — paid very low – and the majority of us are women. Historically, most care workers have been women and because we are women we are undervalued," Lama, an NZNO delegate, told *Kaitiaki.*

Achieving pay equity had long been "a dream for us", Lama said, so it was hugely disappointing when the National-led Coalition Government pulled the plug on 33 outstanding claims.

"Aged care-workers are among the lowest paid people in the health system and many of us are struggling with supporting our families, here and overseas. So that announcement last year was quite upsetting for us," she said. "It's like dangling a carrot and not delivering it."

> **'We need now a clear commitment to settle the claim and restore whatever confidence we have in the pay equity system.'**

The Greens' October 1 announcement – the first political party to provide a fully costed plan and timelines – was "encouraging", said Lama, who was keen also to know what other parties proposed.



Auckland health-care assistant Sabina Lama, right, with Greens co-leader Marama Davidson

Greens co-leader Marama Davidson said the party would reinstate the pay equity framework and rapidly resolve the care and support workers' claim — covering about 65,000 workers. The announcement outlined an "indicative" budget of about $4.5 billion over four years to get the job done.

Ahead of the Greens' announcement Labour leader Chris Hipkins said a Labour-led Government would reinstate the pay equity framework in its first 100 days.

He would not say how much the reinstated pay equity might cost. Although Labour would also prioritise care and support workers, he said.

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

Work to gut pay equity, stretching back a year before the announcement, was shrouded in such secrecy that it had its own code name, Project Ten, and a no-attachments rule for emails.

A people's select committee on pay equity was set up to give a public voice on the law change. In May, Pay Equity Coalition Aotearoa (PECA) lodged a formal complaint with the UN about the law change.

Meanwhile NZNO joined muti-union legal challenge in the High Court in Wellington — arguing that the Government's gutting of pay equity breached the bill of rights.

For Lama, pay equity was about recognising the value of care and "making sure us workers and the people we care for get the support we deserve".

"Pay equity would make a real difference for us, our families and our communities. We know the work has been assessed, the evidence gathered –- the solution is also there. We need now a clear commitment to settle the claim and restore whatever confidence we have in the pay equity system."



Labour leader Chris Hipkins

The three claims raised jointly in 2022 by NZNO with E tū and the Public Service Association (PSA) for care and support workers — a 65,000-strong workforce across aged care, disability, home and mental health support — after the 2017 deal expired will be up for review in mid-2027, 10 years after being settled as required under the amended law.

Lama said she believed the Māori holistic model of health care, te whare tapa whā, should also apply to those giving care."If we are well ourselves, we will deliver that care to vulnerable New Zealanders."

There is no sector-wide collective agreement for care and support workers, who work across a range of areas and unions, from aged care to community care and disability support. Their hourly pay usually ranges from $27 to $31 per hour—barely increasing even after 10 years.

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OPINION

‘Now the real work begins’ say HCAs after NZNO pledges to strengthen carer workforce

By Marita Ansin-Johnson, Anamei Graham and Rosina Ake

October 21, 2026

It has been a ‘long road’ but health-care assistants are welcoming NZNO’s formal adoption of a plan to support, grow and strengthen the HCA and kaiāwhina workforce.



Health-care assistants at conference celebrate NZNO's formal adoption of an HCA/kaiāwhina policy. Left to right: Rosina Ake, Marita Ansin-Johnson and Anamei Graham.

A vote to adopt the health-care assistant (HCA) and kaiāwhina policy at the NZNO AGM and conference last month marks an important milestone in a journey that has been years in the making. This journey is about bringing greater visibility, recognition and a collective voice to a workforce working across many parts of Aotearoa's health and disability system.

HCAs, kaiāwhina, carers and support workers contribute across public hospitals, aged-residential care, primary and community health, mental health, disability and other services. While our titles and workplaces may differ, many of the issues we face are shared: Role clarity, access to education and professional development, recognition, safe delegation and opportunities for progression.

> **'We now have something we have worked towards for years: A platform from which our workforce can continue building its future.'**

The policy (https://www.nzno.org.nz/Portals/0/Files/Documents/AGM/2026%20NZNO%20Role%20of%20the%20HCA%20Kai%C4%81whina%20Carer%20Policy%20FINAL.pdf) provides an important platform from which these issues can continue to be addressed. It supports greater consistency while recognising that HCA and kaiāwhina roles are not identical across every clinical or care setting.

It also creates an opportunity for meaningful collaboration with employers, nursing colleagues and the wider health sector, while keeping the lived experience of the workforce at the centre.



NZNO's HCA/kaiāwhina national committee meeting earlier this year. Left to right: Marita Ansin-Johnson, Anamei Graham (rear), Mihara Taihakoa-Richards (front, co-chair), Al Dietschin (on screen), Tash Greig (co-chair), Alex Neil and Rosina Ake.

This policy did not appear overnight. It grew from years of conversations, advocacy and the experience shared by people doing this mahi every day. Founding members Al Dietschin and Marita Ansin-Johnson deserve acknowledgement for their early efforts at the 2023 NZNO conference to bring greater visibility to our workforce and continuing to carry that kaupapa forward.

Acknowledgement must also go to NZNO policy analysts, who listened to our stories and experiences and helped to bring those many voices together into a policy that articulates the issues facing our workforce — and our aspirations for its future.

> **'A policy on paper will only have meaning if it reaches the workplaces where HCA/kaiāwhina perform their mahi every day.'**

A particularly meaningful moment at conference came when Ansin-Johnson stood to acknowledge what the adoption of the policy represented.

Anamei Graham and Rosina Ake stood with her in solidarity, as HCAs who understood the journey behind that moment.



Marita Ansin-Johnson and Al Diestschin at NZNO's 2023 conference where they called on NZNO to better support HCAs.

Adoption of the policy is not the end of the work. A policy on paper will only have meaning if it reaches the workplaces where HCA and kaiāwhina perform their mahi every day.

We now have something we have worked towards for years: A platform from which our workforce can continue building its future –visible, recognised and with its own voice at the table.

At a glance

NZNO's new policy on the role of the health-care assistant, kaiāwhina & carer recommends:

- Supporting a sustainable HCA workforce with education.
- Defining and protecting the HCA role from pressure to perform non-HCA tasks.
- The ability to upskill across qualification levels without regulation.
- Ensuring Nursing Council guidelines on registered and enrolled nurse supervision of HCAs are followed.
- Any expansion of HCA roles only occurs through a national consultation which takes into consideration training, regulation and pay rates.
- Consider how HCAs can contribute to better health equity for Māori and Pacific communities.
- Develop the HCA/kaiāwhina workforce through national recognition, appropriate remuneration, professional development and clear pathways.
- Te Tiriti-based education and support for the HCA/kaiāwhina workforce.
- A national ethical guide for HCAs to clarify their responsibilities and protect them from risky task expectations.

— Marita Ansin-Johnson, Anamei Graham and Rosina Ake are all members of the new NZNO HCA group

See also: ***It's finally happening – NZNO's new kaiāwhina group celebrated***.

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OPINION

If we have enrolled nurses, why aren't we letting them nurse?

By Tracey Martin

October 13, 2026

Outdated funding contracts and attitudes are preventing enrolled nurses from working to their fullest scope in aged care, writes the Aged Care Association chief executive.



Aged care can benefit from a good mix of enrolled and registered nurses, along with health-care assistants, argues Tracey Martin. Photo: AdobeStock.

There is something increasingly difficult to reconcile in New Zealand's health workforce debate.

We are repeatedly told that we have a health workforce shortage. We know registered nurses (RNs) are under pressure across the health system. Aged residential care providers, particularly those in smaller towns and rural communities, know just how difficult recruiting and retaining nurses can be.

At the same time, we have enrolled nurses (ENs) whose contemporary scope of practice enables them to contribute more to patient and resident care than some of our existing contractual arrangements allow.

That doesn't make sense.

The Nursing Council's 2025 changes to the enrolled nurse scope of practice recognised that nursing practice has evolved. ENs can make a greater contribution to care, while continuing to work within a regulated professional framework and with appropriate access to the support and guidance of RNs and other health practitioners.

> **'We can construct nursing teams in which RNs and ENs are both able to practise to the full extent of their respective scopes . . . That should not be controversial.'**

Yet parts of the aged residential care agreement between employers and Te Whatu Ora-Health New Zealand (HNZ) still reflect an older way of thinking about the EN role. That matters.

It matters to providers trying to build safe and sustainable clinical teams. It matters to RNs carrying responsibilities that could appropriately be shared across a broader nursing workforce. It matters to ENs who have undertaken professional education and maintain professional registration but can find that contractual requirements prevent them from using the full breadth of their scope. Most importantly, it matters to residents.



Aged Care Association chief executive Tracey Martin

Aged residential care today is not what it was 20 years ago. People are entering care later, with greater frailty and much more complex clinical needs. Our facilities support people living with dementia, multiple long-term conditions, complex medication regimes, significant mobility limitations and palliative and end-of-life care needs.

Aged care *is* health care.

That means we need a workforce model designed around the care residents actually require, not around professional arrangements that have simply remained in contracts because that is how they have always been written.

This is not an argument for replacing RNs with ENs. RNs have a distinct scope of practice and carry clinical responsibilities that are essential within aged residential care. Nothing about making better use of ENs diminishes that. The question is whether we can construct nursing teams in which **RNs and ENs are both able to practise to the full extent of their respective scopes**, with appropriate clinical leadership, support and safeguards. That should not be controversial.

In fact, if we are serious about addressing workforce shortages, it should be fundamental.

Rural aged care hardest-hit

There is another reason this matters, particularly to aged residential care. Workforce shortages do not have the same consequences everywhere. A large metropolitan provider may have more options when it loses a nurse. A small facility in a provincial or rural community may not. When that facility can no

longer safely staff a particular level of care, it isn't merely an operational problem for the provider — it can become a very personal problem for an older person and their family.

> **'Nor should this become an argument between registered and enrolled nurses. We need both.'**

A person who needs dementia care or hospital-level residential care does not stop belonging to their community because their health needs have changed. They should not have to travel significant distances away from a spouse, children, friends and the place they have lived for decades simply because we have failed to maintain the workforce necessary to provide the care they need locally. The address may need to change. Their connection to their community should not.

That is why seemingly technical decisions about scopes of practice and contractual wording have consequences well beyond the nursing workforce. They ultimately influence whether communities can sustain aged residential care at all.



NZNO's enrolled nurses have called for the newly-expanded EN scope of practice to be better recognised around the country.

There are, of course, legitimate questions that need to be worked through. What does appropriate RN support look like? How should different care levels be treated? What additional safeguards might be required in smaller facilities? How do we ensure ENs are working within their competence as well as their scope? How should assessment, care planning, clinical escalation and medication management operate? Those are exactly the conversations we should be having.

EN changes 'not reflected'

What we should not do is start from the assumption that because a function has historically been allocated to an RN in an aged-care contract, it must remain so indefinitely. Regulation should determine professional scope. Contracts should then enable safe practice within that scope.

During discussions with HZN earlier this year, the Aged Care Association understood that changes reflecting the expanded EN scope were intended to be considered for the 2026/27 aged residential care agreement. (https://www.healthnz.govt.nz/health-professionals/guidance-standards/topic/older-peoples-health/aged-residential-care/aged-residential-care-provider-agreements) Those changes have not ultimately been reflected in the agreement to the extent we had anticipated. That is disappointing, but it should not be the end of the conversation.

> **'Sometimes the answer is to look again at the people already standing beside us and ask whether we are allowing them to do enough.'**

The health system cannot simultaneously tell us that workforce capacity is one of its greatest constraints and then fail to examine whether existing contractual arrangements are preventing qualified, regulated professionals from contributing everything they safely can. Nor should this become an argument between registered and enrolled nurses. We need both.

We need experienced RNs providing clinical leadership, assessment, oversight and care. We need ENs able to contribute to the extent their education, competence and professional scope allow. We need caregivers and kaiāwhina whose contribution is recognised and developed. And we need career pathways that encourage people to enter aged care, build their skills and stay.

The answer to a workforce shortage cannot simply be to ask the same people to do more. Sometimes the answer is to look again at the people already standing beside us and ask whether we are allowing them to do enough. For ENs in aged residential care, I think it is time we asked that question seriously.

Because ultimately this isn't about protecting a particular workforce model. It is about making sure that when an older New Zealander needs care, the skilled people required to provide it are there, and that the care can be delivered as close as possible to the people and community they call home.

It's about the right care, at the right place, at the right time, close to home.

See also: 'I won't give up' says enrolled nurse working on building site.

Tracey Martin is chief executive of the New Zealand Aged Care Association and former New Zealand First MP and Minister for Seniors.

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OPINION

‘Without a shred of emotion in her voice’: Sue Bradford dissects pay equity wipe-out

By Sue Bradford

October 12, 2026



Speaking at the NZNO annual conference, Sue Bradford, people’s select committee member, shared the story of a group set up to give voice to workers and women on pay equity — and the “different kind of democracy” they discovered.



The people's select committee in Wellington in February as it launched the report on its findings.

I was driving in Auckland on May 6, 2025, when I heard Workplace Relations and Safety Minister Brooke van Velden talking in Parliament and saying why, under urgency, the Government was destroying pay equity.

I was shocked and outraged at the way she so blithely and callously talked about wiping out not just years of negotiations, struggle and careful work by workers and unions and employers, but decades of struggle for women's and workers' rights in this country.

All just in a 10 minute Parliament speech without a shred of emotion in her voice. And the Government was doing it under urgency without a moment's pretence of public consultation.

They passed the Equal Pay Amendment Act that night, simply because they wanted to save money for their Budget.

As we found out later, the Government had been working for months on this cunning plan, even while workers, unions and employers had continued in good faith to go through the claims assessment process.

With the new law, National, ACT and New Zealand First were establishing virtually impossible barriers to future claims, wiping out the 2020 Act and 33 claims retrospectively. About 180,000 workers were affected. The estimated cost of the lost claims was $12.8b.



Former Greens MP and people's select committee member Sue Bradford speaking at the 2026 NZNO annual conference in Rotorua.

The day after that law went through, Marilyn Waring rang me up and asked me whether I'd join her and eight other women — former MPs — on a people's select committee on pay equity.

How could I say no? It would be a lot of work but what an honour to be asked.

The purpose was to do what the Government should have done. That is, listen to the affected workers, to the unions, to the women's and human rights groups and to the employers themselves.

We wanted to run as close to the Parliamentary select committee process as we could but doing it from the outside. We had nearly 1400 substantive submissions and 30 hours of hearings.



NZNO members at the 2026 annual conference in Rotorua.

There were many emotional, surprising and profound moments as we listened to submitters. Workers talked about the despair they felt when a claim they'd been working on, sometimes for years, was tossed out that one night; and of how the undervaluation they already felt — inherent in any pay equity claim — was now intensified by the blatant contempt in which the country's Government now held them. Over and over again, workers told us how it affected them personally.

‘All just in a 10 minute Parliament speech without a blink of emotion in her eyes.’

We heard many contributions from organisers and individuals in nursing and the health sector — not surprising given the number of claims from the sector that were cancelled overnight: in aged care, primary care, community care, hospices, Plunket and elsewhere.

So much of what we were listening to made us deeply angry, and so many times we were almost, if not completely, reduced to tears.

Looking back at the quality, intensity and integrity of the submissions people made, the process felt as serious and as worthy as any of those I ever took on the select committees I went through while actually being in Parliament.



Former Workplace Relations and Safety Minister Brooke van Velden with ACT leader David Seymour in March 2026. Photo: Stuff Digital

It was an example of a different kind of democracy. Of not only listening respectfully to the voices of people who make submissions at a time when the Government refused to hear those voices, but also of working together with women from other political parties, from very different personal and political backgrounds, to achieve common goals.

The committee finished in February this year *with the launch* of a major *report* in Pōneke. It’s fully researched and contains much information and useful recommendations.

The project was part of a wider response to the ripping-away of pay equity but I think it did help with creating a sense of energy as we go into this year's election.

I'm not here to politically campaign for any party, but speaking from the pay equity perspective, I'd like to make it clear who is to blame for what's happened: for this massive attack on workers and on women after decades of fighting for change.



The audience in action at the 2026 annual conference and AGM in Rotorua.

The parties and the people within them that are responsible are not just van Velden and ACT but also National and New Zealand First. We can't forget that. No-one from those three parties or their representatives should be let of the hook for the damage they've done: The damage that disproportionately impacts Māori and Pasifika and those that Māori and Pasifika workers serve every day in the health and disability sectors in our communities.

I think the most critical political question we face at the moment, should Labour play a leading role in the next Government, is the extent they will reinstate cancelled claims. The Greens strongly advocate for restoring and extending pay equity provisions, and Te Pāti Māori has been highly critical of last year's changes — not surprising given the disproportionate impact this had on Māori and Pacific workers.

> **'There were many emotional, surprising and profound moments as we listened to submitters.'**

The people's select committee took the position that it may well be more important to get a new Government to move quickly with the reversal of the 2025 amendments and the reinstatement of the 2020 Act with something very close to it, than spend a lot of time on approving tweaks.



Pay equity supporters making a stand outside the High Court in Wellington as a case begins in August against the gutting of pay equity.

If they go for a full overhaul you start having an excuse for a full review. If you have any experience with reviews, the Government can use them to put off doing anything. Reviews can come later.

We've had many decades of struggle for workers' and women's rights ripped away from us, the time to reverse it is now.

Kia kaha, kia manawanui, kia mau.

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NEW ZEALAND NURSES ORGANISATION
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OPINION

White Man, White Coat, and Stethoscope

By Neta Kerepeti

October 7, 2026

Content Warning: The following poem contains descriptions of sexual abuse.

Abuse survivor and advocate Neta Kerepeti shared this poem about her experiences at the 2026 NZNO conference where she was a speaker. She also called on nurses to speak up if they suspected abuse.



White man, white coat, and stethoscope, sitting on a stool.
It's late in the afternoon, I've come straight from Primary School.

There's an abcess on my right thigh, it's red, hot, and sore.
He tells my social worker and the nurse to leave, they do, then he closes the exam room door.

White man, white coat, and stethoscope, sitting on a stool.

Everything off from the waist down Neta.
Wait for further instruction.
Turn around, don't look at me.
Wait for further instruction.

There's a mirror opposite so I can see, but it's more for him, it's not for me.
His zip is down, his penis is free.
I wait for further instruction.

Stand up straight Neta, feet apart.
Are you crying? Don't you start!
Bend over now, that's the girl.
Put your nose to your knees.
How does that feel?

White man, white coat, and stethoscope, sitting on a stool.
I'm nine years old.

See also: ***Overwhelming sense of betrayal***

Need help? Sexual harm support services can be found here (https://sexualviolence.victimsinfo.govt.nz/en/useful-links/).

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NEW ZEALAND NURSES ORGANISATION
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OPINION

Just under my skin

By Maria Tutahi

October 1, 2026

At NZNO's conference recently, Waikato nurse Maria Tutahi shared a poem she wrote about unveiling her spiritual mask at a time when wearing physical masks was mandatory.



Waikato nurse and NZNO member Maria Tutahi describes how it feels to have a moko kauae.

There was a time when we all wore a mask,
hiding our faces, hiding our past.
Behind N95s, our smiles could not show,
in a world of uncertainty, moving so slow.

Then on my birthday, a gift came to me,
a moko kauae — a part of me to see.
She rested on my chin, quiet and still,
a story of whakapapa, purpose and will.

But no one could see her, no one could know,
for the mask hid the beauty she wanted to show.
Yet she had always been part of my skin,
waiting for the moment to be let in.

She was there in my tūpuna, strong and wise,
in the stories and dreams that my whakapapa ties.
She was there in my whānau, my whenua, my name,
a connection to those from whom I came.

The world wore its masks, but mine came away,
and my moko revealed who I am today.
Not something new, not something to begin—
she had always been there, just under my skin.

Now when I look in the mirror and see,
I see my tūpuna standing with me.
I see my whakapapa, my whānau, my way,
the woman I am, becoming each day.

So ko wai au? Let the answer be clear:
I am Māori — my whakapapa is here.
I carry the past, the future within,
and proudly I stand— no longer hidden.

For the veil has lifted, the mask has gone,
and the woman beneath it has carried on.

She was always there.
She was always within.
My moko simply revealed
what was already under my skin.

Ake ake ake

- *He uri ahau o Tuhoe, Whakatohea, Te Atiawa me Ngati Mutunga hoki*
  Ko Maria Tutahi toku ingoa no au te Tiamana o Te Manawa Taki o Waikato.

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NEW ZEALAND NURSES ORGANISATION
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FEATURES

Survivors join diplomats to remember 53 nurses killed in the Christchurch quake

By Mary Longmore

October 23, 2026

Survivors and nurses joined dignitaries from China and Thailand at the opening of *Never Forgotten*— a poignant exhibit honouring 53 nurses from around the world who died in Christchurch's 6.3 magnitude earthquake on February 22, 2011.



Christchurch nurses Janine Randle, Terry Mclaughlin and Viv Jones at the Nurses Memorial Chapel, where a stained glass window will eventually be added to remember 53 nurses who died. They are standing in front of an image of Hester McLean, who founded Kaitiaki and the NZ Nurses' Association -- NZNO's predecessor.

Families, community groups and dignitaries gathered at the Nurses' Memorial Chapel, by Christchurch Hospital, to remember the nurses, many of whom were studying English in the CTV building as they prepared to work in New Zealand.

> **'It's because I've spent so much time with nurses, who helped me, so I wanted to pay tribute to them.'**

The 53 nurses came from eight countries: 16 from China, 13 from Japan, 11 from the Phillipines, six from Thailand, four from New Zealand and one each from Canada, Ireland and Taiwan. Fifty died after the six-storey building collapsed; two were visitors, who died in the streets — and one, Eoin (Owen) McKenna, a Christchurch Hospital duty nurse manager, when his car was crushed. Their photos and life stories are on display at the chapel until October 25.

One exhibit attendee was Kate Barron, who survived being crushed for five hours when the Pyne Gould Corporation building she worked in collapsed. Eventually, she was rescued but in a critical condition. Later, in hospital, she had both legs amputated.

Barron, a member of the Quake Families Trust, told *Kaitiaki* she came out of respect for nurses, who cared for her and supported her recovery during 10 months in hospital, much of it in the Burwood spinal unit.

"It's because I've spent so much time with nurses, who helped me, so I wanted to pay tribute to them."



Christchurch earthquake survivor Kate Barron attended the exhibit opening honouring 53 nurses who died in the catastrophic 2011 quake.

Speaking at the opening, Christchurch Hospital chief nurse Becky Hickmott — who worked through the quake — said it was an "awful situation that so many nurses lost their lives in one fell swoop.

"The enduring legacy we are left with now is to ensure we always remember and carry those people in our hearts."

Hickmott paid tribute all nurses for their contribution, including internationally-qualified nurses (IQNs).

"We have a significant reliance on overseas nurses to make our health system run — and we had a number of people who were representatives of overseas countries during that day in the CTV building."



NZNO leaders and members joined local community members at the exhibit opening, left to right: RN Viv Jones, NZNO delegates Naomi Waipouri and Vanessa Cole, chapel convenor Nannette Ainge (rear), RN Terry McLaughlin (front), NZNO chief executive Paul Goulter, NZNO Canterbury-Waitaha chair Ruth Te Rangi, RNs Janine Randle and Beth Wynn-Williams, NZNO kaiwhakahaere Kerri Nuku and president Anne Daniels.

Nursing was tireless, often thankless and tough going at times "but we also know it's one of the most meaningful jobs".

> **'Without his time and energy we would never have known the number of nurses we lost that day.'**

Nurses Memorial Chapel Trust chair Robyn Bisset said the chapel had been built in 1927, in memory of three Christchurch nurses who lost their lives when the British ship, Marquette, was torpedoed in 1915. Altogether, 10 South Island nurses were lost in the Marquette attack.

"They, too, were a long way from home," she said.



Nurses Memorial Chapel Trust chair Robyn Bisset with Thai consul Wantana Royds, who presented a bouquet in memory of the six nurses from Thailand who died in the earthquake.

"This chapel is a refuge, a sanctuary, a place of calm and quiet that welcomes you in to rest a while."

Bisset also paid tribute to chapel convenor Nanette Ainge, who spent "many hours" preparing the exhibition after reading about long-time NZNO member and delegate Janine Randle who makes and lays a wreath for the nurses who died in the quake every year.

Bisset also acknowledged registered nurse (RN) Terry McLaughlin, who received calls from families overseas seeking news of their loved ones while working in an administrative role at the hospital due to an injury. He went on to work out 53 nurses had died — a quarter of the 185 who died in the quake.

"Without his time and energy we would never have known the number of nurses we lost that day."

Christchurch mayor Phil Mauger said the community would now carry on the memory of the nurses who had died, and their commitment to caring for others.



Christchurch Hospital chief nurse Becky Hickmott remembers working the day of the quake, as Chinese representatives and mayor Phil Mauger look on.

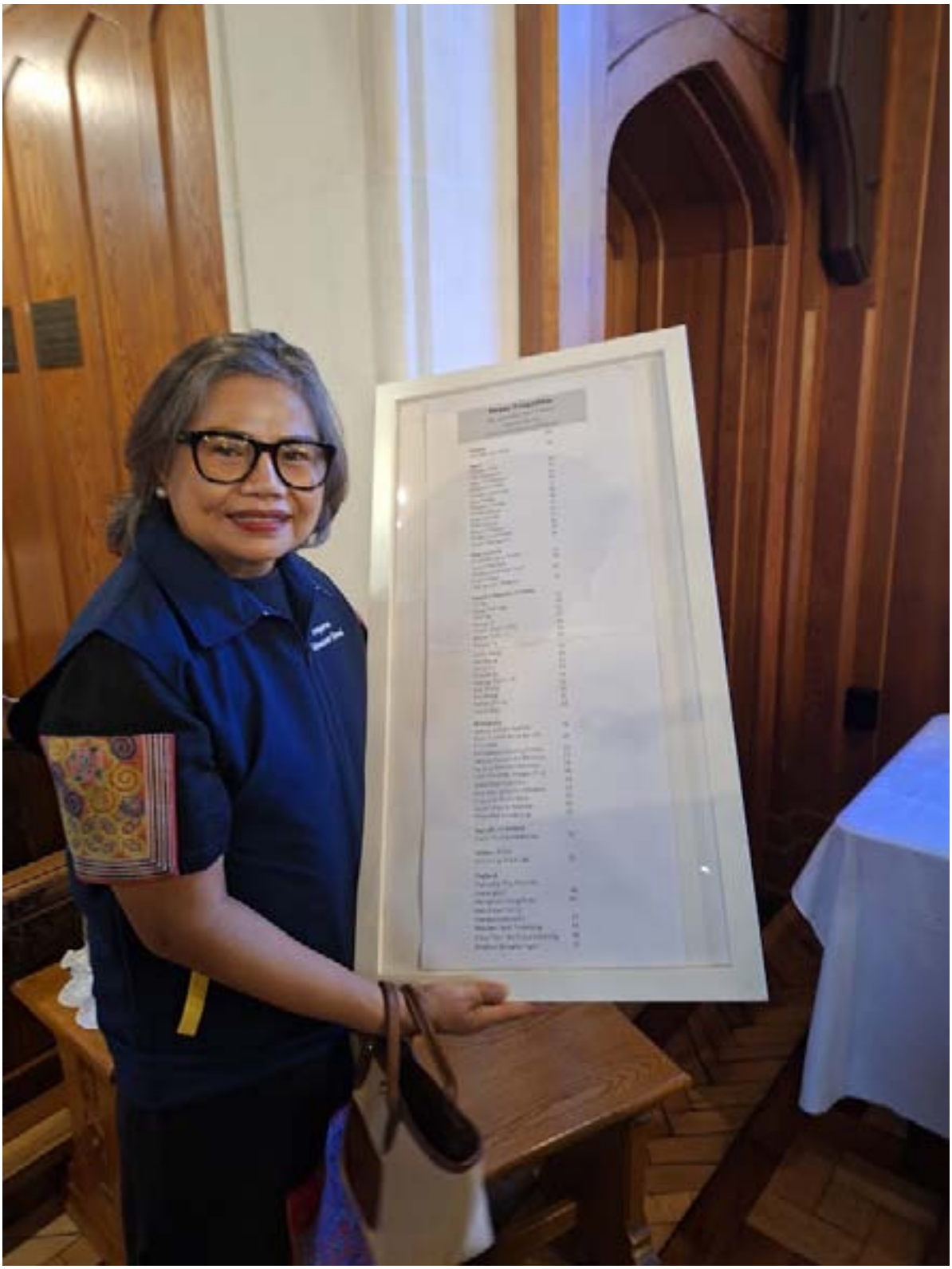
Thai consul Wantana Royds said it was important to remember those who had died.

President of the Nurses Memorial Chapel friends society, Stephanie Cooke, read a letter from the Japanese Government acknowledging the memorial and shared experience of devastating earthquakes.

Representatives of local mana whenua, Ngāi Tūāhuriri, opened the exhibit, welcoming survivors and families.

The exhibition, *Never Forgotten*, opened on October 21 and runs daily from 12-4pm until October 25.

A full list of names of those who died can be found here.



Thailand consul Wantana Royds holds the list of 53 nurses who died on February 22, 2011.

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NEW ZEALAND NURSES ORGANISATION
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FEATURES

‘I don’t like to be silenced’: NZNO’s new student leaders reveal what drives them

By Mary Longmore

October 16, 2026

Connected by a desire to care for others and push for change, NZNO’s newest student leaders are not afraid to speak up.



Class of 2027, left to right: Te Rūnanga Tauira (TRT) vice chair Kamaea Morris; TRT chair Josh Lang, national student chair Katie Lumsden and vice-chair Catie Lattimore.

Katie Lumsden is national student chair (and co-leader with Te Rūnanga Tauira chair under NZNO's bicultural leadership model).

A first-year student at Nelson/Marlborough Institute of Technology, Lumsden worked in primary health for 10 years, as a health-care assistant and health coach before taking the leap into nursing.

> **'I feel like nursing has always been a part of me but it was a long time coming.'**

Lumsden had always wanted to be a nurse, and colleagues, friends and family all encouraged her. But it was the sharp rise in mental health issues after the COVID pandemic that gave her the final push, so she could do more to help people experiencing distress.

"I'd always been drawn to health care — I love people and I love caring for people," Lumsden said. "I feel like nursing has always been a part of me but it was a long time coming."

And on stepping into leadership as a first-year student?

"During my time in health care, I have seen a lot of people not having their voices heard and feeling like they're fighting an endless battle to be heard and understood," Lumsden said. "I want to help be that voice for student nurses."



Some of NZNO's students and other members, photographed at NZNO's conference recently.

Josh Lang (Tapuika, Te Arawa) is chair of Te Rūnanga Tauira, which represents Māori students, and national student co-leader.

A second-year student at Ara Institute of Technology in Ōtautahi — Christchurch, Lang turned his back on the business world for nursing.

In his 20s, Lang was working in a "demanding" corporate space in Tauranga before taking time off to care for his mother after she was diagnosed with lung cancer, on top of diabetes and heart problems.

> **'I didn't know anything about palliative care or nursing – but it just became a lightbulb moment.'**

"It felt more purposeful than what I was doing at the time, which was all about KPIs and deadlines," said Lang who was working in the kiwifruit industry.

His mum recovered but in 2022 the cancer returned and end-of-life care was needed.

"I just was keeping her comfortable and giving her the best life she could have," said Lang, the youngest of 16 siblings.

"I didn't know anything about palliative care or nursing — but it just became a lightbulb moment and I wanted to switch my career."

After she died in early 2024, Lang met his current partner and ended up moving to Ōtautahi to be with him. With his encouragement, and trusting his instincts, he enrolled on Ara's bachelor of nursing — while also putting up his hand up to become a NZNO student representative on campus.



Josh with his late mum Rosamund Irene Lang.

In his new student co-leadership role, Lang is driven by a passion to improve Māori health inequities: "I think nurses can be role models in that space."

He will be also be advocating for ākonga Māori and growing the Māori nursing workforce beyond the seven per cent it's been stuck on for more than a decade. "In my lifetime, I want to see it surpass 18 per cent."

And within the NZNO student rōpū, Lang wants to grow kotahitanga — unity — to support a truly bicultural national student unit.

Kamaea Morris (Ngati Porou) is Te Rūnanga Tauira vice-chair.

Morris is a second-year nursing and health sciences student at Eastern Institute of Technology in Te Matau a Māui — Hawke's Bay, where she mostly grew up.

Just a toddler when both her parents passed away, Morris was raised by whānau in the Hawke's Bay area, attending kohanga reo.



Te Rūnanga Tauira vice-chair Kamaea Morris with her paraikete whero (red blanket) – part of a growing movement where wāhine Māori hand-stitch personal stories, whakapapa and acts of resistance onto red woollen blankets. It features her marae, Hinerupe, in the remote East Coast settlement of Te Araroa and significant dates in her life so far.

She was just four years old when her kuia, with whom she was living, got Alzheimer's disease and Morris began helping look after her until she had to go into care.

At seven, she had moved to Australia with whānau before coming back to live in Tāmaki Makaurau — Auckland, before heading back to Hawke's Bay.

> **'There isn't that much kawa whakaruruhau – I would like that to change.'**

Nursing beckoned as she "wanted to do something with people". But it was it was only thanks to the support and encouragement of previous Te Rūnanga Tauira leaders and members in her region, that Morris felt able to step into her new vice-chair role. "I would never have gone for leadership, otherwise."

As well as bringing NZNO's national student unit closer together, Morris wants to see Te Tiriti-led approach to cultural safety, kawa whakaruruhau, properly brought to life across nursing schools and on clinical placement.

“There isn’t that much of it — I would like that to change.”

Catie Lattimore is national student vice chair.

A second-year nursing student at Massey University in Palmerston North, Lattimore was drawn to nursing after seeing her mother experience several health issues.

The support both she and Lattimore got from nurses sealed her own desire to change lives.

“I have seen first-hand how nurses changed how she lived — they were so impactful, it changed all our lives and it’s really grown from that.”

Later, during her own mental health struggles, Lattimore said nurses stepped up again, “getting me to where I am today”.

She hopes to eventually work in community nursing, where she can build relationships and provide continuity of care.



Catie Lattimore with her mum, Sarah.

Lattimore said she had seen what former leaders, Poihaere Whare, Siarra Marsh, Dawn Blyth and Floyd Watson, had achieved speaking out for students — and wanted to keep up the momentum.



Class of 2026/27: New student leaders Josh Lang, Kamaea Morris, Catie Lattimore and Katie Lumsden at NZNO's conference in September.

"I want to continue what they started and make sure our voices are still heard," she said. "They might try to silence us — but I hate being silenced."

Both Lattimore and Lumsden would love to see more financial support for nursing students, about a third of whom drop out, especially while on clinical placement.

> **'I have seen first-hand how nurses changed how she lived . . . it changed all our lives.'**

A wider range of placements was also needed, so students didn't have to travel so far. Current fuel costs meant some were paying hundreds of dollars each week, travelling long distances to placements — forcing some to sleep in their cars.

"We want to hold the Government, and our university and polytechs accountable — If they're offering this degree, why aren't they supporting us through it?"

See also: ***Back to the future — 'terrible' order to cap nursing student numbers comes under fire***

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NEW ZEALAND NURSES ORGANISATION
Kaitiaki NURSING NEW ZEALAND

FEATURES

‘I won’t give up’, says enrolled nurse graduate working on building site

By Mary Longmore

October 10, 2026

Enrolled nurse graduates are working as bartenders, baristas and builders in Taranaki because of a lack of nursing jobs — and ‘outdated attitudes’ about what ENs can do.



Taranaki enrolled nurse graduate Shelley Slater working on a building site, having temporarily abandoned the hunt for nursing work. Supplied.

After roughly a dozen rebuffs, newly-graduated Taranaki enrolled nurse (EN) Shelley Slater is 'taking a break' from applying for nursing jobs and buckling on a toolbelt instead.

"I've got a fabulous husband and been working on a building site with him and I've painted two houses. I just roll on," she tells *Kaitiaki* five months after graduating.

Other ENs are working as bartenders or health-care assistants — or have left the region in search of nursing work.

"It's been hard. I just had to put it on the back blocks. I just couldn't face writing another cover letter — it's making me ill," said Slater, who is based in Hāwera.

Slater decided to retrain as a nurse in her 50s, after 30 years working as a trained artist.

"I was just tired and thought 'there must be something else I can do the rest of my existence'."

Less than half EN graduates taken on by HNZ

NZNO's enrolled nurse section (ENS) said it was good to see more EN graduates were being employed, but there was a long way to go — particularly in regions like Taranaki.

Latest figures show 92 out of 201 EN graduates have found work at HNZ so far this year — 46 per cent.

Another 60 have joined the ACE (advanced choice of practice) job-matching pool. With 149 EN graduates from 2025 already in the pool, that brings the total number in the pool seeking nursing work to 209.

While this was progress on the 29 hired in August, more work was needed, ENS committee member Glenda Huston said.

"It would be great to see them employed in all sectors, enabling us to practice to our full scope."

She signed up to WITT (Western Institute of Technology Taranaki)'s 18-month EN programme, and absolutely loved it — even though colleagues on placement seemed confused about the EN role.

"The HCAs would bail me up over the bed and say 'what are you doing this for, we can do your job'. You're like the middle child, a bit," she said.

'We're quite capable of having our own patients, patient load and responsibilities.'

"We were told that it's about team environments. But it's all quite a singular mindset — this is an RN, this is an HCA and somewhere in the middle, maybe, an EN. It's seen as a grey area and I just felt like a little shadow."

The registered nurses (RNs), however, were mostly "pretty cool", with many starting out as ENs.

Slater loved the training but was shocked to find there were hardly any jobs out there.

"You scroll through the careers platform and it's all just RN, RN." she said. "There are no EN roles advertised in Taranaki. None. People just don't want to know."



Some of Shelley Slater's abstract expressionist art, which can be found on her Instagram page Napier Street Studio Opunake.

Over the past five months, she had gone through a lot of emotions.

"You think you're doing a good thing and it turns out, not so much. It's not met with warmth, put it that way. And it wasn't even met with warmth on placement."

Others from her cohort are working in health, but not as nurses. Just five or six out of 18 had so far found EN work — one at Taranaki Base Hospital, another at local iwi provider Ngāti Ruanui Health and others in aged care. One graduate had moved to Dunedin for a job.

> **'I've got a fabulous husband and been working on a building site with him and I've painted two houses – I just roll on.'**

Despite that, Slater says she's optimistic about the future — or trying to be.

"I love being a nurse and I'm keeping myself up-to-date with first aid and keeping fit and well."

'Where are the jobs?'

Another WITT graduate from 2024, Samantha Hoogeboom, said only six out of her 24 classmates got EN jobs after graduating, which was "frustrating".

"We got told at the start by Te Whatu Ora, 'don't worry, you'll all get jobs' . . . but a lot of my classmates never did."

Hoogeboom was one of the lucky ones, scoring a year's maternity cover at Taranaki Base Hospital while others worked as HCAs or baristas. But since that finished, she's only had casual hospital HCA work.

“It’s just really heart-breaking. I’m in my mid-20s but for younger people just coming out of high school, it’s really tough and causes a lot of financial pressure.”

> **‘Why are we giving false hope to students and pushing them through education when there are no jobs for them?’**

Both WITT and HNZ had failed ENs, she believed.

“Why are we giving false hope to students and pushing them through education when there are no jobs for them?”

And when she was working as an EN, she was still expected to practice under others’ direction — which did not reflect their new scope.



Chief national nurse Nadine Gray says HNZ is waiting for Nursing Council guidelines on the EN role.

“It’s a bit frustrating, as when I was on the stroke unit, I was taking patient load, I was running a night shift, I had 12 patients, I was IV trained. It’s just really disappointing.”

WITT’s head of nursing Helen Lelean said the school’s own tracking suggested “the majority” of EN graduates had found nursing work in a range of areas locally since the diploma began in 2024. These included rehabilitation, inpatient mental health, aged care, theatre nursing community child health, primary health and the elderly abuse community team. Others had left the region, gone overseas or enrolled in a bachelor of nursing.

However, WITT could not provide any figures to back this up.

Te Whatu Ora-Health NZ (HNZ) confirmed to *Kaitiaki* it has employed just three ENs in Taranaki this year, bringing to 16 the total number of EN employees in the region — including fixed-term and casual.

Outdated views?

Taranaki EN Glenda Huston blamed “outdated views” about the EN role, nearly two years after a new scope meant ENs no longer needed RN supervision for the likes of assessments, planning and implementing care and taking on leadership roles within a health-care team.

“They believe that enrolled nurses should be team nursing — but we don’t do team nursing in Taranaki and the [new] scope says that we don’t have to do team nursing,” Huston said.



Glenda Huston, second from right, with the NZNO enrolled nurse section committee.

"We're quite capable of having our own patients, patient load and responsibilities."

Huston had been an EN for 36 years, but still wasn't allowed to care for patients in the medical ward without supervision — despite being able to under the current scope.

> **'We want them to be aware of the advantages to them as employers in having ENs as a key part of of health care provision.'**

'More education needed' – WITT, HNZ

Lelean said the school had been working with local health services to raise awareness of the specific skills ENs offered — but more effort was needed to "grow understanding" of their value.

"We want them to be aware of the advantages to them as employers in having ENs as a key part of of health care provision."

In aged care especially, education was needed alongside policy changes to allow ENs to work onsite without an RN, she said.

Acting Taranaki chief nurse Diana Fergusson said ENs were employed in a range of areas, including mental health and operating theatres — but acknowledged they could be used more widely.



Taranaki acting chief nurse Diana Fergusson

"We are continuing to consider how enrolled nurses can contribute across a wider range of services as workforce models evolve and in line with the Nursing Council's current scope of practice," she told *Kaitiaki.*



Association of Aged Care chief executive Tracey Martin at NZNO's conference recently where she called for better funding.

Chief nurse Nadine Gray has also acknowledged more work was needed nationally to support ENs being employed and working to their fullest scope.

HNZ was now waiting for Nursing Council guidance, currently being worked up in consultation with NZNO's enrolled nurse section, she said.

However, NZ Aged Care Association (ACA) chief executive Tracey Martin said HNZ denied its efforts to include ENs' new scope in the latest funding deal — despite promising it would.

ACA — which represents almost all the country's 37,000 aged residential care providers — was was "very supportive" of ENs' new scope and lobbied hard for it to be recognised in the ACA-HNZ 2026/27 aged residential care provider agreement.

But this had not been successful. Martin said conversations were ongoing amid "differing views" about how far and fast the EN scope should be adopted within aged care.

She also agreed more education would help individual providers understand the role ENs could play in aged care today.

See also: If we have enrolled nurses, why aren't we letting them nurse?

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FEATURES

‘We weren’t classmates, we were whānau’: Matariki nursing grads celebrate at marae

By Joel Maxwell

October 9, 2026

It still brings tears to Jeanette Grace’s eyes.



The 2026 bachelor of nursing Matariki cohort graduates with, in front in chairs, left to right, Miri Luke, Wirangi Luke, Leanne Ivil and dean of Te Wānanga Māori, Jeanette Grace.

Sometimes the challenges seemed insurmountable, but they stuck at it anyway.

The first cohort of a Māori nursing degree hosted and initiated by Hutt mana whenua Te Rūnanganui o Te Āti Awa, geared to allow students to work while they studied, has graduated.

Bachelor of nursing Māori Matariki cohort students walked through the gates of Waiwhetū marae in September to celebrate their achievement.

Jeanette Grace, dean of Te Wānanga Māori school at Whitireia, said she felt pure joy seeing this cohort come through.



Graduate speaker, Rongomai Luke-Royal.

"All of them have had a great degree of life to manage while they've studied. Sometimes it's seemed like the odds have been insurmountable and they've just stuck at it."

Back at the start of the course when the students first arrived at Waiwhetū, even Grace was surprised to see every single student's name and iwi flashing up on a big screen at the end of the wharenui — an unexpected welcome by the home iwi. Grace had only finished the last interviews for students a few days earlier.

This was the pōwhiri welcoming the students to a course that would change their lives.

"It brings tears to my eyes thinking about it," says Grace.

The 20-strong degree cohort, aged 18 to 63, finished with 14 graduates. "It was a very diverse range of ages, a very diverse group of learners. The majority of them hadn't done tertiary study, certainly at this level."

The course mixed online learning with in-person classes in iwi facilities. Older students in particular had to face challenges of finding their confidence — "they were full of hope, and full of fear", Grace said.

But every Matariki graduate's success was a gift for health in general. "Any Māori nurse that goes out who's comfortable in te ao Māori — they bring to the space that they go into an ability to see problems differently, to see the environment differently, to see the opportunities differently."

The degree, Grace said, was "absolutely life changing", and when she thought about it, the success of the ākonga would change the lives of others not even in the course.

Graduate speaker, Rongomai Luke-Royal had herself gone to the kōhanga reo and the kura kaupapa Māori school attached to the marae, Grace said. "All the rangatahi . . . saw that girl that had been to their school, listened to her, saw what she'd achieved, that's powerful for helping them to see what's possible for them."



Matariki cohort graduates arrive at Waiwhetū marae.

Luke-Royal told *Kaitiaki* that graduating as part of the first cohort was "honestly something really special".

"We weren't just studying to become nurses — we were learning in an environment that connected us to our whakapapa, our culture, our whānau and our community."

She said being based in a marae environment gave ākonga a real sense of belonging. It was somewhere they could learn, ask questions, challenge themselves, "and also be ourselves".

"Some of the friendships we made will be lifelong. We weren't just classmates — we became a whānau, and I think that support is a big part of what helped us get across the finish line."



Whitireia and WelTec operations lead Leanne Ivil and Rongomai Luke-Royal at the graduation.

Luke-Royal said while studying for the degree she was working full-time as a health-care assistant, alongside completing a Te Mahi Awhina Tuatahi qualification for upskilling in that profession.

Meanwhile, in the midst of her degree she was announced in the squad for the White Sox, the national women's softball team, in 2024.

There was a lot happening outside of study, she said, like her sports — as a player and coach — but there was also kapa haka too.

> **'We were learning in an environment that connected us to our whakapapa, our culture, our whānau and our community.'**

In her final year she joined new regional group Te Kapa Haka o Pukeatua, which became another "huge commitment" alongside work, study and sport.

"We had weekend wānanga, rehearsals and even spent time making our own piupiu. It was a really special experience, but it definitely required a lot of time and dedication."



Graduate speaker Rongomai Luke-Royal

Luke-Royal wrapped her last day of clinical placement on a Friday, and the next day was standing onstage at TSB Arena with the group at the regional finals. They ended up winning and qualifying for Te Matatini o Ngā Taniwha 2027, "which was an incredible way to finish that chapter".

"For Māori patients and whānau, having someone who understands the importance of things like whakapapa, tikanga, whānau involvement and whakawhanaungatanga can make a real difference to how comfortable and safe they feel within the health system."

> **'Some of the friendships we made will be lifelong. We weren't just classmates – we became a whānau.'**

Looking back, she said managing all her commitments was great preparation for nursing. "It taught me resilience, time management, discipline and, probably most importantly, that it's okay to ask for support."

Jeanette Grace, meanwhile, said even though some of the students had stepped out of study in the first cohort, two would be coming back next year, and "will finish the journey".

"Because we're quite understanding that sometimes life is such that they have to hold off, but the pathway is always there for them to come back."

'It's collaboration, and support'

NZNO kaiwhakahaere Kerri Nuku said developing the Māori workforce in nursing was important.

“Māori patients who are sick and in a vulnerable or compromised position often seek out that other Māori face. The value they bring to the workforce is immeasurable.”

Degrees like the Matariki cohort with iwi support gave added value to the the students.

“It sends a really strong message to the ākonga that they’ve got the support, the korowai of the iwi that they’re working within.”

Nuku said initiatives like this supported training and learning in the best way for Māori — collaboratively. Many Māori tauira had told her previously that they felt isolated in the system.



Kaiwhakahaere Kerri Nuku

“The difference that holds these programmes apart from others is that students are encouraged to work together. It doesn’t set up that competitive model – it’s about supporting each other because they know the issues we have at the moment are bigger than just an individual passing.”

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FEATURES

Selling out health: One in four GP clinics in NZ now corporate-owned

By Joel Maxwell

October 8, 2026



Corporations "buying up clinics everywhere", private health 'cream-skimming' and hidden debt for tax payers were revealed by NZNO senior strategic researcher Nathalie Jaques at this year's annual conference.



NZNO senior strategic researcher Nathalie Jaques has warned of the increasing privatisation of primary care. (Image created by Kaitiaki)

In a presentation revealing the troubling extent of privatisation in health, Jaques warned we were paying more, getting less, and losing accountability over our own public system.

"Ownership matters. It matters for patients, it matters for workers, it matters for Aotearoa."

Privatisation, Jaques said, was about taking otherwise public care and pushing it into the private sector.

New Zealand's free, universal, cradle-to-the-grave health care started in 1938 but thanks to lobbying at the time by the British Medical Association, primary care was not included.

General practice doctors could keep charging patients fees — and in 1941 the Government introduced a system that allowed doctors to receive government funding on top (via capitation).

"It's this first and foundational privatisation of primary care that's paved the way for barriers to access, prevention and early intervention in health issues and inequities in health outcomes ever since."



NZNO senior strategic researcher Nathalie Jaques speaks at the 2026 annual conference held in Rotorua.

Now, as part of a more dangerous wave of privatisation in the sector, private equity funds were "buying up clinics everywhere".

Private equity is an investor class that buys, grows, then flips businesses for profit. They brought a "profit-seeking, revenue-seeking" behaviour into health care, she said.

Big health, big business

Nathalie Jaques: In June, Tend Health agreed to buy Green Cross Health's The Doctors' network for $270 million. Green Cross comprised 65 clinics and 400,000 enrolled patients, so this increased the Tend network to 90-plus clinics at around 10 per cent of the enrolled population, making it the largest provider in the country.

Jaques said corporate ownership in general practice had risen sharply. "In 2022 it accounted for 14 per cent of all GP clinics in Aotearoa, and in 2026 it has increased to 25 per cent: so one in four clinics is corporately owned."

Debt, meanwhile, was another problem that emerged from this private equity investment.



NZNO members wrapping the 2026 conference with a call for change

In March, US private equity giant TPG bought Tāmaki Health's 51 GP and urgent care clinics across the country — with more than 350,000 enrolled patients — for $450m.

Given the legal advice TPG received at the time, it was likely this deal was done through a "leveraged buy-out" said Jaques: borrowing against the assets of the company being bought, not the buyer.

The purchased company then pays off the debt through its cash flow and assets.

> **'Why would you expect creditors or asset managers in Australia or America to care about householders in Aotearoa? They don't.'**

Jaques said even with a conservative estimate of the borrowing, Tāmaki Health would be paying about $22m annually to service the debt. Even if the patient catchment was drawing the maximum subsidy, "this still means that roughly one-third of total annual capitation, of public money, could be consumed by interest payments".

So privatising Government services didn't get rid of debt — it just shuffled it to the private sector, where public money ended up servicing large chunks of "opaque debt".



There were plenty of speakers on the floor at the annual conference.

"Servicing expensive debt mountains and money flowing out in dividends to share holders means obviously they are not putting money back into services."

The Government was handing over essential services to people and companies that had no interest in New Zealand, Jaques said. "Why would you expect creditors or asset managers in Australia or America to care about householders in Aotearoa? They don't."

Elective outsourcing

Jaques said publicly-funded, privately-delivered elective surgical procedures (outsourcing) had more than doubled in the past six years: from one in every 10, to one in every five procedures.

Despite what Health Minister Simeon Brown said, this outsourcing was not simply "gap filling". It was not, Jaques said, tiding the system over during temporary shortfalls, while New Zealand grew the workforce and capacity within the system.

The proportion of procedures outsourced to private hospitals in the last year:

- One in four ear, nose and throat procedures.
- One in five gastroenterology procedures.
- One in three orthopaedic surgeries.
- Almost half, 43 per cent, of all ophthalmology procedures.

"This shows large swathes of publicly-funded surgery being transferred to the private sector by deliberate but undisclosed policy design."

Te Whatu Ora-Health NZ's (HNZ) budget to outsource elective surgeries, for the fiscal year, was $942m, Jaques said. There had been legislative amendments "to make it an objective and function" of HNZ to work with private health-care providers.

These contracts extracted money and people out of the public system, Jaques said. New doctors didn't just magically appear providing elective surgeries in private hospitals.



NZNO kaiwhakahaere Kerri Nuku and president Anne Daniels.

At the same time, Brown was telling HNZ to look at 10-year contracting arrangements for private providers, while public budgeting was getting crunched from three-yearly cycles to one-year cycles.

"So the the public health system finds out how much funding it has on a yearly basis, but private hospitals can have 10-year contracts with surety of funding."

Also, outsourcing surgeries was simply more expensive.

Jaques said between 2019 and 2024, surgery costs for the same surgeries increased by 23 per cent in private hospitals, in contrast to only 14.6 per cent in public hospitals. Nevertheless, during that same period, the likes of ACC's spending on surgeries in private hospitals increased by 44.2 per cent.

Meanwhile, surgical outsourcing often led to what was called "cream skimming", where private providers choose patients with less severe and less risky conditions — leaving complex and expensive cases to the public system, Jaques said.



Money is the main goal of private health — not public good.

"Or when there's complications or follow-up acute care for people receiving private surgery they dump them back into the public system too."

Outsourcing meant the public was losing accountability over the health system; for the tax payer in general, and for Māori in particular.

The way treatment was provided was often not equitable or timely, and people waiting longer were disproportionately in rural areas, those who experience social deprivation, Māori, Pacific peoples and tāngata whaikaha. "Outsourcing bakes in these inequities."

Honouring Te Tiriti

Nathalie Jaques: Health and wellbeing are inextricably linked to rights and protections under Te Tiriti o Waitangi. Article 2 guarantees Māori tino rangatiratanga or self determination over treasured things like hauora, and article 3 guarantees Māori the same rights and privileges as non-Māori, like the right to equal health outcomes.

There were 22 private hospitals in the wider Auckland district, Jaques said, but there was just one in Tairāwhiti district (centered around Gisborne).

Private hospitals fell outside the the bounds of the Official Information Act, and the "commercially-sensitive" nature of financial information meant made it difficult to get answers on cost effectiveness, or transparency on how public money was connected to care delivery, she said.

Some things belong to everyone, said Jaques. And New Zealanders "lose so much" when they don't have public assets and services. "We lose more than just the assets themselves, we lose that collective sense that we can actually solve problems together."

The changes weren't happening by accident, they were happening by design.

Having a broken public health system, and a devalued workforce "desperately trying to hold it together" was a political decision that the country did not need to keep making.

There are four main ownership models in Aotearoa

- State-owned and run public health services like the 86 Te Whatu Ora-owned and managed public hospitals.
- Private for-profit services. That included general practices but included "corporate actors" like Tend Health and private surgical hospitals.
- Not-for-profit community and NGO services. Like Plunket and Hospice, these were still "technically private" but they're not seeking to make a profit.
- Māori-owned health services. These were owned and governed by Māori — 285 health services across the motu.

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FEATURES

‘Overwhelming sense of betrayal’ – abuse survivors’ fight continues

By Mary Longmore

October 6, 2026



There was a devastated silence after abuse survivor Neta Kerepeti read her poem White man, White coat, and Stethoscope dissecting in excruciating detail how she was abused as a child in state care.



Survivors of state care abuse Keith Wiffin and Neta Kerepeti spoke at the recent NZNO conference.

A room full of nurses, health-care assistants (HCAs) and midwives, all likely to have witnessed plenty of trauma, had no words — just tears.

Kerepeti and fellow survivor Keith Wiffin shared their experiences with members — thanking NZNO for its sincere and "heartfelt" apology in March for the failings of nurses in not only turning a blind eye to abuse but participating.

Kerepeti said it was vital that nurses and health professionals speak up when abuse was suspected: "This is a direct call to nurses and clinicians as frontline witnesses, not bystanders."

In its apology, NZNO committed to:

- Embed trauma-informed and culturally-safe practice in nursing education and professional development.
- Advocate for a robust redress scheme that meets survivors needs.
- Protect whistleblowers and enforce transparency.
- Work with the Nursing Council to strengthen the nursing code of conduct to ensure the safety of children in care.

See NZNO's full apology video here.

“We were very moved — it meant a hell of a lot to us” Wiffin told members at the conference. “You set the tone and set the example.”

The support “means so much to us as this, at times, has been a lonely fight”.

In contrast, he said, the Government’s attitude seemed to be about minimising liability. “As it stands, at the moment, we are still very much in the dark. Moving to the light has proved very difficult.”

> ‘We feel, at the moment, an overwhelming sense of betrayal.’



NZNO members gave survivors of abuse in care Keith Wiffin and Neta Kerepeti a standing ovation after their powerful kōrero.

Launching 2018’s Royal Commission of Inquiry on abuse in care had been a “brave and bold” move by Jacinda Ardern’s Labour-led Government which faced much resistance from senior officials, said Wiffin.

“But they stood their ground — stayed loyal to their commitment to survivors.”

After hearing from nearly 3000 survivors, the final report *Whanaketia (https://www.abuseincare.org.nz/reports/whanaketia) — Through pain and trauma, from darkness to light Whakairihia ki te tihi o Maungārongo,* released in 2024, found up to 200,000 children had been abused in state care between 1950 to 1999, some enduring torture, sterilisation and electric shock therapy. It made 233 recommendations, including 207 for the Crown.

> ‘That home I was in 50 years ago is still there – and is still experiencing horror stories.’

But two years on, only a third had been accepted, some only partially — and even fewer honoured, said Wiffin — who, with Kerepeti, fronts the Human Right Commission’s Honour the Promise (https://honourthepromise.co.nz/) initiative.

“We feel, at the moment, an overwhelming sense of betrayal,” said Wiffin, who went into care after his father died suddenly when he was just 11. There, he received electric shock treatment.

He said Prime Minister Christopher Luxon’s official 2024 apology “meant nothing” without the changes. Abuse of children in care would continue — and was continuing today — at “appalling” rates.

"That home I was in 50 years ago is still there — and is still experiencing horror stories."

'Punitive' policies

Meanwhile the Government, with its "ignorant, punitive attitude" was bringing in military-style boot camps and fostering racism with its stripping of Te Tiriti obligations — despite Māori experiencing some of the worst abuse in care.

Kerepeti said Māori and Pacific survivors experienced higher rates of abuse in a structurally-racist system which flowed into addiction, homelessness and incarceration.

Health and disability settings had been major abuse sites, causing lifelong harm to children. The institutions and the health professionals failed to protect those in their care, did not believe survivor reports of harm and handled complaints poorly — including professional bodies like the nursing and medical councils.



Survivor Neta Kerepeti shared some of her childhood abuse experiences at NZNO's conference.

Read also Neta Kerepeti's poem: White Man, White Coat, and Stethoscope (Warning – contains sexual abuse references).

What now?

Kerepeti laid out a clear path to a safer system of care:

- A national care safety strategy with oversight and checking of all care facilities.
- Mandatory reporting of abuse.
- Culturally-safe care, with investment in whānau, iwi and hapū to support them to care for their people, as part of a genuinely Tiriti-led approach.

- A requirement to believe and respond to abuse disclosure.

She thanked NZNO for its apology, which allowed healing to "take root and grow".

"To you whaea Kerri [Nuku], and to the mothers, grandmothers, fathers, grandfathers among you, the nurses, I say thank you."

Wiffin said after Scotland "flipped" its punitive approach to crime to make it a public health issue, the notoriously violent city of Glasgow's murder rate dropped from 148 a year to 38 — something New Zealand could learn from.



Neta Kerepeti (centre) and Keith Wiffin (right) went to Parliament with other mōrehu (survivors) in July to call on the Government to honour all 233 recommendations of the abuse inquiry report Whanaketia. They brought flowers picked from institutions where abuse occurred. Photo courtesy of Whakaata Māori, Te Ao Māori News.

Nuku responded by saying there was much work to do to ensure there were strong reporting systems for nurses and health workers.

"This is something real, that's happening now, so we take your challenge as an organisation and continue to progress our commitment to survivors of state-based abuse."

Background

The Royal Commission's website confirms 19 recommendations have so far been accepted, such as financial redress for former Lake Alice child patients; while "the intent" of another 38 have been accepted. Another 28 have been "partially" accepted — such as a puretumu torowhānui (holistic redress) system to compensate for cultural, racial and spiritual abuse as well as physical, mental and sexual.

Others — such as clemency for survivors convicted of crimes resulting from their abuse; or a police unit dedicated to investigating state care abuse — have been declined; while a complete overhaul of the care system is still being considered.

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FEATURES

Anatomy of victory – how North Shore ED members got their huge staffing win

By Joel Maxwell

October 1, 2026

There's a particular challenge in the night shift at the North Shore Hospital emergency department (ED) — pressure on nurses ratcheting up as the hours pass.



Instead of striking, North Shore ED nurses celebrated their staffing win this week, left to right: Premeena Menezes, Liane D'Souza, Jean Classey, Adriana Carlucci-Hercun and Shona Jose.

As NZNO delegate Adriana Carlucci-Hercun explains, staffing levels go down over the night — dropping at 11pm, and again at 3am, eventually leaving 12 nurses and one charge nurse to cope with "50, 60, 70" patients and a 30-bed capacity.

Against this backdrop of nursing burn-out and patient risk, NZNO members have scored a remarkable victory against understaffing at the hospital's ED.

Just days ahead of a planned ED strike, Te Whatu Ora-Health NZ (HNZ) agreed to the claims — approving the till-then undelivered 25 nursing FTE (including watches and leave) members were demanding.

Now delegates have shared the secrets with *Kaitiaki* of how to win big: unity, communication, and a reminder that nurses should no longer be satisfied with crumbs.

Carlucci-Hercun said the battle for safe staffing had been going on "forever" — but this really was the time for change. "The winter was extraordinarily horrendous, and our numbers were ridiculous, and it just wasn't safe for our patients anymore and we knew it. So we needed to do something."



Instead of a planned strike, this week North Shore Hospital ED staff and supporters were celebrating winning their safe staffing battle after HNZ agreed to employ another 25 full-time equivalent nurses.

The likes of the decreasing night-shift numbers left nurses "holding on for dear life", she said — a kind of pressure that left them absolutely exhausted at home because they gave everything at work. It wasn't uncommon for ED nurses — and probably nurses in general — to return from a hectic shift and realise they hadn't peed for the last 12 hours, she said.

Having the whole member team onboard was key to winning the victory. Communication between delegates and members was the gamechanger too, Carlucci-Hercun said. Plus they had the data showing that they were unsafe.

> **'It's a camaraderie but I think it just shows we're not going to accept the crumbs off the table anymore.'**

"This is for the nurses, but it's for the New Zealand public, we need to make them safe. It's not just the nurses burning out, the public need more nurses in their hospitals."

Delegate and clinical coach Jean Moor said she'd never seen the department and the staff so unified. "It's a camaraderie but I think it just shows we're not going to accept the crumbs off the table anymore. We're

going to fight for what's right – and this is what happens if you stand firm."



North Shore ED nurses Adriana Carlucci-Hercun, Jean Classey and Helen Wharehoka at Takapuna Memorial Hall today.

Moor said that common goal kept members pushing for what they needed — despite the likes of an initial staffing increase of nine FTE — less than half the number identified by CCDM (care capacity demand management).

"In the past nurses have accepted what they've been given, but I think now we've actually found a voice, and we're speaking out more for our patients and going 'no, enough is enough'."

Moor said the 25-FTE CCDM was based on last year's figures anyway — this year's demands would be even higher.

And how does she know? Moor completed an evening shift the previous day, and it felt like a "tsunami" coming through the doors.

The flu peak was on the wane, she said, but it was till extremely busy. "We've still got them all in the corridors, but we want to be able to give the best care we can to those patients, but you can't when you're running from one patient to the next."

Moor has worked in the North Shore ED through various iterations since 2001, with only a 10-month maternity break. Over that time the population has only grown bigger and older; along with increased patient acuity ("people are just getting sicker") and more services at the hospital.

Now she feels burnt out — especially after a night like the one before.

"It's like a rock that's slowly eroded. You think it's immovable, but over time the waves erode that rock — and that's how it feels. You're just constantly under pressure and you just can't sustain it."



From left, NZNO North Shore emergency department delegates Jean Moor, Jean Classey and Liane D'Souza speaking at a Vote for Health meeting recently.

If there was a lesson from the win, Moor said it was that members needed to be unified in their beliefs. "Standing together, you will prevail. You just have to keep the faith and go forward."

After all, nurses weren't just fighting for themselves — they were fighting for their patients, she said.



How it started (click to read)



How it ended (click to read)

Last week, after sustained NZNO action in North Shore and around the country, national chief nurse Nadine Gray announced that HNZ would be recruiting an additional 380 full-time equivalent (FTE) frontline workers, including nurses, midwives and HCAs by mid-2027.

> **'It's like a rock that's slowly eroded. You think it's immovable, but over time the waves erode that rock – and that's how it feels.'**

She made the announcement at North Shore Hospital, which would gain 25 of that FTE for its ED.

By the numbers

- In the campaign there were nine delegates representing different sections of the ED nursing workforce such as IQNs, senior nurses, educators, and floor nurses.
- Ninety per cent of NZNO members signed the collective letter
- There was 100 per cent turn-out on the indicative strike ballot. And there was then 94 per cent turn-out in the formal strike ballot.
- The department now has 96 per cent union membership.

News of the victory still hadn't quite sunk in, even days after the announcement, for associate clinical charge nurse Jean Classey.



Celebratory cake

Classey is one of the 'double Jeans' of North Shore ED. She and Jean Moor were two very important delegates in the fight, *Kaitiaki* has been told.

She said nurses spent a year filling in the information needed for CCDM on the promise that they would get the staff they needed. So when the results came out but nurses still didn't get the necessary FTE, "it was completely demoralising for them, they'd just completely had enough".



NZNO delegate and ED nurse Jean Classey

ED nurses come on the shift to 50-odd patients: half of the inpatients are medical patients who should have been moved on. Then, as well as looking after ward patients, the nurses are having to look after the acute, undiagnosed patients too, she said.

"It's got to a stage for them that they're just completely burnt out and no longer enjoying the job and no longer able to give the care those patients deserve."

After a fight, backed up by "pillars of strength" NZNO organising staff, the ED got offered the nine FTE, said Classey. But with an about two-year recruiting lag the ED would barely break even. So the members kept battling — and last Friday got the confirmation of the FTE they had demanded and needed.

Classey has been a delegate for 17 years now, sometimes feeling like as a bit of a "Lone Ranger", but this safe-staffing battle has boosted delegate numbers by six.

Now she doesn't feel so alone — the victory was amazing she said, and members were elated. "None of this would have happened if we haven't have sent that letter (https://nzno.org.nz/about_us/nzno_in_the_news/artmid/8374/articleid/7161/fed-up-north-shore-ed-staff-declare-state-of-emergency), threatened to go out on strike . . . I think they [HNZ] got a bit nervous to be honest."

The win wasn't just about the ED — it was about every other hospital in New Zealand. Members needed to know that they could stand up, Classey said.



North Shore nurses celebrating.

Her bosses were busy advertising and interviewing for more staff, which would make "such a difference". "That's why I don't want it to die a death. Because not every hospital's going to get an uplift, and I think they're all struggling."

Classey said she'd love to see other areas around the country standing up. "The more that do it, the more pressure they apply — then they can win too, they can get that staff."

- *Members celebrated the win with a rally at Takapuna Memorial Hall for speeches and cake during the hour set aside for the cancelled strike on October 1.*

Timeline of action

- In April CCDM results identified 25 FTE needed for safe staffing
- With no recruitment to meet safe staffing by late July, and after NZNO meetings and communication with HNZ, planning started on the campaign. This included six new delegates coming onboard.
- On August 20 the collective letter declaring a state of emergency was sent to HNZ; delegates started speaking to the media about their concerns.
- On September 3, ED members spoke at the Vote for Health public meeting organised with the Northern LOC. Three hundred people attended.
- On September 16 a strike notice was issued.

- On September 25 HNZ announced the staffing uplift.