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‘It’s a song and a prayer’: The hidden cost of 1300 empty nursing jobs



[Andrea Vance](#) | [The Post](#)

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In neonatal care, specialist skills cannot simply be replaced by moving another nurse into the ward.

Photo: 123rf

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More than 1300 nursing positions are vacant across the public health system, with frontline nurses warning the delays filling those roles are leaving hospitals increasingly reliant on exhausted staff working extra shifts to keep wards running.

In Wellington, where almost 440 nursing roles are unfilled, nurses say shortages mean missed breaks, cancelled training and days off spent waiting for a text message asking them to come back in.

They say replacing staff who leave can take months – and sometimes years.

“It’s basically if you think of the Titanic, when the band played and we were shifting the deck chairs every day,” says New Zealand Nurses

Organisation (NZNO) delegate Nathan Clark, who has worked as a nurse for 30 years.

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Clark said replacing a nurse had become a drawn-out process.

“They have to basically accept the resignation, then they have to go up the food chain, have to do an authorisation to recruit, authorisation to advertise, and it’s months and months and months long.”



Ayesha Verrall, Labour Spokesperson for Health, says the Government “broke a promise not to cut frontline jobs and found a way to save millions by not filling vacancies.”

Photo: Chino Barrett-Lovie / Stuff

“We’ve got really awesome people trying to do the best they can within the constraints of a very broken system,” the Hutt Hospital nurse said.

Labour health spokesperson Ayesha Verrall, who obtained the figures, said she believed the delays were part of a wider effort to reduce health spending.

She estimated keeping vacancies open had saved the Government about \$200 million. A spokesperson for Health Minister Simeon Brown disputed that, saying Labour was using outdated figures.

“The Government is saying there is no hiring freeze, but if it takes months to replace nurses who have already left, the effect on the ground is the same,” Verrall said.

Brown rejected that characterisation, saying Health New Zealand (HNZ) continued to recruit and had grown its clinical workforce.

Delays in approval processes were a bureaucratic problem that HNZ had been directed to fix, rather than a deliberate policy to hold roles open, he said.

In a Wellington neonatal unit, NZNO delegate Nickie Moore says staff are now routinely relying on their colleagues to pick up extra shifts to cover gaps.

“Pretty much every shift we have, we send out our texts asking for help,” she said.

Moore, who has been nursing for 39 years, said in neonatal care, specialist skills cannot simply be replaced by moving another nurse into the ward.

“The babies that we look after are very fragile, very vulnerable,” she says. “The premature, or the surgical babies, or the complex babies, and babies that have had a tricky delivery.”

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Moore says short staffing creates risks beyond the immediate pressure on nurses.

“When we are short-staffed, we have to close off a nursery,” she says. “A nursery is a room that might have six cots, but we need to close it off because we haven’t got staff for that room.”

The result can be overcrowding elsewhere in the unit, increasing infection risks.

“Risk of infection increases the length of stay. It can affect the long-term outcome,” she says.

She says staffing pressures also mean nurses can miss opportunities to keep their specialist knowledge up to date.

“When the unit’s very busy, they cancel the education study days,” she says. “Technology is changing all the time. We’ve got to keep up to date.”

Asked whether there was a safety risk from ongoing shortages, she said it was a difficult reality for nurses.

“It’s a song and a prayer some days,” she said. “When you send a text out asking for six nurses, that means six nurses. Some babies would be one-on-one, and they’re very complex, vulnerable babies with breathing support and blood pressure support and medication support.”



Health Minister Simeon Brown said HNZ continued to recruit and had grown its clinical workforce.

Photo: RNZ / Louis Dunham

At Wellington Children’s Hospital, NZNO delegate Mel Anderson says staff shortages mean nurses are increasingly forced to focus only on the most urgent tasks.

“You end up doing task, task, task,” she says. “And not doing things that are actually going to make that patient feel better, which actually makes you feel better as a nurse.”

Anderson says basic care, education and discharge planning are pushed aside as nurses focus on immediate clinical needs.

“Things like a patient washing and bed change – that’s really important for a patient when they’re really sick,” she says. “But those tasks, if you’re not tasked urgent, they get pushed away.”

That can include teaching families how to manage complex care at home, including treatments such as intravenous antibiotics.

“If you don’t have time to teach that, they then need to stay in hospital longer.”

Anderson says getting positions approved is slow-going, giving the example of two healthcare assistant positions on her ward that became vacant nearly two years ago.

“The business cases for them have been in since December 2024.”

After months of waiting, she says approval was finally granted this week.

Health NZ disputes that the vacancies represent a hiring freeze, pointing to growth in the nursing workforce. It said the Capital, Coast and Hutt Valley nursing workforce had grown by almost 700 since 2023, while national nurse numbers had increased by more than 3500.

Over the same period, turnover had fallen from 16.3% to 10%, while the vacancy rate had dropped from 17.9% to 10.9%.

Nationally, Health New Zealand said turnover had fallen from 13.3% to 8.4% and the vacancy rate had dropped from 9.5% to 5.2%.

“For the avoidance of doubt, there is no hiring freeze at Health New Zealand,” Health NZ executive national director of people and culture Robyn Shearer said.

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