

Messages from Practice and
Plunket Nurses to the Minister
of Health about the need for
Pay Parity

December 2022



These messages and stories were provided by NZNO members working in General Practice and/or for Plunket during November and December 2022. Some were written just before the Government announced new funding towards Pay Parity for nurses outside of Te Whatu Ora, and some were written just after it.

The stories reflect these nurses' and health workers' feelings about how they're valued and how not receiving the same pay as Te Whatu Ora workers receive affects the services their workplace can provide to communities.

Plunket nurse, Auckland

Working with whānau as a Plunket nurse in the wider Auckland community, I have witnessed increasing levels of mental distress, drug and alcohol abuse and family violence. The repercussions of job losses and higher cost of living means many of the families I visit are living in severe poverty.

I can honestly say the past two years have been the hardest for this country's tamariki.

Ironically, most of my nursing colleagues are also struggling to pay the bills on their current wage. Many are forced to move into hospital-based jobs with Te Whatu Ora where they can earn significantly more. This movement is causing huge problems for the community because when employers can't find new nurses to replace the ones who have left, they are forced to cut services or delay appointments.

This is the knock-on effect of the Government's limited funding to Primary Health Care providers. We nurses are not the only ones who pay the price. Our clients suffer dearly because services are running on shoestring budgets with skeleton staffing and their health needs are not able to be met.

It is a slap in the face when inflation is used as a reason to not fund Primary Health adequately. Do Government ministers not understand inflation affects us too? A pay offer that doesn't come close to touching inflation is not a pay offer, it is a pay cut. My weekly wage only covers day care costs and filling up my car. I rely on my husband to pay for everything else for our whānau because I chose a career whose main reward is the feel-good factor through helping others. That lovely feeling, however, does not help pay my mortgage. I cannot begin to imagine being a sole parent on a nursing income in this country, I would be on the first plane across the ditch!

Many Primary Health Care employers say they want to pay their staff the same rates as Te Whatu Ora nurses, but they can't do so without increased capitation funding from the Government. The simple answer to this problem is legislated Pay Parity where all nurses with the same skills qualifications and experience are paid the same. The Government must increase the funding per patient it provides to Primary Health Care employers so they can offer the same pay as Te Whatu Ora and that will drastically reduce the number of nurses leaving their work in the community.

I have some urgent questions for the Government:

- We are always told nurses are valued and respected but what are you actually doing to show that is true?
- Where is the Pay Parity that will show we are equally valued?
- Where are the recruitment drives that will help fill our depleted workforce?
- Why are nurses not on the green list to residency?

I believe fair pay for Primary Health Care nurses is about creating a culture and a society where ALL nurses are equally valued. We need a salary that reflects our level of experience, skill level and education. Stop thanking us for our hard mahi and start paying us fairly for it instead.

Chelsea Mitchell has been a registered nurse in Aotearoa for more than 13 years. She started her career in paediatric oncology and palliative care but found her calling as a Plunket nurse working with whānau in the community as a Wellchild Tamariki Ora nurse for Plunket in Auckland Central.

Practice nurse, Auckland

Our workplace has been understaffed due to the trouble finding nurses who rather work in other private sectors or DHBs where the pay and/or treatment of nurses are better. This makes the working condition worse and the nurses are becoming dissatisfied, stressed and undervalued each day. A lot of them are considering leave primary health even the nursing profession itself.

Plunket nurse, Auckland

In the area that I work, we are very short staffed, currently working at only 60% capacity. We are being told that they are actively trying to recruit, but unable to attract staff.

Unfortunately, it means that I have a very large caseload and I simply can't provide the best service/care that I want to as my time is stretched too thin. Therefore, a lot of whānau and their tamariki miss out.

Although I love my job, work stress coupled with the high cost of living (never mind the insulting 0% pay offer making me feel undervalued) has led me to start looking at returning to the DHB, where the pay is better.

Pay parity would most definitely make working for Plunket more attractive.

Practice nurse, Auckland

Understaffed, I go home after every shift at 6pm and need to sleep for 1 to 2 hours due to the intense workload. Money is low for my knowledge and experience.

Practice nurse, Auckland

I have been a Practice Nurse for more than 20 years. I enjoy not working shift work and the variety of patients I see, from babies to the aged, and the variety of skills I have developed to care for our patients. I do vaccinations, wound management, IV antibiotics and medications, ECGs, chronic illness monitoring, Well Women and Men's checks including cervical smears, recalls for mammograms, coronary vascular risk assessments, smoking cessation counseling and some emergency care.

I know that we are a vital part of the Healthcare system and to have pay parity with the hospital nurses would certainly help me and my colleagues feel more valued. We also desperately need to attract young nurses into Primary Care as we older nurses come to retirement age and pay parity would make it a more attractive option.

Team Coordinator/Plunket Nurse, Auckland

I am a Team Coordinator/Plunket Nurse working for Whānau Āwhina Plunket in Northern Region Central. As a TC I support Clinical Leaders with team management as well as the Educators and PDRP Panel. I am paid a higher duties allowance = \$66.52/week, am on Step 7 and receive PDRP Level 4 allowance. I have a post grad diploma in Neonatal science for which I receive no monetary recognition.

Prior to working at Plunket, I worked in the Neonatal Intensive Care Unit at ADHB/Te Whatu Ora and received penal rates, working 12-hour night and day shifts. When I left to work for Plunket, Nurses were receiving pay parity, and despite a drop in pay (penals) I received a similar take home pay package working full time.

My colleagues and I have worked innovatively to provide service for priority whānau during Business Continuity Planning, due staff sickness and poor staffing (62% in my team currently). Recruitment remains difficult, some nurses that apply for positions don't show for interviews or decline without explanation.

The priority whanau we provide service to often have complex needs requiring a more intensive service due risks such as family violence, PND, alcohol and substance abuse, low health literacy,

poor housing, and ill health. Those whānau with lesser need are frustrated with the service we are currently providing. One drop-in clinic has had numbers as high as 40 whanau visiting in a morning, in a substandard clinic environment, stressful for both staff and parents alike.

I live payday to payday currently just affording to pay my mortgage, insurances, and utility services. Gas in the car is restricted to getting to and from work and usually 1 trip/fortnight to see family. I have not been to a hairdresser since before Covid. Holidays are always spent staying with family/I stay at home. I have been to Wellington once this year to see my 2 older children, sleeping on their flat floor on a mattress.

I do not know what I am going to do in February when my mortgage rate will at least double. Currently I am preparing to sell my car for a cheaper replacement to free up some funds to prepare for this. Interestingly my 21-year-old son has just finished his building apprentice and receives \$10/hour more than I do.

Receiving pay parity may not allow me to stay in my apartment and meet next year's mortgage hike however I would have a better chance of achieving this. I would still not be able to afford holidays, haircuts and life's luxuries. Perhaps pay equity, when this is finally attended to, may achieve this.

It does upset me that my nieces in the finance sector are better off than me, they can afford to have nice things, see family and travel overseas. I question why my contribution to society is somehow seen as less important, meeting human need and sometimes making the difference of a lifetime.

Plunket Nurse, Auckland

I am tired, I am underpaid and I am looking to leave Primary Health Care.

Its has been a very busy 4 years of my nursing career in Primary Health Care under Well Child Tamariki Ora services. We have gone through the Measles outbreak and subsequent COVID outbreak. Myself and my colleagues are aware of how underappreciated we are when we weren't classed as an 'essential' service during COVID lockdowns. This prevented essential care to whanau with brand new pepe. The whanau we prioritise for WCTO services experience drug use, family harm, poor housing and poor health outcomes. I would invite anyone to come out with me for a day to see what we face. The reality is confronting.

None of these issues were able to be addressed during COVID lockdowns, and they certainly can't be addressed now with our staffing issues.

The baseline employment rate for North, West and Central Auckland is currently 65%. This is when all clinical staff are present at work. Each day we range from 2-9 nurses being off sick and having to cancel work. In most instances, there aren't any spaces for weeks.

If I my colleagues and I were to move to Te Whatu Ora, some of us would receive 20% more pay than we currently do, baseline. That means that if we decided to work after hours, weekends and public holidays, we would be earing MORE than 20%. It begs the question, why would anyone make the switch to lose 20%? Not to mention having to complete the postgraduate certificate which is a year of study on top of full-time work as a requirement to enter WCTO. Primary Health Care is preventative, this means catching health issues early before they become bigger and more expensive problems. Doesn't it make sense to invest a small amount of money instead of paying for it later?

PHC and Plunket Nurses went on strike for 4 hours on 27th October. For lots of our staff, conversations and encouragement were required because 4 hours of pay was so significant. I stood there and reflected on the day at how, although it wasn't by any means a small turnout,

there weren't many of us. I searched and could pinpoint almost every member of the Plunket team. It sunk in that it's not because people chose not to strike, it's because this is all we have, our team is so small. The reality is each Plunket Nurse holds a caseload of between 800-1500 children. That's a huge responsibility we take on.

This weekend my partner and I re-fixed our mortgage. I work full time and at our new interest rate, my entire wage is cancelled out. This leaves us living on his wage alone. We are fortunate we don't have dependents – yet. What about my colleagues who are trying to support their families?

Morale is low and stress is high. The longer this goes on, the more kaimahi we lose, the more whanau miss out, the more it costs the government and country in the long run.

So why choose us? Because we matter and we make a difference.

Plunket senior designated nurse, Auckland

I am a Clinical Leader at Whānau Āwhina Plunket which is a role comparable to a hospital Charge Nurse. In Auckland we currently have 15 vacancies, with each team around 65-70% staffed. The constant pressure to keep morale up in the team is causing a lot of stress on me, especially when there is no indication that anything will improve.

RNs applying for jobs are saying no when they see the pay scale. So, with recruitment impossible and retention becoming an issue as nurses leave due to burnout, the cycle compounds. My team love their jobs but they hate seeing vulnerable families missing out as they are not able to provide the service they would like to. We need pay parity to continue to have a Plunket service.

Plunket nurse, Auckland

There is always a push for KPIS and for us to do the best we can to meet the targets as per MOH contracts. Our after call work time has been decreased from 5min to 4.75min. We are reminded to keep calls short but our callers needs are getting more complex. So it's very challenging to try and keep calls short and still give the caller our full attention.

Plunketline has been so busy even before lockdown and got busier with lockdowns and winter illnesses. We are never fully staffed as they are unable to find adequate relieving staff to cover for staff who are unwell. New staff are being hired but even newly employed staff can be leaving within few months of joining.

Annual leaves needs to be applied 3 months in advance which makes it very challenging as real life does not work with 3 months pre-planning. For important events that come up such children's school events such parent teacher day or sports day, any invitation for family gathering such as engagement and weddings etc we have to look for a swap. Many staff leave just because of this. The leave situation is a problem again because there is an adequate staff.

When we have requested to change shifts permanently for work life balance, it has sometimes taken 3 years for it to be actioned because of staff shortage. I have been told that new staff that are joining are not sufficient to allow me to change my shift. I have requested to have Sunday off



so that I can take up commitments in church which I am asked to do. I have been told that for such requests there are 3 possible responses we can get which are: not possible long term, not possible short term but will be kept on waiting list or yes it's possible. I have been told I am not even being put on consideration list because Sunday shifts are just so short staffed.

Plunketline is so much demand for the service it provides but it just has not had the level of funding to be fully staffed.

On top of that the work we do is not appreciated or valued appropriately.

We do not get any paid study days. Our mandatory study hours is meant to be met via attending team meetings and online courses on Plunket Intranet. Team meetings are now conducted via video calls and we have to attend at times when we are not working (we are paid for it). So we have to take out time from our personal life's for the team meetings and for doing the online lessons which further affects the work life balance.

The pay is not good enough, hence I have taken shifts that pays better due to penal rates. In so doing I am doing early morning shifts and late afternoon shifts so always lacking sleep which affects my health. If the base pay rate was good I would not have to do such shifts provided that I am allowed to step down from them if there is adequate staffing.

Plunket nurse, Auckland

I do love my job as a Plunket Nurse. I have been doing it for 13 years now. For me, pay parity is not only about more money but also recognising our important unique role in the community. Our job is very complex, we go into homes, we see whanau at their most vulnerable times in their life. I put a lot of effort into building long term relationships with my clients, my caseload is huge and whanau have complex situations.

I regularly deal with whanau who have addiction problems, mental health issues, mothers who disclose family violence, living in unhealthy homes and struggle to meet their children's basic

needs. Our role as well child nurses can be stressful most days with trying to prioritize which whanau to visit and who can wait a bit longer to be seen. We have very limited time for visits and need to act fast and efficiently to get whanau the help and support they need. We are the ones whanau will most likely open up to about their struggles.

And yes thinking about the money, my mortgage went up, groceries went up, school fees went up, I actually started to eat less dinner or only bread with cheese and butter for dinner some days, and I am a Registered Nurse!

Also I find it criminal that we were offered only a back pay till July instead March how it should be!

Practice nurse, Auckland

After a 25 year career working in secondary and tertiary care settings I wanted to stretch myself and explore a different role in nursing. My post-graduate study introduced me to the positive contribution primary care can make to the health and well-being across the population. So I made the move.

My first shock was my significant drop in pay from a nurse specialist to a practice nurse salary. As a novice in the area I knew I would have a cut, I just didn't expect it to be lower than RN's working on the wards at the hospital. I'd always held a fundamental belief that money wasn't my primary drive to be a nurse, so hung in. Surely the policy makers would catch up and recognise primary care needed to be funded to match its worth/ value/ contribution? The second shock was the steep learning curve. Working with every age group from new-borns through to our older population.

Physical health, mental health, social issues across the age continuum- the constant pressure of triaging, referring, upskilling. I've never worked so hard in my career and felt so undervalued. The current government promised pay parity and equity... no delivery on either. Labour better not look for the nursing vote next election!

Practice nurse, Auckland

I work in GP clinic that is busy with variety of procedures and skills expectations, the pay is not reasonable as the circumstances that we work has the risk for needle stick injury and stress levels due to the staff shortages that is caused due to low pay.

Plunket nurse, Auckland

Paid for set hours and work in excess of thee paid hours, not paid for extra time, poor pay rate compared to where I use to work and it doesn't seem feasible to stay considering these factors.

Practice nurse, Auckland

Knowing that I am less valued than a self-employed hairdresser or beautician made me contemplate if I had made the right choice in becoming a nurse. It takes great knowledge and skill as well as the training involved. The amount of money to pay for the training and education for it doesn't seem to add up to what we are likely to get in the real world.

Our job is already stressful in helping thousands in the community battle Covid as well as limit people turning up at hospitals. Inflation is catching up to us and our efforts all throughout the

pandemic weren't recognised. There aren't enough perks or benefits similar to Te Whatu Ora or any means to make us stay in our job.

The senior nurses are soon leaving the workforce and there won't be enough left to guide or support new workforce. Nothing has been done to attract new nurses into the sector and we are trying to address the gaps in long-term care. If things don't change in the next 2 years, I am crossing the ditch. If I don't feel valued in the country I serve, then I will find a place that will.

Plunket nurse, Auckland

My name is Kerri and I'm a senior nurse working for Plunket, I hold the role of preceptor working across the Auckland region to support new staff beginning practice, while also supporting practice development for existing staff.

Our staffing shortage means I have been asked to step out of this role to work with whānau. I'm working with whānau who haven't

been seen in a very long time and who have multiple complex issues they need support with. We no longer see whānau in the community who don't have complex issues. But now we can't even see many of our high priority whānau. This is extremely difficult to face on a daily basis when we know there are whānau in our caseloads who are struggling, but we have no capacity to see them.

For Plunket to attract more nurses we need pay parity, our whānau are suffering, and job satisfaction is reducing Plunket nurses deserve to be paid the same rate as a Te Whatu Ora nurse we work as hard, and we need to be competitive in attracting new staff, I think this is imperative for the continuity of Whānau Āwhina Plunket.

Plunket nurse, Auckland

I am a single mom of two children. Though my Plunket work hours enable me to be with my children more, the pay is not enough. We work hard to cater high needs whānau in the community and the effort, the hard work, the expertise that we put onto our work is not less than that of hospital nurses yet our pay is very much behind. Lots of Plunket nurses leave for hospital work as there is higher pay and better compensation. This makes me feel undervalued.

Plunket nurse, Auckland

I've been a Registered Nurse for 14 years. Nurses including Te Whatu Ora nurses are underpaid full stop. There are food banks on hospital wards and community settings for nurses. This is just disgusting. To think a highly educated nurse cannot earn a decent salary to feed themselves or their family is unbelievable.

I could earn almost as much as I do now doing a job without any of the responsibility. This is why I will probably end up leaving the nursing profession.

I certainly wouldn't suggest anyone embark on this career.

Community nurses should at least earn the same as Te Whatu Ora Nurses however I believe the whole sector needs a pay rise.

Plunket nurse, Auckland

As a Plunket nurse working in the community I am seeing the rising rates of family violence, poverty, drug / alcohol abuse, mental health and stress on whānau, particularly after COVID. With the rising rates of needs in our community we need more staff and resources – not less. The workload continues to rise, and the staffing continues to decrease. We simply don't have the time or resources to support all of our high needs whānau – leading to increases of at-risk children slipping thru the cracks and poor care and health outcomes including abuse of children

Alongside this our staff are getting burnt out, working many hours of unpaid overtime to ensure that referrals are completed and doing our best to meet the needs of at-risk children. However, it's not enough. Families are unhappy with our service and staff are Burnt out and leaving.

Plunket is not just nursing but supporting social issues acting as social workers for ongoing engagement, food parcels, housing support letters etc. It's emotionally exhausting and we feel undervalued, underappreciated and underpaid. Personally I feel we are all in survival mode trying to meet "statistic/ contractual agreements" managers expect of us but barely scraping the barrel of actual change.

This is not why I became a nurse; "to meet numbers " and I am considering leaving the nursing profession altogether.

Practice nurse, Auckland

The message with achieving pay parity has many attributes which I will list a few. One is that our practice struggles to fill nurse positions resorting to part time or untrained nurses.

Second points out the effort required by existing overworked and undervalued nurses to train these nurses to a proficient level which impacts on our stress levels, work achievements and work-life balance. It also impacts on our patients.



Third, new nurses leave as the stress is too much and not worth the current wages leaving us understaffed yet again.

Four, I have continued to complete my personal development which is reflected in my portfolio. Some weeks I can do 1-10 hours additional unpaid work at home just to keep afloat and make my week more palatable. These hours and effort are not recorded by our employee and are sometimes just expected.

There are numerous other valid attributes but I don't have the energy or time to list them all.

Plunket nurse, Auckland

Before anything else pay parity means equity. We are the "eyes and ears on the ground" as highly skilled nurses in the community that see the poor housing, the child poverty and the dysfunctional families which affect health. I will be retiring in 2 years so am nearing the end of my working life but I don't see students selecting Community Health as an option so how will they ever be attracted into this field if pay equity is not addressed NOW?

For too long we have been told what a wonderful service we provide and during Covid we were the ones that stayed calm and carried on showing how adaptable we are. If our pay does not match our colleagues and this is our reward then I am unlikely to stay until I retire as I feel there are better employment opportunities out there where I would be more valued.

Plunket senior designated nurse, Auckland

I work in Counties Manukau, I manage and support 17 staff including nurses and Health workers. I also manage a caseload of 700 clients. Staff are attempting to manage 500-900 clients per nurse, so have huge caseloads and experience stress and anxiety trying to meet needs of the most vulnerable infants and tamariki.

My nurses feel undervalued and under paid compared to our hospital working nurses. I have had staff resign and take jobs in the local DHB/Te Whatu Ora hospitals. I have interviewed 8 nurses recently and all nurses declined the employment offer with Plunket as we couldn't offer them the remuneration they could achieve working for Te Whatu Ora. Some nurses were offered \$15,000 more at Te Whatu Ora than what Plunket could offer. I have studied for seven years gaining my nursing qualifications and post graduate studies.

I have specialised in Well child nursing and support whānau to access healthcare, support whānau to remain at home and improve health literacy, health education and promotion. The clients / whānau in my area experience poverty, overcrowding living conditions, family violence, disabilities, low health literacy, substance use and addictions, barriers to accessing health care and we support whānau to enrol with a GP, refer to social support services, refer to Te Whatu Ora for outpatient clinics to manage hip dysplasia, range of health conditions, Child Development Team and Ministry of Education for developmental delays.

Well Child nursing is a very specialised field of nursing and can support whānau to care for their infants and tamariki in the community to reduce hospital admissions. Trained Plunket nurses and health workers are highly qualified and need to achieve pay parity with our other nursing colleagues who work for Te Whatu Ora.

Practice nurse, Auckland

After working in Primary Health Care for 17 years I feel undervalued as a nurse with a post graduate certificate relevant for my current position as a practice nurse. I have worked in secondary care prior to moving to primary care. I have skills on par with secondary care nurses with constant professional development to extend my skill base leading to improving delivery of care and have seen improvements in my patients directly due to this.

My interventions have kept my patients out of secondary care and in their own homes. I understand secondary nurses need to be valued but I also need to be valued to continue with my high standards. As a nurse nearing the end of my nursing career, to be given pay parity will encourage senior Primary Health Care nurse to work longer and pass on the valuable skills to younger nurses at the beginning of their nursing career.

Practice nurse, Auckland

I have been nursing for 20 years and that entire time I've been based in general practice.

Never before have I experienced the pressures nurses have on them as we do today. There is much more responsibility for results, education, patient care, nurse prescribing and standing orders, the lists go on. Currently we are short in my clinic 2.5 doctors. We can no longer fit kids in on the day to be seen by a GP, there are just no spaces, the triage, assessment and decision to refer on to accident and medical or ed lies on the nurse team now. Our patients have to wait 3-4 weeks to get a GP appointment.

Everything else comes to the nurse team, we are under a lot of pressure from GPs, reception and patients to help ease the load and fill the gaps those GP shortages have on the clinic. The pressure is immense, the day can be so chaotic it can be hard to keep up and we are constantly worried of mistakes, missed notes or phone calls we just can't get to.

The hardest part on top of all of this is the stagnant wages. It's been four years since I had a pay rise. We are told there is no money. Rates have gone up, petrol, groceries, childcare and yet my wage is the same, I'm essentially earning less now due to cost of living than I was four years ago. More responsibility, more pressure, less GP support and yet no pay parity.

Practice nurse, Auckland

I have nearly completed my 57th year of Nursing in the South Auckland region and am still being paid below the top rate and feel undervalued for my knowledge and experiences that I have gained and maintained my nursing skills over this time.

Practice nurse, Taranaki

I feel as a practice nurse that we are very undervalued. We have exactly the same qualifications as Te Whatu Ora nurses yet get paid a huge amount less. As the hospitals are so busy, a lot of their work is falling back onto us, therefore making our jobs so much busier, with no reward at the end.

Things need to change and soon!

Plunket nurse, Auckland

As a nurse who has worked in both the acute and Primary Health Care settings I am able to appreciate the stresses and strains of both areas of work. Despite what I see as a misconception that Primary Health Care Nurses including Plunket Nurses do not have the same level of stress in their work, I would argue that the stress is equal to that of acute care staff but in a different form. As a Plunket nurse I carry a case load of several hundred children, as do my colleagues.

For each child we are expected to provide a service in line with the Well Child National Schedule. I have found that particularly since the Covid 19 pandemic there has been a huge increase in domestic violence, mental health concerns and poverty among whanau in my local area. Helping whanau experiencing these issues takes an increased amount of time and resource which with the staffing situation at 60-70% in my team puts increased pressure on nurses.

This pressure causes increased stress and burnout and results in decisions to leave Plunket. I have known of two nurses personally who have planned to work for Plunket but have made last minute decisions to work for Te Whatu Ora as the pay is much better. I have also known of two Plunket Nurses who have made the decision to leave Plunket due to burnout. The lack of adequate staffing means we don't have the time to do the job we signed up for, this increases stress levels, lowers morale and increases the risk of burnout.

We feel we are failing our clients as we don't have the time to give optimal care. Not only that, we are also being insulted through being denied pay parity with Te Whatu Ora and it seems to have been forgotten that our mihi with, and education of, these whānau is keeping children out of hospital and the pressure off our acute care services.

Plunket nurse, Auckland

For the past two years, the majority of our area health and safety meetings have been heavily focused on staff wellbeing - issues stemming from: lack of resourcing, staff sickness, the stress from facing the ever increasing social complexities and the demands on the time of our kaimahi and mental energy and stress that staff are placing on themselves in an attempt to provide a service their clients deserve.

Many of our kaimahi are facing burnout – including our clinical leaders. A lot of nurses have already left – quite a few have left the nursing profession altogether.

We are struggling to find RNs that want to join with Plunket due to the pay parity situation. Why would they if they can earn much more through the DHBs.

Our kaimahi are struggling, our reputation is declining and above all, the pepi, tamariki and whānau we joined Plunket to serve are missing out.

We need a drastic increase in funding to pay the clinical staff what they deserve. Otherwise New Zealand's WCTO service as we know it will no longer be viable.

Plunket nurse, Auckland

Definitely would like to be paid more to meet the high cost of living and for the service we provide.



Plunket senior designated nurse, Bay of Plenty

My role is managing frontline staff in their day-to-day practices. My role is too big and has become more of an operational manager's role. As a clinical leader we are getting more and more responsibilities put on us that takes us away from supporting our staff. We are under resourced with staffing so I will go out and see clients. Our nurses are working with families with very high complexities of gangs, poverty, drug and alcohol use, mental health and family violence.

We are privileged to be one of the very few organisations to be invited into the homes. And there are risks! Our nurses are the ones that connect, make the relationship and have the biggest role in impacting on improving health and wellbeing, preventing whānau ending up in hospital. We wear social workers hats everyday as we navigate with the whānau their needs and advocate for referrals to other agencies. We are frontline! We need to be valued. My nurses can do anything that a nurse can do in hospital but what amazing skills they have, is communication. Working in family partnership with whānau in their home and hapori.

We can't switch off at the end of a duty, we carry this whānau with us on a long journey. Nursing is so broad, our nurses have had to complete post grad papers to become Plunket nurses. So pay parity with Te Whatu Ora nurses is a must. We are ALL NURSES.

Plunket nurse, Bay of Plenty

I have worked for Whānau Āwhina Plunket for six years now. I really enjoy my role and love supporting whānau with their pepi and tamariki. But I cannot continue to work for an organisation who does not acknowledge my worth through pay parity. There are thousands of Te Whatu Ora vacancies in positions that pay significantly more using the same or less qualifications.

We have all had a pay decrease with inflation going up along with mortgage rates sky rocketing. I will not be able to afford to work for Plunket if we do not get Te Whatu Ora pay parity and I will

not stay for anything less. I would like to see pay transparency for the entire organisation. How much is spent on flying senior management all over the country?

The new CEO came to visit our region recently and didn't even speak to staff, and left without saying goodbye. Are ELT meetings catered? While we're required to bring a 'shared lunch' to every meeting? Why are we wasting money outsourcing people to put four things in a new baby bag?

Practice nurse, Bay of Plenty

I started my Bachelor of Nursing degree in 2003, when I was 24 – a “mature student”. I therefore thought I was entering into the profession with both eyes wide open. The starting wage for a Hospital Based New Graduate RN was roughly \$34,000 per annum. I knew I wasn't entering into the sisterhood to get rich. I did it because it was something I felt and to this day continue to feel passionate about – the health and well-being of others. What I didn't know at that time was the inequity in pay between the amazing community nurses and the equally incredible DHB nurses who mentored me through my student placements.

I also had no idea that the nurses wage in general would not keep up with inflation. Would this have persuaded me into a different career path? Probably not, I love what I do, and I could simply not see myself in any other role. I think if you ask most nurses today, they will likely say the same thing. We are named the “caring profession” a term that seems to encompass everything except self-care.

My career has varied over the years, I have worked in Urban City hospitals, rural hospitals, Middle Eastern Hospitals and GP practices. I have spent time working as a staff nurse, casual pool nurse, staff educator, and clinical lead. I have had office roles and telephone triage roles and have cared for the very young to the very old across the lifespan. I have been around the block and experienced a lot. I am an experienced, valuable RN.

Fast forward to today. I work in a large, busy GP practice in the fastest growing city in NZ. I have been in this position for around 18 months. I am now a Registered Nurse prescriber having completed a post grad diploma – another two years of study. Through the second wave of covid where I stood in the rain in full PPE and PCR swabbed hundreds of people, and consoled, and educated and reassured, all with a smile on my face, albeit behind a mask. I felt grateful most days for the PPE – it helped me hide my own concerns and fears, that I was going home to a young family – including a child with mild asthma – but asthma all the same, and my bubble included my father who has advanced Parkinson's disease. My 2.5-year-old proudly told anyone who would listen that his mum was an essential worker.

Today when I look around the breakroom at my colleagues faces, we look and are tired. We covered the front line bravely – risking our own safety. We faced a huge influx of patients as they were told NOT to go to hospital, we had to swiftly adapt and change tactics to align with government instruction to keep our community safe. We lost valuable nurses at that time as they had their own beliefs around the covid vaccines – a critical time for us all and we lost staff! More pressure, more patients, but no more nurses, no knights on white stallions for us, we were the knights.

Now we are tired, bone aching tired, we have all had covid, some of us like many others continue to feel the effects covid had on us and still we work each day to keep our community safe and well. But for us the fight is not over – we are now having to fight in order to be recognised as equals with our sisters and brothers who work for DHB's. We all have pride in a certificate saying Bachelor of Nursing, there is no one nurse or speciality out there who is any better than another. What primary care nurses do is specialised, for every patient that presents to ED, how many do primary care nurses keep out of ED - because of our specialised care. Our work is valuable, I am valuable.

Practice nurse, Bay of Plenty

I am a nurse manager at a practice and am feeling really disheartened with nursing (especially in Primary Health Care) and the lack of respect and support there is towards the work we do people keep talking about increasing the work we do and why we aren't doing it already but there is not the appropriate funding to sustain the practice.

I believe that practice nursing has an important role in helping people achieve better health outcomes. We have some amazing highly skilled nurses that because of funding don't feel fulfilled and leave the field due to lack of support. It is very frustrating when people who have little or no qualifications are better supported and paid than nurses.

Practice nurse, Tauranga

My story is about our poorly staffed eye clinic in Tauranga, when you have had a retinal detachment before and you are having symptoms of another and the clinic is so short staffed they tell you to come tomorrow to your appointment when it is actually urgent for that day so you don't go blind.

Senior nurse, East Coast

I started my nursing career in secondary care, while the job was hard, and it was physically demanding, but what I had was routine, the same patients mostly with the same concerns, my day was mapped out roughly at the start of every shift. I moved to general practice because I thought the 9-5 week day week, was appealing and felt the work life balance would be better.

I was mistaken. A looming GP shortage put more and more demands on nurses as we stepped up and took over a lot of duties normally reserved for those with medical degrees. Moreso when I moved into a prescribing role. I studied hard and for years, so I could do a job I had already been doing but without the script at the end. I lessen the load of doctors, patients have cottoned on to us and at times treat us like 'cheap Drs'. Sometimes it feels as if they are right.

When I see a patient that would of in the past have seen a doctor, I take the same care, I bear the same responsibility, I have to ensure I'm safe and the patient is safe because if I make a mistake the results could be dire. I wake at night sometimes thinking did I double check that patients results. My day during covid was manic. Half the medical team were over 65 so a small dedicated 'young' team of prescribers worked face to face with the unknown, covid patients do not usually turn up to hospital with their colds and sniffles, they present to us, we refer them to hospital, WE were the face of the healthcare workers of covid (yet nobody understood that), we were aware and reminded on a regular that we were most at risk, that healthcare workers who were losing their lives to covid in the line of duty – worked in primary care, they were us. Then we would go home to our own young families, advised to shower before leaving the centre, to strip off naked in the middle of winter in your garage, avoid being near your family as much as possible but yet be the medical family to your patients.

This was not doctors, this was nurses. Primary care nurses. We are the face and invisible workforce that didn't get acknowledged, there was the clapping for the hospital nurses (and they deserved it, but so did we) and even without covid we are the invisible army, We see you and care for you at the start of your life and at the end of it. We do not patch and dispatch we are walking with you side by side all of your life. We are not the ambulance at the top of the cliff we are the fence before the ambulance arrives. Primary care nurses are no longer just the team who vaccinate, we do much much more. I have never worked so hard at the top of my scope than I have since I became a primary care nurse – a prescriber.

Our employers realise how valued we are, they want to pay us more, but it is not feasible. Medical equipment and resources have gone up in price, clinic running costs have too. General practitioners are being offered more because they are in high demand and short supply, and the only way to pay us more would be to increase prices for patients, and because we care about them so much we agreed we cannot do this, we cannot deny our patients the opportunity to be seen because they can't afford it. It isn't right. It also isn't right that we cannot afford to pay our own bills, pay to see our own Drs, to get our child braces, or send our children to that camp they want to go to, which frees you up to care for others, or daycare costs to allow others to look after our children so we can look after yours.

Something is missing here and without Government support Primary Health Care nurses will not survive and be forced to leave. The offer to do less work for double the pay in Australia is a very real temptation. They somewhat have had a sudden realisation that when the doctors retire they will need nurses more than ever. We are the gap fillers we are the answer we are here, but only just.

Practice nurse, Lakes

Primary Health Care nurses provide essential and valuable skills and care to people of all ages and cultures and are an important part of New Zealand strategic goals to provide accessible Healthcare to all. That Primary Health Care nurses get paid much less for providing the same valuable nursing care is undermining and makes me feel less valued as a nurse.

Currently I have spent three years doing post grad study working towards my Nurse Practitioner in the community and I wonder if it has been a waste of time if Nurses in the community continue to be undervalued and not paid what they are worth. In our Te Puke community a first year graduated registered nurse gets paid less than someone working in the kiwifruit industry! It's truly outstanding!! Please value the great work we do and pay us fairly, big thanks 😊



Practice nurse, Tauranga

I've worked in primary care for two years out of seven years of nursing. During those two years I have experienced chronic understaffing due to a number of reasons. But I think mainly the pay is significantly lower than elsewhere.

Nurses already don't get paid well so why would you go from one short staffed toxic environment job to another but less pay. Why did I do it? Because of burn out and shift work. Burn out taught me that I need to look after myself because the healthcare system certainly won't until you've fallen off the cliff. It's hard to look after yourself (or your family) when you are stressed about money and the cost of living that's only getting more expensive.

A pay rise would mean I could have a chance of saving money towards the American/New Zealand dream that is shoved down our throats. I've still got years and years of work and it's sad to know I'm basically at the top of the scale. Doesn't matter how well I perform at work. It's also worth noting that the pay scale jumps up in very small increments which I think how much people value nurses, very small on the scale. I'd say within 5 years I won't be a nurse or I will move overseas to work as a nurse. If not earlier. Even with a pay rise we don't compare well to the benefits of working in Australia.

Yes, a pay rise will attract more nurses into the job!! Which would mean more staffing, increased job satisfaction, increases job efficacy and productivity, less sick days, more planned holidays with normal staffing. When someone goes on holiday where I work you know there's a high chance of working alone. It's not a nice feeling when someone calls in sick and you're the only nurse at work. So in return better service availabilities, more likely to reach targets.

You want a smokefree New Zealand, nurses could help waaaaay more but we don't have the time at this stage. We are behind targets because we don't have time.

People follow money but sometimes like in Primary Health Care you actually get passionate about your job. I do love parts of the job.

LTC Outreach nurse, Tauranga

I'm tired of seeing nurses come into the practice. A lot of nurses from tertiary services try to work at Te Whatu Ora providers. They come to have a slower pace even though they will forgo a small drop in pay. They start training and leave. They leave because they didn't realise how hard you work, the pressures from the management, forgoing breaks, patients (abuse and disrespect) external services, (PHO targets), the volume of work, the constant change of procedures and the need to keep up date on a large number of subjects.

And for all this you get up to 25 percent less base pay than Te Whatu Ora staff. They don't last long. Wake up Mr Little don't you realise if general practice falls down it will have a domino effect and the tertiary services will quickly become overloaded. In our practice we can't get experienced nurses and GPs to fill the gaps! We are one of many practices in our town wobbling about to topple! Pay us the same base rate and give us a chance of retaining and attracting staff!

Practice nurse, Tauranga

I have worked as a nurse for more than 30 years both in Secondary Health Care and Primary Health Care so I believe I have a pretty good knowledge of what nursing is all about.

I have seen in recent years, secondary care being pushed out into the primary care sector. This is in the form of wound care and infusions, having previously been done secondary care.

Please also be aware that immunisation is one thing Primary Health Care nurses administer and we were there when the Covid outbreak came, yet again upping our game in Primary Health Care. Where would we be today if it wasn't for us. I shudder to think.

We deserve better in the form of pay parity including the long awaited back pay!

Practice nurse, Tauranga

At a personal level, of course pay parity would make me feel more valued. I have two young children to provide for, and a rising cost in living to face.

I recognise that with an ageing GP work force I will need to further develop my skills to fill that gap, likely by becoming a nurse prescriber/practitioner within the next five years. Why should I be paid less than a hospital nurse with the same qualifications and acute workload?

With an ageing practice nurse population how are we to attract young staff if they're taking a pay cut to work with us?

Practice nurse, Tauranga

I have been a practice nurse for nearly 2yr and bring over 30yr of nursing and life experience into the role.

While i am appreciated by all my colleagues and can provide advice for patients at a high level (due to wide nursing experiences) i am being paid \$6 more per hour (current highest rate) than the government recently indicated bus drivers should be paid (\$30). I was disgusted at this announcement.

Practice nursing requires nurses to have a very wide knowledge of of community and hospital-based nursing. This can then reduce the doctor's workload considerably due to management of the constant phone call requests for advice/repeat medications/ family crisis management just to name a few.

I have undertaken management roles in the past within the community/elective services/theatres and bring a huge number of skills and experience to my current practise. I provide relief to both doctors and other community health services by providing my patients with many options for their constant concerns.

I am adamant that we should be paid on a par with our Te Whatu Ora colleagues and prior experience should be accounted for on top of that. The pay scale should be multi-faceted to reflect what RNs bring to practice nursing. The Government should be more heavily subsidising the PHO services as we are often the health professionals who pick up issues early, keep the patients out of hospital, and from clogging up A&E departments.

I feel very fortunate to be working in one of the most satisfying roles I have ever had after a long career in nursing undertaking post graduate masters study along the way.... but I am planning early retirement as I am so disgruntled with how pay rates are managed by Government. Nothing has changed during my working life.

Practice nurse, Canterbury

Working in Primary Health Care can be very challenging. It is so diverse! I have worked on a hospital ward, and in my opinion, it becomes quite routine. In PHC, we need to be prepared and

skilled to deal with many diverse presentations. It is a very steep learning curve when you start in PHC.

A lot of us working in PHC are older, and we really are struggling to encourage younger Nurses to come and work in our area. The pay gap is probably one of the main issues. It is very difficult for us to get cover for Annual Leave and Sick Days. We often feel very guilty if we need to take a sick day because we don't want to let our colleague down and we know that they will have to carry the load on their own.

Personally, I do struggle financially, I am a woman on my own and although I don't qualify for a CSC, I still find it hard to make ends meet. I have looked at other employees in different fields who are paid better than me, for much less responsibility and I sometimes wonder if I should change career, but I am 56 years old now and I love my job. Please rectify Pay Parity for us.

Senior practice nurse, Canterbury

Andrew Little promised Primary Health Care would be the next cab first off the rank. All lies!!

He is married to a nurse, so you would think he would be determined to ensure the fight for pay parity.

Nursing has been undervalued for too many years and the best thing would be for Te Whatu Ora, PHC and Plunket to all be on strike together. The Government might take some notice.

Practice nurse, Canterbury

Pay Parity would mean I could live more comfortably.

Plunket administrator, Canterbury

I joined Plunket in early 2020 as an Administrator. I have a Bachelor of Business degree majoring in Management and focused my studies on sustainability and NGO's. I was incredibly excited to go into a sector focusing on primary health as my parents have both worked in healthcare for many years and to work within an organisation that helps families was a dream role for me. When I first started my role, the culture was incredible and over the years I have learnt so much about the healthcare system through my role and we see how much the administrators contribute to helping clinical staff and the customer service they provide families.

With the cost of living increasing, we all have seen so many costs increase. For me personally this is no exception. Mortgage, after school care, fuel and food are the biggest struggles to manage and now I see on average \$140 increase in costs a fortnight and soon this will not be sustainable for me to continue to work in this role. As a family we continue to try everything to manage the increases: second hand uniforms and clothing, busing and bike which takes me away from seeing my family as travelling to work takes longer. These things are not sustainable especially with costs still rising and now I have increased my hours to try and bring extra money in to support my family which means that now I also miss out on seeing them.

With the financial struggles we see staff continuously burnt out and needing time off work to recoup. This adds more strain on the administrators to make sure that work continuously is kept on top of and then it circles over and over again. We have seen a high turnover of experienced administrators give up and you are pushed to do more work in a timely manner. You feel the strain and you go home at the end of the day feeling undervalued to get up and repeat the experience

the next day. When your 17yr old starts their first job and is paid more working at a cashier till than you in a role for almost three years, you feel defeated.

There will be a point where I cannot continue to work here due to needing to support my family. Working in a similar role at Te Whatu Ora, administrators get between \$5000-\$10000 more depending on experience. Pay Parity needs to be met. It's necessary to provide workers the means to survive and not worry about cost of living. It's necessary to retain good staff. It's necessary for excellent service and to provide good health outcomes to our families. Our continued contributions to the health of New Zealanders matters.

Health care assistant, Plunket, Canterbury

I feel that our currently striking is reflective of pay parity. It amazes me in my role that I do I have legal requirements in my care delivery, documentation and working in collaboration with internal and external agencies that I have legal obligation to within the organisations and ministry of health, yet when considering pay I could go and get a job pulling a pint in the pub or making a coffee for the same pay. Or dumb down my skill set as a hospital aid and work in Te Whatu Ora for the same if not more pay. This seems wrong with the work pressures and responsibilities that sit within my role and day to day exposures/pressures when working in a pro-equity vision.

Practice nurse, Canterbury

I was being paid \$27 an hour to administer ring blocks and suture patients in an acute care clinic. I'm now working in Australia for more than double pay with less responsibility, and my indemnity insurance paid for.

Practice nurse, Canterbury

I love my job. I love connecting with generations of families, through all stages – from pregnancy to birth, to childhood, to school to Uni to elderly grandparents to death. I have multiple generations of families that I am involved in the care of. It is a very privileged position to be in.

However, I am tired, I am burnt out. I had to take six weeks leave to look after myself. I had nothing left in the tank to support my patients, my family or myself. I was suicidal.

We were the front line through covid, here every day putting ourselves and our families at risk - being told that we are ESSENTIAL, that we are the front line stopping covid, looking after our population but who was looking after us?

Pay Parity would mean I can work less hours and not struggle financially, it means I can look after myself, my colleagues and my patients better. It means better access to services for patients, more time for nurses to continue to upskill. It infuriates me that I could walk into a hospital job tomorrow and be paid more than I am now (despite needing to upskill in that area!). I have a Postgraduate Diploma, I have additional knowledge but no recognition – I use that knowledge every day to benefit my patients, to feel safe that I am a good nurse but I am tired.

Practice nurse, Canterbury

I'm a new graduate nurse working in Primary Health Care. I believe Primary Health Care is the foundation of our health care system and it plays a crucial role at keeping patients and whanau well and support them through their life journey. This requires an incredible amount of knowledge since

we support individuals of different ages and stages of life and development. As a new graduate I happily accept the challenge this brings and I strive to meet health needs.

However, I find it so unfair that I'm currently being paid less than my fellow new graduates working in secondary and tertiary care. We have completed the same qualification yet I had to undertake multiple additional education sessions and certifications, such as authorised vaccination, flobotomy, cannulation, diabetes and heart failure management, wound care, covid-19 management, and much more. Despite all the learning I have done I feel undervalued by being paid less than other RNs working in other specialties. How can this attract nurses to Primary Health Care?

Plunket nurse, Canterbury

I left my 0.8 position with Plunket a few years back to return to the DHB, as I could no longer survive on the Plunket wage and was struggling to provide for my family of six. I can earn upwards of \$1000 on what I was getting at Plunket a fortnight at the DHB, and at the DHB I am never doing work in my own time, which is something I was always doing at Plunket. I don't have to worry when I go on leave at the DHB, as at the hospital it's covered by other staff but at Plunket there is no A/L cover, so you just get behind with your work. There is also no cover when you are sick, and all these things combined cause stress and families often complain if appt have to be cancelled.

Families also expecting more and the need is becoming greater but no additional hours or support is offered. New nurses come and go frequently, staff retention is poor and areas are often unstaffed – and that would also put pressure on other Plunket nurse.

Urgent care nurse, Canterbury

We, urgent care nurses around New Zealand are significantly undervalued and underpaid compared to our DHB/Te Whatu Ora counterparts. We are the first line of nurses to come in contact with vulnerable and unwell individuals from the community. We are the frontline nurses who take the brunt before people even plan to go to the emergency department. We also perform duties as full in portion and depth as our Te Whatu Ora counterparts. All we ask is to be treated and be paid as so. Pay Parity is a long overdue issue we have painfully endured.

To Mr Little, If you wish to keep the nurses in Primary Health Care and in New Zealand, treat them well and as equals. We are not second-class nurses.

Practice nurse, Canterbury

I moved to Primary Health Care 10 months ago. However, I have applied to move back to the Te Whatu Ora Canterbury. The skills I need to perform my role are far greater in Primary Health Care than in Te Whatu Ora Canterbury.

All this does is make me feel undervalued and frustrated. It is not fair. I'm pretty sure a community police person is paid the same as a police person who works in the central station. I have no idea why there is such disparity. The public need to be made aware that as a registered nurse in the hospital my base rate is six dollars an hour more. That's a lot over an entire week!!!

Health care assistant, Plunket, Canterbury

I feel Plunket has become top heavy with management and they are not considering their staff who do the ground work with clients. Our pay scales are very poor and we are being asked to do

more and more work, without any increase in hours or staff. Some I feel is out of our scope of practice.

Practice nurse, Canterbury

I am a practice nurse working for a medical centre in Christchurch. As someone who is new to the nursing profession (graduated Dec 2020), and new to primary health care nursing (started May 2022) I have become increasingly disheartened at how little the Government values what we as nurses do.

Our job is important. We vaccinate my community's tamariki, we help prevent them becoming unwell with vaccine preventable diseases. we complete cervical smears, helping prevent women developing cancer. We assist women with contraception. We educate whanau to help them feel reassured, and increase their knowledge and health literacy. All in the hope people stay well longer and out of hospital.

Preventative care is the most cost effective for the Government, so why not invest in us? Why not value us? What happens when we decide we cannot longer justify our role and its responsibility for the pay you provide us? What's your solution then? We are all nurses with the same qualifications and skills, so please acknowledge this and pay us properly.

Practice nurse, Canterbury

Tired of the lag in pay parity for nurses working in extended roles and at top of scope to fill in gaps of GP shortages. Planning on going to Oz and taking my 35years post registration expertise with me.

Senior practice nurse, Canterbury

Primary Health Care is the start point for our community health, through health promotion and education as well as screening to decrease the need for admission. We also treat urgent cases in clinic to relieve the pressures in the hospitals.

Having worked in the DHB and Primary Health Care I can assure you with certainty that Primary Health Care nurses are making decisions in relation to how a patient is cared for daily, during busy periods there is certainly room for potential error, working alone sometimes with lack of a second checker for medication and immunisations is a reality. We work autonomously seeing, assessing and sending people home without seeing a GP. This is happening more often due to the pressures on GPs and lack of appointments available. Primary Health Care are lacks the collaboration that our DHB colleagues have to support and teach each other. We deserve pay parity with our DHB colleagues so we can continue to support healthier communities.



Plunket nurse, Canterbury

I have been a committed registered nurse for 26 years and have worked in both Primary and Tertiary care. I have continued my studies and pride myself on my work ethic. I love serving the community but it is becoming increasingly difficult to provide the care required due to constant staffing shortages. Staff are burnt out from working through the pandemic, and the emotional toll on families with limited access to specialist services to keep Whanau's safe and healthy.

GP practices and emergency services are overwhelmed and the community nurses are expected to pick up the pieces and find solutions for families with little to no resources. My wages are significantly lower than a employee of Te Whatu Ora, yet I work tirelessly and over my paid hours on a daily basis to provide care for a growing number of families and Tamariki in need. Because we don't have pay parity we cannot recruit, leaving nurses working during sick leave, annual leave as there is no relief available for when the health workers become Unwell or need to have a break.

My family see my stress and with the current financial climate I am barely covering living costs. this is not acceptable. I have valued skills and experience which need to be recognised.

Plunket nurse, Canterbury

Whilst my role is not "sexy" or perhaps considered less skilled I use many skills in a daily basis. I took a 20k salary drop to be part of Plunket world because I believe in community supportive care and equity for all.

My day regularly consists of support families with mental health concerns, feelings of inadequacy from first time parents and much more. My specialist skills make a difference and are used every day.

I was required to complete post graduate study for this specialty (something that was not required for my previous 20k higher salary job).

I work over my contracted full time paid hours in a daily basis completing the invisible work necessary, such as referrals and notes, so I can complete my face-to-face caseload work during work hours, delivering the best service and care I am committed to doing.

Whilst I am not thinking of leaving Plunket, I believe our skills and importance should be recognised and acknowledged with Pay Parity.

Practice nurse, Canterbury

I work in a rural GP practice as a nurse and absolutely love my community, my patients, my employer and my job.

I chose primary care because as nurse I wanted to focus on holistic healthcare, preventative health care, and developing therapeutic relationships with patients in my community.

No two days are every the same at my job , we do everything from health education, immunisations, smears, wound care, repeat scripts and blood tests to acute assessments, ACC assessment and treatment, IV cannulation (for fluids/antibiotics/iron infusions/aclasta infusions etc).

We have 54 standing orders at my practice and regularly treat minor ailments such as ear infections, tonsillitis, cellulitis, pain management and accidents independently of our GPs, who supervise our work from a distance.

Our nurse led clinics include diabetes reviews, COPD reviews, CVD Reviews, Spirometry, Acute clinics, B4 School checks and home visits for over 75's.

We consistently work at the top of our nursing scope at our practice and regularly attend training courses and updates in our own time.

It is beyond my understanding why as practice nurses we are so undervalued compared with our colleagues in hospitals.

A significant amount of knowledge is required for us to do our jobs well and the level of responsibility and autonomy required for the role is far different to those in the hospital who always have more senior nurses or doctors to call on.

Having been the front line for the Covid pandemic and working an intensely heavy and unrelenting workload, it is pretty soul destroying to see how little Andrew Little and our Labour Government think of nurses in general, and in particular how utterly dismissive they are of nurses working in Primary Health Care.

I do not want to leave a career that I love, but after years of hard work and under appreciation I am almost ready to say enough is enough. The reality is that I can be better paid in a hospital, or overseas, or in a different career. My 25-year-old son earns double my income in IT working from home, my daughter earns more than double working as an engineer. All three of us have Masters degrees.

Nurses deserve to be treated and paid as the highly educated, highly trained, caring and dedicated professionals that they are.

Practice nurse, Canterbury

I work in a semi-rural area. We have lost two nurses in the last two months overseas and to the hospital. They have moved for better pay at the hospital and overseas for lifestyle and better pay.

We have only managed to recruit a nurse to fill this gap who is in her 60s, a few years out from retirement. Therefore no long-term fix for our medical centre.

Of the seven nurses we have three are in their 60s and due to retire. We can't attract young nurses due to being paid so much less than the hospital.

We are desperate to get some great young enthusiastic nurses in our workplace. But we have such a shortage of nurses in New Zealand that this seems impossible to fill.

I feel undervalued after all the hard work we did on the front line during COVID- we still deal with COVID every day. We deal with angry people who are frustrated at the lack of appointments and service. This would be fixed with more staff- the only way to achieve this is better pay!

Practice nurse, Canterbury

As a practice rural nurse working 3/7 days a week, I physically could not work any more hours as the fuel driving there would not be covered. I work under 52 standing orders and love my job. I am expected to work at the top of my scope of practice, and my windows cleaner gets a higher hourly rate than me.

Our MECA does not illustrate the hard work and stress we are under. We need a national practice nurse job description a long side the MECA to show what we do. Screening for cervical cancer, bloods, standing orders, spirometry, repeat script screening, ACC injuries, referrals, sure medicals, imagination knowledge, vaccinations, patient education, B4 school checks, Warfarin monitoring, results, triage, recalls, chronic disease management, acute walk ins, e-mails and provider in box support, and our own education which is done in our own time.

I go home most days... thinking have I done everything?

More money and more staff are needed because our population is not getting smaller, we are a growing nation.

Practice nurse, Canterbury

I love working as a nurse in Primary health care. However, it's disheartening that I have a degree and post graduate diploma and am paid less than friends and family who are unqualified working in desk jobs. I have been recently considering other options outside of nursing where my qualifications may be of more value.

Plunket nurse, Canterbury

It has felt like my whole career nurses and all other health professionals have had to work to the detriment of their own wellbeing. We are missing quality time with whanau because we are exhausted trying to meet the ever-increasing needs of our communities but with constantly insufficient resourcing. Let alone completing extra unpaid hours in order to complete tasks like documentation. It's not that we can't time manage but the fact we care. We care about the families we see day to day in homes struggling with mental health, addiction, poverty and other social issues on top of trying to deliver the WCTO program in a health system that is failing to address inequality.

I emphasize that quality Primary health care can prevent hospitalisations, but we are simply over stretched. I can speak as a Well Child/Tamariki Plunket Nurse who case managed almost 800 pepi and tamariki at any given time, it's soul crushing turning up to work unable to offer everyone appointments because there just isn't enough hours in the day let alone try to engage our most vulnerable consistently. We are missing opportunities to improve health outcomes.

If Mr Little and the Ministry of Health refuse to acknowledge the crisis, I ask that the very least they can do is compensate us in parity with hospital nurses in hopes of reducing the exodus of staff. We are a highly skilled and passionate workforce, but morale is the lowest I have ever seen. Even after investing in a Master's degree, I, like many others, are considering walking away from Primary Health Nursing to achieve a better living. After having my first baby, I highly doubt I will return to a low paying job in the community when trying to match basic living costs.

Plunket nurse, Canterbury

I have been nursing since leaving school, firstly training, then Southland Hospital and Christchurch Hospital. I have always loved children and over the years have learnt that the complexity of caring for Whanau is my happy place. I started working at Plunket 14 years ago, I also became an NZNO Rep. Plunket life has been a journey of learning new skills over and over again. Times change, research knowledge changes as do life experiences for us and the Families we deal with. In Christchurch there have been a number of significant events that have challenged us all.

Change at Plunket is part of the constant landscape, a lot of these changes are driven by growing population and increasingly limited resources. Expectation that all children get all the visits have long since faded and now some areas are so stretched by staffing levels that families get little service. High caseload numbers and recruiting people who love the job and want to stay are challenging. This is very difficult when nurses are paid at different rates when they have similar training and experience. Why would any sane person start a new job earning thousands less than you could earn in other areas. I see my colleagues and myself, who love working in the Community earning significant less than they would working in the Hospitals. For some this is too much when their own Family are the ones missing out, less income in their own home, when they leave they take valuable experience with them. Some leave nursing for good.

This urgently needs to be addressed.

Early Childhood health saves New Zealand money later in that person's life in tax dollars, time and health resources. Better health results in more productive citizens who contribute in many healthy ways to the wellbeing of NZ.

Let's give New Zealand children the start they deserve, a better chance at a good life – pay nurses fairly and equally. More staffing numbers would be the icing on the cake.

Practice nurse, Canterbury

I started nursing in 1986 and have mostly enjoyed my career – however I feel we are being increasingly undervalued. While my husband earns six figures for as many years training/qualifications and experience I will never earn that money.

Practice nurses have responsibility for people's lives. The person who collapses in the waiting room having driven with a crushing injury or the mother arriving at reception with a blue baby in the car – need quick thinking, experience and skill. More and more of our work involves telephone triage and advice – we are finding our patients are becoming more demanding and abusive due to frustrations at not being able to get appointments in a timely manner.

While hospitals pass more and more to Primary Health care the Government is unwilling to increase the funding to make this happen – all while our colleagues in Te Whatu Ora are earning up to 20 percent more!

Practice nurse, Canterbury

I am tired, it's busy every day, on my days off I often get texts asking if I can work or pick up a couple of hours.

Practice nurse, Canterbury

I have 41 years' experience covering ICU, medical, surgical, public health and more. I work in urgent care as I wanted to balance family life and enjoyed the mix of acute and practice nurse work.

Urgent care nurses here suture, plaster, immunise all ages, do cervical smears, cardiovascular reviews, diabetic reviews, aclasta/iron infusions and so much more.

We are burnt out from managing covid in the community for the last two years protecting secondary care workloads. Stood out in PPE in the rain, wind, sun and cold.

Now we are short of nurses and doctors. It puts us in stressful situations having to stand outside assess and turn people away and it's all on us if things go wrong.

Nursing in my opinion will never be a profession. Only vocational staff take this treatment on this pay.

Striking for a few hours just affects our pockets and creates a backlog for us. Unlike teachers etc no one is greatly inconvenienced by a few hours strike.

I am thinking of working in a private hospital or maybe doing a contract in Australia sometime.

Plunket nurse, Canterbury

How does it feel being offered a 0 percent pay rise – for a starter a bit of an oxymoron as there was no 'rise' offered in the 'pay rise'.

This offer was such a slap-in-the-face, ultimately, this zero offer has been caused by the Government underfunding Whanau Āwhina Plunket. This offer made me feel so undervalued, and, frankly extremely annoyed, so annoyed that I applied for another better paid job within Te Whatu Ora.

But then soon after the interviewed for this job, I visited some of my regular high-needs whanau (clients) and I knew that the mahi I'm doing in my community was making a real difference, so I withdrew my application. It is so nice – and rewarding - to be appreciated, not only by my colleagues and Clinical leader but from my clients. But this type of reward doesn't pay the bills!

Mahi-wise how has this affected me? Well, my previous colleague whom I worked closely with moved on earlier this year to a better-paid Te Whatu Ora job. Currently the vacant position has not yet been replaced due to lack of applicants. So why are we not attracting new kamahi? These are hard-to-fill jobs, especially to higher needs areas when the remuneration is lower than other areas of nursing.

So currently I'm doing the hard mahi - with help from my colleagues coming in from other areas to help with cover – but I'm being stretched. I'm finding it hard to try and restrict my hours of work to the hours for which I'm being paid for. Ultimately the Government and Plunket are getting a lot of free labour from its' workforce as I know I'm not the only one.

For me personally, the cost of living has resulted I over a 16% decrease in buying power of my wages over the past two years. That's HUGE!

I would love to stay with Whanau Awhina Plunket, but, I too need to look after myself and my future, as being close to retirement... it's not looking great financially and quite frankly the future is looking scary.

Plunket nurse, Canterbury

I've been a Plunket Nurse for almost 10yrs now. I love my job and the role I have in helping parents be their best version. Supporting them during both the good and not so good times. We are INVITED into families homes or when on Plunketline (I work both), parents CHOOSE to speak with us. We are the ones who relieve their worries/triage their sick child/calm and refer when their mental health is failing, refer to doctors if their are growth or development concerns. In affect, we ensure less families present to ED, because we've been able to support and guide them to make quicker decisions about their child's health and wellbeing.

Being the person parents call or turn to in their time of need is a privilege, but we are so understaffed that we've had to drastically cull-back the service we provide.

We are already seeing the affects of this in the community. Families are starting to become disappointed in the service we provide, because their appointments are being cancelled, with little chance of them ever being rescheduled due to the short- staffing. The appointments are just not happening no-one wants to work in an area of nursing where it's clear staff are stressed and the pay is below that of our Whatu Ora Colleagues.

More of our nurses are also leaving because we are getting burnt out and feeling so undervalued. Some of us are single parents. That means we spend our working life caring for other families, only to then struggle to support our own. That is not okay - I am one of those parents and because of it, I am seriously considering moving across to Australia. In fact I have started looking at the requirements needed to get my Australian registration started. It makes no sense that the nurses who are keeping families out of hospitals are paid less.

If this continues, our health care services will not be able to cope with the increased workload that this will lead to, for our Te Whatu Ora Colleagues. The ambulance at the bottom of the cliff is never the best option...

Practice nurse, Wellington

I believe practice nurses and Plunket nurses deserve the same as nurses that are employed by Te Whatu Ora because we do just as much work, we cover a wider community. Pay parity with Te Whatu Ora would make me feel valued because PHC and Plunket do have the same skills as Te Whatu Ora nurses, we have the same degree.

Practice nursing and Plunket nursing are the backbone of healthcare and keep patients away from hospital by keeping patients well. Pay parity for PHC and Plunket will attract more nurses to community health and help with short staffing. It would also mean I would be able to live a normal life by being able to provide for myself and my partner, I am struggling living pay check to pay check.

Nurse practitioner, Wellington

My employers agreed to pay me as per the DHB MECA as there is no provision for NPs in the current Primary Health Care MECA. However, I have many NP colleagues in primary health who have had to negotiate their own pay and conditions and are paid well below me.

It's a disgrace that this MECA is so overdue.

Practice nurse, Wellington

I am heading toward the end of my career, and I worry that the very few nurses who choose to work in the Primary Health Care setting, will very soon become disillusioned due to huge work load, the huge scope of the position, and poor pay, and then they will ultimately leave. And who could blame them?

Better pay within hospitals, or work offshore, would no doubt be very attractive for newly graduated nurses with student loans, and their future to save for.

Practice nurses pulled out all the stops when the pandemic hit - swabbing, vaccinating, educating, assessing people, and trying to do everything else that also needed to be done, and what thanks did we get for managing people so well, our colleagues in the hospitals were not overwhelmed, as did happen in other countries.

I personally have had enough – we do not get the pay we deserve by a country mile, and Government who have thus far paid us "lip service" only, really don't seem to understand the crisis health care is in!!!!

Registered nurse, Wellington

I have worked as a senior RN practice nurse and Urgent Care nurse working with the same private company for 20 years. I decided that as they have amalgamated with Green Cross I no longer like the structure they want us all to adhere to. I felt that we were taken for granted; not included in decision making; and were losing the personal approach I had with my patients. This left me feeling undervalued and also with no pay increases forthcoming undervalued.

I decided to move to a Rest home Trust and have found more appreciation and value professionally – however, the pay difference is disappointing. They do pay the MECA and the rate was the same as the previous employer but the evening and weekend rates were a lot different. For example weekends previous paid time and half and the new trust rate is weekends + \$3.50 per hour. I am at a loss to see why nurses rates are not equal everywhere. I have chosen to stay where I am valued even though the pay is less, but I do not work weekends anymore.



Practice nurse, Wellington

Primary Health Care nurses need fair pay rates to continue to provide vital services to the community especially given the pressure Primary Health Care is under.

Plunket nurse, Auckland

I am a Plunket Nurse and I have a workload of approximately 800 children within the South Auckland region. I have previously worked in Randwick Park, Manurewa and I now work within the Mangere - Otahuhu region.

My colleagues and I have worked extremely hard and I have previously worked as a Practice Nurse and cannot believe how poorly paid they are as well.

In both roles it is important to understand that we can offer care that can help families and save them time in seeking care in places like ED. We promote health education and also preventative interventions to reduce risks for families. Primary Health Care is fundamental for the overall health care system, we detect issues early and try to escalate it to the right people and services such as GP referrals, food banks, parenting programmes, support networks for social needs. We work in a holistic manner to address some underlying issues that can impact families.

I've seen colleagues leave one by one, getting burned out and wanting more pay. Most have left for Middlemore and Australia. The thought has definitely crossed my mind but I have two autistic children who need me here.

I feel myself getting burned out as I have my own personal needs as everyone else does too, but to be the best nurse possible I don't think I am at that level. I do try but I know I cannot see everyone at the time they should be seen as per the Well Child guidelines.

We need more nurses for high needs families, to spend more time with high needs families. We cannot spend the time with them as we have a growing population and not enough nurses. We do not have a choice but to keep our visits to a minimum. On average I see five to eight newborn babies a week, ideally these children are to be seen between four to six weeks, then again at 8 to 10 weeks. There is minimal room in my schedule to see everyone on time but we do try, there's not enough nurses to cover each other if one of us is absent.

This does not help when we try to engage with families if they become dissatisfied especially for families with high needs who absolutely need additional support.

We need to be paid as much as Australian Child and Family nurses. We have completed the Postgraduate qualification that supports our nursing practice and also we bring a wealth of knowledge from our previous roles too. We want to show and educate new graduates and student nurses to provide excellent Well Child nursing care, but we are also losing them as well. They have been leaving right after attaining their qualifications due to pay.

Having more pay would make it easier for my family and I deal with increasing living costs especially for my children who have diverse needs, I have to pay more for support and resources to support their development and everyday tasks in life.

I would be happy to have a relaxed workload knowing we would be fully staffed and I would be able to spend more time with families offering support, building on their knowledge and ensuring they are well supported. In South Auckland we have so many families with high needs and they need more of our time, so we can request the help they need and guide them to the services that would best suit them. Ideally 30-60 minutes is sufficient to cover every aspect of the well child check, at the moment we offer what we can as we are mindful of the time needed for the next family. It feels very rushed.

We need the government to value us because we are amazing, and we deserve it. We are hardworking with our own needs and at times our cups are empty. We need to be taken care of and be appreciated because so many are leaving to go to Australia.

I am so proud of Plunket Nurses and Primary Health Care nurses, our wellbeing is important and so is the health of New Zealanders. We are fundamental to the health care system of New Zealand.

It is a shame we are losing so many Primary Health Care nurses and Plunket nurses – they are highly skilled and have worked in high needs populations with fantastic cultural competence. These are the kind of nurses we need for New Zealanders, and we need to pay them more.

Practice nurse, Auckland

I currently work three different nursing jobs to make ends meet, and be able to manage a whānau of eight including my elderly parents one of whom has stage 4 breast cancer. I am unable to work 40 hours through the week because of childcare arrangements but have to work in the weekend to cover expenses.

Pay parity would allow me some precious whanau time. Pay parity may entice nurses into primary health care so we are not consistently short on the floor. Being short on the floor induces constant stress. It's felt across the sector and getting worse. I love Primary Health care; it was my calling, but unfortunately leaving it has become a more favourable option recently.

Practice nurse, Auckland

I can never ever work on time. Due to short staffing and workload. This means I pick up my son late from day care and get stung for late pickups. The pay rate is an absolute joke for the work I complete. The amount of it, and the pressure I feel that I will make a bad decision because I'm stressed, and someone will get hurt.

I hold an expert portfolio in Primary Health Care. This means that I can (more than) proficiently nurse people of all ages, with all types of health conditions. From newborns to the elderly; gastro to gynae to well health screening to emergency to urology to oncology etc. so many medications! So many body systems. I am confident in my ability to do this/ but I feel so undervalued because of my pay. At the end of the day I've got a family to feed, and currently I work bloody hard for peanuts. It makes me feel sick and embarrassed to be honest. I know I'm worth more.

Most of the covid care (swabbing, screening, home care etc) was done by Primary Health – on top of usual duties. This has gone completely unnoticed.

Practice nurse, Auckland

Currently working in Primary Health Care in a general practice, nurses like myself are receiving significantly less pay than nurses working at Te Whatu Ora. For the last three months, I personally have been thinking about going to work back at Te Whatu Ora, where I have not been in two and a half years, mainly due to the pay differences.

I absolutely love practice nursing and being able to help the vulnerable community that I live in. But with the ongoing cost of living rising every month, I honestly do not know how much longer I will be able to keep working here without receiving pay parity with Te Whatu Ora.

Right now at my workplace, if one nurse is sick or on annual leave, the rest of the us nurses are struggling to keep on top of our workload as there is no one else to cover us.

We had a nurse resign earlier on in the year, and only had one person apply for the job! Our workplace has not been able to find any nurses who could work casually either, as the pay rate does not compare anywhere near what Te Whatu Ora can offer.

If the Health Minister and Te Whatu Ora could understand and accept that the reality of working in the community is in crisis at the moment, and the only way to hold on to the amazing nurses is to increase funding to allow pay parity with Te Whatu Ora!!

Plunket nurse, Hawke's Bay

I am a Clinical Leader working for Whānau Āwhina Plunket. I am privileged to work alongside an amazing team of Plunket nurses, registered nurses, kaiāwhina and health workers who give their **all** every day.

The past few years have been challenging for them being thrust into a Covid world of lockdowns where they were expected to work from home. At times they bore the brunt of disgruntled clients, whānau, the public and other health professionals for not remaining at the front line (not their decision either). Working from home on the end of a phone and computer was seen as the soft option by some -many of whom had never experienced the challenges of making assessments, connecting clients to changing or non-existent community services, and/or providing more intensive pastoral care over the phone.

Nurses learnt to sharpen their skills in listening and reading between the lines. Teasing out not just what was said but also what wasn't said supported growing their understanding of individual client situations, fears, anxieties, and needs. The challenges of tracking highly mobile clients alongside rising complexities for clients increased staff anxieties when they themselves were often in a state of "fight-flight" coping with the Covid world. Many shared how secondary care staff were valued by the media and government ministers during this time, but little was said about their work as primary health nurses-the people who provided support and guidance to children and their families in the community, so they didn't need secondary care services.

Post-covid with a growing population, staff resourcing is at its worst. Mandates, limited overseas professionals entering the country, underfunding, lower wages, and an aging workforce has impacted heavily on their ability to be supported with a fully staffed team. Recruitment is frustrating for me, and the team due to low applicant numbers within the Well Child arena. This impacts on higher caseloads and staff carrying additional clients. Staff feel dissatisfied not being able to support families more than they do due to poor staffing levels. As a clinical leader I at times carry caseloads (currently three) for staff who have resigned. This is a risk and unacceptable. Our organisation is aware and support us where they are able, but they too are unable to conjure up extra staff within the current climes and with insufficient funding to cover the work we do as an organisation.

Discussions with applicants has highlighted how underpaid Primary Health Care nurses are compared to their peers in secondary care facilities and other private community spaces (10-20%). They can't afford to uptake positions with our service. Staff are making a choice to leave jobs they love for positions with higher hourly rates so they can survive and where they feel valued. Financially they are struggling. Pay parity is a big concern and secondary care services offer higher hourly rates and potentially earlier pay parity outcomes.

Staff feel undervalued and disrespected for the work they do in primary health. Many of these women have worked all their lives underpaid and undervalued. Many are looking elsewhere and are thinking of leaving. They talk about a class system in work environments-secondary care nurses are valued by government- primary care are not.

I am so proud of the way the team and our organisation work against all adversity. They may be resilient, kind, and caring people but martyrs and fools they are not. The current situation **MUST** change to ensure we keep these amazing staff working at the forefront of health in the community and within the organisation. It's time for the government to act and to recognise the value these wonderful people make to the health of New Zealanders.

Stand up and do what is required- it's time to act with equal opportunity for fair pay, pay parity and to value all New Zealanders in the Health sector for the mahi they do!

Practice nurse, Hawke's Bay

We have been constantly undervalued for some time now. I am made to feel that the hospital nurses are better than me because they are paid more and constantly getting pay rises and not us. We are always the last in line even though we worked so hard throughout the pandemic to be told we were not essential. A kick in the guts that just keeps on giving. Sick of being put down year after year!!

Rural nurse, Hawke's Bay

I believe all Primary Health Care nurses should be paid equal to those who work in Te Whatu Ora. We all sat the same state final to become a registered nurse of New Zealand. We are all caring for humans who expect that we are clinically competent and professional. In my work area I often work alone and have to deal with whatever clinical case walks through the door, with an admin as back up.

I have a responsibility to my patients to make the right decisions that can often be life or limb threatening. This area of work for some is isolating, however our rural communities need nurses that are easily accessible. This level of responsibility, the passion, dedication and education (masters, and further post grad papers) should entitle me to be paid the same as my DHB colleagues. As a rural primary health nurse I am an investment in the health of my community, therefore pay me my worth.

Practice nurse, Wellington

I have worked in the Primary Health Care sector since registering as a nurse. The pressure that has been put on us over recent years is extreme. We are handling much more than we used to. With Dr shortages, we are expected to take the load off them. With emergency care and specialist shortages/wait times, we again are taking the pressure off there.

We are having a lot more responsibility/duties handed to us from the hospital sector as they are not able to keep up. Nurses in PHC are leaving – leaving the profession entirely as so much is expected of us and we are not being valued! The entire country value us, and know how stressed out we are, how hard we are working, and the conditions we work in. We deserve an incentive to stay in the profession.

We deserve a pat on the back for how hard we are working. We deserve better!!!

Plunket nurse, Wellington

I work as a Plunket nurse in the community and earn less than a family member who works as an early childcare teacher. I am burnt out by the workload and often wonder why I have stuck working with Plunket.

I am hopeful for Pay Parity with Te Whatu Ora but have already made the decision that if pay parity is not achieved I will be looking for other employment where I do feel more valued and where I am rewarded through pay for my knowledge and post graduate study.

I put my health at risk with exposure to Covid and other illness as these are not always disclosed by families when we are out home visiting. I also work well beyond my hours of paid work to complete the administration component of this job and due to this my job satisfaction is very lacking.

Plunket nurse, Wellington

I love my work as a Well Child Nurse. I am highly qualified and experienced, yet am on the lowest pay in my 17 year nursing career. If we had any sudden financial difficulties my first change would be my job, as it is currently a luxury for me to indulge my passion in child health.

Over the last five years I have seen our Well Child service reduce due to poor staffing. Poor retention and unable to attract new nurses due to low pay and poor staffing in high needs areas. Due to low staff numbers, currently our service is unable to provide regular Well Child checks to infants over five months of age, unless they are allocated a long-term high need label. This is disappointing to many whānau in our community and increases risk of infants not having health or developmental issues identified.

Pay parity is the only sure way to attract nurses to Plunket as the pay gap is so large, why would they come to Well Child for such a big drop in pay. We talk about preventative health care and how important the first 1000 days are for our children. Let's invest money into these services to make this a reality. Our tertiary sector is already in crisis, are you going to let Primary Health Care go under too?



Practice nurse, Wellington

I am an experienced Practice Nurse. I have saved this country millions of dollars over the years by giving acute, timely accessible (try to, reduced support from Hospital setting) treatment in the community. Our Patients are more complex, vulnerable and also dealing with individuals with higher acuity in the community setting now. Mental health needs have skyrocketed, and worse since Covid, more counselling is required for our patients as they are bumped of waiting lists e.g surgery and specialist appts.

Hospitals have devolved a lot of their services to Primary Health Care. Also patients must wait a long time to get into Family Planning, again the work is devolved back to Primary Health Care. We work on a skeleton staff, when doctors or nurses are away we must also cover their work. Nurses are doing Nursing Practitioner work, within their scope of practice, non prescribing.

Massive workloads, we are just managing to scrape the surface in PHC. So much unmet needs we can't address. We forgo breaks and lunch, get off late. We have student nurses to train, they see the reality of our back breaking work loads, we have great concerns for them, the future doesn't look good. This is not of our making, its a perpetual cycle of a very dysfunctional system, that nurses seem to have to work in ? Our voice is silenced, a once noble dignified profession, totally disrespected marginalised, intimidated, discriminated against, compared to our hospital counterparts and others.

As a sole income earner for many year, dental care has been a great problem for my family and I, we also put off much needed house maintenance. Our house is cold, and in winter we wear coats hats and gloves to keep warm. Also may stay in bed for longer to keep warm, and keep a close eye on the electricity bill. Supermarket prices are unreal. We don't have holidays like other people, don't go out for meals generally, and don't talk about it to other friends who have had good financial remuneration from their jobs or have been lucky enough to have married a rich husband or something. Some of them don't understand.

Very frustrated and sad, currently considering other career options, that will pay the bills, so needed when you have life experiences, people to feed, a house to keep warm, a hole in the roof to fix. A new car would be nice.

Nursing in New Zealand is one of the most unattractive careers at present, we are so undervalued, We can't work for free any more!!

We want to influence positive change, not be the ambulance at the bottom of the cliff. We want to be valued, support our student Nurses, but currently feel we can't promote nursing. We are leaving the ranks left right and centre, we can't afford to nurse.

Plunket nurse, Wellington

Not leaving at present, but living off a nurse's wage is very difficult.

Senior Plunket nurse, Lakes

Currently we are seeing a number of registered nurses and health workers leaving Whanau Āwhina Plunket - for some the higher wages in other sectors is attractive especially is they are the primary earner, as well as the rising costs of living in New Zealand. Some are burnt out especially in areas where the staffing rates are under continually under recommended levels – and there is a 'staff employment freeze" – they can see no light at the end of the tunnel.

Some of the passion for the role has diminished and offering 0% and then 3% wage increase is a joke. For others and those who are currently working the reason for working in Primary Health Care is to make a difference, to reduce clients needing to access secondary and tertiary care. Health promotion and health education is key for this.

Increasing cutbacks and inability to offer a universal service is a serious matter. It does make the task of supporting all families and children in Primary Health Care virtually impossible. The inability to be unable to deliver care to all clients is disheartening. Increased wages would attract more nurses to working in the Primary Health Care sector where you can really make a difference - supporting

parents through their parenting journey can change the trajectory for parents and their tamariki. The First 1000 days are a key are to be working in with subsequent flow on effects for the country.

We are well worth the same \$ as our counterparts in Tertiary facilities. Our key role is prevention – If we have the correct staffing we would be able to reduce the numbers of clients having to access tertiary care - and thus reduce the burden in some areas for our tertiary sector colleagues. We have a well-educated workforce across the WCTO sector - all the RNs have PG education as a condition of working in the sector - with many more completing or having completed Masters Education - this also needs to be recognised - we should be valued for a workforce engaging in higher level education to enable better outcomes for our clients .

Better staffing would enable care to be provided as expected by Ministry of Health contracting. Like all nurses currently working in today's climate – we are too experiencing risk in our everyday work - stressed parents/clients, community risks, emergency housing with families, mothers and babies; dogs; risk on the roads.

Of course we need to feel valued!

Family Start worker, Manawatu

I am flabbergasted and disheartened that practice nurses and Plunket nurses have been excluded from Pay Parity as recently announced by the Government. I am a newly qualified social worker and a New Zealand Nurses Organisation member. I also have 20 plus years' experience in care and support both in New Zealand and overseas.

Much like my nursing colleagues in Primary Health Care I am frustrated by a system that sees us treated less fairly than our peers at Te Whatu Ora, and this latest omission leaves frustrated that they're doubly undervalued.

There are so many professions out there that require lesser qualifications, and yet are paid more. I feel let down. Many general practice and Plunket nurses have skills and experience, why does the Government not feel it important to pay them in line with their peers?

My colleagues and I often see people in Primary Health Care quitting to work in other health fields or for completely different careers, and we are continuously looking for new recruits as a result. They are handling huge workloads with little time for self-care.

They are also constantly worrying about making ends meet and paying their bills.

There is not much breathing room in this sector because all health care employees are overworked. If the call for recognition from Primary Health Care workers and the communities they serve go unheard, we will have greater problems to deal with in the future.

It's your practice nurses who care for people in the community and help them stay out of hospital. It's your Plunket nurses who give your baby the best possible health start in life, reducing their need for health care later. As our numbers dwindle, hospital and ED admissions will continue to increase.

If we don't act now to protect Primary Health Care with equal pay so staff can be retained and recruited, our workplaces will continue to be unsafe, and staff will continue to leave. The Government may be saving money, but we will all be paying a greater price as a result.

Family Start worker, Manawatu

I have worked pretty much in the social services sector for way over 20 yrs. I have worked for the govt-Probation officer for four years because I wanted the \$30,000 more a year and to help people in a different way and learn different skills.

I choose to help people, so I know the huge personal and financial costs that it has on an individual when you choose this type of

career. I could have chosen to do a different degree e.g. business. So in some ways I really can't complain as I choose this, but it still saddens the heart sometimes and you get very weary and feel very used sometimes when your fellow college who is almost doing a very similar job to you e.g. Oranga Tamariki with just as much stress and paper work easily getting more than \$30,000 than you.

It's insulting there is talk they want higher wages.

Why as a society do we not value the mahi Family Start workers do. Why do we as a society not value our most venerable and our tamariki during the first five years of their lives by valuing the workers who try to support them etc.

It was wonderful to hear that Barnardos and some other services have decided to increase their staff pay to match others. I know our local iwi is paying a lot more now. Value your people/whānau. The ripple effect will be huge.

I find it even hard working with my fellow Plunket nurses who are on \$30,000 more than me. Their job is hugely stressful but so is working for Family Start-Plunket. I guess if things don't change we will continue to lose more good workers who will choose higher pay and quit. There have been times in my career where i have almost felt I'm so close to the lives of the whanau I work for.

Struggling finically to get by and almost feeling victimized again for being a woman and choosing this life. Hard to value yourself at times when you are not valued by others. I can see why some people are choosing to move to Australia as well. Much higher pay. Its just all sad really.

Practice nurse, Manawatu

1. I came from designated senior nurse (CNS) and took a major pay cut going to Primary Health Care.
2. The job I do in rimary holds the equivalent level of knowledge and skills as my CNS role. I believe that my role in Primary holds equivalent, if not more responsibility as I am assessing ALL patients who walk into our acute clinic and respiratory clinic, autonomously; however, I am not recognised for that financially or by position.
3. My more junior colleagues' pay is atrocious. They would get paid far more doing other roles that hold less responsibility. I see them struggling to afford simple things like childcare.
4. I would love to work fewer hours to have a better quality of life, and more time with my kids. but unfortunately cannot afford to do that in Primary Health Care.



Practice nurse, MidCentral

I am proud of my 35 years and my contributions as a Primary Health Care nurse. Throughout these years I continue to provide health care for all ages, ethnicity, gender promoting health, immunisation, cervical screening, contraception, emergency and afterhours care, quality improvement, governance, screening, trainee and new graduate Nurse and Dr education are included of the services my colleagues and I continue to provide all extremely important to the health of New Zealanders.

We have selflessly continued to work at risk during COVID times. It is absolutely essential that Government honour Pay Parity now and without delay otherwise why would Primary Health Care want to continue working undermined by the Government that we are prepared to settle for less than we deserve.

Practice nurse, MidCentral

I have worked in Primary Health Care for more than 26 years. I have enjoyed working in this area assisting to prevent patients going on to secondary care. This where you work with the patient and whānau to educate. I feel we work just as hard as Te Whatu Ora nurses and there is a large gap in pay parity.

My colleagues who work for Te Whatu Ora earn a considerably higher wage and have less experience than myself, and it feels so unfair. I believe all nurses should start out on the same wage no matter where they work and work their way up the MECA. If you carry out shift work you will receive penal rates.

Primary Health Care nurses have had it tough during covid and have had to work to the top of their scope especially with the shortage of General Practitioners. There should not be an inequity of pay

due to the area you work in it should be based on experience and knowledge. The gap in pay is causing a division between nurses, we should all be working together to achieve the best outcome for all patients no matter which sector you work in.

Plunket nurse, Nelson-Marlborough

I am working a full-time caseload in 3.5 days. A colleague who is leaving in December won't be replaced until June/July 2023 at the earliest, leaving myself and another nurse to cover that caseload as well. Our Clinical Leader is based two hours away, so I also have responsibility to attend local meetings and linking with local agencies.

I dropped about \$8000 a year when I left Otago DHB (Public Health Nurse- a position I didn't need a post grad qualification for). There is more pressure from Plunket to provide a gold standard service with lack of staff and resources. Every Plunket nurse works untold unpaid hours, with no recognition, I dread to think what would happen if we worked the hours we are paid for.

I personally feel tired, frustrated and at the end of my tether, which is starting to impact my health and personal life, not to mention my concern about my future practice if this workload, poor pay and excessive hours continue.

Practice nurse, Nelson-Marlborough

I have worked as a practice nurse for three years and have worked for the DHB before that for over 15 years. I work as hard or harder as a practice nurse. I increased in responsibilities for COVID (Training) Assessment of unwell patients. Increased demand on Triage Phone Call from Patient – up to 80+ calls a day and been very limited in resources such as GP appointments and Urgent Care resources.

I go home worried that I may have made a mistake and time pressure to do the Job! Being over 10 percent behind Te Whatu Ora staff in pay is ridiculous! Working POOR that's me!!!

Being valued is important and recruiting GOOD Nurses is getting harder and harder. I am thinking about leaving nursing and driving a tractor in Marlborough because I would get paid the same.

Practice nurse, Nelson-Marlborough

I have joined Primary Health Care this year following 13 years at my DHB. I was burnt out and needed a new focus. I took a massive pay drop of nearly \$10/hour to do this and am now struggling a lot financially.

We need to be recognised for the long hours and hard work out in, in Primary Health Care and be remunerated to address this.

Practice nurse, Nelson-Marlborough

My current position as registered nurse for a Pharmacy was only meant to be temporary as a vaccinator during the Covid outbreak so I'm not really concerned about that BUT my many years' experience in Primary Care (practice nursing for GPs) and more recently as sole registered nurse for urgent care GPs in Nelson-Marlborough has shown how badly our health care system is failing the people trying to use it !!...

As the lack of registered nurses gets more desperate and the population of New Zealand; who often can't get urgent appointments to see a GP, get frustrated during their long waits at our urgent doctors or emergency departments their tolerance of us trying to help them is stretched to the limits!!

Some become upset (with pain or lack of understanding at our limitations) while others' kids wreak havoc on our waiting rooms or they just get straight out stropky with us, the doctors and other patients who have been seen faster than them due to more urgent need!!!

Many are there as they've not taken previous advice from medics, or they are ignorant about going for advice at pharmacies or have language barriers or worse – worried they can't pay ...

This only adds to their stress and ours as we have to calm, reassure, assess, advise and treat patients - who often present with multiple family members which tends to overcrowd an already tense waiting room. Lack of other staff members due to none available or sick or not qualified enough – means our procedures are placed under pressure as we do multiple tasks (phlebotomy, suturing, vaccinating, dressings, measuring for crutches, reducing Febrile Toddlers, liaising with rest homes regarding unwell residents or co-ordinating jobs with St John's/ Emergency Depts. our knowledge has to be very broad in Primary Care for both the patients and GPs on duty there!! There seems to be less self care by the population to keep healthier lifestyles now ... smoking, drugs, alcohol, obesity, vaping, infections neglected, and even poor oral care is driving up the needs for medical intervention as their wellness plummeted below decent levels!

Often their desperation meant that they didn't notice that there was only one nurse doing all the jobs and that maybe she'd not even eaten or had a drink while they've been waiting for a few hours ... we understand their situations but feel threatened with their cursing, their grumpy attitudes and the fact that some of them upset others or are just rude and uncooperative face to face or via cell phone ...

We worry about giving enough advice, getting the medications sorted, ensuring we cater for a multitude of ethnicities/ages/sexual orientation and willingness to educate themselves about their health.

We can't keep working long 12-hour duties or extra days that are covering others crumbling under these pressures – we are an ageing workforce who want to retire but feel responsible for ALL THESE PEOPLE. While our younger colleagues go overseas for better wages and safer conditions (and why not??)

If we just felt that this Government were at least listening or trying to understand ... that would make us feel valued and in a better mental state ourselves!!! For now though we opt for different calmer fields of health and hope like hell those making medical decisions change and Listen before more accidents and disasters happen!!! I want my grandchildren to have as good a health care as I grew up with ...Thank you.

Senior Plunket nurse, Nelson-Marlborough

To be able to meet the Ministry of Health contract Plunket needs to be able to recruit and retain staff. The most vulnerable and at-risk babies are missing out on support and advocacy to ensure they receive the best start to life.

Senior practice nurse, Nelson-Marlborough

I have been nursing for 18 years. I am a confident and competent senior nurse with urgent care and practice nurse background! The pay gap between myself and my sister nurses in secondary care

make me feel undervalued and my incredible experience and nursing skills are of lesser value of other nurses.

Primary Health Care nurses have been the on the frontline all through the covid pandemic and every nurses put their lives and their families at risk! The future of Primary Health Care nursing is looking like it will be understaffed and undervalued! How do we inspire nurses doing the Bachelor of Nursing to go into Primary Health Care? They will have less pay and feel undervalued! There are achievable solutions: single MECA for all nurses; free training for nurses - families cannot live in a single wage while a partner is training. Student nurses are paid on placement!

These changes would need to be implemented immediately – we do not have a year or two to discuss this!!! I ask the Minister of Health to be brave and show the world that New Zealand respects and cares for all its nurses. Let's lead the World by making these positive changes!

Senior practice nurse, Nelson-Marlborough

I am a practice nurse at a general practice and am incredibly proud of the job I have done over the past 12 years in this role. I am the first person a patient sees when they come in the door, I see them on a regular basis and develop an amazing working relationship with these patients over months and years.

They love coming to see nurses at our practice. They get continuity of care and are more likely to listen and take advice from us about their health than any other health professional because of the relationship we have with them. We are at the top of the cliff for them and not at the bottom; not in a hospital bed stripped of power, disempowered and vulnerable, exposed to other sick people. They want to be able to come to our practice for most of their health care, from vaccinations, immunisations, smears, diabetic reviews, insulin start ups, blood tests, wound care, ear suctioning, minor operations, aclasta and iron infusions, ecgs, advanced care planning, advice on and off the phone relating to their health.

We are friendly, always available to talk and support them through their health journey and guess what they still feel empowered and supported because they can do this all from their own home. These are the many (I'm sure I have missed something) of the roles as nurses we fulfil for our patients and their family/whānau.

So I totally, do not understand why you cannot see that we need pay parity with our hospital colleagues. It's just a no brainer. It's not hospital beds we need but health managed in the community by Plunket nurses and general practice and community nurses. So if I was a nurse coming out of training and looking at work it wouldn't be as a Practice Nurse, Plunket Nurse or a Māori Health provider, it just is NOT enough. Money is a big issue for a new nurse or any nurse, with mortgages to pay, mouths to feed. If I was looking for a nursing job, I would be looking at where I got paid the most. Unfortunately the wage is not sustainable for nurses to live off anymore. I personally feel that as a nurse that I have the same qualifications as my hospital colleagues but do not get the respect and acknowledgement that it deserves through the lack of pay parity. I'm tired of asking. I love my job but it saddens me immensely to think it is no longer a fare option for nurses to make a decision about their career. Logically why would you work where you just don't have pay parity. Please, please address the pay parity issue.

Senior practice nurse, West Coast

In order to survive, pay check to pay check, I have to work full time in an environment that is mentally, emotionally and physically exhausting. When looking for alternative jobs to take me out of

this industry, I've discovered I could be paid more to go work stacking shelves at the local supermarket.

I will be making a change in career in the future and am currently undergoing study and planning to make this a reality as soon as possible as I'm clearly not valued in the position I'm in.

Senior practice nurse, West Coast

I work in a rural general practice. I first started as a locum there five years ago where I only agreed a maximum of one day per week because they paid at the MECA rate, while my main job paid several dollars above MECA (using a work-based competence scale). While I loved working at the rural place – it's unpredictable and enables me to work at the top of my scope, my 'easier' job at urgent care paid heaps better.

Finally my rural area offered me an 'above MECA rate' to be nurse lead, which I accepted on the proviso that I'd still be haranguing them over the other practice nurses' pay rates. I was quite embarrassed about my pay rate which I was not allowed to discuss with colleagues, knowing they were only paid at the MECA rate, and previously there was a high turnover in nursing staff - with the higher scope comes extra responsibility and nurses were consistent with finding the pay did not reflect the work.

There needs to be parity in contract with Te Whatu Ora.

Rural staffing is worse than urban for Primary health Care, and there is no financial recognition of the extra responsibilities and commitments that these nurses make.

Additionally there needs to be recognition of nurse prescribers, nurse practitioners and nurses entering their nurse practitioner practicum year.

Senior practice nurse, West Coast

I work in a large medical centre and find it stressful to fill the roster. The short fall of nurses leaves senior staff having to take on extra shifts and leaving staff fatigued and exhausted.

Practice nurse, Lakes

Pay parity would give us the recognition that as skilled and valued health professionals we deserve. It would attract younger nurses to become practice nurses which will secure the work force moving forward.

Practice nurses should be valued for the expert care they provide which reduces the workload on the secondary services, e.g. Aclasta infusion, iron infusion, venesections, cellulitis protocols, rehydration IV therapy, acute services and trauma care in the province.

Nurses working under standing orders for treatment of minor issues also relieves the GP workload. Practice nurses have been underpaid for years. Our qualifications and ongoing training deserve more.

Plunket nurse, Northland

As a Plunket nurse working in the Northland region, I am disappointed the Government does not recognise and equally compensate primary health nurses to achieve pay parity with Te Whatu Ora nurses.

All nurses should be under the same MECA; Plunket nurses have the same qualifications as tertiary care nurses and have achieved post graduate qualification in well child health making them specialised in their role. They are aware of health determinants in the community that affect our most vulnerable tamariki - the next generation.

Too many at risk children fall through the cracks and Government needs to consider tightening their safety nets to protect this portion of the population, they can do this by increasing the HR and perhaps making WC visits mandatory for some, so nurses can work intensively for those most at risk.

Plunket nurses do not always have the same comforts as tertiary nurses, they often work under strained conditions to keep appointments, travelling remotely, looking for a public toilet and utilising their car as an office space to access some of the most vulnerable whanau living in Northland. The mahi can be mentally and physically exhausting, causing burnout and nurses to leave the organisation noted by the consistent staff turnover.

Many Plunket nurses are already practiced tertiary nurses and bring their skills and knowledge to the community to be effective in the home environment to prevent children requiring hospitalisation.

With the cost of living increasing, parents struggle to keep a roof over their heads and to feed a family, let alone pay a power bill this includes Plunket staff who are trying to support their own families.

The Plunket nurse sees these health inequalities every day and strives to achieve equality of health by providing more equity to those most in need so all tamariki can grow up having the best start in life.

Plunket nurses utilise clinical observations skills to recognise if something is wrong with a child's health and can refer clients to the appropriate services; taking the pressure off already strained GP and ED systems. Our knowledge of the community means clients can achieve the same results by utilising other services in the community such as immunisations outreach team or Manawa ora provider for a healthy home assessment.

A Plunket nurse cares for a whanau from a wholistic prospective to promote health and interventions to prevent a whanau's health deterioration. We provide moral and social support to families, whether it is a food parcel, counselling, women's refuge, orange tamariki, car seats, children's' clothing, books for babies or home safety assessments.

Primary health nurses are on the frontline and work relentlessly day after day to support the most vulnerable families in the community; our interventions can be the difference between positive parenting practice or neglect.

We are the heart of the community and put our heart into the community to achieve positive parenting outcomes. To grow healthy

tamariki to achieve their full potential it takes a village to raise a child, our community village. Primary Health nurses and all the stake holders they liaise with - vision and hearing technicians, maternal mental health, dental health, immunisation outreach, lactation consultants, paediatric dieticians, speech therapists, social workers, play groups coordinators...



Plunket nurse, Northland

I am a registered Nurse with Plunket. Every day we are trying to see as many Whanau as we can this does not take into account the complex needs of Whanau often leaving us with referrals to write sometimes without sufficient time to complete these. As sometimes without us seeing these Whanau essential needs will be missed including immunizations as we remind Whanau or refer to other services to ensure that these can be completed.

The pay is significantly less than some of our fellow nursing colleagues and we are often visiting alone in the community often seeing complex needs and taking these emotions and feels home as at the end of the workday we don't handover to. Without sufficient staff when we are off sick we don't have anyone to see our clients often leaving us feeling as though we are behind on our caseload and some Whanau even missing out on scheduled visits.

Pay parity would mean that we can afford to live and also spend time with my family as this is my main reason for not leaving. We are essential to Whanau to provide holistic care but need this to be represented in our pay so we feel valued for the work that we do i am proud to be a Well Child nurse but the pay definitely does not reflect our hard work and often leaves me wondering if it is actually better for my family.

Plunket nurse, Northland

Due to funding, the specialty team I work in are understaffed, working on very sensitive tasks such as investigating sentinel events. We assess and manage data and policies/procedures to improve quality of the organisation yet we are so underpaid I am having to borrow money to get by each week and am applying to get my KiwiSaver funds out under financial hardship.

Taking away funds for my retirement. I feel so undervalued that I feel resentful towards work.

Plunket nurse, Northland

I am working three days per week, and still paying off my small student loan that I needed during my nursing training. I have been seeing clients under WINZ who are getting more per week (one family I saw was receiving twice my weekly income), who don't have to do anything for it. And I am the one sending off referrals for them to get more help financially as they are struggling to live off their benefits. It seems wrong that those working are getting less than those on a benefit.

We had a new nurse leave our workplace due to financial stress. Her plan was to go back on the benefit as she would be better off financially doing that than if she stayed working for Plunket.

Practice nurse, Northland

I have a huge passion for Primary Health Care and have given my all to my work. I have 2 young kids at home and have unfortunately had to take up a second job to help with basic living costs. By choosing to stay in primary care I have had to sacrifice less time with my kids and less money at the end of the day. The pay difference is HUGE we are not only talking about a couple of dollars here and this is base rate to base rate. I stay because of my passion but that passion only goes so far, I think more and more about moving across to the hospital and working less hours for the same pay - which is such a loss as I am bloody good at what I do!

We are going to lose good nurses, and we will be unable to replace them. we have no applicants apply for nursing jobs in our Centre, something has to change. If we are unable to see people in primary care then more and more stress will be put onto secondary services. Primary Care is underfunded and undervalued and this needs to change!

Practice nurse, Northland

I am a Plunket nurse based in Whangarei. I work in a high needs area, the whānau that I see have complex social needs that interpret to high health needs i.e. homeless, poor housing, limited or no access to health care, poor health literacy or mental health issues. I can only see so many in a day as the notes, referrals and follow ups are intensive per whanau.

As a Plunket nurse I work to support whānau to improve their social situations by referring to other organisations and calling on personal contacts to meet the social needs of whānau and I am still writing notes or working long hours. Most nights I have submitted my notes in the late hours as the complexity of the whānau requires extensive detail.

This mahi is a labour of love, however Love doesn't pay the bills. this Love doesn't fill the gap when my whanau need me, this Love doesn't provide for my self-care. But what I would love is that we get paid for the amazing mahi we do that makes a difference in this community. We should be valued for this service we provide and paid fairly to create equity and incentive for recruitment of future Plunket nurses. We provide early intervention services for families therefore we are just as valuable as our colleagues working for Te Whatu Ora.

Practice nurse, Northland

I am a single Mum, and left the DHB, making the move to Primary Health Care for better work hours. When I first started, I was barely surviving on the pay and put myself into debt. I have finally worked my way out of that, but still struggle.

As hard as that is, it's the feeling undervalued that really gets to me. As an example, one of my friends whom I graduated with works for the Hospital. I have finished my PG Dip, she has not done

any PG study. She has had a couple of kids & been on maternity leave, returning to work on less FTE, whereas I work full time. Despite this, we are on the same pay step. So, technically I have more nursing experience (i.e. hours), I have PG qualifications, but my time is not worth as much as hers because I work in PHC. I at least deserve the same base rate as her. It's this inequality that really frustrates me.

Plunket nurse, South Canterbury

Up until the 18 October 2022 I was paid less than living wage! I have now been with Plunket for one year and moved up on the pay tier from \$23.20p/hr to \$23.91p/hr totalling an extra \$38 in the hand a fortnight!

My household consists of two full-time working parents and two primary school aged children. I have to be VERY tight with our budget. I am learning to buy in bulk so it is cheaper long-term and getting smarter at food shopping - planning out our week of meals in advance so we are only buying what we need, and spending my precious weekend-time baking, to fill the kids lunch boxes. However careful we seem to be, we are stuck in a financial rut with cost of living increasing, the budget isn't stretching as far as it used to.

We are fortunate enough to own our own home, however, interest rates are getting increasingly unkind and keeping up with the mortgage payments is becoming more and more of a concern. Financial stresses are a huge trigger of anxiety for me and the impact this has on mental health along with feeling undervalued is huge.

I have a side hobby in which I sell handmade crochet goods to give me a bit of extra pocket money to do activities with my children and to help support my household make ends meet. Pay parity with Te Whatu Ora would make me feel a lot more valued, I would be able to stop looking at Seek every day for a new administrative position that would work for my family and I, and would certainly allow us to live more comfortably. I would also be able to go to bed a lot earlier instead of staying up all night to fill crochet orders, meaning I would be a lot more efficient at work because I would be getting the sleep I need!

The system is broken and something needs to give.

Plunket nurse, South Canterbury

It would be good to be on par with our colleagues at Te Whata Ora, but not only that to be recognised for the work we are doing.

Our role has changed significantly in the last year, we have taken on more of the administration work from our clinical teams and no further resource has been added and it would be nice to be recognised for all the work our teams do.

Practice nurse, South Canterbury

Providing pay parity for nurses working in primary health care acknowledges the level of skills we possess to work in our position. As nurses we are generalists we have to remain up to date across a very wide range of medical/nursing fields. Many of us possess specialist skills that nurses in Te Whatu Ora do not. We deserve to be recognised for the contributions we make to outpatients keeping many out of secondary care and helping them remain well living in the community.

We give our heart and soul for patients just like hospital nurses but are undervalued by the government because of the area we work in

Enrolled nurse, Southern

I am an Enrolled Nurse with 40 years of varied Nursing skills.

I have a solid skill set within wound cares as I have been a district nurse previously. My wound care expertise is used frequently by practice nurses and doctors. I feel very undervalued payment wise, when my unskilled 24 year old son gets paid more than me. He's a cook and is paid \$28 per hour.

This is disheartening as my hourly rate is \$26.40!! I continually hear of teaching aids x other unskilled positions being on a higher hourly rate.

Senior practice nurse, Southern

Practice nurses hold the same qualifications as DHB nurses. We go through the same training, yet are treated as second rate nurses.

Practice nurses were and continue to be on frontline of Covid. We are the first call patients ring when they are ill. We were on frontline when administering Covid vaccines, we have administered hundreds of vaccines. This was so stressful, and this extra work was on top of our day to day work. We regularly got abused by members of the public who expressed the mandate.

Not a day goes go by when we are not busy. We are more conversed with medical conditions than DHB nurses are who specialise in particular areas such as medical, surgical. We have to learn everything be it medical, surgical, emergency etc. It's a disgrace how the past and present Governments have treated primary health nurses with their pay.

It's saying DHB nurses are better than primary nurses. It has taken us six months trying to find a practice nurse as no one wants to come into nursing due to poor pay. It takes. It takes 12 months to train a practice nurse. Practice nursing is a dying breed, please protect us.

Practice nurse, Southern

Soon there will be no Primary Health Care nurses. Why work with autonomy, on your own, in rural and acute settings often under standing orders and only have yourself and one doctor to be paid 10.6 percent less.

I have student nurses come in and wonder why we stay. They tell us they wouldn't even consider Primary Health Care due to the pay disparity, let alone nursing in new Zealand at all.

In an already ageing nursing population I'm concerned for the future. I love my job and the diversity but if it's the difference between putting petrol in my car and being able to pay rent then Te Whatu Ora is where I will have to go.



Practice nurse, Southern

I have always felt nursing as a profession is undervalued, considering health care affects every single human. How are we so underpaid? When minimum wage and other workforce wage keeps increasing but nursing pay doesn't, I often wonder why I got into nursing, why I put in so much effort for a job that demands so much but is so thankless?

If a global pandemic can show how needed and important nurses are to keep a country alive but a global pandemic still isn't enough to pay nurses better, then I can't imagine anything will.

It's quite honestly deflating. I have always loved my career, but at what cost.

It's not rocket science, why would the younger generation want to get into nursing when you can get paid a ridiculous amount more to do a trade (and no student loan).

Senior practice nurse, Southern

I have worked in Primary Health Care for 38 years and absolutely love it but I do feel this less over the last 10 years. It has been increasingly difficult to recruit new nurses due to the fact that Te Whatu Ora nurses are paid more.

With the cost of living it is a no brainer that new grads will choose to work for better money when they have mortgages to pay and provide for their families. I have worked 40hrs + more for many years as we are constantly understaffed as nurses feel undervalued in Primary Health Care. I don't understand why they think that Primary Health Care nurses are deserved of less money when we are being asked to do more and more work and become more upskilled to help relieve the pressure on hospitals.

I am doing much more complex work than I ever have been and it isn't being recognised. We are doing the work hospital nurses do. Infusions, standing orders, urgent care, triaging and much, much more.

Thank you for taking the time to read my short story.

Plunket nurse, Southern

I have the same if not more qualifications as Te Whatu Ora nurses but working in Primary Health Care I feel that my work is not valued at all. On a daily basis I work with families affected by low income and deprivation, domestic violence, drugs and social pressures. My job is extremely important and difficult and to be recognised would be amazing.

I am not just a lady who weighs a baby I am worth it. I and my colleagues are worth it.

Enrolled nurse, Southern

As a single mum with a student loan, my income as an enrolled nurse is pitiful. If I didn't love my job it wouldn't be worth doing. Sometimes when I see what people with less responsibility and less education earn, it makes me wonder why I put myself at the forefront of the pandemic to look after them.

Plunket nurse, Southern

I can't tell this story – it is hard, it feels as if we are seeing clients and offering a service that is not able to be delivered. (is this OK??!!) If you looked at a staff diary right now you would see the only way most 'urgent' clients (new or existing by high need for some reason) can get seen is if someone considered 'less in need' is cancelled.

These cancelled appointments have been negotiated with the client / whanau, promised to them, are expected by the whānau and important to them... I can't write a story – but I can be sad and frustrated and feel my knowledge, autonomy and decision-making skills are not valued.

Practice nurse, Southern

It has been busy years in Primary Health GP practice with the extra work and hours relating to covid and trying to work with families to ensure national immunisation schedule is maintained on top of covid vaccinations. Parents are feeling there are too many vaccinations and extra education time required. Ensuring cervical screening programme maintained and women assess to health centre.

I am nearing retirement would like to continue to work until 67, but I'm starting to think cut back a day next year; I am currently working four days, so in retirement I'm looking at working two.

Employer is great, pays above the scale and increases as soon as changes. Pay parity is important to feel truly valued by Government. Now we need to ensure all nurses are paid the same so that nurses feel can work in the area that best suits their skills and enjoyment without prejudice of down grading and feeling less worth.

As I look at retirement reducing days recruitment of staff to my position when wages in hospital are more appealing. Each area of nursing requires basic nursing skills but also special skills to that domain. We need to ensure mixed skill base of new and experienced staff and ensure nursing knowledge is not lost due to no Pay Parity.

Practice nurse, Southern

I have come to work in one of the most beautiful parts of the world, New Zealand, Queenstown more specifically, from Australia. Nurse job description does not vary from Australia to New Zealand, but for some reason I have taken a \$14/hour pay cut to do the same thing.

Prior to my move, I was tempted to go work as a cleaner (have never done before) because the company I was looking at joining, I would have gotten paid more than what I am as a registered nurse, a university degree (\$30,000), looking after humans, sometimes with their lives depending on us. Obviously, I did not, because I love nursing. I love getting to know people, making their lives a little better than when they arrived.

I would love to call New Zealand home, but I would not be able to achieve the things I want to with the current wage.

Practice nurse, Southern

I feel frustrated, infuriated, insulted, undervalued and demoralised at/by our health care system. I am embarrassed by my wages. I have developed 10 years of expertise and experience in rural Primary Health Care and dedicated myself to fulfilling the extended knowledge base and skill set that this requires.

My husband suffers from an illness that impacts his ability to work and provide for our family. He too is highly skilled and an expert in his male dominated field. His salary dwarfs mine. I wish we could trade places because when he suffers exacerbations in illness that require time away from stress and pressure I cannot give him that as I cannot provide for our family. With two small children in childcare my wage can be lower than minimum once childcare is accounted for.

Two years ago we lost our home and had to move away from our family and friend support groups after my husband was unable to work for an extended period. Even though I was employed and working at the time my wages barely covered food and nappies let alone our mortgage. As a working professional couple with degrees, post graduate qualifications and management experience we should be living the dream. Instead the cost of living and financial struggles are crippling us. We do our best to be frugal and live within our means. The only pair of shoes I own are for work.

A life of all work and no play without a disposable income ultimately led to a near fatal suicide attempt by my husband last year. I live in fear of his next breakdown because my pitiful income isn't enough to keep a roof over our heads and food on the table. It would mean the world to me if I could ease the pressure on him and enable him to recover when he needs time off work. I have already experienced work overseas with significantly higher wages and every year I threaten to leave the profession that I love so much that evidently does not care about me.

If I didn't have a family would leave in a heartbeat if the opportunity arose. Unfortunately the situation may present itself that I have no choice but to go overseas again to make ends meet. What I dream of and I know I deserve is to be paid what I am worth in the country I was born in. As a feminist it pains me to compare myself to lower skilled males with less experience in easier jobs, it agonizes me to compare myself to similarly experienced and skilled males in their jobs. How could we be so essential so hard to train and recruit and yet so easy to undervalue.

I am hurt I am broken and frankly sick of this sh#. I have politely waited and waited my turn to be acknowledged for a decade. Enough is enough the time to pay our worth is now.

District nurse, Tairāwhiti

Let's be honest, a day in the work life of a Primary Health Care nurse in New Zealand is a thankless one.

Not only do we continually battle the odds to meet the needs of our patients, but we also have longer shifts, persistent staff shortages and, until this week, wage inequities, which weigh heavily on our daily lives.

How do we feel at the end of a typical day? He aha te mea nui o te ao? He tāngata, he tāngata, he tāngata.

I was elated on Monday on hearing that Māori and Pasifika health service providers such as me, who have been out in the cold for so long, were included in the latest Pay Parity announcement.

We had been waiting for a very long time for this day, but we never gave up, and we are grateful to the Te Runanga o Ngāti Porou. Accolades must go to George Reedy and his managerial staff for their vision.

However, I cannot comprehend why nurses working in general practice have been excluded.

It's not hard to see how this is unfair.

Many nurses have the same qualifications and training, but some are paid much more than their peers.

Minister of Health Andrew Little might have had his reasons for the exclusion of general practice nurses, but we have seen too many in that sector lost to better-paying jobs.

It is difficult to recruit and retain staff in general practice.

I challenge anyone to find a nurse who does not take their work home with them.

The thought of what more can we do to meet the needs of the people is always in the back of our minds.

That's why wage inequities are so unjust. It would be easy for nurses to give up the fight. Many of us struggle to make ends meet.

Getting the same pay for the same job should not even be an issue. It is logical reasoning. All nurses study and train in the same way. Many general practice nurses even go beyond the call of duty, but some still don't get paid the wages of colleagues at Te Whatu Ora? Why not?

Resolving this pay parity issue for all nurses could at the very least bring a sense of achievement for the work people undertake to get equal qualifications.

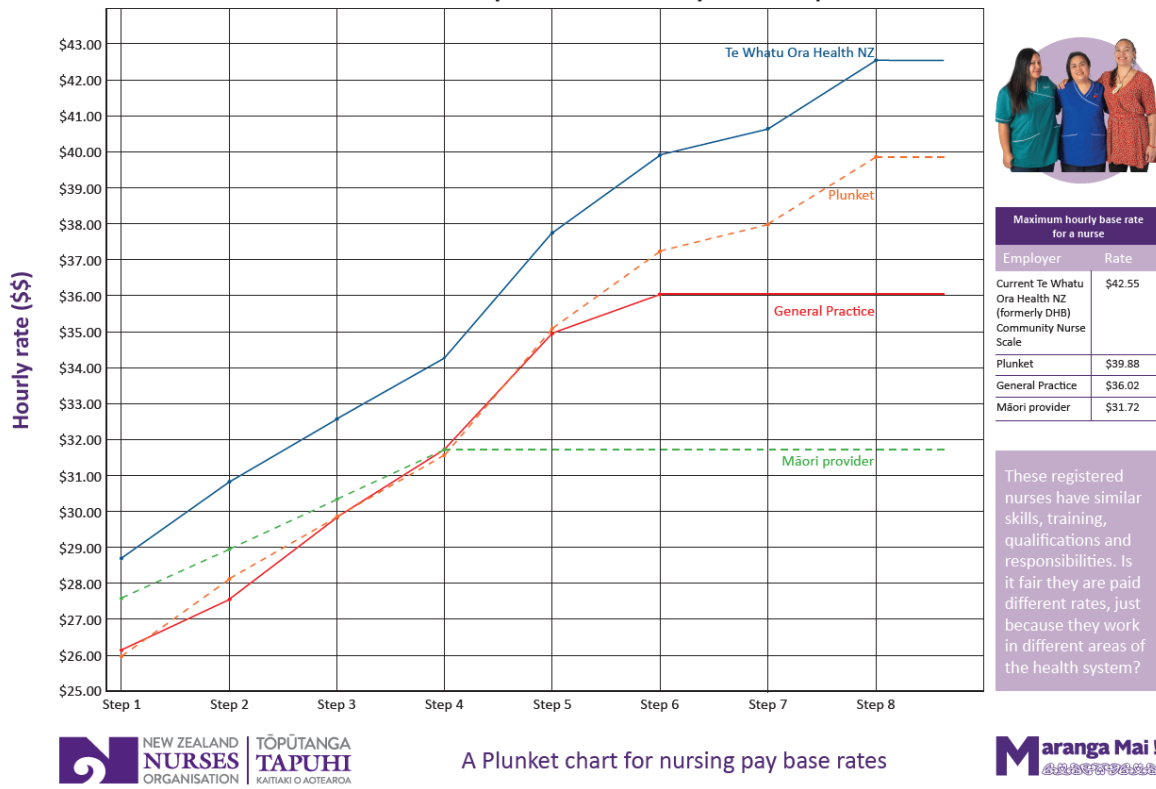
We work autonomously, we do nurse-only clinics and we are skilled in many areas of nursing due to the broad preventative health model — and we have never believed in cutting services, which have already become dangerously depleted.

Moana Jackson fought his entire life against injustice towards Māori, and we have achieved some success with Pay Parity this week, and that is a victory — for nurses, for Māori and for our mokopuna.

But our hearts still go out to the nurses in general practice, and they still have our support in achieving what they also deserve.

Tū tonu mai! Maranga Mai!

ALL ABOUT YOUR NURSES' WAGES: How Primary Health Care hourly rates compare with Te Whatu Ora Health NZ



Senior practice nurse, Tairāwhiti

I am a nurse practitioner in Primary Health Care working in aged residential care homes in Tairāwhiti.

To say I am disappointed that Primary Health Care nurses have been excluded from the Government's recent Pay Parity announcement is an understatement. It's disappointing for me, but it should also be disappointing for you.

Every day I suffer moral distress as I see our pakeke (elderly) receiving rationed care because there are too few staff in rest homes. I see the amazing nurses working in Aged Residential Care trying their hardest, but rest homes cannot attract or keep staff when in direct competition with the higher wages and better staffing Te Whatu Ora provides in our hospitals.

I see a revolving door of staff recruited who last three months then go to Te Whatu Ora for better wages and safer staffing. I see our pakeke losing out on accessing activities and timely care due to staffing constraints in both the aged care setting and the primary care teams supporting them.

We have advertised for a nurse practitioner or intern to join our primary care team several times over the last few years with no success. Attracting nurses to Primary Health Care with the prospect of lower wages is difficult enough, then add in the extra challenges of rurality and difficulty obtaining housing and we are further disadvantaged.

I love my role and cherish supporting nurses and growing them for senior roles but how can we keep them when lower wages for Primary Health Care make us compete against each other.

We desperately need help, and the Government absolutely must reconsider its position. Pay us the same as every other nurse so we can keep the staff we need in Primary Health Care. If we don't do that, you may find yourself disappointed the next time you need timely care in your community.

Practice nurse lead, Taranaki

I have been a practice nurse in a low socioeconomic practice for the past 15 years. For the last two of these I have been the nurse lead.

I always thought I'd become a nurse, but I've questioned my decision to do so more in the last 12-18 months than ever before. I'm sick of the underfunding of Primary Health Care. I'm sick of the abuse we get on a daily basis and I'm sick of my hard work being so disrespected and undervalued.

It is disheartening to see how little Minister Andrew Little and our Government think of nurses in general, and in particular how dismissive they are of nurses working in Primary Health Care. The decision to exclude us from the recently announced Pay Parity initiative has turned what was a very bad situation into one that is even worse.

I was originally enticed into practice nursing because of the hours and the variety, but as time has passed we are now working long hours, working through our breaks working at the top of our scope as there are not enough GPs, let alone nurses, to meet our communities' health needs.

Our practice went into the COVID pandemic short-staffed and stressed and the stress kept mounting. We were a dedicated Covid community based assessment centre which meant we were out COVID testing in the rain, wind and freezing cold in winter and the hot summer sun in full PPE. There were no tents or gazebos for us or other nursing resources.

We were expected to do this on top of our already stretched workload, but we did it because it was what was needed to help. Preventative care has been almost non-existent the last two years despite our best efforts and lack of resources.

New staffing has been difficult to get. If you need to employ another practice nurse you are forced to "steal" one from another practice. We recently had a nurse from Te Whatu Ora apply to us. But when pay and other conditions were brought up, that nurse pulled their application as the pay was nowhere near what they could earn at Te Whatu Ora.

And yet the Minister says there is no need for Pay Parity in Primary Health Care. I am afraid there is, Mr Little, because the lack of fair pay that you fail to recognise is making us a dying breed. Communities will pay the cost for that.

Practice nurse manager, Waikato

I am a nurse manager in a rural medical centre. That makes us a one stop shop for all medical care. We are the only medical centre in town.

We cover a large area, plus we have a large population in the summer and any events planned throughout the year, e.g. beach hop which attracts 100,000 people over four days.

The nurses workload increases dramatically to accommodate the health care required by aging car enthusiasts.

We were all affected by the covid pandemic. Nurses left because the stress load was huge. We undertook to do mass covid vaccines drive throughs every weekend to enable all our population to be vaccinated against covid 19 as quickly and efficiently as possible. This took a huge toll on the nurses health and increased risk.

Practice nurse, Waikato

We are registered nurses no different to hospital nurses and I have worked in a lot of areas including the hospital and we are all busy but a different type of busy. But that does not mean our busy is less.

Considering we take overload and we prevent people going to hospital the best we can, we are doing the same with the same qualifications when the pandemic hit we worked our butts off and, to be honest, most people leave the hospital due to how they are treated. Here in the community we don't have everything at our fingertips.

We are qualified like all the rest so should be the same pay parity otherwise do you blame us for leaving to overseas?

Practice nurse, Waikato

I'm over it. Nobody is listening to us. We work so hard without thanks. Poor pay. We are the ones outside in the rain, frost, wind and intense heat in full PPE gear keeping our patients safe, but who is looking after our safety and wellbeing?

Practice nurse, Waikato

Due to short staffing, especially in the last 12 months, every day is stressful and unfair. New nurses can negotiate better pay but the practice nurses at this medical centre are stuck on low pay. After 40 years as a nurse I feel really undervalued and am expected to complete work and reach targets, no replacement staff when staff on maternity leave and, nobody employed when staff leave, expected to work extra shifts when understaffed.

I am so so glad my daughter did not want to be a nurse for this poor salary. How is it when a plumber can charge \$100 an hour to fix a tap and nurses are being paid under \$38 dollars an hour after 40 years of experience. I don't think DHB nurses should be paid more than us. In fact a good Primary Health Care Nurse can reduce patients ending up in hospital.

Practice nurse, Waikato

As a new graduate registered nurse, I was offered a NETP position working for Hospice. I had to turn this job down due to the low wage offered. I was quite upset at having to do this as I was really keen to learn in this environment and help out in an area that is already so short staffed. Instead I accepted an offer at a local GP clinic. They have paid me \$2 more per hour than the PHC MECA offers but yet I am still \$5 behind my new graduate colleagues working for Te Whatu Ora.

I have the exact same qualification and experience as my colleagues, yet the Government believes I should be paid less. Primary Health Care has a massive role in the care of our communities. Without it, hospitals would be under even more pressure. We deal with the same pressures, responsibilities and need the same education levels as Te Whatu Ora staff, if not sometimes more.

Please consider the value of Primary Health Care nurses as much as we value our work, expertise and contribution to nursing in New Zealand.

Senior practice nurse, Waikato

The Ministry of health is biased. They talk about equity but they treat us differently to Te Whatu Ora nurses. We do a lot of good work trying to prevent chronic disease and illness. Nurses are constantly training and up skilling to be the best that they can be for our communities. Our scope is bigger than it ever has been and getting bigger because there are no doctors.

Yet we are not recognised or valued. We took the brunt of covid and I think we are worth more than Te Whatu Ora nurses.



Practice nurse, Waikato

I get frustrated that we earn so much less but I love my patients and the specialties I have developed over 20 years, which I couldn't do in Te Whatu Ora such as ear suction- ACC and primary options invoicing work - cervical screening - community prescribing etc. I love being autonomous. I deserve not only pay parity but more because I run sole clinics.

I am considering my options to leave Primary Health Care for better pay elsewhere.

Plunket nurse, Waikato

I started at Plunket as a new graduate nurse. I love and enjoy my role and I feel I am making a difference in the lives of the whānau I work with. Although, I am considering leaving my role as a Plunket Nurse as the pay is too low for me as a solo mother and new graduate nurse. I have been looking at other options of employment and considering District Nursing as I will be under Te Whatu Ora MECA and therefore earn just under 10k more than I am currently earning.

As a nurse working in the community, I feel hugely undervalued and underpaid. We hold a huge responsibility with our large caseloads and have skills in caseload management and continuation of care that is hugely unrecognized when factoring in the pay difference between nurses.

Pay parity for me as a solo mother of two children would make a huge difference in being able to live more comfortably to provide for my children and enable me to stay in my role as a Plunket nurse.

Plunket nurse, Wairarapa

In the last two years I have not had a pay rise, despite the pressures of work increasing due to the Covid19 pandemic as well as rising cost of living. It is demoralising to know that despite having the same qualification as Te Whatu Ora Nurses, Plunket nurses are paid much less. In fact the role of a Well Child/Tamariki Ora nurse is highly specialised and is so important for preventative care but we are paid much less than our counterparts.

During the last two years my family have missed out on holidays, time with extended family and I have missed out on time with my grandchildren as cost of petrol means we have had to limit trips to visit them. I also find the cost of petrol to drive to work limiting. Power bills are much higher and food is also more expensive.

My husband is a pensioner and we both work hard to make ends meet. We have not been able to have any holidays for more than two years as it is simply not affordable on the current pay rate. I sincerely hope that the pay equity issue is addressed so that all nurses in every sector can feel valued and receive equal pay.

Nurse practitioner, Wairarapa

I am paid eight hours a day, I work 10 hours a day to try to keep up with the paperwork. I then wake overnight stressing about what I might have forgotten, what I could have done better, what I need to follow up. I have NO work life balance. I am exhausted, cranky and very tired. Nurse practitioners are an invisible workforce, never mentioned in media releases, not even in the MECA.

Practice nurse, Auckland

I am a Care Project Nurse which is run by Te Whatu Ora Waitemata. I have been running this for seven years now with assessments of my patients and care plans made with referrals for help at home: falls risk referrals, dementia referrals, hospice referrals. I'm also a link nurse for POI which is palliative outcomes Initiative and have referred the most patients to Hospice for either cancer or dementia.

I spend a lot of time with my patients and their families keeping them out of hospital. I also refer patients to rest homes or private hospitals under primary options or POAC. Look it up! I do a lot for our community.

Plus we vaccinated all our community, not just our patients, and we swabbed and RAT tested everyone too, in the rain, heat, wind. So busy, and with Covid and lockdown we kept on working right through, and missed out on seeing my elderly patients except for their vaccines and tests.

I would like to be paid the same as Te Whatu Ora nurses as we keep many patients out of hospital, through all we do.

Senior practice nurse, Auckland

I worked at North Shore Hospital in general medical and surgical wards for two years prior to moving to Primary Health Care, first as a Plunket Nurse in South Auckland for 17 years, then as a practice nurse at a small practice on the North Shore, for the past 14 years.

Unlike nursing for many Te Whatu Ora nurses who have a team of nurses they work with, my colleague of three years and myself are largely autonomous, working independently with only one joint 4 hour/week shift for liaison and continuity of care.

Our current role requires us to have a very wide knowledge base and expertise in mental health, suicide safety planning, pre and postnatal care and education of Mums, infant and child health care including vaccinations, adolescent health which includes contraception and a large role in 1- 2 weekly monitoring and care of bulimic and anorexic youth.

We have specialised training in providing chronic health care for people with Diabetes, Asthma, COPD, and cardiovascular disease with emphasis on best practice aiming to prevent the need for secondary health care within the DHB. We are proficient in wound care both of acute injury and chronic wounds. I am trained in phlebotomy, and order blood, urine, wound and other tests as required. I am trained in cannulation and administration of intravenous medications, e.g. iron and zoledronic acid infusions that used to only be administered in a hospital. We promote health and disease prevention through education, cervical screening, recalling for mammography, prostate checks, and adult immunisations. We administer cryotherapy for precancerous skin conditions as well as the common wart, do spirometry testing and ECGs.

We are often interrupted with urgent phone calls to take in emergency situations, explain test results, and often provide general consults both phone and face to face to people with very complex health needs. We assess the needs of our elderly clientele provide driving license vision and cognitive testing and facilitate access to in home household and personal care. I have been the lead practitioner in CPR emergencies, including active cardiac compression and defibrillation both in the clinic and in the street nearby.

We are stretched so thin, get exhausted and feel burnt out, undervalued, taken advantage of, and significantly underpaid for the level of responsibility we carry.

The shortage of relief practice nurses, means we often work when unwell, and cannot always take annual leave when desired. For the majority of my years in my current role, my colleague and I have needed to cover each other for sick leave and annual leave if we had any hope of taking time off.

It is increasingly difficult to fit everyone in who needs appointments, and we then deal with the resulting escalation of illness. Despite trying there are only so many hours in the day, even when giving up our tea breaks and lunch breaks and staying past our contracted hours of work.

We cannot attract new nurses into Practice Nursing because of poor pay and pressures associated, and I am sad to think I will not reach my 65th birthday in my current job due to this.



Practice nurse, Whanganui

I had started doing my Masters with the aim of becoming a nurse practitioner. I was three papers in when Covid hit... While friends and family were in lockdown I was spending 12 hours+ per day donning PPE, doing flu vaccinations, covid swabbing, phone triaging, arranging prescriptions and keeping our population up to date with who is 'in their bubble'.

Then came the Covid vaccinations... endless learning about mRNA vaccines, who is eligible, how to order, store and administer vaccinations and when and where to get these both in practices and in the community.

When covid got into the community we were the first contact for triaging, swabbing and advising positive cases. Then accessing food and medications for those who were isolating and keeping the population stocked with RATs and facemasks.

Needless to say I have stopped my studies. I have fallen behind in my professional development and in keeping up with the latest research.

I got into Primary Health Care because, as the first place of contact, I felt I had an opportunity to make a difference in peoples' lives. I miss spending time one-on-one with clients – teaching them about their health and their medications and helping them to understand and improve their lives.

I love my job as a nurse. I feel I have made a contribution through the pandemic, but I am longing to get back to doing the job I love. I would love it even more if the health system was not in such a poor state. Unfortunately, because the Emergency Departments and drop-in clinics are overloaded, Primary Health has had to become far more diverse in the services we deliver, and we are now dealing with more extreme health conditions... "We" being the nurses as there is also a national shortage of doctors.

We need more nurses and more funding to remain professional and respected especially in Primary Health Care.

Senior practice nurse, Whanganui

I used to work in the Primary Health Care sector in the Northern Territory for many years. We are supported and paid better. I returned to New Zealand to semi retire.

What a joke. The cost of living and terrible wages are disgraceful. We are always used and mistreated by Government as mainly a female dominated profession. This has made me realise I need to go back to Australia to do contracts.

I would only need to do two per year to increase my wage dramatically. We are abused and insulted and stressed at having to work without doctors and decent support as people take their anger out on us at this shocking poor health service in. This country. The Government clearly only pays lip service to primary health and early prevention model. I am a very dissatisfied nurse in this country.

Senior practice nurse, Whanganui

I have been part of a team of registered nurses working at an accident medical clinic working extremely hard to help reduce the covid patients presenting to the hospital. We are located at the entrance to ED and have been screening patients and working with all that do not need to be in the emergency dept in order to decrease the exposure there and care for people in the community. We also helped staff a respiratory clinic on the hospital grounds to send respiratory cases to. This has meant we have had reduced staff numbers on the floor. Before covid we were staffed with 6 nurses a day which was reduced to five.

We have had to constantly adapt to changing protocols and work late to complete the workload. The respiratory clinic has now closed, and we are seeing all patients and at times are caring for patients we would not normally keep as there was nowhere in the emergency dept for them to go to. Without our clinic there would be far greater numbers of patients having to be seen in ED. We need to ensure we do not lose any nurses to better valued positions and to get more nurses to cover the workload. Our staff are tired and we can only have one nurse taking annual leave at a time due to shortage. Staff are constantly having to work extra hours to cover sick leave.

Rural practice nurse, Auckland

I am a rural practice nurse in a large rural general practice where I have worked for the past 28 years.

I am very angry that Health Minister Andrew Little has left all general practice nurses out of his recent Pay Parity settlement for health workers.

The Ministry of Health's media release on 28 November 2022 states: "The Government is committed to ensuring health workers are paid fairly and receive parity with others doing the same or similar work, especially given the current cost of living pressures workers and their families are under."

If the Government is indeed committed to this, then why hasn't Mr Little addressed GP practice nurses' wages? There is clearly a difference between the contracted rates for Primary Health Care nurses and their colleagues at Te Whatu Ora - you only have to read the contracts to see this. There is also a difference in the number of salary levels at which GP nurses can be paid. If I was working in a hospital, I would be paid at level 7 but level 6 is the highest I can be paid on our current collective agreement that also expired in August 2021.

I understand some employers may pay above the contract rates, but I know from experience there are many out there who would like to but cannot, because funding deficits do not allow them to. Those employers who do would be using funding that would ordinarily be used for patient services.

I feel angry, sad, very disappointed, and personally very devalued. The nurses who have worked in general and rural practice over the last few pandemic years have worked very hard to keep their communities safe and this decision is a real kick in the gut. At a time when hospital services are being devolved to general practice, I would have thought the Minister would be doing his utmost to maintain GP services.

We have had some of our nurses leave to work in Australia and others who have moved to Te Whatu Ora positions because they can earn far more. I am one of those nurses who is due to retire in a few years.

I am therefore understandably concerned about the future staffing of nurses in general practice and rural health. I also implore the Minister to please reconsider his decision with urgency.

Member stories at a glance (one brief comment from each of our member contributions)

--

Although I love my job, work stress coupled with the high cost of living (never mind the insulting 0 percent pay offer making me feel undervalued, has led me to start looking at returning to the DHB, where the pay is better.

--

We give our heart and soul for patients just like hospital nurses but are undervalued by the government because of the area we work in

--

I feel very undervalued payment wise. I have 40 years of varied nursing skills while my unskilled 24-year-old son gets paid more than me. As a cook he is paid \$28 per hour and my hourly rate is \$26.40. This is disheartening!!

--

I love my job. I love connecting with generations of families, through all stages but I am tired and burnt out... Pay Parity would mean I can work less hours and not struggle financially, it means I can look after myself, my colleagues and my patients better.

--

Pay parity would attract younger nurses to become practice nurses which will secure the work force moving forward.

--

It is beyond my understanding why as Practice Nurses we are so undervalued compared with our colleagues in hospitals. A significant amount of knowledge is required for us to do our jobs well and the level of responsibility and autonomy required for the role is far different to those in the hospital who always have more senior nurses or doctors to call on.

--

Up until the 18/10/22 I was paid less than living wage! I have now been with Plunket for one year and moved up on the pay tier from \$23.20p/hr to \$23.91p/hr totalling an extra \$38 in the hand a fortnight!

--

It is very disheartening to see that people who are lesser qualified and little or no job experience have a higher approx. 8 percent higher salary than myself. I feel let down that my skills, experience and professional qualifications are not in line with the pay offer.

--

It has felt like through my whole career nurses and all other health professionals have had to work to the detriment of their own wellbeing. We are missing quality time with whanau because we are exhausted trying to meet the ever-increasing needs of our communities but with constantly insufficient resourcing.

--

By choosing to stay in primary care I have had to sacrifice less time with my kids and less money at the end of the day. The pay difference is HUGE we are not only talking about a couple of dollars here and this is base rate to base rate. I stay because of my passion but that passion only goes so far,

--

I absolutely love Practice Nursing and being able to help the vulnerable community that I live in. But with the ongoing cost of living rising every month, I honestly do not know how much longer I will be able to keep working here without receiving pay parity with Te Whatu Ora.

--

I currently work 3 different nursing jobs to make ends meet and be able to manage a whanau of 8 including my elderly parents one of whom has stage 4 breast cancer. Pay parity would allow me some precious whanau time

--

MOH is bias. They talk about equity, but they treat us differently to DHB nurses. We took the brunt of Covid and I think we are worth more than dhb nurses.

--

As a nurse working in the community, I feel hugely undervalued and underpaid. We hold a huge responsibility with our large caseloads and have skills in caseload management and continuation of care that is hugely unrecognised when factoring in the pay difference between nurses.

--

After working as a RN and Urgent Care nurse, I decided to move to a Rest home Trust (Parkwood trust) and have found more appreciation and value professionally - however the Pay difference is disappointing. I am at a loss to see why nurses' rates are not equal everywhere.

--

The pay gap between myself and my sister nurses in secondary care make me feel undervalued and my incredible experience and nursing skills are a lesser value of other nurses. PHC nurses have been the on the frontline all through the covid pandemic and all nurses put their lives and their families at risk!

--

I am a Nurse Practitioner in primary care serving the aged residential care homes in Tairāwhiti. I see a revolving door of overseas staff recruited who last three months then go to Te Whatu Ora for better wages and staffing ratios.

--

I am a Care project Nurse which is run by Te Whatu Ora Waitemata. I'm also a Link Nurse for POI which is Palliative Outcomes Initiative, vaccinated all our community not just our patients and we swabbed and Rat tested everyone too, in the rain, heat, wind. I could go on and on...I would like to be paid the same as Te Whatu Ora nurses as we keep many patients out of Hospital, through all that we do.

--

I wonder if it has been a waste of time if Nurses in the community continue to be undervalued and not paid what they are worth. In our Te Puke community, a first year graduated registered nurse gets paid less than someone working in the kiwifruit industry! It's truly outstanding!! Please value the great work we do and pay us fairly.

--

I always thought I'd be a nurse, but I've questioned myself more in the last 12-18 months than ever before. I'm sick of the underfunding of primary health care. I'm sick of the abuse we get on a daily basis. I'm sick and tired. Please listen we work our butts off and feel so no undervalued.

--

I am heading toward the end of my career, and I worry that the very few nurses that choose to work in the primary health care setting, will very soon become disillusioned due to huge workload, the huge scope of the position, and poor pay, and then they will ultimately leave. And who could blame them.

--

Morale is low and stress is high. The longer this goes on, the more kaimahi we lose, the more whanau miss out, the more it costs the government and country in the long run.

--

I live payday to payday currently just affording to pay my mortgage, insurances, and utility services. Gas in the car is restricted to getting to and from work and usually 1 trip/fortnight to see family. I have not been to a hairdresser since before Covid. Holidays are always spent staying with family/I stay at home. I have been to Wellington once this year to see my 2 older children, sleeping on their flat floor on a mattress. I do not know what I am going to do in February when my mortgage rate will at least double. Currently I am preparing to sell my car for a cheaper replacement to free up some funds to prepare for this. Interestingly my 21-year-old son has just finished his building apprentice and receives \$10/hour more than I do.

--

After working primary health care for 17 years I feel under valued as a nurse with a post graduate certificate relevant for my current position as a practice nurse. I understand secondary nurses need to be valued but I also need to be valued to continue with my high standards.

--

The pay is not good enough, hence I have taken shifts that pays better due to penal rates. In so doing I am doing early morning shifts and late afternoon shifts so always lacking sleep which affects my

health. If the base pay rate was good I would not have to do such shifts provided that I am allowed to step down from them if there is adequate staffing.

--

Due to low staff numbers, currently our service is unable to provide regular well child checks to infants over five months of age, unless they are allocated a long term high need label. This is disappointing to many whanau in our community and increases risk of infants not having health or developmental issues identified. Pay parity is the only sure way to attract nurses to Plunket as the pay gap is so large

--

The workload continues to rise, and the staffing continues to decrease. We simply don't have the time or resources to support all of our high needs whanau- leading to increases of at risk children slipping thru the cracks and poor care and health outcomes including abuse of children.... This is not why I became a nurse; "to meet numbers " & am considering leaving the nursing profession altogether

--

The message with achieving pay parity has many attributes including our practice struggles to fill nurse positions resorting to part time or untrained nurses

--

We are well worth the same \$ as our counterparts in Tertiary facilities - our key role is prevention - If we have the correct staffing we would be able to reduce the numbers of clients having to access tertiary care - and thus reduce the burden in some areas for our tertiary sector colleagues.

--

My wages are significantly lower than an employee of Te Whatu Ora, yet I work tirelessly and over my paid hours on a daily basis to provide care for a growing number of families and Tamariki in need. My family sees my stress and with the current financial climate I am barely covering living costs. this is not acceptable. I have valued skills and experience which needs to be recognised.

--

I have NO work life balance. I am exhausted, cranky and very tired. Nurse Practitioners are an invisible work force, never mentioned in media releases, not even in the MECA

--

The current government promised pay parity and equity..... no delivery on either. Labour better not look for the nursing vote next election!

--

In order to survive, pay cheque to paycheque, I have to work full time in an environment that is mentally, emotionally and physically exhausting. I will be making a change in careers in the future

and am currently undergoing study and planning to make this a reality as soon as possible as I'm clearly not valued in the position I'm in.

--

It amazes me in my role that I do I have a legal requirements in my care delivery, documentation and working collaboration with internal and external agencies that I have legal obligation to within the organisations and ministry of health, yet when considering pay I could go and get a job pulling a pint in the pub or making a coffee for the same pay.

--

Preventative care is the most cost effective for the government, so why not invest in us? Why not value us? What happens when we decide we can not longer justify our role and its responsibility for the pay you provide us? Whats your solution then? We are all nurses with the same qualifications and skills, so please acknowledge this and pay us properly.

--

I have student nurses come in and wonder why we stay, they tell us they wouldn't even consider primary health due to pay disparity. Let alone nursing in new Zealand at all. In an already aging nursing population I'm concerned for the future.

--

Our role has changed significantly in the last year, we have taken on more of the administration work from our clinical teams and no further resource has been added and it would be nice to be recognised for all the work our teams do.

--

I work in GP clinic that is busy with variety of procedures and skills expectations, the pay is not reasonable as the circumstances that we work has the risk for needle stick injury and stress levels due to the staff shortages that is caused due to low pay.

--

I was being paid \$27 an hour to administer ring blocks and suture patients in an acute care clinic. I'm now working in Australia for more than double pay with less responsibility, and my indemnity insurance paid for

--

Pay parity for PHC and Plunket will attract more nurses to community health and help with short staffing. It would also mean I would be able to live a normal life by being able to provide for myself and my partner, I am struggling living pay cheque to pay cheque.

--

If a global pandemic can show how needed and important nurses are to keep a country alive but a global pandemic still isn't enough to pay nurses better, then I can't imagine anything will. It's not

rocket science, why would the younger generation want to get into nursing when you can get paid a ridiculous amount more to do a trade (and no student loan).

--

I am tired, it's busy every day, on my days off I often get texts asking if I can work or pick up a couple of hours.

--

I love being autonomous. I deserve not only pay parity but more because I run sole clinics. I am considering my options to leave primary health for better pay elsewhere.

--

We assess and manage data and policies/procedures to improve quality of the organisation, yet we are so underpaid I am having to borrow money to get by each week and am applying to get my KiwiSaver funds out under financial hardship.

--

With an ageing practice nurse population how are we to attract young staff if they're taking a pay cut to work with us?

--

We are always the last in line even though we worked so hard throughout the pandemic to be told we were not essential. A kick in the guts that just keeps on giving. Sick of being put down year after year!!

--

Every Plunket Nurse works untold unpaid hours, with no recognition, I dread to think what would happen if we worked the hours we are paid for. I personally feel tired, frustrated & at the end of my tether, which is starting to impact my health & personal leave life, not to mention my concern about my future practice if this workload, poor pay & excessive hours continue.

--

My job is extremely important and difficult and to be recognized would be amazing....not just a lady who weighs a baby....I am worth it. Me and my colleagues are worth it.

--

Here in the community, we don't have everything at our fingertips we are qualified like all the rest so should be the same pay parity otherwise do you blame us for leaving to overseas

--

My employers agreed to pay me as per the DHB MECA as there is no provision for NPs in the current Primary Health MECA. However, I have many NP colleagues in primary health who have had to

negotiate their own pay and conditions and are paid well below me. It's a disgrace that this MECA is so overdue.

--

Andrew Little promised PHC would be the next cab first off the rank. All lies!! He is married to a nurse you would think he would be determined to ensure the fight for pay parity.

--

I took a 20k salary drop to be part of Plunket world because I believe in community supportive care and equity for all. Whilst I am not thinking of leaving Plunket, I believe our skills and importance should be recognised and acknowledged

--

I have come to work in one of the most beautiful parts of the world, New Zealand, Queenstown more specifically, from Australia. Nurse job description does not vary from aus to nz, but for some reason I have taken a \$14/hour pay cut to do the same thing.

--

Pay parity important to feel truly valued by government. First started nursing make nurses earned more than females. Now need to ensure all nurses are paid same so that nurses feel can work in the area that best suits their skills and enjoyment without prejudice of down grading and feeling worth.

--

I work in a semi-rural area. We have lost 2 nurses in the last 2 months overseas and to the hospital. We can't attract young nurses due to being paid so much less than the hospital. We deal with angry people who are frustrated at the lack of appointments and service. This would be fixed with more staff- the only way to achieve this is better pay!

--

I have been part of a team of registered nurses working at an accident medical clinic working extremely hard to help reduce the covid patients presenting to the hospital. We need to ensure we do not lose any nurses to better valued positions and to get more nurses to cover the workload. Our staff are tired, and we can only have 1 nurse taking annual leave at a time due to shortage. Staff are constantly having to work extra hours to cover sick leave.

--

I have joined primary care this year following 13 years at my DHB, I was burnt out and needed a new focus. I took a massive pay drop of nearly \$10/hour to do this and am now struggling a lot financially.

--

I work in a large medical centre and find it stressful to fill the roster, short fall of nurses leaves senior staff having to take on extra shifts and leaving staff fatigued and exhausted

--

We are the frontline nurses that take the brunt before people even plan to go to the emergency department. We also perform duties as full in portion and depth as our Te Whatu Ora counterparts. All we ask is to be treated and be paid as so. Pay Parity is a long overdue issue we have painfully endured.

--

Not a day goes go by when we are not busy. We are more conversed with medical conditions than DHB nurses are who specialise in particular areas such as medical, surgical. We have to learn everything be it medical, surgical, emergency etc. It's a disgrace how the past and present Governments have treated primary health nurses with their pay.

--

I love my job as a nurse. I feel I have made a contribution through the pandemic but I am longing to get back to doing the job I love. I would love it even more if the Health system was not in such a poor state. Unfortunately, because the Emergency Departments and drop-in clinics are overloaded, Primary Health has had to become far more diverse in the services we deliver and we are now dealing with more extreme health conditions...

--

I'm a new graduate nurse working in primary health care. I find this so unfair that I'm currently being paid less then my fellow new graduates working in secondary and tertiary care. We have completed the same qualification yet I had to undertake multiple additional education sessions and certifications, such as authorised vaccination, flobotomy, cannulation, diabetes and heart failure management, wound care, covid-19 management, and much more. How can this attract nurses to PHC?

--

So glad my daughter did not want to be a nurse for this poor salary, how is it when a plumber can charge \$100 an hour to fix a tap and nurses being paid under \$38 dollars an hour after 40 years of experience.

--

We work hard to cater high needs whanau in the community and the effort, the hardwork the expertise that we put onto our work is not less than that of hospital nurses yet our pay is very much behind. Lots of Plunket nurses leave for hospital work as there is higher pay and better compensation. This makes me feel undervalued

--

A lot of us working in PHC are older, and we really are struggling to encourage younger Nurses to come and work in our area. The Pay Gap is probably one of the main issues. It is very difficult for us to get cover for Annual Leave and Sick Days. We often feel very guilty if we need to take a sick day because we don't want to let our colleague down and we know that they will have to carry the load on their own.

--

I am a single Mum, & left the DHB, making the move to PHC for better work hours. When I first started, I was barely surviving on the pay & put myself into debt. I have finally worked my way out of that, but still struggle.

--

Our patients have to wait 3-4 weeks to get a GPs appointment. Everything else comes to the nurse team, we are under a lot of pressure from GPs, reception and patients to help ease the load and fill the gaps those gp shortages have on the clinic. The pressure is immense, the day can be so chaotic it can be hard to keep up and we are constantly worried of mistakes, missed notes or phone calls we just can't get to.

--

Wake up Mr Little, you don't you realise if general practice falls down it will have a domino effect and the tertiary services will quickly become overloaded.

--

We have some amazing highly skilled nurses that because of funding don't feel fulfilled and leave the field due to lack of support. It is very frustrating when people who have little qualifications are better supported and paid than nurses.

--

We have selflessly continued to work at risk during COVID times. It is imperative Government honour Pay Parity now and without delay otherwise why would PHC want to continue working undermined by the Government that we are prepared to settle for less than we deserve.

--

At the end of the day I've got a family to feed, and currently I work bloody hard for peanuts. It makes me feel sick and embarrassed to be honest. I know I'm worth more.

--

Knowing that I am less valued than a self-employed hairdresser or beautician made me contemplate if I had made the right choice in becoming a nurse. Our job is already stressful in helping thousands in the community battle Covid as well as limit people turning up at hospitals. Inflation is catching up to us and our efforts all throughout the pandemic weren't recognised. If things don't change in the next 2 years, I am crossing the ditch.

--

Nursing in my opinion will never be a profession. Only vocational staff take this treatment on this pay.

--

The cost of living and terrible wages are disgraceful. Always used and mistreated by government as mainly a female dominated professional. Has made me realised. I need to go back to Australia to do contracts. I would only need to do 2 per year to increase my wage dramatically.

--

I manage and support 17 staff including nurses and health workers. My nurses feel undervalued and under paid compared to our hospital working nurses. I have had staff resign and take jobs in the local DHB / Te Whatu Ora hospitals. I have interviewed 8 nurses recently and all nurses declined the employment offer with Plunket as we couldn't offer them the remuneration they could achieve working for Te Whatu Ora. Some nurses were offered \$15,000 more at Te Whatu Ora than what Plunket could offer.

--

My role is managing frontline staff in their day-to-day practices. We need to be valued. my nurses can do anything that a nurse can do in hospital but what amazing skills they have, is communication. Working in family partnership with whanau in their home and hapori. We can't switch off at the end of a duty, we carry this whanau with us on a long journey. Nursing is so broad, our nurses have had to complete post grad papers to become Plunket Nurses. SO pay parity with Te Whatu Ora nurses is a must. We are ALL NURSES.

--

Being over 10% behind DHB staff is ridiculous! Being valued is important and seeing what happening in recruiting. Good nurses is getting harder and harder. Thinking about leaving nursing and driving a tractor in Marlborough because I get paid the same.

--

I have nearly completed my 57th year of Nursing in the South Auckland region and am still being paid below the Top Rate and feel undervalued for my knowledge and experiences that I have gained and maintained my nursing skills over this time.

--

Our pay scales are very poor and we are being asked to do more and more work, without any increase in hours or staff. Some I feel is out of our scope of practice.

--

Burn out taught me that I need to look after myself because the healthcare system certainly won't until you've fallen off the cliff. It's hard to look after yourself (or your family) when you are stressed about money and the cost of living that's only getting more expensive. A pay rise would mean I could have a chance of saving money towards the American/NZ dream that is shoved down our throats.

--

Pay Parity needs to be meet. It's necessary to provide workers the means to survive and not worry about cost of living. It's necessary to retain good staff. It's necessary for excellent service and to provide good health outcomes to our families. Our continued contributions to the health of New Zealanders matters.

--

Primary care nurses need fair pay rates to continue to provide vital services to the community especially given the pressure primary care is under.

--

More money and more staff is needed because our population is not getting smaller, we are a growing nation.

--

Pay parity would mean that we can afford to live and also spend time with my family as this is my main reason for not leaving.

--

If you looked at a staff diary right now you would see the only way most 'urgent' clients (new or existing by high need for some reason) can get seen is if someone considered 'less in need' is cancelled. These cancelled appointments have been negotiated with the client / whanau, promised to them, are expected by the whanau and important to them.

--

We are handling much more than we used to. With Dr shortages, we are expected to take the load off them. With emergency care and specialist shortages/wait times, we again are taking the pressure off there. We are having a lot more responsibility/duties handed to us from the hospital sector as they are not able to keep up.

--

With recruitment impossible and retention becoming an issue as nurses leave due to burnout, the cycle compounds. My team love their job, but they hate seeing vulnerable families missing out as they are not able to provide the service they would like to. We need to pay parity to continue to have a Plunket service.

--

I have worked in primary care for 38 years and absolutely love it but I do feel over the last 10years it has been increasingly difficult to recruit new nurses due to the fact that DHB nurses are paid more. With the cost of living it is a no brainer that new grads will choose to work for better money when they have mortgages to pay and provide for their families.

--

For me, pay parity is not only about more money but also recognising our important unique role in the community. Our job is very complex, we go into homes, we see whanau at their most vulnerable times in their life.

--

We are stretched so thin, get exhausted and feel burnt out, undervalued, taken advantage of, and significantly underpaid for the level of responsibility we carry. The shortage of relief Practice Nurses, means we often work when unwell, and cannot always take annual leave when desired.

--

I was quite embarrassed about my pay rate which I was not allowed to discuss with colleagues, knowing they were only paid at the MECA rate, and previously there was a high turnover in nursing staff - with the higher scope comes extra responsibility and nurses were consistent with finding the pay did not reflect the work. There needs to be parity in contract with DHB.

--

We can't keep working long 12 hour duties or extra days that are covering others crumbling under these pressures - we are an aging workforce who want to retire but feel responsible for ALL THESE PEOPLE. While our younger colleagues go overseas for better wages and safer conditions !!! (and why not !!)

--

This level of responsibility, the passion, dedication and education (masters, and further post grad papers) should entitle me to be paid the same as my DHB colleagues. As a rural primary health nurse I am an investment in the health of my community, therefore pay me my worth.

--

To think a highly educated nurse cannot earn a decent salary to feed themselves or their family is unbelievable. This is why I will probably end up leaving the nursing profession. Community nurses should at least earn the same as Te Whatu Ora Nurses however I believe the whole sector needs a pay rise.

--

I moved to primary healthcare 10 months ago however I have applied to move back to the cdhb. I'm pretty sure a community police person is paid the same as a police person who works in the central station. I have no idea why there is such disparity. The public need to be made aware that as a registered nurse in the hospital my base rate is 6 dollars an hour more. That's alot over an entire week!!!

--

I have the exact same qualification and experience as my colleagues, yet the government believe I should be paid less. Primary Health care has a massive role in the care of our communities. Without it, hospitals would be under even more pressure. We deal with the same pressures, responsibilities and need the same education levels as Te Whatu Ora staff, if not sometimes more. Please consider the value of Primary Health Care nurses, as much as we value our work, expertise and contribution to nursing in New Zealand.

--

To be able to meet the MoH contract Plunket needs to be able to recruit and retain staff. The most vulnerable and at-risk babies are missing out on support and advocacy to ensure they receive the best start to life

--

To be able to meet the MoH contract Plunket needs to be able to recruit and retain staff. The most vulnerable and at risk babies are missing out on support and advocacy to ensure they receive the best start to life.

--

My colleagues who work for the DHB earn a considerable higher wage and have less experience than myself, and it feels so unfair. I believe all nurses should start out on the same wage no matter where they work and work their way up the MECA.

--

The job I do in primary holds the equivalent level of knowledge and skills as my cns role. I believe that my role in primary holds equivalent, if not more responsibility as I am assessing ALL patients who walk into our acute clinic and respiratory clinic, autonomously; however, I am not recognised for that financially or by position.

--

In the last two years I have not had a pay rise, despite the pressures of work increasing due to the Covid19 pandemic as well as rising cost of living. It is demoralising to know that despite having the same qualification as Te Whatu Ora Nurses, Plunket nurses are paid much less.

--

I've been a Plunket Nurse for almost 10yrs now. Families are starting to become disappointed in the service we provide, because their appointments are being cancelled, with little chance of them ever being rescheduled due to the short-staffing. The appointments are just not happening no-one wants to work in an area of nursing where its clear staff are stressed and the pay is below that of our Whatu Ora Colleagues.

--

I am hopeful for pay parity with Te Whatu Ora but have already made the decision that if pay parity is not achieved, I will be looking for other employment where I do feel more valued and where I am rewarded through pay for my knowledge and post graduate study.

--

I have been a Practice Nurse for over 20 years. We also desperately need to attract young nurses into Primary Care as we older nurses come to retirement age and pay parity would make it a more attractive option.

--

I love working as a RN in PHC. However, it's disheartening that I have a degree and post graduate diploma and am paid less than friends and family who are unqualified working in desk jobs.

--

For Plunket to attract more nurses we need pay parity, our whanau are suffering, and job satisfaction is reducing Plunket nurses deserve to be paid the same rate as a Whatu Ora nurse we work as hard, and we need to be competitive in attracting new staff, I think this is imperative for the continuity of Whanau Awhina Plunket !

--

I have worked for whanau awhina Plunket for six years. We have all had a pay decrease with inflation going up along with mortgage rates sky rocketing. I will not be able to afford to work for Plunket if we do not get Te Whatu Ora pay parity and I will not stay for anything less. I would like to see pay transparency for the entire organisation. How much is spent on flying senior management all over the country?

--

We have exactly the same qualifications as DHB nurses yet get paid a huge amount less. As the hospitals are so busy, a lot of their work is falling back onto us, therefore making our jobs so much busier, with no reward at the end. Things need to change and soon!

--

Paid for set hours and work in excess of the paid hours, not paid for extra time, poor pay rate compared to where I used to work, and it doesn't seem feasible to stay considering these factors.