



Message to the Chief People Officer

Health New Zealand | Te Whatu Ora

From members of The New Zealand Nurses Organisation,
Tōpūtanga Tapuhi Kaitiaki o Aotearoa

24 May 2024



Wellington members rally during the 9 May 2024 NZNO Day of Action

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Andrew Slater
Chief People Officer
Health New Zealand | Te Whatu Ora

Dear Andrew,

In early May, I invited members of NZNO to share their thoughts on how they think cuts to hospital-based health services would impact their health, safety and wellbeing at work. They were also asked how the cuts will impact on their ability to care for patients. As you know, Te Whatu Ora regions are being asked to collectively save \$105 million by July using 'cost containment' methods including banning double shifts, pressure to take leave, non-replacement of sick staff and wiping unfilled roles.

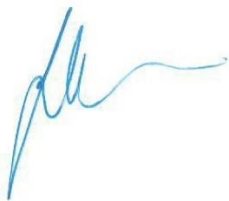
This opportunity was only open for five days, but we received 925 responses, which are included in this booklet. Please note personal identifying details have been removed.

The respondents made themselves heard loud and clear. Despite recent assurances to the contrary by the Minister of Health, they have said overwhelmingly that the cuts will impact negatively on what is already a very difficult working environment. Their key concern is that understaffing is already chronic and at crisis level, and that cuts to services will exacerbate this situation. They fear understaffing poses real risks of harm to patients in their care. Responses were heartfelt and reflect the passion they have for their profession, but many are at breaking point and are considering leaving nursing or going overseas for better pay and conditions.

We are still in a nursing crisis. The figures NZNO recently received under the Official Information Act are genuinely alarming. During the year ending 31 December 2023, more than a quarter of nursing shifts were below target staffing numbers, and some wards operated below safe staffing levels nearly all of the time. This has to change for the sake of our nurses and the patients in their care. We have called upon the Government to address the staffing problem by funding proper patient care for our loved ones and whānau in Budget 2024.

I would like for some of our delegates to meet with you soon, if possible, to discuss the issues raised by respondents. We want to work together constructively on solutions with health sector stakeholders, the Government, and other unions. We look forward to this.

Ngā mihi,



Paul Goulter, Chief Executive
NZNO Tōpūtanga Tapuhi Kaitiaki o Aotearoa

Hospital-based Health Service Cuts Survey

Introduction

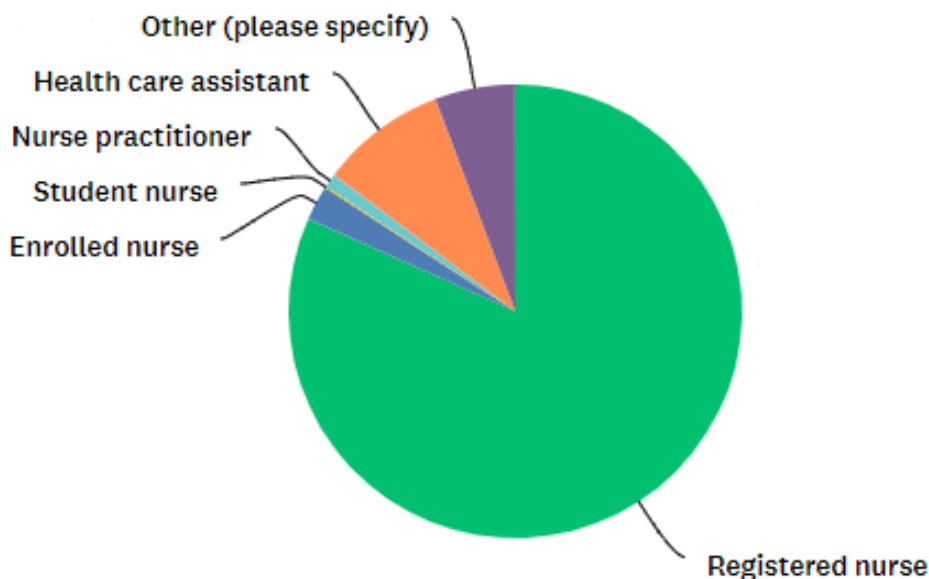
DHBs are being asked to save \$105 million by July. Cost cutting methods include banning double shifts, pressure to take leave, non-replacement of sick staff and wiping unfilled roles. The Minister has said that none of the cut saving methods will impact the level of care patients will receive. Te Whatu Ora says the savings can be achieved by better staff management.

The New Zealand Nurses Organisation surveyed its Te Whatu Ora members on their views on cuts to hospital-based health services and how these are impacting their wellbeing and patient care at the frontline.

The survey was open from 1 to 6 May 2024. It asked for information on: their position; where they worked; work area; if they thought Te Whatu Ora’s announced service cuts would impact their health, safety and wellbeing at work; if they thought the service cuts would impact their ability and that of other nursing staff to care for patients; and if they had any other comments. There were 925 respondents.

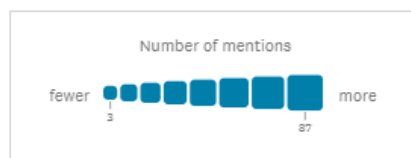
Positions of respondents

Nine hundred and twenty-three people responded to this question. The majority (754) were registered nurses. There were also enrolled nurses (23), one student nurse, nurse practitioners (9), health care assistants (83) and other (53). The ‘other’ group included clinical nurse specialists, charge nurse managers, Māori liaison officers, hospital aides, intern nurse practitioners, midwives, clinical nurse coordinators, nurse educators, mental health assistants, and care capacity and demand (CCDM) coordinators.



Where respondents work

Nine hundred and ten people responded to this question with people working in hospitals across Aotearoa New Zealand.



Areas respondents work in

Six hundred and seventy-five people responded to this question. There was a wide range of work areas represented including wards, emergency, mental health, admissions, surgery, cardiology, sexual health, and intensive care.



How do you think Te Whatu Ora's announced service cuts will impact your health, safety and wellbeing at work?

Nine hundred and eighteen people responded to this question with the overwhelming majority indicating that cost cutting methods (such as banning double shifts, pressure to take leave, non-replacement of sick staff and wiping unfilled roles) will negatively impact their health, safety and wellbeing at work. Only six respondents indicated that they didn't think the cuts would impact them, with three respondents saying they didn't know if they would be impacted. People who are unwell aren't taking sick leave because they feel that they are 'letting the team down' if they don't come in.

The main concerns are:

- Understaffing – leading to stress, burnout and nurses leaving
- An unsafe work environment
- Feeling undervalued
- Being unable to upskill or train new staff
- Financial impacts.

These areas are summarised below along with a selection of quotes from respondents' answers.

All responses can be found later in this booklet. No identifying details have been included. Please note the number of each response to individual questions does not necessarily correspond to the same respondent.

Understaffing – leading to stress, burnout and nurses leaving

This was the main concern respondents had. They feel they are already understaffed and cost cutting measures will make the situation even worse. They said that nurses would come to work even if they were unwell, knowing that cover wouldn't be brought in and not wanting to 'let the team down'. Many have already had enough and are packing up and moving overseas where pay and conditions are better, or they are leaving their profession altogether.

"I think this will significantly affect the health, safety and well-being of both staff and patients. Limiting re hiring, over time, extra shifts etc is the complete opposite of what we should be doing. Our health system is in crisis. We are already so understaffed, and the burn out is very real among staff of the hospital. Picking up shifts and doing over time is not what we as staff want to be doing. But, unfortunately due to the workload, sickness and being so understaffed already, we are having to help our colleagues out and do extra. Also, a lot of the time we don't have a choice in the matter, as patient safety is our priority." Registered nurse

"I have been working as a district nurse for nearly one year, in that time we have constantly been doing overtime, missing breaks and not having full staff. By not being allowed to do overtime or replacing staff when they are on leave or sick will increase pressure to do more with less time. We are already reallocating outpatient workload to other days and service cuts will only increase this. It's so disheartening to look at your week and see that the workload units outstrip our maximum allocation with no solution in site." Registered nurse

"High workload and overloaded in the emergency department already as the general public are turning up for health care. It's no wonder Australia is more appealing for nurses. They offer a great package. I've worked in Australia in the past and It's on my radar to quit NZ nursing and head over the ditch." Registered nurse, Emergency Department

“It will impact in a totally negative way. Already I have left work crying this week. Worked Monday morning shift. Meant to have 5 RNs. We had only 3, then 1 tested positive for covid so we down to 2. It was a nightmare. We have RNs on low FTEs that are happy to come and work extras. Charge nurses told not to contact them. No extra shifts outside fte. I feel like resigning after that shift.” *Registered nurse*

“Forcing us to not cover sick leave is dangerous, for the staff as well as the patients. People will come to work even though they are unwell, because they know that they would let the team down otherwise. This places significantly higher stressors on everyone.” *Registered nurse, Bay of Islands*

“Research, reviews, patient and whanau stories have already proven that people are dying badly because of the huge service gaps especially in rural and remote Aotearoa. There is finally recognition at a national level to establish a palliative care population response. If any benefits come of these changes, it will be years down the line and after many years of nursing I want no more exposure to avoidable, traumatic deaths spread so inequitably amongst the most vulnerable of people. I made the difficult decision not to seek further employment in the nursing workforce anywhere last month. I am doing this for my health and wellbeing.” *Nurse practitioner*

An unsafe work environment

Many respondents voiced concern that workplaces are becoming unsafe – both for staff and patients. They are concerned that inadequate staffing levels and/or skill level will lead to mistakes that could jeopardise both patient lives and their careers i.e. loss of license. There are also concerns about aggressive behaviour from patients and the possibility of physical violence particularly in the mental health areas.

“The suggested cuts will contribute to an unsafe workplace with high/dangerous pt ratios and lack of education opportunities. This is a stressful, unsafe and unsatisfying environment to work in. Our jobs are demanding enough without this extra stress and will increase sick leave and reduce workplace safety. It puts our registration at risk as cares and patient deterioration can be missed as we are put in a position where we cannot perform safely.” *Registered nurse, Capital and Coast*

“We are already at high burnout rates and these changes will make it worse. My biggest fear is something bad happening on a shift because of short staffing and burnout, no skill mix etc. my career is affected forever. Stress will increase.” *Registered nurse, Midcentral*

“Caseloads have already increased due to short staffing; they were already unsafe and now it’s worse. This does not feel safe at all, my registration will be at risk due to the high risks of doing something wrong in a very (already) stressed area. The worry of completing things safety is through the roof and therefore, impacting on performance. Wellbeing is well at risk due to stress levels.” *Registered nurse, Te Tai Tokerau*

“Currently already impacting our service. With increasing acuity, our staff are at daily risk of assaults. The last few weeks we have already seen the effects of having to qualify every extra staff member based on our matrix and not the acuity of the wards to save money. The government's cuts to staffing impacts safe staffing. In our wards this means increased assaults, less 1:1 care and decreased staff satisfaction and increased stress and burnout.” *Registered nurse, acute mental health unit*

“As a manager, I can no longer staff my unit safely. Our rosters are being monitored closely, all overtime is being queried and we asked to write shift reports to justify any overtime or missed meal breaks. I have resigned as I can no longer support my staff properly.” *Clinical nurse manager, ICU/CCU/HDU*

Feeling undervalued

Nurses don't feel valued or respected. This is affecting morale and contributing to burnout and nurses leaving.

“Personally, I have never seen this level of burnout amongst my colleagues. There is a distinct air of hopelessness. The announcement of service cuts will break many of us. In a service that has been under severe stress for years, this will decimate our workforce further not to mention make nursing an increasingly unpopular field of study. The effects of this will be felt for years to come.” *Registered nurse, community and rural services*

“Detrimental to staff morale, and for safe practice. I worry that as the clinical frontline we will receive all the blame when mistakes happen due to poor staffing levels/poor skill mix of staff and our registration/career gets put on the line for stupid cost cutting/ political measures.” *Registered nurse, Taranaki*

“The changes and loss of usual shifts have had a big negative impact on me emotionally. The feeling of disrespect, unappreciated and unworthy to say the least after the hard work and long hours and giving a lot of yourself for the cause over the hard last year's due to covid and staff shortages.” *Health care assistant, Tairāwhiti*

Being unable to upskill or train new or junior staff

Nurses are so busy as a result of short staffing that they don't have ongoing opportunities to train more junior staff or upskill themselves.

“Increased workload as gaps not filled, more reliance on other team members to work the gaps I.e. educators so unable to upskill and train new or junior staff. Increased risk of burn out and or error as lack of support from peers when working below minimum numbers.” *Registered nurse*

“We need nurse educator to help with our portfolio and ensure we are updated with evidence based researched findings in our patient care, etc. Our nurse educator has resigned! No replacement?” *Registered nurse*

“I and my colleagues who work on the floor will be directly impacted. We will be pushed further to take on unsafe and unmanageable patient loads. This impacts on our health & wellbeing causing high levels of stress and anxiety. We are already stretched and pushed to the limit. We've had many new grads and foreign staff still learning and being pushed too soon into taking patients out of their scope and require constant support. However, many of the existing senior staff are too busy to help them. Seniors are expected to take on heavier workloads to compensate shortfalls in staff. We are inundated with masses of expectations of paper and computer work and the reliance on trend care has let us down. The amount of human hours and money spent on trendcare would fulfil the deficits we have of nurses on the floor and the million dollar deficit required.” *Registered nurse, Taranaki*

Financial implications

Cuts to rosters and no double shifts are impacting on nurses' financial situations. Casual workers are not picking up shifts because of the directive not to provide staff to cover for staff who are away.

“It's already impacting my ability to be able to pay my bills and my mortgage. I'm scared I'll lose my house. Last week alone I was cancelled for 4 shifts with 2 hours' notice!” *Health care assistant, Counties Manakau*

“I think more like safety of patients and safety of the worker will be compromised when happened that sick staff will not be replaced. The level of care they expected will not be possible due to increased workload. Physically and mentally draining for staff. We even experience RNs leaving NZ way before these changes even proposed. Double shifts banning, we've got different challenges regarding this, but this is really beneficial due to the impact of inflation. We recently got increased pay rates which is a good thing however together with that all prices from house rent to food stuff is increasing as well, thus pushing workers to do extra shifts to sustain the needs. I don't think people would like to do double shifts by choice but financial obligations are so heavy that it is the only thing possible.” *Registered nurse, Hawkes Bay*

“Quite a lot. I'm a casual staff member, with lots of shifts given to me because of short staffing already. If these shifts dry up, it makes me wonder will I even be able to apply for a permanent position with this announcement and slashing of roles? Our department is already fighting staff sickness and cancelling of elective surgeries, staff are stretched to their max in a theatre to keep lists going. If we are unable to replace sick and annual leave, patients are going to continue to miss out on their surgeries.” *Registered nurse, Taranaki*

How do you think Te Whatu Ora's announced service cuts will impact on the ability of yourself and other nursing staff to care for patients?

Nine hundred and eleven people responded to this question with the overwhelming majority indicating that cost cutting methods (such as banning double shifts, pressure to take leave, non-replacement of sick staff and wiping unfilled roles) will negatively impact on their ability and that of other nursing staff to care for patients. Only two respondents indicated that they didn't think the cuts would impact their ability to care for patients.

The main concerns are:

- Patient care will be compromised
- Staff shortages and recruitment challenges
- Increased risk of adverse outcomes for patients
- Strain on community and outpatient services.

These areas are summarised below along with a selection of quotes from respondents' answers. All responses can be found later in this booklet.

Patient care will be compromised

Increased workload and burnout among nurses are resulting in physical and mental exhaustion and impacting their ability to provide quality care. Nurses take pride in being able to provide quality care and not being able to do this, concerns them greatly. They are worried this will lead to a decrease in quality and safety, delays in treatment, medication errors, and increased risk of harm to patients.

“I can see large numbers of complaints coming in the future from patients/whanau due to their feeling like nurses/hospital aides are just not doing their work. No showers/beds made

– the bare minimum will occur. I also feel we will see increases in errors occurring due to staff not being able to care for their patients as they should.” *Charge nurse manager, Canterbury*

“These cuts will directly impact our ability to provide safe care to patients. The gaps in staffing will spread our already challenged departments to unsafe staff levels. This leads to a rationing of care...leaving patients in soiled beds to care for others with more acute issues. A horrible situation for both nurses, patients and families. These cuts will mean longer wait times, increased volumes of patients waiting for beds, ambulance crew waiting to unload pts being taken off the road.” *Registered nurse, Emergency Department*

“This will cause a negative impact on care. Short staffing reduces our ability to provide care. Burn out reduces empathy and compassion and will cause poorer, rushed care increasing the likelihood of errors and adverse outcomes. Falls, medication errors, line infections etc will all increase as staff will be working under higher pressures.” *Registered nurse, Capital and Coast*

“I believe these cuts will absolutely prevent us as nurses from providing quality care to our patients and their whanau. Tired and overworked nurses will be forced to give bare minimum, contributing to prolonged admissions, increased incidents and patient complaints. I believe this will also impact the mental wellbeing of charge nurses who will feel they won't be able to care for their staff as well as they should.” *Registered nurse, Middlemore*

“It will greatly reduce our ability. If we don't have enough staff, call bells are not being answered, medications are not being given, patients are not being turned or washed or toileted, time is not given for important discussions, parents are wondering where their child's nurse is. We will be burnt out, grumpy, sick, it's not fair on the staff but it's even more unfair for the patients needing our help.” *Registered nurse, Nelson*

Increased risk of adverse outcomes

Nurses are concerned about increased risk of adverse outcomes for patients, including higher mortality rates, compromised patient safety, and missed opportunities for early intervention.

“Falls increase as pts decide to get up without supervision because we cannot answer bells in a timely manner. Medication errors increase with staff stress and fatigue. Injury rates increase for staff and pts, as we try to work individually with pts that require assistance of two to be safe. Pts can't wait, and everyone gets stressed. I don't understand govt announcements wait times will be decreased for treatment and surgery, yet at the same time staff is depleted and morale is at a new low.” *Registered nurse, Hutt*

“Care which is already being rationed will be rushed even more. Short cuts will be taken on already short-cut services. More errors and omissions will cause poorer patient outcomes. In hospital stays will be longer, morbidity and mortality rates will be increased. Patients will have to wait even longer before assessment and treatment. Lives will be forfeit. Pressures on outpatient services will increase with flow on implications for both patients and staff. More staff will leave. I still have two years to go before I reach 'retirement' age but I often consider resigning early.” *Registered nurse*

“Patient care will be delayed, obs, chemo, blood products and antibiotics. There already is a shortage of nurses able to give chemo and when sick leave is added, chemo will be unable to be given safely.” *Registered nurse, Palmerston North*

“Patients will have increased risk of harm, of falls, pressure/skin injuries, medication errors, delays in treatment, infections etc. I'm not prepared to be part of this anymore. Patient harm will increase. More nurses will resign and exit health or go to Australia.” *Registered nurse, Surgical Ward*

“Simple, patients will miss out on adequate care. Patients will stay longer as no time to assist with rehab exercises. Patients will end up with multiple ailments due to cross-infection from lack of thought and time taken around hygiene, increased risk of pressure injuries and infections from reduced/missed patient cares. Increased patient injuries during admission due to inability of staff to watch and assist those more vulnerable patients.” *Health Care Assistant*

Staff shortages and recruitment challenges

Staff shortages and recruitment challenges are exacerbating the existing shortage of nurses and impacting nurse-to-patient ratios, skill levels, and the overall quality of care.

“I myself, cannot work any harder faster or smarter. If we do see nurses that are on annual leave or sick leave not being replaced in our workplace, it will lead to mass resignations, possibly in the spot, effective immediately. These resignations will be, I believe, from a point of self-preservation for our own lives. Apparently, NZ nurses and midwives are twice as likely to take their own lives as the general population. Enough already, enough is too much.” *Registered nurse, Emergency Department*

“Leaves current staff again burnt out. As trying to give adequate care with less. Which becomes more and more impossible. Equals more sick leave. And it continues. More staff go to Australia. And hospitals spend more and more money in recruitment and training for the cycle to continue.” *Registered nurse, Hastings*

“Announced service cuts are likely to have a profound impact on our ability as nurses to deliver quality care to patients. The reduction in services will inevitably strain our already stretched resources, leading to increased workloads for the remaining staff. This situation is particularly concerning in specialized areas like intensive care, where the complexity of patient needs demands a high level of continuous attention and expertise. With fewer staff members, the time and attention we can dedicate to each patient will decrease, which could compromise the thoroughness of patient assessments and the timeliness of interventions—critical factors in patient outcomes. Additionally, the morale among nursing staff may suffer, which can indirectly affect the quality of care provided. As nurses face increased pressure without proportional support, the risk of burnout grows, potentially leading to higher turnover rates. Ultimately, these service cuts could diminish our capacity to uphold high standards of patient care, affecting not only those in immediate need but also the overall health outcomes of our community.” *Nurse Educator, Waikato*

Increased strain on community and outpatient services

There will be increased strain on community and outpatient services, putting additional pressure on existing services and compromising timely and appropriate follow-up care.

“Colleagues in smaller hospitals have been working above their FTE to meet the needs of their community. They are now having to cut services, including clinics to meet the new requirements. These are the very services that help keep people with chronic conditions out of hospital.” *Registered nurse, Respiratory*

“Patients are already suffering the direct impact of a challenged health system, which is now under significant additional pressure. The increased waiting times and reduced number of staff, lack of senior and mid-level staff to offer experience and mentoring impacts the standard of care possible, the continuous presence of people waiting in ED corridors and inability to move on into hospital wards and the lack of community-based care and transition services is directly impacting the wellbeing of patients and whanau. There is a lack of ability to provide even the most basic of care at times, and this together with the limited services now available results in people unable to access services, or being asked to wait for unsafe periods of time in unsuitable conditions. Despite staff trying their hardest and doing their best, there is no longer the resources needed to provide a safe and effective health care service. Those who have money, insurance or access to travel overseas have some choices in terms of maintaining their health – those who are vulnerable, disenfranchised, or simply ‘average’ do not. When our family need health care – we are scared.” *Registered nurse, Christchurch*

“I would struggle, families are waiting, waiting, waiting for weeks for tests, MRIs, scans and decisions. In the community, the demand for help at home is increasing as people are deteriorating while waiting for treatment. Can't keep up with the demand, have very angry families verbally abusive on the phone or to my face when I visit to complete their assessment.” *Registered nurse, Needs Assessment Coordination Service*

Do you have any further comments?

Six hundred and fifteen people provided further comments. The top five points made in response to this question were:

- Concerns about the impact of service cuts on healthcare workers and patient care, including burnout, high staff turnover, and decline in quality of care.
- Criticism of management and Government decisions, with suggestions to cut management instead.
- Calls for patient input and involvement through surveys to ensure their experiences and needs are considered.
- Concerns about the state of the healthcare system, including understaffing, long waiting times, and lack of resources.
- Lack of confidence in the Government and management's ability to address healthcare challenges and prioritise the well-being of healthcare workers and patients.

All responses can be found later in this booklet.

Q7 How do you think Te Whatu Ora's announced service cuts will impact your health, safety and wellbeing at work? (200 words or less)

Answered: 918 Skipped: 7

#	RESPONSES	DATE
1	Increase in patient to nurse ratio Decrease in staff morale Increase stress, pressure, not being able to cope and declining in mental wellbeing No family life balance adding more pressure and stress Unhappy at work, increase long term sick leave, staff leaving profession altogether Staff become mental health patients Increase abuse/assault from patients Feeling of worthlessness, Undervalued, Under appreciated	5/6/2024 12:06 PM
2	There will be a negative impact. The non-replacement of sick staff and not filling up roles, will jeopardise workload, leading to more stress, stress morale and burnout	5/6/2024 12:02 PM
3	Terrible	5/6/2024 11:52 AM
4	The less staff in the hospitals puts more pressure on them to discharge patients. This, in turn, puts more pressure on the community teams to visit sooner, and patients are often still complex when they return home, with no extra supports in the community.	5/6/2024 11:47 AM
5	As a senior chemotherapy nurse my ward is currently in crisis with management decisions resulting in over 8 staff leaving mostly chemo nurses. We are critically short of experienced staff. I have in the last 2 weeks had to work shifts with physically unmanageable work loads and when this reported to my charge nurse no help was available as no staff had the skills to do the jobs I was assigned. I didn't get my allocated break and finished after the charge nurse. I claimed overtime only to be told I would not be paid and to take it a leau leave. This no overtime in these situations will cause more experienced staff to leave. Our leave as chemo nurses has been capped and only one nurse off at a time I currently have 22 weeks of leave owing to me so how and when am I supposed to take leave. I am also earning more leave as having to work extra shifts to cover the short-fall in experienced staff. We currently have no staff in training for chemo and this would take an experienced nurse 6 months to get their certificate but not to have proficiency. There is going to be a sentinel event where-by a patient/nurse is harmed due to these working conditions but yet Te Whata ora is determined to make more cuts. My mental health is definately being negatively impacted by the current working environment.	5/6/2024 11:39 AM
6	Adds to the already stressed work and life	5/6/2024 11:29 AM
7	Will increase dissatisfaction due to being even less able to deliver timely and satisfactory care.	5/6/2024 11:19 AM
8	Simply, burnout. Working understaffed constantly. Trendcare not fit for purpose, a RN is not replaceable by an HCA. Positive variance on TC automatically has you sent to another ward - again Trendcare not fit for purpose.	5/6/2024 11:11 AM
9	I think that will result in understaffing and increased stress on staff.	5/6/2024 11:09 AM
10	Absolutely! We have new funding from Pharmac for products and service for diabetes and this will create much more work. Before this we are already over capacity, unable to get to work in a timely matter, no staff increase for some time and unable to deliver NZ the care being requested.	5/6/2024 10:17 AM
11	I believe these cuts have already resulted in the rejection on my business case for a new clinical nurse specialist for my service, to allow for succession planning and to meet the needs of the growing population in our region (Tai Tokerau)	5/6/2024 9:37 AM
12	I'm not sure at this stage unless it affects my job	5/6/2024 9:25 AM
13	Currently on the wards there has been a fluctuation of overseas and new graduates nurses. Supporting them on the ward is priority especially in the night shift. However, with the announcement for service cuts this will impact on our holistic wellbeing. Mentally we will be drained. Physical we will be tired and overworked trying to cover the shortage of staff. If we are	5/6/2024 9:23 AM

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unable to be the best version of ourselves at work this will open up doors for errors where patients' safety will unfortunately be compromised. My priority would be my health. Overseas nursing will be an option if it is affecting my holistic wellbeing

14	Well i am already working under pressure as, i am the only one working in this role for my area with approx. 270 pateints under me. Working par time and not allowed extra work days as has been told there is not money to pay for the extra day. They want to provide patients with the care "they deserve" yet cant give extra time to people who provide this care. Now with saving money what else do they want. Sitting in offices and making this decision is easier theses ministers needs to be admitted to see how everyone works.	5/6/2024 8:05 AM
15	I have been struggling to deliver care to my patients for the last 19 years. We work in Diabetes (during a pandemic of diabetes) at a time when multiple new technologies have been introduced. Despite this we have had no increase in nursing FTE in over 15 years. I'm getting tired of not having enough, of making excuses for what I cannot do, for skimming over patients, only dealing with what's on top, despite the fact that I know that if i had the time to deal with the patient properly they may be able to permanently resolve their issue	5/6/2024 7:34 AM
16	We are short-staffed already. The government's absurd decision to not cover sick leave, not allow over time etc will only exacerbate an already dire situation. Staff burn-out is already high and will only get worse.	5/6/2024 6:13 AM
17	we will be overworked which is not good for health	5/6/2024 2:30 AM
18	The condition has already have terrible impact on nurses physically ,specially mental health. 99% of the time when during after hours we are down one staff and coordinating with full patient load with Junior, EN and Netp with sickie patients and multiple admissions , when you express your concern you'll hear " it's good! You have four (4/5) . If you ask for HCA for the floor you'd be lucky to keep them for 2 hours, i feel very unsafe a lot of times but I know they will throw it right back at you for being incompetent and ask you to reduce your hours if you can't cope. Its like a ticking bomb ready to explode.what else can they cut?	5/6/2024 2:05 AM
19	This will not only affect consumers but as well as health care professionals like me. This means that services are being delayed at the same time health staff becomes overwhelmed and overworked. Not to mention that more consumers and health staff alike become unwell every winter. Force leave - I save that for a reason and I have the right to take it when I need and not take leave if I do not need to. Obviously the new government is ONLY after the money, not the workforce. This obviously make me think of definitely leaving the country to look for opportunities overseas that values health workers rights and benefits.	5/6/2024 1:38 AM
20	It will put me under alot of stress as i would be working in an unsafe working environment. People will be off work more as the amount of work will be to great to substain for a short period of time.	5/5/2024 10:08 PM
21	It will impact it hugely. We are already put in unsafe situations, now it's getting even worse.	5/5/2024 9:57 PM
22	will add undue stress to individual nurses, and will increase the nursing workload, and potentially lead to errors occurring, especially if nursing staff are not replaced when staff are off sick.	5/5/2024 9:45 PM
23	Work load will increase, meal breaks will be compromised, stress levels will rise and support for stressed staff will be non existent	5/5/2024 9:01 PM
24	The biggest impact on individuals will be stress and because of that people's health and well-being will be affected. It will affect people to pay their bills, mortgage and as everyone knows at the moment interest rate is so high. We won't be able to buy food on the table for our family. We will feel that our job is very insecure. It can also cause arguments in the families because we cannot run the family with only one person's income as things are very expensive.	5/5/2024 8:18 PM
25	Even more over worked. Time delays in replacing vacant roles is having major effects on pts and front line staff. Mistakes are going to happen!!!	5/5/2024 7:02 PM
26	I was depressed little bit got really worried regarding my future, mortgage payments,bills and my family daily routine. It makes me realise that my future job is not secured due to financial political situation in this country. We as a whole family at home now have to make up our mind for our future and well being , should we continue to rely on our jobs in new Zealand or to move abroad for better and secured life.	5/5/2024 7:02 PM
27	Delay extra clinics on weekends as have been asked to minimise us of casuals and no	5/5/2024 6:02 PM

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overtime unless clinically essential. Has created a lot of angst and disillusionment in the staff and management. Higher management are micromanaging asking for leave planners for individual staff with higher leave balances even though CNM and ACNMS manage leave as well as we can. No sick cover- we don't get any support at all. BAU. Without casuals areas will be short and clinics may be cancelled.

28	Will definitely have a big impact on me and the rest of the nursing workforce because we are already currently suffering with staff getting sick and unable to be replaced because people are tired and burnt out. And the only reason why staff are agreeing to come to work on their rostered day off is when they are compensated eg offered overtime. If sick calls are not replaced then they will be relying on pulling out staff from other departments who have just enough so then it will end up that all the departments are understaffed making it difficult for the staff having more workloads, less patient time which is unsafe for patients and more burnt our staff resulting in more sick calls creating more issues.	5/5/2024 3:38 PM
29	Unsafe for patients if we are understaffed and unhealthy for the staff as well	5/5/2024 3:25 PM
30	I think this will significantly affect the health, safety and well-being of both staff and patients. Limiting re hiring, over time, extra shifts ect is the complete opposite of what we should be doing. Our health system is in crisis. We are already so understaffed and the burn out is very real among staff of the hospital. Picking up shifts and doing over time is not what we as staff want to be doing. But, unfortunately due to the work load, sickness and being so understaffed already, we are having to help our colleagues out and do extra. Also, a lot of the time we don't have a choice in the matter, as patient safety is our priority.	5/5/2024 2:41 PM
31	Major delays in patient care, If our vacancies do not get filled we will perpetuate the issues we have already got with short staffing holding up anaesthetists from being able to carry on with the further planned surgery's for other patients, delaying surgeons, theatre staff etc. also if sick leave is not covered then the pressure is intensified. This causes further issues with mental and physical wellbeing for the team	5/5/2024 2:19 PM
32	We are already struggling with covering sick leave, being able to take leave (in some areas) and having to do overtime and double shifts purely to maintain some "safety" in our work place for our patients. Cutting that but not fixing the over populated wards and need nurses is NOT going to help.	5/5/2024 2:11 PM
33	Service cuts will translate to increased workload, increase medical errors, burn out, conflicts with impatient patients and whanau, physical and emotional trauma just to mention a few	5/5/2024 2:03 PM
34	100% yes	5/5/2024 1:44 PM
35	Less staff available to support patients. No cover for sick leave. Decreased staff morale.	5/5/2024 1:42 PM
36	In ICU we are pretty well staffed most days. We cover our own staffing shortfalls with working extra shifts. This may make a big impact if we can no longer cover our own shifts and be covered by staff not as qualified to look after our very sick patients with sometimes very complex needs. It will put extra strain on coordinators to oversee the staff/patient while carrying out coordinating duties and overseeing our own junior staff/new grads. Also our flight team often requires going into overtime as the flights are unpredictable and weather dependant. Will this compromise our flight service? The one link to further north patients who require urgent lifesaving care. Also because we staff well, we will be sent out more often often to cover other wards. This is already happening where staff go at least once a month to wards. We do this on a rotation basis. We use our over staff to upskill and train other junior staff. This will now take longer to train staff up. New staff from other countries who have only ever worked ICU find it very scary and daunting to have to go work in wards/CCU/ SCBU where they have no experience. This will leave the wards in a compromised predicament. With rosters and shift swaps now having to approved by upper management, if swaps stop happening this will be very demoralising as many parents and coparents work within hospital and need to swap to cover childcare. If this cant happen we may lose these staff to Oz. We dont know what is happening a month in advance so swaps are necessary to maintain a life/work balance. This will all ultimately impact on patient care/ compromise safety practices/ put staff unsafe situations.	5/5/2024 1:17 PM
37	Probably won't have any impact. We are well staffed in the Unit. I believe money does need to be saved. Over the past six years too much money has been spent and so much of it wasted and not producing any benefit to advancing healthcare.	5/5/2024 12:49 PM
38	Having just had 2 weeks of leave and back to work for only 1, I'm already exhausted. Close to	5/5/2024 11:20 AM

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every day of leave i recieved text messages, the facebook page requested extra staff due to patient acuity, meaning I went back knowing the place was chaos, but guilty for not assisting. The pressure is immense. I leave work burnout every day, with all the various demands. I'm considering giving up nursing if it keeps up.

39	I think more staff will take sick days and this will impinge on the present staff working there. I think staff morale will be low and a feeling of not feeling appreciated will prevail. The idea of targeting staff working directly with patients instead of those managers sitting in offices away from the "real world" and walking around with clipboards and number, budget pushing really irks me. A lot of these managers have lost touch, are on big salaries and in my opinion don't deal well with issues that need to be dealt with. I think nurses on the brink of retirement will retire earlier due to the stress. I feel it's insulting for the government to state that all this cost cutting will not impinge on patient care!	5/5/2024 11:07 AM
40	That won't be good at all. The time and traveling and efforts that the staffs are putting towards what this country need was Hospital that will need nurses and other sectors in the medical field. The Government and Te whatu ora thinks that is easy no not at all as an HCA we see what goes on in front of us and surroundings this frontline deserved it all. Without them there will be no jobs for the vulnerable and needy in this country. That will really impact the staffs and wellbeing of patients care for the frontline. Government and Te whatu ora have no idea they don't care it's all about themselves and there families. They have families one day will end up in one os these places one day. PAY PAY PAY. I hope this help.	5/5/2024 10:05 AM
41	Huge impact will cause fatigue, but niut and reduced management of care	5/5/2024 5:11 AM
42	In my role I can see more pressure coming to me as I manage my team. Wanting to do the best for patients while constantly looking at budgets take away the reason we are there.	5/4/2024 9:49 PM
43	Patient safety in PACU will be compromised, patients will get delayed for treatments which will worsen their condition, waiting lists will increase and nurses will bear the brunt of a health system that is failing - we will simply leave.	5/4/2024 9:25 PM
44	I won't impact me at all from a day to day nursing point of view but as a taxpayer I am very happy with it.	5/4/2024 8:35 PM
45	I believe that many more nurses will leave due to the cuts. Patient safety with plummet, hospital stays will be longer, and patients' outcomes will be worse than they are currently	5/4/2024 8:29 PM
46	Overworked. Causes moral injury. Risk of exhaustion.	5/4/2024 7:53 PM
47	Yes it will affect the overall patient care Healthy staff patient ratio is key for good patient care and outcome	5/4/2024 7:17 PM
48	Will create more overtime to cover needs	5/4/2024 6:06 PM
49	I feel it will make going to work significantly understaffed and unsafe. Increase pressure to the nurses workloads. Not able to provide optimal patient care to the highest quality. Over worked and stressed staff. Patients won't receive the attention they need.	5/4/2024 5:36 PM
50	As an ACNM I am responsible for maintaining safe staffing levels, in a very busy challenging environment. There are many times nurses work overtime, even just for a few hours to achieve this. If this did not happen, crucial care would be severely compromised. Nurses on the floor constantly have large workloads. I agree with looking at the budget, but not at the expense of nurses being able to do their job safely.	5/4/2024 4:39 PM
51	This is preposterous from a government who stated they wouldn't cut front line services. To not fill in for sick staff etc is going to massivly overburden a workforce that is already stretched to the limit and suffering from burnout. The impact on patients will be very tangible and detrimental. Why don't these ministers and bureaucrats who make these appalling decisions leave their ivory towers once in a while and come and work in THE REAL WORLD? No wonder we're loosing so many nurses to Australia and greener pastures. I feel so angry about this, especially when they can splash the cash at landlords and their many lobby group's interests. Shame on them!!	5/4/2024 4:30 PM
52	We are running shifts with low staff levels- nights with one RN with two hcas, with multiple patient complications. Care rationing has already caused poorer outcomes for patients especially in some cases where patients deteriorated quite suddenly. I'm concerned for our patients and covering shifts this winter period when already we have seen the impact on decreased staffing levels.	5/4/2024 4:29 PM

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53	I see the service cuts having a negative impact on both patients and staff. Patients will be exposed to unsafe waiting times in the emergency environment, staff will be asked to take on increased workloads which has a detrimental effect on care delivery and an already stretched service provision.	5/4/2024 3:02 PM
54	Negatively. This will mean shorter staffing, higher risk in terms of patient safety. Staff burnout.	5/4/2024 1:54 PM
55	It will be less staff	5/4/2024 1:47 PM
56	Hugely, we are a a 24 bed ward we take all acute strokes from ED plus have rehab pts and outliers from other wards. Acute strokes are intensive its 2 hourly monitoring for 24 hours then onto 4 hourly and thats without any problems	5/4/2024 1:38 PM
57	Make it unsafe, risk patient safety and make wait times much longer	5/4/2024 1:03 PM
58	It puts me at risk of assault as with staff from another area or working a staff member down, risk can't be properly determined or managed. It also puts other patients at risk. With a heavier work load things are going to get missed to which the nurses on the ground will be blamed plus we were be putting in more unpaid overtime than usual.	5/4/2024 12:47 PM
59	No impact yet. I think it's coming though. Not all clinics covered due to sickness and not able to replace staff will start to happen.	5/4/2024 11:43 AM
60	We were briefly fully staffed. But staff leave & go on maternity leave. We need to continue recruitment as roster gaps are showing. In addition the pool of casual staff does not cover sick nurses & HCAs so we frequently work short staffed. Last night no minder provided, adding to stress on ward and putting pts at risk. Not allowed to use agency staff to fill gaps, so risks increase and staff get tired and sickness increases, both increasing risks to pts and staff. Our CNM has a huge job already, so additional layers to apply for staff are untenable. Stress levels are rising already, and working short staffed leads to medication errors, accidents with manual handling, falls and staff and pt injuries. I am tired and stressed, and it's not yet flu season. Our ward of 18 pts has increased to 22pts. This burden adds to stress too.	5/4/2024 11:24 AM
61	My health: I am already exhausted after My 12 hour shifts. Any extra load would result in me not recovering in between. I could not sustain that. Safety: in an ED if we are possibly stretched any further it will place us at greater risk of harm both physical and mental with patients. We cannot attend to and de-escalate. This is frightening Well-being: Rock bottom already.	5/4/2024 10:59 AM
62	Not impacting at all as told they will not be implemented in our hospital by management.	5/4/2024 10:52 AM
63	I'm very concerned about them saying they won't cover sick calls, that is a major safety issue if there are less than the required level of nurses on shift and would compromise the safety of patients and staff wellbeing. It would also pressure staff to come in to work even if they're not well enough to.	5/4/2024 10:12 AM
64	We are already experiencing assaults and abuse. We are continuing to have staff doing double shifts We have more inexperienced staff on the ward So in other words things will get worse	5/4/2024 10:06 AM
65	Staff are working so hard everyday. We employ the minimum staffing for our unit. When we overflow with patients there is often no casual staff to assist. Therefore finding savings through nursing reductions is unrealistic as there is no "fat in the system" now. Successive governments - national and labour have bought nursing to its knees so to reduce nursing hours of further would in our area means shutting the ward as we already operate with minimum staffing.	5/4/2024 9:09 AM
66	Already is effecting us Moral for a start has dropped immensely. Increased work load and expected increase in stress. I won't be taking risks for anyone sadly our health service is politicised.	5/4/2024 9:01 AM
67	Added pressure, potential increased workload, loss of knowledge base, patient safety issues, potential for staff injury	5/4/2024 8:34 AM
68	This will negatively impact my health, safety and wellbeing at work as well as my colleagues. We need sick calls replaced and staff members to not be forced to take leave. We will be more stressed, more likely to get sick and unable to carry out our work.	5/4/2024 8:31 AM
69	I wouldn't want to be a patient in hospital right now...In addition, lack of regard for patient safety and staff well being has actually made me consider going back to work in America.	5/4/2024 6:25 AM

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Organisations know that people will come if paid appropriately for overtime if colleagues are short staffed.

70	I am really concerned that staff are not going to be replaced when they are sick especially coming into winter. I am now worried that if I become ill my colleagues won't have safe staffing and suffer for it. I am also worried other nurses won't call in sick and then spread their illness to me, other staff and patients.	5/4/2024 6:20 AM
71	It is unfortunate. Regarding banning double shifts and covering sick leave, were we not trying to work to rule and saying we should not do overtime? This may actually force us to work to rule and show TWO the extent of understaffing there is	5/4/2024 5:28 AM
72	Will impact health and safety as will be forced to care for more patients and won't get everything done. This will impact my job satisfaction and patient safety. Expect patient deaths!!	5/4/2024 1:11 AM
73	The impact on my health, safety and wellbeing at work will be huge. It is very concerning and scary, because it might mean that as RN I might end up working with unqualified, inexperienced health workers, that will put pressure on my work and it is high risk of making mistakes. It means resources / supplies of much needed equipment, and long shifts when staff are sick and no relievers available.	5/3/2024 11:21 PM
74	These cuts decision are really bad. I am going through stressful situation because fear of losing job.	5/3/2024 9:47 PM
75	It will impact on staff wellness & patient safety	5/3/2024 9:42 PM
76	non-replacement of sick staff will further exhaust man power thus creating more sick staffs.	5/3/2024 9:24 PM
77	I am concerned that there will be no cover if my colleague or I are sick. We have already had several medical consultants leave which means less senior medical support leading to safety concerns. I have noticed high stress levels within the medical services, including consultants, registrars and CNSs (me included).	5/3/2024 8:41 PM
78	This will put even more pressure on staff who are already fighting for safe staffing and I feel we should not be pressured to take leave we don't want to take.	5/3/2024 8:37 PM
79	Our team is such a small team therefore any sick call has enormous impact to rest of the team and the patient safety.	5/3/2024 8:02 PM
80	Less staff means less concentration and attendees to patients. Therefore, I will have to take care of all the patients at one go which is impossible and I will end up being sick. Our ultimate goal is to provide patient a healthy and protective environment, but this all can be achieved with a large team not just few people.	5/3/2024 7:54 PM
81	it will increase overall burn out of current staff members. It is something that dismisses patient safety. Nurses won't have time to do the necessities for a patient - leaving them in danger. Not only will we not have time for the necessities, but no time for the extra bit of care that patients should be receiving in vulnerable conditions (but even, not at times, currently do not get). compromises patient care; in the aspect that there will not be enough time for everything. leaving patients who need care, alone an	5/3/2024 7:53 PM
82	Current situation is already difficult with an overflow of patients, increasing demands, higher morbidity , causing overworked staff being in their feet 99% of the shift to cater to patients needs. This will cause burn out, higher risk of error physical and psychological issues with the nurses . Having lesser motivation to work with this.service cuts.	5/3/2024 7:41 PM
83	This will impact our health as we are always expected to work to our highest capacity and if services are cut like not replacing sick staff then this will lead to us being overworked and burned out as a result.	5/3/2024 7:38 PM
84	Very badly - you can't cut anything more!! We have worked on an absolute shoestring ever since Covid hit. Now we're just watching the younger nurses leave for overseas in droves, and the older nurses are either retiring in their 50's or reducing their hours as they can no longer cope. The "work smarter, not harder" has been quoted to us for years now and its an absolute insult. The smarter and experienced nurses have mostly gone to work in private practice.	5/3/2024 7:35 PM
85	On a busy medical ward this will most definitely impact me, most specifically the unfilled sick calls. The pressure will be on us staff working hard on the floor to pick up the extra workload of	5/3/2024 6:50 PM

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those sick calls not filled it. It will also cause guilt if needing to call in sick as I would hate to cause more stress on my colleagues, as most days are already difficult.

86	More pressure to meet targets, with increasing populations and need. Without the benefit of anything additional- such as FTE for additional staffing to support cancer patients ans their families.	5/3/2024 6:28 PM
87	Currently all staff are impacted negatively on a daily basis in terms of their wellbeing, health and safety in the workplace. Now the cuts will increase that negativity and impact significantly on staff as individuals as well as their teams.	5/3/2024 6:26 PM
88	I think it may impact because safe staffing is very important in health care .	5/3/2024 5:25 PM
89	The cuts will result in stress, burn outand unsafe work environment for me as a nurse	5/3/2024 5:21 PM
90	Getting closer to burnout. You will see this in staff. These cost cutting measures should not be directed at frontline workers.	5/3/2024 5:16 PM
91	We are already short staffed daily and rely heavily on ED nurses picking up extra shifts to cover gaps. Even if gaps are covered our department still regularly goes into code red/over capacity which puts pts at risk even with a full roster. If roster gaps are not covered, that further increases pt risk of unrecognisable deterioration. Nurses are already burnt out. There would be increased aggression towards staff in ED due to wait times. Patients would leave without being seen or treated because of wait times. There would be further distrust in NZ health services.	5/3/2024 4:54 PM
92	It already has an impact. Before going to work "What am I going to find, how short are we going to be, how will we get through the day" it creates a level of stress before arriving. Stress at work, not being able to give each patient the care you professionally want to give and they need to receive. Fear of what may adversely happen to a patient and making a mistake and thoughts of "have I missed or have I forgotten something" because of high workload and patient needs. Working without breaks and working late to get through workloads or complete notes will become a standard. Extreme exhaustion and dissatisfaction on leaving work. The negative feelings of "and we have to do it all again tomorrow!" This is NOT a healthy or safe working environment. Where does self-care fit in here?	5/3/2024 4:47 PM
93	Being forced to take leave and potentially not filling job roles will impact us greatly! We are already short staffed on an almost daily basis, so this will add to stress, being overworked and potential for burnout	5/3/2024 4:34 PM
94	With the latest news, Nurses are afraid and confused if they will be deployed to other remote hospitals requiring staffs. Afraid to be away with family.	5/3/2024 4:32 PM
95	Not being able to work extra to complete our work will disadvantage both us and our patients care. Especially if within an emergency, what are we supposed to do, just walk away so we can finish on time? Very unprofessional and uncomfortable as health care providers.	5/3/2024 4:17 PM
96	It will make work even more stressful.	5/3/2024 4:10 PM
97	It will impact financially to cope with recession.	5/3/2024 4:00 PM
98	Financially and emotionally. We work hard providing an essential service to our community, and with the pressure from these cuts it will take a toll on us emotionally and physically which can then impact our patients.	5/3/2024 3:50 PM
99	The service cuts put a lot of pressure on us as it has been discussed with us that hospital aides here at Rangiora will be having their hours cut and nightshifts removed from our roster. This will mean a much higher workload on the day time staff. We currently undertake a lot of duties that are not within our remit such as cooking meals in a kitchen at the same time as trying to care for patients that we would still be expected to do. This will lead to burnout of staff and have an impact on sickness.	5/3/2024 3:34 PM
100	We are already understaffed so I can not see how this will help at all	5/3/2024 2:25 PM
101	It is hard to say at this point whether or not it will impact me directly at work.	5/3/2024 2:18 PM
102	They will not impact me directly. However I will see the effects in the portfolios I assess e.g. the wards ad units being short staffed, the stress it causes on the health both physically, mentally and emotionally on the Nurses; this in turn leads to more Nurses going off sick and the issue compounds on itself; having to provide gold standard care with less resources.	5/3/2024 1:55 PM

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103	I feel the cuts will place my colleagues and I at risk with fears of understaffing and not covering sick calls, particularly coming into the winter season. It is dangerous practice	5/3/2024 1:32 PM
104	I think it will help reduce the culture of double shifts on our ward. Some nurses try to do a double shift every fortnight to increase pay. I don't think that's fair or safe so good to have these stopped	5/3/2024 1:30 PM
105	I'm concerned that Nurses won't feel able to take sick leave and will come to work unwell. This would put both staff and patients at risk. If wards are not allowed to fill sick gaps they will close beds, putting further pressure on our overloaded EDs. I believe these cuts will lead to skilled nurses and medical support staff leaving to Australia and other countries where we can be treated with respect. It's incredibly disheartening for many people to hear that the government doesn't respect or value the work they do in the "background" to support the smooth running of our health system.	5/3/2024 1:04 PM
106	It will be a huge impact of unsafe at work and will comprise the delivery of care to our patients.	5/3/2024 12:31 PM
107	We have 1.6 FTE for my role. We are already short staffed. This FTE was set sometime ago and has never been enough. If one of us is off the other covers both roles and works an extra day a week. It is too much. I go home stressed and tired. I wake up in the night wondering if I have missed something. If we cut the ability to do an extra day when the other is off it will just get worse. I know we have to prioritise but how when already there is not enough time. I feel I don't smile at work anymore. Just go from one task to the next. Occasionally we can get help from one of the nurses on the floor but they are always short staffed also. So sometimes we help them which puts our work on hold. Knowing you can't provide the best care is depressing	5/3/2024 12:23 PM
108	In an already under staffed, underfunded Healthcare system, this will put more stress on myself and other nurses who are already stretched. Especially not replacing sick calls where we have had 3 sick calls in one duty, which would leave us with 4 nurses to triage, coordinate and run our entire ED dept. Nurses will burn out and leave.	5/3/2024 12:20 PM
109	increased work loads, having to manage my own load , along with doing hospital aids job, being in charge and having a student on top. CAUSES increase stress, burnout, increase sick calls for own wellbeing of mental and physical health. Rn work contract does not state we have to be a RN and a hospital aid , we are not paid two wages . Cause very experienced staff to leave ... Staff are loving australia!!!	5/3/2024 11:36 AM
110	Safety would be a big concern. If there are no replacements such as casual recovery nurses to cover sick calls patients would be a risk. Ideally patients should be one on one with airways but if there are not enough nurses on the day it not only puts patients at risk but could potentially cancel patients surgeries.	5/3/2024 11:19 AM
111	First of all, it is now 'Health New Zealand' We need further clarification on what is meant by 'unfilled roles' to comment on this, but in theory I agree with wiping unfilled roles. And especially if they are positions in 'management' in Wellington at the Headquarters of Health New Zealand. The health system in New Zealand is far to management top heavy and a good cut to this would save the system a lot of funds that could be spent at the frontline on patient care and services where it is 'actually' needed to improve the well being of our citizens. I do not agree with non-replacement of sick staff (I presume you mean 'sick staff?'), this is going to create havoc both for patients and staff and in some cases extreme danger for providing safe and appropriate care for patients. Most double shifts are the outcome of short staffing. Cut management in half and provide more frontline staff and double shifts won't need to happen. Banning double shifts without investigating why we have staff doing them, is just idiotic. I have no problem with being pressured to take leave. But I think the problem here is a little deeper than this....is there staff available to replace me if I take my leave??	5/3/2024 11:17 AM
112	It will negate all the efforts of the last 2 years to improve the staff numbers to help us deliver at least a safe level of service. We are still 4 full time employees short and they will now not hire anyone to replace a staff member when they leave. The wait lists are huge and we have to run less theatre sessions as we can't staff them. It is stressful cancelling patients who are in pain and debilitated and are being told they still have to wait longer.	5/3/2024 11:12 AM
113	i think its absolute insanity. most areas of our hospital are running on the skin of their teeth at the moment, waiting lists for planned procedures are growing, outpatients appointments being pushed out beyond safe limits, and cancer treatments certainly not being delivered in a timely manner. senior staff- both medical and nursing- are retiring or simply choosing to leave in higher numbers than ever before. all this adds to my workplace stress.	5/3/2024 11:05 AM

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114	The Diabetes Service is very under resourced, we have been unable to secure additional FTE for 10 years. Already working with extremely complex case loads and under resourced, service cuts will have a negative impact on self mental health, work/life balance and will compromise our ability to provide safe care. We are already concerned about making mistakes.	5/3/2024 11:02 AM
115	Will be stressful working with more patients also we resource unit nurses will not get much work due to no replacement of sick calls	5/3/2024 10:47 AM
116	Nurses are already struggling to cope with their workload in most areas. To increase our workload even more by not replacing sick staff will increase the risk of nurses taking more sick leave, increased burn out and more leaving the profession.	5/3/2024 10:39 AM
117	Negatively. We'd be putting pts safety at huge risk! We can not compromise on pt care, very unsafe for nurses and pts	5/3/2024 9:43 AM
118	I work night shifts , if they aren't covering sick calls it puts more stress on the staff left on the wards , how can we deliver adequate care to our patients if 3 nurses or sometimes 2 nurses are doing the work of 4 ? It's unsafe and unrealistic and patient care will suffer ! Staff under this stress will suffer also !	5/3/2024 9:42 AM
119	Yes, stress has ripple effect. What should be in secondary care will not be and yet again compromise the care of often complex whaiora, causing increased burden on community services. There is already a high decline rate of referrals or waiting for diagnostic test. This will only worsen widening the equity gap	5/3/2024 8:41 AM
120	Being able to effectively care for patients as the hospital is already overwhelmed and overcrowded.	5/3/2024 8:13 AM
121	It will directly affect patient safety, and workers well being.	5/3/2024 8:06 AM
122	Personally cutting overtime and extension of shifts won't help nurses or the patients. We do extras etc as there arnet enough nurses to work and there are too many patients. Just knowing there is not much chance of over time puts more stress on people to make sure everything is possibly done before handover time. It makes us feels unappreciated for the hard work we put in all the time. Most nurses don't normally claim over time for the short amount they are staying, but I have heard people who say they now will pit of spite and the govt disrespect to staff. Allowing managers to not employ good nurses when they come along is also not helpful. On wards who have high turn over should be able to justify going over there fte by a short margin in order to keep people going and training before other leaves and make the impact smaller. This all puts extra work and stress on managers which isn't necessarily and this takes away from Rn support on the floors. It makes more work then needed.	5/3/2024 7:54 AM
123	In an already overwhelmed system where nurses are not coping - this will destroy the remaining shreds of well-being and safety for both patients and staff	5/3/2024 6:43 AM
124	These cuts will put our new staff and NEtP nurses at risk. There is a skill imbalance already and this will just make that worse and more unsafe	5/3/2024 6:15 AM
125	Service cuts indicate that there will be less care staff on the floor, as we have just achieved a safe staffing ratio just recently meant that we could work safely and effectively. However by having less staff on floor such as HCAs means the stress is bought back.	5/3/2024 4:44 AM
126	It will put more stress on us.	5/3/2024 4:25 AM
127	The suggested cuts will contribute to an unsafe work place with high/dangerous pt ratios and lack of education opportunities. This is a stressful, unsafe and unsatisfying environment to work in. Our jobs are demanding enough without this extra stress and will increase sick leave and reduce work place safety. It puts our registration at risk as cares and pt deterioration can be missed as we are put in a position where we cannot perform safely.	5/3/2024 4:02 AM
128	It is already affecting moral and ability to mange safe staffing levels and skill mix No double shifts (crisis and inpatient staff and mangers have been trying to operate on 110%occupancy , over flowing wards , acute crisis presentations in ED / community / police for last 2 years - managing this by using staff doing double shifts, in April this suddenly stopped . Not allowed to cover known gaps in the upcoming roster (but can 48 hours out) Running shifts short staffed when acuity is high resulting in having to call the on call registrar to assist Counting un registered staff as numbers on the shift Direct mangers feeling powerless as have been directed from above. A time bomb waiting to happen	5/3/2024 2:04 AM

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129	Unsafe staffing, unsafe nurse to patient ratios. Nurses being stretched too thin and unable to provide the level of nursing care needed. Med error Staff leaving for over seas. Staff burn out.	5/3/2024 2:03 AM
130	This will definitely affect everything in the ward or which ever area you are working, non replacing a staff who called in sick would mean an understaffed ward which will lead to over worked staff which will eventually lead to burn out thereby staff calling in sick Being understaff also means that quality care for patients will be affected as nurse to patient ratio will increase	5/3/2024 1:40 AM
131	The present situation is already bad with the way we are running on a daily basis— texts being sent out everyday for staff to pick up extra shifts to cover sick calls, just so that we can keep our operating theatre lists running. As a result, the staff picking up shifts eventually phone in sick as well due to tiredness. If they keep perpetuating this negative cycle, the more nurses will go to Australia and perpetuate our nursing shortage even more.	5/3/2024 1:08 AM
132	The impact will be sick staff will look after sick patients, less or short of staff will cause overload of work and will pressure staff physically and mentally and ended up getting sick as stated earlier. Yes we need money but don't let money be the focus of our hard working. Short staff will cause more incident in our work and more patients will be injured especially elderly and those with special conditions.	5/3/2024 12:19 AM
133	More work load will create more pressure & stress on staff .Because of more waiting time patients will be angry which will not safe for staff.	5/2/2024 11:16 PM
134	It will significantly impact the health, safety and wellbeing of myself and also my colleagues and the patients I have in my care, regularly I am working an 8hr shift and having to be able to manage what you would normally need 12hrs to do it is ridiculous the expectations put on RNs in the workplace and extremely unsafe and stressful the circumstances that are having to be worked in having resources further cut would be a huge detriment to healthcare in NZ and a workplace that is already under a huge amount of pressure!!!!	5/2/2024 10:59 PM
135	I think it gets people/ us workers more tired especially when there's no replacement.	5/2/2024 10:59 PM
136	Yes if sick calls are not replaced we will feel Quilty for calling in sick and know that our colleagues need to work harder than they already do. The patients won't stop coming in the door. We cannot close beds in ED the patients still come anyway. We'll also maybe not call in sick so that our colleagues don't have to work harder and we don't feel Quilty but we're taking our germs to work, putting or patients and colleagues at risk of getting sick. Not hiring more staff we have CCDM evidence to prove we need more staff this just puts extra pressure on, I have been a nurse for 12 years and I think is this really what I want to do. We work hard, we need a lot of skills, knowledge and experience to cope with working in ED and sometimes I want to give it up and start a new career. The health system is already underfunded and undervalued and this just makes everything worse	5/2/2024 9:50 PM
137	If staffing is severely impacted, and the working conditions become too unsafe, I will suffer moral injury and burnout, then I will leave and go take my skills to Australia where I am appreciated and compensated more	5/2/2024 9:50 PM
138	This will stretch already stretched health care professionals. I will be too worried to stay off sick as will be detrimental to my team mates. This will negatively impact a lot of our mental health. We already feel undervalued. We work our hearts out every day and always in stressed understaffed environment- This will only be made worse	5/2/2024 9:49 PM
139	I think this service cuts will have a very big impact to the patient wellbeing also to the staff get burnout is not safe for being over load of work specially in a health sector. We talking about needs of the patient how can you give a proper cares if they short of staff the ward getting busy all the time too many sickly elderly it takes time to do their cares they need 2 to 3 person to do it depends there conditions. Also staff can get sick anytime because of the heavy load. Accident can happen when staff stress at work this is not good idea from Te Whatu Ora. Winter is coming we expecting too many staff will get sick also the volume of the patient will be more, more everyday for me this is not fair the wellbeing is the most important than anything else how can you work if your health is in danger for me my health is my wealth..	5/2/2024 9:04 PM
140	Nursing at this day and age demands so much of the nurses mental, emotional, spiritual and not to mention physical health. It will unfold a cascade of events during the shift. I mean 32 hours/ week already runs me down. The budget cuts scream we don't care for you nurses and that we dont matter	5/2/2024 9:02 PM
141	By causing me stress due to not having enough staff working, especially when winter illnesses	5/2/2024 8:57 PM

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	start and staff are off sick.	
142	This will mean the staff that are coming to work will have to have to pick up more workload if they do not replace sick calls. It also means that the govt is setting us up to be burnt out when at the moment we are tired and under valued. This would also mean that the govt is actually putting the patients at risk and compromising "safety" as a whole. This would also lead to a massive gap of already bleeding nursing workforce.	5/2/2024 8:46 PM
143	I am 59 and have worked in health all my working life. these cuts tell us how we are valued. NOT. how can we provide safe pt care with reduced numbers. How do we keep our practice safe with reduced numbers. If I was thinking about going overseas this would be the final incentive I would need	5/2/2024 8:37 PM
144	Less breaks, more mistakes, stress, frustration	5/2/2024 8:13 PM
145	Increasing the number of patients per nurse instead of replacing staff when sick will cause added stress to workload and less ability to provide best care to patients. Staff will be at increased risk of burnout and could lead to increased resignations, nurses moving overseas.	5/2/2024 8:11 PM
146	We are already stretched & one of my colleagues is retiring in June, our Clinical Manager has been stalled to advertise her role - there are only 2.5 of us as it is in our office!	5/2/2024 8:08 PM
147	The thought of loosing FTE is very worrying in an already under staff area. the IPU (not my direct area of work but I go there a lot) is using bureau staff with no MH experience, which is frankly dangerous.	5/2/2024 7:58 PM
148	Less staff to fulfil needs of patients will result in stressed burnt out nurses. Who will lack compassion, and lack the desire to be a nurse anymore. It will not be worth the money it is paid. I will not be proud to be a nurse if I cannot deliver the minimum amount of care that is required for patients. It will lead to unsafe practices as we won't have a choice.	5/2/2024 7:47 PM
149	At present we struggle to fill all FTE on a shift by shift basis. Workload increases until its unmanageable without care rationing when FTE is vacant or there are unplanned absences. Unfilled will result in 'short cuts' in core tasks and non completion of mandatory training/PDRP/induction/MDT participation. This is very stressful. Increased stress reduces job satisfaction, contributes to illness, increases staff turnover.	5/2/2024 7:46 PM
150	This is asking me to leave Leads to burnout , illness in myself Guilt in taking a sick day Do I then focus and give the care I want and expect to give I feel like a robot	5/2/2024 7:46 PM
151	Staff will be under more pressure if sick calls aren't replaced. Staff have to miss breaks due to increased workload and can't look after themselves appropriately at work resulting in more illness. Safety of nursing registration is compromised when staff are under time pressure or patient ratio pressure.	5/2/2024 7:42 PM
152	As a beauro worker our hours been cut short we used to do more than 70hrs per fortnight or more our works been mostly given to full-time workers (Resource) its come to our attention that they can pull long sifts and also most of them are doing 90 to hundred hours per fortnight and also the new recruitment who are trained in the hospital not even have a level 4 qualification in health care Assistant are been given most of the available shifts. The question arises where will all the qualified and experienced Hcas go like me working for more than 15 years for ADHB. This is not at all fare	5/2/2024 7:36 PM
153	I won't be able to work properly and I will be mentally exhausted. Additionally, my license is at risk every time I work.	5/2/2024 7:35 PM
154	As a nurse I already work under great stress. I rarely get breaks or leave work on time. Sometimes I dread going to work as you don't know how busy it is going to be. Patients are sicker once they get to hospital with increase co-morbidities and complications however you are expected to upskill, work with the same level of staffing and provide more care with less resources. It is demoralising, danderous and increases stress levels.	5/2/2024 7:30 PM
155	Patient's safety will be compromised.	5/2/2024 7:28 PM
156	Increased workload as gaps not filled, more reliance on other team members to work the gaps I.e educators so unable to upskill and train new or junior staff. Increased risk of burn out and or error as lack of support from peers when working below minimum numbers	5/2/2024 7:26 PM
157	Very disappointed, they playing with people's. Very hard to pay mortgage, bills and groceries	5/2/2024 7:16 PM

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but I saw they still hiring staff “why” they don’t have work for us, cancelling the shift, giving us hard time.

158	Banning double shifts and allowing leave to be taken where it is has accrued excessively are positive for members health and wellbeing. The inference of not covering sick leave is concerning if this is to front line medical and nursing staff that serve the community. CCDM and trendcare will work in those areas that have it. "Enforcing" AL - needs a balanced and involved approach with open communication of both parties.	5/2/2024 7:07 PM
159	The neonatal unit is a specialized area of nursing care. It is an acute area of nursing and any cuts in staffing due to staff sick leave, will be detrimental to our vulnerable premature and sick babies.	5/2/2024 7:02 PM
160	All our mental health and addictions services are under-staffed and those who are working there are working under stressful conditions. These cuts could increase this stress and lead to burnout amongst nurses and other staff	5/2/2024 6:46 PM
161	It will affect dramatically in a negative manner to the health and safety of patients and staffs.	5/2/2024 6:33 PM
162	I have been working as a district nurse for nearly one year, in that time we have constantly been doing overtime, missing breaks and not having full staff. By not being aloud to do overtime or replacing staff when they are on leave or sick will increase pressue to do more with less time. We are already reallocating out patient workload to other days and service cuts will only increase this. It's so disheartening to look at your week and see that the workload units outstrip our maximum allocation with no solution in site.	5/2/2024 6:33 PM
163	Greatly. Patient safety and my safety as a nurse	5/2/2024 6:33 PM
164	I already work through my lunch break and consistently work unpaid overtime. These changes will have significant impact as our managers are already expecting more from us in time and productivity for no rewards. I expect there will be an increase stress and sickness and feel completely devalued. I have worked in health for over 30 years and this is the worst environment. Why is there an increase in managers and less available frontline staff that are experiencing abuse to perform. Cuts should be within management levels not frontline. Need acknowledged and paid for hours/ overtime completed.	5/2/2024 6:27 PM
165	There will be a delay (or pause) in filling vacancies of existing positions as only x 1 person for whole of MOH who can sign off approval to fill posts. We have no resource pool/ bank/ agency in Queenstown and rely on staff picking up extra shifts/ hrs inc double shifts/ to cover minimal staffing levels. There will be no budget to increase staffing to facilitate safe staffing as numbers and acquit of patients increase over winter. We have seen a 10% increase in numbers of patients alone since last year. Ski fields open on 15/6 and normally we'd have approval for additional winter staffing. The base hospitals of Southland and Dunedin just close beds when they have insufficient staff and patients move to other wards. We don't have that luxury at LDH. I envisage overflow and not meeting admission or discharge targets from our ED We also have impact of reduction in urgent care/ GP services which will impact ED also. A perfect storm is brewing. There will be staff burn out.	5/2/2024 6:22 PM
166	Cutting corners will jeopardize patient Healthcare and safety. Staff will be over worked which means increased risk of mistakes occurring in the workplace.	5/2/2024 5:57 PM
167	Nurses are already stressed and burnt out, this is yet another blow	5/2/2024 5:55 PM
168	We are already at high burnout rates and these changes will make it worse. My biggest fear is something bad happening on a shift because of short staffing and burnout, no skill mix etc.. my career is affected forever. Stress will increase.	5/2/2024 5:29 PM
169	In clinical areas they will be even more short staffed. Everyone working there will be affected. Staff will take days off sick, and nothing is gained, just stress levels will go up.	5/2/2024 5:20 PM
170	How can an already struggling and broken system not be affected by less staff. Not replacing sick leave? We have had days where no one has showed up due to COVID. Who's going to look after the patients then? People are dying because our health system is pathetic. Nurses are leaving in droves and the dumb ones who stay like me are burnt out and wishing they'd never become a nurse in the first place. This will just increase the load and worsen people's mental health.	5/2/2024 5:00 PM
171	Understaffing pressure on nurses not able to deliver good quality work patients will suffer	5/2/2024 4:57 PM

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172	We were hoping for more GP and nursing hours, but now I am sure this will not happen. We are a low decile school/ high health needs.	5/2/2024 4:50 PM
173	With the likelihood of staff numbers being less as a planned action this will impact my level of energy giving way to exhaustion and stress trying to manage too high a nurse patient ratio. Feelings of dissatisfaction due to not being able to provide the care that patients deserve. Safety in the work place will be compromised putting at risk my and others health and safety.	5/2/2024 4:42 PM
174	It puts me at risk. It compromises patient care and puts more burden on me as a Nurse caring for my patients	5/2/2024 4:41 PM
175	I think I will be at an increased risk of becoming ill myself due to excess stress and compromised immunity as a result of becoming run down	5/2/2024 4:28 PM
176	Greatly. The work over the last 3 years has been exhausting but the staffing has recently improved but not for long. I am worried for the future of our profession and the issues around staff retention with the current state of health. Still great numbers in our department are going to Australia for financial remuneration and working conditions. How in reality can they reduce funding by that level and not impact on staffing and services. Workers general wellbeing is not ever considered somehow we need to work harder. And we do but it's taking a toll. I am at the end of my career and feel the conditions are the worst ever. 45 years of nursing so I have worked through lots of governments and in my opinion national party have been very destructive when comes to health.	5/2/2024 4:25 PM
177	I thinks it's totally disgusting and obviously a decision being made by people who have no idea how it works on a dad to day basis in a busy Emergency Department. If it wasn't for the fact that nurses really care about their colleagues then obviously the double shifts would be avoided by any nurse. We are all burnt out and this will be the quickest way to get nurses to leave the profession or move to Australia. How stupid are these people making these suggestions. It breaks my heart to see nurses treated this way.	5/2/2024 4:21 PM
178	I and my colleagues who work on the floor will be directly impacted. We will be pushed further to take on unsafe and unmanageable patient loads. This impacts on our health & wellbeing causing high levels of stress and anxiety. We are already stretched and pushed to the limit. We've had many new grads and foreign staff still learning and being pushed too soon into taking patients out of their scope and require constant support. However many of the existing senior staff are too busy to help them. Seniors are expected to take on heavier work loads to compensate shortfalls in staff. We are inundated with masses of expectations of paper and computer work and the reliance on trendcare has let us down. The amount of human hours and money spent on trendcare would fulfil the deficits we have of nurses on the floor and the million dollar deficit required.	5/2/2024 4:18 PM
179	To be honest the cuts so far announced are not the main issue. We struggle to get staff to come in and do overtime. When they do they are tired grumpy and make mistakes. What we need is for the whatu Ora to approve the ccdm staffing calculations for clinical Decision Unit and the adult emergency departments at Auckland Hospital. We need more Frontline fte. This is the only thing that would help us. If I am honest the back office staff take long breaks go to endless meetings. When we are busy or short staffed they do not come and help on the floor. The more back office staff we have unfortunately the more distractions we have. I will give you an example. We are on a busy shift and directors of nursing and various managers sit at computers upstairs and ring us and ask why we have not handed patients over to the ward. We are working as hard as we can. We are handing people over but at the same time patients need assessments and pain relief. The more managers we have the more paper work we have to do. The paper work is too much and sets up achievable goals. It takes us away from bedside. If managers and non clinical staff are not going to help us it makes no impact if they are cut. Our Hospital supports have hours on break and often avoid work. Very disappointing as this could have funded more nurses and the ward for all the talk is still not restocked. Sorry for rant but we want hands on Dr's and nurses. We are sick of non clinical and back office managers being lazy not supporting us and making our jobs more difficult.	5/2/2024 4:07 PM
180	The non- replacement of sick staff is unsafe staffing.	5/2/2024 4:04 PM
181	I think it will lead to burnout and very unsafe staffing which will be detrimental to patient care and safety	5/2/2024 3:57 PM
182	First and Foremost its quite understandable for the new government to save money wherever they can. As the previous administration dried the well to the bone and at the same they dried	5/2/2024 3:57 PM

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out the healthcare system to the bone as well with their schemes. Such as the payrise and back pay that they have promised that we Nurses shouldn't need to fight for as we worked hard for those and IT WAS PROMISED. Also my thoughts are how come they did not see this coming beforehand. To the main point, these service cuts will do affect the mental health of the staff on the floor such as my self. The effect was evident, from the day that they announced it. A lot of staff are burnt out especially in ED. As it is very well known that Counties ED is the busiest ED in southern hemisphere. Safety is compromised due to fatigue to the roof, unnecessary stress due to service cur that leads to less staff and lastly the morale in hospital is all time low. Also bed block is more evident now. Due service cuts that was announced.

183	Staff are struggling to cope with the cuts to staff leaving them burnt out so using more sick leave, leaving shifts short and increasing the workload. I'm interacting with staff who are stressed and feeling under valued and who do not have time to interact with their patients.	5/2/2024 3:51 PM
184	I came back to work at the DHB post cyclone Gabrielle after having a 2 year break from nursing. I have been nursing for 24 years and on my return I could see just how understaffed and overworked our nurses were. I am lucky to be float and be HELPING the staff nurses and the patients and let me tell you, they are all sooooo grateful when I arrive to help with daily tasks and take the burden off. If we have staff cuts this is not going to be a good outcome for all our patients and nursing staff!	5/2/2024 3:47 PM
185	Its an absolute slap in the face. The nature of our job has been difficult even before the cuts have been announced.	5/2/2024 3:42 PM
186	I cover the hospital clinically after hours and I will see the impact on patient care and an increase in adverse events for patients along with care rationing	5/2/2024 3:26 PM
187	As they are proposing to not replace staff on sick leave and hiring people this will leave the staff to manage a higher workload. Due to the increased workplace more pressure will be placed on staff therefore affecting the care to patients where both your safety and patients' safety will be compromised. Your overall wellbeing will be affected due to extra stress and workload, may require extra days off sick with staff resigning or retiring which in turn places more staff under greater pressure with no sight in end to rectify the issue. My overall satisfaction of nursing will decline where I may seriously consider looking at other job opportunities as a result of the extra stress and workload which is not sustainable. This will more than likely affect my mental health as well.	5/2/2024 3:23 PM
188	The changes in processes are covert attempts to slow down the recruitment of staff. A new process has been implemented that requires a spreadsheet to be completed with every position that needs to be recruited. This is submitted twice a week. This process has been in place for 3 weeks. The delays caused by this process is adding 2-3 weeks to recruitment processes. The gap between resignation and replacement is now up to 8 weeks. Admin staff are not being replaced and their workforce is already depleted. Decreasing Admin staff increases non-productive time for clinical staff.	5/2/2024 2:52 PM
189	I don't think people actually understand how ward nursing works if they think you can get by with not replacing sick staff. If there are 30 patients and 6 nurses rostered you look after 5 patients each. Do the maths if 2 staff are sick.	5/2/2024 2:37 PM
190	Further staff resignation, shortage, burnout. Compromised patient service that would lead to poor health outcomes.	5/2/2024 2:30 PM
191	The proposed service cuts will burn out our ALREADY burnt out staff. We work to provide the best care for a very comorbid population yet we are considerably under staffed with poor working conditions. Working with 1 HCA on an acute medical ward + understaffed when others are sick pushes us to not have breaks and finish 1-2hrs late (no OT pay) as we have to catchup and document - even with good time management we are still leaving late. We need more nurses/HCAs on floor to help and not just bureau staff who float for 30 minutes and leave - we need to retain own ward staff and increase the fte. for each shift because we aren't able to provide safe patient care if we are run down to the ground with 50+ tasks to do. Why are we forced to work under such conditions and put others health first when we should be prioritizing ours as well?	5/2/2024 2:28 PM
192	I think there will be a negative impact on the health and well-being of both the staff and patients. Cuts to services that provide well-being support and training for staff. These are resources used in the sector to engage and develop staff and encourage teamwork and	5/2/2024 2:15 PM

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positivity in the workplace. Not backfilling sickness puts patients' lives at risk with under-resourced departments and care rationing. This also puts pressure on staff to come to work when they are sick to support their colleagues which will lead to burnout.

193	Feeling stressed and already working short with essential CCDM agreed staffing so breaching Mecca?	5/2/2024 2:08 PM
194	I can see that as we are already having issues with capacity and staffing that my clinics will be cancelled and the expectation is for myself and colleagues to work on the floor at the bedside filling gaps as the effects of winter start to impact. We would be at best nurse aids as in my role I don't do IV so have not had to do IV course. Wont know where anything is, and will be able to offer limited support. My role has demonstrated the ability to reduce readmissions ins heart failure below the national average and this is where I am most effective, placing me to the "front line" bedside will have an impact on that leading to more unnecessary admissions to ED and those front line beds that are in short supply. Some of the investigative work my colleagues do in assessing for coronary artery disease will also stop, leading to more increase in waitlists plus unnecessary presentations to ED. out of this I will feel more stressed and most likely take stress leave, and seek EAP support- if that is available and not cut!.	5/2/2024 1:50 PM
195	I dont think this will affect my position as a fulltime employee	5/2/2024 1:46 PM
196	It is a great impact to me and for my family as work would become less, salary will be affected, and the rest follows.	5/2/2024 1:45 PM
197	Our workplace is already stressful and stretched as it is and we just get told to see EAP if we aren't coping	5/2/2024 1:44 PM
198	Huge impact. Managers have been briefed on expectations which include: non replacement of sick staff, no pre planned use of casual staff unless approved. Difficult to access annual leave short notice. Cuts across the workplace, will put staff and the public under serious risk. There will be huge delays moving people through the health system. Theatre lists and other diagnostic lists Will be postponed due to under staffing.	5/2/2024 1:37 PM
199	There will be more people die on waiting lists waiting for treatment and perhaps in waiting rooms in A and E departments people can only do so much.	5/2/2024 1:23 PM
200	We have been pushed to the brink of collapse since the first covid lockdown in the winter 2020. I have seen literally hundreds of staff come, be trained up, and leave due to the pressure and unsafe work environment. The pressure on existing senior staff who undertake this training is also emence, often having to take the lions share of load due to experience, the most acute patients, and train people while they're at it. This is an untenable and unsustainable situation as no one is safe from burn out, and patient safety is compromised. If this government cuts funding to nurses (as is the hospital's priority) we will lose more staff than ever before. Doctors get compensation pay to work understaffed, but not only do nurses not get the same equity, we are also now not to be replaced if we call in sick. This will break the health system. What will you do when all the nurses quit?	5/2/2024 1:21 PM
201	If sick staff are not replaced on duty, this will add extra pressure to other staff attempting to fill 2 roles on that day. This increases risk of care rationing and staff burnout. Staff safety also at risk, which adds to more sick leave, thus creating a detrimental cycle and patient safety will deteriorate. Unpaid overtime will mean an atmosphere of apathy and a reluctance to complete care due to staff feeling unskilled and unappreciated.	5/2/2024 1:17 PM
202	Those left will have to work harder and longer. This may result in an increase in sick leave. I don't understand how taking AL saves money	5/2/2024 1:12 PM
203	Not that grat. At the moment in our service, we are running about 30 FTE hours down due to staff leaving and 1 staff member on unpaid leave which also has not been temporally filled. This also has an impact on our clients due to staff having to fill priorities vs non-priority interventions. As for cuts in overtime this effects the holistic approach of the client due to other staff that are either parttime or from other areas to fill the shift that are not as connected to the client as regular staff. Although as nurses we are grateful for other staff to fill these shifts it can be challenging for the client to have to repeat/explain their story over and over. Hopefully our stand to the govt as NZNO members will be heard and some negotiations will come into effect.	5/2/2024 1:02 PM
204	If we can't fill these vacant positions by staff offering to do extra shifts then elective surgery will definately be cancelled on any particular day if we don't have the staff we can't run the	5/2/2024 12:55 PM

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theatres. This impacts on patient care.

205	Personally I have never seen this level of burnout amongst my colleagues. There is a distinct air of hopelessness. The announcement of service cuts will break many of us. In a service that has been under severe stress for years this will decimate our workforce further, not to mention make nursing an increasingly unpopular field of study. The effects of this will be felt for years to come.	5/2/2024 12:54 PM
206	It's a safety risk	5/2/2024 12:51 PM
207	If wards aren't going to replace sick leave, clinic staff will likely be pulled to support those areas which will cutback on clinics - This in turn leads to more hospital presentations which is well documented during covid. Staff don't feel safe being redeployed, our sick leave increases due to not wanting to be redeployed, this unsettles the team dynamics not being able to provide what we are employed to do - Keeping the community patients well and out of hospital.	5/2/2024 12:48 PM
208	i will feel unsafe embarrassed by the level of care i would be able to give the inability of time means jobs will be rushed - i feel undervalued and over looked	5/2/2024 12:43 PM
209	High work load & overloaded in the emergency department already as the general public are turning up for health care. It's no wonder Australia is more appealing for nurses. They offer a great package. I've worked in Australia in the past & It's on my radar to quit NZ nursing & head over the ditch.	5/2/2024 12:41 PM
210	It will add more stress to front line nurses.. possibly encourage more to go overseas. It is disheartening	5/2/2024 12:33 PM
211	Will have a negative impact on overall wellbeing- will increase burn out, more sick days and practice will be at risk due to been over tired and overworked.	5/2/2024 12:24 PM
212	lack of staff, no double shifts? no overtime? Doesn't take much to work it out. More work will be expected of, and given to permanent staff to address the shortfall, adding to the existing pressures of working in healthcare!	5/2/2024 12:21 PM
213	It will contribute to myself and other staff members being under a lot of pressure and stress. with these cuts it will cause a cut back in staff which we already are lacking. this will put our health and safety at risk at work. our wellbeing will be affected and cause staff to leave.	5/2/2024 12:19 PM
214	There might be burnout and risk of frequent off sick.	5/2/2024 12:12 PM
215	I think it is crazy.	5/2/2024 12:00 PM
216	Staff safety will be compromised - staff well-being, being overworked with minimal staffing if understaffed. Patient care will be compromised, increased waiting times and things won't happen as efficiently	5/2/2024 11:56 AM
217	In pediatrics, we are heading into the high-volume time of year. Respiratory season also typically means staff will be ill at times as well. Not being able to cover ill calls will 100% directly impact patient care. If wards are short staffed then they cannot take patients that need to be admitted, leaving them stuck in ED and furthering our backlog. Nurses will be stretched thinner and not be able to deliver safe high-quality care, especially when we have high-acuity patients taxing resources. This all also leads to staff not being able to get away to take breaks either which will lead to higher costs to the system as well as increased burnout, staff dissatisfaction and turnover. I have been in CED for 3 months now and have already seen about 6 nurses leave the staff. Increasing stress when we are trying to retain RNs is counterproductive.	5/2/2024 11:56 AM
218	It won't be safe for patients and staff likewise. Patient to nurse ratio should be thought of, it would cause burnout and unsafe staffing for staff working if this continues	5/2/2024 11:55 AM
219	As a Level 7 casual; I have control as to when and how often I'm available to work. I am concerned of the potential safety issues. Depending on the skill mix and staffing levels at the time. It puts more pressure to be more vigilant to what is happening with other staff and their patients, as well as my assigned patients. Keeping everyone as safe, ensuring Junior staff feel supported and not left to flounder adds extra pressure on the workload. I am Always aware; It's my registration on the line if something goes wrong.	5/2/2024 11:51 AM
220	I personally believe the changes will be detrimental to staff safety in terms of not replacing	5/2/2024 11:29 AM

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sick staff. I believe this will only lead to staff getting burnt out faster as staff working will have to increase patient loads potentially causing a domino effect of staff needing more time off work due to increasing work loads. In the end patient care will also be affected as not replacing sick staff will result in increased patient loads.

221	The demand for our services of assistance and reasons why our health system can be trusted will increase . Because of our region and the distance of travel that most require here in Te Tai Tokerau will weigh on finances, therefore making the choice to possibly self medicate and not travel to receive the proper healthcare they require.	5/2/2024 11:20 AM
222	As it is we, as health care providers are pushed to the limits with budget cuts, short staffing and lack of funds to provide the care we wish to provide. this is going to put extra pressure on our very vulnerable clients which impacts on us.	5/2/2024 11:17 AM
223	It will cause High stress levels, working with no breaks will only increase sickness in staff. Especially with winter coming.	5/2/2024 11:12 AM
224	I think it will add stress and workload to nurses who are already overworked and stressed.	5/2/2024 11:11 AM
225	The actual and proposed cuts will further erode the culture, environmental safety and ability to provide a physically, psychologically and socially safe workspace. Wellbeing is already an issue in most healthcare spaces, and this further signals a devaluing of staff, lack of recognition of the realities and roles that each team member within Te whatu ora plays, and fails to identify the cumulative impact of constant dismantling of the health infrastructure. A shift back to presenteeism - going to work when unwell – and feeling pressured to remain at work ie overtime (but unpaid) to assist colleagues when there are no alternatives is likely. Staff are struggling in current situations to maintain safe conditions for themselves and their patients. (Dis)stress levels are dangerously high, burnout and compassion fatigue are becoming a reality, and these have been shown to be linked to higher rates of physical illness, workplace accidents and loss of work enjoyment. Of concern is the growing tendency to ‘take home’ these stresses, to impact on family life – work-life balance is a joke and many staff reduce their hours when possible rather than hold out hope for a better standard of living through unrealistic pay increases.	5/2/2024 11:09 AM
226	We will either be made to work under safely staffed, potentially leading to errors, costly equipment mistakes, injuries to staff and patients. Staff will become most stressed and more will leave, as already indicated.	5/2/2024 11:04 AM
227	Not replacing sick cover is going to put more pressure on an overcrowded and under staffed ED, putting our registrations on the line, burning out already tired front line staff who are already considering moving to Auz for better working conditions/pay. Already this year we have seen approx 7 experienced staff move to Auz, and the decreasing amount of senior staff left are having to take on more responsibilities and are getting tired. These cuts are taking away the hope of a better future workplace with safer conditions. It feels like we are being kicked while already down. How can they make cuts when we are already struggling?	5/2/2024 10:57 AM
228	We are already struggling to retain staff due to heavy workloads and burnout. We have to defer patients and provide suboptimal care due to lack of staffing. When we advertise to fill positions we struggle to fill vacancies with qualified staff. We do not have enough Fte to meet our needs and rely heavily on casual staff. The stress of this have negative impact on the mental and physical well-being.	5/2/2024 10:56 AM
229	Research, reviews, patient and whanau stories have already proven that people are dying badly because of the huge service gaps especially in rural and remote Aotearoa. There is finally recognition at a national level to establish a palliative care population response . If any benefits come of these changes it will be years down the line and after many years of nursing I want no more exposure to avoidable, traumatic deaths spread so inequitably amongst the most vulnerable of people. I made the difficult decision not to seek further employment in the nursing workforce anywhere last month. I am doing this for my health and wellbeing.	5/2/2024 10:30 AM
230	yes,son has recently had carotid dissection and 5 strokes.Safety and common sense lacking and we stayed with him 24 hrs on a roster basis.simple things like bed not being lowered to ground level bell on unaffected side not there.Staff spoke too quickly english was their second language,Nursing staff frequently didnt explain things clearly.we were very worried he would fall.	5/2/2024 10:30 AM
231	Tired, stressed staff; miserable and distressed whenever i left unit with understaff, poor skill mix with high acuity	5/2/2024 10:26 AM

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232	Concerned - unsure how management can introduce cuts in the context of a health system that is consistently understaffed and not have it affect front line workers. Staff are already stressed, some staff when stressed do not hear anything that they are told, are not able to keep up to date with specific patients which will place both the staff member and patient into an unsafe environment.	5/2/2024 10:23 AM
233	Definitely yes. For an instance, not replacing a sick person will add more pressure to the team. It means quality of care will be affected as we would rush to finish work and not give a good quality care. Possibility of error could become higher too. Especially if this error has impacted patients health, this will affect us emotionally as it will give us worries and stress even after our shift. People will be more sick as workload would be heavier and more tiring.	5/2/2024 10:22 AM
234	We were already working with less staff than we should have had, these cuts will make this worse. My stress levels have increased, I am not able to provide all the care I should be to the patients I am looking after. This causes me to feel dissatisfied with my performance. I am constantly tired which increases my stress levels and ability to practice safely.	5/2/2024 10:21 AM
235	Preventing the wards from replacing sick staff will cause patient harm. It will cause understaffed shifts which will effect patient care and deterioration in patient condition will be missed. Patients will also see the ward is shortstaffed and try do more on their own which will lead to injury and falls. These injuries and deterioration will lead to increased hospital stays and more expense. Short staffing in doctors and other specialities will lead to delay in procedures and treatments meaning longer hospital stays and more expenses.	5/2/2024 10:16 AM
236	Decreases the chance of nurses to pick up shifts when there's sudden or unplanned short staffing. This will affect the staff morale due to heavy workloads. Poor nursing care will be expected which will affect the patient's well being and safety. This is also very unsafe practice having overload. Nurses will tend to just finish the tasks rather than giving high quality nursing care to patients because overtime will not be paid anymore.	5/2/2024 10:08 AM
237	Staff shortages/increase in work for current staff who are already over worked.	5/2/2024 10:06 AM
238	It is stressful knowing that if we are short staffed, bureau staff may not be provided. It is upsetting to hear from patients how long they have waited in ED before coming to us. Our charge nurse has already started declining overtime to nurses and telling us that an extra nurse is not needed and we can cope without staff.	5/2/2024 10:04 AM
239	My stress and anxiety levels will increase. My nursing registration will be placed on the line due to increased stress, poor sleep and anxiety.	5/2/2024 10:01 AM
240	Reduction in inpatient services always places pressure on community services, with no recognition of this. In addition there is always increased pressure in winter months and there is an expectation that without extra resources, that we will be able to absorb this demand. The impact is increased pressure and stress levels to meet this demand.	5/2/2024 9:55 AM
241	Currently, we are only hearing things through the news; this is stressful. We are not being communicated with as to what is happening or what might be happening in the future	5/2/2024 9:52 AM
242	It will be a heavy hard work load to maintain the continuous of safe work care services. Staffing laboured, tiredness,unfinished work,medication errors and there will be lots more injuries for both staff and patients.	5/2/2024 9:50 AM
243	We have increased complexity in patients and could reduce our staffing causing incr patient loads in community	5/2/2024 9:48 AM
244	It's already impacting my ability to be able to pay my bills and my mortgage. I'm scared I'll lose my house. Last week alone I was cancelled for 4 shifts with 2 hours notice!	5/2/2024 9:47 AM
245	I'm tired, I will continue to work to a high standard seeing more patients in the same time period, this will increase the likelihood of 'burnout', of sickness, of workplace stress. Its extremely demoralising to continue to work knowing our current government believes we aren't working hard enough and they can cut staff and services without impacting on either	5/2/2024 9:46 AM
246	It will definitely affect the health, safety and wellbeing of every healthcare workers. The great example is the short staffing issue. It will be unsafe for the team members if someone is sick and the staff is not covered. The heavy load will be given to each member left in the workplace.	5/2/2024 9:42 AM
247	We have only three nurses on our unit, so if sick staff are not covered it makes a huge impact	5/2/2024 9:40 AM

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to our workload. This did occur a few weeks ago (unrelated to the cuts) and the nurses were so busy they had to stay 1.5 hours overtime to do their notes. That's not good for anyone's time, money, or safety. When we are down to two nurses, you also cannot leave the unit for your break, so breaks need to be covered or paid, if you can even find time to take your break with a workload that high. You end up rushing and cutting corners. If something goes wrong, patients and families will take it out on you. I cannot do the good nursing I was taught to do when we are under staffed, I have to focus purely on tasking. It's regrettable that I leave feeling like I haven't done my best, even though I've done all that I could.

248	I feel that this is unsafe for both myself, colleagues and patients alike. Service cuts just means cutting the efficiency and efficacy of the organization, might as well not offer service at all.	5/2/2024 9:38 AM
249	I will resign and HHealth NZ will lose a Nurse with 30 years frontline experience. I have had a guts full of understaffing which makes my job stressful and workloads impossible. I'll go to private.	5/2/2024 9:30 AM
250	It will be more stressing and tiring as there will be less staff on the floor. The ratio of patient vs nurse is not ideal hence putting more risk with patient's safety and the optimum health service is less achievable to each patient.	5/2/2024 9:25 AM
251	Will add to the physiological signs of stress I already have before and during a shift. (palpitations, fatigue, headaches, mouth ulcers and stomach upset)	5/2/2024 9:19 AM
252	It will put additional stress on already overworked and understaffed wards. It once again shows the undervaluation of nurses. Nurses at Tauranga Hospital have been told we will be deployed to fill gaps in other wards. Orthopaedics has 46 patients, and baseline staffing is 12 nurses in the morning, 11 in the afternoon and six at night; this never happens if there are ten nurses in the morning. One usually gets redeployed. I think our workforce has changed; many of my senior colleagues have left, and I feel I can not support new staff or new graduate nurses as my workload of up to six acute patients gives me no time to assist others.	5/2/2024 9:18 AM
253	potential unsafelike third world ...	5/2/2024 9:18 AM
254	I work in a critical care area that has been stretched and under-resourced for years. Year by year it gets worse as we increasingly work in an over-capacity area with inadequate resourcing. The announcement had an immediate impact on the stress levels of staff and anxiety levels rose. The announcement was a blunt "one size fits" all - the talk about taking an annual leave day off around Statutory holidays is irrelevant to most staff in our area. Telling people to reduce their use of sick leave. To be blunt NICU staff coming to work when they are sick would kill babies. Not replacing staff when they leave? We are funded for 44 babies but most of the time have more than 50 - even up to 60. We are staffed for 44. Take more staff out of the equation by not replacing those that leave or who are sick would increase our rate of burnout. It would take us from being under-resourced to critically unsafe. There would be an increase in drug errors, an increase in hospital related infections. More annual leave taken? - seriously, we are struggling to staff already. No overtime, no meal breaks. Sounds like theft of my time and conditions.	5/2/2024 9:16 AM
255	A standard shift is busy enough when fully staffed . Jobs won't get done, corners will be cut, errors and accidents will occur.. these won't be logged as no time to complete Safety Firsts! Already hygienic practices are falling by the wayside therefore staff sickness will just escalate. I try to give 110% to my job but already I leave work feeling as though it is not enough.	5/2/2024 9:09 AM
256	It's sad as people are already struggling to manage at home and hospital is overloaded continuously. This is typical of a National lead government though, as they only worry about the rich and not the ones who are struggling to juggle the basics of life	5/2/2024 9:08 AM
257	Cutting the healthcare budget can worsen the strain on healthcare workers by potentially leading to reduced resources, staff layoffs, increased workloads, and compromised patient care. It may also result in lower morale among healthcare workers and hinder their ability to provide quality care.	5/2/2024 9:08 AM
258	Health service cuts in hospitals can lead to a range of negative effects, including longer wait times for treatment, reduced access to essential services, increased strain on healthcare workers, and potential compromises in patient care quality. These cuts may also result in the closure of certain departments or facilities, impacting the overall healthcare infrastructure of the community.	5/2/2024 9:07 AM

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259	I am already tired. I am scared I will make mistakes or not pick up on deteriorating patients because I am not as sharp as I need to be.	5/2/2024 8:57 AM
260	Staff in clinical areas/front line are going to be under increased stress, causing increased rates of burnout and sickness. Not feeling satisfied at work as unable to meet patient needs, with reduced staffing numbers with no sickness cover or less casual staff. Will feel more anxious with reduced patient watches as will not have time to spend majority of shift trying to keep individual safe while tending to other patients.	5/2/2024 8:55 AM
261	This will hugely impact an overworked under resourced health system. Our workload here is huge. Our Nurse team have never had cover for leave. Our mental well being will be affected negatively, This will be huge.	5/2/2024 8:55 AM
262	Cost of living is too high. Paying bills , mortgage, land rates and petrol.	5/2/2024 8:51 AM
263	The ongoing stress and trauma of trying to provide a service with inadequate staff, equipment and resources has already taken a toll on myself and my colleagues, burn out is significant.	5/2/2024 8:47 AM
264	For beginning - patients will die ! Skeletal staff cannot work any faster. Burnout is extreme. I am personally leaving at year end because of the stress I am under! The physical assaults we as nurses get. It doesn't make headlines as nurses refuse to press charges. Last week a nurse got kicked in the jaw by a patients ankle bracelet ! Waiting lists are increasing, and that is t even half of the story - people are being bumped off waiting lists and forgotten to make the numbers better! Cardiac surgery is a luxury and people are dying waiting because of all the acutes that bump the scheduled patients off lists. Obesity is rife with not enough education to lower socioeconomic people do they are presenting with mandibular anbcesses and endometriosis (caused by rotten teeth) which costs thousands -against the health budget! This is common ! Prophylactic education is key ! Nursing cuts is a joke! When the baby boomers leave , we will take all the valuable resources of knowledge taught in hospitals, and leave it to IQNs to run the failing health system. This is super dangerous as they say yes they understand when they don't, and say yes to extra duties and won't go against the system. So the health system will be stuffed because of this cultural aspect as well. !	5/2/2024 8:45 AM
265	We are already struggling with staff numbers and are 60% staffed by casuals already. We do not have CCDM and have not been able to hire permanent FTE for several years. Decreasing numbers of casuals makes me nervous.	5/2/2024 8:43 AM
266	Prior to working at the NASC I worked in Acute Services (ED & HDU) Now I would not cope with working in that area, not because I didn't know what I was doing but because I wouldn't have the time to give the care, attention and treatment to my patients. In the community we see early discharges without funded support who struggle own their own or with stressed families, who are readmitted. The impact of staff cuts on an already stretched health system impacts everyone to the point where people will deteriorate, become sicker , need more of the health dollar to get them well or they die, in the mean time staff will become sick, tired, depressed and anxious to come to work, they will leave, go overseas or become dependent on the health system themselves as a patient. Love to know if any of these politicians have experienced first hand recently as a patient, maybe their decisions would be different.	5/2/2024 8:41 AM
267	We are understaffed, expected to pick up extra workload to manage the patient acuity. Missed meal breaks and overtime	5/2/2024 8:40 AM
268	It will impact severely as work load is already very high (critical) and loosing posts will prevent any recruitment. Our service is already in crisis mode	5/2/2024 8:39 AM
269	Without any warning , all of a sudden we have been unable to be booked, practically left to be on stand by for every single shift. I work 72-80 hrs pre fortnight and this decision seriously impacted my life. Thinking to leave	5/2/2024 8:38 AM
270	Yes. It impacts us by not having replacement of staff on the floor. Infilled files are due to lack of staff with the required experience to fill the role. Not that it is not needed. Longer time might be required to g the position with the right person. If sick leave is not filled , patients receive less care.	5/2/2024 8:37 AM
271	Even further decreased morale in the workplace directly impacts on H&S and wellbeing. This will lead to increased number of staff resignations and members going to Australia. Health has long been identified as being underfunded and needs investment not cuts. These announcements will most definitely affect frontkine services. Casuals have been propping up the hospital for the last 6+years. Although the casual pool is predominantly IQNs who have	5/2/2024 8:36 AM

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had inadequate training and support to work in our area, they are still people who can answer bells and provide some care.

272	Nurses are already stretched. We lack time to take breaks, we are constantly expected to do more, cover our colleagues and not given any recognition for the extra mile that we go. There is going to be decreased morale, increase in the use of mental health days and inevitably nurses will look for other more satisfying employment. Working in these current conditions is going to lead to mistakes which could lead to fatal consequences if safety issues are not addressed.	5/2/2024 8:24 AM
273	Certainly puts more stress on our nursing staff and services. Some departments will be severely short staffed if sick leave won't be covered, this in turned means that our surgical waiting lists will get longer, stays in hospital will get longer and this puts more financial stress on Te Whatu Ora.	5/2/2024 8:17 AM
274	Already I have unclaimed overtime worked as i dont want to ask for the overtime. I see delayed care as we have unfilled HCA positions meaning equipment is not stocked and beds are not stripped etc delaying admissions	5/2/2024 8:15 AM
275	Menially and physically, I know it will be very challenging. I am past my retirement, but keep working as I love my job	5/2/2024 8:08 AM
276	The emergency department is already a very busy area of the hospital, work loads are already very high, any kind of cuts in this area will impact greatly on both staff and patients, leading to more stress in the department, more resignations which will impact everyone	5/2/2024 8:00 AM
277	The current strain and pressure on our nurses is already tangible!!! This is simply sawing away at an already frayed rope. And all of the publics frustration and anger will be aimed at nurses, doctors, healthcare staff... everybody is already fatigued and burnt out. We are human too. This is not acceptable.	5/2/2024 7:59 AM
278	Increased workloads, increased stress resulting in poor mental health, loss of job satisfaction resulting and in increased rates of nurses leaving nursing and potentially NZ	5/2/2024 7:56 AM
279	It will reduce nursing workforce numbers putting patients at risk for reduced care and increase risk of sentient events causing patient harm. Blaming the nurses on the floor for lack of professional care will become the rhetoric rather than the broken understaffed health system.	5/2/2024 7:53 AM
280	Dangerous for staff and patients. I'm looking forward to retirement because it's so stressful now. I've got private health care so I have choices & care options. Most people don't. I know in 15-20 years I'm going to have to brace myself for any public hospital admissions. It's not going to get any better.	5/2/2024 7:43 AM
281	Staff will burn out at a higher rate than previous although most of the extra shift grabbers are already burnt out	5/2/2024 7:42 AM
282	I work in forensics and highcare areas. If not enough staff are present on ward I will not be safe during an incident. I would not be able to ensure my colleagues or patients remain safe. It does destabilize patients when staff are unable to provide for there needs.	5/2/2024 7:41 AM
283	I already do significant overtime which is not paid. I already am not replaced if I am sick and have to fill gaps when my colleagues are sick. My associates on the wards do many extended shifts and fill gaps to cope with the current workload. Winter is nearly here which means a higher workload. The bottom line is that these measures, on top of an already unsustainable workload, will undoubtedly compromise patient care.	5/2/2024 7:39 AM
284	It creates a very unsafe environment for our patients and staff.	5/2/2024 7:35 AM
285	With our team already short staffed, we desperately need more staff in our area. With these changes, I will not be surprised if many current staff will leave due to the amount of stress. Our team is exhausted and the only hope is acquiring more staff to lessen the current workload. However, as it appears we won't be getting more staff, I can guarantee we will have people leaving in no time. Additionally, many clients will slip through the cracks and I won't be surprised we will have more clients requiring inpatient care.	5/2/2024 7:28 AM
286	Some resources for patients pregnant with diabetes have already been stopped. Tight gltcaemic control in pregnancy is essential for both mother and baby, to reduce risk of complications. Stopping funding for sensors is a backwards move.	5/2/2024 7:24 AM

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287	with regards to cutting of overtime/double shifts is a big beneficial to our own staff for health and safety reason and to avoid burnout that will result to sick calls,instead they need to hire more staffs casuals/parttime to cover sick staffs so that we can continue the proper service that we need to the patient,allowing overtime for four hours after that no backfill so theres no point continuing that practice paying 8 hours work for 4 hours service no cost cutting at all	5/2/2024 7:16 AM
288	Higher risk of harm and uncertainty of staff when patients are unsettled / unwell.	5/2/2024 7:07 AM
289	Will certainly take a toll on my mental and physical health as the population is growing and so is the number of people with diabetes. Our demographics have the highest number of diabetic patients in the country and we are finding it very difficult to cater and meet demands. Te whatu oras cut means there will be shorter appointment times, which means holistic care will not be able to be provided, increased workloads which will lead to sickness and certainly us nurses are not going to feel safe and supported.	5/2/2024 7:01 AM
290	Due to the cuts there will be increased pressure at work, dissatisfaction as will be high as unable to deliver timely and holistic care to our patients thus affecting our wellbeing	5/2/2024 6:57 AM
291	Huge impact on the wider team. I have a new vacancy for an admin person and am not allowed to recruit to this. It has place considerable pressure on the others within the team.	5/2/2024 6:37 AM
292	We are still understaff and over worked, we can't maintain the number of 3 nurses per theatre in order to work safely for our patients	5/2/2024 5:30 AM
293	replacement of sick staff is crucial to maintaining not only adequate care, but to also not overload other workers who will then get burnt out and sick themselves!. plus, as a Casual/on call nurse myself, I rely on work on call to come in and replace those who can't make it. Casual work is my only option for work due to my health status, so things like this one example I mentioned impacts patients,others on duty and on call workers as myself	5/2/2024 5:12 AM
294	Yes, we need to have back fill when on leave and to fill vacancies otherwise the amount of work we come back to is huge and patient welfare is at stake.	5/2/2024 4:32 AM
295	Good that people are no longer able to work double shifts and overtime but this will leave massive gaps in staffing levels. Which will impact on patient care.	5/2/2024 4:20 AM
296	will be unsafe for patients health as treatment will be delayed due to heavy workload for not hiring additional staff	5/2/2024 2:01 AM
297	decrease safety in unit for staff and patients MH nursing is a speciality with gaps through sickness/acc/vacancies - having staff come from other areas - not trained in safe practice and restraint/understanding of MH act / safety protocols on unit	5/2/2024 1:39 AM
298	Less staffs to pick up shifts especially in winter would leave the department understaffed.	5/2/2024 1:02 AM
299	Increased low moral as constantly being asked to always do more and more	5/2/2024 12:36 AM
300	I believe it's not looked from clinical perspective. This move will only push more nurses out of Nz.	5/2/2024 12:35 AM
301	service cuts has a great impact on my health, safety and well being. Its been almost a year now that our Nurse pt ration is 1: 6. I feel overworked and inadequately providing pt care. This is unsafe practice.	5/2/2024 12:33 AM
302	We work with Whaiora who place high demands on our own mental wellbeing. Without the additional support from adequate staffing levels our job becomes overwhelming, stressful and unsafe.	5/2/2024 12:27 AM
303	*LOW STAFF MORAL. EXHAUSTED STAFF, HIGHER INCIDENT RISKS. INCREASED STRESS DUE TO INCREASED WORK LOADS. *CONCERN AT MY ABILITY TO STAY INJURY FREE. *PRESSURE WHEN SICK TO COME TO WORK AS YOU KNOW YOU WILL NOT BE REPLACED WHICH WILL MAKE THE WARD SHORT STAFFED *HIGHER RISK OF MEDICATION ERRORS. *HIGHER INJURY RATES AND ACC CLAIMS BEING LODGED. * NOT BEING ABLE TO ADVOCATE AND CARE FOR THE SICK AND DYING. * UNABLE TO PROVIDE SUPPORT TO PATIENTS AND FAMILIY MEMBERS IN A TIME A TRAUMA, DEATH. NURSES TAKE HUGH PRIDE IN CARING FOR PEOPLE AND TO LOOSE THE ABILITY FOR BE ABLE TO DO THAT IS VERY HURTFUL. THAT IS WHY NURSES AND DOCTORS ARE IN THE PROFESSION THEY ARE IN.	5/2/2024 12:21 AM
304	I am on a casual nurse contract with 15 years' experience. I already do not get that many	5/2/2024 12:15 AM

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shifts. Am I going to end up with nothing. I have already spoken to a friend who works in South Australia in mental health. I am going to have to go there? I am also trying to get on a stone carving course for something to do if I am unemployed. I compete with nurses trained in India who came here to work in rest homes but have moved into mental health recently and work on our ward. Safety is already poor, in an old, isolated ward we only have access to security at night one guard. I got assaulted four weeks ago punched in the face no one cares. Patients smashed their way out of the ward and broke into a nearby house and stole a car, knives, rope. TWO is going to push through zero seclusion again. My friend in OZ has 24/7 security support, he has not restrained anyone since moving three years ago.

305	Yes and it's already happening. Currently have multiple people off sick with COVID which is impacting our staffing levels. Days with large surgical lists and 2 people off sick had no cover and no attempt to either. Days like this are leaving us to get run off our feet juggling multiple patients with maternity, paediatrics and any patient with an airway on-site requiring one on one care. This unit of the hospital is often abandoned since we do have quieter days so when we are under the pump, no one comes running to save us. Any further cuts would be detrimental especially in an area where things can turn bad quickly.	5/1/2024 11:58 PM
306	Nurses already are hugely understaffed forcing them to care for large unsafe loads and putting their registrations on the line. There will be hesitation to call in sick, either putting other staff members at risk of infection or increasing your colleagues workloads, causing relationship breakdowns. Expect to see an increase of ACC cases with less staff available for safe manual handling and patient dissatisfaction causing an increase in assaults against nurses. The stress of my job has already caused harm to my physical health such as problems sleeping and eating. A large portion of the work we do will just become unpaid as it is impossible to work within these barriers safely with the current staffing crisis the government is refusing to acknowledge or remedy. I am terrified of how my mental health will be affected knowing I will be unable to provide the proper care that my patients deserve.	5/1/2024 11:52 PM
307	Less work. More chances of mistakes being made. More stress	5/1/2024 11:50 PM
308	Due to the high demand for staff in our area it would make it very hard for our staff...we don't get paid enough for being hit ,spat at ,pinched ,kicked or just verbally abused	5/1/2024 11:33 PM
309	Whatever progress has been made in terms of pay equity is completely undermined. So many nurses have already worked overtime without being paid.	5/1/2024 11:02 PM
310	- we are already short of FTE with vacancies and struggling with managing mental health community caseloads; - there were practically daily emails across CCDHB mental health service asking for staff to help so the inpatient units are at safe staffing levels; these emails seem to have stopped in recent days - wonder why!! Maybe by the inventive use of smoke and mirrors they can make it look like there more staff on the ward each shift -There are waitlists everywhere because there is not enough staff to meet demand anyway, even when we were already doing overtime and extra shifts in community and inpatient teams - we do not have enough psychiatrists for the workload of the service so nursing staff are increasingly managing patients without or with limited consultant oversight. - The staff in mental health services are already burnt out and exhausted, hasn't anyone noticed..... - tired staff = higher sickness rates, more chance of mistakes at work, etc, yet in recent years a lot of lip service has been given to looking after staff wellbeing, clearly its only lip service. - BTW we are also expected to keep our training up to date which means days off shift in order to fulfill our mandatory and also pdrp requirements - yep, we going to manage that aren't we when everyone's short staffed, the first thing usually cancelled is training.	5/1/2024 10:43 PM
311	Probably make me look for another job. Stress is already overwhelming most days so this will only encourage me to leave as it seems the government thinks we can do more work than we are already doing. We are already leaving late having not had all our breaks.	5/1/2024 10:41 PM
312	Detrimental to staff morale, & for safe practice, I worry that as the clinical frontline we will receive all the blame when mistakes happen due to poor staffing levels/poor skill mix of staff and our registration/career gets put on the line for stupid cost cutting/ political measures.	5/1/2024 10:37 PM
313	It is going to have a huge impact on our staffing coming into winter. With flu season just starting and everyone already getting run down with coughs/colds, it means we will a higher amount of sick calls. With the proposed cuts we won't be able to cover these sick calls with a flow on effect to other staff who will become run down working short staffed shifts. This is extremely unsafe and will lead to poor outcomes for both patients and staff.	5/1/2024 10:34 PM

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314	Quality of care will be lessened.	5/1/2024 10:29 PM
315	It will limit the amount of work I am able to do, Its putting me at risk of having an injury It will give me anxiety	5/1/2024 10:18 PM
316	There is added pressure on the staff on the floor, we don't have the time to provide our patients with top quality care, some days we don't even have time to wash our patients. Staff are run down and feeling the pressure off poor staff numbers on the floor.	5/1/2024 10:17 PM
317	I already dread going to work on a good day at the moment. I fear winter and the increased patient numbers and decrease in staff due to sickness and burnout.	5/1/2024 10:08 PM
318	We are already struggling with staffing issues to begin with, with the service cuts i believe it would greatly impact patient safety primarily, and with the increase workload nurses would be exhausted and burned out easily causing a ripple effect leading to an more sick calls amongst staff.	5/1/2024 9:56 PM
319	Difficult not to pay us overtime if patients need to be treated as they die if they don't But the promise that front line workers aren't touched Idee clearly not true.	5/1/2024 9:50 PM
320	A huge negative impact. Our small team when fully staffed is 5.2fte and we have in the last month had a staff member who worked 0.6fte leave and this is unlikely to be replaced. I have worked in this role for 12 years and it has been lovely over the last two years to finally be adequately staffed allowing the team to finish on time and have meal breaks. I am sure the 0.6fte will not be filled so back to unpaid overtime which the CDHB runs on.	5/1/2024 9:49 PM
321	Forcing us to not cover sick leave is dangerous, for the staff as well as the patients. People will come to work even though they are unwell, because they know that they would let the team down otherwise. This places significantly higher stressors on everyone.	5/1/2024 9:42 PM
322	It will definitely have a negative impact to our working condition and service quality. Every department have nursing staff who are trained to provide the required expertise in order to cater to the health needs of the patients. If sick leaves are not covered by regular staff members from the same department, expect the quality of care to be general nursing. In our area for example, when we are short of staff cause of sick calls and our sick staff are covered by a nurse from another area, we don't expect that staff to do any admission, discharge, handle critical patients, or any procedure that is specific in our unit mainly because it takes time to teach and orient someone to do area specific nursing tasks. The same is true if we cover other areas that we are not familiar with. Imagine a neonatal nurse assigned to look after an adult orthopedic patient. If you're in that situation either as a nurse or a patient, would you feel safe? Nursing is not general. We specialize.	5/1/2024 9:42 PM
323	I am concerned if they are not replacing sick staff then existing staff will have to pick up the slack and take on more work which will affect safety of staff and patients as staff will be more stretched . Staff are already stretched and if we are expected to work on shifts where staff aren't replaced it will create stress for nurses and fatigue which can lead to mistakes	5/1/2024 9:37 PM
324	It'll probably reduce spending on security as already we are unable to get swipe access to secure areas in our department.	5/1/2024 9:34 PM
325	Its already difficult to get up and go to work some days knowing that you've gotta work short staffed and now probably being even more sort staffed. Constantly worrying about how are going to get everyone thru the day safely.	5/1/2024 9:34 PM
326	I think it's absurd! They really are out of touch. Works already stressful but knowing my colleagues will be under extra (op top of an already stressful shift) stress knowing I wouldn't be replaced if on leave or sick. Knowing the patients will get substandard care they dont deserve. They deserve us to be at the top of our game at their time of need to provide adequate care and be THEIR advocate. It's also a kick in the guts knowing all this is happening while the suits in parliament are making all these cuts while they receive mega payrise! IT'S LUDACRIS! and people WILL die. I don't know how they sleep straight in bed! Makes me sick!	5/1/2024 9:33 PM
327	Going back to what happened about 10 years ago. Means staff are continually being asked to work over contracted hours to fill gaps in roster. Low morale, lots of staff will leave to go to Australia.	5/1/2024 9:31 PM
328	It's absolutely insane to put more pressure on staff members. We are suffering enough, working overtime and understaffed,we don't feel safe!	5/1/2024 9:28 PM

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329	This will increase work demands, impacting my well-being and ability to do my job to the best of my ability. My work place is already under high pressure and I am worried about having to do more with less staff	5/1/2024 9:27 PM
330	Currently the service I work in (community) has been short staffed basically since I started working there in 2018, have been unable to recruit when vacancies advertised. My colleagues and I have been under increasing stress with increased referrals for years	5/1/2024 9:26 PM
331	As a manager, I can no longer staff my unit safely. Our rosters are being monitored closely, all overtime is being queried and we asked to write shift reports to justify any overtime or missed meal breaks. I have resigned as I can no longer support my staff properly	5/1/2024 9:24 PM
332	We are short of staff as it is. Nurses are being called to pick up extra shift on MECCA OT to fill the gap and they get burnt out. They find it hard to say no as they don't want to let the team down. With the cut we are expected to take heavier load. Mistakes could happen when we are over tired and it could affect our mental health	5/1/2024 9:23 PM
333	Our work load is heavy enough when fully staffed we could actually use more staff so to take away the ability to cover sick leave and fill vacancies will make it harder. We already try and have people self manage where possible but often this is happening over and over again that they end up with infections and have to see a gp or go to hospital that it's just a vicious cycle	5/1/2024 9:21 PM
334	Add huge stress as we already work with minimum staffing and very few support staff. With increasing pt numbers impossible to keep providing same care level if insufficient staff. Keep pushing staff to work at maximum all the time and they will and do burnout, take more sick leave thus creating a vicious downward spiral of mismatch staff to pts , which is unsafe.	5/1/2024 9:15 PM
335	Its big impact of ones individual because not only physically we are tired but also mentally. Your not only dealing with the patient by also to all the relatives. And they might forget we have our own life too. We need to preserve our own mental health.	5/1/2024 9:10 PM
336	Heavy work loads often result in scheduled breaks not been taken and regular overtime hours to complete work makes for a stressful work environment and increases the incidents of errors. It also affects staff morale.	5/1/2024 9:09 PM
337	There will be more strain on me individually if they follow through with not filling vacant spaces. I will be more stressed and burnout even more	5/1/2024 9:08 PM
338	Impact safety as us bureau nurses now have to cover shifts that would have previously been covered by Staff specifically trained in that area. For instance, one shift four bureau nurses were used to cover sick leave etc as the department could not use their own in the first instance. Resulting in a significant portion of the staff not being suitably trained if a crisis occurred I.e de escalation or restraint, which I am not trained in.	5/1/2024 9:07 PM
339	Absolutely , this will affect short staffing, so available nurses will be forced to work which will surely affect their physical and mental helth	5/1/2024 9:02 PM
340	We are constantly in crisis management which is stressful. These cuts will only exacerbate this situation	5/1/2024 8:58 PM
341	I think the announced cuts are absolutely dangerous and detrimental for nurses & other healthcare staff and most importantly for the patients receiving our care (or lack of more to the point) & their whanau. The health system is already incredibly stretched with nurses not being able to provide the care they should and want to give leaving them in an awful position of having to constantly prioritise/ ration their care & actually missing essential cares for people's physical & psychological well being. This in turn affects nurses' health & wellbeing as stress is massive, nurses spend their entire shifts (& unpaid overtime) being hyper-vigilant & expecting the worst to happen due to lack of time. The patients' overall care is very much below par & things are getting missed due to this pressure. People's quality of life is significantly affected due to things like new pressure areas being missed & then the person needing ongoing wound care for months/ years or someone falling needlessly due to short staffing & breaking their hip which then potentially leads to a much shorter life span for that elderly person. I am speaking more so about my new graduate daughter's experiences in her first job: a medical ward. The expectations and work load are very very high as they are short staffed every shift & staff burn out is very high.	5/1/2024 8:58 PM
342	I worry that not replacing staff for sickness will mean the units will become more stressful, more room for mistakes, less time to safely administer treatment to patients.	5/1/2024 8:53 PM

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343	service cuts definitely will impact in well being staff, if sick staff no cover means short of staff will impact more task and duty to the working staff cause more stress and not do properly in work area and it is not safe to do so , in long period could impact in health because carry on working in stress condition.	5/1/2024 8:53 PM
344	It has already been happening. No staff to cover sick.	5/1/2024 8:48 PM
345	Not adequately staffing areas, particularly when staff have called in sick, the physical and mental workload is hard enough anyway, but to not have sick staff covered for becomes even more stressful and our mental wellbeing will suffer	5/1/2024 8:46 PM
346	This is a real concern- this will put the safety of healthcare staff at risk which in turn negatively affect services they provide their patients. This could mean negative health outcomes for the patients which could have otherwise been prevented	5/1/2024 8:46 PM
347	Increased stress covering vacancies that are taking longer to get filled due to having to get approval at a national level before you can advertise. Patients missing out on specialty services/disciplines as a result.	5/1/2024 8:45 PM
348	Where do I start! I am already fatigued and burnout, feeling the extreme pressure of the nursing environment. The service cuts will only further contribute to this.	5/1/2024 8:44 PM
349	Inability to take breaks. Increased workload. Increased stress. Due to the above, more mistakes will happen. More staff burn out. And more sick leave taken. How are they unable to see the vicious cycle.	5/1/2024 8:44 PM
350	Delays in getting vacancies approved. Unable to employ new contracts until 1.7.24. If sick calls are not replaced on wards then pt flow will be impacted and there ED Los will increase further	5/1/2024 8:37 PM
351	It will make the workplace more unsafe for the patients and us, staffs. It means we will not be able to provide proper care to our patients and we will need to prioritize task to ensure we go home on time and we are able to take breaks. This means less time spent with our patients. This also increases our workplace stress which will eventually burn us out making us more prone to get sick, use sick leaves or even reduce our FTE which will not be helpful especially with the current staff shortage. We will also be prone to make mistakes and miss something because we are rushing as we look after more patients than what is the ideal patient staff ratio.	5/1/2024 8:35 PM
352	Yes, obviously, how can they not?	5/1/2024 8:35 PM
353	It will put a strain on our resources which in turn comprises patient care	5/1/2024 8:33 PM
354	Burnout again! Leave nursing, head to australia	5/1/2024 8:26 PM
355	Increase stress as we try to support and care fir our patients while we are not being cared fir and supported to do our jobs.	5/1/2024 8:26 PM
356	Increased risk of injury and mistakes due to fatigue and stress. Job dissatisfaction leading to staff leaving which will perpetuate the problems.	5/1/2024 8:23 PM
357	Coming into winter when more people including nurses are impacted by winter ailments. this means more , sicker patients and an increase in sick leave. There is an increased demand for casual staff and for permanent staff to cover or to work extended shifts. Not having the goodwill of our colleagues to do the extra hours will mean increased workloads and less time to give all the care patients need. the end result is an unsafe working environment and more sick leave	5/1/2024 8:19 PM
358	Significant Stress Loss of sleep Burnout Carer fatigue	5/1/2024 8:17 PM
359	Its difficult to imagine things getting worse without safety being compromised. Already we have issues running out of supplies, as management try to contain costs. Its embarrassing working in a delapidated ward, that hasn't been updated since the 1990s. We barely have heat, no air-conditioning. Many sinks don't have warm water and the showers can unpredictably change temperature. Panels are off the ceiling. The rooms are not suitable sizes for multiple patients and equipment. We have been told that proposed plans to upgrade the ward are no longer going forward.	5/1/2024 8:17 PM
360	This will lead to a stretched team who is already at risk of getting illnesses with winter coming. We are a team of nurses who does and see patients in their home and hence are exposed to a less controlled environment such as other members of the household are sick too. We've had	5/1/2024 8:16 PM

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high numbers of referrals coming in and we are already stretched now so not sure how we can accommodate and place an equity focus

361	I don't agree to cut front line workers, why not cut the mid management	5/1/2024 8:12 PM
362	Ridiculous, unrealistic, this will make our health system more vulnerable and who will suffer, patients of course and nurses	5/1/2024 8:11 PM
363	It will create strain on staff as will inevitably lead to short staffing and overloading as we head into winter which is always difficult to staff as it is. We will be overworked and just expected to do more with less.	5/1/2024 8:07 PM
364	Currently already in a role/service that is grossly understaffed. Business plan currently being developed to make new FTE (not under CCDM) and knowing these cuts are happening makes me wonder if they will be approved. Already struggling to come to work due to staffing but now just not wanting to as no idea what will happen. Just want to quit now.	5/1/2024 8:04 PM
365	Increase workload, burn out, stress	5/1/2024 8:04 PM
366	These cuts will put enormous pressure on my role as a RN. If staff sickness is not going to be covered this means nurses will have more patients under their care each shift, this will put a strain on the care given to each patient which could result in vital changes to each patient being missed. What would happen if due to the increase in patients I would be unable to complete my nursing notes would I still be expected to work over my hours to complete them even though over time is now not an option. Nursing is hard enough without this added stress. I've already been asked to take leave which I've been compliant in doing but only because my manager informed me we were over staffed those days but now after reading the information here it makes me wonder if that was correct information. All this is going to do is just make more nurses leave the profession. It's not the nurses that these saving should be made from but from these EXPENSIVE consultants they keep employing to investigate where cuts should be made .	5/1/2024 8:02 PM
367	This is not Acceptable. They were trying to solve the staffing issues before now that it is getting better they decided to do this. Staff being sick is also related to being overworked which is related to staffing issues then once they call in sick they will not be replaced and the burden will go to colleagues which might cause for staff not to call in sick anymore. Which can have negative impact like accidents and definitely worksafety of that staff	5/1/2024 8:02 PM
368	we have been working under extreme pressure for a long time with high workloads, acutely unwell patients and a very junior workforce with senior staff leaving due to the stress of the workloads. We rely on IQNs and NETPs but the move on as soon as they can looking for less stress. Recently it has finally started to feel as though things were improving as we managed to fully recruit to our ccdm numbers, but now whenever we are fully staffed for a shift someone is pulled to work in another ward to cover their sick or roster gaps, so people become dissatisfied and want to leave.	5/1/2024 7:56 PM
369	Yes. Not replacing sick staff directly impacts on the care that can be provided. Nursing staff are already stretched in most areas and this puts more pressure on those left to carry an increased load	5/1/2024 7:55 PM
370	We will be working hāreere and doing more patients than usual with hardly any colleagues.	5/1/2024 7:54 PM
371	Will cause a bigger work load due to sick calls not being covered and casuals not working	5/1/2024 7:52 PM
372	It causes added pressure knowing that any shortage of staff from sickness will mean extra workload for those who are working. The work environment is already stressful not to mention the added abuse we receive from some patients. This will eventually cause burn out and unsafe practices as we have to complete tasks in a less ideal setting. I personally would consider looking for better working conditions overseas if this continues.	5/1/2024 7:47 PM
373	More pressure on me due to having more work load if we are unable to get casual staff to cover sick leave etc. Less work satisfaction and not being able to give patients the time and care required. Rushing at work may increase mistakes.	5/1/2024 7:42 PM
374	It will have a huge impact on staff fatigue and patient safety, especially when sick staff won't be replaced on a shift. This will mean the staff who are working short staffed will have less time per patient and will be forced to do two person tasks alone therefore impacting staff safety and wellbeing	5/1/2024 7:36 PM

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375	Having no control or choice on when to take annual leave. Loss of freedom to choose impacting my emotional well-being, attitude towards workplace and just not included as or valued as part of our team.	5/1/2024 7:34 PM
376	The service cuts do have substantial effect on the health of the staff, causing increased physical and mental stress on the staff. Staff are already struggling with high patient demand and less satisfied patient care. When these service cuts are implemented it causes increased stress on the physical health of the working staff by increasing workload and reduced time to complete the task. Also once the available staff is utilised for the patient safety as a care partner then there is lack of staff, to give care for other patient. On the other hand when the ward is fully staffed, removal of these excess staff to provide care for other much needed area would be the best option.	5/1/2024 7:34 PM
377	It will have a huge impact on patient safety, staff safety and the level of care we can provide - in a negative light	5/1/2024 7:31 PM
378	Not replacing nurses who are sick leaves the wards in dire positions, especially during winter. People are sick, as are their children. There are already roster gaps, now there are no new nurses coming to fill these holes. Nurses are already stressed, now they are scared to have time off if unwell as they are worried about their colleagues not having any support	5/1/2024 7:29 PM
379	With caseloads and workloads already stretched, there are higher levels of stress and sickness in our work area as it is. Service cuts will worsen this and reduce staff morale and our ability to support each other.	5/1/2024 7:29 PM
380	I believe that saving on employing agency staff and cutting unfilled roles will lead to burn-out and ultimately to more nurses leaving the profession.	5/1/2024 7:25 PM
381	Unsafe staffing like short staff will affect appropriate provision of care. It will make both staff and patient vulnerable. Will result to exhaustion for staff that will cause more sick calls ,on duty staff needs to do overtime which is much more expensive as they will get paid time and half. They are thinking of cost cutting but if you have expensive medication or vaccines close to expiring and request maybe other department to swap an example is labetalol or alteplase close to expiring from the rural areas and trying to liaise to Christchurch ED for a swap if Cdc can try to communicate to areas who doesn't normally use the emergency medication to state that maybe 2 months close to expiring contact cdc for return so they can dispense to department that has high usage of that certain medications. A lot of medications also are in bulk and goes to wastage as they are short dated. This are maybe areas that needs to be review that might help with cost cutting not cutting the budget for staffing.	5/1/2024 7:24 PM
382	Pressure to do more with less. Feeling worried about whether decisions will be challenged due to cost.	5/1/2024 7:23 PM
383	Service cuts will add more work stress and negatively impact my health and well-being at work. It will affect my efficiency and lead to job dissatisfaction.	5/1/2024 7:21 PM
384	It has the potential to have a significant impact. Delays in RFR's being approved - delays in getting staff recruited into already vacant positions. The delays in being able to cover roster gaps (ACC, sickness and roster gaps not recruited fully) Is huge. Working short staff affects patient care, it also affects staff moral and stress creating a potentially unsafe work environment. The loss of clinical time means essential projects won't get completed. General support and well being meetings with staff will not happen. Staff appraisals and senior leadership meetings and planning days are at risk. All of these essentially affect patient care and outcomes indirectly.	5/1/2024 7:13 PM
385	In short, it will cause an increasingly unsafe working environment due to lack of staff, as if we aren't short enough to begin with, directly impacting patients who will not receive the level of holistic care they deserve. When you're overworked and underpaid, you end up having to drastically prioritise, which leaves patients with a less than acceptable care experience. For staff, you become exhausted, forced to take on the roles of multiple people which not only affects our physical but also our mental well-being. Days off simply become time to recover from our shifts before we go back again. The importance of additional service provision and funding, as opposed to reducing, cannot be overstated. The people who are suggesting these cuts have obviously never worked a day on the floor, or have forgotten where they started. We care about our patients and want what's best for them. We can only do that if we are being looked after in return by our governing bodies.	5/1/2024 7:12 PM
386	Increased stress, more pressure, fatigue.	5/1/2024 7:12 PM

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387	The proposed cuts will have a profound impact on mental and physical wellbeing of Frontline staff. I already do unpaid overtime along with my colleagues, which is not acknowledged because everything is underfunded already. We cannot attract additional staff for advertised positions. These cuts make me more anxious and angry. It's a betrayal by Dr Reti and his government who are running health into the ground to achieve their own selfish interests.	5/1/2024 7:10 PM
388	With winter on our doorstep we have increased presentations and complex high acuity pts who stay in ED longer than 6 hrs due to bed block. We need casuals and staff to pick up extra hours to keep our dept safe with the right skilled nurses. The cuts will affect our staffing and will impact on high standards of culturally appropriate car	5/1/2024 7:10 PM
389	By not replacing sick staff impacts on outpatient treatment to patients needing clinic follow ups, melanoma surgeries, minor ops, dressings post surgery, wound care etc. It's where cancer patients first touch base with doctors for treatment.	5/1/2024 7:09 PM
390	This will have a dramatic effect on nurses. Also will make it a very unsafe environment for all.	5/1/2024 7:08 PM
391	My role is a solo role already. Cover for leave is from someone who already has a full time job and covers another colleagues leave also. Anymore stretching definitely would be detrimental to my patients health and their safety. Our services are already stretched very thin impacting my stress levels. My wellbeing will be affected if I do not have a colleague to cover me for sickness or leave.	5/1/2024 7:03 PM
392	High amount of pressure on staff to take on more pt load... and impact the care that we can provide... I think I would look for other work if we were continually short staff and it was putting my mental health.. as well as pt safety at risk.	5/1/2024 7:02 PM
393	This announcement makes me uncomfortable thinking that the healthcare service will be negatively impacted and staff (who are already struggling) will have to work even harder	5/1/2024 7:00 PM
394	Will make already what feels like an impossible job all the harder	5/1/2024 6:59 PM
395	Inability to fill sick calls puts an increased strain on ability to care for patients at a base level. It puts pressure on staff working to care for patients, give medications, build relationships	5/1/2024 6:55 PM
396	I think it will have a very big negative impact on stress levels, job satisfaction and will make a very unsafe working environment.	5/1/2024 6:54 PM
397	More Pressure on staff	5/1/2024 6:49 PM
398	We have had nurses resign/retire and been told their positions will not be advertised until after July. I honestly don't know how they can say frontline is not being impacted when it so clearly is.	5/1/2024 6:46 PM
399	We are already understaffed and struggling with workloads and providing quality patients care. It is scary to think how bad this situation will be after further cuts.	5/1/2024 6:45 PM
400	In everyway possible. Very unsafe for myself RNS and patients. Risk of increase in falls, pressure areas cares, evaluations of patients being missed. Work place injuries, medication errors, staff leaving & not being replaced. Increase in cases of PTSD among staff. Lowering of staff morale. Increase in complaints from patients as well as their family members. Basic needs of everyone not being met	5/1/2024 6:43 PM
401	Short and simply put more work load which in return to an already stretched load mean more mistakes will/ could occur, this putting my self and others at risk. Jobs which are for nurses then get put onto non registered health workers as the nurses can't keep up with the amount they are already dealing with	5/1/2024 6:40 PM
402	I think it will impact me greatly, if staff are calling in sick and Te Whatu Ora are unable to provide us with cover, then as a new graduate nurse i am going to be taking a far larger load of work than what i feel comfortable doing. This will put strain on me and could lead to burnout within my first year of practice. Where Te Whatu Ora get the staff isn't the issue but having them is what matters.	5/1/2024 6:38 PM
403	Yes. As DNM the stress to to ensure all area's of the hospital are safely staffed is emence. We have to ask staff especially in the acute mental health to do double shifts almost daily. And extra or overtime in the medical surgical wards daily. There is high staff sickness. Sometimes 3 staff in the same ward, on the same shift. They have to be replaced. If we don't	5/1/2024 6:37 PM

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fill sick staff in Radiology, pts get canceled and don't get there procedures, ie Biopsys, PICC line to enable discharge home.

404	Currently staff are already experiencing staff shortages & have been for a long period of yrs. Service cuts will further harm the health, safety & well-being of ALL staff. Increased pressure to deal with the high demand of patients. Patient & staff safety will be compromised drastically!	5/1/2024 6:37 PM
405	Last time National were in government and similar cuts were made, targets were also introduced so that we were asked to do more, often with less staffing FTE. Being a responsible Healthcare professional I ended up with burn out twice due to the constant stress we were under and had to take extended sick leave twice. This also had a huge impact on my colleagues as they tried to cover my absence. I had a headache that lasted for many weeks. I feel that the National government forgets that we are human beings rather than automatons, and I am sure there must be some research on how a stressed and understaffed workforce is more likely to make errors or omissions, which ultimately impact patient care. The fact that politicians make statements saying that patient care will not be impacted shows how little they understand of what Healthcare professionals actually do.	5/1/2024 6:34 PM
406	Definitely has a huge impact. Night shifts are horrible, short staffing and no replacement, we end up looking after 9 patients, which most are sick and needed critical care we end up not taking breaks, no sitting just to make sure all patients are attended	5/1/2024 6:33 PM
407	There is no help coming are the words we hate to hear when our workloads are so high that only the essential care of the sickest patients is possible to complete. Many jobs will be uncompleted and this includes essential work and patients will suffer because of many delays that we anticipate will happen especially in winter. Our professionalism is what reminds us we are failing to give timely pain relief, timely injections e.g antibiotics. What gives NZ nurses the edge, the advantage, over all other countries is our dedication to our patients seen in the way we consider early interventions the bold standard. This will go by the wayside	5/1/2024 6:31 PM
408	Cutting replacement staff for sick leave will leave wards short staffed and unsafe for patients and staff as well as reducing staff moral. Pressuring staff to take holidays will causes low staff moral. Cutting double shifts could leave wards with unsafe levels of staff to patients	5/1/2024 6:30 PM
409	My lived experience as a NZ nurse has been coloured by burnout , low morale and job dissatisfaction . I have tried to keep strong that passion that brought me to nursing , but all I feel is indifference and hopelessness. Our profession has endured so much stress (natural disasters , devastating terror attack and a novel pandemic) all through the soul destroying lens of unsafe staffing . Do you know how it feels to work in a system that is so broken ? What would your reaction be , if every nurse In NZ took extended stress leave ? We have spent close to two years inputting data for CCDM to demonstrate understaffing . To be told CCDM will now be limited , is disgusting . Your budget cuts are unethical . As is all the crowing about nursing numbers . Tell me about retention .. how many nurses have we lost ? My challenge to NZ Health is to a catalyst to improve staff wellbeing .Instead of implementing ways to grind us down further , give us the support and resources we need to grow our profession , and nurse our people , with care and compassion.	5/1/2024 6:29 PM
410	Increased stress on existing staff, increased staff leaving due to burn out, unsafe staffing, patients not getting appropriate timely care	5/1/2024 6:25 PM
411	If a position becomes vacant, this cannot be advertized until ok'd by someone in Wellington (!) ...and even if it is ok'd. (no guarantee) there is a massive delay. This means continued staff shortages on a daily basis, putting more pressure on me and those around me. How can i do my role properly without a CNM or another person appointed to assist me in my work? And I see so many staff around me struggling with their increased work load- it is demoralizing to see when staff just want to do their job well in caring for patients.	5/1/2024 6:20 PM
412	We have a small team where I work and we have just opened new operating theatres to help with the back log of elective surgeries. We have lost a few nurses from burn out and have just replaced 2 of these nurses before this was implemented. This not filling sick leave will be detrimental to our team as we will be placed under stress from a huge workload and also this could in turn affect patient care.	5/1/2024 6:18 PM
413	We are already understaffed at present and this cut will just drain us physically and mentally. There will be more room for errors and staff will be more tired.	5/1/2024 6:16 PM
414	This is detrimental to staff feeling safe with staffing numbers having to be extremely limited...	5/1/2024 6:14 PM

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not making staff feel like they can call in sick when needing to because they may not get cover

415	I feel like my colleagues and myself will definitely be more burnt out than we are already. The cuts will mean that it'll be harder to replace sick calls with staff of the same skill set.	5/1/2024 6:14 PM
416	More anxiety and stress at being short staffed and unable to meet patients needs. Safety more compromised as public get frustrated at longer waits.	5/1/2024 6:08 PM
417	Burnout	5/1/2024 6:06 PM
418	This will be a huge impact to health. There is already not enough money to go around for vulnerable people and this will only make it worse	5/1/2024 6:04 PM
419	Due to lack of staff (without sick leave etc) we often don't get meal breaks and work overtime. If Te Whatu Ora is determined to not pay for these and not replace staff this will have a direct impact on physical health & wellbeing. You begin to second guess yourself about being sick versus going to work. This will also have a direct impact on safety of both staff and of course patients.	5/1/2024 6:04 PM
420	Already has no replacement for leave with expectations workload not reduced without being able to apply for no meal break or overtime has resulted personally for me with increased fatigue, neck pain, less time spent with palliative patients and their whanau. Supplies not readily available with reduction in stocks supplies.	5/1/2024 6:03 PM
421	At 64 years of age I am already working harder and longer hours than I ever have. I work many more hours than I am paid for. This is unsustainable and we desperately need to increase the nursing FTE in our service. Myself and my colleagues already feel that we are burnt out and that any cuts to funding will exacerbate the situation	5/1/2024 6:03 PM
422	Service cuts will make my job unsafe and stressful. Not being given the resources I need to provide my community, patients and Whanau the care they require in an emergency situation when they are at there most vulnerable and sickest. This will increase the violence and aggression we already face from the public and make my work environment very unsafe.	5/1/2024 6:00 PM
423	I feel like these announcements and the policies will heavily weigh negatively on our health, safety and wellbeing at work. This is because with our CCDM we've finally proven that our ward is very short staffed and according out our reports, our unit has been working with a deficit of 8.0 FTE's needed to meet our daily loads. This means our team is already under stress and pressure to perform, of which, I'm already witnessing signs and symptoms of burn out amongst the newest members of the team. I fear that these positions will potentially not be fulfilled due to budget cuts, which lead to our current teams burning out, which I feel will cause many to look overseas (Australia) for employment.	5/1/2024 6:00 PM
424	Yes, I think not replacing sick staff would have a detrimental impact. Winter can cause a lot of staff sickness. Not replacing staff on a ward. Higher staff patient ratio. Overworked staff, causing impact to services. Medication error, personal cares, wound management. Problems with admission and discharges. Not feasible to not replace staff. Delays in procedures.	5/1/2024 5:59 PM
425	The Inpatient unit I work often relies on people working double shifts to cover sick leave and short staffing. I can't see this having any impact but negative on our staff and how safe they will be from violence from patients at work. This again is another confirmation that staff are just numbers to the government. They do not care about employee wellbeing or retain us.	5/1/2024 5:58 PM
426	Longer waiting lists for planned surgery. Stressed ward and theatre colleagues. Public rage. Lack of trust in hospital system.	5/1/2024 5:58 PM
427	Will be dependent if staff are replaced according to CCDM/ Trendcare variances Projected admissions etc needs to be taken into account Staff not replaced results in inc staff sickness and burnout	5/1/2024 5:56 PM
428	Hugely disappointed by this proposal as short staffed now resulting in rationalisation of fundamental nursing cares for patients. Compounded further by very junior and inexperienced nursing and medical colleagues and increasing complex medical needs of patients. Staff will continue to leave and this situation will worsen daily. Competing with Australia will lure more staff and increase need to use less experienced staff. Study leave and professional development opportunities will be the reality also as a less of a priority.	5/1/2024 5:56 PM
429	It would impact on the staff's workload if staff are not replaced. It would affect how we can	5/1/2024 5:55 PM

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	deliver effective care to patient.	
430	It will add stress and make coming to work unsafe and unattractive	5/1/2024 5:55 PM
431	We are already running short staffed with minimal supports due to being rural. Our wellbeing will tank	5/1/2024 5:54 PM
432	Increased workload. Increased risk of challenging behaviour as care provision is reduced delayed.	5/1/2024 5:50 PM
433	Leading into winter, increased sick leave will mean short staffing and missed cares which will effect care outcomes and job satisfaction negatively. Also means it may deter people from staying in nz or the profession	5/1/2024 5:48 PM
434	Our services are so small I don't think we'll be targeted. But the stress, uncertainty and a lack of understanding about our work by management are already impacting staff.	5/1/2024 5:48 PM
435	Likely reduction in workforce and then will put patient safety safety at risk	5/1/2024 5:48 PM
436	Impact it badly as it will be a bleak working environment Nursing registration and safety will be compromised and morale will be low with less staff.	5/1/2024 5:48 PM
437	In the area I work there has been a huge development of houses and rest homes and travel time reduced to 80 km . There is also a huge increase in complex patients discharged into the community with little support or backup for there treatments. Staffing in our are hasn't changed for over 10 years. The district nurse can do anything apparently. I have already had a discussion about how my workload is impacting my health and wellbeing at work and home with my clinical lead we. I am often thinking about how busy the next day is going to be with very little support. I recently had a week off and was constantly thinking about how busy my colleagues were. And yes this is affecting my sleep. I wake up in the night and start thinking about workload and complex patients. If I am unsupported if my colleague is sick and there is nobody to cover them this will add to my already stressed life at work. I also can't visit 25 people in a day and travel 150 km. I will be asking for stress leave !!! If they stop paying overtime I will not work past my hours of work and am prepared to say I can only do a normal working day. Patients may have to go to there GP and pay.	5/1/2024 5:46 PM
438	Very bad impact. Lesser staff, slower service. The health sector should be number one priority!	5/1/2024 5:45 PM
439	already unable to staff the ward fully and no positions advertised - are we non viable ie; to close???	5/1/2024 5:41 PM
440	-Heavier & more unsafe workloads -Increasingly stressful environment -burnt out thinking about the work load -unhappy work environment -job dissatisfaction -govt doesn't care about the healthcare workforce	5/1/2024 5:40 PM
441	As a manager I have vacant FTE that I am unable to employ into - ATA have been sent through by are taking a prolonged time so having to turn down applicants.	5/1/2024 5:39 PM
442	Service cuts put pressure to the nursing team causing exhaustion, burn out, stress and turn over of staff. Also, Staff has the right to refuse leave if they are offered and pressure to take leave is against the right of consent and freedom of the staff to choose on when and how they will use their leave which they are entitled to.	5/1/2024 5:39 PM
443	Our hospital already is over capacity almost every day. Any cuts to health funding will only make this worse and will lead to poorer health outcomes for our pat.	5/1/2024 5:38 PM
444	In our area of nursing we already struggle with our low staffing numbers that are stretched to care for a dangerously high number of acutely unwell patients. It is stressful to say the least and burn out rates are higher than usual. How will these changes affect me??? It will hugely impact on my physical health directly via stress (I suffer a autoimmune diseases). Which already ears up a lot of my sick leave. In turn, this impacts me financially.	5/1/2024 5:38 PM
445	Increased workload with reduced resources. Staffing gaps left unfilled. Longer waits for patients to be seen. More irate patients waiting. Increased stress.	5/1/2024 5:37 PM
446	This will put an already stretched workforce under even more pressure. This will cause extra stress, burnout and harm to my mental health. Especially not being able to pay overtime or replace sick staff. This makes me feel very unappreciated. The health sector should be getting more money not less.	5/1/2024 5:37 PM

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447	Delay to patient FSA and follow ups, reduced nursing care due freeze on recruiting. Difficulties retaining staff.	5/1/2024 5:34 PM
448	Will be under huge pressure, significant care rationing, low moral among staff, stressed & burnt-out & increased sickness, unable to give anything else to my children at home.	5/1/2024 5:32 PM
449	More staff will leave for Australia Less people will want to study nursing Nurses will look for jobs that are not so stressful Mistakes will happen- the nurses will be blamed often Sickness levels will rise	5/1/2024 5:30 PM
450	It has created a very stressfull workplace with staff already worrying about overtime not being paid and not being able to fill roster gaps and sickness	5/1/2024 5:30 PM
451	The impact will be increased workload, stress, burnout and a heavy burden of guilt or shame for mistakes and missed observations and tasks.	5/1/2024 5:29 PM
452	We are already stretched to beyond our capacity to provide timely and best care in all areas. In my family, my mother waited over 1 year in severe pain for a hip replacement surgery, due to staffing pressures. Patients waiting hours to be seen in ED, some who eventually leave, to their detriment - we have read about some of those patients. There are multiple ambulances 'ramped up' outside ECC, every day, due to not being able offload patients. It's already intolerable and set to become even worse!	5/1/2024 5:27 PM
453	We will be short staffed. Patient care will be compromised. Our safety and wellbeing is completely disregarded and once again our professional worth is completely disrespected.	5/1/2024 5:20 PM
454	Severely will impact the service provided in addition to the effect on floor staff. With restrictions of no double shifts or overtime plus no cover for sick leave it will put a further strain on staff on the floor as staff will be forced to work in heavy conditions not to mention we are now entering surges of COVID and the Flu where good SAFE staffing is needed. Otherwise other staff are now having to work double to replace the lack of staff on the floor. For patients this is unsafe as many will miss cares. It will be unsafe as lack of staff equals more patients per nurse thus creating a strain to get basic needs met or completed in a safe and appropriate manner.	5/1/2024 5:20 PM
455	Cuts will negatively effect staff mental, physical and emotional health due to increased stress, fatigue/burnout from short staffing and unsafe staff/patient ratios. Patient safety will be further compromised. Patient loads are already unsafe at times. Patients will receive below optimal care as nurses as stretched.	5/1/2024 5:19 PM
456	It is already. Larger patient loads, no cover provided for most sick calls. Staff will burn out (even more) and this will have an even more negative impact.	5/1/2024 5:18 PM
457	When it comes to health, higher risk to sickness and weaker immunity due to unaffordable goods and meds. About safety, weaker immunity means vulnerable physical body and lesser strength that will eventually lead to poor delivery of healthcare	5/1/2024 5:18 PM
458	Not replacing staff on maternity leave has already increased my work leave and expectations to have higher work load.i have just had major surgery and felt burnt out from work load	5/1/2024 5:18 PM
459	It is a very interesting concept as within the Christchurch DHB no one is keen to write this down. We have as CNMs, had no emails communicating this to us. it is all word of mouth and until I get written information from the GM, DON I will carry on as I am. I look after the Nursing Pool for our hospital and have been told we cant use agency when we have run out of staff, hence leading to a dangerous situation with patient care especially going into winter with increased sick leave. this is quite stressful as staff blame me for not having the staff they require. I will probably leave if it gets too dire.	5/1/2024 5:15 PM
460	Working within the IOC I understand and can predict that if sick leave is left uncovered it is going to strain the remaining staff on shift, causing burn out, mental and physical stress, and uncertainty for those who rely on casual shifts.	5/1/2024 5:14 PM
461	Likely reduce/discontinue ED specific Security Guard, only brought in following a machete Assault in ED. This Security guard is only from 8pm - 3am.	5/1/2024 5:13 PM
462	I believe it will result in more stress in the environment which will impact negatively on how we provide care to the patients.	5/1/2024 5:11 PM
463	When ED is not staffed to our shift matrix FTE this often leads to increased risk of patient	5/1/2024 5:09 PM

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aggression re wait times & delays pt care. Staff stress increases & often sick calls increase. It places added burden on our shift coordinators. Getting pts out of ED to admission, transfer or discharge will be affected as other hospital areas/services, base hospitals will be in similar situations.

464	Already dangerous and understaffed. Not replacing sick calls make it even more dangerous and unbearable.	5/1/2024 5:06 PM
465	It will increase our work stress which may affect the patient care and ability to serve them.	5/1/2024 5:06 PM
466	It will negatively effect patient care and burn staff out faster	5/1/2024 5:04 PM
467	We already have significant pressures in what feels like a sinking ship of a health system, adding to these pressures by cutting replacement staff that is already difficult to find is a slap in the face and a huge risk to patient care	5/1/2024 4:59 PM
468	I think i will become more stressed ans overworked. I will have a bigger patient load and have more tasks to complete in the same amount of time. I will be rushing to do things to get what i need done and i will miss breaks. If i miss breaks, i dont eat or drink appropriately and will have less energy on my shifts.	5/1/2024 4:58 PM
469	The service cuts will leave us short staffed if they are not replacing staff when people call in sick AM and PM shifts, therefore we will be burnt out from our shifts. Our families will also negatively be affected as we will go home stressed and burnt out.	5/1/2024 4:58 PM
470	As Middlemore hospital serves a population that is statistically more unwell than other hospitals in Auckland and within a health system that is already under tremendous pressure, these added cuts will only make me feel hopeless, anxious and stressed knowing that I will be working understaffed and poor skill mixed shifts. This will call for missed breaks, increased risk of making errors and an overall decreased job satisfaction.	5/1/2024 4:58 PM
471	Patient Safety- women will have limited contact with nursing staff, nursing staff will have less time to offer care. Predicted outcomes- increase in missed follow ups for DNAs. Many of these DNAs are for women with suspected cancer. Increased patient complaints: nurses are not available for follow up, nurses do not have time to complete necessary paperwork for surgery. Staff Well-being: in clinic we do not have an option of using agency staff, even worse for those senior nurses like myself, I am required to cover annual leave duties of others whilst doing my own workload. This includes nurse led clinics, Follow up of women, triage of faster cancer treatments, ordering further investigations, managing operating lists, and providing advice to GPs. Unfortunately, agency staff cannot perform these duties even if they were available. It is likely I will leave for Australia with better work conditions if further support and applications by my manager for additional FTE are not granted. Two of my colleagues (both senior nurses) are past retirement age, they have both said they are on the brink of retirement. It is a real possibility that the clinic could lose multiple senior nurses in quick succession having an enormous impact on all areas of the clinic.	5/1/2024 4:56 PM
472	Increase stress, increase work related injuries	5/1/2024 4:55 PM
473	It will be detrimental in the long run given that we are still in the process of filling up the gaps in the workplace.	5/1/2024 4:52 PM
474	Currently already impacting our service. With increasing acuity, our staff are at daily risk of assaults. The last few weeks we have already seen the effects of having to qualify every extra staff member based on our matrix and not the acuity of the wards to save money. The government's cuts to staffing impacts safe staffing. In our wards this means increased assaults, less 1:1 care and decreased staff satisfaction and increased stress and burnout.	5/1/2024 4:51 PM
475	Yes	5/1/2024 4:49 PM
476	Is gonna be difficult for us, as the ward is very busy already. And cutting down staff is no good, especially not replacing when someone is sick. We are already working short staff and now with this. I think is gonna be hard.	5/1/2024 4:49 PM
477	In my opinion, I think it would affect how we see the safety of our staffing/manpower since there will be a proposal for an additional shift (3rd shift) for our facility which means additional patients. We are looking for ways to plan ahead this said proposal but the best way to address this is thru more staff/new staff hired.	5/1/2024 4:48 PM
478	I was under the impression from the government that no frontline services would be targeted.	5/1/2024 4:46 PM

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WRONG. Coming into winter, this is an absolute disaster in the making. Patients will be put at a greater risk. Already low morale will wane further. There are a number of staff from my work area leaving for Australia in the next month. The government have shown they do not care about staff, despite promising no frontline service cuts. Anyone who believed that there would be no service cuts under a National government were deluded. But hey, at least tax cuts are coming lol. Since when did cuts in the health system fix things ever? We are still waiting for our holiday act pay to be sorted, yet the government are calling for cuts, cuts, cuts

479	Unbelievable! Shocking ! Very sad and unsafe.	5/1/2024 4:46 PM
480	I'm concerned that safe staffing will be compromised and that our already busy department will become overwhelmed due to understaffing. Timely patient care will be impossible and adverse events may occur.	5/1/2024 4:46 PM
481	We have been asked to find ways how to contribute ideas to cost cutting	5/1/2024 4:46 PM
482	Yes we are constantly working on low staff levels due to high admissions which exceeds our bedding numbers. Staff are getting messages daily to cover shifts due to sick leave or excessive patient numbers.	5/1/2024 4:42 PM
483	Missed care. Unhappy staff who will leave	5/1/2024 4:38 PM
484	It will impact in a totally negative way. Already I have left work crying this week. Worked Monday morning shift. Meant to have 5 RNs. We had only 3, then 1 tested positive for covid so we down to 2. It was a nightmare. We have RNs on low FTEs that are happy to come and work extras. Charge nurses told not to contact them. No extra shifts outside fte. I feel like resigning after that shift.	5/1/2024 4:37 PM
485	I am very concerned about the impact on tangata whaiora and staff - our staffing situation is already so stretched that even one of these measures will mean that areas will be severely understaffed. Staff are already very stressed, that stress will increase, and there is a high chance that staff will be injured in assaults due to having insufficient staff to manage situations and prevent escalation. Staff will be blamed for negative outcomes despite doing their best to manage under adverse conditions. New staff will not get the support they need and will find themselves in situations they are not ready for, and are therefore likely to make mistakes. This is a very concerning development, I can't see anything good coming from it.	5/1/2024 4:37 PM
486	Being able to provide holistic care to patients in a timely manner, this can be greatly impeded with short staff and high demand to provide quality care. This puts pressure on self and other staff and has the potential to create the chance of errors, which in turn causes high stress levels, fatigue and can impact personal/family life. As nurses we do this job because we care about people, their well being, family/whanu. We cannot do it under stress or pressure.	5/1/2024 4:37 PM
487	It already impacted by negative changes. We are stretched to cover our oncology IP ward as they are in crisis. I am currently home with pneumonia because I work myself to break point to ensure our patients get the best care and better outcomes. I'm now fighting to get discretionary sick leave otherwise I don't get paid- I'll go back to work to soon and break again- I'm exhausted	5/1/2024 4:36 PM
488	If staff sick or shortfalls aren't going to be filled because of the 'cost cutting'. Direct impact on my role as agency nurse as that's what I do. Fill the need. If those needs aren't fulfilled then further stress and reduced time to care will be placed on the staff that are there for that shift. Patient care will go down, patient experience will be negative, staff will become more -unwell more often and mental health/burnout is a big concern. The level of English now found in hospital by ICN is also a concern.	5/1/2024 4:36 PM
489	Will compromise pt care and safety. Given the busy environment of ED.	5/1/2024 4:32 PM
490	By having sick staff not being replaced would greatly impact my health. Physically, by not having enough staff to be present in the event of patient dysregulation, may involve physical altercations with patients with lack of staff to safely deescalate. Our patients are quick to negatively respond when staff are too busy to be able to attend to their needs in an appropriate manner, therefore with less staff on the floor in the event of staff sickness, the patients mental state would change dramatically and quickly. Physical safety of staff will be compromised because of this. Emotionally, holding the safety of the patients in my care would increase stress levels for myself, increasing anxiety, raising BP, and make me feel at huge unease in the workplace. Staff do not need to go to work and feel unsafe. We already have the risk there, as with working in a mental health setting, this would just increase the risk.	5/1/2024 4:32 PM

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491	I doubt I will receive much work as I am able to only paperwork .	5/1/2024 4:32 PM
492	I am a nurse and have 2 long term progressive conditions, I rely on the administration staff to coordinate my tests , appointments, bloods and recalls. Drs and Nurses do not do this non clinical work and do not have the time. I am well because i am monitored. This will fall over if you do not replace non clinical staff like ward receptionists etc who make appointments	5/1/2024 4:32 PM
493	It will be very bad for everyone specially to the staff who works hard on the floor with a little to no help since the beginning pandemic. It will burn out the staff of over load work. This move from their end is so inconsiderate insensitive and inhumane in every way. This is opposed from thier vision and mission.	5/1/2024 4:29 PM
494	most likely to be short staffed as the ability to do overtime is reduced and not being able to cover staff illness will mean patients will not have the appropriate level of care	5/1/2024 4:28 PM
495	greatly affect work, as work force that is already stretched will be stretched further, causing greater stress and increasing workloads of everyone which will impact staff and patients and everyone's safety. we are always stretched in winter so how will this help	5/1/2024 4:27 PM
496	Cuts to staffing will lead to an increase in staff & patient assaults and an increase in seclusion	5/1/2024 4:27 PM
497	I am worried about staff's personal safety. Our ward relies on a presence of staff to mitigate risks for tangata whaiora typically from prison and a lack of staffing can precipitate further risk to staff and other tangata whaiora safety	5/1/2024 4:27 PM
498	All staff will be asked to work in even more unsafe working conditions . Exactly what we need . Re: Wellbeing, it difficult to work in an organisation that has his priorities all wrong.	5/1/2024 4:26 PM
499	It will absolutely bring a negative impact on the health and safety of the patients and staff (health care professionals and allied health) well-being. Safety of the patient and staff is paramount. Less staff number who can handle the ratio of patient's care safely will impact to the well-being of the staff. It will make the staff who is on duty under duress due to not enough staff (as when staff is calling sick or there is roster gap, will not be replaced), more staff will call ailing/ sick due to burn out. When the staff burn out, more staff may resign or go to work overseas.	5/1/2024 4:26 PM
500	Absolutely abysmal. It's insane these people can tick off roles without ever stepping foot on w hospital ward and realizing the state of our system at the moment. Shane Reti, I'm appalled. You use to be a doctor, but it's very clear your a politician now. Appalling for health and appealing for Māori too. Shame on you.	5/1/2024 4:25 PM
501	It will be a disaster. We have been working short staffed by several fte for months. Most staff picking up overtime to cover the gaps. This is resulting in staff being worn out and over worked. Now with the cuts we aren't allowed to pick up overtime so we are just working short staffed. Manama say they will just close beds but 5mins later ED is full and they fill the beds. It's causing an unsafe working environment with, staff missing breaks going, going home late and things being missed or just not done. Senior nurses are leaving as a result as it's to stressful to coordinate and now it's getting hard to have 1 senior on a shift. We are tired and over it and we need a workable solution.	5/1/2024 4:25 PM
502	Being able to provide timely Infection Prevention & Control (IPC) advice to staff working on the floor such as with MDRO management/screening, building in health, sterilizing of Reusable medical devices (RMD) staff education, auditing and surveillance against the HQSC Quality Safety Markers (QSM etc. Ensuring the health board meets the Ngā paerewa health & disability service standard NZS 8134:2021 in infection prevention & control & AMS which its audited against and reported to Te Whatu Ora to ensure that is compliant.	5/1/2024 4:24 PM
503	Really unfair as cost of living now is rise up and they cuts services that's not right	5/1/2024 4:23 PM
504	It will increase staff stress regarding attending work and redistribution to other areas that may be understaffed, with the insecurity you will be at increased risk of working in environments you are not familiar with, due to insufficient staffing or sickness. It will increase risk of fatigue of full time staff. It will therefore increase risk of staff burnout.	5/1/2024 4:22 PM
505	Stressful, burnout due to continued staffing shortages, heavy workloads, no meal break. Our area has a high bariatric number of patients and are tetraplegics so there is a high risk of injuries with already six staff on ACC with work related injuries. Yes we have the manual handling procedures but there is always manual handling done by staff. We would have 4-5	5/1/2024 4:20 PM

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staff for these patients but with staffing shortages especially on night shift you would often only have 4 staff due to unable to replace.

506	The health system is in such a mess and it needs to be addressed. If cut backs are made they should be in areas that are not patient facing as they are already stretched. There may be areas within the hospitals that real cost cuts will not impact but these will be few and far between. Certainly not in areas that impact direct patient care	5/1/2024 4:18 PM
507	We will burn out more so than we already have. More good nurses will leave for Australia which will leave us even more short staffed. Recruiting more international staff and the level of standard of care decreasing even more!	5/1/2024 4:18 PM
508	Very heavily. We are already very short staffed. Roster gaps everyday and putting Patients off despite them being due a visit. We are also very short of supplies to do our job. You don't expect a builder to work without a hammer do you!!! Breaks are not taken because there is no time either	5/1/2024 4:17 PM
509	Patients are at risk during the day as well as at night so the idea that you wouldn't back fill missing staff is madness. It will slow the patient flow from PACU to the ward (less ward nurses) and make children and families frustrated and tired	5/1/2024 4:16 PM
510	Immensely! We are already over stretched with numbers and high acuity. Days will be more stressful	5/1/2024 4:16 PM
511	These service cuts would impede our ability to provide the optimal care needed to assist our patients which is already conducive to a stressed environment compounded with staff shortages.	5/1/2024 4:15 PM
512	Hugely! Some shifts are already unsafe with lack of staff and full wards, let alone if sick calls are not replaced and people are forced leave. The mental health impact will be huge for having to deal with this, we will be exhausted at the end of the day, our health is already compromised with shift work it will make it worse. Also, on a personal note, I was referred for an USS however the hospital refused it as they obviously don't have enough staff or time to do scans. Now I must pay if I want to access the healthcare I deserve as a NZ'er	5/1/2024 4:15 PM
513	The service cuts will greatly affect every healthcare worker. For me, it will affect my health if soon we will feel imbalance in the patient & staff ratio. This will degrade the work-life balance thats needs importance and will surely affect physical and mental health.	5/1/2024 4:14 PM
514	It will affect patient care and staff health .Not a safe place to work in.	5/1/2024 4:14 PM
515	Services cuts will have to be focused on Executive levels, not on front-line services. This cuts on front-line services are unfair and simply dangerous to staff and patients' safety and wellbeing. Short staffing is impacting the health of the nurses	5/1/2024 4:13 PM
516	It will greatly impact my work in a negative way - burnout when we are short staffed is felt by us all.	5/1/2024 4:12 PM
517	I will be managing the stress of many of my senior nurse leaders, worry about the vacant positions and fixed-term roles which have been put in place to reduce stress and workloads.	5/1/2024 4:12 PM
518	Seems the government want RNs to do the work of 2 for the price of 1. Not replacing RN gaps means less eyes and ears on the floor and RNs carrying heavier workloads. This is a sure way to compromise patient care. The holistic nursing component will be lost and RNs will become task focussed again. This promotes stress and burnout which leads to sickness and frustration, then NZ qualified and experienced RNs cross the ditch to be replaced by unskilled foreign nurses who cannot provide culturally appropriate care.	5/1/2024 4:11 PM
519	Unsafe staffing. Staff are burn out. Bureau is not having shift while the permanent staff RN are short and not getting any help.	5/1/2024 4:11 PM
520	We already get ask to use our leave if we have 200 hours of leave and some of us want to use our leave when we go to vacation or when we visit home not when the hospital feel like it.	5/1/2024 4:09 PM
521	In today's time, it is truly unsafe to practice in the hospital due to being understaffed almost every shift. The increase in nurse-patient ratio directly correlates to the increase in workload. Our licenses are at stake every time we work.	5/1/2024 4:08 PM
522	The workforce became quite depleted with many leaving for overseas. This left the health service short of skill mix. Skill mix is pertinent within the workplace. It enables the workplace	5/1/2024 4:06 PM

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to function safely. Skill mix ensures the buddy system to support new team members is successful, keeping patients and staff safe. If you don't replace skill mix you are waiting for the inevitable. We are all human and make mistakes, but to enforce unsafe practice to cut corners is unthinkable.

523	I think more like safety of patients and safety of the worker will be compromised when happened that sick staff will not be replaced. The level of care they expected will not be possible due to increase work load.Physically and Mentally draining for staff. We even experience RNs leaving NZ,way before these changes even proposed,what more. Double shifts banning, we've got different challenges regarding this, but this is really beneficial due to the impact of inflation. We recently got increased pay rates which is a good thing however together with that all prices from house rent to food stuff is increasing as well ,thus pushing workers to do extra shifts to sustain the needs. I dont think people would like to do double shifts by choice but financial obligations is so heavy that it is the only thing possible.	5/1/2024 4:05 PM
524	In my opinion patient s care will be affected because there are already limited staff in working unit..it's hard to take one more patient if the assigned staff is unwell since patients in intensive care unit are sick so it's difficult to give care and monitor both patients at a time..there is a lot to document as well..I don't think we can give quality care to patients...we are human beings we get sick as well..we look after infectious patients,challenging patients sometimes unknowingly we get sickness from patient as well ..cost of living is increasing here..to look after our Family and paying mortgage we need to work double shifts weekends..please don't cut off those shifts.	5/1/2024 4:03 PM
525	In a negative , this would place a strain on my already drained physique.	5/1/2024 4:03 PM
526	Loss of jobs will affect us trying provide effective care.	5/1/2024 4:03 PM
527	This will impact frontline staff and increase pressure and burnout to already under resourced and staffed wards., putting patients at risk and making it difficult for staff to deliver adequate care and time to their patients	5/1/2024 4:01 PM
528	The non replacement of sick staff and and no double shifts , this will effect my health and well being by increasing the amount of patients I will have to care for. If there is no replacement of sick staff or no people picking up doubles the work load will be spread out to unsafe loads	5/1/2024 4:01 PM
529	Less staff on wards = unsafe environments for staff and patients both Service cuts mean not enough staff for sick covers .	5/1/2024 4:00 PM
530	This is will be a huge impact not only for quality of care but mostly of well being of the nurses patients. If Te Whatu Ora sincerely need to safe money they should put more nurses on the floor. We do not need Nurses educators or senior nurses who just visit the ward and busy checking if nurses is actually doing hand washing, wearing medication vest while doing medication. These grp of people are earning a huge amount of money but not doing any bedside care for all our vulnerable people. They are just busy checking nurses if they are doing their job in standard way. What we need is more nurses on the floor especially most of our patients in the hospital are coming with very complex condition.	5/1/2024 4:00 PM
531	It will affect dramatically in a negative manner to the health and safety of patients and staffs.	5/1/2024 3:57 PM
532	well our manager has informed us that there is NO MONEY so we don't know if we have any jobs after our contracts expire 30/6/2024. We have the highest number of pregnant women vaccinated in the country, we also vaccinate all ages, so a lot of the NZ Schedule for Maori and Pacific children. We are based in LMC Midwifery Clinics and the Counties outlying Maternity Units, so right where pregnant and postnatal mothers are attending clinic. If our service is terminated this will surely have a direct effect on the number of Women and Tamariki getting vaccinated.	5/1/2024 3:57 PM
533	Already sending staff to be redeployed even though trying to upskill own staff to prepare for winter but have been told sick leave not being replaced in hospital so our staff redeployed	5/1/2024 3:57 PM
534	Staff will turn up sick to work as they don't want there colleagues to suffer if they can't come in.	5/1/2024 3:57 PM
535	It has a big impact on mental and emotional well being of the health care staff and the job instability due to the budget cuts. More staffing issues and high workload will be the result of this budget cuts.	5/1/2024 3:55 PM
536	it will negatively affect my health safety and well being at work with nursing gaps not being	5/1/2024 3:54 PM

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filled thereby increasing pressure on those at work to do more with less staff. CCDM will become even more meaningless

537	I think it will impact greatly on my stress levels at work knowing that we could be even more understaffed than we already are. Calling in sick will be harder as I will know that I may not be replaced so therefore impacts other staff members. I think the disrespect it shows by Te Whatu Ora to already burnt out staff shows no regards for their employees health, safety or wellbeing and no other area would get away with treating staff like this.	5/1/2024 3:54 PM
538	I am shocked and very dismayed at this decision. Patients and staff will suffer in response to these cuts and I am appalled at the governments lack of respect for those who will be adversely impacted. The government stated there would be no cuts to front-line staff; the latest directive has resulted in a recruitment freeze or perhaps a delay in recruitment. How can we possibly cope if staff are not replaced in a timely manner; there will be more staff doing overtime to ensure safe staffing as per our collective agreement. This government is not even prepared to honour prior agreements. "your health is your wealth" has never been more important in a country which is struggling economically; believe me when I say there are going to be more ED presentations as a result of the poor decisions this government is making and significantly longer stays in ED and hospital. The proposed cuts will cost more and we will be left to pick up the pieces. there must be other means to save money; health and education should not even be on the discussion table.	5/1/2024 3:53 PM
539	we are already having to cut the number of health care assistants and care partners for patient which means at time we are shuffling care partners to cover more patients in unsafe situations. If we have sick calls for RN's or HCA we are told to request cover which has been declined most of the time and we are told not to see if our own staff can come i. to cover the short staffing which has been how we covered many staff gaps during Covid lockdowns and it has been baited we are never short staffed. We are over staffed in our area so we have shifts that are over staffed and those extra staff are deployed which has been a long occurrence and concern for staff who accept being feixiable but creates highly stressed staff who lack job satisfaction due to the worry of not knowing if you will be working in your area where you know staff, the types of patients you are accustomed to care for and environment. Moral is low in my area and the turn over of staff we experienced had only slowed now the chatter is that many are looking to leave for other areas. As a senior nurse I am tasked with trying to support those I work with but I admit I too am thinking after 7 years I should jump ship too as winter creeps in and we are always hit hard during this time of year. I worry about patient care being compromised and the risks.	5/1/2024 3:52 PM
540	Due to rushing and heavy work loads this will definitely take a toll on staff safety.	5/1/2024 3:49 PM
541	If they cut the Axillary staff swanning around and focus on front line staff then the impact will be minimal.	5/1/2024 3:48 PM
542	Cutting costs for Healthcare will take us back a long way. I anticipate many more kiwis will move over to Australia. This has come right before winter as well, one of the most stressful times of year for nurses. I already feel under equipped going into work and these plans to cut costs will worsen the already pre shift and in shift anxiety. The wards are very unpredictable workplaces and not replacing sick staff is asking for disaster.	5/1/2024 3:47 PM
543	Staff have been informed to minimise requests for patient watches for budget reasons. This is concerning as this both impacts staff and patient safety as we are likely to see preventable incidences such as falls rise considerably.	5/1/2024 3:47 PM
544	Tremendously! Health and safety of staff members that are left under staffed in an area where patients are emerging from anaesthetic who some times require one on one care. Mental health of staff would also be affected, knowing staff are leaving and unable to stay to do overtime & knowing how busy the end of the shift will be with discharges.	5/1/2024 3:47 PM
545	Add more stress and less staff to do the job	5/1/2024 3:46 PM
546	Well we are already short staffed and patient safety is being compromised so I'm guessing it won't help!!	5/1/2024 3:45 PM
547	More pressure and stress for the staff. That already struggling to cope with the patients load. Sometimes we don't have time to have breaks. Just to cope with the demands of the patients needs.	5/1/2024 3:44 PM
548	Have noticed 2 unfilled sick needs Friday 26th April, my last shift work. Extra pressure,	5/1/2024 3:44 PM

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	increased work load	
549	More workload, mental stress. Unsafe staffing	5/1/2024 3:43 PM
550	As the changes with have a disproportionate impact on people already experiencing financial hardship. The work will not decrease although the support and frontline staff are impacted by the changes.	5/1/2024 3:42 PM
551	We are already burnt out. Not covering sick leave puts everyone at risk. Mistakes are already being made.	5/1/2024 3:42 PM
552	When you think things are dire in health and can't get any worse....they constantly do. I recently left my workplace and started in private, which I never thought I would do. I have remained on casual pool at Te Whatu Ora but actually feel myself not being able to face it! The workload was untenable at the start of this year. I am deeply concerned for the welfare of my Colleagues, as I am for the wellbeing of patients.	5/1/2024 3:41 PM
553	The patients and staff will both be affected if staff are not replaced. We are already working under staffed. I have already had pressure put on me to take leave or cash out. Patient safety and the level of care given needs to be paramount. Nursing staff are fatigued enough already without further cuts in staff. This will only cause a knock on effect.	5/1/2024 3:40 PM
554	We are getting busier and if I am away and no staff are covering our prep will be behind as well as things will stay over waiting for us to return to do it and we are only 2 HCAs and already aren't getting all our work done as is.	5/1/2024 3:38 PM
555	Hugely and negatively. There won't be supplies ready for when emergencies come in. We won't have the safe to manage, people will die and there will be major increase in mistakes made leading to poor outcomes. There will be less education/training in turn leading to negative outcomes. It's unsafe. We are already limited.	5/1/2024 3:35 PM
556	These cuts to staffing, positions open but not filled at present, banning double shifts, non replacement of sick staff and pressure to take leave will only add to the stress already faced at the coal face. Where I work as a Casual, there is always work for me, if I wasn't able to fill in for sick leave, then the other members of my team are forced to work with insufficient staffing levels. This in turn means that short cuts maybe taken, mistakes made, more on call is required by fewer nurses causing burnout, fatigue, sickness - both mental and physical, and will affect retention of staff. We deal with increasingly complex cases in Radiology and need a safe and experienced level of staffing. It is a specialty area, we can't use Pool/Resource nurses to cover us. It is a 24 hour service, especially IR and CT for emergency life and limb saving procedures. MRI for ICU patients where we need either 2 MIT's or 1 MIT and 1 RN to ensure the safety of the patient and ICU staff in the Magnet area. Everyone admitted to hospital will receive Radiology services at some point in their treatment. Whether a simple x-ray or a more complex IR, CT or MRI scan/procedure.	5/1/2024 3:33 PM
557	We are already short staffed, when staff on holiday we are frequently only x2 staff on duty to cover large Rursl district. Distance is our problem, can drive 45 minutes to see 1 client	5/1/2024 3:33 PM
558	Unsafe environment Stress about my team if have to leave understaffed Losing staff due to unsafe work conditions Burnout	5/1/2024 3:32 PM
559	They said the cuts are not affecting the front line staff and service. But if you are not replacing the sick absences and not allowed double shifts which no one likes doing - but to fill the staff shortages- are directly affecting the patient care and health and safety regulations.	5/1/2024 3:32 PM
560	They will have a double negative effect 1) pts will not receive timely and pt centred care because when staff to pt ratios increase the quality of care drops - outcomes such as HAI falls and pressure sores bear this out. 2) Staff sickness and resignations will increase as staff will be covering more than their role and working under extreme pressure- there is no consideration for staff well being in these recommendations	5/1/2024 3:31 PM
561	Increased likelihood of burn out and feeling overwhelmed. It's likely stress will resign as a result of the stress which impacts the whole team	5/1/2024 3:28 PM
562	Re my wellbeing, I am seriously considering leaving nursing early because I now go home tired and fed-up and my life outside of work suffers as a consequence.	5/1/2024 3:28 PM
563	Put more pressure on nurses. If sick leave is not replaced then the people at work will have to make up for the man down and this will be a lot more pressure onto an already busy workload	5/1/2024 3:26 PM

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coming into winter. Same goes for not filling vacancies. Therefore staff get sick from being overworked and patients get poor care as staff can't keep up

564	Nurses are already struggling with their workloads, leading to faster burnout. Our safety is compromised daily with some clientele we have to work with	5/1/2024 3:26 PM
565	The impact will be massive. I'm currently on Maternity Leave, unable to return full time, wanting a casual contract, but more than likely going to have to resign. If I return to work at all, these service cuts could be just what causes me to walk away completely from a job I absolutely love. These cuts are going to be harmful to patients. Health outcomes are going to be poorer for all New Zealanders, inequities and disparities for Māori are going to worsen, they already have since the disestablishment of Te Aka Whai Ora. The nursing workforce is going to be under even more strain than it is now. The current work conditions now, are unsafe, these cuts are going to worsen that. I will go from loving a job I worked hard for, to hating it - because the care I know I can and want to provide my patients with, will be far less. Less hands, heavier load, same amount of time.	5/1/2024 3:25 PM
566	Knowing that management are being encouraged to allow areas to work short staffed is not good. Doing more with less does not work in health as patients suffer. I feel very negative about working for Te Whatu Ora, not valued.	5/1/2024 3:24 PM
567	I think that not having to work double shifts and ensuring leave is undertaken will positively impact on my and others well being. There was a period when there were not enough staff to take leave and they were overworked and tired and hopefully this can now be rectified. Not taking leave seriously impacts on health. I did think that NZNO did not support double shifts- they are dangerous for RN/Dr's and have a negative impact on patient outcomes with poor decisions made when staff are tired.	5/1/2024 3:23 PM
568	Cover for sick and annual leave and delay for nursing recruitment will be affecting our service.	5/1/2024 3:23 PM
569	There is going to be more sickness due to lack of having enough staff on wards. There will definitely be lots of health and safety problems, staffing will not be at a safe level. Lots more stress on ward staff.	5/1/2024 3:23 PM
570	Will impact on patient safety and lead to greater expences with naso gastric tubes needing replacment due to confused clients pulling them out this requires nurse time to replace, medical time to order x ray and interperate and increased radiation exposure for patient. This is without fractures and surgery pushing back the waiting lists further	5/1/2024 3:22 PM
571	We are already under stress. We closed 4 beds a few years ago, and have not had increase in staff to open then. However we are constantly running at capacity with these beds open and no extra staff. By not backfilling shifts, we will be in danger...staff and patients. Causing so much stress.	5/1/2024 3:22 PM
572	The proposed non-replacement of sick staff is incredibly unsafe and ridiculous for staff. Working in hospitals and clinics with unwell patients with various illnesses makes staff very susceptible to getting sick ourselves. Either staff will come to work sick, therefore making themselves more unwell and risk spreading infections to other staff and patients, or feel guilty of calling in sick so won't do so. Or if staff are off sick, it will increase the load on other staff members, creating very unsafe patient:nurse ratios and a very unsafe work environment. In a profession that is already burnt out, staff wellbeing and mental health with be severely impacted.	5/1/2024 3:21 PM
573	It is likely to increase our workload. If new positions are not made as required (and we do have a growing and ageing population!) then our workload will increase. This is likely to be detrimental to patient care.	5/1/2024 3:20 PM
574	As a HCA working with older adults, we have not had extra HCAs on the floor as we are now only getting enough HCAs for our ESR rooms. This is not good enough as we need all the help we can get. I work on a ward that requires x2-3 assist our ward is very heavy. so we need all the help we can with assisting patients. Our staff are at high risk of hurting ourselves if we don't have the available staff. It definitely takes a toll on us mentally and physically..	5/1/2024 3:19 PM
575	This is rubbish. It is immediately felt by the staff because the ward have been operating well due to consistent shift pickups of all the staff. Now it has greatly impacted our staffing and workload because overtimes are now banned.	5/1/2024 3:18 PM
576	We are short staffed and it impacts all of us as Health Care Workers. It puts us and our	5/1/2024 3:18 PM

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patients at risk. Further cuts to staffing is devastating.

577	Less staff, less nurse/patient ratio, understaffing, safety at risk, burnt out staff, more clinical risks due to stress and time pressures, unhappy staff.	5/1/2024 3:17 PM
578	Not replacing staff when we are short, will make work much more stressful, this will affect my physical, mental and emotional health	5/1/2024 3:17 PM
579	I don't think it will impact on me for the worse as I am always being pressure to do overtime	5/1/2024 3:16 PM
580	Our team is already under resourced. I anticipate that there will be more pressure to pick up tasks from other services as the belt tightens. It's a bit demoralising to think we will continue to offer a restricted service with no hope of relief on the horizon.	5/1/2024 3:15 PM
581	we are already short staffed - staff are doing overtime to complete lists , A/H Callout has increased - nursing staff and HCAs only get a 9 hour break after working their day shift and all night then have to come back to complete the afternoon shift - how is that safe	5/1/2024 3:14 PM
582	We will have to work harder, with less resources available. Staff morale is going down. We carried this country through the pandemic and we are being worked to death	5/1/2024 3:13 PM
583	May not affect my area too much	5/1/2024 3:12 PM
584	Nurses will overwork and emotionally stress due to short staff. Our ward gets very busy with unwell children at this season. I have experienced at this time of the year it's highest Sick call time of staff due to ill health .It will be more unsafe with staff cuts as well as equipment and supplies needed for taking of patients.	5/1/2024 3:11 PM
585	It will greatly impact the care I can provide and negatively impacts on my physical and mental well being and that of my patients in my care	5/1/2024 3:09 PM
586	physically and mentally taxing as it would make all nurses prone to burn out	5/1/2024 3:09 PM
587	The environment is highly negative, characterised by micromanagement, the lowest morale experienced, and a lack of appreciation.	5/1/2024 3:05 PM
588	I work 0.7 currently. I financially depend on picking up extra hours often at short notice as I am the only earner (my husband has a degenerative neurological disorder and is now unable to work). If I am now not able to 'top up' this will impact us financially. Also if my work place can't utilise casuals this will impact our work load, ability to attend study days & take annual leave.	5/1/2024 3:04 PM
589	Negatively. There will be absolutely no one who works here that benefit from this in any way, shape or form. I should've been a landlord instead	5/1/2024 3:03 PM
590	More stress as increased load. Being made to work in unfamiliar areas=unsafe. Surgeries being cut making more for later. Increased risk to high falls and wandering patients as safety watches not being allowed meaning already stretched staff now having to do the job of two. Increased crime as decreased safety staff. Not being allowed to take leave. Decreased patient capacity to an already stretched area and closing one area to operate another. All things currently happening in the Wairarapa. No choice or voice from staff regarding health and safety concerns.	5/1/2024 3:02 PM
591	We are already understaffed, the ward is often unsafe to work in. Staff are burnout & alot of senior nurses have left, leaving mainly junior staff. On several occasions 4 out of 5 RNs were on a double shift to cover - if these RNs did not do the double shifts to cover there would have been 1 RN on to look after 24pts on the ward. Not covering sick staff or short staffed shift is not achievable & unsafe. The staff left to work on shifts that aren't covered will burn out even more	5/1/2024 3:02 PM
592	Cutting double shifts, will mean short staffing, which will affect clients wellbeing.	5/1/2024 3:02 PM
593	I have been informed today that a staff vacancy is unable to be filled due to government freeze on employment. This will have a direct affect on my and my teams workload which is already at capacity. I am extremely distressed to be facing these cuts when further investment in health is so desperately needed. I am considering exiting health due to my personal stress	5/1/2024 3:01 PM
594	Significantly. It will affect staffing which is only just starting to improve after COVID when so many of us got burnt out ! I am wanting to increase the hours I work and I know it is needed but with a freeze on employing I won't be able to. I will have to look elsewhere for further employment .	5/1/2024 3:00 PM

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595	Already noticing lack of basic equipment and unskilled workers filling gaps	5/1/2024 3:00 PM
596	I think we will see further nurse shortages, particularly with banning double shifts. I don't believe we can safely staff acute wards without double shifts given the number of vacancies.	5/1/2024 3:00 PM
597	Yes definitely not enough people to do all work. Patient load is still same. Very dangerous.	5/1/2024 2:58 PM
598	I'm ok for now but it will be a big impact on my life I'm hoping and praying that I'll be okay	5/1/2024 2:58 PM
599	Cuts to services risk reducing access to preventive health, including mental health, heightening risks for staff needing support. This may worsen existing staff health issues, increase workplace incidents, and add strain an already burdened system. Reduced opportunities for professional development may lead to a less skilled workforce, increasing the likelihood of errors. Dissatisfied senior/NZ trained staff with no contractual obligations will likely seek opportunities elsewhere, draining expertise and cultural understanding from the workforce. This could lead to higher H&S risks due to staff agitation and patient aggression increasing workload for remaining nurses, potentially compromising patient safety. Longer wait times and reduced resources may further escalate patient dissatisfaction and aggression, impacting staff safety. Potential cuts to H&S programmes/resources leave staff vulnerable to workplace accidents, injuries and assaults. Ultimately, these cuts threaten both physical and mental health outcomes, challenging the ability to perform effectively at work while maintaining a healthy work-life balance.	5/1/2024 2:56 PM
600	We are already short staffed and under pressure and unable to deliver a high standard of care. Lots of nurses are suffering from burn out. Another have left to go to Australia. Still have no CCDM IN OUR AREA.	5/1/2024 2:56 PM
601	Very stressful right now. Roles being declined to be filled when resignation happen. Senior nursing roles vacant leading to more work load on those of us still there. Asking us to do more outside our role scope. Supporting very junior staff and New to NZ staff. Demoralising when you see basic care being missed.	5/1/2024 2:55 PM
602	As a novice NP (first year of registration) there already is limited supports, lack of organisational awareness of the NP role. NP's are not being recruited or retained within the organisation which further impacts on the communities access to care. This will be further exacerbated by service cuts and no hiring.	5/1/2024 2:54 PM
603	Places more stress on me as if my unit is not busy we are being redeployment to wards to cover gaps. Being such a long time since worked on wards not sure of paper work etc causing anxiety	5/1/2024 2:53 PM
604	I think it will impact me in a way that if someone is sick amongst staff, it will not be covered. Staff will be overloaded with tasks.	5/1/2024 2:53 PM
605	Will be hard 😞 I can see in the future staff will leave	5/1/2024 2:52 PM
606	The stress as a senior nurse on the floor is high already this makes it even harder and makes the desire to leave to save my soul so much more real.	5/1/2024 2:52 PM
607	great impact on my ability to provide safe care to patients and impacts on my mental health that's already impacted as it is with working short constantly	5/1/2024 2:52 PM
608	Prior to these cuts staff health safety and wellbeing were hardly a priority with staff assaults by patients happening weekly if not daily at times and I can tell you that immediate management aren't really interested and many of the assaults go unreported as a result. These service cuts will only serve to increase situations that negatively impact staff.	5/1/2024 2:52 PM
609	Heavier workload, unsafe staffing levels. No professional development for most nurses so skill level drops. More stress, more anxiety	5/1/2024 2:52 PM
610	It will not impact on my health, safety and well-being, but I have no doubt that it will affect the staff on the front line, as cuts always do.	5/1/2024 2:50 PM
611	more time will be spend on supporting staff through crisis (burn out, sickness for example), staff will be pulled from education opportunities like study days in order to fill roster gaps	5/1/2024 2:48 PM
612	forcing me to take annual leave takes away my freedom to plan time away with my whanau who are spread around the country. mental wellbeing will be impacted by this.	5/1/2024 2:46 PM
613	In terms of my own safety and well being in the work place I feel sick at the possible	5/1/2024 2:45 PM

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outcomes and lack of care I can provide. It does not help that the level of support and understanding from senior management feels non-existent. We have been told by raising concerns that we are being obstructive to the bigger picture. My mental health has suffered greatly through my time as a registered nurse here. To say I am stressed and anxious at work would be an understatement.

614	This will lead to burn out, fatigue & stress & increase use of sick leave & also impact on nurses wanting to either leave NZ or leave the profession altogether.	5/1/2024 2:44 PM
615	With an also announced restriction on filling vacancies and hiring staff in new roles, there will be an increased pressure on already close to burned out staff. The grass on the other side of the ditch will really be greener	5/1/2024 2:44 PM
616	Managing increased staff stress and frustration, uncertainty of the type of role I will have and my ability to affect positive change	5/1/2024 2:43 PM
617	It will add pressure to a already busy ward, patient care will be at risk. Errors could be made by not having appropriate staffing.	5/1/2024 2:43 PM
618	Less staff higher workload	5/1/2024 2:43 PM
619	Inhibiting the ability to approve overtime for shifts will have a significant impact on care coming into the winter months. The hospital already has issues with capacity/volume of patients and to then add the inability to attempt to cover sickness/service gaps/roster gaps and not recruit into fte adds more pressure to clinicians working at their maximum.	5/1/2024 2:43 PM
620	Will cause increased workload, staf will get burnt out. Pt care will suffer.	5/1/2024 2:42 PM
621	It will make a stressful job even more stressful, leading to burnout for those of us on the floor caring for patients and their whanau.	5/1/2024 2:42 PM
622	Safety of staff will be compromised and we already are very short due to staff being off on work related injuries also the patients will become more agitated if there community outings are affected .	5/1/2024 2:40 PM
623	It will definitely affect badly in all ways.	5/1/2024 2:39 PM
624	Just because an advertised role has not been filled does not mean that it is not required. It actually shows that there is a shortage of qualified staff. We have been unable to fill a Medical Oncology position that has been advertised for over a year. We rely heavily on Midcentral to see our patients and the burden on their staff is huge. People are becoming unwell and burning out. Staff leave the service, creating more problems. Patients are waiting longer. Very little job satisfaction, just huge amounts of stress. Taking away that FTE will not help, just because we have been managing for the short term in no way means that we will cope forever. Banning double shifts - are you suggesting that patients be put at risk by short staffing in order to save money? if you cant staff an area, what are you going to do?	5/1/2024 2:36 PM
625	We need nurse educator to help with our portfolio and ensure we are updated with evidence based researched findings in our patient care, etc. Our nurse educator has resigned ! No replacement?	5/1/2024 2:33 PM
626	I have already had a weekend afternoon cut from my roster. In the first instance I lose money which makes life difficult as my husband is unwell and no longer able to work. Makes me feel very insecure in my workplace and under appreciated.	5/1/2024 2:33 PM
627	This has already started to impact me and my coworkers at work. More stress and less support. The amount of work and paper work is increasing. People are sometimes unable to take breaks. It is hard to find cover if anyone is sick. I am being put on 3 weeks annual leave without my approval, which I know is illegal. Everyday I go home 1 hour late. I have never ever been paid for staying late.	5/1/2024 2:33 PM
628	Holistically these service cuts will impact on all facets of my wellbeing - hinengaro, wairua, tinana and whanau capacity. I know colleagues who were already rejoicing when they make it to the end of a shift without major incidents due to lack of resources and staff numbers - these announcements are going drive health professionals even more so - overseas!!! They wont get replaced and we will have 'Casper' looking after you...!	5/1/2024 2:32 PM
629	I will be more stressed and worried about coming to unsafely staffed shifts. Will becoming burnt out as have to do more work with in my shift.	5/1/2024 2:32 PM

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630	Not filling in sick calls and forceful annual leave will definitely impact patient and and increase in healthcare staff burn outs, stress =poor quality of care which we already see in over flowing emergency department	5/1/2024 2:30 PM
631	The service cuts impact the care I can provide - when I am not achieving the results i know i can orherwise get I become frustrated, sad and disillusioned. Work also becones a definite health and safety risk due to rushing around in poor working conditions	5/1/2024 2:29 PM
632	The proposed cuts will impact health, safety and wellbeing at work in many ways. Firstly, if we are forced to take leave when staffing is not good there is that feeling of deserting a sinking ship. Flow on effects of decreased staffing due to forced leave, un-replaced sick leave etc will cause more burnout and physical exhaustion leading to further sick leave for other staff members. End result will be more nurses tipping out and heading to Australia for better pay and conditions	5/1/2024 2:29 PM
633	Overworked and burned out, as even before I often did not clamed overtime or when I missed my brakes. Now it might be even worse	5/1/2024 2:28 PM
634	I think that by not paying nurses their worth which has been an ongoing culture makes for a situation where nurses continue to feel undervalued so aren't going to help out when they feel they aren't appreciated. The process for claiming no meal break or overtime is soooooo extensive and wordy by the time you finish what is often a 9 hour shift without a break you just want to go home, not spend another 40 mins completing paperwork to ensure you get what you are entitled too. The reflection of this through VRM, CCDM etc, takes away from patient care time when this is obviously stretched just to try and prove how busy you are. People don't miss breaks because they want to, it feels like it is accusing staff of being dishonest in this. In the past I have probably claimed for one of 5 meal breaks not taken anyway.	5/1/2024 2:28 PM
635	Yes	5/1/2024 2:26 PM
636	I have become very low in mood due to not being able to pick up shifts. In the last two lots of fortnights I have worked two shifts each period of two works which hugely disadvantages my ability to make sure my living costs are able to be met	5/1/2024 2:26 PM
637	Service cuts will make all health staff feel unsafe to work when there is not enough staff to cater to all patients. Not replacing sick calls means short-staffed and the staff working have to double their workload, has more additional burden and stress leading to compromised health and safety at work.	5/1/2024 2:26 PM
638	Of course if there's less staff on the floor then safety of the staff and patients are compromised. Staff will rush to attend to patients when they ring and disregard the other patients that rings after few minutes because they are still tied up with other patient. Higher patient ratio to 1 nurse causes mental and physical toll on the nurse as their license is at stake. There will be delay in surgeries because of short staffing which will cause increase waiting time for patients and will impact in their overall health.	5/1/2024 2:26 PM
639	By cutting overtime, you are putting staff and patients at risk. We are already frequently understaffed but by cutting overtime, it will get even worse. More of my colleagues are looking at moving to Australia.	5/1/2024 2:25 PM
640	I think about how staff may be prevented/limited from going for further opportunities because they are aware they will be leaving their team short-staffed. What if staff are working in "toxic" work environments, I mean that's a bigger problem but they will feel bad about leaving. I know they have just said it will be until June, but realistically we all know it will be longer. How can one person in Wellington know what is right for teams in different regions?	5/1/2024 2:25 PM
641	There will be significant added stress to coordination of shifts if we are not replacing sick leave. In emergency situations or for deteriorating patients we need to have adequate numbers of highly skilled staff and if we are left with only 1 or 2 senior nurses due to sick calls, we won't be able to deliver adequate skilled care - not all staff are trained enough to care for vented or dialysis patients. This would have a direct impact on those left on the floor caring for the rest of the ward, as this would likely all be junior staff with no support. This is not fair to any patients or staff in this situation	5/1/2024 2:24 PM
642	Already hospital is under pressure .further cuts would even make it worse ..eventually it will anyways make the life of people worse	5/1/2024 2:24 PM
643	With less staff on the wards if they arent able to be replaced this will have negative impacts on	5/1/2024 2:23 PM

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our health and safety. We are already stretched on the wards and then to try and do this just to try and save money. We will become even more stressed and unhappy.

644	Increased burnout	5/1/2024 2:23 PM
645	It has a greater impact on my health, safety and wellbeing. The service cuts contribute a lot of physical, emotional and mental stress for me and for all nurses. We are frontliners that has close contact with patient through providing care. If nurses are jeopardized, then provision of care as well. It is a domino effect. Four patients to 1 Nurse is kinda hectic, exhausting in our ward. How much more if we do not have enough manpower due to uncovered sick leaves/forced leaves.	5/1/2024 2:23 PM
646	Staffing levels will be unsafe for me to practice in as I work under the RNs and if there isn't enough RNs mistakes could happen and the RNs that are there will be to stressed making me stressed	5/1/2024 2:22 PM
647	It will definitely impact the health and safety, wellbeing of the staff and the patients. Staff will be more burn out and expect that staff will ditch Nz to move to another country with better pay and job conditions. Patients will greatly suffer, as service cut will cost more short staffing, which staff wont have enough time to look after everyone which would mean, higher risk of med error, longer waiting periods to be seen, delayed treatment that may cause fatal consequences like death.	5/1/2024 2:22 PM
648	I believe the cuts are going to put great pressure on us even more than we already have. Safe staffing numbers is a must to looking after the sick and us. Quality care will decrease, and we will find patients returning with worse symptoms and needing longer stays in hospital.	5/1/2024 2:21 PM
649	Even before they cut the nursing service, we have been struggling to complete our workload especially during night shift. It's very unsafe. Right now, there are few mistakes occurring in the wards due to lack of nurses, how much more if they cut off services and those staff who want to do overtime or pick up shifts to fill up the roster. This move will increase burnout nurses.	5/1/2024 2:20 PM
650	As a nurse manager I am aware of the pressures on the team, especially coming into the winter when the patient acuity increases due to winter/respiratory illnesses and when staff sickness increases for the same reasons. These cuts will impact upon our ability to maintain safe staffing levels in an already very stretched workforce. Nurses will be less likely to take sick leave as they feel guilt for the patients and team members which will result in patients being exposed to additional bugs and nurses being sick for longer and risking exposure to other team members. The cuts are going to create burnout across the workforce which will result in more nurses leaving the profession. I for one am looking at leaving nursing due to these cuts and the pressures it puts on my safety and wellbeing, physically and mentally.	5/1/2024 2:20 PM
651	Utterly unsafe There will not be enough staff to safely staff the wards	5/1/2024 2:20 PM
652	Significant increase in physical violence, verbal abuse towards us. Decrease in staffing - from 3 to 2 rostered nurses. Not allowed care partners without jumping hoops leading to extra time and more stress. Not really worth it anymore.	5/1/2024 2:20 PM
653	Very unsafe for patients and staffs. Quality of care provided will be affected. It may also affect the standards set by the nursing council in delivering care due to short and unsafe staffing.	5/1/2024 2:20 PM
654	It will put my safety at risk if sick nurses will Not be replaced	5/1/2024 2:18 PM
655	Likely more workplace injuries and a more stressful work environment as us patient facing staff try to do our best for, and keep our patients safe with less staff to do so.	5/1/2024 2:16 PM
656	Due to the ban on overtime and double shifts, as well as high levels of sick leave, and staff being pressured to take annual leave, I expect that there will be an increased number of shifts that are short staffed. That will have a negative impact on staff health, safety and well-being, resulting in increased sickness, burnout and resignations.	5/1/2024 2:15 PM
657	I'm hugely concerned about the impact on the CCDM programme, and staff losing faith in the programme. I'm concerned FTE calculations will not be signed off on, and we will be unable to respond to variance.	5/1/2024 2:15 PM
658	I have not noticed any impact. More staff have been hired recently, and we have been told more funding has been allocated for screening services.	5/1/2024 2:15 PM

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659	I dont think it would benefit both the patients and staff. This will turn out to have increased burnout on staff and less patient safety which is not what we want.	5/1/2024 2:15 PM
660	I'm a NS. I am expected to backfill areas where staff are sick or on leave currently. My role will be compromised further with the plan not to offer overtime to RN's. My patients will suffer and may end up hopsitalised as iam unable to offer support required. My colleague is on AL and no back up is offered to me to keep the service running as it should. Very disappointing.	5/1/2024 2:14 PM
661	Nurses will be coming to work sick because they know they won't be replaced. This increases the risk of infection to vulnerable patients. Clinics will be cancelled if nurses are sick and not replaced. Therefore impacting on patients waiting time to be seen by a specialist and surgery pushed out further.	5/1/2024 2:14 PM
662	This will cause a number s game again with patients care. Lack of stuff, more pressure on staff at work and less patient care as a result. MP need to look at there own family and how they would liked to be cared for!!?!	5/1/2024 2:14 PM
663	In my area - given there are only 2 of us that support the total running of the clinic - it will potentially mean an increase in both maternal morbidity and mortality related to early pregnancy complications. With the extra pressure of not replacing staff etc - possible clinical errors could increase.	5/1/2024 2:13 PM
664	What world does these politicians live in? That sort of cuts to an already strained and drained healthcare, of course it will impact on us all. And this comes after a recent pandemic that we all remember all too well, and many still suffer the long term consequences of. Shameful, that's the only word for it. We will loose more nurses and that with no hope to replace them.	5/1/2024 2:12 PM
665	Yes. A significant part of my role is ensuring the oncoming shifts are safely staffed on the all of the acute wards. We are unable to do this currently and causes significant stress which affects well being.	5/1/2024 2:12 PM
666	As we are already at critical staffing as we are unable to recruit midwives to our agreed FTE these cuts in staffing will make it unsafe for Mama and Pepi	5/1/2024 2:11 PM
667	We are already stretched .. ! Not great !	5/1/2024 2:11 PM
668	These cuts will set us back to the limitations/issues pre-covid, as a workforce we have been dealing with the same crap for years now only to be slapped down yet again, I'm tired of fighting and being told to be resilient and suck it up while being treated like a chess piece by people who are more focused on money then patients and the well being of it's main asset nurses! Who will care for the patients when we fall over?	5/1/2024 2:11 PM
669	Not safe for patients and staff	5/1/2024 2:10 PM
670	The service relies on overtime to cover shortages. Not replacing staff off sick and not allowing overtime to cover gaps just leads to more pressure on staff present and burnout. Leading to more people taking sick leave.	5/1/2024 2:10 PM
671	I don't work in a hospital setting but I have concerns that these cuts will further stretch an already stretched workforce leading to burnout, anxiety and stress in the nursing workforce. Nurses will be reluctant to take sick leave when they are unwell as they will not want to add to staffing issues and this will not only impact on their health but could also cause harm to their colleagues and patients.	5/1/2024 2:09 PM
672	Less resources puts patient safety at risk and increase staff burnout	5/1/2024 2:09 PM
673	It will definitely impact all of the above factors. This means I will be expected to do more with very less support. This means impacting my recovery, my wellbeing. I will be questioned every time if I claim unrelieved meal break, late lunches due to unbearable work loads	5/1/2024 2:09 PM
674	It seems front line services will be affected by these cuts which must have a negative flow on effect on patient outcomes. The increased pressure at work that nurses will face may result in increased illness and burnout	5/1/2024 2:09 PM
675	More unsafe and heavy workload.	5/1/2024 2:09 PM
676	The more patients allocated to an individual nurse means less time spent with each plus difficulty taking breaks and exhausted staff	5/1/2024 2:08 PM
677	Nurses will feel pressure to not call in sick in order to alleviate pressure on our colleagues,	5/1/2024 2:07 PM

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leading to potential spread of infections and absolutely an increase in burnout. It will have a significant impact on staff mental well-being, and we will be pushed even further in an already mentally and physically demanding job.

678	Due to our ward being forensic , staff safety is placed at risk with ever decreasing nursing numbers. Nursing staff will be subject to very high levels of stress as they are unable to ' do their job '	5/1/2024 2:07 PM
679	It will put more pressure and stress on me and increase burnout more sick calls and less and less nurses available as we do not have the option of Resource Nurses in our department	5/1/2024 2:06 PM
680	Work in mental health. Constantly understaffed. Will affect safety for staff. Difficult as it is. More sick leave will be taken. No one will want to work if unsafe.	5/1/2024 2:06 PM
681	Moral is already low as staff stressed due to poor staffing, inability to have sick calls replaced. Staff are shuffled around to replace critical areas when necessary and their shift covered by flexi/bureau staff that do not know the area and require significant support thus placing more stress on regular staff members. Nurses working over their hours is common due to inability to cover sick calls, meal breaks are missed due to increased acuity and workload and insufficient staff. All this plus more will continue to decrease moral and decrease ability of nursing staff to deliver optimal care. I feel that for those who may have been thinking about leaving this may encourage them to make that decision with the strong probability that they will not be replaced permanently or a significant delay in hiring.	5/1/2024 2:05 PM
682	the health system is already under pressure, and service cuts will put more pressure; Te whatu ora is trying to save money by cutting the number of nurses and doctors, which is an integral part of the health system. Already, we see people are fed up waiting in the ED and for specialist appointments and surgeries, which will increase, and talents will fly to Aussie, which will end NZ in the list of third-world countries in terms of health. the assault on health care workers will go up due to the frustrations from patients. I am extremely concerned about this decision; this winter, the whole health system in NZ will collapse.	5/1/2024 2:03 PM
683	Already significant increase in staff stress and apprehension. RFRs taking extended time to process so when staff resign vacancies remaining unfilled for longer. Short staffed as already capacity outstripped by demand. ED often stressed as workload not meet with correct staffing levels meaning increased risk of poor / incorrect care/ patient neglect and mistakes.	5/1/2024 2:03 PM
684	Work load We can get more injures we have to rush and attend our patients Get sick more and not enough sick leave. Very hard living	5/1/2024 2:03 PM
685	Already services are working at a minimum hence why casual nurses are brought in to cover shifts. My question is why are there so many management and mid management positions being created yet it is those on the service line being restricted or cut	5/1/2024 2:02 PM
686	Will have a huge impact on staff health safety and morale.	5/1/2024 2:02 PM
687	If they are not replacing sick staff, and wanting people to take holidays, surely that will impact on the number of beds open in each ward.	5/1/2024 2:01 PM
688	I think I will lose my job. A secondment of a position I was initially offered a permanent contract for which changed last minute. Secondment ends next week. Promised another extension but no contract has appeared	5/1/2024 2:00 PM
689	It will add more pressure and stress on staff as we are struggling to find staff to fill shifts that makes it unsafe for staff and patients and burning staff out	5/1/2024 1:59 PM
690	Yes winter coming. Work nights seems to be short staff most nights also daytime no one is being replaced	5/1/2024 1:59 PM
691	If we are short staffed, staff will become injured as there won't be enough people for patient cares/turns/transfers	5/1/2024 1:59 PM
692	On the floor: there is evidence in the literature that when ratios are implemented, patient safety improves. Any reduction or delay in recruitment will negatively impact patient safety and cause moral distress amongst staff. Health is a high risk, high stakes industry, it is a complex adaptive system whos safety relies heavily on overburdened staff on the floor. the administrative burden on staff is too high. back office roles take some of this pressure off freeing up time to care.	5/1/2024 1:58 PM

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693	It will put patients in danger by not having enough staff on the floor. Staff will be at more risk of unsafe practices and will be more fatigued and easily burned out. Backwards move from everything we have been trying to achieve	5/1/2024 1:58 PM
694	there are only double shifts when there isn't someone to cover. TWO is asking the people who are working without that cover therefore to do extra work on top of their own workload. Its not safe for staff health or morale. Always always expected to do more with less	5/1/2024 1:57 PM
695	It is not so much about myself as how these cuts account will impact patients and their care. Short staffing is not fair to patients. Health care is NOT a business model it is about people.	5/1/2024 1:56 PM
696	Not covering sick leave or unfilled positions will mean we continue to be overworked, with no lunch breaks, thus impacts the patient's as we are tired and could make mistakes or miss essential care.	5/1/2024 1:56 PM
697	When people are sick the work load will increase, increasing stress and reducing quality of care. It will also impact the skill mix on the ward meaning lower quality of care for patients.	5/1/2024 1:55 PM
698	If there are not enough nurses to adequately staff a shift the stress of being unable to deliver care will have a huge mental effect for nurses. Nurses should be allowed to practice safely but cannot do so if running short staffed constantly. Constant stress leads to burn out-watch nurses burn out and leave the profession or the country 🙄	5/1/2024 1:55 PM
699	Directly, Planned care surgery will be compromised and lists will become cancelled as no staff available to cover sickness. Leadership will no longer be part of critical decision making as no longer replaced or recruited to. Patients surgical pathway will become dangerously impacted by waiting times and cancer care will diminish with no staff to refer, direct and drive care for patients.	5/1/2024 1:55 PM
700	Already had an impact, higher stress levels due to not having staff to cover gaps, managers not allowed to let people extend or try find staff to cover	5/1/2024 1:55 PM
701	I work in a specialised area requiring specific training, therefore not replacing sick leave (which we only do if necessary anyway) will potentially lead to patients not receiving treatment	5/1/2024 1:55 PM
702	We are currently understaffed with a vacant position, which has been advertised. Due to staff shortages and increased work load we have had to cut back our services and can no longer provide in-patient review, which has a huge impact of the patient quality of care and ward work load. There are changes proposed by PHARMAC to provide access to insulin pumps and CGM for all people with type 1 diabetes. ALL these people will need education prior to going onto a pump and/or CGM and will need rates and ratios calculating by our team, not to mention the time to get a person on the pump and reviewing the data. We do not have capacity to do this at present time, and will not even when our current vacant role is filled. The standard of care we are able to provide our patients has dropped from gold standard to basic/minimal care, this is a situation none of our team feel comfortable with and is having a very negative effect on morale. Cutting back even more will destroy what little morale and drive we have and will ultimately lead to more nurses leaving an untenable working environment. Please don't do this to us!	5/1/2024 1:53 PM
703	It affects our mind and body, as well as the level of care ww were giving can not be attained. Hence we and patients are not happy.	5/1/2024 1:53 PM
704	I feel in a place that is already working with minimal staff and stressed burnt out staff, these rice cuts will only compound the issue, aging hospital, aging work force, increasing need and co morbidities = suicide mission.	5/1/2024 1:53 PM
705	1) non replacement of sick staff ALREADY impacts patient care. You simply cannot do your job well when you are trying to do more than one person's workload. If you can't answer bells in time , people take risks , like trying to get up and falling or having an incontinent episode because they can't hold on, which impacts mental.health and skin integrity. Or or lie in pain which is more difficult to get under control if left unchecked. Pressure to take leave is also not ok as many people need to utilize their leave for child care or trips to their home country	5/1/2024 1:53 PM
706	yes	5/1/2024 1:52 PM
707	I am worried about roles being disestablished and the fact that every position needs to be scrutinised before being recruited. This will lead to reduced positions or lengthy times where nurses will need to cover positions whilst the y recruit.	5/1/2024 1:52 PM

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708	Definitely, they will impact our safety at work. There is a high probability of unfulfillment of tasks, increased chances of mistakes and increased reporting of incidents.	5/1/2024 1:51 PM
709	Significant impact on patient care with a stop on recruitment. We as a team are already stretched thin with RN's and patient workload is excessive daily. It is exhausting and we are already at risk of staff burnout and thus safety is at risk. If staff start to resign due to this it has a direct impact on the remainder of the team when no more positions are able to be advertised.	5/1/2024 1:50 PM
710	In terms of coverage for shortages we will definitely be affected, nurses go through burnout too, and withholding coverage for sickness, education or wellbeing unless for night shift, is wrong from all angles. Budget or no budget, staffing and patient care should NOT be impacted by the recklessness of the organisation. Not enough staffing puts everyone at risk, shortages leaves the staff present more vulnerable to making mistakes due to higher allocations and the lack of support in case of one being made, both for nurse and patient.	5/1/2024 1:50 PM
711	It is disastrous as it signifies extreme incompetence by the executive level of Te Whatu Ora. How can we trust executive management decisions with the sheer stupidity shown by the WAYS in which they want to reduce costs? Instead of hitting the "little people", sack the overpaid management consultants (CCDHB has at least one I was recently horrified to discover), stop reinventing the wheel with reviews of policies. Stop the "silo" mentality. Scrap trend care and PDRPs and all the staff creaming the money off that. Cap the junior drs meal allowance at \$10/person/day. (Or less?) Moral is rock bottom. No one wants to work in an industry where the workers are so disrespected by over fed managers. Australia is beckoning for a lot of nurses.	5/1/2024 1:49 PM
712	Apparently the covid pandemic is over so we need to get back to pre covid working. All staff that have continued to step up and provide a service during the last 4 years, have given themselves. They are spent. How many pounds of flesh?? In addition, add the change of structure for HNZ on top of that with severe staff shortages.	5/1/2024 1:49 PM
713	Will not be safe to work. Current staff will burn out and will result in unwanted outcomes	5/1/2024 1:49 PM
714	I feel that it will impact greatly as we're already full all of the time at the moment and not having the staff cover will tire us all out as staff and more staff will be off sick.	5/1/2024 1:49 PM
715	The service cuts will impact my health and safety and well-being at work hugely. Patients walking into ED have to wait longer than 5 to 6 hours and shout at us, Triage nurses regularly already and this will keep escalating and I will quit nursing job if it gets any worse than this. It affects my mental health and sanity. I cannot go to sleep worrying about some patients still sitting in the waiting room of ED waiting for a room to be seen by doctor. They have to sit there the whole night and days and it's a horrible feeling. We are already in a stressful environment in ED and the current staffing level is better than last year. If they reduce services and we are short staffed, a lot of nurses will leave and patients life will be at risk as there will be no senior staff on shifts	5/1/2024 1:49 PM
716	Not being able to use casual staff to replace sick calls increased our stress levels. The staff looks at you to help find staff and you have to tell them that there is none to replace a sick call	5/1/2024 1:49 PM
717	Us nurses and other health care professionals are working in the most stressful, brutal environments. This is already having a massive toll not only physically but on our mental wellbeing's. The level of anxiety going to work and at work is already immense as we navigate this broken health system and the pressure of unsafe staffing, alongside the high acuity of sick patients. Patient safety is paramount and with this already being compromised previous to the cuts, I can't even imagine how unsafe our health system will become. Clearly, patient safety and staff wellbeing is not important.	5/1/2024 1:48 PM
718	I do not think they are actual cuts. What was asked was to responsibly manage our resources. We are fully staffed, so we are in a much better position to adequately manage our resources without compromising patient and staff safety	5/1/2024 1:48 PM
719	Completely unsafe. These costs will impact patients, cost more and endanger lives.	5/1/2024 1:47 PM
720	Unsafe to deliver pt's care	5/1/2024 1:46 PM
721	More task list of work for all staffs to complete, also unable to finish on time, unable to provide a good service with the time required and get more depression in the process of the job.	5/1/2024 1:46 PM

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722	If sick calls are not covered, this puts more work and stress on other team members, which just leads to burn out and more sick calls. I do think double shifts should be banned though, as this is often something nurses are pressured into doing due to staffing shortages, which also negatively impacts wellbeing.	5/1/2024 1:46 PM
723	Already understaffed with pressure to do more and more. Eg they want more cataract surgery done to reduce waiting lists but have put a stop to funding for buying necessary theatre equipment, theatre and PACU nurses and preassessment and periop nurses. They will still expect us to reduce waiting lists. Burn out exhaustion frayed tempers are all the unhealthy results even within a great team	5/1/2024 1:45 PM
724	My health is already impacted as I now have an injury from last week when assisting a very heavy patient who required the assistance of at least 3 people instead of the 2 used due to a lack of staff availability. This happens most days and a lot of time is spent trying to find staff who are free to help.	5/1/2024 1:45 PM
725	Reducing the amount of staff on the floor due to sickness and not being able to pick up to help the short shifts, will impact us hugely the ED is a place where the nurses are effected a lot due to a stressful environment and we need to be able to have shifts to pick up to help us.	5/1/2024 1:44 PM
726	More stress	5/1/2024 1:43 PM
727	This will impact Nursing by making us less likely to take leave when we are unwell as we know that we will not be replaced and therefore patientcare and our colleagues will be impacted.	5/1/2024 1:41 PM
728	Patients safety at risk if dealing with emergency do they mean we walk out even shifts finishes and leave patient. No overtime....no staff to run ward???	5/1/2024 1:40 PM
729	It is going to make some already understaffed workplaces incredibly dangerous	5/1/2024 1:40 PM
730	It will cause a lot of stress and burnout. It's unsafe for both the patients and myself.	5/1/2024 1:40 PM
731	Healthcare staff are already stretched beyond our means. A hiring freeze and not allowing OT for staff who are willing to help pick up the slack from being under-staffed is only making things worse. It's going to lead to poor patient safety/care and staff leaving for other countries where the pay is better and they're not over-worked like they are here.	5/1/2024 1:40 PM
732	This leads to unsafe staffing and patients won't be happy with the care as staff won't be able to finish	5/1/2024 1:40 PM
733	Will impact greatly. As makes our workloads a lot heavier as running on shorter staffing levels.	5/1/2024 1:40 PM
734	I am concerned about staff not being replaced when staff are on sick leave, annual leave or required to be seconded to another area of work under the umbrella of OPMH. This increases the nurse patient ratio and safety working in the community. Most nurses in our team have high follow up load of patients who require intensive one to one intervention in some cases involving extensive travel time. In my role as a Community Mental Health Nurse I work in the acute team x 2 days/week as Duly Authorised Officer, follow up appointments and meetings take up one day and rural initial psychiatric reviews and interRAI's (Needs Assessment) appointments frequently requiring extensive travel in rural areas x one day. I work 4 days/ week and there is never enough time to complete my work within the hours which I am employed. I try to be as organised as possible, however, r/t road works I ate my lunch when I was required to stop for road works yesterday.	5/1/2024 1:39 PM
735	We will get less staff resourced to each area, managers will be unresponsive to increased acuity and numbers of patients, therefore, nurses will have to ration even more care than we do already. Senior nurses will be less likely to be employed to cover available roles. Less budget towards nursing education and less budget towards essential functioning equipment for all nurses eg-obs machines/IPADS. Sick cover not replaced for shifts-no outsourcing to other agencies if required for patient numbers and safety. Health and wellbeing of staff will deteriorate due to working more with less resources. More burnout, no flexibility for work/life balance. More work injuries due to fatigued staff trying to cover sick leave. Less annual leave available. We will head back to nurses were treated in the 90's-nurses will have to seek employment overseas as reduced job positions.	5/1/2024 1:39 PM
736	Not at all surprised that cuts need to be from the front line yet again.....ministers need to access the services as they currently are to see the impact if those roles not filled. The pressure on managers and staff to cover is already widely apparent. How many more injuries, unsafe staffing and burnt out nurses do we need to see before the services completely	5/1/2024 1:39 PM

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crumbleI honestly thought a pandemic would of highlighted our need...how naive I was
we can't even get the monies that are actually owed to uswhy are we surprised

737	I believe it will impact greatly, with the added pressure of not replacing staff that are sick, being down staff due to enforced AL, already when fully staffed we are under pressure. In ED there is mostly high turn over which means constant acute assessments, diagnostic cares and treatment. When the hospital bed are blocked and we cant move patients out to wards, the patients back up in the Ambulance bay or remain in Amulance care with the hospital corridors, In the Ambulance you may have 1-2 or 3 to care for these patients who at times are quite unwell, with no equipment like in ED and no Dr in there. It feels unsafe and stressfull, nuses will likey become more run down than they already are, but will keep coming to work because thats want nurses do.	5/1/2024 1:39 PM
738	Failing to replace staff who are sick will make the ward understaffed in winter. This will put time pressures on staff to complete workload during the shift and may contribute to medication errors.	5/1/2024 1:38 PM
739	Yes, the impact on myself, my colleagues, future generations, and patients is inevitable. We are already short staffed with under funded training to get all the new staff up to speed with NZ conditions and standards. Alrwady staff are joking about leaving NZ for a country that can appreciate what they have to offer.	5/1/2024 1:38 PM
740	It will make me very stressed.	5/1/2024 1:37 PM
741	People at the coalface get targeted, not management level. Already told no overtime will be paid. People are tired, never get off on time. Information is not being passed on by managers about what is happening, just being told to save money. Very frustrating when you see waste happening all around us, too many managers and admin staff.	5/1/2024 1:37 PM
742	We will be working short staffed. CDHB has introduced "clinical discharge criteria" and it is compulsory to attend. Nursing s does NOT discharge patients - medicine does so even more bureaucratic Mumbai jumbo keeping managers employed to "count/analyse" useless info!!	5/1/2024 1:37 PM
743	My safety is a priority, if i dont feel safe at work, or knowing that i am going to an unsafe working environment, the impact is huge. I will not be able to concentrate, mistake is highly likely, clients will be affected. Have seen a staff assaulted at work, never came back to work. I do not want that to happen to me or anyone else.	5/1/2024 1:37 PM
744	We are already under staffed and having to pick up extra workloads on a day to day basis	5/1/2024 1:36 PM
745	I work in a busy surgical ward and this news is extremely disappointing. When we are understaffed we cannot do our jobs properly as we are stressed, overwhelmed and tired. This puts patients at risk of not receiving safe patient care. It puts nurses at risk of making medication errors as well as not delivering safe patient care.	5/1/2024 1:36 PM
746	We are already stretched as a workforce. This is due to staff shortages from stress leave, sick leave, accidents at work and home, staff leaving for a better life/work balance. No one gets replaced we are just encouraged to get on with it. Clients health issues are complex as clients are leaving hospital earlier. Mistakes will be made, clients will be deferred and safe staffing promises will be forgotten.	5/1/2024 1:36 PM
747	No, because as a CNS that works in the outpatient / community setting, for the chronic condition of Heart Failure, we are already under resourced i.e 1.6 fte when it should be 3.0 fte for the population of ~300,000, according to National and International data / evidence. The only way this can be addressed, is by finding savings, that should come from areas that are not patient facing. Currently, we are not covered for sick leave nor annual leave, this has been the case for years. Any area that does not have CCDM calculations has been forgotten about.	5/1/2024 1:36 PM
748	More burnout under staff more sickness. Vicious circle. More mistakes due to higher workload and pressure. Increased anxiety	5/1/2024 1:36 PM
749	Given the fact we are already severely short staffed/unsafe staffing this will impact significantly on our staff and put them and our Tangata whaiora at huge risk.	5/1/2024 1:35 PM
750	With no sickness cover but continuing to run the department at full capacity while senior staff are left oftentimes with a very junior skill mix which is technically unsafe. Staff are on verge of burn out and fatigue for 6-7 days stretch of work as roster permits with an overwhelming workload day in, day out.	5/1/2024 1:35 PM

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751	I work in women's health and currently there is a 12 month wait time for routine appointments. Cuts are going to mean this waiting time will be stretched out even further and is unsafe, distressing for patients and stressful for staff to deal with on a daily basis.	5/1/2024 1:35 PM
752	I think healthcare service cuts will increase the already significant risks to patient safety and staff burnout. We are already losing staff to overseas and this will make the issue bigger.	5/1/2024 1:35 PM
753	Huge increase in stress due to unmanageable workloads, lower quality of care and worry that this may lead to adverse outcomes for patients or human errors. Little job satisfaction. Feeling burnt out. Increase in staff illness. An important part of our job is reflection and it is a big let down if we are left unable to provide the level of care we not only expect of ourselves but is expected by governing authorities and the public. That practice of reflection will create anxiety/depression for some workers. How can we accept that we have provided poor care over and over with the justification that we are doing our best under staffing/budget constraints?	5/1/2024 1:34 PM
754	Poor patient health and safety outcomes. Burnout in staffing and loss of staff to overseas.	5/1/2024 1:34 PM
755	It will increase workload patient-RN ratio, unsafe for both RN's and patient, will impact overall waiting time of patient in delivering care.	5/1/2024 1:34 PM
756	Constant pressure to meet unrealistic targets set by non clinical people. Constant pressure in clinical roles causes increased sick leave, increased resignations etc. This all has negative effects on health, safety, well being. Imagine going home everyday feeling that you have not 'done your best' for patients - that you didn't have time to actually care because of unsafe staffing! Pretty yuck environment!!	5/1/2024 1:32 PM
757	Yes, of course it will. Cuts to funding result in cuts to staffing. Staffing cuts result in higher more acute patient loads. This then results in higher rates of burn out and ill effects on staff wellbeing.	5/1/2024 1:32 PM
758	Stress, critical patient care will be missed, increase in errors due to increased workload and no cover. Fatigue leads to errors. Increased sickness and leave affecting wellbeing. No staff retention.	5/1/2024 1:31 PM
759	Unsafe	5/1/2024 1:30 PM
760	Yes. My ward is already frequently understaffed and not replacing sick staff would have a huge impact on my wellbeing at work. Patient loads are already high and cause significant stress. If sick staff were not replaced this would make the already existing issues even harder.	5/1/2024 1:30 PM
761	They're not even paying fair for our OT, cutting it off makes it worse as it means cutting extra opportunity to earn and save from current pay rate, less huge tax not to mention.	5/1/2024 1:30 PM
762	Cuts already made, used to have team of 4 staff in hospital assessing. Now reduced to 2. Work harder, limited options to take annual leave.	5/1/2024 1:30 PM
763	This is going to absolutely ruin the morale that my ward has worked on building and improving over the last year. This time last year we were severely short staffed and we had work hire approximately 12 new nurses and 7 new hospital aides in order to improve our crisis. Without the option of offering overtime, or the ability to hire more nurses when we are in strife, we will have to take extremely unsafe patient loads, and the well-being of our staff members will suffer, and this will also lead to patient deaths and extended recovery periods due to not being able to provide quality care to our patients. We can only be spread across the board so far.	5/1/2024 1:29 PM
764	Definitely it will affect the quality of care. It course more work load to the staff that will cause physical and mental stress to all staffs	5/1/2024 1:29 PM
765	I will continue to work smart and prioritize the most important tasks efficiently with the aim to complete all what is expected of me for each shift. I know that service cuts will affect my health, safety and wellbeing and hopefully I won't have to take sick days to catch up.	5/1/2024 1:28 PM
766	Drastically. We are already running each shift not giving the care to our patients. Exhausting no breaks. Mentally challenging for all staff	5/1/2024 1:28 PM
767	It will affect my health, safety, and well-being at work if the service cuts because as a Nurse we need to provide excellent service for our patients. If we understand we will struggle and always be in a hurry to do things for our patients like rendering care, giving medications, and assisting with their needs.	5/1/2024 1:28 PM

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768	Staffing is always short and often shifts are covered by staff working overtime. Full time nurse manager was redeployed March 2023. Only have a NM 8 hr per week now. Under this govt it is doubtful that NM position will be increased. Not replacing staff on sickleave will endanger patient care and safety. Safe staffing is not achievable under these service cuts. Patient safety and health will be impacted.	5/1/2024 1:28 PM
769	No pay for missed meal breaks, which occur daily(nightly) pt staff ratios even higher	5/1/2024 1:27 PM
770	Not good. Need to keep well, need to take holidays regularly at least 2 weeks at a time. Replacing a sick nurse for a shift or more, need the staff for patient and yourself safety. Nurse if sick may come into work as do not want to leave colleagues short staffed - pass on their sickness to other staff and patients - our patients are already compromised as in hospital for a reason.	5/1/2024 1:27 PM
771	It will impact lives of patients. When cases are overrunning, do we have to cancel it or other patients who have waited for so long to avoid overtimes?	5/1/2024 1:26 PM
772	We will not be able to safely staff the wards and the ED for the acuity and volumes of patients we are seeing which causes stress for staff. Staff will not call in sick when they are unwell to avoid leaving their colleagues without support, which impacts on staff health.	5/1/2024 1:26 PM
773	When I heard the announcement I felt deflated. I don't have the energy to be a pt advocate anymore	5/1/2024 1:26 PM
774	If we are not busy staff are sent to other areas to work and put at risk as some are unfamiliar working on wards	5/1/2024 1:25 PM
775	As a casual RN I'm concerned for my income which will affect my well being. I have worked in this position for 18 months and have had 2-3 shifts per week supporting the clinic staff. I choose this position so I could have more balance in my life and Its hard to hear I'm not needed.	5/1/2024 1:25 PM
776	It will negatively impact patients health especially. The pressure on nursing staff to over - perform while working with already low levels of nursing staff. It is a patient and nurse safety issue.	5/1/2024 1:25 PM
777	Yes I believe there will be extra stain on nurses on each shift as units are not allowed to cover those who are sick by calling in extra staff, instead nurses will have to take on more patients.	5/1/2024 1:25 PM
778	A patient family once said that as nurses if we don't want to be hit by our patients then we need to work somewhere else. The cuts will mean this becomes the norm and that's not ok.	5/1/2024 1:24 PM
779	It will be bad we will be short staffed and it will effect the patient care	5/1/2024 1:24 PM
780	I have very grave concerns about not replacing sick staff during the day. The workload of a nurse now means that you are making conscious decisions about what care is omitted in order to complete the most important of tasks only in an 8 hour shift. Significant stress and moral fatigue wil exponentially increase.	5/1/2024 1:24 PM
781	No	5/1/2024 1:23 PM
782	Yes	5/1/2024 1:23 PM
783	No impact- we have never had cover for sick leave or annual leave. My health and well being has been more impacted from our treatment over last few years, lack of respect, increased duties etc	5/1/2024 1:23 PM
784	Quite a lot. I'm a casual staff member, with lots of shifts given to me because of short staffing already. If these shifts dry up, it makes me wonder will I even be able to apply for a permanent position with this announcement and slashing of roles? Our department is already fighting staff sickness and cancelling of elective surgeries, staff are stretched to their max in a theatre to keep lists going. If we are unable to replace sick and annual leave, patients are going to continue to miss out on their surgeries	5/1/2024 1:23 PM
785	Banning double shifts - sometimes the stress of worrying about our colleagues having to manage high patient rations and acuity with staff shortage is harder than doing a double shift. Pressure to take leave - it is not fair to force us to take leave when it may be inconvenient for our family/whanau, we may be trying to save it to spend with our children or elderly parents or saving for a bigger holiday requiring more leave. Or, we may be saving for a special occasion. Non-replacement of sick staff - further adds to a stressful workplace and nurses. Wiping	5/1/2024 1:23 PM

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unfilled roles - Frontline roles are there for an important reason and skill mix, ration of staff to patients is really important for everyone's mental health, safety and wellbeing at work especially in the area of Mental Illness and addiction.

786	It is going to cause even more stress to the already very stressful job and is making me consider moving to Australia, where nurses are more valued	5/1/2024 1:23 PM
787	Working in an acute volatile area, not replacing staff is a recipe for disaster, we know when we need more staff on shift not some idiot in Wellington, and my leave is mine don't start telling me when to take it, I earned every hour I have owing.	5/1/2024 1:22 PM
788	I can see a lot of elective surgeries being cancelled due to lack of staff and staff not being allowed to work overtime to complete surgeries. Also if we don't replace staff when sick or on holiday then the staff that remain become stressed and burnt out, resulting in more staff illnesses long term.	5/1/2024 1:22 PM
789	The changes and loss of usual shifts have had a big negative impact on me emotionally. The feeling of disrespect, unappreciated and unworthy to say the least after the hard work and long hours and giving alot of yourself for the cause over the hard last year's due to covid and staff shortages.	5/1/2024 1:22 PM
790	More stressed and over worked and fatigued over a period of time	5/1/2024 1:22 PM
791	we already are coerced into doing xtra shifts with double pay to be outside MECA rostering rules with the staff we have already. we are currently only now employing EN or netp , as experienced nurses are more costly. This will make already tired nurses even more tired.	5/1/2024 1:22 PM
792	Not filling up the sick leaves in ADU is absurd. Nurses will get burnt out having to constantly work on short staffing especially with the overflow of patient in ED/ADU. Nurses do consume sick leaves and it is their right to be sick when they are unwell but it's unfair to nurses dealing with short staffing. We are already feeling the burn. Last week, I worked a 12 hour shift with a patient ratio of 1:6- this nursing gap wasn't filled from 7am-7pm. It's a long time to endure such a busy shift. It's a fast paced acute ward and we do get overwhelmed. When we get overwhelmed there is lack of focus. We need focus to give the right medication, to avoid errors and harming the patient. If we are overwhelmed, we lose patience and probably end up giving bad service too (it's a possibility). And that bad service will reflect Te Whatu Ora as well. There's a better way to prevent nurses from consuming sick leaves, and not filling the gap is just a little brutal for those who have to bear the short staffing don't you think?	5/1/2024 1:22 PM
793	It is dangerous!!!	5/1/2024 1:22 PM
794	It will make work harder and more uncertain	5/1/2024 1:21 PM
795	This would mean burnout, less motivation to work, physical and menta breakdown. Totally unsafe staffing	5/1/2024 1:21 PM
796	Already is as two team members are unwell but we have not been allowed to replace with anyone for the dropped FTE. Just expected that we keep current services going and pick up yet more.	5/1/2024 1:21 PM
797	It's is already short staffed since covid. This will just increased the burnout among all sectors who works to provide health care	5/1/2024 1:21 PM
798	This will greatly impact patient to nurse ratios especially coming into Winter. Creating unsafe situations for not only patients but also for staff. It will make sure nurses like myself don't feel able to call in sick and look after themselves, which is crucial to be able to give good care.	5/1/2024 1:21 PM
799	Nurses are the ones who are faced to the different kinds/types of people in the hospital wether patients or families. It will not just burn us up physically but also mentally. We cannot prevent rude patients or families dealing with our healthcare workers. How much more not sending then help or lengthened exposure to them.	5/1/2024 1:20 PM
800	It will make workplace unsafe if people will not come in because sickleave isn't covered by Casual shiftworkers,OT and the like.	5/1/2024 1:19 PM
801	Significant impact: Our resources are already stretched thin, with demand steadily increasing. Our ability to cope is currently sustained by the exceptional dedication of our conscientious staff, who consistently go above and beyond their contracted hours to provide the best possible care and outcomes for our patients. However, this comes at a considerable cost.	5/1/2024 1:19 PM

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Personally, I feel overwhelmed, stressed, and constantly worried about the possibility of making a mistake. I am without a doubt on the brink of burnout.

802	We do not choose to skip lunch. So I think it is very unfair that they ask that we don't skip lunch to avoid paying us for our lunch breaks. When we do it's because the wards are so busy and it's not safe for patients for us to leave, eg. unwell patients or critical medications due. Often breaks are cut short and we aren't paid for this anyways. Also, the fact that sick leave won't be covered is dangerous. As is it on our ward in particular the normal is to take 6 patients (which is already too much) If we don't get sick leave cover we would have to take more which is just not safe or realistic. Working in a medical and rehab ward This will cause us physical and emotional stress and burn out and a dissatisfaction in our job. Most patients are heavy transfers and require 2 assist for cares. T-shirt staffing and increased patient loads will also leave room for errors and put our registration on the line.	5/1/2024 1:19 PM
803	Our unit already suffers with staffing and skill mix issues. We are one of the last ward considered by duty managers to cover staff sickness and VRM . Already our night shifters do not get meal break instead they are paid. If this continues we would be forced to take meal on duty on other shifts as well and not getting paid.	5/1/2024 1:19 PM
804	Definitely..this is an unfair announcement. Working with Bureau means we get shift if any availability but if a week goes without any than it would become a worry..with service cuts on the table I disagree with it.	5/1/2024 1:19 PM
805	Increased stress levels as staff skill mix and numbers can't meet patient demand, leading to burn out and sick days. Having to work more night shifts to cover sick calls from others, leading to increased cardiovascular risk, increased cancer risk, increased dementia/neurovascular risk, increased stroke risk. Will lead to more redeployment to other areas where nurses don't have experience which directly impacts patient care.	5/1/2024 1:19 PM
806	I am lucky and do not work on a ward In our department when someone is sick we cancel a clinic and patients get rebooked This impacts our waiting list which is sitting about 10 - 12 months for a routine, 4-6 months for a semi urgent and upto 2 - 3 months for an urgent. This waiting list does impact our well being when we see multiple referrals for these patients that are struggling with respiratory issues. But I really feel for the nurses that work on the ward as they can't send patients home when they are short staffed.	5/1/2024 1:19 PM
807	For me it affect holistically. My work ethics will be changed and my time with my patients will be jeopardized.	5/1/2024 1:18 PM
808	INCREASED FATIGUE REDUCED PATIENT SAFETY LESS ATTENTION TO DETAIL RE PT CARE > LESS SAFE DECR JOB SATISFACTION > MAY LOOK ELSEWHERE DID I MENTION REDUCED PT SAFETY?	5/1/2024 1:18 PM
809	We are already struggling in the ED with patient work load and acuity the announcement made by TWO will mean further struggles and increase already long ED wait times leading to more aggression (physically and verbal) by families. It will leave to nurse burnout, higher sick calls and low motivation whilst at work. It will lead to dangerous work loads and increase stress levels and anxiety around coming to work. I was looking at moving to Australia for work and if this increases my stress and anxiety around work I will be making the move permanently.	5/1/2024 1:18 PM
810	It will be catastrophic. Staff are already nearing burn out with demands in service. Very short sighted planning. Mistakes will be made and we'll be blamed, not the ones making the decisions!	5/1/2024 1:18 PM
811	Patients wont be seen, cared for. Multiple tasks will be delayed. Staff will be even more over worked. Staff will further take no breaks to try cover un staffing	5/1/2024 1:18 PM
812	This would have great impact on my safety as an RN in the emergency department if positions of sick calls are not filled. Our department is already over capacity and has great strain on the staff on shift	5/1/2024 1:17 PM
813	As there is no replacement for sick calls and with less number of staff on the floor will affect the staff patient ratio,which inturn puts too much pressure on the staffs on the floor and the staffs will soon be stressed and sick too. These cuts will surely affect the quality of care as the staffs on the floor Amy not be able to meet all patients needs.In the end the nurses working on the floor and the patients will be the ones suffering.	5/1/2024 1:17 PM
814	We are already in the brink of exhaustion and burn out. Having these cuts will just add fuel to	5/1/2024 1:17 PM

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the fire and will encourage more health workers to move overseas.

815	If staff are sick and not covered it doubles my work load. There are 2 of us on a shift as a rule. With only 1 on s shift it doubles my work load, I can't take breaks and leave patients unattended, there is less chance I can answer the phone or answer emails.	5/1/2024 1:17 PM
816	If they don't replace, or cut frontline positions or frontline supporting positions, then they risk destroying any positive morale that exists in my area.	5/1/2024 1:16 PM
817	There has always been nursing shortage , especially perioperative aging population is one of concern. So if more cuts are done, it will affect the quality as well as quantity of surgeries done. And will affect the cause of our profession , that is patient safety.	5/1/2024 1:16 PM
818	For those us in the community it will have a huge impact on staff and services and the people we serve as we already function on a skeleton staff. For those in DHB's when I have to liaise with these colleagues and visit the DHB a good number of the RN's are sitting on their cell phones not doing anything for the patient or even interacting with them, the bells are gong off and left unanswered while the staff continue to engage with their cell phones. They are rude when we ask about the patient we have come to review and the doctors say they experience the same thing. SO THE DHAB NURSES DO NOT NEED PAY INCREASES OR MORE STAFF THE ONES THEY HAVE JUST NEED TO DO THEIR JOB.	5/1/2024 1:16 PM
819	It will have an immense negative impact. To not replace sick calls is going to add to the nursing 'guilt' of having to be off. You may have to push through and come in before fully well so you're not 'letting the team down'. This is cost to your physcial health. Knowing that the service cuts impact on your ability to do your job and provide the best clinical edcuation definitely destroys your wellbeing as you feel frustration and fear over service cuts dictating protected education space. The most stress is around impact on patient care with sick calls not being replaced. That is a heavy burden to carry if short staffing leads to adverse events.	5/1/2024 1:15 PM
820	This service regularly contends with staffing issues which greatly increase workload for al of us sometimes, and the reduction in time available for therapetic engagement with patients slows there recovery and raises risk of adverse events. ,	5/1/2024 1:15 PM
821	Unnecessary and unacceptable, how can someone who has no idea how we worked hard to try save people's lives by working long,late hours to meet patients needs, you can turn a machine off or leave your office work for the next day but you can't walk away from people whose life is in critical condition and shifts to have right staff and right number to provide good care for the sick people.we are tired and stressed but we committed to our services because we're caring for human beings.Cutting or wiping unfilled roles I totally agreed but nurses please we need to keep enough and experience nurses by replacing sick, double shifts happen if sick not replaced	5/1/2024 1:15 PM
822	negatively. I am already stressed thinking about it.	5/1/2024 1:14 PM
823	When there is less staff the work will obviously be more which will make you less productive and moreover increase your anxiety which will effect the patient care , medication errors and much more	5/1/2024 1:14 PM
824	For patient safety it is greatly affected due to increased acuity of nurses load. This will lead to more pressure to nurses which has greater impact on our well being as nurses. The patient safety will be at risk and there will be an decrease patient satisfaction. Overall there will be changes in how the nurses will work bedside.	5/1/2024 1:14 PM
825	they are adding more stress to staffs mentally and physically.	5/1/2024 1:14 PM
826	I am really worried that by not replacing sick staff more staff will come to work sick and burn out. Also patients will NOT receive the same care if they are not replacing sick staff as a result will also burn out staff	5/1/2024 1:13 PM
827	Patient safety will be compromised where staff are not replaced. Staff burnout will also occur	5/1/2024 1:12 PM
828	Saftey mostly. We have had a huge increase in violence in our department. We now have security watches for mental health pts taken off us. It's unsafe to not replace sick calls. And it's a huge amount of extra pressure on managers.	5/1/2024 1:11 PM
829	It will impact morale as nurses are made to feel that they are not valued. Less nurses on the floor means more work for the ones who are there, this includes patient and object moving and	5/1/2024 1:11 PM

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handling, which can have detrimental effects. We are even less likely to get breaks which we are entitled to, or to leave work on time which leads to resentment and increased sick leave.

830	Winter is coming, nurses and HCA's will be sick, so the service cuts will have a big impact on us. We will be very tired and more stress.our	5/1/2024 1:11 PM
831	We are constantly being asked to do more with less!! Work is not enjoyable or satisfying when you RUN around all shift fighting fires. Patients/Whanau get annoyed and complain as we cannot meet all their needs. I feel that by the grace of god there are not more serious events occurring.	5/1/2024 1:10 PM
832	Patients will die. Simple as that. Pt care is already sub standard due to staff shortages. The added stress on nurses will mean more nurses off sick from physical and mental fatigue.	5/1/2024 1:10 PM
833	We already run short staffed taking away the ability to replace sick staff is going to make things worse in downright unsafe. Every day we go to work we do the best we can for our patients since covid we haven't really had a chance to catch our breaths now you want more from us. Hospital staff sready find it hard to fill positions without this carry-on.	5/1/2024 1:10 PM
834	Some of us actually have to do the odd double shift to pay to live	5/1/2024 1:09 PM
835	Yes I absolutely believe that these budget cuts will impact my health, safety and wellbeing at work. Our health system is already stretched to the maximum, and these cuts have already begun to add additional pressure to our work environment.	5/1/2024 1:09 PM
836	This feels like a huge step backwards for health care, can hardly believe. not replacing staff on sick.leave will put huge pressure on already pressured staff! how can they say this not affecting the frontline. people's lives and care will be impacted. all are already feeling hugely stressed, people will leave.	5/1/2024 1:09 PM
837	I have decided that due to the poor investment in the Health sector particularly in providing safe staffing at all levels. Medical, Nursing and all other specialties it is time to go where these things are offered. I am now working in Australia where conditions, pay are better and staff are safe.	5/1/2024 1:09 PM
838	Huge impact. RFRs not being approved for frontline staff including direct replacement. Critical care expansion programme money and FTE not approved. Unable to safely staff the unit or open more beds as planned.	5/1/2024 1:09 PM
839	Hopefully because of my area off site from the main hospital it should not impact me too much however having come from the main hospital I fear for my colleagues and their patients there and indeed the NZ public requiring healthcare.	5/1/2024 1:09 PM
840	Mine and my colleagues wellbeing will be affected significantly if these cuts are made, especially through the winter when there are more staff off sick. If we can't replace sick staff who will look after the patients they would have been allocated if they weren't off sick? It's us, the staff who are left. We will have to take heavier loads and more stress. We won't be able to provide the care our patients deserve and it certainly won't be safe. I will be dreading coming to work knowing I'll probably be expected to do the work of two nurses and still do it well. It will lead to certain burnout, anxiety and depression. It is absolutely not a feasible solution!	5/1/2024 1:08 PM
841	Not replacing sick staff means that nurses will have a bigger case loads and stuff will get missed	5/1/2024 1:08 PM
842	Its absolutely appalling. We have faught for so long to get safe patient to staff ratio and now its all gone out the window. I now to go work with anxiety and dreading that we will be short staffed again, or one of our nurses will get pulled to work on a different ward, which then makes us short staffed.	5/1/2024 1:08 PM
843	We are already under a huge strain getting our current workload done. We are down a nurse that is now not getting replaced and I am the only one in the department. Ontop of this we have been told that maternity cover will not be happening. This means there will be no nurse in the department at all if I go on maternity leave.	5/1/2024 1:08 PM
844	I believe it will compromise my safety and wellbeing drastically at work. We are already short staffed as it is, colleagues are burnt out and the overall wellbeing of the ward as a collective will decrease as well as morale	5/1/2024 1:08 PM
845	Definitely a big impact for all the healthworkers.	5/1/2024 1:08 PM

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846	There will be a huge negative impact on the safety and wellbeing of the staff at work if Te Whatu Ora will make its service cuts in the hospitals. Nurses are humans too who get sick due to physical, mental, and emotional demand at work. So cutting off budget for someone to cover a sick leave is not going to give solution to the stressful nature of our job and will only give some nurses to think of leaving the profession or working overseas.	5/1/2024 1:07 PM
847	It will definitely impact me. No replacement for sick leave definitely reduce the number if nurses or HCAs on the floor and hence more pressure in those who are working	5/1/2024 1:07 PM
848	Not mine directly I hope but the Hospital staff and patients will suffer hugely. Nursing staff will be over worked and patients will be neglected. Mistake will be made as staff will be exhausted. Some could be serious and life threatening.	5/1/2024 1:07 PM
849	Workloads are already extreme, not replacing sick staff is beyond ignorant and unsafe. Already staff are working sick and exhausted, without relief from the constant pressure staff will be unable to provide safe care. This rentless pressure is also the cause of suicide within healthcare staff.	5/1/2024 1:07 PM
850	Not replacing sick staff will surely impact quality of care provided. Staff will have higher and unsafe patient loads leading to more errors and impacting mental wellbeing from stress	5/1/2024 1:07 PM
851	The idea of saving money by not replacing sick staff is ... extraordinarily bad and of course unsafe as it will further stretch us, likely affecting the H&S of patients as well as staff.	5/1/2024 1:07 PM
852	Feels as if front line staff are being held to ransom. We are already understaffed, this makes things worse. Our staff employed at .9fte can't pick up an 'extra' shift to cover any gaps as it puts them into 4hrs of overtime, which is no longer supported. The only staff who can cover gaps now are those working less than .9. The cost of 'pool' or 'casual' staff is greater again.	5/1/2024 1:07 PM
853	UNSAFE working conditions for patients and US workers	5/1/2024 1:06 PM
854	I work in an already overstretched ED that already needs extra nurses. It has become unsafe, difficult to get on breaks and very stressful and winter season is upon us this is going to result in extra long wait times and overworked ED staff	5/1/2024 1:06 PM
855	We are one of the hardest areas to staff & constantly running short staffed on shift. Our skill mix is at times unsafe. Reducing overtime/sick replacement etc will only make our situation worse.	5/1/2024 1:06 PM
856	There will be fewer people at work and this will put more pressure on few of us that are available to work	5/1/2024 1:06 PM
857	We have a very very junior team and less seniors for the shift. Not replacing staff when sick means, senior staff who is working as a NIC will need to take a pt load and cannot help junior team. Which means more error, pt not getting nursing care, delay in discharge etc etc.	5/1/2024 1:06 PM
858	Burn out!!	5/1/2024 1:06 PM
859	The health sector is already struggling with staff leaving for better pay elsewhere and we are not filling these staffing gaps faster than they are leaving. Within the next 10years we will have soo many nurses at retirement age and staffing numbers will dwindle further. As a nurse with an already stressful job and ratios I personally don't think I will want to endure it at the sake of my own mental health and wellbeing. If the sector becomes any harder, as much as I love my job, I will leave before intakes me under with it.	5/1/2024 1:06 PM
860	It will impact my hours of work that will affect my family and myself as well	5/1/2024 1:05 PM
861	Already impacting on my health,safety and wellbeing. Will further impact with service cuts. Family are getting the bare support now Our job has so many chiefs not enough Indians	5/1/2024 1:04 PM
862	Not filling sick leave will mean worse ratios, limits to care provided and cause unsafe staffing levels. A large majority of shifts we are already unable to staff areas with the right number of staff and safe skill mix.	5/1/2024 1:04 PM
863	If nurses are not replaced for sick leave going into winter then the nurses and staff working will be under more pressure and stressed. Burnout and resignation will begin. Wiping roles will do the same.	5/1/2024 1:04 PM
864	Our team is already 5 full time FTE short, these are unfilled roles that were advertised and interviewed for but our manager was then told to halt the process and was not advised not to	5/1/2024 1:03 PM

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offer positions. Our team is struggling to manage our workload, we do not have casual cover for sick leave so the team has to fill sick calls as well cover unfilled positions. This announcement will my wellbeing as we are already overworked and that is only going to get worse, our roles require a reasonable amount of driving, it does concern me that myself and my colleagues are often driving while fatigued.

865	Greatly will effect, we already have no annual leave or sick leave in our clinics already, it's exhausting, at times doing 2 1/2 nurses on the floor work in one shift for a whole month, if less cover, it will be dangerous.	5/1/2024 1:03 PM
866	More stress, nurses will end up staying later to complete work.	5/1/2024 1:03 PM
867	Severely, as health is seriously understaffed and has been for years. We have had a vacancy for 2 years,so are working well above our resources.	5/1/2024 1:03 PM
868	It is going to affect me mentally and physically as neonates is high demand. We work 12hr shifts High intensity care for neonates.	5/1/2024 1:03 PM
869	100% it will effect health,safety, patient and staff wellbeing. Wards are already short staffed, not attempting to replace sick calls, is dangerous, unsafe, are careless. For the minister to think care wont be affected, shows he has absolutley no idea&is out of touch with wards and hospitals today!!!! Go spend a week in a ward and then comment. This infruiates me. More short staffing, nurses leaving, stressed&physically and emotionaly drain, OUR SYSTEM IS BROKEN!!!!	5/1/2024 1:02 PM
870	Very bad. Short staff. Patients are not able to get proper care due to short staff	5/1/2024 1:02 PM
871	The strain of not filling sick leave increases time pressure on competing my tasks in my role as an hca and also threatens my learning as a student nurse. There is more pressure to skip or shorten breaks	5/1/2024 1:02 PM
872	I feel that these "service cuts" will have a significant detrimental impact on the saftey and wellbeing of all staff. Fewer staff mean higher workloads which we all know dramatically increases the risks of errors or harm to both the staff and those in our care	5/1/2024 1:02 PM
873	No replacement of sick staff will have a massive negative impact on the wellbeing of myself and colleagues as we have to pick up the extra workload of those who are sick or missing and burnout will be increased by a lot. That is not looking after your employees and effectively punishing them with extremely increased workloads (they are already heavy workloads alone without anyone else's work on top of that). Please don't do this	5/1/2024 1:01 PM
874	I worry for work as a casual bureau staff member at the hospital	5/1/2024 1:01 PM
875	case loads have already increased due to short staffing, they were already unsafe and now its worse. This does not feel safe at all, my registration will be at risk due to the high risks of doing something wrong in a very (already) stressed area. The worry of completing things safety is through the roof and therefore, impacting on performance. Well being is well at risk due to stress levels.	5/1/2024 1:01 PM
876	It is outting huge strain on our unit. Nurses are looking after large numbers of babies due to staff not being replaced and nurses are not wanting to call in sick when they are unwell	5/1/2024 1:01 PM
877	Considering that we are already extremely short staffed and I am recovering from an injury sustaining at work I believe incidents involving staff harm will increase.	5/1/2024 1:01 PM
878	Getting rid of unfilled roles could have a huge impact, the roles are often not filled as the qualified staff are not available, not that there is no need, the workfore just doesn't exist, so will exacerbate already overstretched services	5/1/2024 1:00 PM
879	It will have an extremely negative impact. Often we have 2-3 nurses off sick and the thought of them not being replaced gives huge anxiety as to how we will pick up the pieces	5/1/2024 1:00 PM
880	Yes. Because we get really heavy patients and take 2 more nursing staff to transfer a patient due to over 100kg. We already have a short staffs to cause many complaints about nobody can do good care to them. As well, if cutting services, we do not have enough time to complete the best of care to patients, for example, high risk of fall, high risk of pressure injuries, and high risks to all nursing staffs to get injured	5/1/2024 1:00 PM
881	Increase stress, more likely to make errors or miss important information, increase workload with no additional support, likely to get sick more frequently and/or burn out.	5/1/2024 1:00 PM

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882	In my experience, people work double shifts because there is no other option, and no one else to cover. Declining to fill empty roles in an already understaffed environment, and discouraging doubling will make an existing problem worse and feels completely out of touch with the reality of what nurses and healthcare staff deal with on the ground. Healthcare burnout rates are already alarming, and this will only make the situation worse.	5/1/2024 1:00 PM
883	The announced service cuts by Te Whatu Ora will have significantly impact the health, safety, and wellbeing of healthcare staff, including myself. As we approach the challenging winter months, these cuts are likely to exacerbate the already critical issues in recruitment and retention of skilled personnel. With fewer resources and reduced staffing, the remaining workforce may face increased workloads, leading to heightened stress and potential burnout. This, in turn, can compromise not only the care provider's health but also the safety and effectiveness of patient care. Reduced staff numbers and overworked employees could lead to errors, slower response times, and ultimately, a decrease in the quality of patient care. This poses a direct risk to patient safety and outcomes, undermining our ability to provide high-quality healthcare. Overall, the service cuts threaten to destabilize an already strained system, impacting the wellbeing of both staff and patients during a critical time of the year.	5/1/2024 1:00 PM
884	With an already understaffed nursing team we are struggling to provide quality care to all the patients. By not being able to cover for sick leave we will be even more overloaded, stressed and under pressure than we are now.	5/1/2024 1:00 PM
885	My stress levels will increase, patient care, health and safety will be compromised. And I will not be able to do my job as a nurse effectively.	5/1/2024 1:00 PM
886	If there's cuts in the hospital more patients are likely to be discharged early or unsafely to community services. We are already over run as it is and there's seemingly no limits on the referrals we take on despite no increase in staffing for all these home visits. We are rushing and doing the patients a disservice. Fatigue and burnout of staff will continue to increase. Any chance of us getting technology to make our job more efficient will be scrapped as hospitals will take priority for funds left. Essentially it will put immense pressure out into the community which is already struggling	5/1/2024 12:59 PM
887	It will be detrimental to my safety as a Registered Nurse as there will be increasing pressure on being able to do more with less resources, we are stretched already. As the majority of nurses I work with already suffer from stress and anxiety related to work this will only put further decrease our wellbeing	5/1/2024 12:59 PM
888	If they are not filling sick leave or covering for vacant positions with nursing staff, they are basically creating an overworking situation, making staff rethink staying in the NZ health system and other countries reaping the benefits of qualified staff on tap	5/1/2024 12:59 PM
889	Unsafe work environments. My APC being in constant danger because of unsafe practice due to the aforementioned staffing and just overall fatigue.	5/1/2024 12:58 PM
890	Not replacing sick staff will place a lot of stress on remaining staff as their work loads will increase. As well as more stress on doctors as jobs and information will not be gathered efficiently. Also people with fixed contracts are worried they will lose their job once the contract is done where normally it would roll over.	5/1/2024 12:58 PM
891	Will be unsafe to nurses. We have fought so hard to get safer staffing, better work conditions etc, for it to just be ignored by the government	5/1/2024 12:58 PM
892	As the wards are understaffed already cutting staff will make safe workplaces impossible	5/1/2024 12:58 PM
893	It will greatly lower the morale of the staff on the floor especially if or when we get to winter and we dont have enough staff as sick leaves will not be replaced. This will impact the patients negatively!	5/1/2024 12:57 PM
894	Negatively	5/1/2024 12:57 PM
895	I think the quality of care towards our patients will be sabotaged, mistakes will be made and it's putting nurses health and wellbeing will dereriotate.	5/1/2024 12:57 PM
896	There will be a lot of pressure on existing staff including those who are unwell. We will be pressured to work and this is unsafe for our patients.	5/1/2024 12:57 PM
897	It will significantly impact health and safety, it will quite simply be unsafe. Makes me not want	5/1/2024 12:56 PM

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	to be a nurse anymore. I am going to get sick from the stress	
898	Will increase sick leave as nurses don't want to turn upto work knowing they potentially will be short staffed and the stress and time wasted looking for equipment and supplies as DHBs are cutting back on purchasing.	5/1/2024 12:56 PM
899	There will be more unwell staff calling in sick and the staff reporting to work will be overwhelmed and will under perform in their duties .	5/1/2024 12:56 PM
900	These cuts will increase stress in the workplace, and increase safety risks due to decreased staffing availability	5/1/2024 12:56 PM
901	I think, this will greatly effect the ability to deliver care in a timely manner to patients. Due to a variety of pressures already on our service, this is likely to push out wait times for patients being seen in clinic up to 4 hours. Current waits on most days are a minimum of 2.5 hours	5/1/2024 12:56 PM
902	It will be severely detrimental for both staff and patient care!!!	5/1/2024 12:56 PM
903	It will impact safe staffing levels hugely. Not being able to back fill sick calls will add huge pressure to staff to not call in sick, putting themselves and patients at risk. It will also mean larger patient to nurse ratios which will massively impact quality of care received by patients.	5/1/2024 12:55 PM
904	I think this will have a significant negative impact on the above topics. This will increase staff anxiety, burn out and physically drain if not injure staff. We already have staff off with injuries from the workload, I dread to think what will come from these proposed cuts.	5/1/2024 12:55 PM
905	I think that we will continue to do the best for our patients but won't be getting renumerated for it. We will still miss breaks as there won't be sufficient staff but won't be paid for it. We will do overtime to ensure patient safety but again, won't be paid for it. This will make frontline staff feel more undervalued than we already are.	5/1/2024 12:55 PM
906	Increased stress unsafe heavy workloads due to short staffing	5/1/2024 12:55 PM
907	Incredibly. Sickness is a common thing among a team so large and in an area exposed to constant state of unwell patients. Cover is incredibly important and can often mean entire theatres closed or delayed in start time due to not being able to staff it correctly. If the government are not prepared to pay overtime for staff to cover sickness there will be DIRECT patient impact and delays.	5/1/2024 12:54 PM
908	The fact that we are a 22 bedded unit that is already trying to accomodate for 25-26 patients most week these cuts are massively going cause high stress and I can already see a lot of staff calling in sick from being overworked	5/1/2024 12:54 PM
909	Yes, we are already stretched beyond limits, working over time and into breaks/ end of shift, putting patient care first. no staff replacements for sick/ annual leave. feeling burnout already. we don;t have the stock to do our jobs either	5/1/2024 12:54 PM
910	It will harm patient safety as the peak periods of nurse illness coincide with the peak periods of patient sickness. It will lead to further illness and mental injury to nurses.	5/1/2024 12:54 PM
911	Non replacement of staff during PH days may affect workload.In my opinion nurse patient ratiou must be safe irrespective of what situation it is.Forcing staffs to take leaves is in appropriate.	5/1/2024 12:54 PM
912	It is completely disrespectful to nurses to not reward/provide incentive to work overtime when we give up our free time to pick up shifts. By not paying overtime and banning double shifts, who do they expect to work? I will certainly not be picking up extra shifts without overtime rates. And I imagine by not covering sick calls, the nurses that are working will be expected to take that workload on and work extra to cover the sick calls.	5/1/2024 12:54 PM
913	Struggle to make money to pay bills and survive	5/1/2024 12:53 PM
914	Not realistic, not replacing sick staff can mean heavier loads for other staff and added stress. Sometimes there is no choice but for people to do a double as can't find stuff last minute eg high dependency patients on ward and extra staff needed etx	5/1/2024 12:52 PM
915	If the unit is short staffed e.g a nurse is sick and no one covers, then the nurses are spread too thin, therefore spending less time with each patient - less time to notice changes early, do obs, longer wait times, more stress. WORSE CARE.	5/1/2024 12:52 PM

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916	Majorly	5/1/2024 12:51 PM
917	Absolutely. It's ludicrous	5/1/2024 12:49 PM
918	pretty bad.	5/1/2024 10:31 AM

Q8 How do you think Te Whatu Ora's announced service cuts will impact on the ability of yourself and other nursing staff to care for patients? (200 words or less)

Answered: 911 Skipped: 14

#	RESPONSES	DATE
1	Not be able to provide care that I am trained to do Not being able to keep up the oath "Do not harm" Not replacing staff sickness means increase pressure, delay in care and put patients life at risk Increase in waiting time. Not being able to treat patients in timely manner that leads patient safely/life at risk Escalation of mental health presentation that put staff at risk	5/6/2024 12:06 PM
2	It is evident that stress levels leads to less concentration, forgetfulness, hence a less safe care towards patients, especially in an Emergency Department, where high levels of awareness, observation and communication is needed in such acute environment	5/6/2024 12:02 PM
3	More stress more sickness for all concerned	5/6/2024 11:52 AM
4	People will be discharged sooner, but we have wait lists already and cannot visit as soon as is needed.	5/6/2024 11:47 AM
5	My ward is already haemorrhaging experienced nurses and more will leave as the mental stress is negatively impacting on us at present. We can't work any harder, we don't get help or breaks, and can't use our leave. You are going to have a nurse seriously hurt or a patient harmed from an exhausted nurse. Soon patients won't be able to get their chemotherapy as there won't be enough staff to give it that will seriously harm their outcome /survival.	5/6/2024 11:39 AM
6	Poor outcome for everyone involved, as above	5/6/2024 11:29 AM
7	Badly. It's already hard enough to deliver care within current budgets. Our waitlists are significant already, with patient's often dying before we see them.	5/6/2024 11:19 AM
8	Nil time for positive reinforcement of "get up, get moving, get independent" for discharge, especially when requiring 2x assist. Too many pts per RN, unable to give holistic care, barely able to do the basics, very soul destroying.	5/6/2024 11:11 AM
9	Poorer response times and less people being seen which may very well result in delayed treatment or death	5/6/2024 11:09 AM
10	Will have to cut services to meet needs	5/6/2024 10:17 AM
11	I know that not having the required nursing resource due to a freeze on hiring new nurses, as above, will directly impact my ability to care for the patient population with liver disease in our region, as I will not have the support of a colleague to share the workload, and when I retire in the next few years, I won't have had the opportunity to train another CNS to facilitate succession planning.	5/6/2024 9:37 AM
12	Will not have enough staff pt ratio	5/6/2024 9:25 AM
13	It will definitely take the focus off caring for our patients. The focus will be looking after ourselves. A lot of times we are so selfless in caring for others before ourselves. We we are not 100% service to our patients will drop	5/6/2024 9:23 AM
14	Patient care has dropped alot over a long period of time and nothing has been done, cant see if anything will change ever. Every day is the same , no nurses is what we hear.	5/6/2024 8:05 AM
15	WE will be forced to ration care. WE DO NOT live in an environment of User Pays, but this is what patients are being forced into. We will be forced to tell patients what we cannot deliver (we have historically made excuses for Te Whatu Ora, but will be forced to tell patients what is actually happening. AS a nurse with nearly 30 years experience, we are being injured. Moral injury, where you cannot deliver what you know a person deserves due to lack of resourcing is real and will cause more nurses to elave. Im already setting myself up to leave and enter a	5/6/2024 7:34 AM

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new career, because I cannot continue to deliver less and less to people who deserve health care. I KNOW THAT THE CARE I AM DELIVERING IS NOT GOOD ENOUGH, how much longer can you expect health practitioners to practise in an environment that does not respect them or their expertise, treats them as liars and over emotional when they try to advocate for more for the community they serve. We have entered a period on health where we are gaslit every day; this should be illegal. Management should also know that we see what you continue to give yourself (the catering/ endless coffee sessions etc) and this tells us you have nothing but contempt for us, when we are not even allowed to provide catering for courses.

16	The negative impact on patient care will be huge and only exacerbate the pressures on the healthcare system.	5/6/2024 6:13 AM
17	it will be huge impact, let alone patient care, especially on sick days, whats gappens if 2 or 3 call sick, patients not getting thier good gare	5/6/2024 2:30 AM
18	Coming to work is like suicidal, patients and family do not know these and have care demands specially those with challenging behaviour. Patients with high acuity needing a lot of nursing hours and trendcare almost always can't reflect that. To get to work you've got to pray you'll come out alive, that's how I feel. The most important thing is patient cares are completed	5/6/2024 2:05 AM
19	This will make the nursing staff overwhelmed and overworked. We have just started to keep up with work and services and now this will degrade it even more. Very Unmotivating to stay and work indefinitely in New.Zealand	5/6/2024 1:38 AM
20	we will not be able to safely care for our patients and i feel the patients will be unduly be put at risk of mistakes and someone could lose their life.	5/5/2024 10:08 PM
21	It will have a very negative impact on the care for patients. We are having to look after 4 close care patients in 1 room with 1 HCA.	5/5/2024 9:57 PM
22	if nurses are not replaced when staff are off sick, the patients' care will not be met putting the patients' wellbeing at significant risk.	5/5/2024 9:45 PM
23	Less time to care, heavier workloads in shorter time frames to provide care	5/5/2024 9:01 PM
24	As we all know some of our patients who are very vulnerable and they definitely need care partners and if they're not hiring care partners patients will be not given that much cares how they should receive. Especially patients who doesn't know where they are and why they're there, it will be big impact on them they will also get stressed out and it will affect their health and well-being. Some of the patients even don't know how to ring the bell what will happen to them they won't be able to tell anyone even if they're thirsty or wants to go to the toilet. Thier will be heaps of falls. If there's not enough healthcare assistants and nurses they will have too much work load and they won't be able to do thier tasks properly. Because of that staffs will get stressed out and it will affect their health and well-being as well. They can also have arguments in between the staffs.	5/5/2024 8:18 PM
25	Equipment, infrastructure and IT investments are not going to improve making nursing staff even more time poor.	5/5/2024 7:02 PM
26	There will be no future for the staffs, I personally think if the staffs are not in their state of mind that can impact on patients badly.	5/5/2024 7:02 PM
27	As above.	5/5/2024 6:02 PM
28	It is already difficult now. But with sick calls not replaced, staff will be more tired and burnt out and will be less effective with their job. More sick calls, there would be more and more people who will leave the job or decide to go overseas. And there will less time for patients because of the pt load that will result in poor patient care. Less staff will result in more sick calls.	5/5/2024 3:38 PM
29	it will greatly affect the quality of care we can provide	5/5/2024 3:25 PM
30	This will cause additional pressure for us caring for patients at a critical point when emerging from anaesthesia if there is not appropriate staff then this could be unsafe for patients and hinder their care.	5/5/2024 2:19 PM
31	YES. As said above we are struggling as is and cutting out services will just impact the hospital system as a whole, leading to demoralised nurses who want to quit and move over seas even more. Look after your our country's nurses or you WILL loose them.	5/5/2024 2:11 PM
32	Service cuts will impact on the quality of care, patients may not recieve proper and timely	5/5/2024 2:03 PM

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	care, may result in accidents and other complications	
33	We are already a workforce under immense pressure. With already being under staffed, how can we be expected to work safely and look after our patients and provide a high standard of care that is expected	5/5/2024 1:44 PM
34	Increased stress. Reduced quality of care. Increased wait times.	5/5/2024 1:42 PM
35	We may not be able to fully care for the patients if we are not allowed to cover sick calls or flights. Care will most definitely be compromised with nurses being redeployed to areas they are not familiar with/ have no experience in and put more stress on the wards receiving these nurses to help. If we can't always run the flight team due to staff not being able to work into overtime then this will definitely lead to fatalities (which it already has) due to lack of staff to accompany patients on road transfers when helicopter not available. Though I believe this is a separate matter. Care of patients if the right ratio is held to should not hugely be impacted but if staff from an unfamiliar environment are being sent then care may be compromised. But we don't have safe staffing anyway so this will only compound this issue. EXAMPLE a sick call in paed ward other night, not allowed to cover the sick call despite having 13 children and two outlying adults on the ward. How are they meant to leave the ward for a break. 1 nurse left with 15 patients. Unsafe. But nurses cant claim no meal no break as they said they could manage patient load. I went to relieve for breaks but what if we were busy. This ward could have been compromised as all it takes is one patient to become very unwell. And that is what happens. the hospital can change minute to minute. It's not a 'set in stone' day/night. It changes and we need to be able to adapt quickly, but this will compromise/time waste if we don't have safe staffing from the get go to be able to adapt to these changes.	5/5/2024 1:17 PM
36	No impact. We will continue to provide the high standard of care that we currently do.	5/5/2024 12:49 PM
37	Cares that are delayed already will be simply pushed even further to the side meanwhile families will be able to complain to the media, and nurses will be reprimanded for things when it's a staffing matter further adding to overall team morale.	5/5/2024 11:20 AM
38	My biggest reason for being a nurse is for patient individuality and advocacy of care for them and their families. Without nursing input I feel patients will not receive optimum care. Medical staff look more at research and intervention whereas we as nurses look at a more holistic approach to patient care. Patients will not receive the care they deserve!	5/5/2024 11:07 AM
39	No good impact at all from Te whatu ora for the ability of myself and other nurses to care for patients and yeah it's not easy job and is the safety and health for the wellbeing of us all and our medical people on the frontline. Pay up and more.	5/5/2024 10:05 AM
40	Drastic reduction in cares provided. Patients will be fending for themselves	5/5/2024 5:11 AM
41	I can see large numbers of complaints coming in the future from patients/whanau due to their feeling like nurses/hospital aides are just not doing their work. No showers/beds made - the bare minimum will occur. I also feel we will see increases in errors occurring due to staff not being able to care for their patients as they should.	5/4/2024 9:49 PM
42	Unable to provide a service that we used to value and we will no longer want to be a part of.	5/4/2024 9:25 PM
43	We can still give great care.	5/4/2024 8:35 PM
44	I believe that we will have fewer resources and it will become even more difficult than it already is to provide excellent care for our patients. I think healthcare will become like a conveyer belt, treat the patient and get them out.	5/4/2024 8:29 PM
45	Reduces resources. Reduces support.	5/4/2024 7:53 PM
46	Yes it will affect.	5/4/2024 7:17 PM
47	Might be delays and longer stays in ED	5/4/2024 6:06 PM
48	Already we are understaffed across the SMHS. The cuts will cause higher stress to nurses already working under pressure causing burnout. Nurses are already looking at moving overseas.	5/4/2024 5:36 PM
49	See above.	5/4/2024 4:39 PM
50	Negatively+++	5/4/2024 4:30 PM

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51	Morning shifts are becoming heavier as nurses aren't being replaced. Everyone is asking more of the nurses on the floor while we're short staffed and care rationing is happening.	5/4/2024 4:29 PM
52	They way it was announced affected my morale and desire to keep doing to job. It makes me feel undervalued as a health care provider and that I am currently not working hard enough in a shift, so therefore I have the ability to pick up additional staff work if they are sick rather than getting someone to cover them. It makes me feel like Te Whatu Ora has no regard for the safety of patients and staff alike.	5/4/2024 3:02 PM
53	This will create staff burnout due to unsafe staffing and increased pressure.	5/4/2024 1:54 PM
54	It will have a impact on everything	5/4/2024 1:47 PM
55	We will be running there is no other way to eplain it...it will be hugely uunsafe for staff and patients a like. Drug errors will be made , patients will not receive the care they should do.	5/4/2024 1:38 PM
56	Make it much more difficult	5/4/2024 1:03 PM
57	Our patients won't get the proper care they need.	5/4/2024 12:47 PM
58	Falls increase as pts decide to get up without supervision because we cannot answer bells in a timely manner. Medication errors increase with staff stress and fatigue. Injury rates increase for staff and pts, as we try to work individually with pts that require assistance of two to ge safe. Pts can't wait, and everyone gets stressed. I don't understand of gpvt announces wait times will decrease for treatment and surgery, yet at the same time staff is depleted and moral is at a new low.	5/4/2024 11:24 AM
59	I myself, cannot work any harder faster or smarter. If we do see nurses that are on annual leave or sick leave not being replaced in our workplace, it will lead to mass resignations, possibly in the spot, effective immediately. These resignations will be, I believe, from a point of self preservation for our own lives. Apparently NZ nurses and midwives are twice as likely to take their own lives as the general population. Enough already, enough is too much.	5/4/2024 10:59 AM
60	Won't we are always short staffed throughout the hospital anyway	5/4/2024 10:52 AM
61	It would compromise the safety of patients to not cover sick staff and not have the required level of staff for the number of patients and the acuity.	5/4/2024 10:12 AM
62	Hugh impact we are already struggling Staff are using more sick days More ACC claims Less time for patients	5/4/2024 10:06 AM
63	We are already stretched so thin and we work under pressure I can't see where cuts can be made in our area	5/4/2024 9:09 AM
64	Over worked, increased expectations increased workload without increased staffing. This government never care for the health system	5/4/2024 9:01 AM
65	Less staff to do same amount or more work, safety of critical care patients will be at risk especially at break times	5/4/2024 8:34 AM
66	This will negatively impact the ability of myself and other nursing staff within my team to care for patients. We need a fully staffed team to be carry out our work properly. The patients will suffer as a result of this.	5/4/2024 8:31 AM
67	Studies show that more staff = better patient outcomes. I think that speaks for itself. Te Whatu Ora needs to take patient safety into more concern than budget. They're asking us to do more with less resources—it shows that Te Whatu Ora believes money > human lives. We know health is expensive. Invest in it.	5/4/2024 6:25 AM
68	Patients will most definitely suffer from the announced service cuts. It doesn't give me much hipenfor better health outcomes for my patients if my employer wants to spend less money on services. It seems to me this type of government area will always need greater spending. The baby boomers are aging, getting sick and need increased staff to look after them. If safe staffing doesn't happen due to sick staff not being replaced, patients will be neglected and their outcomes in hospital will worsen. They will also be more likely to catch diseases carried by staff who are come to work sick as they know they won't be replaced.	5/4/2024 6:20 AM
69	The staff that is left will be more burnt out leading to more staff leaving. Care will become more inadequate and unsatisfactory	5/4/2024 5:28 AM

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70	Ridiculous! Less staff to do our jobs safely and adequately. Will create substandard conditions and patient deaths. We will feel gutted not being able to do the job properly and safely. Corners will be cut. Mistakes will happen. Need Te Whatu Ora managers to be patients, so when staff are sick, we can tell them they will have to care for themselves as not enough staff.	5/4/2024 1:11 AM
71	It will be stressful and unsafe and staff are getting so sick if there will be less staff and there are too many sick people. It is already stressful now. I fear for the safety of the community that access the health service, and the nurses are	5/3/2024 11:21 PM
72	To cut the staff and put all the workload on limited staff will lead to the stressful enviroment. if staff is in stress patient can't get good care.	5/3/2024 9:47 PM
73	Leadership at HNZ need show they support their staff. Recruitment has occurred but now the risk is employees will leave in droves & go to Australia and further	5/3/2024 9:42 PM
74	non-replacement of sick staff will affect patient's safety as we will have additional workloads. Our extremely premature babies will have delayed treatment as a result of heavier workload and their survival rate will decline considerably.	5/3/2024 9:24 PM
75	Probably will not impact me directly. Colleagues in smaller hospitals have been working above their FTE to meet the needs of their community. They are now having to cut services, including clinics to meet the new requirements. These are the very services that help keep people with chronic conditions out of hospital.	5/3/2024 8:41 PM
76	I think this is going to put staff at risk of injuries as work pressure will increase to dangerous levels especially when staff are sick, patients quality of care will decline and staff will burnout	5/3/2024 8:37 PM
77	In our department sometimes having bigger workloads often can be life-threatening to patient	5/3/2024 8:02 PM
78	It will effect the patient medication being missed, or cares not done, their needs not met, etc,	5/3/2024 7:54 PM
79	Absolutely. we cannot be in more than one place at a time, we already miss breaks and stay overtime. how can we effectively and safely care for patients if there is already not enough time.	5/3/2024 7:53 PM
80	More nurses will just opt to leave and migrate to Australia where service are well compensated ,in relation to the increasing cost of living	5/3/2024 7:41 PM
81	This will definitely affect our department as clinical research equally plays an important role to run the hospital and help our healthcare system improve the way we treat our patients. Clinical research brings funding to our hospital too. If we are under staff then we cannot function to our highest capacity and could potentially lead to less and less clinical trials which are funded by big pharmaceutical companies.	5/3/2024 7:38 PM
82	Patients will suffer more, their care is already compromised and has been for some time. Anybody who says otherwise is not telling the truth. There is already precious little seniority around - most staff on the floor are new hires, have little idea what they are doing, and will take some time to get up to speed. The Minister is obviously woefully out of touch with the sector	5/3/2024 7:35 PM
83	If a sick call of a colleague RN is not filled someone is going to have to pick up the slack and care for more patients. This is going to mean less time spent with patients (which is already a stretch), and therefore impact the care they recieve. Things will get missed or forgotten because of the stress and families and patients will be impacted. If an HCA shift isn't filled it also means more pressure on everyone working on the floor as the care needs to be picked up by someone.	5/3/2024 6:50 PM
84	Increased burn out, less pride in role. If they don't care, why should we?	5/3/2024 6:28 PM
85	It will make the current challenges even more challenging and potentially life threatening.	5/3/2024 6:26 PM
86	Safe nurse patient ratio is very important while taking care of the patient .I would suggest to make the changes more focus on patient and staff safety .	5/3/2024 5:25 PM
87	The cuts will result in more stress on already thinly resourced wards making for unsafe conditions for patients and staff	5/3/2024 5:21 PM
88	We are already under pressure and staffing is so tight, there is no relief, so you just take more of a workload this is only going to escalate. Areas will work really short staffed and patient care will decline or some patients will not receive care.	5/3/2024 5:16 PM

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89	The impact to nurses would be an increase in work load and the expectancy to do more with less resources. Patients would be waiting longer, nurse to patient ratios would be unsafe, the therapuetic relationship between professional and patient will cease to exists do to lack of time, resource and feeling burnt.	5/3/2024 4:54 PM
90	There has already been an unresolved issue with working short at times due to not enough nurses. When this occurs, patients' needs cannot be met safely, care rationing occurs. There are delays in being able to answer bells, provide timely assistance. There is a huge increase in risk to a patient in hospital, with higher risk of mistakes occurring, delays in early signs of deterioration being detected, increased risk of patient falls. This all impacts on the health system as well by increasing length of hospital stays for patients.	5/3/2024 4:47 PM
91	As we are already short staffed most days, and even fully staffed are struggling to meet the demand of consumers. These cuts will only make this situation even worse, meaning consumers are less likely to get the help they need	5/3/2024 4:34 PM
92	Less nurses in the ward as no one will pick up anymore on call shifts since there are no additional compensations for nurses who are willing to help out the busy ward on their day offs.	5/3/2024 4:32 PM
93	Without being able to complete some nursing tasks/ care a lot of people may miss out on a care treatment and therefore may stay longer in hospitals or be discharged early and risking not getting the full benefits.	5/3/2024 4:17 PM
94	Less time to spend with patients. Bigger workloads. Unable to undertake treatments or give medications on time.	5/3/2024 4:10 PM
95	We are already experienced staff crisis since covid making bigger impact on colleagues and other staff.	5/3/2024 4:00 PM
96	With our staffing numbers already In crisis this will create an even bigger impact on myself and my colleagues, and putting patients lives and healthcare at risk.	5/3/2024 3:50 PM
97	We will be way too busy with housekeeping to be able to assist midwives to care for mothers whilst they are in our care.	5/3/2024 3:34 PM
98	Stopping staff from working double shifts isn't agood idea in my opinion. Right now, we need all the help we can get and as many hands on deck as possible. If people are sick and cannot work, replacement staff are absolutely vital for the health and safety of both employees and patients alike.	5/3/2024 2:25 PM
99	It will certainly have a negative effect on nurses in the hospital, especially if sick leave is not covered. And this will directly affect patient care and result in longer hospital stays. Staff will suffer from burnout and leave medicine and nursing . Or they will go overseas where conditions are more advantageous accelerating the 'brain drain'.	5/3/2024 2:18 PM
100	See comments above	5/3/2024 1:55 PM
101	I don't think it will change how we work or the care we give.	5/3/2024 1:30 PM
102	These cuts will directly impact our ability to provide safe care to patients. The gaps in staffing will spread our already challenged departments to unsafe staff levels. This leads to a rationing of care...leaving patients in soiled beds to care for others with more acute issues. A horrible situation for both nurses, patients and families. These cuts will mean longer wait times, increased volumes of patients waiting for beds, ambulance crew waiting to unload pts being taken off the road.	5/3/2024 1:04 PM
103	It will create not fully looking after our patients and not meeting their health needs.	5/3/2024 12:31 PM
104	We will miss something. All the " reasonably well" patients are out sourced. The patients we see are very complex, this takes a lot of time. If we can't do extra shifts in our unit we will have to cancel theatre lists and the patients will be back on an already long wait list.	5/3/2024 12:23 PM
105	How can it be safe to not replace nurses, or allow staff to stay on for overtime, when our debt is chaotic, and busting in at the seams. Leaving a busy department understaffed is huge risk to patient safety especially if you have ventilated patients, or a trauma, pulling our staff resources. This will leave patients unseen, unable to be monitored safely and expanding wait times, increasing the risk of patients unknowing deteriorating or leaving without being seen, who may be acutely unwell and then deteriorate or possible pass away at home due to our poor Healthcare system.	5/3/2024 12:20 PM

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106	increased work loads, removal of the in charge shift at weekends will result on a full work load and being in charge (ward rounds , staffing , ward responsibility) cause increased work pressure, decreased amount time with patients, will result in decreased cares. Not enough hospital aids to sit, putting patients at risk of falls/harms, cause RN increased stress. Nurses having to restock wards, decrease time with patients. Less nurses available to work due increased sick calls.	5/3/2024 11:36 AM
107	In the event of cutting replacement staff/ casual RNs I believe there will be gaps in staffing therefore putting pressure on nurses in patient ratio, thus concern in providing sufficient patient care.	5/3/2024 11:19 AM
108	Health New Zealand announced service cuts, if they are applied to the frontline services as it seems to imply i.e. not replacing sick staff, will in many instances put our patients in critical harm and life threatening danger. I believe myself and my nursing colleagues should not be expected to work under these conditions.	5/3/2024 11:17 AM
109	We cannot function with our expected number of theatres because we have't got the staff to run them all safely. Now also the equipment budget is being cut so that also impacts on our service delivery. Everyone suffers	5/3/2024 11:12 AM
110	care which is already being rationed will be rushed even more. short cuts will be taken on already short-cut services. more errors and omissions will cause poorer patient outcomes. in hospital stays will be longer, morbidity and mortality rates will be increased. patients will have to wait even longer before assessment and treatment. lives will be forfeit. pressures on outpatient services ill increase with flow on implications for both patients and staff. more staff will leave. i still have two years to go before i reach 'retirement' age but i often consider resigning early...	5/3/2024 11:05 AM
111	Maori and Pacific with diabetes will be further compromised, waitlists will grow, gains made over recent years could be lost.	5/3/2024 11:02 AM
112	Nurse patient ratio will be affected so delivering the health care quality will decline .will cause mental and physical stress to the health care workers.we have done so much since Covid times taking too much stress every day and if the stress increases more and more nurses will either leave nursing or will move to other countries which offer better ratios and better money	5/3/2024 10:47 AM
113	It is not possible to adequately care for patients without the human resources to do so. It is well proven that insufficient nurses leads to more mistakes and higher morbidity and mortality.	5/3/2024 10:39 AM
114	I guess I'll have a guilty feeling of not being able to provide appropriate care	5/3/2024 9:43 AM
115	Impossible to deliver quality care , some shifts are so understaffed it's very stressful trying to do our job	5/3/2024 9:42 AM
116	they haven't addressed the staffing ratio	5/3/2024 9:14 AM
117	Loss of staff in clinical areas either through sick leave not covered or not replacing vacation positions is not only short term pt safety concerns but long term chronic shortage and loss of clinical staff. This is yet another repeat of bad practice.	5/3/2024 8:41 AM
118	Absolutely!	5/3/2024 8:13 AM
119	It will put more pressure on the system, with sick calls not being replaced it will increase the likelihood of mistakes and nurses will have higher patient loads.	5/3/2024 8:06 AM
120	Well if you think Ed is full now, just wait. Because those extra services help to keep people out of hospital and in the community. It just shows a total lack of understanding about how the health service works. It's a complex system and they have missed the mark.	5/3/2024 7:54 AM
121	More sick leave as already stressed and tired nurses are pushed further. This on top of increased winter demands.	5/3/2024 6:43 AM
122	Care of patients would lessen as care would revert back to task based cares as there becomes a wider task to achieve throughout an 8 hour shift.	5/3/2024 4:44 AM
123	Things will start getting missed, accidents will happen	5/3/2024 4:25 AM
124	Working short means patients get the bare minimum care and if we are not spending quality time with pts, then we may miss pt deterioration. This is not why I got into nursing.	5/3/2024 4:02 AM

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125	Greatly impact Cannot sustain this . Unsafe , unpredictable, in ability to plan safe staffing and skill mix , not thought through Making short sighted decisions, knee jerk reactions always fail Increased anxiety ,- will there be enough experienced staff on shift Staff afraid to come to work Delays in being seen	5/3/2024 2:04 AM
126	Unsafe staffing, unsafe nurse to patient ratios. Nurses being stretched too thin and unable to provide the level of nursing care needed. Patient deteriorating being missed.	5/3/2024 2:03 AM
127	Same as above	5/3/2024 1:40 AM
128	If I/we don't get a proper work-life balance due to being consistently asked to pick up extra shifts or work overtime because there aren't enough nurses to cover for illnesses and leaves, then we will burn out early, look for greener pastures elsewhere, and this will further push out and delay patients' surgeries and increase fatalities. It's not going to be a good luck for anyone, Te Whatu Ora included.	5/3/2024 1:08 AM
129	Overload of work will be the main factor, safe ratio will be dangerous ratio, staff will be stress and tired that will cause the delay of everything regarding the care of our patients.	5/3/2024 12:19 AM
130	Definitely there will be delays because short of staff , patients have to be wait longer for service.	5/2/2024 11:16 PM
131	It will reduce the morale in the workplace and the standard of care required to provide safe nursing care. As a RN it's is our duty to provide care without endangering lives of patients. It would go against the absolute principles and ethics to which we are meant to work within in these being : nonmaleficence, beneficence, autonomy, justice, and privacy/confidentiality.	5/2/2024 10:59 PM
132	It will affect the delivery of care for the patients.	5/2/2024 10:59 PM
133	there will be more missed care more risk to patients and staff are under more pressure. Patients will be grumpy. Staff will also feel like their registration is at risk as more pressure means more potential to make mistakes	5/2/2024 9:50 PM
134	A lack of staff and equipment means longer wait times for patients, patients becoming sicker while they're waiting, longer times before receiving treatment, receiving worse care, and eventually costing the system more. Do the math, read the statistics, make informed decisions based on evidence	5/2/2024 9:50 PM
135	We will burn out. Nurses are already leaving NZ - where are the incentives to stay? Where did all the money saved from being understaffed for so long go?	5/2/2024 9:49 PM
136	Is a big impact for patient and the staff they are in the hospital to be look after and get better if no enough staff the patient will suffer. Also the staff will get sick for over load of work ACC will increase as will I think Te Wharu Ora have to look at it you can save millions but more people will get sick and die.	5/2/2024 9:04 PM
137	Nursing will become task oriented. The essence of compassionate care will disappear. There is no "ideal" client so patient safety will be at risk. More health and disability complaints, ACC due to skill mix or undue stress	5/2/2024 9:02 PM
138	All care needs won't be met and parents/caregivers won't get the support they need in caring for their child.	5/2/2024 8:57 PM
139	They are putting emmense pressure to the already overworked kai mahi.. Also, this will mean delays in planned care and delivery of essential for patients that have been placed on the waitlist or the public health system.	5/2/2024 8:46 PM
140	Having less staff will mean our workload will be higher and less care to the patients, more waiting times and higher mortality and morbidity rates	5/2/2024 8:13 PM
141	It will impact greatly. In an acute admitting environment we will likely be expected to take up to 6 patients (a whole room) when short staffed. We are only supposed to take 4 (max 5) patients, even then our area is extremely busy with high turnover of patients and we are expected to do more documentation as new digital systems get implemented This also takes time away from patient contact & care	5/2/2024 8:11 PM
142	HUGELY!! Already busy & stressful enough!	5/2/2024 8:08 PM
143	We have lost funding for our after hour clinic (was run on over time as out side normal business hours.) in general client contact outside normal business hours is unlikely to be	5/2/2024 7:58 PM

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	provided.	
144	Patients will have inadequate care. Longer waiting times for cares, medications, treatments especially those that require more than one person. Increased pressure injuries as won't be enough people to help with turns.	5/2/2024 7:47 PM
145	I'm concerned that by preventing CMNs ability to full core front line shifts there will be delays in escalation of care, preventative health measures will be missed, care will be more task focused and less holistic/culturally appropriate.	5/2/2024 7:46 PM
146	This leads to burnout in our team Cares we expect to provide are rushed Is communication happening Aotearoa trained nurses leave regularly due to cuts to Australia they are busy but feel listened to We are there for our patients and whanau	5/2/2024 7:46 PM
147	Patient care is negatively impacted when there aren't enough staff on the floor. Patients wait longer to be attended to and quality of care is effected when staff are under pressure	5/2/2024 7:42 PM
148	It impacts everyone from staffing to Patients less staff means more pressure on Staff at work more work load shared and less time spent with Patients and their cares in rush. Very high chances of making so many mistakes from administrating drugs to Patients notes and cares Staffs not getting breaks because of overloads not enough information given about Patients in hand- over like inexperienced staffs Hca's and new recruits with very limited English language makes a lot of difference in the way hangovers are done from one staff to another very high risk of communication breakdown leads to putting Patients ands Staffs at high risk.	5/2/2024 7:36 PM
149	The care for the patient will be VERY COMPROMISE as everything will be done in a hurry such as: handing over, less information being handed from nurse to nurse. There is also bigger chance of conflict as we all work under pressure.	5/2/2024 7:35 PM
150	Staff are already tired and you are adding to the stress. The current government has not allowed enough time for the recent increased pay rates to attract quality staff back to the profession thus having better staff patient ratios, less stress, better job satisfaction, and staff retainment leading to safer, quality nursing care for patients	5/2/2024 7:30 PM
151	No one will do overtime anymore, thus shortstaffed, thus this will compromise patient's care.	5/2/2024 7:28 PM
152	It's impacting on bed space and the quality of care we can provide as working below minimum numbers. Resulting in care being rationalised and or elective work cancelled.	5/2/2024 7:26 PM
153	Too much pressure on staff during work time. Patient's ring the bell no one come to answer the bill, shortage staff specifically HCA	5/2/2024 7:16 PM
154	removal of some middle managers and duplication across the region could be beneficial in more than \$\$\$. We fail to provide appropriate care of a satisfactory standard daily - predicted only to get worse.. the announcement doesnt change that.	5/2/2024 7:07 PM
155	Service cuts will definitely affect the level of care to our babies. Staff already work in a high stress area and working any shift short staffed will lead to emotional and physical burnout.	5/2/2024 7:02 PM
156	They will reduce our ability to meet the needs of our community and increase the risk of people experiencing severe mental illness and completing suicide.	5/2/2024 6:46 PM
157	Staff to patient ratio is required. It will potentially damage the emotional and mental health of staff. This can eventually lead to poor performance and poor quality of healthcare.	5/2/2024 6:33 PM
158	We just will not be able to see all patients in the community.	5/2/2024 6:33 PM
159	Big impact. If you have to do overtime you do because your patient needs you ! Or no staff to take over from you . Extra stress on you	5/2/2024 6:33 PM
160	Care rationing which will cause an increase in verbal and physical abuse by patients, families. Increased workloads with decreased staffing levels. More pressure to complete tasks. Increase in drug errors. More pressure on experienced staff with supporting junior staff including doctors and students. Increase in workplace bullying. Job dissatisfaction. Lack of resources. Being micro managed regarding time and resources.	5/2/2024 6:27 PM
161	As previously answered	5/2/2024 6:22 PM
162	Nursing staff with be over worked and under resourced.	5/2/2024 5:57 PM
163	There is no new FTE in non CCDM areas despite increased demand which is leading to	5/2/2024 5:55 PM

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	burnout	
164	Waiting times will be even longer, abuse against staff from frustrated patients will increase. No one will want to come to work anymore.	5/2/2024 5:29 PM
165	Patient care will be poor, it's the abyss.	5/2/2024 5:20 PM
166	Hugely! I lost my husband recently and was pushed into returning to work before I was ready. I'm expected to be on top of my game. I have no sick leave, no annual leave, I'm grieving and burnt out and I'm not alone. Staff that are exhausted and burnt out make mistakes. Patients are at risk because nurses have to take on way too much physically and mentally. We are only humans like everyone else. Who takes care of us if there are no nurses left?	5/2/2024 5:00 PM
167	Care will have to be rationed and patients will suffer.	5/2/2024 4:57 PM
168	Less services to refer students and families to. Longer wait at ED,	5/2/2024 4:50 PM
169	It will compromise the care we are able to provide and the safety of patients giving way to more likelihood of unauthorised leaves that could have disastrous consequences and to provide any more than basic care when patients deserve much more.	5/2/2024 4:42 PM
170	It affects the Nurses and patients negatively as taking away services and resources limits the quality of care provided to patients	5/2/2024 4:41 PM
171	An increased risk of forgetting to complete procedures for patients as a result of being under staffed by not covering sick staff members	5/2/2024 4:28 PM
172	Just makes it hard to serve people. We deal daily with angry people not having their needs met not being fixed unable to work and their financial hopes fading. Our service is becoming 3rd world less functional and not serving the communities need. As we deal with job losses and distressed people their health deteriorates and are unable to access private care or even gp visits the emergency department is less available to deal with emergencies.	5/2/2024 4:25 PM
173	If the nurses suffer so do the patients , we can't give quality care if funding is cut. There is a crisis already without more measures that make health carers lives even harder	5/2/2024 4:21 PM
174	Staff do all they possibly can to try care for their patients and it's been ongoing the lack of staff. Ultimately the patient does suffer. They often already do not get the bedside care and time they deserve. Often the very elderly are discharged well before they're ready only to bounce right back. We often have patients being placed in mixed gender rooms even patients on bowel prep The I feel is totally unacceptable however we are made to do this to accommodate staff and patient bed shortages. Patients see how often the nurses are stressed and run-off their feet. There are too many management positions and the cuts should be coming from the top.	5/2/2024 4:18 PM
175	It will not matter to patients. The only thing that will really matter is if ccdm staffing is actually given for clinical Decision Unit and adult emergency departments Auckland city hospital. We can not work more overtime too tired need more fte. The non clinical staff have long breaks and avoid work. The nurse managers never help us if we are busy or short staffed. We do all the work either way. Please focus on forcing te whatu Ora to fully implement ccdm and ratios.	5/2/2024 4:07 PM
176	By not replacing sick staff, we will be obliged take extra patient load resulting to exhaustion and burn out leading to further sick calls. It will also compromise patient care due to unsafe staffing.	5/2/2024 4:04 PM
177	As above ve	5/2/2024 3:57 PM
178	Honestly speaking, it hurts so much for me to say this. In reality, with this turmoil makes majority of the nurses question their career choices. It pains for us to see patients in corridors that cannot go up to wards as there not enough staff to take them. Secondly they may go up but those patients stay in ward corridors, quite frankly there is no privacy in those measures. Lastly Less nurses on the floor but workload is continuously increasing in monstrous rate, this leads to less assessment time for the patients which lead to another problem which missed assessment which leads again to patient becoming more sick or staying longer in the hospital. The word Quality of Care is not evident nor present at all. Apologies for these statements but this is what I observe while I rotate in the hospital	5/2/2024 3:57 PM
179	I've already dealt with patients not receiving they cares in a timely manner increasing their risk of worse health outcomes and longer hospital stays. Our most vulnerable patients are suffering	5/2/2024 3:51 PM

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- the ones without a voice, with poor health literacy or who are confused with delirium, cognitive impairment, dementia and poor mental health

180	I came back to work at the DHB post cyclone Gabrielle after having a 2 year break from nursing. I have been nursing for 24 years and on my return I could see just how understaffed and overworked our nurses were. I am lucky to be float and be HELPING the staff nurses and the patients and let me tell you, they are all sooooo grateful when I arrive to help with daily tasks and take the burden off. If we have staff cuts this is not going to be a good outcome for all our patients and nursing staff!	5/2/2024 3:47 PM
181	The service cuts are an indication that the organisation supports the idea of staff burnout	5/2/2024 3:42 PM
182	Due to increase workloads when nurses are not replaced from sickness or vacant positions, nursing care may be affected resulting in delayed treatment/care of patients thus compromising patient care. Hospitals are already under great pressure and heading into winter will increase this pressure further as people as waiting until they become very unwell due to the cost of health in New Zealand where they are more likely to require hospital level care.	5/2/2024 3:23 PM
183	We will lose what little goodwill we have with our current staff to fill gaps in our rosters. The well publicised increase in nursing staff nationwide just gets us up to near where we should be staff. I am very worried that a recent CCNM safe staffing calculation for our ED is now being stall and the recommended nearly 50% increase in staffing is either going to be delayed or not approved. The fact that we need 50% more staff than we currently have is a sad indication of how we have made our ED staff work under pressure for the last 5-10years. Shortcuts are currently taken by ED staff. It is difficult to insist on a known standard when you know they don't have enough staff to do more than maintain basic safety.	5/2/2024 2:52 PM
184	If safe, effective care is expected then hospitals need to always be adequately staffed. There is only so much you can do in 8 hours and service cuts will increase the potential for mistakes, burnout, frustration, stress and patients simply having to wait for timely intervention	5/2/2024 2:37 PM
185	Increase sick leave, decline productivity. Poor staff morale. Staff not supported.	5/2/2024 2:30 PM
186	Complaints will be made as nurses / HCAs won't be able to give cares in a timely manner. We will be overworked and understaffed which will cause errors in judgement. Prioritizing cares for equally as sick patients will now become even more compromised.	5/2/2024 2:28 PM
187	This will impact negatively. There will be an increased workload on already stretched workforce. There will be care rationing, there will be unsafe working environments. Patients will suffer, families will be frustrated, and there will be no job satisfaction being unable to deliver a high standard of care. There will be increased delays, length of stays and increased mortality.	5/2/2024 2:15 PM
188	Patient care will be compromised but clearly the National Government aren't concerned	5/2/2024 2:08 PM
189	Endangering sick patients instead of caring for them to be well again and eventually be discharged because of staffing woes	5/2/2024 1:52 PM
190	As the CNS role has evolved over the years it has decreased the workload for SMO's, this will have to flow back into there already stretched system leading to further delays and impact upon patient health, likely in our field(cardiac) to see an increase in patient morbidity and mortality.	5/2/2024 1:50 PM
191	In my opinion, being available to work double shifts is an integral role in offering support for both my colleagues and patients alike. I am likely a replacement for an RN absent due to an array of reasons eg: staff shortage, illness, family matters or taking leave. Typically, I note that on arrival to the acute MH ward setting, the nurse-to-patient ratio is at capacity or is close to exceeding the parameters that normally would maintain a level of safe delivery of care for patients. Nurses remain steadfast in their efforts to avoid errors in practice. Lack of staffing will undoubtedly compromise this. Should an unforeseen incident occur at any time throughout the shift or perhaps due to an admission of a new patient, an RN is expected to be onsite and readily available to identify, assess and evaluate the patient's situation. The risk or immediate concerns of a patient must be conveyed to the appropriate and relevant parties that may include: nursing staff, Doctors, Security, Police, Crisis, Administration, legal representatives, Dept of corrections, Social Services, pharmacies, dietary requirements, community support services, whanau, friends etc. RNs are also required to oversee students in placement, delegate tasks to HCAs and ensure patient has an allocated room, their properties are secured. All these tasks and all required documentation per shift is mental health RN-specific.	5/2/2024 1:46 PM

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192	It will create a huge impact to the quality of care towards the patients. Less staff would make less people who will attend to each patient's needs, more stress towards the staff as it might staff to patient ratio would significantly increase.	5/2/2024 1:45 PM
193	We already aren't able to so it's only going to get worse	5/2/2024 1:44 PM
194	There will be huge risks to staff and patients as front line staff are not replaced on shifts. This will cause huge delays in the ability to move patients timely and safely through the system. This could become more unsafe than it is already. The ability for the health system to provide what the public expects will be seriously limited.	5/2/2024 1:37 PM
195	Less staff less time to assess people for their health issues.	5/2/2024 1:23 PM
196	Less staff, less equipment, less time equals poor patient outcomes, higher levels burnout/sick calls and staff attrition.	5/2/2024 1:21 PM
197	Obviously, if sick staff are not replaced, patients will suffer through care rationing and patient safety and wellbeing will obviously be at risk. Adequate patient discharge planning will be compromised and longer hospital stays means these cutbacks will not be cost effective.	5/2/2024 1:17 PM
198	In the first instance not replacing staff who are sick or on leave may impact safe models of care. Banning double shifts should be encouraged as long as they are replaced.	5/2/2024 1:12 PM
199	This has limiting impacts on our clients care as Nurses become busy dealing with the more acute clients as the caseload increases per shift and the not so acute will be left to wait longer.	5/2/2024 1:02 PM
200	The goodwill of being asked to cover extra shifts or sickness will go out the door. Staff definately haven't been appreciated in that we have picked up extras so the elective work can get done. Therefore with these cuts elective contracts won't get fulfilled	5/2/2024 12:55 PM
201	We care for a number of our most vulnerable citizens in their homes. This includes the elderly, people with disabilities, and a large portion of our referrals are for Maori and Pasific people. By reducing our service we will be forced to decided who gets a visit vs who does not. I mean this literally! If we do not have the staff people won't get visits... this translates directly into poor health outcomes, it's common sense. I wonder how The Health Minister would feel that his own parents or grandparents may be told that due to short staffing they won't be getting the care they need. I imagine he would be the first to get on the phone, in front of the cameras and complain.	5/2/2024 12:54 PM
202	Patient care is compromised	5/2/2024 12:51 PM
203	If Clinic staff are redeployed to the wards to support sick leave, they aren't orientated, they don't know the hospital care plans, they're not given an orientation, they'll be giving out medications and cares they aren't familiarly with - You miss what you don't know is expected from you. Making it unsafe for patient care and working outside a comfortable scope of practice that can potentially lead to adverse outcomes for patients and adds huge stress to the nurse not only being redeployed but if adverse outcomes occur. - Requiring NZNO support.	5/2/2024 12:48 PM
204	patient safety is huge there will be no time or staff to check medications properly. Time critical things like IVABS, ecgs, neuro obs etc will take precedence over toileting and turning patients. ed pt not	5/2/2024 12:43 PM
205	We are already over worked, how much more does Te Whatu Ora think we can provide health care to a certain standard if resources are cut ?	5/2/2024 12:41 PM
206	All patients will receive minimised care.	5/2/2024 12:33 PM
207	Patient care will suffer due to increased waiting times for medication and patient cares resulting in more negative impacts on patient wellbeing and health outcomes.	5/2/2024 12:24 PM
208	Directly! (see above)	5/2/2024 12:21 PM
209	these cuts will impact patient care as their will be a unsafe nurse to patient ratio on the wards. with people calling in sick and no one to replace and no overtime to fill in while there are gaps in rosters this will create a huge amount of stress on nurses working. medications will be delayed and/or missed. accurate patient care will not be upheld due to the large tasks and amount of patient ratio to nurses.	5/2/2024 12:19 PM
210	I believe that when we are short-staffed, we can only do what is possible as prudent nurses, but when the patient ratio overwhelms us, we can not do magic.	5/2/2024 12:12 PM

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211	The pressure will be real.	5/2/2024 12:00 PM
212	Less staff, increased wait times, won't be able to look after patients as well as I would normally	5/2/2024 11:56 AM
213	I think I mixed that into prior question, sorry about that!	5/2/2024 11:56 AM
214	It wouldn't be safe for nurses caring f	5/2/2024 11:55 AM
215	Patients seem to have more comorbidities now and stay longer than in the past. The wards are already so busy. The cuts will increase the work environment; Staff who are already under pressure now before any cuts. The patients are the ones who will be affected the most. It will force the nurses to focus on the necessities, and not the niceties; This will make the nurses feel they have done a half-arsed job, which in turn affects the work environment and the nurses well-being as well as the care and safety of the patients. When the full winter admissions hit; It's a very scary thought to what the next few months are going to bring, especially if they staffing is not covered.	5/2/2024 11:51 AM
216	You can't expect an increase in patient load due to staff sickness's having nil effect on patients. This will lead to faster burnouts and less time to provide adequate care for an increasing patient load	5/2/2024 11:29 AM
217	I love my job, I care deeply for all our hapu & our iwi . We are a whanau here at Whangarei Hospital and we rely heavily on each other to navigate this every changing health system and govt . It saddens me to think that our people, Maori Pacific and all others will not get the same quality care as we stretch ourselves even more physically and mentally to cater to the needs of our people .	5/2/2024 11:20 AM
218	we will become more exhausted which can lead to more sick days, illness etc. this will put pressure on staff working and this will impact clients. that can mean clinics cancelled, clients disadvantaged, having to go to other satellite clinics which can be impossible for some and that puts them at risk and not seeking treatment.	5/2/2024 11:17 AM
219	Patient care will be delayed, obs, chemo, blood products and antibiotics. There already is a shortage of nurses able to give chemo and when sick leave is added, chemo will be unable to be given safely	5/2/2024 11:12 AM
220	Unsafe staffing numbers are bound to increase when staff are being pressured to take leave when we are all aware of short staffing issues throughout the hospital system.	5/2/2024 11:11 AM
221	Patients are already suffering the direct impact of a challenged health system, which is now under significant additional pressure. The increased waiting times and reduced number of staff, lack of senior and mid-level staff to offer experience and mentoring impacts the standard of care possible, the continuous presence of people waiting in ED corridors and inability to move on into hospital wards and the lack of community based care and transition services is directly impacting the wellbeing of patients and whanau. There is a lack of ability to provide even the most basic of care at times, and this together with the limited services now available results in people unable to access services, or being asked to wait for unsafe periods of time in unsuitable conditions. Despite staff trying their hardest and doing their best, there is no longer the resources needed to provide a safe and effective health care service. Those who have money, insurance or access to travel overseas have some choices in terms of maintaining their health – those who are vulnerable, disenfranchised, or simply 'average' do not. When are family need health care – we are scared.	5/2/2024 11:09 AM
222	We will cancel operations or whole theatre lists, which we are already doing daily, due to lack of staff. The waiting lists will increase... but the private hospital has been contracted to do a lot of our work that we can't, so they'll just get more contracts....	5/2/2024 11:04 AM
223	It will impact greatly on our abilities. It'll mean less time when assessing a patient. It'll mean unsafe stuffing in hospitals where ambulances are ramping, corridors are full, and there are people in the waiting room with chest pain; but there will not be the staff to care for them. It means our ability to provide proper care, or simply giving analgesia to a patient who is rolling around on the ground in pain will be delayed due to having to prioritize someone else having a heart attack because there's not enough staff. It's not acceptable. I dread the day that a member of my family may have to present to ED, and be left to suffer due to the govt making these cuts, saying this is how we will save money. Saving money vs saving lives?	5/2/2024 10:57 AM
224	We will be at risk of causing unnecessary harm to our patients from lack of staffing resources	5/2/2024 10:56 AM

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to provide the care that is needed. We will lose even more nurses because we are only human and the burn out is causing staff to give up nursing altogether

225	The resourcefulness of nursing staff to care for patients is very stretched. Cuts will cause time pressures and will force even further prioritisation of patient care. The narrowed focus will be on the physiological only. There will result in greater compromises of care that logically to more injuries to patients and staff, missed opportunities to support patients and whanau with knowledge that would improve health literacy and lend itself to informed personal action plans. What the system will see is the flow on impact of increased ED visits and hospitalisations, acute unplanned crises, missed outpatient care, worsened mortality rates and so on in all age bands.	5/2/2024 10:30 AM
226	yes as things are poor as it is and i feel rock bottom.	5/2/2024 10:30 AM
227	Every nurse tries their best provide safe quality care, but is frustrated by because nurses at coalface can't do anything to change this 3 headed monster government	5/2/2024 10:26 AM
228	The hospital will be pushing more people out into the community with less forethought putting more pressure onto existing services that are barely coping with no extra resource to do this. This will be dangerous for the complex patient, put nurses registration on the line. It is not 'if' but 'when' someone is going to die as a result.	5/2/2024 10:23 AM
229	How can a nurse think critically and render a good service if the nurse herself is not well looked after. Our work is very physical, if we are short in the team, it means those nurses/staff who showed up at work are required to do extra work. This will just cause more people ringing sick and in the end, it's the patients who will be greatly affected.	5/2/2024 10:22 AM
230	We will not be able to provide adequate nursing care in a safe and timely manner.	5/2/2024 10:21 AM
231	Our own nursing staff will end up over worked and burnt out. Nurses will begin to leave new zealand nursing again due to the conditions and pressure and we will have another nursing shortage. I myself was just starting to feel safe and supported at work again due to proper staffing and therefore proper support but now I am afraid I will be left high and dry again. There is only so much one person can do in an 8hr shift and when we are short staffed things don't get done, patients get sicker and need longer care and treatments. This in the long run will cost the hospital money, not save it.	5/2/2024 10:16 AM
232	See above	5/2/2024 10:08 AM
233	Patient safety and care will be compromised, due to staff shortages. Patient dying because they will not revert care on time. Staffing positions being let go because they have not been filled, staff are already stretched.	5/2/2024 10:06 AM
234	In the last few weeks, our unit has closed from 12 to 8 beds in response to the many incident reports we have been doing where we were working with 1 RN short. We were told this is because there is no budget for these 4 beds or to hire staff. This will cause bed block in PACU (where most of our pts come from) as well as ED	5/2/2024 10:04 AM
235	More staff will leave for Australia. Non-replacement of sick staff means higher risk of burn out, ongoing datix, workplace incidences, high stress rates and mental health complications. Clients are at risk of poorer health outcomes as a result.	5/2/2024 10:01 AM
236	The impact will be less ability to see people in a timely manner, and to be able to follow up appropriately.	5/2/2024 9:55 AM
237	If they are not replacing sick and the current staff are not allowed to work double shifts or overtime, how will they maintain safe nurse-to-patient ratios? With the current options, it appears they plan on leaving shifts short-staffed. I'm concerned this will lead to increased stress and workload on the staff working, decrease patient care and increase the risk of overlooking small but important symptoms or assessments. it also increases risk of injuries for both staff and patients.	5/2/2024 9:52 AM
238	Staff overworked, not being able to have their break time due to limited staffing. More injuries for both staff and patients due to tiredness. Unable to use the bathroom and may likely pee themselves.	5/2/2024 9:50 AM
239	Yes. Currently having casual staff to help us as our area.	5/2/2024 9:48 AM
240	Stressed nurses, patients and families. Highly stressful environments. Someone will die! We	5/2/2024 9:47 AM

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are reducing numbers on the floor and we can't be every where at the same time. Care Partners/HCA are getting hammered and moved from ward to ward! Everyone needs them but n9w numbers are few due to cancelations. Roughly 30 HCA short per afternoon shift 1500-2300

241	The workload will not decrease but the staffing levels will, we will be 'forced' to work harder and quicker caring for an increased patient load. We WILL be unable to do more than essential tasks, we WILL NOT be able to assist new nurses, We WILL be more tired, less accommodating. This WILL lead to mistakes , this WILL lead to nurses leaving for countries that care for their employees enough to recognise the need for safe staffing.	5/2/2024 9:46 AM
242	They should consider removing some unnecessary position. Should focus on staff working bedside and the services provided to the patients. The demands of every patient are too much to handle that sometimes affect the wellbeing of the healthcare provider itself.	5/2/2024 9:42 AM
243	On our unit, we only have three nurses per shift. If a sick nurse does not get replaced it is borderline impossible to do good work, and could easily cause missed care and adverse outcomes. When we are overwhelmed with work, we are forced to focus on prioritizing tasks rather than using our critical thinking and performing proper nursing assessments. Patients will just be held stable, not progressed toward recovery because we don't have the time to properly assess them (for example: minor dressing changes, weaning respiratory support, changing patient clothes that are wet, updating family). When we're that busy, I focus on keeping my patients stable and fed, all of the other stuff that is necessary but not immediate gets deprioritized. And as we are a specialist unit, it is not so easy to call for help and get a staff who can cover tasks without training.	5/2/2024 9:40 AM
244	Staff feel pressured to work more because there is no one to cover sickness. Staff feel overworked because of staff cuts. Workload remains the same if not more, and staff are forced to deal with it with lesser staff.	5/2/2024 9:38 AM
245	Patients will have increased risk of HARM of falls, pressure/skin injuries, medication errors,delays in treatment, infections etc etc. I'm not prepared to be part of this anymore. Patient harm will increase,more nurses will resign and exit health or go to Australia	5/2/2024 9:30 AM
246	More workload is put upon our shoulders considering we're understaff and most of the times the ideal number of staff is covered by those doing OTs. But now that OT's are also being cut off, we tend to handle more patients than what is ideal and it is giving more strain physically and mentally.	5/2/2024 9:25 AM
247	I do believe double shifts are not healthy so this should be addressed. Staff with high leave balances should have a plan to use leave. I feel strongly about not replacing sickness especially on afternoon and night shifts - its just dangerous.	5/2/2024 9:19 AM
248	Nurses who already have heavy patient workloads will become burned out, and I suspect there will be a mass exodus of senior staff, and younger nurses will leave to go overseas. Patient care will be compromised as you can not safely care for more patients, and nurses will feel disillusioned.	5/2/2024 9:18 AM
249	potential unsafe	5/2/2024 9:18 AM
250	Less staff. We are already running out of supplies when stock levels are lowered - syringes, syringe caps, linen, medications. Poorer communication within the team - less time for documentation, rushed handovers. Poorer communication with parents - less teaching and assisting which will lead to poorer outcomes for babies and prolonged stays. Moral injury when you are not delivering the care you want to and should be. Constant prioritizing/reprioritizing of care. Inadequate orientation of new staff, inadequate teaching & supervision of students (with no tutor from the provider on site). Early deterioration signs in babies overlooked. Angry and upset parents who are distressed by the physical overcrowding and the inability of staff to respond in a timely manner. More staff crying on shift. No debriefing of events and outcomes which increase emotional and mental distress for staff. An overwhelming sense that you can never do enough and what you do is never good enough.	5/2/2024 9:16 AM
251	Simple, patients will miss out on adequate care. Patients will stay longer as no time to assist with rehab exercises. Patients will end up with multiple ailments due to cross-infection from lack of thought and time taken around hygiene, increased risk of pressure injuries and infections from reduced/missed patient cares. Increased patient injuries during admission due to inability of staff to watch and assist those more vulnerable patients.	5/2/2024 9:09 AM
252	We are already struggling to care for the 65+ age group. If we need to admit someone to	5/2/2024 9:08 AM

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hospital we have to beg for a bed as we have no local psycho-geriatric facility to put elderly clients into where we can complete a full health screen and monitor efficacy of medication.

253	More workload and reduced patient care service.	5/2/2024 9:08 AM
254	Increasing	5/2/2024 9:07 AM
255	We are already at capacity. I am scared of someone dying in the waiting room, or on a trolley in the corridor	5/2/2024 8:57 AM
256	Less time with patients, increased falls and pressure injuries. Relying more on family members	5/2/2024 8:55 AM
257	Our recalls, patient results - non patient facing work is growing by the day. Primary health is about health promotion & prevention we are unable to do this currently. Our patients are becoming disgruntled and their care is not optimal due to increasing workloads. I fear there will be mistakes and patients health will be jeopardised with the proposed cut backs,	5/2/2024 8:55 AM
258	Stressful paying bills looking after the Stressful paying bills, transport, mortgage, food cost and not concernte in working (like giving proper care and not enough sleep.	5/2/2024 8:51 AM
259	The staffing situation in both of my departments is already at the lowest possible level to run both services, any cuts will result in extreme care rationing and multiple missed points of care.	5/2/2024 8:47 AM
260	They won't! Young nurses will leave and older nurses like me will retire leaving a sinking ship!! Unless luxton came in and witnessed a shift in ed from a distance- his ignorance will prevail	5/2/2024 8:45 AM
261	I fear we will not be able to nurse holistically and our job will become very task orientated..	5/2/2024 8:43 AM
262	I would struggle, families are waiting, waiting , waiting for weeks for tests, MRIs, scans and decisions. In the community the demand for help at home is increasing as people are deteriorating while waiting for treatment. Can't keep up with the demand, have very angry families verbally abusive on the phone or to my face when i visit to complete their assessment.	5/2/2024 8:41 AM
263	Our roster has casual staff rostered illegally to fill the gaps instead of permanent staff. No staff to call on to replace sick staff. Our FTE staff has been reduced and not replaced when they leave, seem to be taken for something else ie HCA, Educators and lost in the system	5/2/2024 8:40 AM
264	I have already severely cut engagement times, and doing only bare essentials, and having to react when patients relapse instead of doing a lot of preventative and building We are often aske to help out other sector and feel very guilty when we cant This has led to extream burnout or	5/2/2024 8:39 AM
265	There was NO ANNOUNCEMENT and how is going to impact us	5/2/2024 8:38 AM
266	Leaves current staff again burnt out. As trying to give adequate care with less. Which becomes more and more impossible. Equals more sick leave. And it continues. More staff go to Australia. And hospitals spend more and more money in recruitment and training for the cycle to continue	5/2/2024 8:37 AM
267	If we cant have casuals, there wont be staff to provide care!! These politicians have no idea what it is really like in the workplace. Nightshift last week, we had a very green new grad, working with 2 Indian casuals who HAD NEVER WORKED IN THAT WARD BEFORE!!!! So dangerous. No disrespect to IQNs but their English isn't great which leads to communication breakdown and potential danger for staff and patients.	5/2/2024 8:36 AM
268	There will be exhaustion, burn out leading to poor patient care due to delayed care, missed cares etc.	5/2/2024 8:28 AM
269	We are already working like task orientated nurses. The caring aspect of nursing has fallen to the bottom of the list as there are so many other aspects of the job to get done. Patients are missing out on the true caring aspect. Nurses are going home exhausted, frustrated at the lack of support by management and are sick of hearing about staff cuts, \$ saving etc etc. There is no self gratification in the role of a nurse as we feel we have not been able to do a good caring job with our patients. Gone are the days of being able to sit and really listen to your patients, get to know them and wholistcally look at the situation as a whole. Nurses are feeling disempowered, burnt out, overworked and unappreciated. Their home life is in disarray in some cases as they are so exhausted they have no time or energy to take care of themselves. Sadly the patients and staff are being thrust into precarious situations. The government and	5/2/2024 8:24 AM

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management need to stop thinking of their egos, big overpaid salaries and get back to basics. People are being treated like commodities instead of people.

270	If nurses are having to pick up more patients then there is a greater chance of mistakes being made. HCAs get more pressure put on them from the RNs and then we have a likelihood of working out of our scope of practice.	5/2/2024 8:17 AM
271	Increases in delayed and reduced patient care activities- unfilled clerical and HCA shifts mean nurses do the work. Nurses overtime and missed breaks will again become "invisible"	5/2/2024 8:15 AM
272	Patient and staff will be stressed. Not many will want to work extra shifts. Patient care will be compromised, when no one gets replaced for sick cover	5/2/2024 8:08 AM
273	We are struggling to give quality care to the patients now, there will be more errors, vital information missed, potentially causing more casualties	5/2/2024 8:00 AM
274	You cannot care for patients when there are not enough nurses or the appropriate functioning equipment for the number and acuity of patients. We are constantly running out of stock nationally, constantly asking nurses to pick up shifts. Our nurses don't even get incentives to pick up shifts. The hospital is frequently at capacity. Nurses can barely provide patients care with what we've got. This blows my mind.	5/2/2024 7:59 AM
275	If we do t have the number of staff to fill vacancies, sick calls and release for leave or breaks, this greatly impacts upon patient care and outcomes. As patients are then receiving only the basics of that at some points. Patients deserve to have appropriate care and as employees we deserve to have appropriate working conditions.	5/2/2024 7:56 AM
276	It will make it hard for me and the team I work within as we will be forced to move patients before they are ready for transfer risking deterioration during transfer or having to return to a provider due to post transfer complications requiring specialist intervention. Also the number of patient will increase for care within the hospital but not the staff to look after the patients.	5/2/2024 7:53 AM
277	The wards are depressingly dangerous places. People are trying to do a good job but have so many barriers to tackle. Currently the resources and funding don't meet the needs. Any cuts impact care. What we have now is embarrassingly bad. Over crowded ED departments filled with people who can't get GP appointments or can't afford them. Long waiting times - where potentially very sick people choose to go home because they can't wait. Angry frustrated patients who become abusive and chew up resources as we try to manage them. Poorly cleaned wards with VRE & cross contamination risk. Curtains not replaced after VRE terminal cleans. Shared rooms because people are put where there is a bed. 5 males & an 80 year old lady in the same room. Terrible culturally inappropriate care. No fat in the system for covering sickness. Some departments are 30% reduced in Reg cover - 1 registrar covering 350pts on a night shift. How is that safe? The acutely sick & extremely co-morbid patient population will continue to put pressure on an under resourced system.	5/2/2024 7:43 AM
278	I have been in survival mood for quite some time so have been able to cope but a lot of my colleagues standards are slipping.	5/2/2024 7:42 AM
279	The day this was announce I worked a double shift 1500-0700. I should have finished at 2300. There was no nurse coming on shift who who would be able to this duty. I was caring for a pt in seclusion. Who would have cared for this pt.	5/2/2024 7:41 AM
280	The ability to care properly for patients is already unsustainable. This will make it harder.	5/2/2024 7:39 AM
281	The non replacement of sick staff will be a very dangerous situation to be in. The remaining staff are going to do the work of those not replaced. We will not be able to provide care to the LPS level and someone will die. It's dangerous.	5/2/2024 7:35 AM
282	Currently, we are already understaffed working at 50% staffing levels. We currently have an abundance of clients on our waiting list or who are currently waiting for a case manager. Many clients are currently missing out on the therapeutic interactions community nursing care is supposed to provide. We simply will not have the time. I am most definitely scared about these changes.	5/2/2024 7:28 AM
283	It's ridiculous. The health system is barely holding up and it's going to implod. Cuts on staffing in my area mean heart attacks go untreated across the whole midland region, leading to preventable deaths.	5/2/2024 7:27 AM
284	Using the example above, it increases the work load of staff , in those who do not regularly	5/2/2024 7:24 AM

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	finger prick in pregnancy.	
285	in my opinion offering overtime to staffs specially on night shift after 3 am no backfill it wont be to beneficial for the workers as in 4 hours left on the shift things might be too busy tendency staffs will ring sick on the nextshift because they are exhausted.they can cut down stuffs to be able to save money but they need to be careful on what ares will be affected and would result to our patients safety and welfare	5/2/2024 7:16 AM
286	Staff burn-out, sickness, unproductive work, and resignation will increase.	5/2/2024 7:07 AM
287	No additional staff means increased workload and unable to provide safe and effective care, education and treatment.	5/2/2024 7:01 AM
288	With an ageing population, there is alot more pressure at work given their morbidities and cognitive functions. There is a high need for more staff. Alot of nursing staff looking for better working opportunities, work life balance, better recognition for their further studies and increased remuneration. We will be unable to care for our patients holistically and deliver timely and high quality care to our patients. Service cuts will not meet the requirements above	5/2/2024 6:57 AM
289	It feels as if we are undervalued and being treated as machines.	5/2/2024 6:37 AM
290	Huge blow because surgeries will be cancelled	5/2/2024 5:30 AM
291	replacement of sick staff is crucial to maintaining not only adequate care, but to also not overload other workers who will then get burnt out and sick themselves!. plus, as a Casual/on call nurse myself, I rely on work on call to come in and replace those who can't make it. Casual work is my only option for work due to my health status, so things like this one example I mentioned impacts patients,others on duty and on call workers as myself	5/2/2024 5:12 AM
292	People need early supportive care for best outcomes...rather than the ambulance at the bottom of the cliff due to staffing pressures	5/2/2024 4:32 AM
293	Profit is the only thing that matters. They are not at all interested in patient care.	5/2/2024 4:20 AM
294	it will put pressure on the current nursing staff and workload will increase due to not replacing staff if ever there is someone on sick leave. Probability of staff calling in sick will increase if workload will be too much	5/2/2024 2:01 AM
295	see above what about reducing the Corporate team and fancy meetings - rebrandings and consulants at > 80 hour	5/2/2024 1:39 AM
296	More workload and no benefits in covering sick leaves.	5/2/2024 1:02 AM
297	This will create increased workloads and unsafe nursing practice resulting in increased patient falls, and the possibility of increased medication and procedure errors.	5/2/2024 12:36 AM
298	This will only increase workload on nurses causing more burn outs and stress.	5/2/2024 12:35 AM
299	As ive mentioned, even before the service cuts, our ward is already having pt: nurse ratio. I expect it to be worse with the service cuts.	5/2/2024 12:33 AM
300	In mental health appropriate care requires 1-1 therapeutic nursing that can involve hours spent with Whaiora to build a trusting relationship. Without adequate staffing levels we compramise the quality of care and prolong recovery.	5/2/2024 12:27 AM
301	*UNSAFE STAFFING. only 4 staff on afternoon shift incudes Nurse in charge of shift. One night shift only 2 nurses rostered. If one or more ring in sick it is a hugh Risk to staff and patients. * Care rationing for patients to the point of no cares being provided * unsafe environment for staff and patients. * not able to provide adequate care for the sick. * patients who require more than 1 nurse to carry out hygiene cares with bedridden patients will be left in soiled beds which in turn can lead to skin burns and pressure areas. Patients loose what diginity they have left while in hospital *higher risk of medications being delayed due to not being able to have staff available to dispense * Patients suffering in pain longer as not being given pain medications within a timely manner. this will make patients recovery/stays in hospital longer. * will need greater/ longer MDT imput to get back to baseline with longer recovery times due to patients becoming more deconditioned. * higher chances of patients getting hospital acquired pneumomia from longer hospital stays. ing of	5/2/2024 12:21 AM
302	I will not be working less experienced nurses will take my place. Everywhere in health is already a shambles. It will just be an even bigger shambles. It's like 1991 all over again. The	5/2/2024 12:15 AM

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new Government is gas lighting problems. Bring in laws like Queensland, where assaulting a health professional has prison sentences. As it will soon be a blood bath in mental health wards.

303	As mentioned above the number of one to one patients we get through mean on the busy days with huge surgical lists puts patients at risk. In the case we have insufficient staffing on a busy day, if an emergency arises there will be less or no staff available to initially assist until further help arrives. I fear this won't be believed or realised until the worst case scenario happens.	5/1/2024 11:58 PM
304	As a specialised unit with very vulnerable patients we are unable to seek assistance from other areas of the hospital. We often work overtime to assist with resuscitations and emergencies. Care rationing will be necessary, meaning we often won't have time to feed, clean or provide continence cares to patients. There is definitely going to be an increase in not only length of stay, time for diagnosis and co-morbidities, but also mortality rates for patients across the country. With less time for assessment, deteriorating patients may be unidentified for extended periods of time. There's going to be an increase in distrust of the health system, meaning we are going to find it even harder to reach vulnerable patients of a large demographic.	5/1/2024 11:52 PM
305	Quality safe care will be compromised. More stress and burnout. More mistake made. More nurses leave or go overseas	5/1/2024 11:50 PM
306	It would suck big time...I would like them to come and work on our ward for a week and see how they would cope.	5/1/2024 11:33 PM
307	It critically undermines any recent progress made towards patient safety. The service cuts demonstrate how out of touch the government is with the ongoing challenges the NZ health care system is facing on a daily basis. I can only conclude that the government has very little regard for human life by putting in a mandate that clearly jeopardises human life.	5/1/2024 11:02 PM
308	- longer waiting times for clients trying to get help and access mental health services, even longer than now - delay in reviewing and progressing the recovery of clients already under the services - lack of medical oversight as psychiatrist available hours continues to go decrease - crisis teams with vacancies already under pressure and unable to get to people in a timely manner - clients and families feeling unsupported with increased risk to those who are suicidal and are not seen in a timely manner - Mental Health Acts unable to be progressed in a timely manner due to lack of psychiatrists and increased acuity on crisis teams - community teams struggling with excessive caseload numbers (which are already in many cases at unsafe levels for community staff to manage) - inpatient mental health wards will be unsafe for both staff and clients due to poor staffing and resources - increased pressure on ED departments where many unwell mental health clients turn up and are then not seen in a timely manner by the overworked crisis teams - staff morale continues to plummet; sickness levels go up as people burnout; younger nurses leave and pursue other career options; increased staff injuries in inpatient units from unwell clients due to inadequate staffing levels and delay in treatment decisions due to the lack of doctors - staff leave and go overseas, the works just as hard and there's also staffing issues, but the pay and conditions are way better - some longstanding staff choose to retire or leave, loss of experience in the service and these vacancies won't be filled - increasingly young people dont see coming into nursing as a good career move, (that Shortland street recruitment thing really worked didn't it!!) less so now. Frankly looking at how things are going, i wouldn't be encouraging them to train as a nurse. GENERALLY THE MESSAGE ACROSS THE HEALTH SERVICE NOW IS ' DO MORE WITH LESS AND DONT COMPLAIN ABOUT IT, AND IF ANYTHING GOES WRONG, WE WILL MAKE SURE YOU'RE TO BLAME!'	5/1/2024 10:43 PM
309	Job satisfaction is already low so that will be worse and patients will not get the basic cares and there will be substandard outcomes, increased patient falls, increased aggression from patients and families and fatalities due to lack of staff.	5/1/2024 10:41 PM
310	Huge impacts expected. I work in a specialized acute area of health where we also respond to emergencies across the hospital for our pt demographic. Already we've seen gaps of sick staff/clinical defecits filled with staff from other areas, with no/little training/knowledge around the high level of care we need to provide, this is dangerous for patients who deserve the best care possible from those trained but also puts the core staff on the floors under huge pressure and unsafe workloads/time to care for our sickest patients.	5/1/2024 10:37 PM
311	As we will have less staff and resources it will impact our ability to provide care and cause a	5/1/2024 10:34 PM

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lot of delayed care. The stress this will put on myself and other staff is extremely unfair and detrimental to our work morale, not to mention our own health. It may even lead to more mistakes being made as we will be under so much pressure to deliver care.

312	Ward is already busy, it seems like we are not rewarded for the hard work we gave. It just gave me a reason to move to Aussie	5/1/2024 10:29 PM
313	It will impact the staff by making them more tired, it will impact patient cares by being rushed and understaffed,	5/1/2024 10:18 PM
314	The quality of care will be and already is reduced, staff are unable to provide care due to unmanageable patient loads.	5/1/2024 10:17 PM
315	We are already short staffed. Patients line the corridor. People have died already from lack of ability to staff the department and I fear it is only going to increase and increase burnout of staff	5/1/2024 10:08 PM
316	Patient safety would greatly be affected, nurses would be more task oriented given the load of work to accomplish and once nurses are exhausted to the point of breakdown, burn out is expected.	5/1/2024 9:56 PM
317	Substandard car And again as under John key I believe that maintenance of building etc will be compromised	5/1/2024 9:50 PM
318	It takes me back to many years ago when I worked on the wards very short staffed. It was scary as felt unsafe. No breaks and often started early and finished late to feel that all documentation was read and completed in case we ever had to stand up in a caught of law. It was always about the patients and always will be. We love our jobs as nurses so will always go the extra mile for a patient but absolutely at the detriment of our own health and wellbeing. Some staff hang in there but mostly staff are now leaving for Australia. So sad that the government is so blind to the needs of the country. Mental Health has been in crisis for so long, scary to see that it will get worse. More people will die as a consequence. Sad times ahead. As health professionals we can only do our best with the minimal we have.	5/1/2024 9:49 PM
319	Not covering sick leave and not allowing overtime during surge times will lead to unsafe work environments. This will impact patient care, but worse, could lead to patient fatality from dangerous nurse-patient ratios. It is absolutely ludicrous to think that not covering sick leave would not impact on front line. We cannot multiply ourselves, this is dangerous!!!!	5/1/2024 9:42 PM
320	As the phrase implies, "service cuts."	5/1/2024 9:42 PM
321	I'm concerned we won't be able to provide safe care as will be expected to do more with less staff which will affect the safety of the staff and the patients	5/1/2024 9:37 PM
322	As long as frontline jobs are maintained, and equipment is not sacrificed, we'll be fine. There are many waste areas such as senior management and the likes of the maori health authority.	5/1/2024 9:34 PM
323	We're already expected to do more and more and keep our patients safe. There is an expectation that we will get the same work done with less staff. Pts are already having to wait longer then they should to do basic things such as going to the toilet and personal cares. It's not the government that gets yelled out when a person should themselves because we can't get to them in time.	5/1/2024 9:34 PM
324	The care they deserve won't be able to be given! In an environment that we're re made to give the care while piling on the extra work loads/stresses is impossible! I feel so sad and scared for my colleagues in higher acuity settings! It's dangerous for the staff as well as the patients!	5/1/2024 9:33 PM
325	We lack basic resources and equipment to do our job. High burn out rates for existing staff.	5/1/2024 9:31 PM
326	It definitely will take a huge negative impact on the quality of care and service. We are humans and can't go over the limit of our abilities..we feel burnt out	5/1/2024 9:28 PM
327	There is no way I will be able to deliver the same level of care to patients.	5/1/2024 9:27 PM
328	With restrictions on government funding the community support we can offer has been getting leaner and have to rationalise any support given to clients to ensure appropriate funding/support being provided	5/1/2024 9:26 PM
329	Our staff are now reluctant to pick up extra shifts or to extend their shifts which leaves us short staffed. Staff are sick of being sent away to other areas when we should be orientating	5/1/2024 9:24 PM

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	them to our area.	
330	I won't be able to provide all the cares that I want to give to my patients due to heavier work load.	5/1/2024 9:23 PM
331	Less care, less care more leaving because of unsatisfied nurses not being able to do their job properly	5/1/2024 9:21 PM
332	Potentially unsafe to practice. Often only 2 staff in building with 7 pts. If one off sick with no replacement allowed pts cannot safely be dialysed, which will compromise pt wellbeing and potentially be life-threatening for pts.	5/1/2024 9:15 PM
333	Definitely yes. There will be big impact because if we are tired or exhaust, we cant think properly, we cant execute good things and we cant share positive vibes.	5/1/2024 9:10 PM
334	I have regularly worked over time hours to meet the demands of my work load and the latest announcements on no overtime unless approved at a higher level and only for certain situations is having an impact on our ability to manage work loads. We have no cover for staff illness so frequently have to step up and work long days and rely on overtime to complete work. Our administrators also have heavy work loads and also not replaced if someone is sick. The nurses frequently fill the gaps by doing admin work and book Patient's into clinics. We do this on top of our own work loads.	5/1/2024 9:09 PM
335	There will be massive gaps in care, people will have missed medications, missed interventions, they will fall and there will be deaths attributed to short staffing or staffing with burnt out nurses	5/1/2024 9:08 PM
336	Same as above	5/1/2024 9:07 PM
337	This will result in compromise in quality care	5/1/2024 9:02 PM
338	We can't deliver ongoing sustainable, clinically effective care now. It's demoralising. Nurses will continue to move where there is ethical standards of health	5/1/2024 8:58 PM
339	Please see above. Most Nursing environments are not safe for the nurses or their patients & nurses are stressed to the max!	5/1/2024 8:58 PM
340	It will absolutely impact our ability to provide care for patients. There will be more burnt out staff and more sickness resulting from too busy shifts if staff aren't being replaced when they are sick. Treatments will be delayed, appointments will be late because it will take us longer to get patients reviewed by doctors if there aren't enough doctors on. We may need to delay appointments for patients if there aren't enough staff on which will have huge consequences for the patients having their cancer treatments.	5/1/2024 8:53 PM
341	Service cuts will impact to the staff because the ratio is not the same as before means more work , more task and responsibility that can cause not function properly as staff more need working harder to get everything done properly.	5/1/2024 8:53 PM
342	It will be detrimental to the patients. Low morale as health is only strong when there is robust workforce	5/1/2024 8:48 PM
343	It makes it really hard to provide quality, safe, timely care to our patients. Cutting of care partners to patients who require 24/7 supervision is incredibly dangerous and unsafe for the patient and places a huge burden on whanau who feel they have no choice but to step in and be present for the patient. This is happening since the announcement and is having huge impact on patients	5/1/2024 8:46 PM
344	There will be more pressure than ever to work with limited resources and produce the same standard of care and take on the same workload as before. This is greatly impact my and my colleagues' well being and our ability to provide Sage, quality nursing care	5/1/2024 8:46 PM
345	As above	5/1/2024 8:45 PM
346	education deficits in an already junior/ underskilled environment. Lack of ability to upskill staff Expectations to do things in 'own time'	5/1/2024 8:44 PM
347	We are already short staffed as it is. Not replacing sick leave will only put a higher burden of responsibility onto the staff who are at work. Staff already struggle to complete necessary tasks, without doing any of the bedside caring. As a CNS/NP intern I already do the majority of care for my patients from start to finish with little to no help, due to short staffing, not replacing	5/1/2024 8:44 PM

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sick staff will only worsen this issue for myself and other clinicians. This massively decreases the number of dispositions we are able to make and decreases the throughput in our ED, prolonging ED wait times and contributing to bed block.

348	Care will be substandard and patients are not at the centre of these decisions. So much for reducing back room positions and moving the money to front line.	5/1/2024 8:37 PM
349	We will be rushing and prone to make mistakes or miss something because we are in a rush to do and finish tasks. We won't have time to explain things to patients appropriately or spend time with them at the bedside.	5/1/2024 8:35 PM
350	Reduced service provided, less staff, more incidents, more unmet care	5/1/2024 8:35 PM
351	We will be stretched more, some referrals may need to be deferred until we have the resources to be able to visit them.	5/1/2024 8:33 PM
352	Exhausted, compromised care, failed discharges, failure to optimise care,	5/1/2024 8:26 PM
353	As I work in community I am the link for patients to the hospital and their tests or procedures they wait on. The wait is already completely unacceptable, to cut the service costs further is to seriously endanger patients ability to live and work within our society, and potentially lose their lives while waiting. We can't do more with less.	5/1/2024 8:26 PM
354	Not able to deliver care in a timely manner meaning patients will be sicker when admitted. This leads to longer hospital stays and possible needs for transfer to higher level of care.	5/1/2024 8:23 PM
355	As above the flow on will mean less nurses and greater workloads . It will be going back to the situation we were in 12 months ago	5/1/2024 8:19 PM
356	High risk Shifts without 2 staff on shift due to not being able to replace. Unable to fill beds as not able to care for people	5/1/2024 8:17 PM
357	I think people will be waiting even longer to have procedures, impairing their quality of life and impacting recovery. If staff who are sick cannot be replaced by pool staff we will likely have to ration care, even declining elective surgeries causing further delay.	5/1/2024 8:17 PM
358	It will be unrealistic meeting the value of equity if we are already stretched	5/1/2024 8:16 PM
359	It will put pressure on staff and burn out	5/1/2024 8:12 PM
360	We already have staff shortages, this will make the situation more unsafe	5/1/2024 8:11 PM
361	This has added a layer of stress that we don't need. There is the risk of burnout, job dissatisfaction and staff leaving to be being undervalued and over worked. If we have less time and staff we simply won't be able to manage the volumes of patients and they will suffer sub-optimal care, long wait times and mistakes will be made and things missed	5/1/2024 8:07 PM
362	Struggling as it is and numbers /workloads are growing in our service. Won't cope	5/1/2024 8:04 PM
363	Less time to complete cares, may miss vital assessment data due to too many tasks to complete, having to work overtime to ensure all jobs are done	5/1/2024 8:04 PM
364	It's taking our ability away to effectively care for our patients, adequate patient care is being put at risk now.	5/1/2024 8:02 PM
365	Patient safety is the priority but if this is fully implemented that will be sacrificed. At the care level there will be a lot of tasks that will be sacrificed	5/1/2024 8:02 PM
366	the continual political cycle of change is exhausting. I don't know how much longer I can do it. The government deny there will be Frontline cuts but I interviewed for a more senior position in the ward I work in 2 weeks ago but we have now been told the position is on hold due to budget pressure.	5/1/2024 7:56 PM
367	The service cuts will have a profound impact on patient care. This will increase length of stay for many patients as complications will go undetected, increase waiting times meaning that patients will die on waiting lists	5/1/2024 7:55 PM
368	We will be tired and overworked.. I'm a part time worker fte of .6fte I am now working full time as we are understaffed.	5/1/2024 7:54 PM
369	If I do on call shifts and a lot of overtime and have to work extra shifts I will be burnt out and	5/1/2024 7:52 PM

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	won't be able to care for patients how I usually would	
370	Service cuts will lead to heavier loads thus resulting to poor quality of care. Extra pressure at work is another catalyst for errors and mediocre service.	5/1/2024 7:47 PM
371	Patients will not be receiving adequate care. More wait times for them.	5/1/2024 7:42 PM
372	With staff not being replaced on shifts the quality of patient care will be less. Care will have to be rationed and overall patient safety will be at risk	5/1/2024 7:36 PM
373	Continuity of Care for 1-1 patients will be impacted as frequent change in staff tends to trigger agitated patients which can be risky to manage. Having not enough staff to carry for patients. Increased work load for nurses and lack of care for patients. Stressed whanau or family members taking their frustration out on staff.	5/1/2024 7:34 PM
374	It will impact on the safety and care service for the patient. When there is lack of care given as the nurse will have to provide due to lack of support for the staff to provide care service to patient. Also patient safety is at risk due to insufficient care partner available for the patient. Other hand, some not so required positions of staff have kept stress on the monetary funds of hospital and also created a substandard environment for patient care.	5/1/2024 7:34 PM
375	Hugely, we are short staffed as it is and patient care at times is rationalized, of were unable to replace sick leave for example it will put extra strain on those at work, causing further issues including burnout	5/1/2024 7:31 PM
376	Already stretched workloads, having to care for more unwell patients than safe, becoming stressed and not wanting to continue working	5/1/2024 7:29 PM
377	Our staff will have to spend less time with each client per month as we will have much higher caseloads (influx of new clients and some returning to our care due to service changes) whilst not employing any new staff. This will result in poorer health outcomes for our clients as they will have less face-to-face time with our service.	5/1/2024 7:29 PM
378	I believe the proposed saving will mean care of lesser quality for my patients.	5/1/2024 7:25 PM
379	This will result to more patient presenting to ED when they are already in serious situation. Like a patient comes in possible infection but due to short staff they are advise to present the next day as they were triage as not urgent. But if the patient was treated early stage then they will not need much more complex treatment or procedure then Te whatu ora could have save resources.	5/1/2024 7:24 PM
380	Nursing staff will give basic care but will be reluctant to offer any additional care above the minimum that incurs extra cost to Te Whatu Ora eg referral to support services from other specialist groups.	5/1/2024 7:23 PM
381	Service cuts will affect my ability to provide immediate attention to my patient's needs, especially when there is decreased availability of staff, especially in acute care settings.	5/1/2024 7:21 PM
382	In short, it will cause an increasingly unsafe working environment due to lack of staff, as if we aren't short enough to begin with, directly impacting patients who will not receive the level of holistic care they deserve. When you're overworked and underpaid, you end up having to drastically prioritise, which leaves patients with a less than acceptable care experience. For staff, you become exhausted, forced to take on the roles of multiple people which not only affects our physical but also our mental well-being. Days off simply become time to recover from our shifts before we go back again. The importance of additional service provision and funding, as opposed to reducing, cannot be overstated. The people who are suggesting these cuts have obviously never worked a day on the floor, or have forgotten where they started. We care about our patients and want what's best for them. We can only do that if we are being looked after in return by our governing bodies.	5/1/2024 7:12 PM
383	Care rationing if sick staff not replaced. Short staffed if overtime not being paid. Missed meal breaks.	5/1/2024 7:12 PM
384	We already struggle to achieve good outcomes for patients. The cuts will mean less care and reduced services resulting in insurmountable challenges for patients to get basic Healthcare. Don't get sick in New Zealand and expect adequate treatment.	5/1/2024 7:10 PM
385	Treatments will be delayed and care rationing will be utilized if casuals and overtime is not being allowed under the budget cuts. Pt care outcomes maybe sub optimal	5/1/2024 7:10 PM

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386	It's bad enough now with short staffing. Staff are not replaced if there are sick calls putting pressure on the remaining staff. Patients are rescheduled and have to wait weeks again to be seen and become sicker	5/1/2024 7:09 PM
387	I won't be able to provide quality care to patients	5/1/2024 7:08 PM
388	This will increase stress for staff if no cover for staff sickness as will increase patient load for already stretched staff...this will impact wellbeing and likely increase chances of more staff leaving the workforce due to rising stress and disillusionment of our health system	5/1/2024 7:03 PM
389	Less staff... means less pt care.... people won't get their surgery or basic care a timely manner and they will suffer the consequences of this	5/1/2024 7:02 PM
390	not replacing sick staff will directly impact the ability of staff to manage already heavy patient/work load	5/1/2024 7:00 PM
391	At this stage we have been able to manage staffing with the only instruction around not using outside agency	5/1/2024 6:59 PM
392	There is an increased pressure without the service cuts to make ends meet on each shift. Being able to complete our tasks without feeling frantic. It's going to cause unsafe working practices. People will have to cut corners to be able to perform necessary jobs.	5/1/2024 6:55 PM
393	The patients will not get the safe, timely care that they deserve and expect.	5/1/2024 6:54 PM
394	In the past week I have had to ration patient care to prioritize tasks requiring my role as RN. I have had patient family contact nursing management that I was uncaring of their patient when I missed to give them a shower and assist in safe ambulation to the ward lounge. We had only 1 HCA on 21-bed ward and she was assigned to 1:1 patient watch. I left that shift absolutely devastated that I had to make choices to be able to do obs, meds, ward procedures, doctor's orders... only to come back the next day to have 1 HCA for the entire hospital – 2 wards and the emergency unit! It's a huge emotional and psychological burden to think missing to give timely or adequate care could lead to potential worsening of my patients' conditions or avoidable complications. UGH Yesterday, after a sick call, there were only 2 nursing staff for 13 patients with overnight procedures such as IVABs, ascites drain and albumin infusions that demand meticulous attention, not to mention patients pending admission to ward from the emergency unit. The limited support structure directly impacts patient care. It's an overwhelming situation to work in... unacceptable and unsustainable.	5/1/2024 6:50 PM
395	More burden. Compromised quality of care	5/1/2024 6:49 PM
396	Not replacing nursing vacancies will undoubtedly add pressure to an existing staffing crisis	5/1/2024 6:46 PM
397	We will not be able to meet patient need Hensel poor pt outcomes	5/1/2024 6:45 PM
398	Same answer as above. I already suffer chronic pain, IRB, asthma & GORD. I am often only HCA on the floor on afternoon shifts. Other shift such as mornings there are two HCAS on the floor.	5/1/2024 6:43 PM
399	Unsafe work loads, working essentially for free as over time is not paid and we can't just leave pt just case the shift has finished.	5/1/2024 6:40 PM
400	I think it will impact me greatly, if staff are calling in sick and Te Whatu Ora are unable to provide us with cover, then as a new graduate nurse i am going to be taking a far larger load of patients than what i feel comfortable with. This will lead to patients not getting the care that they need and the simple things will be missed. This will greatly impact on the level of care that patients recieve which will then come back with large repercussions.	5/1/2024 6:38 PM
401	Staff are already stressed and pushed. We can not safely care for patients in any area of the hospital if sick staff are not replaced. Our hospital also continue to hire more managers to manage the nurses working in direct patient care. How many managers do we really need. We need more nurses on the front line, not in the office.	5/1/2024 6:37 PM
402	Good quality care of patients will definitely be compromised. Patients & staff will suffer physically, menta lly & spiritually. Service cuts will also have an adverse effect on staff's personal well-being at home as well as at work.	5/1/2024 6:37 PM
403	We will be even more rushed than we currently are, so more likely to become unwell which impacts on our colleagues, and ultimately patient care.	5/1/2024 6:34 PM

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404	We have seen the impact before and i think it is still a current issue, and now with the cut expect a decrease in positive patient outcomes while we juggle everything as much as we can.	5/1/2024 6:33 PM
405	The turnover of nurses leaving will increase to whole new level	5/1/2024 6:31 PM
406	These cuts will see staff being further overworked due to unsafe staffing levels, lower moral and unsafe environment for patients	5/1/2024 6:30 PM
407	It is demoralising as a nurse to not have the time to holistically care for our patients and colleagues . We are already stressed to the max . There is only so much we can give before performance and wellbeing suffers . Our sick leave stats should be a warning of the impact inadequate staffing and continual stressors can have on an organisation . I do not see this improving . Nurse wellbeing is paramount to patient outcomes . How can we care for others , when we are struggling to care for ourselves . Our skill mix has become very dilute and we have lost a wealth of nursing experience , not easily replaced . That is concerning not just for patients but for the nursing profession . The culture shock for new and inexperienced nurses is real . Add to that unrealistic organisational demands , budget cuts and lack of care for staff wellbeing , how long do you expect our novice nurses to last ? Before they leave the profession . Stress is a well known determinant of poor health . Health NZ should be striving to minimise workplace stressors for all staff , not just nurses . Health NZ 's wellbeing policy .. is just meaningless words if it is not enforced . We all deserve to feel valued , considered and acknowledged for our contribution to NZ's health .	5/1/2024 6:29 PM
408	Longer wait times for patients to get appropriate treatment and pain relief, inability to care properly for all patients, increased stress for staff and poor wellbeing	5/1/2024 6:25 PM
409	Essentially we cant care for them well. The pressure on ward management to "find " beds is immense. Many patients and family now have unrealistic expectations of nursing staff, are demanding of their "rights", are rude and abusive on a daily basis and staff still have to deal with this on top of daily staff shortages which then impact on the care given. Upper management only care about numbers- they have no idea of how it works on a ward floor or in the community. This ongoing pressure on ward /community management to " find staff" to fill eg sick leave creates "burn out" and more staff are leaving than I have ever seen in my long career.	5/1/2024 6:20 PM
410	This will put more stress onto the nursing staff that are already stretched to their limits. Especially to our overwhelming presentations to our emergency department. Nurses work very hard and under pressure on most shifts and this would increase stress leading to more sick leave that wont be covered.	5/1/2024 6:18 PM
411	With understaffing, patients' safety is compromised. This means we will have to reduce or limit the patients booked for wound care and education sessions.	5/1/2024 6:16 PM
412	We already are stretched with staff to patient ratios where there is no closing time and being unable to close doors as it's a 24/7 service... this is going to make care extremely dangerous for patients and staff due to stretching care rationing even further	5/1/2024 6:14 PM
413	I definitely think it will affect patient care and the quality of care	5/1/2024 6:14 PM
414	As above... Less staff to meet patient needs if not able to fill sick leave do overtime or replace vacancies	5/1/2024 6:08 PM
415	Negatively	5/1/2024 6:06 PM
416	This will mean we have less access to services which provide care and support to our children and their family	5/1/2024 6:04 PM
417	Well, if staff become ill or burnt out due to the increased workload then mistakes can be made. Staff to attention ratios will increase there will a risk of care being rationed to get more important cre completed. Basic care has been eroded as it has been over the years.	5/1/2024 6:04 PM
418	Reduced time to spend with palliative patients and their whanu. Increased risk of missing something Increased risk of personal injury due to rushing no time for a break Increased stress of not completing daily workload	5/1/2024 6:03 PM
419	Like most nurses myself and my colleagues go over and beyond to support the whanau we work for. The number of patients in our service has increased considerably over the last 2 decades without any increase in FTE. In addition the complexity of the care we provide and the social complexities the whanau face has increased exponentially. More technologies are to	5/1/2024 6:03 PM

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be funded for the patients in our service and we fear that we will not be given any more resource to support the certainty of workload increase

420	Patients will have even longer wait times. The impact of not getting timely care will have dire health consequences. Not replacing staff when there are gaps from sickness will have serious implications for patients wellbeing and staff will burn out. This will most likely cause a spiralling situation of even more staff absence through sickness and push many to make the decision to leave for better pay and conditions in Australia	5/1/2024 6:00 PM
421	it's being implemented just as winter hits, when the need for extra resources for staffing is at its highest. In this sense, any costcutting measure during our busiest time period, have always been proven to lead to negative impacts on health & safety of our patients, and also to us nurses on the floor. I say this as I recall last year's winter, where we had extra resources at our disposal and the Hospital systems across Auckland still struggled immensely to get through Winter.	5/1/2024 6:00 PM
422	Services in the area I work in would have impact on Cinics. They would have to be cancelled. Patients waiting longer to be seen.Serious illnesses not treated in timely way. Impact on health outcomes.	5/1/2024 5:59 PM
423	Patients are most of the time not receiving adequate care already. The government still does not care and sees the system as a waste of money. Let's see how far we can fall this time national is in power.	5/1/2024 5:58 PM
424	More generalised stress. Chaotic staffing. Low morale. More sickness.	5/1/2024 5:58 PM
425	Negative staffing variances will result in poorer pt clinical outcomes, pts will not receive a save standard of care	5/1/2024 5:56 PM
426	As above very poor and negative impact.	5/1/2024 5:56 PM
427	Its may affect our performance due to the heavy workload that may arise when staff are not replaced and if short staffed.	5/1/2024 5:55 PM
428	They won't get the care required because only acute needs will be attended to	5/1/2024 5:55 PM
429	Some days we are running shifts looking after 7 or more patients. We dont have a PAR team or a MET call team, so when we have an ill patient our ability to safely manage these situations is reduced	5/1/2024 5:54 PM
430	Patients will wait longer for care. Delays to follow up. Later response the deteriorating patients leading to more severe levels of unwellness.	5/1/2024 5:50 PM
431	Will mean higher nurse to patient ratios which is linked to increased risk of mortality, PIs, missed cares and care rationing	5/1/2024 5:48 PM
432	Undoubtedly this will be unsafe for patients, worsen their outcomes, increase the time in care, cause fatalities. And for staff it is unsafe and puts them at risk of disciplinary action when patients get neglected.	5/1/2024 5:48 PM
433	Workloads will increase and make staff have less ability to carry out safe care	5/1/2024 5:48 PM
434	I agree to double shifts being banned for nursing and patient safety but I think an extra few hours would be ok. Not replacing sick staff is not an option as the nursing rosters are skeletal as it is now.	5/1/2024 5:48 PM
435	HUGELY! I believe our workforce is already burnt out! If I WAS YOUNGER I would leave NZ and seek employment elsewhere. I have worked as a nurse for 40 years and some things have not changed. I still get asked to fill in when staff are sick. Something I refuse to do now. I still do overtime to complete my day! But I do make sure I have my half hour meal break but a lot of nurses don't.	5/1/2024 5:46 PM
436	It will impact safety of practice tremendously!	5/1/2024 5:45 PM
437	if there are no staff care needs to be rationed and everyone has different expectations of that	5/1/2024 5:41 PM
438	Dangerous. Vulnerable people needing increased staffing and resources to ensure safe, competent, high standard of care instead getting punished because the government wants to save a dollar.	5/1/2024 5:40 PM
439	It will impact areas that are now essentially suffering a recruitment freeze resulting in	5/1/2024 5:39 PM

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understaffed areas with no ETA of when it will improve just as we head into winter.

440	Service cuts means cutting quality of service for our patients. Not replacing sick calls will cause short staffing and impacts the quality of service for our patients. It is unsafe, and unhumane.	5/1/2024 5:39 PM
441	Pressures on staff and the moral injury it causes will increase. Spreading staff even thinner will simply lead to more leaving to either head overseas or simply quit the industry completely.	5/1/2024 5:38 PM
442	It will put staff and patient and public safety at huge risk. In my line of work, patients are usually really unwell, and when psychotic they are incredibly unpredictable. Less staff means less of these patients being treated in a timely matter.	5/1/2024 5:38 PM
443	More workload and unsafe staffing. Inability to provide safe staffing and patient centred care. Which is already difficult and going to get worse.	5/1/2024 5:37 PM
444	This will cause a negative impact on care. Short staffing reduces our ability to provide care. Burn out reduces empathy and compassion and will cause poorer, rushed care increasing the likelihood of errors and adverse outcomes. Falls, medication errors, line infections etc will all increase as staff will be working under higher pressures.	5/1/2024 5:37 PM
445	Reduced and rationed care	5/1/2024 5:34 PM
446	Significant care rationing & will be unable to complete basic cares, increased errors & delayed care for deteriorating patients. It's already tough on the coal face, people could die with further cuts.	5/1/2024 5:32 PM
447	As above- mistakes will happen Staff will leave for areas with realistic workload, terms and conditions Patient outcomes will suffer	5/1/2024 5:30 PM
448	When you have 6 staff call on sick for 1 day in you departments and you cannot replace this significantly impacts our ability to deliver safe patient care	5/1/2024 5:30 PM
449	The impacts will be a dwindling workforce due to nurse burning out and leaving, patient stay will be longer as things won't be completed, failed discharges due to poor care and unresolved health issues. Perhaps people will avoid hospital knowing the care will be poor, hence staying home longer, then when they are admitted, we have to keep them longer.	5/1/2024 5:29 PM
450	Severe impact. We can't keep doing more, with less. Already now, our senior nurses receive no support when colleagues take leave - expected to do both jobs with no drop in service level. It doesn't work.	5/1/2024 5:27 PM
451	With a high staff turnover and no new staff being recruited will dilute our efficiency as a highly skilled area. This will be detrimental to patient care.	5/1/2024 5:20 PM
452	As above, the lack of staff will put a strain on the staff remaining on the floor. Especially during surges of high influx of patients we need good and SAFE staffing levels. These cuts will not provide safe staffing levels thus creating a risk for patients and staff. Less staff on the floor will result in more patients per nurse and will cause pressure for cares to be based on acuity and thus essential cares may be missed.	5/1/2024 5:20 PM
453	Overworked, stressed and burned out nurses, resulting from shifts that are short staffed/under resourced, especially with higher acuity due to under resourced primary health care, can lead to impaired judgement/errors by the nurse causing adverse events.	5/1/2024 5:19 PM
454	Negatively. With larger patient loads, cares and tasks are missed as there is no time or capacity to keep on top of it all. Staff will burn out faster, which will impact patients wellbeing badly, as nurses will get compassion fatigue more frequently	5/1/2024 5:18 PM
455	less enthusiasm to perform well at work and it will absolutely affect the quality of nursing care done for patients and less motivation as nursing staff would think that the healthcare service we do for patients are taken for granted and not prioritized	5/1/2024 5:18 PM
456	It has already been challenging This will just exasperated the chronic staffing issues	5/1/2024 5:18 PM
457	As above the lack of staff and being unable to fill vacancies will leave wards short staffed. I do not understand how they cannot see this. we have been told (by word of mouth) that we as managers will need to update our skills as we may need to work on the floor and cover the night shifts!!!!	5/1/2024 5:15 PM

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458	With less staff on the wards, patients will suffer. Proper care will not be given, the time to sit, talk, truly communicate and understand the needs of our patient will not be met. An AM RN patient ratio could potentially go from 1:4 to 1:7/8. Truly unfair for staff and patients. OUR PATIENTS LIVES SHOULD NOT HOLD A PRICE OVER IT!	5/1/2024 5:14 PM
459	We are already short staffed over 70% of the time, with winter coming this will become more of an issue. We need more resources now rather than cuts. I very rarely can offer adequate pt care, just rushing from task to task doing the bare minimum as I there is not enough staff to provide care	5/1/2024 5:13 PM
460	If we have less staff on the floor it will result in us having to prioritize care and ultimately not provide adequate care for our patients.	5/1/2024 5:11 PM
461	Service cuts re overtime, non replacement for staff for sick calls or gaps in shift matrix comprises nursing ability to deliver timely triage ,primary assessments, recognise sepsis or the deteriorating pt & deliver pt pt care in a timely manner. Leading to increased pt complaints & decreased staff morale	5/1/2024 5:09 PM
462	Will be able to to give less care and this will negatively affect patients and staff.	5/1/2024 5:06 PM
463	It will definitely impact on patients care and lack of attention on patients.	5/1/2024 5:06 PM
464	It will decrease care, and all we will do is medicate and manage	5/1/2024 5:04 PM
465	We already compromise care whilst working in what feels like a war zone at times, any further cuts will cause further staff distress and fatigue	5/1/2024 4:59 PM
466	I think it will make us work again in unsafe conditions. We are an acute ward and when we dont have appropriate staffing or resources it becomea increasingly unsafe for our patients as we have to ration care, are unable to efficiently attend call bells or keep an eye on high risk patients.	5/1/2024 4:58 PM
467	Our patients will not get the care they deserve and the care we want to provide if we have to prioritise care, care will be delayed due to staffing issues and people could die. I am scared for the future and health care of New Zealand.	5/1/2024 4:58 PM
468	I believe these cuts will absolutely prevent us as nurses from providing quality care to our patients and their whanau. Tired and overworked nurses will be forced to give bare minimum, contributing to prolonged admissions, increased incidents and patient complaints. I believe this will also impact the mental wellbeing of charge nurses who will feel they won't be able to care for their staff as well as they should.	5/1/2024 4:58 PM
469	As above. Patient outcomes will significantly suffer. Further decline in relationships between primary health care and tertiary services. Nurse burn out of a group of nurses with specialist skills that requires time to train with significant investment by medical colleagues in their professional development.	5/1/2024 4:56 PM
470	Care rationing more prevalent, things being missed causing longer or revolving door admissions, centinal events increased, increase with complaints	5/1/2024 4:55 PM
471	It will cause burn out for staff and increased risk of patients' deterioration.	5/1/2024 4:52 PM
472	The care we provide will be cut back to bare minimum to be able to carry the caseloads and acuity of our wards.	5/1/2024 4:51 PM
473	Short of RNs No care partners/ watches for dementia, high fall risk, mental health pts.	5/1/2024 4:49 PM
474	Is gonna be a struggle for everyone. As of now we are already working short staff and they decided for this one thinking that it should be okay when its very obvious that is not	5/1/2024 4:49 PM
475	I think it will have a significant impact once the said proposal for an additional shift due to increase number of dialysis patients. If safe staffing will not be addressed then it will have a significant impact on patient's safety and quality of care.	5/1/2024 4:48 PM
476	It will seriously stretch an already underpinned service. Increased delays in surgery, Increased ED waiting times, delayed discharges. All of this putting the public at risk in turn leading to increased frustration from the public which can lead to further physical / verbal abuse which is already prevalent.	5/1/2024 4:46 PM
477	Patient care will be compromised	5/1/2024 4:46 PM

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478	Understaffing, not replacing sick staff and a hiring freeze will make providing adequate patient care impossible. Patients will suffer. Staff morale will suffer.	5/1/2024 4:46 PM
479	It will be detrimental towards my practice as a nurse as well as for my own health and well-being	5/1/2024 4:46 PM
480	If nurses aren't replaced we're putting stress on our already stressed out workforce, sick leave will increase, staff will move on looking at greener pastures, mental health will be impacted all of which will directly impact nurses abilities to actually nurse.	5/1/2024 4:42 PM
481	As above	5/1/2024 4:38 PM
482	See example above. Our patients suffered that day. Waiting hours to be seen. Theatre held up starting. Then I hear of complaints from theatre management that we are causing them delays. We only had 2 nurses on shift instead of 5 and the lists were huge. We worked as hard as we could. No breaks. It was exhausting.	5/1/2024 4:37 PM
483	Nursing staff will have a much higher workload so will have to divide their time between more people, and will be more stressed and therefore more likely to make mistakes or simply have to prioritise certain cares and leave other cares undone. Patients will therefore have a lower quality of care, which has many ramifications.	5/1/2024 4:37 PM
484	As above comments.	5/1/2024 4:37 PM
485	As above- we are already stretched, we ensure we take 1 task at a time to ensure we don't make mistakes. Further cuts will mean slower treatment for our patients. The Drs are stressed and take out their frustration on us	5/1/2024 4:36 PM
486	The nursing staff will simply be 'task focused and the level of interactive care, time to care, time to listen and act on patient or family concerns will be extremely reduced. A patient will die from a lack of staff, be it Dr, RN or HCA	5/1/2024 4:36 PM
487	Chances of burnout and will delay patient care.	5/1/2024 4:32 PM
488	We would not be able to give our patients the time they need. We would be "treading water", unable to provide the treatment the patients require, which means they would end up with longer admissions because of this. Even now we don't have the time to give to each patient fully, let alone if sick staff aren't replaced.	5/1/2024 4:32 PM
489	I have seen the treatment that patients do not receive because of the nurses time constraints. There is a lack of education given and received by nurses because they will not come into work while they have days off.	5/1/2024 4:32 PM
490	The first thing to go is education. So we will not get time to keep our skills up as we are covering admin roles.	5/1/2024 4:32 PM
491	It will add up to the heavy load of everyday task in the hospital. Risky in the part of the staff rendering care. This will only prolong the stay of the patients in the hospital due to cares not being catered properly. Moreover, staff will surely suffer and lead to sickness and burn out.	5/1/2024 4:29 PM
492	I will fell overworked due to the reduced staff increasing workload pressures	5/1/2024 4:28 PM
493	will be taken from job to help cover immediate shortages on wards, and will cause a huge impact on patients and there wellbeing. as well as staff trying to keep up with 2 jobs. sick leave will increase as will patient admissions	5/1/2024 4:27 PM
494	Care provided will no longer be of an adequate standard, leading to important cultural practices able to be implemented	5/1/2024 4:27 PM
495	It will increase pressure on our service - which we are already experiencing now. There is a huge demand for beds in mental health hospitals and this is going to put further pressure on the system. We are very concerned about our safety	5/1/2024 4:27 PM
496	It is a no brainer that the quality of care will go down even more . More staff will leave. Clients will be at risk of neglect. The increased reliance on casual staff will have a deteriorating effect on the general care of clients.	5/1/2024 4:26 PM
497	It make us feel unsafe and very worried. As we did not want to experience the ratio of 1 nurse need to look after 6 - 8 patients again.	5/1/2024 4:26 PM
498	Nursing care is already compromised. And now your saying you won't replace sick leave? Its	5/1/2024 4:25 PM

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not uncommon anymore to go to work and have a patient load of 12+ hours due to staff shortages. And how is this to be achieved in the space of 7.5 hours. You say we must have breaks. How? Stop blood infusions, don't give the complex meds, don't give attention to the palliative patient, don't do the referrals needed for discharge, don't give that amputated site wound care in an appropriate manner? We don't choose not to take breaks! We literally have no time. And that doesn't include overtime we do to just catch up!!! This government is a joke. Health isn't a God-damn money maker. Stop being greedy and think of the care of kiwis. Just wait until it's you in that bed space with not enough nursing. So many nurses are leaving now. Well done to the worse government I've seen in my life.

499	As we are now looking after more patients on a day shift. Stuff is getting missed and mistakes are happening. In some cases medication are late as it's not possible to do all the meds and obs done at 8am due to the patient load. And in some situations morning meds due at breakfast are being given after 10am which then affects when you can give the next meds. In my opinion any further cuts will make it so dangerous and someone will get hurt. No one comes to work wanting to provide substandard care but that's what we feel we are being forced into as we aren't staffed to be able to do things. HCA's are always being pulled away to be PA as there aren't enough further decreasing staff on the floor and impacting our ability to look after patient.	5/1/2024 4:25 PM
500	Impacts on patient safety, and delivery of care, with the risk of errors in medication, Central and Peripheral line management i.e idle lines not removed in a timely manner risk of CVAD infections.	5/1/2024 4:24 PM
501	It's will really affected care at hospital even for patients and especially for nurses and health care assistant and also doctors.	5/1/2024 4:23 PM
502	It will impact our practise significantly, already struggling with patient loads of five individuals and their associated supports/ or families to attend to within each shift. The lack of support resource will increase the time constraints, the amount of nursing interventions that will become priority based instead of holistic, will be increased. The safety of staff will be implicated and the amount of supplies and or services available, will have an impact within our patient care also. This will overall impact our ability to provide best practices and the amount of time we will have to cover already constrained services.	5/1/2024 4:22 PM
503	There will have to be care rationing. Pt having to wait long periods for pain relief, or life preserving cares. Patient will not get to rehabilitation program so will stay longer in hospital. Patients and relatives will become more aggressive due to care rationing, and distressed patients and relatives due to seeing patients in pain but staff response length of time. Patient that have had bowel accidents that is common will be laying in faecal matter for longer periods waiting for nursing staff to respond, this takes a huge psychological stress on patients and Whanaus.	5/1/2024 4:20 PM
504	if recruitment is slowed down due to all of this red tape then patients will directly be impacted.	5/1/2024 4:18 PM
505	Will mean we have to work more to make up the deficit. Or have higher patient ratios which will mean less time to do a good job. And make the role only task based.	5/1/2024 4:18 PM
506	Even worse than currently. Read above statement	5/1/2024 4:17 PM
507	Let's not turn NZ into a two tier system with private. I want public to be able to function well	5/1/2024 4:16 PM
508	Greatly! With limited resources already by making cuts nursing care will be significantly impacted and patients will get poorer outcomes	5/1/2024 4:16 PM
509	Our mental well-being and practice would become seriously affected by the government's ongoing unrealistic expectations on our part to function effectively & professionally in our delivery of care.	5/1/2024 4:15 PM
510	It will greatly reduce our ability. If we don't have enough staff, call bells are not being answered, medications are not being given, patients are not being turned or washed or toileted, time is not given for important discussions, parents are wondering where their child's nurse is. We will be burnt out, grumpy, sick, it's not fair on the staff but it's even more unfair for the patients needing our help	5/1/2024 4:15 PM
511	This will greatly affect our efficiency as healthcare working. This service cuts can lead to understaffing and can cause the staff exhaustion which can affect the quality of each individual's performance.	5/1/2024 4:14 PM

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512	Pt will not receive proper care. Nurses will be affected with lots of sick calls, by been overworked.	5/1/2024 4:14 PM
513	If staff sickness and shortage will not be covered- this is going to be a crisis when staff gets burnout, leave the service or move to Australia.	5/1/2024 4:13 PM
514	It will greatly impact my work in a negative way - we rely on RNs doing over time to have enough staff for most shifts I'm at work. When we are short staffed, patient care is negatively impacted. Sickness is the work place is normal and we should have the ability to replace that staff if needed - especially coming into winter and winter illness increasing.	5/1/2024 4:12 PM
515	contrary to their messaging about overtime, double shifts etc etc we will have no choice but to do this to staff to core rosters in the face of positions not being approved. Therefore the well being of staff will be affected and the MECA requirements abandoned in terms of safe staffing and roster principles.	5/1/2024 4:12 PM
516	I expect there will be more mass exodus's that will follow. I have already started looking over the ditch and registered with an agency. RNs want safe staffing with safe nurse to patient ratios. Compromising patient care should not have to be a thing. This will lead to longer stays in hospital where patients will become sicker.	5/1/2024 4:11 PM
517	Unsafe staffing. Patient is at risk of not getting the care that are supposed to get and nurses are at risk of having mistakes due to overwhelming work load.	5/1/2024 4:11 PM
518	The pressure to take more patient load is too much already. And winter is coming more sick patient And not enough staff it's mentally draining.	5/1/2024 4:09 PM
519	It is undeniably challenging for nurses in hospitals, particularly when we are understaffed. It becomes increasingly difficult to carry out our tasks effectively and accurately due to the rising nurse-patient ratio, especially when the lives of patients are in our hands.	5/1/2024 4:08 PM
520	ICU requires the bedside nurse to have exceptional knowledge which is gained over many years of work experience and ongoing training. If you cut corners in this sector, mistakes will be made. At what cost. Explain that to a sick or dying patient. Explain that to the family of a dying loved one who can see when there are shortages of staff. Cutting the infrastructure from the source requiring help will collapse. We have seen that post cyclone.	5/1/2024 4:06 PM
521	I don't think I can give best care to patient..patients suffer because of delayed care ,waiting nurses to attend them..	5/1/2024 4:03 PM
522	negatively, hope we can pull through. a solution first; start to tax the tourists that are careless to injure themselves,	5/1/2024 4:03 PM
523	As above	5/1/2024 4:03 PM
524	This will put a huge stress and fatigue onto already stressed staff in turn affecting their ability to care for the patients we are here to care for.	5/1/2024 4:01 PM
525	I won't be able to nurse effectively with higher patient to nurse ratios and that's what will happen if there isn't people doing doubles or cover for sick staff.	5/1/2024 4:01 PM
526	Staff will become burnt out if not already. Nursing staff will eventually leave the organization	5/1/2024 4:00 PM
527	This is recipe for a big disaster. Nurses are already tired and burnout due to staff shortages. They are ringing sick because of exhaustion what we need are all those seniour nurses in different grades to be on the floor.	5/1/2024 4:00 PM
528	Staff to patient ratio is required. It will potentially damage the emotional and mental health of staff. This can eventually lead to poor performance and poor quality of healthcare.	5/1/2024 3:57 PM
529	Well if I haven't got a job after the end of June, there won't be any patients/clients getting care from me. I'm sure the government will say there are other options for pregnant woment and tamariki to get their vaccinations but in the antenatal clinics where we work we have raised the number of Maori and Pacifica people getting their vaccinations in Counties to about 53% as we are right where the women and babies are attending their appointments and there's non need for them to make another trip elsewhere. Our patients like to hear from their own Health Care professional about the importance of getting their vaccinations as there is an on-going relationship which accounts to higher crediblity and rappoint, a lot of mothers are turned away from GP's as they can't get appointment especially for infant vaccinations.	5/1/2024 3:57 PM

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530	If wards are running short of staff due to high sickness and no back fills are there to replace, that will have a detrimental effect on patient care and the ability to do so safely. Working in ICU we rely on partime or fulltime staff coming in for extra shifts when we are over full or high sick calls. We are unable to use pool staff often due to the complexity of our patients. If we are unable to use our full time staff to do over their FTE that will significantly hinder how we care for our patients or we will have to bed block patients coming to ICU as no one to care for them.	5/1/2024 3:57 PM
531	It will restrict health services and patient care due to the budget cuts. Limiting access to health services will mean a burden to the health care staff due to workload of the remaining staff will increase and with this, overworked, stress or burnout will become a problem for the healthcare staff and patients as well.	5/1/2024 3:55 PM
532	care rationing which is already in place will become even worse and lead to negative effects on patients. Frustrated patients and families will displace their anger on nursing staff. near miss or actual miss events will increase .safe staffing will never be attainable	5/1/2024 3:54 PM
533	I think the care of my patients and their families will be greatly impacted. I will not be able to provide the type of care that should be available in this day and age. Mistakes will get made and everyone will bear those consequences.	5/1/2024 3:54 PM
534	the impact will have a negative impact, it is a no brainer, if we cannot staff the wards safely everyone will suffer. This is unacceptable and these proposed cuts retracted immediately.	5/1/2024 3:53 PM
535	I expect sicker patients, longer admissions and higher risks for both staff and those we care for.	5/1/2024 3:52 PM
536	There is definitely going to be screw ups.Or patients waiting for many hours to be assessed.	5/1/2024 3:49 PM
537	If implemented correctly and staffing protocols followed the service will be unchanged. We have been short on the floor for my 20years nursing. The only increase is staff around not taking a patient load and finishing their masters on clinical time. We have 2 educators on our ward a clinical coach access nurse and charge nurse and acnm each shift, not taking a load and in the last year have not assisted me with one task!	5/1/2024 3:48 PM
538	We already do not have enough time in our shift to properly care for our patients. I anticipate their will be many more mistakes made and missed medications etc. Patients already complain about waiting for their call bells to be answered. If you don't replace the staff it'll only get worse. Nurses are going to burn out and patients are going to stay in hospital longer.	5/1/2024 3:47 PM
539	Care for patients is likely to deteriorate as staff will be forced to work understaffed. Burnout will occur faster and emotional satisfaction with their role will drop as staff are forced to deliver a high standard of care while being under resourced.	5/1/2024 3:47 PM
540	Tremendously also, it's not feasible leaving on time in the middle of a surgical case. Patient care will be effected when there is no staff available to look after them when sick calls aren't covered & overtime isn't available.	5/1/2024 3:47 PM
541	I think public will be impacted as elected planned surgeries. As some may have to be cancelled due to lack of staff so the waiting list for surgeries will rise. I think public will definitely be impacted on	5/1/2024 3:46 PM
542	Less staff to cover sickness meaning patient to nurse ratios higher so less care for our vulnerable patients	5/1/2024 3:45 PM
543	Less staff.... less service...many complaints	5/1/2024 3:44 PM
544	Give less care	5/1/2024 3:44 PM
545	Unable to provide appropriate care to every patients under care in appropriate time	5/1/2024 3:43 PM
546	I think we will continue to endeavour to provide excellent care although this will be increasingly difficult. When considering how very difficult it is to access other services to ensure care is holistic, such as mental health services. It is exhausting working in a system that is not supporting health initiatives such as smoke free legislation. And the legislation ending the Māori Health Authority before at had a chance to effect improvements in the system.	5/1/2024 3:42 PM
547	We won't patients will suffer because of this	5/1/2024 3:42 PM
548	It's a disgrace. The system is broken at the top of the cliff and the bottom. If you don't have	5/1/2024 3:41 PM

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	health, what is the point?!?!	
549	More stress and fatigue. When you are fatigued and under pressure is when accidents are more likely to happen. More staff will retire early. More staff will leave.	5/1/2024 3:40 PM
550	We can see it already with no staff assisting registrars and patients are scared and need someone with them for support. This is not good for their health	5/1/2024 3:38 PM
551	I will feel unsafe and unsupported. Potentially leaving nursing as a career.	5/1/2024 3:35 PM
552	It will be detrimental to both staff and patients. Staff will be rushed, tired, and more prone to making mistakes. This in turn will mean longer wait times for patients, more treatment required if mistakes are made, longer inpatient stays, poor staff satisfaction and poor patient outcomes. It's not feasible in this day and age of an aging population with many co-morbidities to make cuts in money. The aging population surely can't be a surprise to any Govt. The Baby Boomers are getting old, and we are living longer and some will need hospital care. And this care is more complex due to MDRO's, obesity, and Type 2 diabetes, to name a few. Also advances in medicine and medical and surgical procedures require skilled nurses in specialty areas that do not overlap. E.g: ICU, NICU, ED, Radiology, Oncology, Radiation Oncology, Day Cytotoxic Drug administration for Cancers. Cardiac Cath Labs, Hybrid Lab staff. 40 years ago, the acuity of patients in wards was much less than today. As soon as you can eat and drink and are mobile, you are out of hospital today, so the wards are generally filled with patients needing acute nursing skills. We often see patients come to Radiology with unwashed bodies, dirty linen etc, this will only get worse if cuts are made. We need more staff, not less.	5/1/2024 3:33 PM
553	We won't be able yo care for majority. When 2 staff on duty, 1 has to stay at medical centre and other do all house calls. Not enough time in day to drive and treat each patient on our books	5/1/2024 3:33 PM
554	Unsafe staffing Care rationing More incidents of staff assaulted More staff coming in sick to cover Staff feel undervalued	5/1/2024 3:32 PM
555	Error risk is higher, falls will be increased due to that staff will not able to prevent the same with timely manners, and staff retention will be lower as the result of low job satisfaction and high risk environment where you could lose a license.	5/1/2024 3:32 PM
556	Absolutely	5/1/2024 3:31 PM
557	Comprised patient safety and delay in care being provided. Increased stress and burn out for safe, particularly in mental health which is already a sector under massive pressure. We have a growing populations and more people needing mental health support and not giving us funding for more staff will lead to more suicides. Nursing staff will resign. People will die.	5/1/2024 3:28 PM
558	The cuts have already effected my capacity to do clinical/patient facing work because I am caught up doing more and more admin because there is not enough admin support for my service. Further, clinical positions take too long to fill and that impacts on my time and the time of colleagues; both clinical and admin. It impacts on patients because the waiting lists continue to grow and all of that is impacting on the moral of the team in a way I have never seen in the 40 years I've worked as a nurse (I am the only nurse in my service).	5/1/2024 3:28 PM
559	Put more pressure onto nurses as we will have more work to do in the same amount of time when we are already stretched	5/1/2024 3:26 PM
560	Unfortunately due to lack of resources, staffing and availability of products our patients will suffer	5/1/2024 3:26 PM
561	Severely. As briefly touched on above - less hands, less, resources, heavier workloads, worse conditions, same amount of time and same pay. The care we'd like to provide is going to be so far from achievable. We're already struggling with this, so these cuts are just going to amplify it. We won't be able to retain staff. Our patients will have basic needs we won't be able to meet, while we struggle with the more complex ones. We are supposed to be protecting the health and wellbeing of the public and these cuts are going to further compromise the health and wellbeing of the very people we are professionally responsible for protecting.	5/1/2024 3:25 PM
562	Patients will suffer, you cannot provide gold standard nursing care unless you are prepared to fund in properly. It is not rocket science, if a nurse has extra patients to look after due to staff shortages the level of care provided will be diluted and potentially unsafe. 1 nurse can only do so much, we are not robots.	5/1/2024 3:24 PM

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563	In our ED if staff are sick we are able to replace them-workers on the frontline are the mainstay of HNz and this is continuing to be the case. Nurses are able to care for patients and the cuts proposed do not impact on their ability to care for patients	5/1/2024 3:23 PM
564	Yes of course	5/1/2024 3:23 PM
565	There will be a lack of care as nurses will have higher patient loads, mistakes will be made. This is a really bad decision they have made.	5/1/2024 3:23 PM
566	Increased stress and fatigue also greater risk of complaints	5/1/2024 3:22 PM
567	We will struggle hugely. As already have full workloads and cover shifts for sickness amongst ourselves. I feel a number of staff will end up going off on stress leave, increasing sickness, leaving our ward even more short staffed.	5/1/2024 3:22 PM
568	On the non-replacement of staff off sick, this will mean an increase of patient:nurse ratio. It is absurd that Te Whatu Ora claims that this will not impact patient care. Of course it will. Nurses will have to care ration more than we already are, which will severely impact our ability to complete proper assessments and care for patients. With an increase in patient load on nurses, comes a decrease in care for patients.	5/1/2024 3:21 PM
569	We are already doing more and our role is taking on non-clinical aspects which is obviously not efficient and to the detriment of patient care (e.g. our booking person's position has not been filled whilst on maternity leave and we have had to do this for 4mths now!)	5/1/2024 3:20 PM
570	HcAs are doing 12hr shifts in watch room which is not safe for patients and ourselves. We are expected to sit in a room for 12 hrs now that we are not given extra staff for the floor so that we can rotate. We are feeling burnt out and mentally/physically drained. We need more HcAs in the older adults wards especially in Rangitoto ACH.	5/1/2024 3:19 PM
571	This has already affected us. Added to the workload and stress of the staff. Increased wait and delay in the patient care leading to dissatisfaction to the service.	5/1/2024 3:18 PM
572	We are under the pump now. More cuts are going to put lives at risk both ours and theirs	5/1/2024 3:18 PM
573	As above	5/1/2024 3:17 PM
574	If we are short staffed, we will have to prioritize care. This will mean patients will either have to wait for care or miss out on aspects of care.	5/1/2024 3:17 PM
575	I think the patients will be worse off. I also think there will be more incidents of falls, staff abuse, mistakes being made as people try to get things done with even less staff	5/1/2024 3:16 PM
576	It will make it harder. And we are working on a shoestring already so I fear that there will be adverse outcomes for patients and whanau	5/1/2024 3:15 PM
577	how can we give the best care to patients if we don't have sufficient staffing numbers	5/1/2024 3:14 PM
578	We are often asked to work short staffed, miss meal breaks and work late as required. I am fed up with being expected to go above and beyond on a daily basis. We cannot compromise the safety of our patients and the safety of our staff giving 100% every day	5/1/2024 3:13 PM
579	It might make our job more stressful and pressured impacting patients	5/1/2024 3:12 PM
580	More frustrations for lack of equipment and will end up .recycling everything like a third world country.	5/1/2024 3:11 PM
581	Our ability to provide safe and effective care will be greatly compromised if staff are not replaced.	5/1/2024 3:09 PM
582	puts the morale down. It made the nurses feel unappreciated.	5/1/2024 3:09 PM
583	The current work environment is characterised by a pervasive culture of micromanagement, which has resulted in a workforce that is severely demotivated. Employees are feeling undervalued and unappreciated, leading to the lowest levels of morale experienced by the organisation in recent times. Despite their best efforts, they do not feel that their contributions are recognised or acknowledged, leading to a sense of frustration and disillusionment among team members. As a result of this negative work atmosphere, the productivity and performance of the organisation as a whole is being affected. The team members are not motivated to perform at their best, and the overall work quality is suffering as a result. This is concerning, as the organisation is not patient-centered or focused and may be impacting the	5/1/2024 3:05 PM

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quality of care provided. It is clear that the organisation needs to make significant changes to its management and work culture to address these issues and create a more positive work environment for its employees.

584	Nurse managers will have to take patient loads, preceptorship will take a back seat, staff will burn out quicker, there will be increased use of sick leave, morale will drop. All of this will negatively impact patient care.	5/1/2024 3:04 PM
585	patient's WILL suffer a SEA or worse. But of course, it will always fall back on the staff and why we didn't do this or that etc. When this does happen, will the decision makers be held responsible for gross negligence? I highly doubt it	5/1/2024 3:03 PM
586	It already is. Delayed care. Increased stress and risk to staff and patients. More burnout.	5/1/2024 3:02 PM
587	Patients will die!!	5/1/2024 3:02 PM
588	As above. More stress to maintain client safety.	5/1/2024 3:02 PM
589	After 3 years of Covid 19 stress I am highly concerned about staff stress and the constant triaging of need. I am considering exiting health due to my personal stress. I already see individuals not receiving early healthcare which is having an affect on ED presentations, hospital admissions and entry to residential care	5/1/2024 3:01 PM
590	We do our absolute best to minimise the impact on patients but ultimately we will have to provide just the essentials as opposed to the quality care our patients deserve. It will impact their health and happiness in the long run . It will also negatively impact the nurses mental health.	5/1/2024 3:00 PM
591	Will increase risk to patients	5/1/2024 3:00 PM
592	Working with acutely unwell patients in a mental health ward will become more dangerous for staff and tangata whaiora if double shifts are banned as we already struggle to cover shifts.	5/1/2024 3:00 PM
593	Everyone will be burnt down, stressed not good for the patients	5/1/2024 2:58 PM
594	Not enough staff we need more Nurses, Healthcare Assistant for our patients we are trying our hardest to make our patients happy with everything we provide them and there families .	5/1/2024 2:58 PM
595	Cuts to services will likely lead to a reduction in access to preventative health services including mental health, intensifying risk to the wellness of all NZ's. Most especially those in at-risk and minority groups, including the elderly and impoverished, potentially exacerbating minor health issues, increasing the risk of comorbidities, illness related disabilities and higher patient acuity, adding further burden to an already heavily burdened service. Cuts may mean increased wait times, higher patient dissatisfaction, with patients walking out before receiving care leading to increased complications, higher acuity etc). Or patient aggression, jeopardizing staff safety and their mental wellbeing, leading to staff resignation or illness and further burden to staffing. More illness increases patient acuity, intensifying work load, rising the decrease in quality of care and increasing the potential of errors, impacting patients, their whanau & staff alike.	5/1/2024 2:56 PM
596	Clients will die or need to be seen for longer periods of time because they did not receive the appropriate care when they were first admitted. More staff will leave or reduce their FTE to cope with the stress.	5/1/2024 2:56 PM
597	There will be more burn out and more skilled staff will be looking to leave. Frustrations are high and delays in back pay, hols remuneration and now back into negotiations is going to escalate the feeling of helplessness.	5/1/2024 2:55 PM
598	ED- shifts that were covered with SMO's have been replaced by junior RMO's with an over worked and cognitively overloaded SMO on call. There is not enough senior kiwi trained nurses to support and bring up to speed the new international recruits. There are so many cultural and language barriers resulting in poor communication with other colleagues and to patients and their families.	5/1/2024 2:54 PM
599	Places patients at risk. Having to run wards short staffed especially in critical care areas. Really concerned about patient and staff safety.	5/1/2024 2:53 PM
600	If they will do this, employees will be exhausted by the end of their shifts cause no covers if someone will get sick. lesser staff on the floor means less optimized service.	5/1/2024 2:53 PM

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601	Overwhelming with short staff already patients will suffer as well 😞as us	5/1/2024 2:52 PM
602	Lives are at risk both medical staff and patients	5/1/2024 2:52 PM
603	Will have a huge impact. It's just another kick in the guts	5/1/2024 2:52 PM
604	Would not be planning on a public hospital stay any time soon.	5/1/2024 2:52 PM
605	We're not allowed to cover sick staff absence so wards will be short staffed, will be care rationing, unsafe monitoring etc	5/1/2024 2:52 PM
606	Frontline staff will do their utmost to provide excellent care to their patients, at the expense of their own health and well-being, but no matter how hard they try, I believe that patient care will be impacted in a negative way.	5/1/2024 2:50 PM
607	we are experiencing roster gaps on an ongoing basis for quite some time now, rosters rely on staff doing extra shifts and double shifts, patient acuity and demand is rising and we do not have appropriate capacity to cater for this, lots of new staff especially IQNs are not supported the way they should to find their footing in our health system as no ability to be buddied for long enough, having to take their own patient loads early on and just left to it	5/1/2024 2:48 PM
608	reducing sick days goes against the whole campaign for safer staffing. if nurses are unable to take double shifts, who will cover? patients will suffer with less continuity of care, and be trapped in ED awaiting a bed on any ward that can fit them	5/1/2024 2:46 PM
609	It will be potentially devastating we are a small rural team, 4x RN practice nurses and 0.6 part time permanent GP, if 1 or even 2 are sick at a time, it limits the type of service provided. We struggle at the best of times in getting GPs and as nurses we are the only continuity the practice provides. If we are not allowed to replace staff sickness, leave ect it increases the stress and workload of colleagues and as a team we are terrified of something happening/ someone is missed and could have devastating consequences.	5/1/2024 2:45 PM
610	This will impact on the patients hospital journey & ultimately impact on patient safety. It is setting nurses up to fail their patients. If a nurse that is responsible for direct patient care is sick they should be replaced if patient acuity warrants that. I think these cost containment methods havent been thought through & will have a negative effect on both nurses & patients.	5/1/2024 2:44 PM
611	Already overstretched and overloaded, I don't know when breaking point will be reached. Stress and lack of satisfying results, being busy with justifying workload shift from my own desk onto another overworked and overstretched colleague or service It is a matter of when, not if serious incidents occur.	5/1/2024 2:44 PM
612	Expect complaints and incidents will rise Staff time poor and unable to contribute to quality initiatives or audits	5/1/2024 2:43 PM
613	It will add pressure on all staff to cover for sick staff, and those staff will eventually end up unwell. No	5/1/2024 2:43 PM
614	Extremely hard .	5/1/2024 2:43 PM
615	There won't be any time to care - it will be survival mode and bare minimum. I expect to see an increase in pressure area injury, falls, deconditioning and probable trend upwards in medication errors.	5/1/2024 2:43 PM
616	We will be more stress and rushed, which inturn can lead to errors and staff leaving causing a viscous cycle. Making a unsafe environment for pt and staff	5/1/2024 2:42 PM
617	We already struggle most shifts to provide care and treatment for our patients in a timely manner. Budget cuts will make this even harder.	5/1/2024 2:42 PM
618	It will probably mean staff won't take the floor and the patients will miss out on there cares and outings ,	5/1/2024 2:40 PM
619	Ed waiting time increases . No appointment for specialist will affect all people badly especially working people	5/1/2024 2:39 PM
620	People get disillusioned and leave. This has been happening since 2021 and in that time a large group of highly skilled and experienced staff have moved on with the gaps being replaced with IQN who are often very poorly skilled and their English comprehension is lacking. The culture within hospitals has changed as the dominant culture in many places is now Indian.	5/1/2024 2:36 PM

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They speak Indian amongst themselves and in front of patients and patients can not understand them, and they cant understand patients. We need more NZ trained nurses badly. Our ability to meet the needs of Maori patients will slip further away as IQN do not understand nor do they prioritise learning about our cultural needs or history.

621	If sick staff are not going to be replaced, that will definitely impact on our clinical delivery of patient care. More falls, less time to do clinical interventions and this means patients can deteriorate and potentially patient could die from neglect.	5/1/2024 2:33 PM
622	By removing aides on our ward on weekend afternoon shifts put unnecessary pressure on RN's to maintain a safe environment for the patients and staff. Takes away time that could be better and safer spent with their patients. Bells go unanswered for longer periods, patients aren't able to be supervised to use the toilet and falls are more likely to occur. Service cuts put both patients and staff at risk of harm.	5/1/2024 2:33 PM
623	We have been told we are not allowed to order care partners/ watches anymore in order to save money. This increases the risk of patients having falls and injuring themselves.	5/1/2024 2:33 PM
624	Holistically these services cuts will impact on all facets of my and other nursing colleagues ability to care for the people we come to work every day to serve! Hinengaro: all time low, what are they doing - no trust = Wairua: spiritual wellbeing is already low, hearing this current news makes one wonder if the government hears us, as it doesn't feel like it. Dis-establishing Te Aka Whaiora - is soul destroying - at last we were looking like a country that was progressive and taking charge on improving health outcomes and inequities - then destroyed!!! So disheartening!! Tinana: with the addition of mental stress on weary health workers - and the impact of the current health system will be taking a physical toll on health workers. Now... with the banning of double shifts, colleagues away as they are pressured to take leave, non-replacement of sick staff and wiping unfilled roles - will only exacerbate physical strain on us!!!! Whanau: staff are already stressed (due to post pandemic fall out and wider cuts to health services in the last few months i.e. Te Aka Whaiora) - so unfortunately those we love and go home to will potentially bare the brunt of burnt out and exhausted health workers.	5/1/2024 2:32 PM
625	I think that patients will not receive the care that they need due to not having Stagg to meet their needs leading to detrimental health outcomes	5/1/2024 2:32 PM
626	Having even one extra patient ina shift immensely effect the way I work. I end up focusing on 1 high acuity patient and others are left out due to which there is increased patient complaints	5/1/2024 2:30 PM
627	It will impact hugely if management follows through and makes the cuts. Our service would close if nurses on sick leave our not replaced. The impact of this on new mothers in the community is devastating - and would cause harm to both mother and baby.	5/1/2024 2:29 PM
628	The fewer nurses there are available to provide care, the lower the standard of care that is provided. World research supports this and yet, here we go around the merry-go-round again. For example, inpatient falls causing injury increase exponentially as nursing numbers on shift fall.	5/1/2024 2:29 PM
629	We might differ patient due to patient load which might lead to compromise of their health and delay them getting well	5/1/2024 2:28 PM
630	We are already stretched to have the human resources to provide quality care. Not having people be motivated to pick up shifts and having to then work constantly over staffed with only create more burn out and sick leave creating a snow ball of understaffed. I would love to see how the people who make these changes would feel to have to own loved one lying in soiled sheets for hours because there is no one to assist you to change them, or fall out of bed because there is no watch provided, have serious delays in health interventions because of complications that could be avoided. If I was younger or older I would be in Australia tomorrow	5/1/2024 2:28 PM
631	Adversely	5/1/2024 2:26 PM
632	I won't be able to care for patients as I don't have shifts in which to work and look after patients	5/1/2024 2:26 PM
633	I will not or no nurses will be able to provide the nursing care that all patients ought to have.	5/1/2024 2:26 PM
634	Quality of care is severely compromised due to time pressure to finish the necessary task for the shift.	5/1/2024 2:26 PM
635	I won't be able to care for my patients how they deserve to be treated, and my colleagues and	5/1/2024 2:25 PM

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myself will suffer as we will be constantly trying to do to much and be spread to thin

636	I work with new graduate nurses who are already finding it hard to cope with their workload as newly qualified practitioners. If sick staff are not replaced they will have to take on a higher patient load which will lead to mistakes occurring as they try to work quickly to get everything done, and also result in less care delivered to patients. I'm honestly not sure how Te Whatu Ora thinks these cuts will not impact patient care? We know good medical intervention can prevent further need for hospital/medical care, so having less people to provide this will not help our vulnerable populations.	5/1/2024 2:25 PM
637	As above. This would have significant added stress for those coordinating in and already stressful environment. I would also hate to feel that our new nurses are feeling unsupported when they come to work as I don't imagine that would help us to train or retain them	5/1/2024 2:24 PM
638	Make it hard	5/1/2024 2:24 PM
639	Being a Casual nurse we help fill the gaps when regular staff are sick or on leave. Without this the wards will struggle and put even more pressure and stress on the nurses in the ward. They are stressed and busy enough now even when they have a full compliment of staff on the ward as we are getting sicker and heavier patients now which impacts on how we can get our work done. How can TWO say this wont impact patient care, of course it will. If there arent enough nurses to staff the ward, then patient care is impacted. The nurses arent safe if they have too many patients, this is also when mistakes are made and you cant give good patient care.	5/1/2024 2:23 PM
640	Quality of patient care will decrease and cause more burden on the health system	5/1/2024 2:23 PM
641	Hearing the news made me think that nurses and health consumers (patients) well being are taken for granted. These made me feel unsafe and discouraged.	5/1/2024 2:23 PM
642	We won't be able too attend to patients safely and I believe more injuries will happen as 2 pax transfers will be done by 1 .	5/1/2024 2:22 PM
643	Staff would definitely feel worse and burn out in the long run especially if it is always short staff. Patient ratio would not be ideal and staff might decide to quit due to the risk of losing their license or endangering patient safety.	5/1/2024 2:22 PM
644	Cuts will make it extremely difficult to operate in a holistic approach to meet the needs of the sick	5/1/2024 2:21 PM
645	We are going to see in the near future more and more burnout nurses. This will cause decline of patient care and eventually less nurses to work.	5/1/2024 2:20 PM
646	The workforce is stretched already and this announcement is going to stretch the workforce even further. The cuts are going to mean less nurses looking after more patients with a higher acuity. In turn this will result in delays in care delivery, sub optimal care and an increase in complaints from patients and families.	5/1/2024 2:20 PM
647	Patients will be neglected. They will receive compromised care. Patient risks such as self harm, aggression will increase.	5/1/2024 2:20 PM
648	We are burning out, being assaulted, morale is low and our colleagues are looking at work in Australia - we are sharing job opportunities amongst ourselves	5/1/2024 2:20 PM
649	It creates an unsafe environment for the team to function. It affects the quality of and standards of care. People may consider it as a job than a service because the workforce may not feel they voice are heard or respected.	5/1/2024 2:20 PM
650	Patient's safety will be at risk, we cannot give our 100% to the patient if we are short staff and with less budget	5/1/2024 2:18 PM
651	Patient cares will suffer with inadequate staffing no question. Staff leave shifts should be covered to keep staff and patients safe.	5/1/2024 2:16 PM
652	If we are increasingly short staffed then care will be rationed and patients will be at risk of adverse events due to impossible workloads.	5/1/2024 2:15 PM
653	The nurses on the floor struggle enough to provide quality care, patients will die as a result of this, and nurses will burn out.	5/1/2024 2:15 PM
654	As above, to date nothing has changed. Cervical screening services have been increased in	5/1/2024 2:15 PM

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	last 2 wks.	
655	There will be more sick leave, burnouts on staff that will lead to poor service of care to patients	5/1/2024 2:15 PM
656	see above	5/1/2024 2:14 PM
657	Patient care will be compromises cancer patients not seen by specialists in a timely manner.	5/1/2024 2:14 PM
658	Number s game	5/1/2024 2:14 PM
659	Create more stress in an already tense, and overworked environment. Alot of pressure to stay at work when unwell. A feeling of being very unsupported by the Government.	5/1/2024 2:13 PM
660	How do they plan to keep wards running with no overtime? What will happen when mistakes are made as a result of understaffed wards? The pressure on nurses to do more with less staff is already mounting, this will break many of us. I'm so glad I'm nearing the end of my career , but I do worry about my colleagues who will suffer the consequences of this.	5/1/2024 2:12 PM
661	Significant care rationing, inability to perform planned care and block access for acute admissions as ward bed numbers will reduce as per ccdm.	5/1/2024 2:12 PM
662	We are dramatically increasing our risk of sentinel events	5/1/2024 2:11 PM
663	We are already stretched .. it will impact pt	5/1/2024 2:11 PM
664	It will really impact on the patients if we aren't able to fill gaps in the shift or roster	5/1/2024 2:11 PM
665	Management started not giving more shifts, causing more workloads fall on staff.	5/1/2024 2:10 PM
666	Rationing care	5/1/2024 2:10 PM
667	Service cuts that result in fewer nurses will undoubtedly have an impact on the quality and safety of patient care. Working under constant pressure could result in some care being reprioritised or simply not done and increases the risk of mistakes.	5/1/2024 2:09 PM
668	Nurses are stretched even further when trying to care for patients. This is a risk to both patient and nurses	5/1/2024 2:09 PM
669	Unimaginable impacts. Whoever makes these decisions have no clue on what's really happening on the field	5/1/2024 2:09 PM
670	It will mean less nursing time for each nurse per patient resulting in sub optimal care	5/1/2024 2:09 PM
671	Although they say we are overstaffed, we don't feel it that way. We are not getting the adequate number of staff per shift and the appropriate skill mix. Staffing issue had always been and will always be a problem in every hospital. All the more now that the government has decided to do the cuts.	5/1/2024 2:09 PM
672	It will impact on how much time available to give our patients. By the time we do all other written related procedures the more patients that one has the less time given (obviously)	5/1/2024 2:08 PM
673	There is no doubt that the proposed cuts will have a horrific impact on patients. We already have trouble staffing to ensure patients receive the best holistic care, how on earth do the govt think this will help?! They need to imagine their whanau being left in a bed without pain relief or laying in their excrement because there are only 4 nurses caring for 30 patients on a busy shift. No matter how much nurses want to give the best care, WE WILL NOT BE ABLE TO. Disgusting.	5/1/2024 2:07 PM
674	Patients will have no rehabilitation or life quality due to reduced activities and therapeutic engagement. Patients rights will be contravened, adding to their distress and this will create an unsafe environment for others.	5/1/2024 2:07 PM
675	We will spend less time with patients and will be pushed to the brink with no ability to give full care to patients due to time constraints, as we have a large number of patients per day we will not be able to complete all tasks effectively.	5/1/2024 2:06 PM
676	More work, less nurses. Things will get missed. Staff burnout. Staff will leave.	5/1/2024 2:06 PM
677	It will be the patients and community that will suffer, NZ has an aging population a fact hammered home by the media, older people need more time and resources to the detriment of others. Waiting lists will get longer, less care will be given to patients and I fear that more mistakes by tired, stressed, inexperienced and overworked staff will occur	5/1/2024 2:05 PM

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678	patients who needs intensive care treatments will no longer gets it as nurses are not available. ICU runs on 1:1 ratio and if there is no nurse availability, the patient has to stay in ED and may die as not getting proper care. there will be pick and choose on who gets ICU care. all our elderly patients will not be accepted to ICU. when nurses don't feel safe in their practice, they will leave or it will break them mentally and will not be able to give their best at work. I have been through the same scenario during covid times and it has a huge impact. people not got surgeries done because of insufficient nurses.	5/1/2024 2:03 PM
679	Care is already compromised because of lack of staff - incorrect staffing ratios to work load. Demand far outstrips hospitals capacity especially coming into winter. Quality of care and at times safety of care effected. Sick calls already increasing. Staff leaving for Australia most weeks - increased frequency of resignations. New staff and foreign trained staff who are unfamiliar with rural health care setting meaning high demands on senior staff to ensure safe care provided.	5/1/2024 2:03 PM
680	Not enough time for each and every patients. They get angry on us. Verbal abuse to us. Not good feedbacks	5/1/2024 2:03 PM
681	We have been informed that should nurses call in sick the will not be replaced as casuals nurse use and overtime is being stopped so then how will patients be managed safely with reduced staffing numbers. Also this is winter where cold and flu numbers increase	5/1/2024 2:02 PM
682	Not fill sick shifts will stretch staff to the point of not being able to provide optimal care to patients, resulting in frustration, burnout and more sick days.	5/1/2024 2:02 PM
683	If they reduce the number of beds to meet staffing levels. that is fine. but if they dont, the needs of the patients and patient safety will definitely be compromise.	5/1/2024 2:01 PM
684	I won't have a job by the look of it	5/1/2024 2:00 PM
685	If we don't have the staff it will put pressure on staff to cope which is very unsafe and that's when mistakes happen	5/1/2024 1:59 PM
686	Heavier workload, nurse patient ratio higher than should be unsafe staffing	5/1/2024 1:59 PM
687	We will have less time for the patients. More pressure on staff which would become for staff and patients. Our patients have full trust that they are safe with us.	5/1/2024 1:59 PM
688	there will be an increase in moral distress, particularly when you hear politicians are having 50k pay rises. increased moral distress leads to burnout and recruitment and retention issues. it is not future proofing a career in health as a viable option for future generations. we will erode quality of care.	5/1/2024 1:58 PM
689	Potential new staff won't want to come and work here. We don't have adequate infrastructure now and this is going to make it worse and there will be less resources in our hospitals.	5/1/2024 1:58 PM
690	As above. If you don't recruit into roles you put pressure on the existing staff and they get sick and tired and less able to do their job well	5/1/2024 1:57 PM
691	As per above	5/1/2024 1:56 PM
692	We will have less time for patient's care and we are already pushed to the brink. Patients health outcomes will decline further.	5/1/2024 1:56 PM
693	Nursing staff will be unable to give quality cares to patients and Falls, PIs and other hospital injuries will increase as we do not have the staff to provide intervention. Over all this will increase patient hospital stays and tax payer money	5/1/2024 1:55 PM
694	There is only so much one person can do!! if sick calls are not replaced and the ward is full it puts extreme pressure on nurses to care for loads that are totally unsafe. They will not be able to deliver the care expected by patient or give the level of care they would like to. Patients will suffer, missed or delayed medications, unable to deliver basic care eg pressure area cares, comfort cares, etc	5/1/2024 1:55 PM
695	Directly. The work load will multiply as less staff to do increasing workloads that are shifted as no resources in the usual surgical pathway. Patients will wait longer for care and not return to hospitals or nurse contact as they will know no one will be there to receive them.	5/1/2024 1:55 PM
696	Provide reduced levels of care due to unsafe ratios. Babies who should be 1:1 are starting to	5/1/2024 1:55 PM

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be 1:2 meaning some nursing responsibilities are ending up delayed due to one baby taking up lots of your time

697	DSN's will need to cover the treatment floor, meaning essential work within their roles will not be possible. Staff will become burnt out which will create an additional issue of increased sick leave, resulting in patients not being treated due to insufficient resources.	5/1/2024 1:55 PM
698	Cutting of services and staff levels will have major effects on patient care and quality of life. Too many patients, not enough nurses to provide basic care now, reduce the number of nurses even more and care will be considerably compromised, do we have to have people die before the government believes us. Nurses cannot continue to work in a environment that is toxic and does not care about the quality of patient care of staff needs, and only about saving a buck!	5/1/2024 1:53 PM
699	Our patients are aged and dilurum or even dementia, so they are required personal attention. Because of lack of staff i mean nurses and hcas. The level of care was unable to provide. Another thing is staffs are overly stressed hence it affects our family. Health care is not at all a profit making institution but a service industry to make citizens are healthy.	5/1/2024 1:53 PM
700	Last night shift - fully staffed and I had 6 acute stroke patients, 2 unwell and effectively 2:1/1:1 care required minimal help as ward acquity high. No vrm nurse to help... it will only get worse. - finished 2 hrs late, and no dinner break. Was told it will be paid, but that was the last time, don't do it again.	5/1/2024 1:53 PM
701	As above, basic care may not be met in a timely manner, increasing risk factors for patient safety.	5/1/2024 1:53 PM
702	very bad impact -less staff means no time to listen pt needs imagine having 8-9 pt in the night	5/1/2024 1:52 PM
703	We have had the flexibility to assist with patients attending appointments and admissions. These actions, although cost money, if removed, will endup costing the system more and put patients lives at risk.	5/1/2024 1:52 PM
704	More patient per nurse which is already more then recommended.	5/1/2024 1:51 PM
705	It pushes us to the edge of unsafe nursing care. We feel resentful and undervalued because we are still expected to see the same number of patients.	5/1/2024 1:50 PM
706	"Will not affect the frontline" I don't believe that, even for a second. It already has affected the front line. If senior managers and corporate officials would get out of their offices for a day and spend time on each busy ward, they would understand how things actually are and how much any sort of cut affects the frontline. It's one thing to talk about it in a press release, and it's another thing entirely to see it in action.	5/1/2024 1:50 PM
707	I work in PACU. Theatres are held up as there are no staff to recover patients as unwell staff are not replaced. Patients are discharged to wards too soon in some instances to accommodate the workload. Or there are extreme long waits as the wards are struggling with skeleton staff levels, no beds available, and inexperienced staff. (Having adequate nurse numbers in no way equates with appropriately trained/experienced nurses) The population is increasingly unhealthy with patients young and old having multiple comorbidites requiring more invasive and intense care. How can we provide that care with reduced resources and staff in an already overstretched exhausted workplace? People will die. People who should not, in a first world country.	5/1/2024 1:49 PM
708	Nurses generally have a work ethic that ensures they continue to battle on because a patient will suffer if they don't. HNZ may have employed more staff, but they're not sharing the ones that have also left in that same timeframe. WE HAVE A SEVERE STAFF SHORTAGE!	5/1/2024 1:49 PM
709	Will be stressed and will be working under stress, care rationing will be implemented	5/1/2024 1:49 PM
710	Having a full ward at the moment we are already unable to give patients the full nursing care we should be giving. We are trying our best and hardest all of the time but doesn't feel like it's enough at times.	5/1/2024 1:49 PM
711	Patients will miss basic obs checks, patients will have falls, call bells won't be answered in time due to short staffing. Also children and vulnerable adults will be affected more due to short staffing in Acute hospitals and Emergency departments. Patients life is in danger with short staffing and drug errors definitely going to happen when nursing staff under high pressure environment of doing 3 or 4 nurses job by herself/himself. Although, authorities only blame nurses for all errors and patient safety issues.	5/1/2024 1:49 PM

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712	Patients care will be minimised and patients will be affected Nurses will leave and go to a country that will appreciate them. Increased sick calls will come as the nurses are tired and stressed and will start to see increased errors in overall care. This is a great concern	5/1/2024 1:49 PM
713	More sick days being used, more anxiety and stress coming to work. More resignations. Extremely short staffed. Poor patient to nurse ratios. Unhappy work environments. More nurses heading overseas. Patients safety will be extremely compromised, they will not receive the care they need. This could be extremely dangerous and lead to poor patient outcomes	5/1/2024 1:48 PM
714	Same answer as number 7	5/1/2024 1:48 PM
715	My workload will increase, my sick will increased my stress too	5/1/2024 1:47 PM
716	Delay of the treatment	5/1/2024 1:46 PM
717	Less time to provide care to patients, poorer outcomes. This is especially bad in the ED where staff shortages may mean patients are waiting a very long time to be seen by any health professional, leading to deteriorating patients not being recognised early, leading to poorer health outcomes.	5/1/2024 1:46 PM
718	There's a limit to what you can do and when staff are sick clinic lists will have to reduce causing patients to miss their eye checks it's hard/ impossible to rebook in a reasonable timeframe, people will go blind.	5/1/2024 1:45 PM
719	Currently we are always short staffed. The ward is likely the most physical ward in the hospital. Our role includes lifting, hoisting & transferring patients throughout the day which takes a toll on our bodies no matter how careful we are. It is not unusual to have 2-3 staff off sick, on ACC or on light duties each day. Our ward needs to replace these staff absences so we don't get injured or exhausted by work overload. All the staff in the ward do their best to assist each other when they can however if there are staff cuts it would be unfair & unjust to leave us without additional help when we need it the most and there is no doubt this will affect the patients wellbeing by having them wait longer for their cares, treatment & appointments..	5/1/2024 1:45 PM
720	This will impact hugely at times we are already having up to 8 patients a shift and upwards trying to give equal care to all of these patients is difficult	5/1/2024 1:44 PM
721	Delayed care, no time	5/1/2024 1:43 PM
722	Nursing involves 'considered watching' this is how we know when to assess. As soon as our patient ratio increase then we have less ability to do this. patient harm events will increase due to these service cuts.	5/1/2024 1:41 PM
723	We can't run hospital!!!!	5/1/2024 1:40 PM
724	Patient care will become a lot more poor. as much as we try to not allow that to happen, it will	5/1/2024 1:40 PM
725	Unsafe for the care required and quality care diminished	5/1/2024 1:40 PM
726	It's going to stress the few staff we have and be the cause for many others to just leave NZ for other countries.	5/1/2024 1:40 PM
727	Not being able to finish work or take a break, leads to staff disappointment and more staff leave the hospital	5/1/2024 1:40 PM
728	Very much as If we don't have the sick calls replaced the quality of work we deliver will be greatly impacted.	5/1/2024 1:40 PM
729	I am currently exhausted r/t the amount of work which i am expected to do. As documented above I am expected to do acute work as well as Needs Assessments (generic work) which does not require my level of experience and expertise. InterRAI assessments need to be performed by a separate division in our team to enable experienced/expert nurses to practice safely.	5/1/2024 1:39 PM
730	We will get less staff resourced to each area, managers will be unresponsive to increased acuity and numbers of patients, therefore, nurses will have to ration even more care than we do already. Senior nurses will be less likely to be employed to cover available roles. Less budget towards nursing education and less budget towards essential functioning equipment for all nurses eg-obs machines/IPADS. Sick cover not replaced for shifts-no outsourcing to other agencies if required for patient numbers and safety. We will head back to nurses were treated	5/1/2024 1:39 PM

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in the 90's-nurses will have to seek employment overseas as reduced job positions and better work environments.

731	As a part time nurse with over 35yrs of experience I currently am employed at 32 hrs per week ...I currently work on average full time and above to cover sickness ..maternity leave and reduced skill mix whilst the government continues to push for more surgeries to be undertaken whether that be elective or emergency surgeries. They can't issue all these targets and KPI's without the staff to initiate them as a country that relies on immigrant staff and are currently using NZ as a stepping stone to Australia where they are paid more and skills recognized	5/1/2024 1:39 PM
732	We will mostly resort to life saving care if our sick calls are not covered, we all know EDs across NZ already have high sick leave rate. We wont be able to support our new RNs in the way we should this potentially will affect patient care and possibility there confidence. With increasing numbers of patients heading into winter we will struggle giving adeqaete care being down in numbers. Patient care will suffer as it alreay does, we already dont have time for the basic human care.	5/1/2024 1:39 PM
733	We work in a sensitive area, and patients/whanau are often distressed. It takes more nursing time to be authentic and supportive of patients emotions on top of physical needs. Less time for each person will make their experience more traumatic than is necessary.	5/1/2024 1:38 PM
734	Short staffing due to cuts on recruitment leaves us understaffed, and we will need to stop the lab for breaks to keep everyone safe. That means someone (an patient) will wait an extra day to get a procedure. That means a cost to the budget, more staff hours, bed blocks until they are done. Over worked means more stress, possibly more sick leave, resignations, again more stress.	5/1/2024 1:38 PM
735	Standard of care will be reduced.	5/1/2024 1:37 PM
736	Nurses are tired, too much paper work not enough hands on, we will be told to cut down on patients supplies etc.	5/1/2024 1:37 PM
737	This will impact patient care dramatically- what the hell are they thinking. Cut HR/Comms and layers of managers first	5/1/2024 1:37 PM
738	Cannot provide the care effectively and safely.	5/1/2024 1:37 PM
739	Staff will get stressed, tired, and fatigued. Will want to move over seas	5/1/2024 1:36 PM
740	This will impact my own wellbeing as well as the staff on the ward. We will become fatigued and tired and therefore not able to do our jobs correctly.	5/1/2024 1:36 PM
741	We are stretched	5/1/2024 1:36 PM
742	To date, I have heard cuts will not impact front line staff and I have not seen any evidence to the contrary. I hope the money saved can then be re-directed to addressing the points raised in the above response.	5/1/2024 1:36 PM
743	Inadequate patient care. Unsafe staffing unsafe work environment	5/1/2024 1:36 PM
744	In short we won't be able to provide adequate care with no staff	5/1/2024 1:35 PM
745	The nurses are already stretched thinly as it is and losing more due to staff sickness with no cover leaves the ones left on the floor barely coping with the workload leaving the patients vulnerable to risks and near misses.	5/1/2024 1:35 PM
746	We have no end in sight to see the patients we need to, who are desperate for help after waiting for so long. The cuts mean we have no possible way to get through these waiting lists or manage to cut the waiting times down.	5/1/2024 1:35 PM
747	We have been consistently working with insufficient staffing levels based on trendcare data and with the lack of overtime and pause of hiring staff, patients care will be further RATIONED, wait times will be even longer and I am concerned patients will be harmed or even die. It's morally fatiguing and work is not satisfying anymore, and the government is just making the situation worse.	5/1/2024 1:35 PM
748	Increased incidents. Falls, skin integrity, human errors, time management pressures - delayed care/medications/observations, difficulty keeping up with monitoring nutrition, input/output, etc. Less time to discuss care with pts and whanau will also impact care. If you have to	5/1/2024 1:34 PM

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compromise care in order to prioritise high acuity needs this will cause a lot of problems and lead to longer hospital stays.

749	Poor quality of service. Long waits for treatments.	5/1/2024 1:34 PM
750	Unsafe staffing in workplace and quality of care will be affected	5/1/2024 1:34 PM
751	Poor care, more mistakes, longer length of stay= more cost!! Such a bad formula.	5/1/2024 1:32 PM
752	As above	5/1/2024 1:32 PM
753	Delayed care and service to patients and this may lead to missed treatment or condition that changes spontaneously.	5/1/2024 1:31 PM
754	Yes less service and delayed care for patient, and poor skill mix	5/1/2024 1:30 PM
755	Yes. My ward is already frequently understaffed and not replacing sick staff would have a huge impact on being able to care for patients. Patient loads are already high and cause significant stress. If sick staff were not replaced this would make the already existing issues even harder. The ability to care for patients is already under pressure and the proposed measures to save money would put patient care and safety under even greater pressure.	5/1/2024 1:30 PM
756	It imposes health and safety risk above all. Not getting enough manpower on such a stressful and unpredictable workplace environment will definitely impact the quality of care delivered and general wellbeing. It will cause human wear and tear much faster and might spark the idea of leaving for better & more ideal way of living, to make ends meet more than anything else. Patients will equally and greatly suffer. They're not getting easy access to healthcare through GP services already. Not getting satisfactory service in the hospital will put even more burden as that will leave them hopeless and taken for granted.	5/1/2024 1:30 PM
757	Patients stay longer in hospital. Deal with more complex patients.	5/1/2024 1:30 PM
758	I would assume that multiple staff members will no longer be able to cope or tolerate the conditions we have to work in as they will only get worse with these cuts. The health system will go even more backwards than it has already and the nursing shortage will get worse.	5/1/2024 1:29 PM
759	Definitely it's affects the all health professionals health as well as quality of care getting to the patients. Leads to delay in care, in in my view safe staffing equally important for both health professionals and patients so this change mainly affect in safe staffing.	5/1/2024 1:29 PM
760	I feel that the patient is the one who will miss out on the amazing care that we provide. I will however, continue to try and let this not affect my care (I have already had unsafe patient acuity shifts so I can't imagine that it will be any different). As long as I continue to do intentional rounding when I am very busy, I will know that my patients are safe (also observe other patients).	5/1/2024 1:28 PM
761	Mentally it will create further mental health for patients, whanau, nurses and HCAs. Pure exhaustion comes to mind. Already running at a deficit. Patients care is already compromised and as an RN you walk away feeling like you've failed your patients as you don't have the time to give them the care they deserve	5/1/2024 1:28 PM
762	It will affect the ability for my self and other nursing staff to care for patients because as a Nurse we have a patient ratio in every ward to render excellent care for our patients. If the service cuts we the Nurses can't provide the care that the patients need as we do not have enough staff. As a result, the patients or relatives will complain as which will result to a delay in the treatment for the patients due to understaffing. It's difficult for Nurses also for example we are busy in the ward and no one available to help each other due to understaffing.	5/1/2024 1:28 PM
763	Detrimental to our ability to give best care. More new zealand trained staff will leave nz.	5/1/2024 1:28 PM
764	Makes it much h more difficult. Looking after 10pts each night, very hard to deliver quality care. Making choices about priorities,therefore some tasks not completed.	5/1/2024 1:27 PM
765	As above plus already short staff in the hospital - these measures just make it worse and you will have a lot of nurses leaving because they can't cope with short staffedness.	5/1/2024 1:27 PM
766	Wuality of care will be impacted..	5/1/2024 1:26 PM
767	Staffing will not be safe for the acuity and volumes of patients. We need to be able to replace sick calls to ensure that the wards and ED are safely staffed, and offer overtime when needed	5/1/2024 1:26 PM

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to fill staffing gaps, otherwise patients will be missing out on appropriate care and have delays in their care.

768	We will lose experienced staff like myself who have no more to give. Youngsters with no ties will go. The patients will suffer most as they continue to get sicker. Bad, bad, bad!	5/1/2024 1:26 PM
769	We are always working short or putting patients at risk with low staff numbers	5/1/2024 1:25 PM
770	I'm concerned for my colleagues as with my experience I am able to support them across a number of specialties. I always manage a full work load so who's going to pick that up? My already hardworking colleagues?	5/1/2024 1:25 PM
771	The nursing workforce is already short staffed. Limiting over time and double time negatively impacts all nurses and patients. We need more nurses in this profession and these service cuts will drive nurses out of the profession or to other countries where we are appreciated and paid out worth.	5/1/2024 1:25 PM
772	Nurses will have to take on a higher patient load which will contribute to higher burnout as they are spread thin throughout their shifts	5/1/2024 1:25 PM
773	Our ward needs to have a low patient to nurse ratio as staff and patients can and do get hurt. When the ward gets busy and the patient to nurse ratio increases then there are a higher number of sick calls. The patients become worse off.	5/1/2024 1:24 PM
774	We will be short staffed	5/1/2024 1:24 PM
775	Already we have been informed that there will be no circulating registered Nurse or Transfer Nurse on night shifts. Circulating nurses are crucial In responding to areas experiencing unanticipated increase in workload or patient acuity, instrumental in ensuring breaks are able to be taken and responding to critical calls. Transfer nurses ensure flow of patients to CT and to wards from ED are done safely and are instrumental in continuous flow and preventing backlog.	5/1/2024 1:24 PM
776	I don't feel it will significantly change anything. I don't view them as cuts but a necessary process to work within a budget. There is not a bottomless pit of money and it's essential to look at where the money is being spent .	5/1/2024 1:23 PM
777	I think hiring of staff will go down and patient care /ratios will be effected	5/1/2024 1:23 PM
778	No impact, in fact in the ladt few weeks 2 more Cns's have been employed so workload decreasing	5/1/2024 1:23 PM
779	People are already stretched, staffing vacancies are never filled as it it- now coming into winter and unable to replace those sick, meanwhile being forced to take your annual leave- who is left on the floor? We are going to be one burnt out workforce yet again, something we try and try to get on top of. It's like being on a hamster wheel, when will we be able to get off? When we exhaust ourselves? It's this exact reason I went to a casual contract, because of burn out, but now even that may be in jeopardy.	5/1/2024 1:23 PM
780	Banning double shifts - if vacancies not filled, there is not enough staff to care for patients in the most optimum way. Pressure to take leave - can cause resentment if pressured to take leave when one does not want to for a variety of reasons. Non-replacement of sick staff - leads to understaffing, reduced care for patients and longer recovery times. Wiping unfilled roles - fully staffed teams are important to provide meaningful care to enable quicker recovery.	5/1/2024 1:23 PM
781	We are already pushed for to the edge when providing cares, this is going to make nursing in nz unsafe and not worth my mental my heath and wellbeing, and patient will receive less cares and there lives are going to be at more risk or lives will be lost	5/1/2024 1:23 PM
782	If staff don't get replaced then ask yourself, something will have to give and level of care will obviously drop despite the best efforts of those on shift.	5/1/2024 1:22 PM
783	Poor staff to patient ratios, staff will become burnt out and stressed. More staff illnesses, burnout and job dissatisfaction. Things will be hurried and mistakes will happen more.	5/1/2024 1:22 PM
784	As a health care assistant our main focus is always the patient . We put in the time to make them as comfortable as possible tend to their personal needs and just be there when and if they need someone to talk to. Cutting down staff to one HCA on the ward is just unfair to not have that other person who would have your back and work in unison to make things easier for yourselves and of course the patient Will suffer the most.	5/1/2024 1:22 PM

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785	If on the floor roles are not replaced or covered the patient care becomes rush and their is less time to get to know our patient which helps us to proved a better standard of care.	5/1/2024 1:22 PM
786	we already can't supply Frontline services and often have to cancel patients at the end of the day when we run out of staff for overbooked lists	5/1/2024 1:22 PM
787	As mentioned above.	5/1/2024 1:22 PM
788	I'm not sure how we can provide care that is safe. More nurses will quit.	5/1/2024 1:22 PM
789	they will inevitably make it worse	5/1/2024 1:21 PM
790	Task-driven yet unsafe. Physical and mental exhaustion	5/1/2024 1:21 PM
791	Frontline staff are already burnt out and many despondent. More will leave so absolutely will affect patient care.	5/1/2024 1:21 PM
792	Unlawful	5/1/2024 1:21 PM
793	This will increase the workload and pressure on nurses extremely. Unsafe nurse-to-patient ratios can lead to more mistakes and things being missed which severely impacts patient care. The increased pressure added onto stuff as they feel unsupported by the government has a large impact on the mental health of workers also.	5/1/2024 1:21 PM
794	Non-replacement of sick staff during onset of surges in winter illness and thus presentations to health services increases the chances of those left on the shift making mistakes as they take on unsafe patient ratios and are forced to make decisions about care - how much can be done and for who. Patients will be left with unmet health needs and nurses suffering from moral distress and subsequent burnout. There is no doubt that many units would see the staffing levels fall well below those of LPS levels ordered during strikes etc.	5/1/2024 1:21 PM
795	Conflicts will easily be arised towards colleagues especially when dealing with pressure. It will never be a happy place to deliver care or needs to the patients.	5/1/2024 1:20 PM
796	Will make area unsafe and will push staff to leave	5/1/2024 1:19 PM
797	Critical: I am currently unable to meet the demand, deliver optimal care, or make strides in improving our practices. Each day, the goal is simply to do what we can to keep our heads above water. Shifting responsibilities onto primary care exacerbates feelings of inadequacy, as I am well aware that this approach is flawed. It not only burdens colleagues in primary care, who are already overwhelmed, but it also ultimately fails our patients. In this situation, there are no winners, only losers.	5/1/2024 1:19 PM
798	Currently with a 1:6 ratio patient care is already compromised. If we have a sick staff member and they are not replaced the nurses on the shift will need to take extra patients. There is currently no time to care for patients the way they deserve. Care is mainly task driven rather than treating the patient as a whole person considering their emotional needs also. If a nurse is assigned too many patients and they have one or two unwell patients on the Shift requiring more care, all their other patients will suffer. Patient deterioration could be missed, patients could fall, time critical medications like antibiotics could be missed. 2 assist patients in rehab will not be able to get appropriate rehab opportunities as there won't be time to get them up in chairs or to the toilet or shower if we have high patient to nurse ratios. Care will have to be rationed: encouraging incontinence and is degrading for patients as our aim is to promote and encourage independence. All of Which all negatively affect patients and can ultimately result in longer hospital stays. Additionally there is Currently a VRE outbreak around the hospital. Having high patient loads reduces time for effective hand hygiene which can spread this superbug putting patients at risk.	5/1/2024 1:19 PM
799	Yes. Patient safety, staff well ness. Increase in staff sicknesses.	5/1/2024 1:19 PM
800	Yes..there are times when we are short staff and had to move from one ward to another and we have been struggling for quite a while to keep up. Sometimes we overworked ourselves but not enough pay.	5/1/2024 1:19 PM
801	Insufficient staff to meet patient needs, inability to support ED with reperfusion calls and transporting STEMI patients for acute treatment, inability to support wider ICU on Resus events after hours. We will not be able to adequately respond to deteriorating patients without risking the care of others. Senior nurses are leaving in droves for better already and these cuts may be the catalyst that triggers the on the fence nurses leading to more inexperienced nurses	5/1/2024 1:19 PM

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on the floor with more pressure on seniors to support juniors as well as have their own patient load. Basic nursing cares will be omitted in lieu of providing acute care activities. Vitals recording will diminish in frequency due to work demand and deteriorating patient's may be picked up too late

802	Ward nurses will either come to work sick so as not to burden their colleagues to care for increased number of patients. The staff who aren't sick will become sick by either being around another nurse who is sick or by the increased work load and the burden it will put on them. Patients are getting more sicker, frailer and need more input than when i first started nursing and the demand is high even when you do have enough staff. but having to take on more work load will create increase burnout. We are already struggling to keep our current work force.	5/1/2024 1:19 PM
803	The healthcare delivery will be jeopardized especially we have increasing population now. We need more time and proper care delivery with our patients. We are already constraint with the time now, how much more if they the government will cut it.	5/1/2024 1:18 PM
804	AS ABOVE	5/1/2024 1:18 PM
805	We are already struggling in the ED with patient work load and acuity we are already seeing sicker and a higher influx on patient in ED which is only going to get worse when the weather cools down. We are struggling with staffing levels to manage this influx of patients. The wards are already having bed closures due to staffing shortages meaning we are bed blocked and having to keep patients in the ED whilst also looking after those coming through the doors and in resus. This means higher work loads for nurses which leads to the inability to provide a high level of care and patient/family aggression towards wait times and limited resources.	5/1/2024 1:18 PM
806	I'm already burnt out and nothing left in the tank! I could retire, but like the income to do things. A pension will not cover the current cost of living.	5/1/2024 1:18 PM
807	There will be no nurses for patients	5/1/2024 1:18 PM
808	Patients will wait longer, sick patients presentations will be missed, and patients may die	5/1/2024 1:17 PM
809	In adequate staff on the floor will affect the staff patient ratio. The patient flow won't be low, but the ones who is taking care is less in number. Staff were really happy to cover the sick call because it's was double pay and that makes enough staff on the floor for care. The staff are too stressed because there is less number of staff on the floor which will eventually affect the health and wellbeing of the nurses.	5/1/2024 1:17 PM
810	Patients will have a longer I mean much longer waiting time (eg in ED) and the level of care that they needed will not be met due to short staffing if nurses and health workers.	5/1/2024 1:17 PM
811	As above. If i can't answer the phone, and it is a patient at home, ringing because they have a machine issue, and I am busy with a patient in the unit. Either the patient in the unit suffers or the patient at home does. If I answer the phone , the unit patient may clot, the patient on the phone might clot or bleed depending on what is happening. In the unit patients would get the very bare minimum of care. If 4 nurses are on and 2 ring in sick, 2 staff cannot safely run the dialysis unit	5/1/2024 1:17 PM
812	The staffing must keep up with the workload and we are being given a heads up locally that they are going to increase the work. The politicians and bureaucrats need to be constantly reminded that if there is shortage in one part of the system that then impacts on the ability of other parts to do their work i.e. not having enough staffed beds on the wards means that theatre can't work at the capacity to serve the patients' need. It might seem obvious to us but past a certain management level the lack of insight and siloed thinking is demoralising from people who are being paid ((overly?) generously and supposed to be qualified) to see the bigger picture.	5/1/2024 1:16 PM
813	Less nurses to meet the same or more number of surgeries will impact not only physical but mental strain on the remaining workforce.	5/1/2024 1:16 PM
814	If the staff rostered to work actually do work then the impact would be improved care. The problem is the current breed of nurses think someone else should do their job.	5/1/2024 1:16 PM
815	It will have an immense negative impact. To not replace sick calls is going to add to nursing guilt, have a high risk of multiple staff infected (and potentially patients) if people come in so they're not "letting the team down" as PPE isn't 100% infallible. It also removes our capacity for necessary education as not enough staff on to release for resus training days. Or to even get cover for short and sharp in-services. Being unable to deliver essential high fidelity	5/1/2024 1:15 PM

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education means nurses don't get that training, which means the nurses are doing their very best to nurse their patients but (through no fault of their own) not being fully trained, and this will have a snowball impact on patient and whaanau outcomes. Service cuts will harm patients.

816	Fewer staff will be able to do less work. Patients will be in dangerous and vulnerable situations and stress (and assaults) on staff will increase.	5/1/2024 1:15 PM
817	Great impact for patients care, not able to provide and meet the patients needs,more stressful and feeling unsupported	5/1/2024 1:15 PM
818	There will be less resources to complete work in any already stretched environment.	5/1/2024 1:14 PM
819	These cuts will make nurses over work which directly or indirectly increase errors and also affect the care delivered.	5/1/2024 1:14 PM
820	Due to increased workload, nurses will also be demotivated to pick up shifts to help the unit in case it lacks staffs. Nurses will be affected holistically as human: physical and mental exhaustion.	5/1/2024 1:14 PM
821	if sick calls will not be covered, it gives more burden to staffs with a heavy workloads which may lead to burnout and work errors.	5/1/2024 1:14 PM
822	We won't be able to effectively care for our patients!! There will be care rationing and potential very serious negative effects to patients.... We are always full, patients are constantly coming through the doors we don't get a break !!	5/1/2024 1:13 PM
823	Staff will not be able to care for patients safely. Patient acuity is higher and safe staffing is calculated on acuity	5/1/2024 1:12 PM
824	It will under resource us and put extra stress on the staff who are at work.	5/1/2024 1:11 PM
825	We will be even more stretched when looking after patients. The patients will suffer more falls, increased medication errors, and most likely mortality will increase as monitoring and passing on concerns will be missed.	5/1/2024 1:11 PM
826	Our work load will be doubled and the job will not be completed on time. We won't have time to look after all the Patients.	5/1/2024 1:11 PM
827	There is only a finite amount of us rostered each shift, with no coverage of sick leave or care partner requests I feel like we are on a sinking ship each shift and it feels like no one from upper management really cares as they are too far removed from what the reality is each day. It is hard and not fair on our patients, and the care they SHOULD receive.	5/1/2024 1:10 PM
828	Nurses already are under the pump. How can we deliver best practice care when there isn't enough staff. Wards will close waiting lists will get even longer.	5/1/2024 1:10 PM
829	We have given tons of evidence to support that low staffing numbers impacts directly patient health and safety and leads to longer admissions and returning patients alk costingthe system more. During strikes we have minimum safe staffing levels as determined by MOH/te whatu ora yet the day-to-day running of the ward doesn't always have these numbers. Less staffing will impact patients exhausted staff will impact patients it we have already shown this evidence in pay equity Rounds and ccdm shows this information. I'd like you to consider what we go through on day-to-day. I as a registered nurse request you do not take from an exhausted front line.	5/1/2024 1:10 PM
830	How can less staff be good for patients in any way shape or form it's nurses that look after them time is already stretched and things will get missed.	5/1/2024 1:09 PM
831	With less staff, especially heading into winter there is doubt that patient care will be heavily impacted. We are campaigning for better ratios because our current nurse to patient ratio is unacceptable. Further stretching this is unsafe and irresponsible on the part of the government.	5/1/2024 1:09 PM
832	huge impact, patients will not receive care they deserve, people matter, it will impact care and impact on nurses mental physical health	5/1/2024 1:09 PM
833	I am sorry for the staff I have left behind as they will be under more stress with being short staffed exacerbated by the new ruling by Te Whata Ora only to hire new staff once approved by Wellington. This will have a huge impact on frontline services.	5/1/2024 1:09 PM
834	Time away from the patient answering phones and letting family's in. No admin support or HCA	5/1/2024 1:09 PM

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replacement. Care rationing increased Time in ICU due to care rationing

835	there has been a shortage of staff for many years, and it is progressively getting worse. these cuts will be a major hindrance to the care that we expect to give, and that patients and whanau expect to receive. when moral is already at an all-time low and burn out is high, I fear that NZ health care is becoming that of a third world country. we used to have one of the best worldwide health care systems, what happened NZ? This will just make more nurses leave for Aussie and why wouldn't they?	5/1/2024 1:09 PM
836	We'll only have time to be task focussed. Patients will most definitely suffer. We won't be able to do our jobs to the standards we expect of ourselves. This means measures intended for safety and harm prevention will be lacking. For example more pressure injuries for patients, medication errors, personal hygiene cares etc will take a back seat. We'll only have time to complete tasks. Important small changes in clinical condition will be missed, deteriorations won't be picked up early and when a patient crashes there won't be enough help available to provide the time critical care they need. This will lead to an increase in long term morbidity and mortality. In the long run, likely costing the govt more money than they will be able to save by these ridiculous service cuts.	5/1/2024 1:08 PM
837	I have had no work	5/1/2024 1:08 PM
838	It will make my nursing care "basic" the bare minimum. I wont have time to give that extra TLC to my anxious/scared patient. Or I won't be able to hold the hand of someone who is dieing alone or even give comfort to their loved ones. My care will be the bare minimum; obs, meds and life saving interventions.	5/1/2024 1:08 PM
839	There is immense strain to try and cover work another persons work role. Due to the PHARMAC changes in funding happening in 2/12 for my workplace, my workload is drastically increasing. I do not have any support for this increase. I do not have any co workers to turn to, and they will not bring anyone extra on. There is an expectation for overtime to cover this role. It has been said that it will get 'unsafe' with no proposal for change or support.	5/1/2024 1:08 PM
840	Due to staff shortages and increased sick calls, it will compromise the safety of the nurse/patient ratios on the ward. We are already having to ration cares due to short staffing with no cover and often we are caring for high acuity patients already on the ward. It will indefinitely affect the quality of care that we provide for our patients.	5/1/2024 1:08 PM
841	This will limit the right maximum care we can render to the patient and making staff exhausted and most all of a big safety risk for patient and staff	5/1/2024 1:08 PM
842	Healthcare services is very important so cutting off budget can lead to nursing shortages. It's known that there is an issue with nurses to patient's ratio and if this shortage will continue, there will be negative consequences for the patients' safety and wellbeing too as well as higher mortality and morbidity rates.	5/1/2024 1:07 PM
843	Not have the ability to look after patients if forced to take extra patients load to cover not replaced sick calls	5/1/2024 1:07 PM
844	It will be near impossible. There won't be enough staff to look after the patients. Surgery and treatments will be cancelled. Patient will be in danger of serious neglect and harm	5/1/2024 1:07 PM
845	We are already struggling so cuts will make it harder for us to provide safe care to patient.	5/1/2024 1:07 PM
846	On so many shifts we are already understaffed. Perhaps only someone who has worked in a hospital can actually understand what this means - but surely Dr Reti should 'get it'? There are simply not enough hands on deck to do the basics much of the time, let alone the 'nice to have' extras like actually chatting to a distressed, confused senior for a few minutes without having to rush to answer another bell.....	5/1/2024 1:07 PM
847	Exacerbates what is already an issue in regards to chronic understaffing, which will impact on patient care and nursing well being.	5/1/2024 1:07 PM
848	UNSAFE	5/1/2024 1:06 PM
849	Thing will get missed, prioritising of care	5/1/2024 1:06 PM
850	Cuts will mean mistakes happen more frequently & unfortunately patient care will decline	5/1/2024 1:06 PM
851	Patients will suffer from having few health care team on site. Less therapeutic time	5/1/2024 1:06 PM

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852	Overly tired staff, more sick calls, staff wanting to quit, etc etc.	5/1/2024 1:06 PM
853	There is absolutely no way that these cost cuts won't impact the care of patients. The quality of our care is impacted by staffing levels - not replacing sick staff means more strain and less time for our patients.	5/1/2024 1:06 PM
854	Staff are already stretched to the max and if they cut the payment of filling in roles of staff that are sick how is that going to benefit patients and the staff who are already towards breaking point. I would encourage health ministers to walk a day in our shoes and see if they think we are able to accomplish more work than what we already do.	5/1/2024 1:06 PM
855	It will affect the load of work that we do in the hospital	5/1/2024 1:05 PM
856	Already not providing the care people need. As an RN we don't get to have a say in the care plan following our comprehensive assessment. People are mustered into clusters and their hours are allocated by a provider agency nurse	5/1/2024 1:04 PM
857	I work in a 1:1 nursing area, an inability to fill sick calls would mean an inability to adequately and safely provide care to the sickest patients in the hospital requiring life sustaining and supporting treatments	5/1/2024 1:04 PM
858	Going into winter especially when sick leave is not covered it means maybe only 2 nurses on an entire ward. It is unsafe for any nurse. In mental health wards assaults are more common and more nurses will resign. Double shifts cover the shortfall and are needed. Sick leave should be taken but nurses will come to work sick knowing their colleagues will suffer	5/1/2024 1:04 PM
859	We are seeing the impacts in the community. We have had staff leave and not be replaced. Recently a community Occupational Therapist and Community Allied Health Assistant have left and not been replaced. Also to get equipment in the community to help aid independence is a rigmarole. Patients will not get seen in a timely manner in regards to getting equipment, this then increases their falls risk and likely to need hosp admission.	5/1/2024 1:03 PM
860	I believe that we will not have sufficient staff to cover the current contracts that we cover eg, school based immunisation program, communicable disease work, school based health services and population health work we undertake in primary schools. I believe some of the work will not be getting done and we will be dealing with crisis after crisis in our most vulnerable schools because we have not had the time or resourcing to be present before our patients and their whanau reach a crisis point.	5/1/2024 1:03 PM
861	Effect all Wards and clinics, will not be able to provide safe care to patients, burnout of staff, higher sick leave, and huge risk that things may go wrong, putting patients at risk.	5/1/2024 1:03 PM
862	Patient care will be compromised	5/1/2024 1:03 PM
863	We will stop looking after each other and ourselves, as it's already tough working in healthcare	5/1/2024 1:03 PM
864	I feel the stress is going to affect other nursing staff the same. We all want to give our patients best care, how can we achieve this if we are under staff, over tired and sick.	5/1/2024 1:03 PM
865	Its very simple...less nurses (when wards are already under extreme pressure) while the patient load is still that same, care will be rationed more, patients will deteriorate and it wont be picked up, patients will die	5/1/2024 1:02 PM
866	Not proper care given to pts. Staffs have to work their asses off	5/1/2024 1:02 PM
867	With strained staffing, it is harder to reach patients and provide care in a timely manner. Leading to missed showers, not on time with toilet ingredients, medications and other cares.	5/1/2024 1:02 PM
868	Banning double shifts, no replacement for sick staff and erasing unfilled roles are all going to mean there are more likely to be understaffed shifts which is unsafe for both patients and staff. The NZ health system is already understaffed and struggling to meet the needs of our patients and these cuts will only exacerbate the issue.	5/1/2024 1:02 PM
869	Since sick staff will not be replaced, short staffing will be a huge issue DIRECTLY impacting on our patients who will not get the time or level of care they deserve due to massive time constraints of having an increased workload and less time/resources to provide proper care for patients despite trying.	5/1/2024 1:01 PM
870	I think it will greatly impact patient care and lead to staff burnout due to poor staffing	5/1/2024 1:01 PM

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871	case loads have already increased due to short staffing, they were already unsafe and now its worse. This does not feel safe at all, my registration will be at risk due to the high risks of doing something wrong in a very (already) stressed area. This is absolutely going to affect the care of our people in so many ways (its ugly), Can we please call Shane Reti, Winston Peters and Christopher Luxton when there is no staff due to these cuts, if someone is sick, can they fill the role.	5/1/2024 1:01 PM
872	Things will get missed. Appropriate care wont be given. Mistakes will be made and we will be blamed.	5/1/2024 1:01 PM
873	Less money means less ability to replace or repair equity which means patients cannot receive the best care available	5/1/2024 1:01 PM
874	Increasing patient volumes and complexity increases nursing needs, so considering cuts to health services when we are already in a crisis would be hugely detrimental to staff, many of who are already working over and above to cover enormous shortfalls	5/1/2024 1:00 PM
875	Hugely negative! We cannot provide care for sick babies and their families if these cuts happen, babies WILL die unnecessarily	5/1/2024 1:00 PM
876	Yes. Can cause high risk of injury to our staffs. Heavy working load to impact on our best practices and high risks of medical incidences to happen	5/1/2024 1:00 PM
877	It will increase workload and patient care will suffer immensely. Less time to spend with patients and possibly of serious event occurring increases e.g patient falls, wound breakdown, pressure injuries etc	5/1/2024 1:00 PM
878	Ditto above. When nursing and other staff are forced to work with less than optimal staffing, it means that core care functions cannot happen, or cannot be accomplished safely and effectively. This has a negative impact on healthcare staff, but more importantly it leads directly to medical errors, patient safety issues, and unnecessary illness and death.	5/1/2024 1:00 PM
879	Announced service cuts are likely to have a profound impact on our ability as nurses to deliver quality care to patients. The reduction in services will inevitably strain our already stretched resources, leading to increased workloads for the remaining staff. This situation is particularly concerning in specialized areas like intensive care, where the complexity of patient needs demands a high level of continuous attention and expertise. With fewer staff members, the time and attention we can dedicate to each patient will decrease, which could compromise the thoroughness of patient assessments and the timeliness of interventions—critical factors in patient outcomes. Additionally, the morale among nursing staff may suffer, which can indirectly affect the quality of care provided. As nurses face increased pressure without proportional support, the risk of burnout grows, potentially leading to higher turnover rates. Ultimately, these service cuts could diminish our capacity to uphold high standards of patient care, affecting not only those in immediate need but also the overall health outcomes of our community.	5/1/2024 1:00 PM
880	Nuses will have a bigger load if patients to look after and they will rely more on the HCA role to help with this. There is only so much we can do when is a single HCA helping more than 30 patients at the same time.	5/1/2024 1:00 PM
881	It is going to be a significant negative impact on the ability for myself and colleagues to perform our tasks as nurses because the case load is a lot heavier and demanding, and people are sicker today and focused patient centered care is going to be compromised.	5/1/2024 1:00 PM
882	If our workloads continue to rise, fatigue and burnout will continue to rise impacting patient care. This is not sustainable for our nurses to function in this way	5/1/2024 12:59 PM
883	It will decrease our ability to provide adequate and safe care as there will be less nursing staff to ensure the safety of the patients and nurses, the hospitals are unable to provide safe staffing as it is. There will end up care rationing	5/1/2024 12:59 PM
884	It becomes a safety issue also putting our registrations in jeopardy, it's time the Government put some safeguards into the healthcare infrastructure	5/1/2024 12:59 PM
885	Same as above. Instead of doing budget cuts. Why not improve delivering care more efficient? Like for example people who come in to the hospital and stay for days because of social concerns? Like if someone is chronically ill but does not need to stay for an extended period because they like the "services" lots of frequent fliers in the hospital system who take advantage of the free healthcare and get away with it because our doctors are afraid of legal scrutiny/ramifications if they call it truthfully how they see it.	5/1/2024 12:58 PM

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886	Having less staff and more pressure on remaining staff from not replacing sick calls will ultimately effect the level of patient care. It could be a big safety issues as likely mistake will happen under stress and there will be less time to spend giving efficient care if the demand is too high.	5/1/2024 12:58 PM
887	Will make the task harder than it already is. Staff will get stressed and get burnout therefore leaving work resulting in less staff	5/1/2024 12:58 PM
888	Stressed healthcare workers are more prone to make mistakes, do we wish that on our patients, families and friends	5/1/2024 12:58 PM
889	I can only do so much and this will negatively impact everyone's physical and mental health and wellbeing.	5/1/2024 12:57 PM
890	Increased work loads will result in decreased quality of care for patients	5/1/2024 12:57 PM
891	Not replacing sick staff is absolutely shocking, we already are stretched to the maximum and that would compromise the quality healthcare of our patients as well as the stress on staff will lead to more sickness.	5/1/2024 12:57 PM
892	Quality of care will deteriorate due to lack of self care. We are already understaffed and under pressure, we do not need further understaffing.	5/1/2024 12:57 PM
893	It will make it impossible to give quality care to our patients, so many things are not going to get done as there will be no time since they won't fill gaps in rosters, more sickness will occur as a result of it.	5/1/2024 12:56 PM
894	As above	5/1/2024 12:56 PM
895	These cuts have the potential to put patient care at risk. If staff are not allowed to do doubles or extras, patients will be put at risk having to reduce their hours of dialysis or having to travel elsewhere for their dialysis	5/1/2024 12:56 PM
896	This is going to add additional pressure and increase stress levels, and has me investigating moving to Australia	5/1/2024 12:56 PM
897	My role supports staff and we have seen an increase in Health & Wellbeing supports required over the last year - I believe ANY cuts would significantly increase stress and burnout and we would also see an increase in staff injury and illness figures and of course all these will impact on pt safety!	5/1/2024 12:56 PM
898	It will limit the level of care we provide to our patients. We are already stretched as is on some shifts with the nurse to patient ratio of 1:4, if this was to increase due to no backfill or overtime allowed, we will be unable to care for our patients properly.	5/1/2024 12:55 PM
899	Again, this will have a massive negative effect on nursing care. I work in rehabilitation and already we struggle some days to complete rehab tasks due to short staffing we already encounter. I shudder to think what the outcomes of my patients will be with these proposed cuts.	5/1/2024 12:55 PM
900	If staff aren't replaced, or replaced with staff unfamiliar with the area, patient safety always suffers. As above, we will still have to work overtime and through lunch to try and mitigate it.	5/1/2024 12:55 PM
901	Have already seen patient care negatively impacted from short staffing.	5/1/2024 12:55 PM
902	Already the care we provide is minimal due to insufficient resources and lack of patient to staff ratios	5/1/2024 12:54 PM
903	yes I believe we will lose more nurses given the increased mentality or do more with less. Patients will be put at risk with more task focused nursing rather than wrap around care. More ambulance at the bottom of the hill tactics. With winter coming we will see record breaking numbers in hospital	5/1/2024 12:54 PM
904	I'm at a loss as to how to manage patient needs under these circumstances. Rationing of care is inevitable. I can see that any patient safety compromises will be blamed on individual nurses, the very nurses who are stepping up to cover their colleagues.	5/1/2024 12:54 PM
905	It may affect staffs physical and mental health.As well as lack of enough staffs may risk patient safety	5/1/2024 12:54 PM

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906	If they are banning double shifts and not covering sick calls, firstly, who is going to work? And secondly, how will this not affect patient care and safety?	5/1/2024 12:54 PM
907	Short staffing in winter and no overtime will affect us hugely	5/1/2024 12:53 PM
908	Unsure	5/1/2024 12:52 PM
909	Majorly you can't give 100% care when your short staffed or under pressure	5/1/2024 12:51 PM
910	Very much so	5/1/2024 12:49 PM
911	Even badder	5/1/2024 10:31 AM

Q9 Do you have any further comments?

Answered: 615 Skipped: 310

#	RESPONSES	DATE
1	Nursing is my passion and I enjoy my job immensely. I hope I can say the same in years to come.	5/6/2024 12:06 PM
2	If there is currently burnout and high turnaround levels among staff emigrating to i.e Australia, these cuts will make NZ less attractive for healthcare workers	5/6/2024 12:02 PM
3	Crazy idea. Cull top management instead	5/6/2024 11:52 AM
4	Manager and ministers need to be held account for their actions as my ward can directly link it's position to management decisions, and the staff had meetings warning them this situation would occur. The comment from the manager was if you don't like it then leave! so they have and the ward is in crisis. The manager gets put in a more senior role yes promoted!!!	5/6/2024 11:39 AM
5	Tired of having to vehemently argue and justify VRM to duty managers, we are certainly not a team, very much a them and us situation. Managerial speak is an obvious artform, so patronising and condescending.	5/6/2024 11:11 AM
6	Te Whatu ora will only reap what they sow.	5/6/2024 9:23 AM
7	I think a patient survey should be carried out in the every hospital to hear what they have to say about the treatment they getting and management should not have a say as they manipulate things alot.	5/6/2024 8:05 AM
8	Health is a basic right. We all pay taxes for this every purpose. Health should not be so closely attached to the whims of incoming and outgoing government: this is why we NEVER make any progress.	5/6/2024 7:34 AM
9	I don't understand the rationale of these ludicrous decisions	5/6/2024 6:13 AM
10	It is a hard work for you, also for CNMs specially when people are not turning to work , it's hard for all of us. We serve but we are not slaves	5/6/2024 2:05 AM
11	I enjoy my job but if there is too much pressure put on the healthcare workers the government will fine that people will leave this profession like they did a number of years ago...	5/5/2024 10:08 PM
12	I am really worried about my safety and the safety of my colleagues and patients. I am seriously considering changing my job.	5/5/2024 9:57 PM
13	Not impressed with a government that never had any consideration for us in the first place. Leaching on the fact that we are females and will provide care before looking after ourselves	5/5/2024 9:01 PM
14	I hope these things will be considered.	5/5/2024 8:18 PM
15	If any issues arises, it has always impacted the Adhb Bureau staffs very badly.	5/5/2024 7:02 PM
16	Yes, over the past 3-4 years I have seen this health care service slowly destroyed by Labour, creating TWO during a Pandemic. large numbers of nurses leave for Australia. These cuts are the last straw for me. I feel undervalued as an ACNM and nurse in TWO. I am leaving in approx 6 weeks for a management job in QLD- where same issues may exist however QLD is putting \$ into its health service and expanding hospitals etc. My 34 yrs of experience are not valued here.	5/5/2024 6:02 PM
17	The current staffing is already poor. This planned service cuts will make the current situation worst	5/5/2024 3:38 PM
18	none	5/5/2024 3:25 PM
19	The government needs to stop thinking about quick fixes and look at preventative measures to protect our already crumbling health system. They need to look at what the next 10-20 years will be like and prepare for that. What they are doing is taking us 10 steps backwards. They	5/5/2024 2:41 PM

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need to invest and help keep our staff in NZ to make sure we continue to have quality health care. These cuts are going to add to the burnout, loss of staff to over seas and overall moral of the system. To be honest I am very scared for my future and when I may need the health care system. It's sad that when loved ones ask what we can do to help the system, I say make sure you have health insurance. Very sad times.

20	The government should stay with the agreed safe staffing agreements	5/5/2024 2:19 PM
21	The members of government need to be a patient in a public hospital for a week so that their eyes are opened to the reality of healthcare. If they do "drop bys" management need to accept that and not try and make their areas of work look better for that day/hour only as it is putting a false image out there and causing more harm.	5/5/2024 2:11 PM
22	None	5/5/2024 2:03 PM
23	Cuts to health services will result in reduce quality of patient care, increased waiting times, lower staff morale, increased staff sickness, lowered tolerance of patients and families to wait for care, increased violence towards staff.	5/5/2024 1:42 PM
24	I understand the need to watch the budget/not overspend. But the govt and TWO run healthcare like a business when in fact peoples lives are not up for contract!!!! We have a growing elderly population getting sicker but we are cutting budgets. It should not be run from the top- down, like a business usually is. ie marketing who may get a budget to use for that year. You cant budget with peoples health. If people need healthcare, they need healthcare. Their needs should dictate the spending, not the spending dictate the healthcare!!! You can't be like oh we dont have the staff or the money to care for any more patients this year and close the doors. Which is essentially what we are doing before the year has even started. Instead of leaving the door open for all to have adequate and proper healthcare when needed, we have already shut the door, only leaving it ajar, and if you are lucky you may get the healthcare our taxes are meant to pay for. We are very much near 3rd world country when it comes to healthcare, (not being able to see a GP for 2-4 weeks). people are deteriorating in the community. Waiting time in ED's due to lack of staffing/resources. I am ashamed to be a nurse someday.	5/5/2024 1:17 PM
25	I understood we are to use Health New Zealand rather than Te Whatu Ora?	5/5/2024 12:49 PM
26	I'm fighting for my daughter to get specialist care after a life altering diagnosis in December 2023. I'm still waiting on the specialist appointment on how her future will be managed and the medical options. And I go to work already under pressure and worried. There is only so much one can do and fight for-the fight is leaving me and I'm no longer interested in nursing. I wouldn't encourage anyone to work in the health system.	5/5/2024 11:20 AM
27	I think our politicians or one of their family members need to experience a hospital admission to ED to fully understand what it is like to lie on a hospital trolley for hours. Also how hospital staff go out of their way to provide great care under difficult circumstances. I think Shane Reti has lost insight into his beginnings in Pipiwai, Northland where social and health issues are huge!	5/5/2024 11:07 AM
28	Yes free safe staff car parking 😊👍. UNITED WE STAND.	5/5/2024 10:05 AM
29	Next election can't come soon enough. We are being forced to provide an inadequate health service under the rule of National	5/5/2024 5:11 AM
30	It's a sad day in healthcare. The graduating nurses this year from mid year onwards will be lucky to get jobs yet we still are short staffed nationally. This will only drive them off shore.	5/4/2024 9:49 PM
31	There are many middle management roles that don't need to exist	5/4/2024 8:35 PM
32	I think it's very upsetting the plans to cut costs as this is at the detriment of both staff and patients.	5/4/2024 5:36 PM
33	What has happened to 'caring for the carers' (Medical;Police;Teachers etc. etc)? Even Labour, as disappointing as they were, showed a degree of compassion. What sort of society do this government want? NZ is a great little country, but it's sliding into an abyss. Stop this nonsense now!	5/4/2024 4:30 PM
34	I am glad I am at the end of my nursing career and not the start...	5/4/2024 1:38 PM
35	No	5/4/2024 12:47 PM

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36	I am now paid fairly firewhat I do as ward nurse. But we are a long way from safe staffing as soon as someone rings sick. The stress of working short staffed adds to rate of attrition and staff despair.	5/4/2024 11:24 AM
37	To put it simply, I would not want to be one of Te Whatu Ora's patients at this time. These service cuts are going to cause significant harm; largely unquantifiable, so sadly, they will not be held to account. I do hope however, that the HDC will be very, very, very, busy. Maybe I will go work there, at least there we're not at risk of being physically assaulted or sworn at?!	5/4/2024 10:59 AM
38	No	5/4/2024 10:52 AM
39	Roll on when we get out 10 year holiday back pay and Te whatu Ora won't have to be worried about cutting back staff because we are all leaving	5/4/2024 10:06 AM
40	Please Hurry up and get a no confidence vote to oust the current autocratic government we seem to have	5/4/2024 9:01 AM
41	This problem of understaffing is being swept under the rug. What TWO is doing will lead to a more burnt out workforce. This will lead to errors and ultimately patient will lose their lives because of this. The poor patients and the staff involved. TWO will never acknowledge their fault when this happens. The future looks bleak.	5/4/2024 5:28 AM
42	They need to get out of the office and actually go into the wards and ED and the rest homes and GPs practice and actually see what is happening and how this will impact every day New Zealanders.	5/4/2024 1:11 AM
43	People's lives a far more important than saving money, nurses and other health care workers are much needed and they deserved to be looked after so they can look after those in need in our community and their families.	5/3/2024 11:21 PM
44	Health service cut should be stop for the wellbeing of patients and staff.	5/3/2024 9:47 PM
45	HnZ has a burgeoning top heave management structure, this organisation was supposed to reduce duplication of services seen in 20 odd DHBs but it appears even more structures have been created!	5/3/2024 9:42 PM
46	The changes are short sighted. Most of the changes will impact patients and their whanau. The time frame for staff with high leave totals to take leave is unrealistic, and will result in other staff being unable to take any leave. This will potentially push their leave totals above the threshold. This situation has resulted from poor long term management of leave, but it can't be corrected in a few months, especially over winter.	5/3/2024 8:41 PM
47	We knew when National got into the Government that health would be the first that this Government would cut funding. It is shameful that Shane Reti, as a previous health professional, allows funding cuts to happen. Obviously his own position is more important than greater good for New Zealanders	5/3/2024 8:02 PM
48	Whanau are also getting effected, specially patients family and our families are also sacrificing with us as we become sick sometimes working so hard and end no where giving attention to our families.	5/3/2024 7:54 PM
49	genuinely don't understand how the government has allowed this to happen. They have closed their eyes and their ears to healthcare workers.	5/3/2024 7:53 PM
50	If there would be a strike, i wish for the public and the government to really feel the impact by health workers really not turning up to work that day.	5/3/2024 7:41 PM
51	I sure hope I don't become a patient anytime soon, or any of my loved ones, as I have never seen such lack of care. Nurses are under enormous pressure and its not their fault, they are being set up to fail. Its very demoralising	5/3/2024 7:35 PM
52	My main concern is not filling sick leave. We are often asked to stay and carry on our shift to cover sick leave, which is where the overtime increased. If sick leave is adequately covered then overtime/double shifts wouldn't be required. When sick leave is no longer covered, this is going to call stress on those working on the busy bedside working floor, pushing more people to leave to seek a new job, both impacting patient care.	5/3/2024 6:50 PM
53	Totally short sighted and feels like a betrayal	5/3/2024 6:28 PM
54	Cuts in health care always result in poor outcomes for everyone. Invest in healthcare for a	5/3/2024 5:21 PM

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	change please.	
55	Giving National MP pay rises straight after announcing health cuts, proves where nationals priorities are and that is certainly not for the health and well being of New Zealanders.	5/3/2024 4:54 PM
56	There is a staffing crisis at the ground level of our health system. Not enough nurses and we are competing with the world during a global shortage of nurses. With an already stressful working situation being made more unsafe, stressful and undesirable, we will lose more nurses to other countries with more attractive wages and conditions.	5/3/2024 4:47 PM
57	The health sector should never be facing service cuts for the purpose of saving money for the government to provide tax cuts!!!	5/3/2024 4:34 PM
58	These measures will cause even longer wait times in the Emerfwncy departments and we now that tgus leads to poorer health outcomes.	5/3/2024 4:10 PM
59	How can this government even contemplate taking a payrise, yet they are willing to cut costs in some of the most important departments in our country where we as New Zealanders try our hardest to provide this service for the people of our communities.	5/3/2024 3:50 PM
60	A proposal for change at Rangiora has been muted since November last year which has caused me an undue amount of stress. I have been told we will lose one day per fortnight from our FTE which would impact on me financially and mean I would have a much higher workload on the days I was rostered on to work. So far nothing has come to us in writing and we are now having practices put into place to account for the proposed changes which I think is unacceptable.	5/3/2024 3:34 PM
61	We are losing nurses left, right and center to Australia because they are paid better there. Overseas nurses coming to work in NZ have a totally different work culture so things here in NZ are getting harder and harder. These cuts will only add to that problem	5/3/2024 2:25 PM
62	It is the government's responsibility to look after the most vulnerable (such as sick patients) not prioritize wealthy property owners and developers.	5/3/2024 2:18 PM
63	This is very short sighted. NZ is recieved and influx of immigarants 60% of which live in Auckland. This in turn increases the polulation in the cachments areas, with more people wanting care and using hopsital services. It then stands to reason we actually require more financil imput not being required to cost cut to save money.	5/3/2024 1:55 PM
64	I am very disappointed in the Government and Te Whatu Ora. It felt like we were starting to finally make some head way with safe staffing, working on the CDDM model and now this. This absolutely affects frontline staff and the care they provide. It makes for an unsafe environment for both staff and patients, compromising the care they receive. The government should be ashamed of themselves, putting money ahead of health and safety of staff and patients.	5/3/2024 1:32 PM
65	I'm a firm supporter of reducing unnecessary spending. Seems some shifts we are over staffed so roster smoothing should be done before overtime	5/3/2024 1:30 PM
66	These cuts show a disturbing disregard for the challenges and amazing work that nurses do. This is a very scary time for people needing health services, I fear it will cause negative health outcomes for patients. It won't effect Frontline services.....yeah right!	5/3/2024 1:04 PM
67	We actually do not have enough allocated FTE as it is. This new directive will only compound an already huge issue	5/3/2024 12:23 PM
68	An example is on a busy Friday night we had 3 status ones occur within 1 hour, over our shif handover period, including a major trauma who was cut out of a car by our Ambulance bay, then a period respiratory arrest and a unresponsive drug over dose. We all stayed to help with some doing a 12 hour shift from a PM to a Night. With these proposed cuts how would our 4 night nurses manage this, how would it be safe.	5/3/2024 12:20 PM
69	would like to welcome member Parliament to work with out their assistants!!!, or come work a bust shift and do 2-3 persons job all in one ... Lets give them a few days and see how they cope !!!	5/3/2024 11:36 AM
70	Like me nursing is not my only working profession. If casual staff were to be removed i think there would be a huge loss of nurses who are not able to work at a set FTE.	5/3/2024 11:19 AM
71	It should be obvious to all, that our small country has been nearly driven to bankruptcy's by the	5/3/2024 11:17 AM

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last governments management, we could not continue down the same track we were on. Some very slick changes need to happen and relatively quickly to plug all the leaks in the ship. It takes only a little scratching under the surface to see that there are health services in the system in place now that do not improve health outcomes for the people they are suppose to be providing for. In the crisis we are in particularly, these need to go. They are a waste of funds we actually don't have. It is also very obvious that Headquarters Health New Zealand is extremely overstaffed and inefficient and a massive (maybe in half) staff cut here would free up extensive funds which would be available for frontline services e.g. Xray's, MRIs, CT's, surgery's, lab work, blood work etc , all of which actually improves patient outcomes and more timely treatment would be cost effective in the long run. These management and office personal staff cuts are need also at the individual Hospital level.

72	All the good that has been done since the shutdowns with covid are now being undone. We are trying to recover from the backlog to the waitlist this caused and now staff and equipment funding will be cut. We can't provide a decent health service and I feel sorry for the patients, many who have already been waiting more than 2 years for surgery	5/3/2024 11:12 AM
73	see all of the above	5/3/2024 11:05 AM
74	We always thought that the government was going to help nurses , teachers and police forces that is what they talked before entering the election but they are showing absolutely opposite behaviour since forming the government really disappointed 😞	5/3/2024 10:47 AM
75	Please consider nurses as an imperative part of societies well being. One day the law and policy makers will need a nurse. There may not be one there for them.	5/3/2024 10:39 AM
76	It is disappointing to know that these cuts are happening and someone else will be enjoying this money when it should be used for hospitals and patients	5/3/2024 9:43 AM
77	Broken promises. Get your act together, your meant to support the people of Nz not through them under the bus and leave them for themselves.	5/3/2024 7:54 AM
78	The service cuts are a clear indicator of the complete and utter lack of understanding that the healthcare system is already in crisis and failing.	5/3/2024 6:43 AM
79	I currently work in NZ and Australia. If my NZ workplace deteriorates even further, I will no longer work in NZ. NZ health care is already beyond crisis point.	5/3/2024 4:02 AM
80	Extremely concerned for my fellow colleagues working in the wards and community whom were already supporting a service stretch to capacity Are the managers at the top aware of what changes are being made at the coalface (I doubt it)	5/3/2024 2:04 AM
81	The government is cleary sick ofr putting up this mandate! Cut up on other things but health!!	5/3/2024 1:40 AM
82	Whomever higher up concluded that we already have full FTE and that we don't have significant staffing issues, and that cost cutting on staffing is where they can save on money to show their next boss how much money they are saving, needs to get off their office chairs, take a pay cut, and work with us on the floor so they can see the real situation for themselves.	5/3/2024 1:08 AM
83	More hands the better, make everything work smoothly and safely. Value the staff because they put there life's on the line for the betterment of our patients. If money if the focused of our work the the hospital values will be rubbish. We value our patients, we work together for the betterment of our patients, we do our best to deliver excellent and outstanding care.	5/3/2024 12:19 AM
84	I think this idea is good but it affects so many other workers. For example, casual workers. Casual workers usually work they able to. But now due to cost containment. They can't work now as hospital prioritise regular workers.	5/2/2024 10:59 PM
85	We were making good progress with labour they understood us, now with national we're back to square one and going backwards. It's not encouraging at all	5/2/2024 9:50 PM
86	Studies have shown that staffing areas appropriately result in better health outcomes for patients, shorter stays, and is overall more cost-effective than cutting staff. Please be smart and educate yourselves before making decisions that will ultimately be expensive and stupid in the long run	5/2/2024 9:50 PM
87	This is not a good answer to the budget in an already struggling health system	5/2/2024 9:49 PM
88	Please do not think to yourself think others needs.	5/2/2024 9:04 PM

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89	Nurses are patients ourselves. We have lives outside the hospital dealing with our individual stressors; and we have to come to work well so we can take care of the unwell. Sometimes work is a solace for some but if it becomes stressful just because of staffing, limits in providing care, budget cuts... then there is no future in nursing. Health system will suffer. THE PATIENTS will suffer	5/2/2024 9:02 PM
90	I honestly don't believe that patients will be safe, when you have said staff sickness won't be covered.	5/2/2024 8:57 PM
91	None so far.	5/2/2024 8:46 PM
92	In Australian emergency departments the staff patient ratio is no more than 3 patients per nurse. We have fought hard to try and have no more than 4 but 5 and 6 is common (especially at night) This increase in patient load means patients are waiting longer for basic cares to be done, work is prioritised and therefore the more unstable patients are seen first before any other cares are given. Patients with high needs	5/2/2024 8:11 PM
93	This is ludicrous & should be stopped!! Health vital fir every living being, impossible for these plans to not effect every waitlist & service & the general public!!	5/2/2024 8:08 PM
94	nar, it was bound to happen with the change of government.	5/2/2024 7:58 PM
95	There is no "fat" in the system where I work.... only amazing people working tirelessly and to hold a struggling health system together shift by shift. Covering basic functions already requires endless creativity from amazing ACNMs who are often close to burn out themselves. Removing the options they have to do this is not only shortsighted it is actually unkind.	5/2/2024 7:46 PM
96	I am a RN as is our daughter My young granddaughter asks why we do this that is why to each government Stop short staffing us What if it's you or someone you love who needs us or if I do and no one is left as a real nurse	5/2/2024 7:46 PM
97	The teams making these decisions could spend time on the floor in hospitals to experience the environment and better inform decision making	5/2/2024 7:42 PM
98	No I think I have provided enough information which needs to be looked into.	5/2/2024 7:36 PM
99	I am strongly against the cut as per current experience as everyone will be in a hurry. In PACU, if someone's sick and no one is going to cover that shift, the rest of the staff that is left will be having that increase patient ratio. This could lead to staff exhaustion and more sick calls.	5/2/2024 7:35 PM
100	Invest in and value all health professional. A good start has been made with better pay rates for nurses. Give it a chance to attract nursing staff back to the profession. Invest in our medical professionals as well	5/2/2024 7:30 PM
101	Also impacts on educational and networking opportunities as travel to conferences etc has been restricted or stopped in some cases.	5/2/2024 7:26 PM
102	Government need to help the health workers	5/2/2024 7:16 PM
103	There is a significant amount of waste - stock, equipment - not enough focus on primary preventative health,	5/2/2024 7:07 PM
104	Our health services are severely stretch already. I do not understand why the government cannot see that cuts will lead to a greater health crisis.	5/2/2024 6:46 PM
105	Instead of not filling the staff. There can be payment method developed like other countries. The hospitals can start charging for the patients for the basic treatment. The people who have financial hardships to be considered. The cost of living is growing in NZ and it is impacting the economy too.	5/2/2024 6:33 PM
106	Lost for words. Exhausted, overwhelmed, just want to be a nurse and care for my patients	5/2/2024 6:33 PM
107	I have worked during a similar time the frontline staff are more affected and the managers are absent when "shit hits the fans"	5/2/2024 6:27 PM
108	Is there any budget available for the next Pandemic? (eg Measles)	5/2/2024 6:22 PM
109	Kind of expected this with a National government. Was the same the last time they were in power. Nurses are stressed and burnt out, they will leave and go overseas. It will also lead to patient harm and delayed treatment	5/2/2024 5:55 PM

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110	Please get the outstanding holiday payment underway. It's been months of waiting, it's ridiculous! And demoralizing not to pay staff adequately. For some nurses the sums paid back were significant. We could work with this money, gain interest on it. Very frustrating. On top of everything else that makes nurses feel not valued.	5/2/2024 5:20 PM
111	I wish the politicians could shadow a nurse for a whole shift to see how stupid their idea is.	5/2/2024 5:00 PM
112	This will also impact on the numbers of nurses choosing to leave for positions in other countries especially Australia. Spiralling ever downwards in the quality of care we are able to provide. This is the death of quality care by a thousand cuts.	5/2/2024 4:42 PM
113	The changes being announced are completely absurd. Instead of cutting, we should be supported more. It also takes away the opportunity of IQNs who have completed their competencies and are in a dilemma of landing a job because they are not being entertained when they apply. We Nurses should be supported	5/2/2024 4:41 PM
114	Words are not enough, strikes are looming if these cuts are brought in and if conditions don't improve. It's not about our pay, it is about safe staffing to enable us to give the care people deserve	5/2/2024 4:21 PM
115	I feel the excessive cost involved in the change of name from District health boards to Te Whata Ora was irresponsible and stupid in an already struggling organisation. I feel strongly that Trend-care expenditure and masses of human hours on it has made nursing like a factory and patients are treated like a numbers not humans...	5/2/2024 4:18 PM
116	Te Whatu Ora should cut taxi fares parking discounts for patients and food vouchers for patients. Although all have some value these are not part of the core roles of providing health care. This money is frivolous spent and should be spent on doctors and nurses providing more care not just in the hospital but in the primary care sector as well. Their are to many managers and director's of nursing etc. These roles and the funding for them should also go to the above to provide more doctors and hands on nurses. Again money should also be shared with primary care.	5/2/2024 4:07 PM
117	Hopefully they can turn this around before its too late as again we are loosing very capable and talented nurses across the ditch due to this recent service cuts as for them its not worth the stress vs earnings to nurse here.	5/2/2024 3:57 PM
118	Your measures may not pick up on all the damage this is causing but people on the front can feel and see it.	5/2/2024 3:51 PM
119	I love my job. I love being able to give back to my people. Please dont give me any reason to start resenting my job and just look after us the way the thousands of us look after our people. If ALL of the decision makers at the top table actually came down onto the floor and tried to do the work they're planning on implementing on us here, they wouldnt last a shift before they cried and walked off.	5/2/2024 3:42 PM
120	Increase in patient falls,pressure sores.Lack of Care Prtners-we are already seeing this.The Duty Manager has to get the on call Managers ok to get extra HCA's for a shift.Outside bureau completely cancelled	5/2/2024 3:26 PM
121	With the cost savings that the Government is proposing the health of New Zealanders is going to become more compromised. Already many people are unable to pay for GP care meaning more pressure is on the hospitals via ED to care for these patients. I feel the healthcare within New Zealand is deteriorating and we are not looking are everyone's health. Even preventable care is being neglected. This is not acceptable for New Zealand.	5/2/2024 3:23 PM
122	The well publicised security provided to EDs got pulled mid January for the smaller rural hospitals. Thames Hospital is vulnerable with a not fit for purpose security team that does not have the back up of local Police out of hours as they are based 30mins away in Paeroa and some days they may be attending an incident an hour away in Matamata!	5/2/2024 2:52 PM
123	We need to remember these are lives we deal with. Think with the intent of helping our people not just saving money. Who's going to pay for lives lost when errors in practice occur due to lack of ... EVERYTHING. Healthcare in NZ has been one of the most valuable work industries - we need to keep it this way.	5/2/2024 2:28 PM
124	Cutting public sector jobs in the current economic climate is despicable. At a time when there is a greater demand on the health system with increased patient presentations to acute	5/2/2024 2:15 PM

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	services and going into winter, there needs to be focused resources, not job cuts.	
125	Stopping overtime and double shifts is not the answer to the budget issue, all it does is create bigger problems	5/2/2024 2:08 PM
126	Politics at its finest to the point that the healthcare sector is entangled with.	5/2/2024 1:52 PM
127	Thankyou for providing opportunity to and fill out this survey and to be given voice.	5/2/2024 1:46 PM
128	I already don't want to be a nurse anymore because it's become to overloaded and unsupportive	5/2/2024 1:44 PM
129	The major failing of the health system is lack of trained clinicians across the medical field. NZ needs to train and retain its staff. Nurses, MRT's, Theatre tech etc., need to be paid to train, otherwise now unaffordable, especially in the large cities. Surely that is a priority!!!!!!!	5/2/2024 1:37 PM
130	In a time when there is so many crises going on in New Zealand during a time when interest rates are high as well as inflation, I fear that nursing will become a career where we become the working poor.	5/2/2024 1:23 PM
131	The National Government campaigned on a platform of not cutting Frontline staff and are now reengaging on this commitment. It is a blatant broken promise.	5/2/2024 1:12 PM
132	I don't work in the wards but I can also see what will happen. There won't be enough nurses to cover the high workload therefore cases will be cancelled in theatre. This has happened in the past. Nurses will have high workloads and quality patient care will be affected for sure.	5/2/2024 12:55 PM
133	Until the consequences of these decisions are felt by the people making them, little will change. We will continue to lose valuable staff and skills to Australia.	5/2/2024 12:54 PM
134	Government have no idea what is going on in a hospital	5/2/2024 12:51 PM
135	Thanks for asking the front line.	5/2/2024 12:48 PM
136	Please reconsider as we are loosing too many New Zealand nurses to better options overseas.	5/2/2024 12:41 PM
137	You nzno are doing a fantastic job for us all thankyou	5/2/2024 12:33 PM
138	We are already understaffed and lacking in optimal healthcare for our community. Reducing costs is only going to hinder NZers health outcomes more and won't align with the overall health strategy.	5/2/2024 12:24 PM
139	Not really! any point?	5/2/2024 12:21 PM
140	I think these cuts will be unsafe and impractical. Many of the nursing staff and patients will be put at risk. acute conditions and deteriorating patients will be missed due to the heavy load of tasks that will be placed on nurses. nurses will be calling in sick and taking time off work more frequently due to the immense pressure they will be facing at work and will cause well being to deteriorate for the work staff. these cuts are very unsafe and go against everything we have been trying to work on changing.	5/2/2024 12:19 PM
141	Let staff strength be adequate for good patient care outcomes.	5/2/2024 12:12 PM
142	I think if cuts need to be made, it should not come from frontline direct patient care staff. My guess is that high-dollar executives could help bridge the gap, as it feels very too-heavy.	5/2/2024 11:56 AM
143	Why? When the government and management wants to make cuts; They always seem to pick on the direct face to face patient care on the wards, orderlies, HCA's etc. The majority of the time, even over summer; The hospital runs at over capacity and we haven't even hit winter yet. We already use Day-stay for overflow patients. up to 18 patients. 2 x toilets and 1 shower. This is not fair on the patients who are there for several days while waiting for a bed on a real ward if they are lucky, or are discharged. Day-stay procedures sometimes get postponed or cancelled. If they looked at the management, middle management, paper pushing areas and the wasted spending away from the wards. I'm pretty sure they could make several cuts there and save so much money and not affect Direct face to face patient care where it matters the most. They may find enough money to increase the wards budget.	5/2/2024 11:51 AM
144	Worst decision ever made was cutting Te Aka Whai Ora	5/2/2024 11:20 AM
145	again, it shows how little the health care system actually values its staff, and the population, generally vulnerable, that we care for. Its demoralizing.	5/2/2024 11:17 AM

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146	These cuts are not to the benefit of patients who will be faced with longer wait times due to staffing issues. Additionally unsafe staffing numbers negatively affect the wellbeing of our patients.	5/2/2024 11:11 AM
147	Our health system is in crisis. There is no point blaming previous governments or the international economic melt down. We all know that there is no quick or simple answer. But we need to be adult about it and start the public discussion, trying to find solutions and move forward, not cutting further into the dying body of the health system. We MUST work together and realise that people matter most and that means we need to make hard decisions - not to make things worse, but maybe to listen to those who have been working for decades to try and solve these problems. We have tried to act smarter, cut the fat from the system and look for low hanging fruit. We are now starving in the desert.	5/2/2024 11:09 AM
148	Extremely poor morale at work. Consultant told our NZNO rep that we were greedy asking for ANY pay increase	5/2/2024 11:04 AM
149	These cuts show complete disregard and lack of respect for the lives of health care staff and their patients	5/2/2024 10:56 AM
150	My colleagues and I work feverishly hard on the frontline supported by a myriad of other services that help us do a patch up job to deliver what standard of care that we can. Knowing there are even more service cuts coming diminishes the standard of care to a level I can't ignore. Frontline staff need the whole of service team in order to do their jobs. I cant think of any area where cuts could result in any improvement to the present realities. I would love someone to point to a situation where it will.	5/2/2024 10:30 AM
151	Staff need to be trained adequately in nz and not brought in from overseas.!	5/2/2024 10:30 AM
152	I have been working through the different phases of NZ heath services from late 80s, work through Covid time. I think too many consultations with reports but no results; top heavy and empty promises by successive govt to improve staffing and frontline staff working condition. 30+ years passed and no change. Sad reality	5/2/2024 10:26 AM
153	The Government / organisation has lost there kindness and humanity. We have lost the reason we work in the profession in the first place. Everything is about the might dollar not about patient care or staff health	5/2/2024 10:23 AM
154	The government has to remember that we deal with people's lives, isn't it enough reason to give utmost priority to health sector? When health is compromised, everyone in a person's life is affected. Our whanau deserves a better health.	5/2/2024 10:22 AM
155	CCDM does not work as it should. When we show a positive variance staff are removed often to an area which does not have as high a work load. Our patients are mainly elderly and so need more help. The system is unfair and does not reflect a nurses workload appropriately.	5/2/2024 10:21 AM
156	The government is not receiving the right information from DHB, around staffing. Nurses will continue to move to Australia for better pay and conditions. Having worked in Australia recently, there conditions are far better than in NZ. I would move back to Australia, if it was not for my family.	5/2/2024 10:06 AM
157	We need more funding into hiring staff because we have 4 physical beds that are sitting empty due to budget cuts when we could be caring for the many patients who are waiting in ED	5/2/2024 10:04 AM
158	Both cutting the budget and maintaining the current level of patient care appear noncompatible.	5/2/2024 9:52 AM
159	By making these announcements the Govt is showing how out of touch they are with the reality of what is actually happening in the health system.	5/2/2024 9:48 AM
160	I reckon we should be well compensated of our hardwork and not to cut the budget as it is gives us hard time to cope providing the best quality of care to our patients.	5/2/2024 9:42 AM
161	People deciding on service cuts are not knowledgeable of what is happening in the frontline and the effect it brings to workers and patients health and well being. They should be more considerate on the people who work frontline otherwise more people will resign, leaving the workforce with newgrads and inexperienced staff.	5/2/2024 9:38 AM
162	I've been fighting for a safe workplace, and workloads for 30 years now. I've had an absolute gutsful.	5/2/2024 9:30 AM

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163	I hope that the government will not see less the value of healthcare workers. This is for the safety of both healthcare and patient in the long run.	5/2/2024 9:25 AM
164	I would like to see some of the people who make decisions (especially regarding not replacing sick leave) work with me from 0300-0700hrs and hear the calls from staff begging for help and reporting patient harm due to lack of resources.	5/2/2024 9:19 AM
165	We need nurse-to-patient ratios as our trend care system does not accurately reflect nursing demands.	5/2/2024 9:18 AM
166	unsafe....scary !!,i guess THOSE MANAGERS -DIFFENTLY THEY HAVE TO MOVE DOWN..IF THEY NOT NEEDED TO THIER JOB..	5/2/2024 9:18 AM
167	We routinely late to finish shifts - not surprising given our CCDM. Last week 3 of us were 50 minutes late leaving. Not our fault. A baby became very unwell and needed attention. It took us and the oncoming shift that time to deal with what was now needed for that baby and the other babies in the room. It is only the second time in a long career that I said this should be acknowledged as overtime. The ACNM declined to put it through because of the announcement. My trendcare workload for that shift was 15 hours which did not include helping my colleague when your baby became very unwell. I work .5 but this week I have been texted at home to change my shift or do extras 3 times. I do not receive the wider texts regarding extra shifts in order to maintain work/home balance.	5/2/2024 9:16 AM
168	Shame on you NZ Government !!!	5/2/2024 9:08 AM
169	It's crucial for governments to prioritize healthcare staff's well-being and consider reallocating resources effectively. Addressing redundancy and streamlining operations can help optimize the budget without compromising patient care or overburdening healthcare workers. Neglecting these issues could indeed lead to staff burnout and migration to countries with better working conditions, like Australia.	5/2/2024 9:08 AM
170	It can lead to a range of negative effects, including longer wait times for treatment, reduced access to essential services, increased strain on healthcare workers, and potential compromises in patient care quality. These cuts may also result in the closure of certain departments or facilities, impacting the overall healthcare infrastructure of the community.	5/2/2024 9:07 AM
171	Please boost Primary Care so we are not overwhelmed by a tsunami of patients	5/2/2024 8:57 AM
172	These cuts will jeopardise the health of our community.	5/2/2024 8:55 AM
173	I hope government makes a better way of helping nurses so they can do better .	5/2/2024 8:51 AM
174	While I appreciate the need for improving the cost vs benefit in healthcare I feel that targeting frontline staff is not beneficial to anyone, and will lead to highly distressing outcomes for consumers and staff.	5/2/2024 8:47 AM
175	I am leaving and I have had over 45 years unbroken service to cdhb but I have been physically assaulted by another staff member - nothing was done and now she is in charge in some shifts I have been verbally abused and inappropriately spoken to by acnms I have been physically pushed by a consultant I have been subjected to humiliation, embarrassment, ridicule and feel burnt out! I have bn an active NZNO member and PDRP assessor for years! But enough is enough! I will not put myself through anymore of this with the cuts that will make my job worse! I am out!	5/2/2024 8:45 AM
176	Our team could save money by not having casuals being paid higher wages, not required to have A/L. Too many layers of Management, the latest addition in March could have been dissolved.	5/2/2024 8:40 AM
177	Health and safety and quality of care are all compromised.	5/2/2024 8:39 AM
178	I feel let down by my ADHB organisation where I work from 2002. I dont feel as important part, I dont feel valued. Just to mention, Bureau Nurses can covered a huge range of different specialities and have split shift whenever is beed for it. We are most flexible part of hospital system and to be treated like this is utterly devastating.	5/2/2024 8:38 AM
179	I am a 64 year old nurse, trained in the hospital in 1978. Every time a centre R party comes in we get the same policies. Save money, cut staff and services, blame the poor. I wish advisors to Government would look at the last 50 years and review how the same kind of policies have been brought in resulting in very poor outcomes for the public, staff and health system.	5/2/2024 8:36 AM

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180	Clinical coaches to supervise their students at the clinical area, providing less work loads on the nurses.	5/2/2024 8:28 AM
181	No	5/2/2024 8:17 AM
182	I think it is appalling. People getting older and sicker, more demanding in the health sector. I work nights only, and we are 5 registered nurse and one HCA, and we on the run all night. The ministers getting a pay rise and the we who work the hardest, pay cut. Glad I didn't vote for this government.	5/2/2024 8:08 AM
183	Maybe it's time for the prime minister to come and do a shift in one on NZs ED's	5/2/2024 8:00 AM
184	I am just so appalled at the ignorance displayed by this government. To not understand the depth of this crumbling system. To not acknowledge those of us who are right at the coalface, on the frontline, who are feeling the pressure. And then to announce MP payrises of between 20k and 50k!! While the junior doctors prepare to strike over paycuts!! This government has no idea.	5/2/2024 7:59 AM
185	It is common to see the lower echelons of the senior nurse structure pulled onto the floor to assist in patient care such as nurse educators as a way to maximize front line staff and patient care. I see this as a direct disrespect to the nursing profession from the Te Whatu Ora management.	5/2/2024 7:53 AM
186	The new nursing IQN staff are welcomed with open arms but not all nursing training is the same. Nor is language & culture. There is often a daily struggle to understand & to be understood which adds a complexity to care that increases risk. I've nursed for 35 years and it's never been so hard to establish basic things about care. Examples are - who is the primary nurse, what the patients primary presentation is, what's their resus status, what's their fluid balance. On a daily basis I see patients who are treated like an object on a production line. There is no time spent connecting with the patient or explaining to the patient their plan of care. They are stabbed, prodded, poked without explanation. They are told they need to take these drugs without saying what the meds are or why. Patients tell me they aren't understood so they give up asking for help or telling the nursing staff vital information. There is a massive gap in essential cares - mouth care, sitting patients up, mobilising, dressing changes, washing hands before eating. It gets worse every day.	5/2/2024 7:43 AM
187	Regarding the last statement above. The majority of staff doing extra shifts are overseas trained and whilst they had high standards when we weren't doing as much overtime and extra shifts these standards have slipped significantly enough that I am starting to datix dangerous mistakes made by our staff and the ward's regarding patient care	5/2/2024 7:42 AM
188	I'm not sure what it would feel like to walk out of a ward where I know my colleagues and patients are not safe.	5/2/2024 7:41 AM
189	I don't want a tax cut. Keep the money and keep our patients safe. Consider other ways to save money that does not impact the very busy, complex and stressful place that is the frontline of healthcare in Aotearoa.	5/2/2024 7:39 AM
190	I have previously worked in a mental health acute inpatient unit. I can almost guarantee it will be extremely unsafe for clients and staff working there when these cuts are implemented. The only aspect keeping these units running is double shifts and sick leave cover. What a scary reality nurses and clients will face soon.	5/2/2024 7:28 AM
191	Cuts in spending are putting patients at an increase risk. We are not able to increase staff and therefore rely on technology more, cutting technology funding for patients to self manage their diabetes in pregnancy, puts extra pressure on an already overwork workforce.	5/2/2024 7:24 AM
192	they can do cost cutting but make it sure they need to checked it properly before doing it.and employ proper staffs rather than employing useless people just to fill in the gap	5/2/2024 7:16 AM
193	Think of better ways to cut expenses and value labour costs.	5/2/2024 7:07 AM
194	The values and visions of the organization seems to be PC only as Staff wellbeing does not seem to be addressed. It is not fair to cut health services and increase MP salaries.	5/2/2024 7:01 AM
195	How is the DSN pay negotiations going?many dsn's are stepping down due to low pay rates and mostly the same as RN step 7 with pdrp allowance. DSN should be eligible to pdrp allowance and postgraduate qualification benefits. How come the acnm's or charge nurse manager pays are different in many regions accross te whatu ora?	5/2/2024 5:30 AM

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196	I appreciate funding is tight but it is false economy to cut nursing and Healthcare workforce. It is hard to take annual leave if you know people will suffer when you are off.	5/2/2024 4:32 AM
197	Te Whatu Ora should be disbanded, health care is getting worse not better.	5/2/2024 4:20 AM
198	Te whatu Ora should not cut the services as everyone will be affected especially those who really needs to go to the hospital. Some may be hesitant to go to the hospital due to the waiting hours which can lead to further deterioration	5/2/2024 2:01 AM
199	stop delaying remediation/pay equity and undoubtably the next round of negotiations more staff will leave due to increase stress	5/2/2024 1:39 AM
200	No	5/2/2024 1:02 AM
201	Nursing staff should not be targeted, at all	5/2/2024 12:36 AM
202	No service cuts please. Im afraid the system will do one step forward and two steps back. When they raise RN salary but now is doing service cuts	5/2/2024 12:33 AM
203	There is a high risk of burnout and loss of quality staff when support services are compromised.	5/2/2024 12:27 AM
204	*LOOSE HUGH NUMBER OF DOCTORS + NURSES ALONG WITH ALLIED STAFF. TO OVERSEAS HOSPITALS. *BE KNOWN THROUGHOUT THE WORLD AS HAVING A HEALTH SYSTEM LOWER THAN 3RD WORLD COUNTRIES.	5/2/2024 12:21 AM
205	What does the new Government stand for other than ripping up Labours endeavors and giving three-billion-dollar tax cuts to landlords. I wanted them to solve the lack of housing, inequality and crime. So disappointing. Do they think I am stupid having to buy them spouting their 80's neo liberal clap trap.	5/2/2024 12:15 AM
206	This is a huge slap in the face to an entire profession of people that have devoted their lives to helping others. The answer to fixing the health crisis is not by reducing the numbers on the floor. If the government truly believes that these cuts will not affect patient outcomes, we are in need of a huge change to the staffing in charge of making these decisions as they are grossly under-qualified.	5/1/2024 11:52 PM
207	No	5/1/2024 11:33 PM
208	TWO has been nothing but a disaster for the last 2 years ! Despite the previous concerns about the DHB system it seemed for all its faults to work more effectively that this current debacle For all the promises of addressing the overstaffing of the ministry and upper echelons of power in the DHBs, streamlining these and subsequently boosting the front line services they have, as far as i can see, succeeded in shuffling upper management around and giving them new fancy titles - no one's actually gone anywhere. Layers of further bureaucracy have emerged with no one really in charge of anything - but now even more multiple management sign offs are needed from the new improved system to get anything done. Eg - We already needed up to 6 sign off signatures to get someone employed, that's gone up to 8 now as a minimum i have noticed in recent weeks however, a proliferation of shiny new bi-lingual signs all over the place where i work, the old ones seemed to work fine, not many people seemed to get lost. That money probably could have paid for some staff to do shifts to keep the wards staffed safely..... but clearly there's plenty of money for what TWO want to spend it on!! Now the new government and glorious leaders in the Ministry of Health is putting the boot in with service cuts. We all feel so valued.... After 40 years of full time mental health nursing as of May this year, I've never felt so shat on and undervalued by the system as I do now!! we may care about our patients/clients. their families and our front line colleagues, but clearly TWO have reduced us all to numbers on a budget sheet. Thanks TWO!!!	5/1/2024 10:43 PM
209	Australia is looking really good right now. I am tired of being pushed to my absolute limit on the daily and being so disrespected.	5/1/2024 10:41 PM
210	Gaps need to be filled with staff with the right skill set/skill mix (not just ticking numbers boxes) so that adequate/safe care can actually be provided for the public. As a nurse this move has motivated me to look for work in Australia/overseas as I do not want to nurse in NZ in these conditions.	5/1/2024 10:37 PM
211	We're already getting unreasonably questioned for why we can't take our meal breaks and have to stay late, so with further cuts this will only get worse. They have put CCDM support in place but for specialised areas like my unit, unfortunately the nurses that come to help can	5/1/2024 10:34 PM

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only do very basic tasks; this doesn't actually help us when we're super busy as it's almost always things out of their scope that's causing us to be so short on time. The government needs to actually value their workforce and the work they do, not add further pressure to an already stressed environment. It is really ignorant for the minister to state that none of the budget cuts are going to impact the level of patient care provided when this is already effected so severely without the cuts.

212	Pls put a final answer for a fixed pt-nurse ratio	5/1/2024 10:29 PM
213	Enforcing these budget cuts is short sighted from the government. Our health system is already pushed far beyond its limits and now we're expecting staff to work harder with extra pressures. We continue to work hard for our patients and our colleagues but eventually we will all burn out.	5/1/2024 10:17 PM
214	We nurses are bound by our calling, but if the nursing is taken over by tasks completion due to shortage of staff, patient safety would be compromised because we are bombarded by carrying out one task over the other just to tick off the box of "to do" and instead of being a patient advocate, we become task oriented professionals and that is what i fear the most. becoming a robot just to get things done and the heart of nursing is forgotten.	5/1/2024 9:56 PM
215	Shit!!!! And don't blame me ... didn't vote for them	5/1/2024 9:50 PM
216	Just gutting that cuts will negatively impact frontline staff!! So wrong!!	5/1/2024 9:49 PM
217	More energy should be directed to making patient care more efficient and streamlined. Many patients stay in hospital for a lot longer than they need to. We need better systems to safely get these patients home, that is where the millions could be saved!	5/1/2024 9:42 PM
218	The announcement is an excellent way of discouraging nurses and stepping on our morale.	5/1/2024 9:42 PM
219	This always happens, labour in government, the system gets top heavy. National comes in government and does the slashing and brings the country out of the red. It's fine as long as front line services are at least maintained.	5/1/2024 9:34 PM
220	Government should be ashamed of themselves! DO BETTER! BE BETTER! because when we make a mistake it's because of the stress and expectations you have put on us!	5/1/2024 9:33 PM
221	It's embarrassing for the Government not to take care of the health and wellbeing of the nation.	5/1/2024 9:28 PM
222	Where is the obligation to protect staff and patients. There is no possible way these directives won't impact care delivery. I am very concerned that my ability to deliver safe care will be compromised.	5/1/2024 9:27 PM
223	The sponge has already been squeezed, there is nothing left to squeeze out. Nurses are demoralised	5/1/2024 9:24 PM
224	So much for not impacting Frontline staff - that is an out and out lie. More importantly it has direct impact on delivery of pt care.	5/1/2024 9:15 PM
225	If they cant preserve our health who else will do the job that i can say more on oassiin because if we consider this a job we dont care at all and you can not ve a nurse if there is no care.	5/1/2024 9:10 PM
226	It is unbelievable that this government is doing this m, at this point in time. The winter is coming, wait lists are long enough already and there is already a substantial turnover in nursing staff. This is only going to cause this to increase with numerous nurses going overseas to better conditions.	5/1/2024 9:08 PM
227	I can retire in August from permanent employment. I agonise over whether to do this as it will only hurt my colleagues and patients	5/1/2024 8:58 PM
228	Nurses and doctors aren't trying to miss their lunch breaks, or taking overtime when it isn't needed, these things are happening already because the hospitals are busy and the staff are doing everything they can to make sure patients are seen in a timely manner and have the best possible outcome to their hospital admission. It shouldn't be up to the nurses and doctors to make savings. If you go in to hospital you don't want the staff worrying/thinking about cutting costs.	5/1/2024 8:53 PM
229	Casual staff and part time staff has no or rare shifts which was always available.	5/1/2024 8:48 PM

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230	They are so out of touch with how safe frontline nursing works. The irony that they want us to use leave.... But because of inadequate staffing.... This does not work, often hard to apply for leave when you would like it	5/1/2024 8:46 PM
231	We've gone through cost constraints before but this time there is no trust in regions to manage their own business. We are being micromanage which will drive staff away. Recruitment is already difficult. This is making it worse	5/1/2024 8:45 PM
232	I would like to know if the financial saving rules are being applied to both nursing and medical professions. Will doctors NOT be replaced when sick like nurses or will another doctor be called in and be double to ensure they have doctors available. There does seem to be inequalities. There will be a patient death as a result of lack of nursing staff or as a result of a more not being replaced - I hope te whatu ora are prepared to take heat for that. It again shows the lack of appreciation for the nursing profession. We already have an incredibly under-skilled and junior nursing workforce - this is only going to continue to get worse as you see nurses leave the profession due to worsening working conditions. Health professionals are going to get burnt out (if they aren't already)	5/1/2024 8:44 PM
233	We had a cns position approved w ccdm fte calculations and now they have declined position.	5/1/2024 8:37 PM
234	We have already felt what it's like now that they have cut the budget. Our ward normally doesn't have a hospital aid at night. As the afternoon in charge, I requested for a hospital aid for the night shift as our ward was half General Medicine patients and was really heavy. We only had 3 night staffs (RNs) and one was pregnant. There were lots of patients ringing bells, needing assistance and full care patients needed frequent turns overnight hence, I requested for a HA to help them at night. But was bluntly told by the duty manager that since we normally don't have an aid at night, they would not provide any to us. Our ward is not normally this heavy that's why	5/1/2024 8:35 PM
235	Health NZ are liars, Shane Reti has a chance to fix things. Instead he has been silent and let health outcomes of registered voters drop to third world levels. Thanks Shane, you were soooo critical of Labour and yet have done Nothing to address the obvious issues.	5/1/2024 8:35 PM
236	Govt doesnt care	5/1/2024 8:26 PM
237	A healthy society requires a well functioning health, education and justice system.... make the cuts somewhere else. NOT in health, education and police	5/1/2024 8:26 PM
238	At a time when all areas of health care are experiencing severe staff shortages these cuts are the opposite of what needs to be happening.	5/1/2024 8:23 PM
239	This is an absolute kick in the teeth after the last 4 yes. There is absolutely no way that these cuts won't affect the front line. This decision is forcing my hand to reconsider alternative work. I feel let down and really sad that they see no alternative to cost saving.	5/1/2024 8:17 PM
240	As service we do have the right to decline care provision as we cannot continue working as we are and expected to manage high numbers and increasing complexities	5/1/2024 8:16 PM
241	Ministry should support front line workers	5/1/2024 8:12 PM
242	Don't know what the government were thinking but it certainty wasn't for patients care	5/1/2024 8:11 PM
243	Yes expect massive amounts of nurses leaving due to the stress this will impact on them	5/1/2024 8:02 PM
244	Hire more colleagues for us so I can go back to my normal hours.	5/1/2024 7:54 PM
245	Why not start looking at alcohol and drug related admissions in the hospital. Most of these cases require the most resources. Like for example in a MVA, the lenght of stay is longer, it requires multiple surgeries from acute up to reconstructive. If they could put up fees for cases that involves drugs and alcohol then maybe they can save more and at the same time acts as a deterrent.	5/1/2024 7:47 PM
246	Disappointment with Te Whatu Oras announcement. They care more about money that their staff and the community. Staff will continue to leave the profession or move overseas.	5/1/2024 7:42 PM
247	The health service is already under extreme pressure and cutting costs at this time is absolutely unsafe and appalling	5/1/2024 7:36 PM
248	Service cuts should not be focusing on clinical staff hours, their leave or substitute support. Look for other avenues to get them from.	5/1/2024 7:34 PM

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249	No.	5/1/2024 7:34 PM
250	Am planning a move to Australia at the end of the year, to go to better staffing ratios and better working conditions	5/1/2024 7:29 PM
251	The words "false economy" come to mind. More savings equal worse health outcomes which are ultimately a cost to our society. Longer waiting lists means that patients come into hospital in a worse condition. Chances for complications are higher. Recovery time will take longer. This is where the hidden costs of savings lie.	5/1/2024 7:25 PM
252	Cutting health system budget will impact provision of care that will actually going to need more resources and more mortality for New Zealander due to waiting and waiting for patient that needs urgent treatment..	5/1/2024 7:24 PM
253	The cuts are short- sighted and costs to the community will escalate as more people miss out on support needed to maintain or regain health.	5/1/2024 7:23 PM
254	Acute patient care areas needs to be adequately staffed, thus ensuring access to healthcare and Patient safety.	5/1/2024 7:21 PM
255	It is a terrible idea and will totally impact frontline staff and patients!	5/1/2024 7:12 PM
256	If only we could fire the National government! Not everyone can afford private Healthcare and your agenda makes me sick.	5/1/2024 7:10 PM
257	HNZ need to listen to the people on the floor. This is dr, nurses, HCAs etc. Maybe they should cut the buying of new fleet cars and providing food for meetings. The sharing of pa for management and reducing all meeting to teams or zoom should reduce costs. The nursing budget should not be touched. Any drug errors or m&m should be the responsibility of HNZ and rn and drs should not be held at fault. Maranga Mai and support junior drs until our fight commences	5/1/2024 7:10 PM
258	Staffing is already at an all time low with nurse patient ratios higher. This will cause stress and more illness in the workforce. Get real!! Go and sit in emergency department and look around you for 8 hours. Go and wait for beds to be available in the wards while you feel so ill for hours. You wait longer for treatment than ever before. Don't make more cuts in staffing. More nurses will go to Australia. There is only so much you can cope with physically and mentally.	5/1/2024 7:09 PM
259	This proposal makes staff feel undervalued. They don't take sick leave or work double shifts for the fun of it..they do it because of staff shortages and caring about patients. It feels like this countries leaders /Te Whata Ora are very removed from the realities at the coalface	5/1/2024 7:03 PM
260	Just still feeling undervalued and anxious about my future in nursing after 25 years	5/1/2024 7:02 PM
261	cuts must impact the management roles and not the frontline nurses	5/1/2024 7:00 PM
262	There is some good things about what is being put in place. We have incredibly high sickness and measures being in put in place to manage that is a good thing. It the night shift were staff shortages are more noticeable with higher sick rates then any other shifts	5/1/2024 6:59 PM
263	The service cuts are unsafe. They do not leave the nursing profession with the ability to perform their jobs and to look after themselves inside and outside of work	5/1/2024 6:55 PM
264	I feel what the government is doing will lead to longer wait lists, patients becoming more unwell while waiting. There will be an increase in violence towards staff and others due to care that is not able to be provided in a timely manner. Staff will become burnt out, there will be an increase in stress levels and the work force will start to leave.	5/1/2024 6:54 PM
265	Cuts quite frankly needs to be cuts of wages as well as job to come from upper management not at the expense of staff or patients	5/1/2024 6:43 PM
266	Already over time and extra shift have been cut and when we are in a living crisis it stretches us to look else where to make income	5/1/2024 6:40 PM
267	This is a disgusting way to try and save money.	5/1/2024 6:38 PM
268	I feel we have too many managers under existing managers. Our Nursing directorate is out of touch with the daily stress experienced by the hard , shift working , nurses. Filling vacancies with international trained nurses has not fixed much other than the numbers. We are lacking senior, experienced nurse's.	5/1/2024 6:37 PM

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269	Quite absurd & disappointing this current govt has no adequate understanding or compassionate empathy for the current situation health staff are going through.	5/1/2024 6:37 PM
270	I suggest that all politicians and those that work in the Ministry of Health should have public Healthcare If this were the case I am sure they would change their views. Eg if they need a specialist appointment are they ever told that there is no capacity for them to be seen? I think not.	5/1/2024 6:34 PM
271	This is really sad, even before the cut announcement we already are struggling with short staffing, how much more with all these cuts that will happen. Have seen a lot of errors due to short staffing, overwork and taking extra patient load just to cover the whole shift. It is really scary, for you and for the patients	5/1/2024 6:33 PM
272	Nursing will lose, it will be perceived as too difficult a profession similar to the Police and therefore won't be an attractive job	5/1/2024 6:31 PM
273	Are the budget cuts a pathetic attempt to derail our Meca negotiations and brain wash nurses into lowering their expectations of a pay increase ... hope not . Please also sort the holiday pay act or compensate us for the long wait . It is unfair we are being disadvantaged .	5/1/2024 6:29 PM
274	This will have a horrible impact on all New Zealanders, what are they thinking? While giving themselves pay rises?	5/1/2024 6:25 PM
275	Cuts affect all health workers and results in hugely increased work loads as vacancies arent filled in a timely way or not at all. This leads to reduced input time available to assess and care for patients. SW's, NASC, PT,OT, RN's- all are affected. The latest phrase in the hospital is "over census" meanign patients on wards having no beds and so are being "bedded" in a ward day room where there are no call bells, oxygen and other basic equipment- how long can this go on before a patient dies?! And it is totally disrespectful to patients. Te Whata Ora has a moral, ethical and legal to provide "best care & best practice" for patients- these health cuts absolutely ensure this will not happen. Health staff I work with are completely "fed up , have no confidence in Te Whata Ora & can see no possibility of improvement in the future. We are disillusioned, tired, overloaded. We have lost the joy in carung for those in need.	5/1/2024 6:20 PM
276	I thought we were improving nursing by bringing in pay equity but this implementation of not covering sick leave or employing new staff into positions is now putting stress upon the nurses and they will have high work loads and thus more nurses will leave the workforce because of burnout.	5/1/2024 6:18 PM
277	Its unsafe for both patients and staff	5/1/2024 6:16 PM
278	No	5/1/2024 6:14 PM
279	I just feel sorry for those employees who have been loyal to their employers over the years to be treated like they don't matter.	5/1/2024 6:04 PM
280	Cuts to health care services will likely lead to an already broken system and workforce to shatter. Please do not add any more burden to an unsustainable workload	5/1/2024 6:03 PM
281	Historically speaking, New Zealand's healthcare systems have been at the brink for years now and only has been held together by the blood, sweat and tears of the good people on the ground. Cutting back has never been the answer. If we cut back on funding, we are going to see a lot of our new grads and younger RN's head over the ditch as they would instantly see a massive pay rise + benefits, as well as legislated nursing ratios. For the future of New Zealand's health care, we need more funding across the board, now, more than ever.	5/1/2024 6:00 PM
282	The locum budget must impact on overall hospital budget. Providing Drs with a work environment, so that we maintain permanent staff.	5/1/2024 5:59 PM
283	How deceitful of the minister to say the cuts will have no impact on the level of care patients receive. Patients will be even more frustrated with wait times and be more prone to abuse and violence towards staff. I would like to see how he reacts to being stuck in ED for 14hrs or more in an ED hallway.	5/1/2024 5:58 PM
284	No. Sad days for NZ health.	5/1/2024 5:58 PM
285	Analysis is required regarding the increasing number of snr RN 'clip board ' people who do not contribute to patient care They seem to have plenty of time to wander around drinking coffee and corridor chatting. Increase in number of non clinical staff in a ward on a day shift (up to 3)	5/1/2024 5:56 PM

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for 12 - 25pts (non acute) CNM, ACN, Shift cord, surely this funding could be used more appropriately for direct patient care

286	This is another struggle for health care professionals that will affect patient care.	5/1/2024 5:55 PM
287	National have shown they dont care about new zealanders. Announcing cuts to healthcare when were already an overstretched workforce is a serious joke. Get rid of some top management not the areas that need more funding	5/1/2024 5:54 PM
288	People at the top know the price of everything and the value of nothing. Can we return some of the extra layers of management back to front line duties. Won't cost a cent.	5/1/2024 5:50 PM
289	The restructuring of HNZ is already challenging with lots of problems. This added is another insult to staff. Health requires casual staff and cutting out the casual workforce will screw them and patients over for years	5/1/2024 5:48 PM
290	The current Government need to cut back elsewhere and pour more resources into Health care.	5/1/2024 5:48 PM
291	Prioritize health and education. The govt showing they value money over the lives of their country.	5/1/2024 5:40 PM
292	Taking these decisions centrally undermines the staff that have performed their job well, those that have overspent / over-recruited should have restrictions but don't punish those areas that have responsibly managed resources. Cancelling PD for nurses - how do we maintain what's required for our APC and yet medical staff continue to access CME with no restrictions e.g 2 day course in Australia, hotel and business class flight totalling 10k recently claimed by a SMO.	5/1/2024 5:39 PM
293	If nursing strikes didn't cause a big enough impact on our health system, then this surely will. There will be no fall back on those "casual" who would have filled those spaces. Without them nursing numbers will fall well below safe staffing and the public will be impacted.	5/1/2024 5:38 PM
294	The government needs to invest in healthcare to improve health outcomes of the NZ population, not cut costs and spending. Health is not a business, it's a government responsibility and a right for all new Zealanders.	5/1/2024 5:37 PM
295	Health is a sector that should be prioritised. Everyone will need healthcare at some point. Covid showed us that the health sector was inadequate to cope with a crisis, that with global warming is highly likely to happen again. This is a time to invest in our healthcare not pull funding.	5/1/2024 5:37 PM
296	No words for the current shambles and disrespect of frontline staff. Should never have undertaken a restructure during recovery phase following pandemic and a world wide shortage of Health professionals. Thank you labour govt for squandering all the money	5/1/2024 5:34 PM
297	We were told these cuts are not going to directly impact frontline workers however it has done exactly that. It has created a very unsafe working environment. Staff will leave in droves overseas. We need to value our frontline staff not continually beat them down	5/1/2024 5:30 PM
298	The exodus of health professionals is already well documented and acknowledged. It will undoubtedly worsen and you can't just magic up experiences nurses to replace the ones leaving. Many, to do anything else	5/1/2024 5:27 PM
299	It is up to the power of this government to recognise that healthcare and other public services are more important to people than they are given credit for. This attitude is nothing new but it needs to change if we are expected to look after the people of this country as well as they all deserve.	5/1/2024 5:20 PM
300	Aside from consider patient and staff safety. If your care was to be based on money you would hate it. Needing care is a vulnerable position imagine if you missed essential cares and needs because we couldn't afford the staff to meet your needs including basic stuff such as cleaning yourself because there's not enough staff to meet needs.	5/1/2024 5:20 PM
301	Leadership in the hospitals should refuse to make cuts and should publicly advocate for the people of NZ	5/1/2024 5:19 PM
302	I would not encourage anyone to be a nurse ,we are not valued	5/1/2024 5:18 PM
303	the EDON and other DONs, GMs etc are too scared to put in writing what is happening. the	5/1/2024 5:15 PM

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communication is poor and staff are having to rely on the media as to what is happening.

304	Absolutely disgusting that this could be the future of health care in this day and age. Where was Te Whatu Ora / Health New Zealand / MOH / Government when all (at the time) DHBS were suffering (multiple) short staffing issues? Why do they have issues with staffing now, now that we are in a good place?	5/1/2024 5:14 PM
305	In my area alot of patients are awaiting rest home placements or families to fill in the legal paperwork for EPOA or PPPR, this results in some patients remaining in our ward for well over a month. The cost to the hospital is huge and I believe if something is worked out differently around this then this could save a huge figure of money.	5/1/2024 5:11 PM
306	Listen to your frontline staff service cuts are not effective to providing safe, efficient, timely effective, responsible patient care .	5/1/2024 5:09 PM
307	Strengthen the health system, don't weaken it	5/1/2024 5:04 PM
308	We need to feel supported. I dont feel any hope in the future of our health care system or my career as a nurse. Thank fully I only work part time as I have young children as I would feel so worn out if I worked any more	5/1/2024 4:59 PM
309	This is so ridiculous. Health care workers are here because we CARE. Why punish those who are trying to keep our population safe? Our country will definitely be negatively impacted by this.	5/1/2024 4:58 PM
310	Please government re think about not replacing staff on AM and PM shifts as when we are a nurse short the entire ward suffers.	5/1/2024 4:58 PM
311	The government are narrow sighted and to not understand that it is not an instant fix what a two year pandemic does to a health system is dumb! Investment is required to catch up on work that the pandemic prevented!!! They wish to decrease cancer and morbidity/mortality- they are only increasing this my making health cuts in the health sector. No nurse wishes to do a double shift- a double shift is done because the following shift is short.	5/1/2024 4:56 PM
312	More brain drain to Australia. Increase sick leave. In what what universe does the current government consider no effects will occur from these actions? Shows how out of touch they are while sitting in their irony tower whilst slashing and burning..	5/1/2024 4:55 PM
313	It's incredibly dissapointing to see health care being cut when we're barely keeping up prior to these budget cuts.	5/1/2024 4:51 PM
314	No	5/1/2024 4:48 PM
315	Tell the minister "He's dreaming" so out of touch with reality. Remember everyone needs a hospital at some point, although politicians are always waited on hand & foot by the hospital management and are never exposed to the real system	5/1/2024 4:46 PM
316	I think the hospitals should fund without thinking of profits or losses.It is not a business but a service.	5/1/2024 4:46 PM
317	This is an unmanageable way to provide healthcare	5/1/2024 4:38 PM
318	It is the last straw. I just want to leave. Have given 20 years to this job. I care too much for the patients and put them at the centre of everything I do. I can't witness any more cutbacks. Just feels like a slap in the face after recent years.	5/1/2024 4:37 PM
319	I have read in the media that Te Whatu Ora are saying that because they have employed a couple of extra thousand nurses that therefore the system will have sufficient nurses to manage these restrictions. They have not balanced this by reporting how many nurses have left in that time, so that information also needs to be given to the media	5/1/2024 4:37 PM
320	Whenever national get to power the cut and hurt the people already hurting- just give us better and more equipment and staff - help us do our job. Things are breaking around us and we can't replace things.	5/1/2024 4:36 PM
321	The lack of care, concern, compassion for the health and wellbeing of ALL people residing in New Zealand shows a lack of insight from this government. How are we now to reduce disparities?	5/1/2024 4:36 PM
322	Worried about this service cuts for the whole hospital system and for the patients that needs	5/1/2024 4:32 PM

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	timely care.	
323	This is not a way to try to keep nurses in their profession. This speaks volumes of the lack of respect "management" has for its workers.	5/1/2024 4:32 PM
324	Please make a difference for us with us.	5/1/2024 4:32 PM
325	The govt does not care about people with disabilities losing services	5/1/2024 4:32 PM
326	no	5/1/2024 4:28 PM
327	Please speed up pay equity outside Te Whatu Ora so we can leave before " incidents" start to happen.	5/1/2024 4:26 PM
328	Health and safety plus well being of the patient and staff are crucial to be maintained. Please do not let us, health professionals experience a night mare and anxious to come to work when we know inadequate staff can lead to disaster.	5/1/2024 4:26 PM
329	Many more people WILL die. No nurses, no adequate care. Mistakes will happen due to the new pressures of having unfulfilled roles on much needed wards and floors. Stop treating health like it's a profit maker. Start actually caring	5/1/2024 4:25 PM
330	We need more money on the floor! We need more nurses	5/1/2024 4:25 PM
331	Patients have the right to be able to access safe health care in a timely manner. There should be equality and equity for all people.	5/1/2024 4:24 PM
332	This announcement is about money when in fact the impact from this on the ground floor level will cost them more in patients length of time in hospital. Staff injuries from burn out. Not recruiting and losing more staff is a bandaid that has to come off and then cost more. The whole thing will affect health care, and staffing, it is worse than a health crisis.	5/1/2024 4:20 PM
333	Find other areas to make cut backs i.e MP's not getting pay increases. We also outsource a lot of services which I believe cost lots more than if it was managed inhouse i.e cleaning, purchasing items from expensive suppliers, plumbers, electricians etc.	5/1/2024 4:18 PM
334	People who do not work in the healthcare system in the front line should not be able to make these decisions. In a place where we are already struggling with an over crowded healthcare system and now this. Why would we want to continue to be a nurse and care for the most vulnerable when we aren't cared for?	5/1/2024 4:18 PM
335	Oranga Tamariki cuts could increase rates of child abuse which is a terrible thought.	5/1/2024 4:16 PM
336	Cuts should be in other areas, ie not operating on patients with the outcome of death regardless.	5/1/2024 4:16 PM
337	Te Whatu Ora needs to adhere to the plight of their employees' concerns rather than the myopic autocratic vision of a current coalition party in a cash crisis.	5/1/2024 4:15 PM
338	I think the government needs to take a leaf out of Australia's book. They manage their health care so much better over there and I'm not far from leaving the NZ workforce again to go back there just because it is so much nicer and how it should be.	5/1/2024 4:15 PM
339	None	5/1/2024 4:14 PM
340	The health ministry should look at charging patient admissions with alcohol, drug-related issues and even violent patients.	5/1/2024 4:13 PM
341	I do not support this in any way. I believe this will cost rather than save money.	5/1/2024 4:12 PM
342	I propose that nurses move to strike for 24 hours or more, but no less. Our strike would need to have an impact and hurt.	5/1/2024 4:11 PM
343	This is really unrealistic!!	5/1/2024 4:11 PM
344	I would suggest every member of the government rolls up their sleeves and gets to work the front line with those of us that have to face the brunt of the abuse we accept because we just want to help someone in need. This is all too familiar working through Covid in the UK. Before you cut it, work it and see for yourself. Don't just turn up on a day when we have staff pulled in because the gods that be know when your visit is?! Just turn up unannounced and muck in like the rest of us.	5/1/2024 4:06 PM

Health Service Cuts Survey

345	Please don't target health care sector to save money..it's hard for nurses and patients also for hospitals.	5/1/2024 4:03 PM
346	Are we able to attend negotiations	5/1/2024 4:03 PM
347	No	5/1/2024 4:03 PM
348	We need more nurses on the floor who will do bedside care to provide quality care for every patient.	5/1/2024 4:00 PM
349	Instead of not filling the staff. There can be payment method developed like other countries. The hospitals can start charging for the patients for the basic treatment. The people who have financial hardships to be considered. The cost of living is growing in NZ and it is impacting the economy too.	5/1/2024 3:57 PM
350	thanks for offering this survey, i hope it is really useful. I've been Nursing/Midwifing on and off for over 50years and never seen such draconian financial cuts to the Health system in NZ.	5/1/2024 3:57 PM
351	With the budget cuts, our health services and communities are at risk of significant and long lasting damage.	5/1/2024 3:55 PM
352	the costcuts are already in place - nursing gaps that cant be filled now will not be filled .not allowed to do overtime . winter surge coming god help us all	5/1/2024 3:54 PM
353	Instead of supporting and backing nursing staff who are their for people in a often difficult, stressful and sometimes worst time of their lives, once again our employer shows no regard for what we do and the impact it has on us.	5/1/2024 3:54 PM
354	please listen and respect those who care for some of the most vulnerable in our society, have a heart	5/1/2024 3:53 PM
355	Nope	5/1/2024 3:49 PM
356	Axillary roles are out of control ! We have groups of support staff out vaping with their id tags and collecting a pay cheque Appropriate staff on floor and we will not need to call in extra staff we can just do our work!	5/1/2024 3:48 PM
357	I agree with taking annual leave if your balance is too high. I agree with letting permanent staff pick up the shifts over casual staff. But leaving staff short and unprepared to care for high equity patients has a roll in effect, staff can't leave to transfer patients to wards & yet the ward also being short means that they are unable to pick up these patients up. Unless the minister follows staff on a busy understaffed shifts	5/1/2024 3:47 PM
358	The cuts affect staffing and the public. More people ard getting sicker. Therefore delays could be costly on their lives.	5/1/2024 3:46 PM
359	It's disgusting	5/1/2024 3:45 PM
360	I wish the some RNs and managers appreciate how HCA are valuables in delivering cares for the patients. HCAs do all the hard works caring for the patients in some circumstances we deal as well with the family. Because we are the one who answered the call of the patients and family.	5/1/2024 3:44 PM
361	Staff shortages, Difficult to provide proper care as per protocols .	5/1/2024 3:43 PM
362	I have been working in the Health system for thirty years with a practice focus of equity, The Māori Health Authority was the most significant opportunity to have a national approach to improving outcomes for Māori. I feel sad and tired.	5/1/2024 3:42 PM
363	How is it we have to cut at the front line putting pts and staff at risk but when one manager leaves they are replaced by two to do the same job. Cuts need to come from the top. And why is each area still supplying differ products. Surely if we are one health care than every hospital has the same products which would save a huge amount of cost by buying in bulk	5/1/2024 3:42 PM
364	Government and MPS need to experience the health system without the VIP treatment they get! I would not leave my elderly dad in hospital with limited care to keep him safe.	5/1/2024 3:41 PM
365	Health care needs more staff, safer work environment and new equipment.	5/1/2024 3:40 PM
366	There should never be money cuts in health care in any form.	5/1/2024 3:35 PM

Health Service Cuts Survey

367	It is short sighted of the Govt to try and make cuts in health, as it will only backfire and cause more problems. It is, in my opinion, intentional, unconsented and non voluntary assisted dying.	5/1/2024 3:33 PM
368	Palliative care in community is virtually impossible. At moment voluntary on call will cause overtime	5/1/2024 3:33 PM
369	This is going to have major repercussions on staff and patients. There is an impact on frontline staff and patients care no matter what they say	5/1/2024 3:32 PM
370	Te Whatu Ora needs to cut its high profile executives who get paid significant amounts, with no results. Accountability needs to be held, we are here with this terrible situation because of the mismanagement of / the lack of ability of those people in years. Why do patients/ staff need to suffer because of their incompetency?	5/1/2024 3:32 PM
371	No.	5/1/2024 3:28 PM
372	No	5/1/2024 3:26 PM
373	The conditions we are expected to work in now need a great deal of improvement. These service cuts are going to further compromise the health and wellbeing of nurses, and thus, continue to impact on the health and wellbeing of New Zealanders directly through the care they're receiving. Right now, the care our patients deserve, and the care we can actually give them.. are so far apart and growing further apart by each cut that comes.	5/1/2024 3:25 PM
374	Wasteful spending happens fixing mistakes, investigating errors that occur when areas are understaffed not to mention the harm to patients. It seems this government thinks there are no variables in health, people are not units to be measured, they are people who deserve care, empathy and the best healthcare a civilised country such as NZ can provide.	5/1/2024 3:24 PM
375	These comments are not probably what you want to hear- but I see that staff sickness is covered where possible, leave as I have already mentioned needs to be taken for staff wellbeing- so I can only see positive that these issues are being addressed. Double shifts should never be approved- they are dangerous and result in poor decision making.	5/1/2024 3:23 PM
376	Remove middle and upper management especially those with no health experience to save money ,not cuts to front line staff.	5/1/2024 3:23 PM
377	The people manager should know better the effects of these decisions with his background in st john ect	5/1/2024 3:22 PM
378	To be more efficient a lot of management roles could be centralised. E.g. many specialist services with the specialist based in CHCH and nursing staff on West Coast could be managed better by the associated specialist and operations management team in CHCH. We have not found our middle management to have either a good grasp on these services or a solutions based focus when problems do arrive. We have always found the CHCH team to be the opposite - very effective, on the ball and solution focused. In contrast, I am completely against restrictions on recruitment to frontline staff and filling of new frontline positions. That will be detrimental to the staff and patients.	5/1/2024 3:20 PM
379	Budget cuts to the healthcare system is the most unethical thing that politicians can do. This is dealing with the lives of the general population. It would be better to start cost cutting by taking off the benefits of those who are able bodied to work instead of just waiting for the handout. The politicians can also start by getting a paycut themselves to lead by example in showing how budget cuts are like.	5/1/2024 3:18 PM
380	I feel really sad that these things are happening. I think it will mean that we will lose more staff to Australia and that will hurt us all.	5/1/2024 3:18 PM
381	Staff who are stressed and can't give the patients quality care will mean staff will not have work satisfaction and will more likely leave nursing or New Zealand. This Government promised not to cut the front line, this is a cut to the front line, therefore they have broken their promise and cannot be trusted.	5/1/2024 3:17 PM
382	I understand that we need to reduce spending but feel this isn't the way to do that	5/1/2024 3:16 PM
383	staff continue to feel under valued and over worked which does not lead to best patient outcomes though we all try our best	5/1/2024 3:14 PM
384	The people making these cuts need to front up to the areas they want to cut from and spend some time walking the walk of the staff who it effects to see it's not viable	5/1/2024 3:13 PM

Health Service Cuts Survey

385	I think it will impact patients and staff on the ward a lot	5/1/2024 3:12 PM
386	I feel for safety and well-being of staff and quality of care for the patients. More demands from families too.	5/1/2024 3:11 PM
387	I have worked as a nurse for thirty years and things have never been so bad. I feel completely devalued and unappreciated and vulnerable	5/1/2024 3:09 PM
388	The statement 'Simplify to Unify' is a core tenet of Te Whatu Ora's philosophy. However, it seems that the organisation's management is not adhering to this principle with the cost containment directives they have issued. These directives appear to be unrealistic and may cause further complications and challenges in achieving the organisation's goals. It's a rather ironic situation where the company's central principle is being contradicted by the actions of its leadership.	5/1/2024 3:05 PM
389	I struggle to fathom how the Government & Te Whata Ora can treat health like a business. It is short sighted and will lead to more costly interventions & poorer health outcomes longterm.	5/1/2024 3:04 PM
390	These people are not fit for their positions and we should not be following their orders. When politicians tell you to your face that they (politicians) can not be trusted, what the hell does this tell you	5/1/2024 3:03 PM
391	It's so backwards when we were just starting to make some progress to safe staffing and improving care in an already stretched health system.	5/1/2024 3:02 PM
392	Think about family or friends who might need our services.	5/1/2024 3:02 PM
393	Doctors desperately need funding equivalent to international expectations. Please offer them a wage worthy of their expertise	5/1/2024 3:01 PM
394	I have no doubt this will have a negative effect on the nursing profession. We will loose nurses because of this and more importantly it will negatively impact our patients	5/1/2024 3:00 PM
395	No	5/1/2024 3:00 PM
396	Wrong place to save money.	5/1/2024 2:58 PM
397	No	5/1/2024 2:58 PM
398	Unfortunately, this is a directive from a government who is focused only on the economic component of NZ, with minimal consideration to the human component of this country. Te Whatu Ora are forced to follow the dictates of the MOH which follow the dictates of the Health Minister who is beholden to the agenda of their Party. Good luck	5/1/2024 2:56 PM
399	We are going to be a task oriented work force and nursing the whole client is just a joke...You can put it down on paper that we provide holistic care but that is pretty impossible when you are short staffed and things are only going to get worse.	5/1/2024 2:56 PM
400	Not sure what they call 'frontline' but we are all feeling the stress of these cuts already and I consider myself front line! If i quit today, i don't think they would allow my role to be filled. This Govt are trying to stealthy undermine HNZ and the critical workforce.	5/1/2024 2:55 PM
401	I feel that there will be an increase in sick leave as staff become burnt out. Casual staff will leave to seek more permanent employment. Nurses will leave the profession and possibly look at short term contracts or leaving all together	5/1/2024 2:53 PM
402	Service cuts will mean more cancellation of elective procedures, follow ups and waiting list. Hence, people will be sicker and sicker until they will get a chance to be seen or operated. Welcome to New Zealand, a Sick Nation.	5/1/2024 2:53 PM
403	STRIKE STRIKE	5/1/2024 2:52 PM
404	Come On coalition government you can do better cut your own spending before you cut ours and put people lives at risk. Remember one day you might need us and treat us this way we won't be there to help you.	5/1/2024 2:52 PM
405	Who is going to take ownership for any loss of life due to the unsustainable stretching of frontline resources. They were broken prior to Nationals cost saving "brain snap". If an alligator is snapping at your arse you drain the swamp not fill it with water	5/1/2024 2:52 PM

Health Service Cuts Survey

406	All study leave is cancelled for RNs so skill and knowledge not being maintained. Maybe unable to meet professional development for practicing certificate for some nurses. Usual situation of nurses and patients being impacted for ongoing shambolic leadership. To not allow sick staff to be covered and still says you're not impacting front line services is just a lie, it's no longer misinterpretation- it's a lie	5/1/2024 2:52 PM
407	No	5/1/2024 2:50 PM
408	Our health system is in a major crisis as is , to me this is just shifting the problem. To decide not to employ admin staff before the 1st of July is inappropriate. How can nurses care safely for patients without admin staff at the heart of it all???? taking recruitment decisions to Wellington is not the answer. It might save money in the short run, but it's totally ineffective and demeaning, undermining and devaluing the people who held everything together and made the wheel go round in recent years. What's next????????? Does anyone really think a nurse would work a double shift for fun?????????	5/1/2024 2:48 PM
409	senior nursing pay rates negotiations are not feeling promising if this is the lead-up to it	5/1/2024 2:46 PM
410	Direct patient care roles should be increased & productivity of management & educator roles should be reviewed & modified & thinned out. Managers & educators should be able to pitch in & support nurses on the floor more but are being bogged down with non-nursing tasks such as Recruitment & stores/supply related work etc. Patient Care should be the priority.	5/1/2024 2:44 PM
411	A nationwide strike to express concern about the dismantling of the public health sector would be a good idea. Challenging the ongoing move to privatisation. Calling a halt to the ever increasing gap for health care for the people with money at the cost of general health care for all.	5/1/2024 2:44 PM
412	Foresee less consumer involvement/co-design Sad to see our effective local consumer council disestablished	5/1/2024 2:43 PM
413	No	5/1/2024 2:43 PM
414	Nothing that is printable . I have another name for Te Whatu Ora it it Te F... .p ora.	5/1/2024 2:43 PM
415	I'm disappointed that there is t more public outcry. This directly impacts the care nz people will receive. The staff in the hospitals do the best they can to advocate. We work tirelessly. I think it's time the people utilising the services speak up and take action and say this isn't ok, our healthcare needs to be better, and demand more funding and less cuts.	5/1/2024 2:43 PM
416	I think many nurses will be even more likely to consider moving to Australia or into other professions altogether.	5/1/2024 2:42 PM
417	I don't want increases this burden.	5/1/2024 2:39 PM
418	Staffing a unit with poorly skilled staffing is where we are currently at with the Internationally Qualified Nurses from India They are very unskilled in cultural safety or understanding concepts such as equity or inequality. So while we might have achieved numbers to recruit to fill our FTE deficits, we are left with enormous problems with people who are poorly qualified, poor English comprehension, vastly different exposure to public hospital experience which is not the same to their home country and extremely high sick leave as they have no families in this country to care for their children when they are sick. NZ trained nurses are very different nurses, they are far more resilient and skilled and understand our cultural needs and respond to that, whereas IQN on the whole do not.	5/1/2024 2:36 PM
419	Managing roles in dnb that does not make any difference can be cut off	5/1/2024 2:33 PM
420	I honestly believe Te Whatu Ora care more about money than patients and staffs safety and well-being.	5/1/2024 2:33 PM
421	These are probably the darkest times I have ever experienced in health over the 27 years I have been nursing, and I can foresee these cuts are going to impact detrimentally on all!!!	5/1/2024 2:32 PM
422	To announce such cuts going into winter shows an absolute ignorance of the impact this will cause. At 61 years of age and after 42 years of continuous employment at Waikatodhb I am seriously looking at resigning.	5/1/2024 2:29 PM
423	Invite one of the politicians to come and work multiple whole shifts buddied alongside a nurse. Hard to do, confidentiality and all, but very worthwhile. Only then would they see how impossible the role is and how patient care is compromised by too few trying to do too much	5/1/2024 2:29 PM

Health Service Cuts Survey

424	we urgently need to strike	5/1/2024 2:28 PM
425	The ongoing lack if value and appreciation from the government for what nurses do is a joke. It is becoming a very undesirable career and patient outcomes are suffering.	5/1/2024 2:28 PM
426	I became a nurse 5 years ago, and love being a nurse. I don't love the uncertainty of when am.i next going to be able to perform my role, and keep up with my scope competencies	5/1/2024 2:26 PM
427	The service cuts in the healthcare services is an outright violation of the staff and patient's rights. An outright violation of justice and equality when obviously, the government have no problems giving pay rise for MPs and tax break for landlord. This is beyond frustrating.	5/1/2024 2:26 PM
428	Health should be a top priority for the government. Healthy people will provide good job results and thus provide economic gain.	5/1/2024 2:26 PM
429	He aha te mea nui? Māku e kii atu, he tāngata, he tāngata, he tāngata. What is the most important thing in the world? Well, let me tell you, it is people, it is people, it is people.	5/1/2024 2:25 PM
430	All we can see is nursing on the floor being impacted and stressed further, while the try to 'save money'. And then they create more management roles which clearly cost more. We are the ones providing the services and we are getting to the point where we physically cannot do our jobs to the standard we want to, to provide our patients the best care. I hate to think of any of my family needing care in our hospitals in the near future, as I am worried the care would be substandard	5/1/2024 2:24 PM
431	Nothing	5/1/2024 2:24 PM
432	I am hoping cuts wont pursue	5/1/2024 2:23 PM
433	They are setting unrealistic goals. The one trying to implement this budgeting should be the one working on the floor or be on the receiving end like the patient so they would know how it is like. They should put their self on the shoes of the patient especially the ones being affected by all this. Try being them waiting for surgery but would end up waiting for 1 year to be seen. No wonder most of the patients that we have been having cancer that has metastasise because heck the health system is pretty damn awful in preventing this things to happen. Not enough assessment, diagnostics and prompt timely treatment has been done. You don't even get treated until your results are way too abnormal or you're dying.	5/1/2024 2:22 PM
434	The number of public patients coming through the ED doors is keeping our hospital over capacity on a daily basis. Staff are working hard to meet their needs. Missed breaks is a issue at times making staff tired and worn down.	5/1/2024 2:21 PM
435	This move should be reviewed further. They should visit hospitals, talked with the staff about other option. This will just make a very unsafe hospital environment for patients once nurses started to get unwell due to fatigue or mental health issues.	5/1/2024 2:20 PM
436	I understand cuts are necessary and get reviewed but the timing of the cuts, restrictions to recruitment and the inability to use agencies to fill sickness gaps is a very poor decision which will have huge negative effects on the workforce and the patients. Expect an influx of nurses leaving to work in Australia!!	5/1/2024 2:20 PM
437	We fought for years to have safe staffing strategies implemented. It is now part of Health NZ's contractual obligations. We are not about to give up safe staffing!!!	5/1/2024 2:20 PM
438	If this isn't addressed people are going to get hurt - physically and mentally. We have a staffing shortage now, it's going to get worse if we don't care for our nursing staff!	5/1/2024 2:20 PM
439	The nursing workforce still struggling with shotstaffing and heavy workloads. It is important to keep up the quality of care and meet the expectations of the patients and family. Healthy people together, can make a healthy society and country.	5/1/2024 2:20 PM
440	As an experienced part time nurse I pick up most of my shifts to cover colleagues' leave. Now with these staffing shift cuts in place by our manager since the 2nd week of April I no longer am getting enough work. Our department and hospital will loose another experienced nurse as I will go elsewhere to get enough shifts. How about management look to save money by not paying private hospitals to do public hospital lists at huge expense to tax payers and a waste of our precious health dollars.	5/1/2024 2:16 PM
441	These cuts will further damage an already very damaged system.	5/1/2024 2:15 PM

Health Service Cuts Survey

442	Put the budget back on health sector. We are working hard to uphold standards of care based on NZNC and HPCA2003.	5/1/2024 2:15 PM
443	Looking forward to when i can retire and get off this treadmill of insufficient funding to give the care i wish to.	5/1/2024 2:14 PM
444	How does the government think that not filling current vacancies or replacing sick staff will not compromise patient care???	5/1/2024 2:14 PM
445	Bloody stupid ideas from people who have never worked on the shop floor	5/1/2024 2:14 PM
446	How can we build the healthcare of tomorrow, when all that politicians and high up staff only breaks it down at every turn. I give up, I will do my hours but there is nothing left i the tank to give that little extra that I know is so important for our patients. I never imagined I would end my career feeling like this, completely hopeless.	5/1/2024 2:12 PM
447	I already put my registration on the line and this just makes me want to give up a 37 year career.	5/1/2024 2:11 PM
448	Terrible idea	5/1/2024 2:11 PM
449	I think the cost containment of abolishing unfilled positions is extremely short sighted just because they are not fill doesn't mean they are not needing to be filled, taking away these positions will set us back to pre-covid problems	5/1/2024 2:11 PM
450	No	5/1/2024 2:10 PM
451	I am really concerned that the service cuts will have an impact on student and junior nurses - the quality of their clinical placement experience, stressful environments where support of senior nurses could be compromised, and workload pressure could result in student/junior nurses being asked or feeling obliged to provide care they are not skilled to do.	5/1/2024 2:09 PM
452	I am extremely scared for the way our health system is headed. I have only been an RN for 2 1/2 years but I love my job, and I value the time I spend with patients ensuring they are holistically well - as you can imagine, having heart disease and changing lifestyles is extremely tough psychologically. We are already struggling to provide this for our patients. All the govt and hospital administrators need to do it look at some of the care given on general medical wards. I am so worried for these patients, who are coming into hospital increasingly unwell and needing more input than ever - and in an aging population! This needs to be stopped.	5/1/2024 2:07 PM
453	Low staff numbers often mean patients remain locked with the confines of their room unnecessarily, a travesty of patients rights.	5/1/2024 2:07 PM
454	We survive on using casual staff and overtime. Staff will be injured, will not want to work and will resent doing more work with less time and a higher patient load. Especially mental health with complex needs and staff injuries will go through the roof. More restraints, more seclusion will need to be used to keep staff and other patients safe.	5/1/2024 2:06 PM
455	If the Ministry Health wish to save money then they need to look at management not front line bedside workers	5/1/2024 2:05 PM
456	Te whatu ora is going in the wrong direction which is very concerning which affect the whole nations health.	5/1/2024 2:03 PM
457	Already there is an expectation that collective contract negotiations will disappoint adding to a difficult stressful workplace. Burn out rates increasing - job satisfaction decreases and cost of living increases mean stress in the workplace.	5/1/2024 2:03 PM
458	Life will be very hard to live	5/1/2024 2:03 PM
459	It's a tragic indictment on this country, government and Te Whatu Ora that the health safety and well being of patients and staff alike takes such a low priority	5/1/2024 2:02 PM
460	It will be the nurses in the coal face, who will end up taking the blame of compromised patient safety. Just setting them up to fail, and the people in offices completely blissfully unaware	5/1/2024 2:01 PM
461	The government is a disgrace, the impact on the health system hasn't been thought about, the patients are going to suffer. And those who will lose their jobs in the process like myself	5/1/2024 2:00 PM

Health Service Cuts Survey

462	I read recently a comment from Fiona Dougan " the agency is committed to delivering the best health outcomes it can with the funding it receives" which is a subtle but significant change. We should be aiming for the best possible care for our population period.	5/1/2024 1:58 PM
463	It is putting the health care system at more risk when it is already in a precarious position.	5/1/2024 1:58 PM
464	If you can't fill a role it doesn't mean it isn't needed. It means patients are missing out and or other people are stressed trying to cover or provide a service. The lunacy of having higher paid Charge Nurses do recruitment paperwork because we have no "back office staff" to do it should be apparent to anyone SMOs have too much leave in their contracts	5/1/2024 1:57 PM
465	The health of our nation is not for sale! Treat people not dollars.	5/1/2024 1:56 PM
466	The Health service in NZ is falling to prices and people are being negatively impacted.	5/1/2024 1:56 PM
467	Not do it, the health system is already too strained nurse will end up leaving due to the pressure	5/1/2024 1:55 PM
468	I wonder if these cuts will help to finance the MPs pay rise?	5/1/2024 1:55 PM
469	This is a devastating decision to shift funding from a public arena to the private sector.	5/1/2024 1:55 PM
470	i think i said it all	5/1/2024 1:53 PM
471	I will just say it now... don't do it... I told you so. Don't get sick and expect top rate health care because it's not going to be in the budget for it, despite how much we would like to provide it.	5/1/2024 1:53 PM
472	We already have shortfalls with maintaining levels of sufficient clean linen and pharmacy not being available on Sundays (which is shameful for a 24/7/365 service) so I hope they don't cut services there either!	5/1/2024 1:53 PM
473	If they wants to cut budget for the frontline worker, they must cut pt. increase admissions, especially this coming winter	5/1/2024 1:52 PM
474	We need as an organisation to take direct action to support all of our colleagues, but also our patients and family. We need to have NZNO voice out in the media against these cuts.	5/1/2024 1:52 PM
475	On the other hand government is also left with no option but to cut in budget due to the recession, however, they can reduce the cut and decrease the luxurious services to the patients.	5/1/2024 1:51 PM
476	Funding for primary care needs to increase significantly so secondary care can have the pressure relieved from them. hospital secondary care is under the pump as is primary care and working in both I see the stretch the whole system is facing. Politicians need to see how long waiting times is impacting on NZ'ers health and wellbeing. The end result will be more health professionals leaving their profession to do other jobs with less stress or moving abroad, as is already happening.	5/1/2024 1:50 PM
477	The recruitment freeze is ridiculous. I was due to start in a new position in Te Puna Wai Ora - Southern Critical Care as a Health Care Assistant while actively preparing to study nursing, and now thanks to the ridiculous moves by senior management, I now have to wait an undisclosed period of time before I can even look at signing a damn contract. Because in the future, I am aiming to become a Aeromedical/Flight RN, moving to the Intensive Care Unit was supposed to be the first step in learning more about the role and I would be in a position to get a more in depth idea of what it is like to be one and working alongside one would provide the best possible perspective and give me a clear pathway to understanding the expectations and steps to reach my goal. Because my case is "held in the queue" I don't even know if I will get to move to the ICU this year let alone ever. I hold the belief it is inherently very wrong to make staffing decisions for a hospital at the other end of the country. The decision to have it come from "head office only" makes this entire new procedure very shallow and seemingly unnecessary for clinical roles where things change quickly. All I have is a verbal offer of employment right now which means nothing. Bringing the cuts and freeze in in phases would have made things a lot smoother. Giving each corporate and nursing team the opportunity to do things one at a time and streamlining the process. A lot of nursing work lies outside the scope of practice allocated to HCA's, as such HCA's will not be sustainable substitutes for lack of nurses. The notion of internationally qualified nurses being told not to apply for certain positions because they lack experience in a certain area is inconceivable. These people are coming here to live, work and contribute, and you are telling them they are not worth spending the money on in order to train them correctly. Experience cannot be taught. It has to be learned	5/1/2024 1:50 PM

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by doing. By denying these nurses the opportunity to retain their qualifications and work successfully as nurses, shows a lack of empathy and respect that these people deserve. Some of them have abandoned friends, family and their entire lives where they come from to answer the urgent call for nurses. The restrictions should be removed and those who apply being made probationary nurses until their international qualifications can be vetted and their cultural re-orientating courses can be completed. I work with these people, and it is heart wrenching to see them get denied for other positions and transfers within the same system due to a lack of experience in a certain area. While the organisation provides them no way of gaining that experience to meet the required levels. This needs to change.

478	Sack the lot of them. I have no faith in them. I'm angry as all hell.	5/1/2024 1:49 PM
479	Have not felt so persistently undervalued or disregarded as I do now.	5/1/2024 1:49 PM
480	Do not want to create an impression in our current work force that overseas is much better work environment than NZ	5/1/2024 1:49 PM
481	I feel that the government should come in and do our job if they think it's so easy and want to cut down the cost even more.	5/1/2024 1:49 PM
482	We need to stand together and strike if needed to make the government aware that nurses are being stretched to their limits	5/1/2024 1:49 PM
483	I urge you to spend a day in our shoes, it's easy to sit behind a screen and look at data and budgets.. but unless you are working in the front line of health care you have absolutely no idea how broken and unsafe our health care system is. These cuts are only going to make things so much worse	5/1/2024 1:48 PM
484	While I agree that the health sector needs more funding, it is also important to note that any resource is not infinite, thus we need to manage it properly. This is tax dollars after all. I can confirm that from our end, we still cover our sickness gaps as per ccdm but not relying on overtimes at the first instance. Double shifts is a big no-no for me as this puts both nurse and patient at risk.	5/1/2024 1:48 PM
485	I think banning double shifts is a good idea, and also although I don't think people being 'forced' to take leave is okay, I think being given more opportunity to take leave and being encouraged to take leave is a good thing, as often we are told we are not allowed to take leave at certain times of the year eg- in winter, due to staffing issues.	5/1/2024 1:46 PM
486	Unbelievable , and incredibly short sighted of the govt to think you can squeeze even more blood out of the stone.	5/1/2024 1:45 PM
487	We will lose more staff to Australia and become a 3rd world country in healthcare if the govt continues to give more funding to the people in Aotearoa who least require it!	5/1/2024 1:45 PM
488	So, a service that is compelled by law to be best interest and best evidence based (HPCA Act) we are being run in manner that evidence has shown will cause harm. This is ethically contentious.	5/1/2024 1:41 PM
489	They need to pump more money into health not take it away!!!	5/1/2024 1:40 PM
490	You're going to lose even more staff than you already have to Australia	5/1/2024 1:40 PM
491	No	5/1/2024 1:40 PM
492	I understand that healthcare costs money, and there's limited supplies in a country of only 5 million, but cutting healthcare is NOT the area that should be the focus of cost cutting measures. We're already FAR behind other first world countries in our healthcare. This is only making it worse.	5/1/2024 1:40 PM
493	Since no double time offered now people are not picking up the extra shifts. We are constantly running short staffed. And being an ACN taking patient loads and so we are unable to get our paperwork completed.	5/1/2024 1:40 PM
494	Thank you for the opportunity to express my feelings.	5/1/2024 1:39 PM
495	The nursing sector where I work is only just beginning to feel safer, more manageable and more flexible for staff. The attitude from management/hospital leaders towards the nursing department, has only just shifted to realise and respect the amount of nursing staff that is required. This has been reflected by more nursing staff and nursing support staff employed to	5/1/2024 1:39 PM

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compensate for the increase in the general population as well as the ageing population that has ever increasing complex health needs. We will head back to how nurses were treated in the 90's-nurses will have to seek employment overseas as reduced job positions and better work environments. I know this government's mandate will take us back 20+ years. The government MUST understand that health does not work like a general business model. A poorly resourced health system will have a follow on towards how nz manages as a whole. We cannot return to the ambulance at the bottom of the cliff model. It is absurd!

496	Unfortunately if a government official or their family members were in need of the services in public health all the stops would come outyou wouldn't see them waiting over 6hrs in an EDor several days / weeks to get their gall bladder out...it just doesn't happennurses and allied health have never been seen to be important until their needed.....how many more medical professionals need to leave or retire or even die to be replaced 😞	5/1/2024 1:39 PM
497	Already we are losing experienced staff, a lot more will leave, my work place alone there are many wanting to cross the sea.	5/1/2024 1:39 PM
498	I can't wait to vote these imbeciles out in the next election. Hopefully the next lot may be better.	5/1/2024 1:38 PM
499	Issues about the ageing population has been brought to the attention of successive governments, the same as the ageing nursing work force. Cost of supplies have increased but not budgets	5/1/2024 1:37 PM
500	Politicians need to walk the wards and spend time seeing the impact - not a quick one hour visit with management dignitaries but come in and walk beside clinicians to see the impact	5/1/2024 1:37 PM
501	We are struggling for staff even, with staff doing double shifts. Imagine if the service cuts will happen. That will also make the staff we have at the moment, not wanting to come to work in an unsafe environment.	5/1/2024 1:37 PM
502	Bring back the bureaus	5/1/2024 1:36 PM
503	This decision by the government is a joke! Makes me upset and angry to hear what they are proposing	5/1/2024 1:36 PM
504	No	5/1/2024 1:36 PM
505	Every clinician I work with, gives extra time that they are not remunerated for, the same cannot be said for more administrative role, from what I see daily.	5/1/2024 1:36 PM
506	Patient are discharged to early which lead to readmissions which actually increases the workload on Ed and ward. Not fair to our patients. This also defeats what we were fighting for.	5/1/2024 1:36 PM
507	Staff have the right to work overtime if they choose to do so.	5/1/2024 1:35 PM
508	There's too many managers in the department, senior staff with assigned tasks to run the department are hindered with multiple managers micromanaging the tasks before it's executed.	5/1/2024 1:35 PM
509	More strike should impose and let our voices be heard.	5/1/2024 1:34 PM
510	Its a tragedy. I have worked for over 35 years and the standard of care, moral, buyin and positivity of staff has decreased significantly	5/1/2024 1:32 PM
511	Maybe the MPs can do without the pay rise and divert that money to healthcare.	5/1/2024 1:31 PM
512	As employees, we should be given the right to safe and better work environment. Not everyone, especially those on higher managerial position, will understand the amount of effort (physically, emotionally and mentally) we have to put through everyday just to deliver quality health care services. We can be resilient and just keep on going without enough support as we have our own needs and family to feed, but that's not feasible long term. They should look through supporting the healthcare industry more than ever, taking highest consideration on the people behind every services offered, that will eventually resonate to our dear patients' satisfactory experience and better life improvement.	5/1/2024 1:30 PM
513	Possible cuts to be made in senior management.	5/1/2024 1:30 PM
514	I'm glad to know that our government has absolutely zero concern of the health and well-being of staff and patients in the health sector. Sarcasm intended. I've never felt less valued as a	5/1/2024 1:29 PM

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nurse than I do now with the current government and the cuts they are making. The sooner they leave the better.

515	This is not at all a fare decision...	5/1/2024 1:29 PM
516	No.	5/1/2024 1:28 PM
517	I think just do the service cuts like for example less patients census in the ward and just offer Annual leave for the staff.	5/1/2024 1:28 PM
518	Government obviously want cheap international staff to fill vacancies. Government wants new zealand population to pay medical insurance and use private Healthcare. It would save Government costs and put nz population in same place as USA.	5/1/2024 1:28 PM
519	Patients are getting sicker and sicker so need more care. Very short sighted of the government. Maybe they should work a full 46 weeks of the year instead of their short week year that they do - and don't have a break for lunch or dinner or a cup of tea - see how they fair.	5/1/2024 1:27 PM
520	Rubbish National Government..	5/1/2024 1:26 PM
521	The Health and Disability sector is not the place to be saving money, it needs investment as it is functioning poorly and there are already massive delays for patients coming into ED to be seen due to not enough doctors and capacity to see patients, and delays in primary health care to see GP's as there are not enough.	5/1/2024 1:26 PM
522	It is not the staff that are wasting money we are all here to give the best possible out outcomes for our patients and whanau	5/1/2024 1:25 PM
523	I fail to understand how these cuts won't affect patients or the welfare of the nursing team	5/1/2024 1:25 PM
524	If they make the cuts they want to it will cause short staffed and effect the care to patients	5/1/2024 1:24 PM
525	The visible cuts to frontline staff are shortsighted and grossly undervalue the work that is done by nurses now. The very real implications are longer hospital stays, sub standard care and backlogs of patients in ED longer ED waiting time a consequence of this sequaleae	5/1/2024 1:24 PM
526	The Government hasn't announced cuts as such but has asked that areas of expenditure be looked at. Take staffing....over Easter there was an excessive amount of staff rostered on because everyone wanted the stats and penals. Most areas of the Hospital were in an excessive positive variance as per CCDM and RNs were doing Safety Watches. Easter was a very good example of poor resource management and wasteful spending.	5/1/2024 1:23 PM
527	We have not been asked to make any cost savings or change anything. All of the things listed in your message above have been in place here fir several years. No cover, no paid overtime, no extra days	5/1/2024 1:23 PM
528	Health staff are worried about the changes the current government are making and not yet announced. The decision makers don't appear to have an understanding of what it is like to work in health on the front line.	5/1/2024 1:23 PM
529	The health system is broken and needs another of work	5/1/2024 1:23 PM
530	What planet are these people on, to say it won't impact on frontline staff/delivery of care, yhea right, another good add for 'Tui'!	5/1/2024 1:22 PM
531	They said it won't affect the front line.... it already is. We're already seeing the repercussions of the budget saving measures.	5/1/2024 1:22 PM
532	Going into retirement year and knowing I'm good for at least another five years was hoping for some stability this year but now find myself having to pick up shifts where I can. It took me 60 years to finally find time for myself and go into a profession I have always been so passionate about and love my work and looking after people. I am just so disappointed with our dedication empathy and commitment to our positions that we are so undervalued by our seniors who ignore the big picture.	5/1/2024 1:22 PM
533	Yes if you really want to save some money have a look at the amount of patient that sit in the medical unit awaiting placement in rest homes due to whatever reason...the hospital pay for the PPPR, the extra HCAS that have to special theses people, some of these patient have been medically cared for weeks and we have had patient that have been in our unit for over	5/1/2024 1:22 PM

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100 days after they are cleared...these patient take up places that are need for serious ill patients. More funding needs to Into aged care, withdrawal and mental health facilities...I personal are over being an acute medical unit that has been turned into a rest home

534	no	5/1/2024 1:22 PM
535	There's a better way to support the budget cuts— one that doesn't impact the quality care we give. Maybe we can offer solutions that would benefit both parties.	5/1/2024 1:22 PM
536	we were told repeatedly there would be no cuts to frontline staff, I do not trust this at all	5/1/2024 1:21 PM
537	Let's not let the government manipulate the healthcare sector	5/1/2024 1:21 PM
538	We are very grateful that we have recently had a large number of overseas trained nurses join our organisation. However with no disrespect to them, many need extra support which is not currently available. Many have worked very differently overseas and are not used to being decisive or critically thinking without constant direction. Skill mix has suffered.	5/1/2024 1:21 PM
539	For an already overrun health system, this is an indeed way to fail the public and healthcare working. Exacerbating a problem which can result in death if not careful.	5/1/2024 1:21 PM
540	I believe the public healthcare system in New Zealand is fundamentally broken, and it should be a significant concern for all New Zealanders. There are numerous shortcomings, and unfortunately, the wrong individuals are often making decisions. This leaves me feeling completely demoralised and skeptical about the possibility of meaningful improvements. It's crucial that those working at the frontline have their voices heard. By examining the failures of other healthcare systems, such as the NHS, we can gain insight into the direction we are headed. However, it's disheartening to see that lessons are not being learned from these experiences. Honest and difficult conversations need to take place, involving everyday New Zealanders, regarding what can realistically be achieved given the resources available and the level of investment people are willing to make. Perhaps studying the healthcare systems of Scandinavian countries could provide valuable guidance. Additionally, patients' expectations often align with those of private healthcare, further increasing demands on the system.	5/1/2024 1:19 PM
541	People are living longer and therefore there are more people with chronic conditions that require more care. As hospital staff we are just trying our best to look after sick patients and improve their quality of life. We should not have to continually fight for safe work conditions. Maybe you want to look at improving primary health in NZ so that people are staying well for longer and less people are needing hospital care	5/1/2024 1:19 PM
542	I just want to mention when I worked at Frontline during Covid, it was an exhausting job, we had to deal with a lot of issues but honestly we worked over our limits and most of our hours were not recorded and paid out. This was the saddest issue we faced. We have been abused, swore at, given us bad names etc. I guess the government is still owe us.	5/1/2024 1:19 PM
543	The country is haemorrhaging medical professionals already. This is going to lead to more nurses heading overseas than ever before. ED already has low skill mixes and nurses are saying they don't want to bring family to ED because they're not confident. I'm flabbergasted that the bureaucrats can't see how increased nurse/patients ratios won't directly affect patient care.	5/1/2024 1:19 PM
544	This will have an immense impact on both nurses and patients. and other staff who will have to pick up the slack. We already have too many internationally qualified nurses which is putting a strain on the NZ nurses and this change will have a great impact on the care patients receive.	5/1/2024 1:19 PM
545	I just hope the government will think about it first. Health is a priority.	5/1/2024 1:18 PM
546	NATIONAL SUCK	5/1/2024 1:18 PM
547	I do not agree with TWO announcement when we are already struggling to staff wards and departments. This will lead to more nurses looking elsewhere for jobs.	5/1/2024 1:18 PM
548	With the restructure, an opportunity was missed to make health equitable to all via a general health insurance stamp, like the NHS. By having GP practices under care of private means, will create barriers to health care and then come to hospital where service is free. Putting pressure and unreasonable demands on an overstretched workforce.	5/1/2024 1:18 PM
549	Its disgusting. Can the CEO job carry on if hes not able to work. It just doesn't make sense	5/1/2024 1:18 PM
550	I have no idea how any person with even a glimmer of understanding could think if you do not	5/1/2024 1:17 PM

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replace sick staff, the patients will not suffer. They will get sub optimal care, longer periods between dressings done, showers given, recordings taken. Staff will be in a rush, things will get missed. There is absolutely no time to talk, help with day to day things, no pleasantries. It is a horrible situation to contemplate. The only reason staff do double shifts as a rule is to cover for someone who is sick. Nurses as a rule don't want to be working, bone tired but we fill in gaps because it is needed. Just leaving the gaps and leaving less than safe staffing numbers to care for patients is a disaster waiting to happen.

551	The lack of evidence-based decision making (instead based on ideology that is not working to even solve the most basic of human need) from this government is beyond frustrating. Cognitive dissonance reigns.	5/1/2024 1:16 PM
552	NZNO needs to support and work for those of us working in areas outside the DHB umbrella because that is where the real work gets done.	5/1/2024 1:16 PM
553	In a time where we are pressing for safe patient ratios, for cultural training and catching up the education backlog from Covid, it is unfathomably irresponsible for the government to decide making budget needs to be through cutting front line staff.	5/1/2024 1:15 PM
554	Be careful who you vote for!!	5/1/2024 1:15 PM
555	Please reconsider your decision	5/1/2024 1:15 PM
556	Patient safety will suffer, lives will be at risk.	5/1/2024 1:14 PM
557	Eventually the patients will receive the worst care with increase in pressure injuries, falls and so on. These are not things that nurses may deliberately do but over work may end in these errors.	5/1/2024 1:14 PM
558	To the government: we are already at breaking point . If you cut our staff now your health system will crumble	5/1/2024 1:13 PM
559	Show some value to your nursing and other staff members, as well as patients!	5/1/2024 1:11 PM
560	Lots of the nurses and HCA's are moving overseas because of better offer, so we need more nurses and HCA's instead of cutting off the service.	5/1/2024 1:11 PM
561	I always feel that nursing takes the brunt of ANY financial cuts - how about saving some extra money by making the Drs get their own way to and from work (like nurses have to) instead of getting DHB paid taxi chits and also making their own lunches and dinners (like nurses have too) instead of getting free food each day at the cafe with no limits on how much they spend. Grrrrrrr!!!!	5/1/2024 1:10 PM
562	Ridiculous plan. Come and spend a day in a nurses shoes before you apply these cuts. The health care system is already broken. No wonder nurses are crossing the ditch in droves.	5/1/2024 1:10 PM
563	In your small time in power you have unravelled what has taken decades to aquire. We dont all have private health insurance	5/1/2024 1:10 PM
564	Our dept has already lost staff to Aussie and other countries we're spread too thin chaos is imminent.	5/1/2024 1:09 PM
565	I am deeply saddened by the broken promises and inhumanity that the decision makers impose upon our overburdened health system.	5/1/2024 1:09 PM
566	just feel hugely sad for the lack of insight and lack of care for those who need and need is increasing	5/1/2024 1:09 PM
567	If Te Whata Ora is serious about providing good health services to the public. Then they need to offer good pay, reasonable patient ratio's and security and safety for staff. If this was in place I honestly believe that a lot of RN's working in Australia would seriously consider returning to NZ.	5/1/2024 1:09 PM
568	seriously saddened by the government's responses to public health and the people of NZ. also depressing that our wages don't reflect the work we do or the price of living but yet that the PM and MP's can get a pay increase and some as much as one whole working family yearly wage. do we see the value in that I wonder? hmm NO	5/1/2024 1:09 PM
569	Cuts to front line health services is one of the stupidest ideas I have ever heard. It will cost more money long term, with increased morbidity and mortality. Ministers need to come and see	5/1/2024 1:08 PM

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for themselves what an understaffed ward or unit looks like, and the harm that will be caused by making further cuts to an already under resourced health system!

570	I truly hope this ends soon. I will be going onto maternity leave in a few months and I worry about my colleagues, as with this announcement, it means I won't be replaced for the year I take off.	5/1/2024 1:08 PM
571	I am now considering stopping trying to get pregnant as I am the only nurse in my department and they won't cover my role. I cannot justify leaving patients without any clinical care for a year. Even if I do, what would I be returning to????	5/1/2024 1:08 PM
572	Minister says not replacing sick calls will not impact health services. Then he is a fool; a nurse is forced to take extra patient load when there is a staff nit replaced in a shift. I'm not a person with supr powers to do this as he expected. I regret voted for this government	5/1/2024 1:07 PM
573	This is outrageous! I feel so angry about these cuts when staffing is short as it is. It's all about crunching numbers and the National Party looking good on paper. They don't care about people at all, hence why I didn't vote for them.	5/1/2024 1:07 PM
574	The health of the population is important for a productive healthy society, without a good standard of healthcare, society itself breaks down as people are unable to work and be included in day-to-day life. The numbers of People on the benefit will increase and younger people will start dying from health related conditions due to not being able to access good Quality healthcare.	5/1/2024 1:07 PM
575	Many staff rely on being a part of the casual pool so they can work around their families. This sounds like we'll be out of a job	5/1/2024 1:07 PM
576	I am appalled by this government's complete disregard for the health of the people of NZ - shown from the smoking ban revocation onwards - and for their ability to live in a fantasy world where we are constantly supposed to do more with less.	5/1/2024 1:07 PM
577	Surely the cost saving is better addressed by whittling out unnecessary positions in middle and top management. We at the coal face are already pushed.	5/1/2024 1:07 PM
578	We cannot afford cost cutting measures here. Our staff are already under immense pressure. Our workforce is approx 90% IQN, they need additional support	5/1/2024 1:06 PM
579	We need to focus on quality of care provided by the nursing team. Cost cutting and budgeting is going to severely impact on the confidence level of new and migrant nurses, who will be left out without any support and teachings.	5/1/2024 1:06 PM
580	Nz Healthcare is already under immense pressure with staff to patient ratios , not enough GPS for communities and EDs bursting at the seams. We need more money and resources not less. Without health we have nothing so why isn't this seen as a priority. I love my job but I wish i had moved countries while I had a chance, I would be much better off financially mentally and emotionally.	5/1/2024 1:06 PM
581	No further comments	5/1/2024 1:05 PM
582	Great work CEO Paul	5/1/2024 1:04 PM
583	The health system is already under pressure with an inability to adequately reach safe staffing levels and they want to limit the ability to resource staff from elsewhere to make up numbers? That will lead to more critical patient care errors, burnout and less staff retention. We will see even more skilled healthcare staff leaving to the likes of Australia.	5/1/2024 1:04 PM
584	In 21 years of Nursing this is honestly mind boggling that cuts of this nature are being dictated. The patients and the medical staff will suffer and people will die. The money from these cuts to vulnerable people is going to fund tax cuts for wealthy people that dont need the money. At the expense of our patients needing at least basic care. We cNnot even basic care if we are poorly staffed. Our MECA states we can have staff ratios at acceptable levels. No nurse should ever be put in this position. No employer should ever put a Nurse in this position that will harm a patient(s). Cuts to other areas that are not direct patient care would be more acceptable. We all work hard enough- and bottom line it is our practicing certification that will be compromised by our employer. Rhat is unacceptable	5/1/2024 1:04 PM
585	On Friday there is a full day theatre shut down. The next day, Saturday is an unplanned theatre day where they try and clear up the backlog. As theatre staff don't work on Saturdays they are	5/1/2024 1:03 PM

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	being offered double time.	
586	When will governments understand that health matters to all of us. Reduced resources will end up with lots of casualties	5/1/2024 1:03 PM
587	I believe nurses are not appreciated for the work they put into caring for patients. Under staffing may lead to nurses becoming unwell or moving overseas to other countries, m	5/1/2024 1:03 PM
588	Not opposed to cutting costs, but it is negligence to place strain on the Frontline nursing team especially going into winter	5/1/2024 1:02 PM
589	These cuts will result in deaths. Plain and simple.	5/1/2024 1:02 PM
590	Banning double shifts makes sense but please DO NOT leave us short staffed just for the sake of cutting costs. It is and will negatively impact your staff and patients to high degrees.	5/1/2024 1:01 PM
591	Honestly just terrible.	5/1/2024 1:01 PM
592	This is going to be a tragedy for too many people. Enforced by the government.	5/1/2024 1:01 PM
593	It is disappointing to think they can save that much money by July and think it won't effect care.	5/1/2024 1:01 PM
594	Te Whatu is a broken system that continues to ignore this.	5/1/2024 1:01 PM
595	These cuts are abhorrent	5/1/2024 1:00 PM
596	I am shocked that these service cuts are being suggested at a time when healthcare systems are already stretched to capacity. I believe the suggested cuts reflect leadership who do not understand the reality of the challenges of frontline healthcare work. They will make healthcare in New Zealand worse for patients and less manageable for healthcare staff. At a time when many healthcare services are already in crisis, the suggested cuts are appalling to me as a frontline staff.	5/1/2024 1:00 PM
597	Additionally, these service cuts feel like a penalisation to a workforce that has tirelessly advocated for recognition and safe staffing levels. As we continue to navigate the aftermath of global health challenges, it is crucial that the dedication and resilience of healthcare professionals are met with support rather than reductions in critical services. These cuts not only undermine our efforts to maintain safe staffing ratios but also dampen the morale of a workforce committed to providing the best possible care. The decision to reduce services seems counterintuitive at a time when the demand for quality healthcare is more pressing than ever, and it risks diminishing the trust and respect between healthcare workers and the administration that governs them.	5/1/2024 1:00 PM
598	Don't put money over health. You are hurting New Zealand.	5/1/2024 1:00 PM
599	Be prepared for more nurses and health professionals to leave Nz because of the unsafe staffing and ill treatment of health professionals. The ones that suffer the most are going to be the New Zealand public as they will not be able to be given the appropriate care they deserve if this is the way the health system is going.	5/1/2024 1:00 PM
600	Just really unrealistic and clearly no consideration for the people who work on the front line to keep this health service running	5/1/2024 12:59 PM
601	No,	5/1/2024 12:59 PM
602	This happening as the politicians are getting pay rises is a bit hard to swallow	5/1/2024 12:58 PM
603	More nurses are now looking to go overseas because of this, myself not included - YET. This is a step back from improvement in the health system. We cannot create new roles on the floor that can manage patient load/flow because of this government. This is not fair to the patients and to the staff!	5/1/2024 12:57 PM
604	This is not a good proposal and healthcare staff and our patients will suffer	5/1/2024 12:57 PM
605	Everyone is burnt out, and we feel like we are constantly kicked in teeth. Amongst my co-workers, we have already made the decision to stop going above and beyond to "deliver more for less"	5/1/2024 12:56 PM
606	The cuts that are proposed to be made make nurses feel even less valued than ever, and make us question why we are continuing to do this work.	5/1/2024 12:55 PM

Health Service Cuts Survey

607	These proposed cuts have been dreamed up by someone who has never set foot in a hospital setting. They are shortsighted, detrimental and frankly dangerous and if they are enacted upon I don't see myself staying much longer.	5/1/2024 12:55 PM
608	If Te Whatu Ora are so intent on saving money, why don't they cut all the middle management/ELT? There seems to be increasing numbers of them every day but our health system is running less and less effectively	5/1/2024 12:55 PM
609	It is frustrating more than anything. How can you expect to be wanting reduced wait times across ED and OT, however cut staffing and resources. Would it not be the opposite change required to achieve positive results desired?	5/1/2024 12:54 PM
610	Cuts in funding for training is also happening and myself and other colleagues have all had applications declined even though the training is essential to provide the best care within our roles	5/1/2024 12:54 PM
611	NURSES ARE BURNT OUT, SO ARE OUR DOCTORS... SO ARE OUR HCA. MAKE THE GOVT DO A DAY IN A NURSE'S SHOES	5/1/2024 12:54 PM
612	This government doesn't care about the welfare of it's vulnerable community, or those who care for them.	5/1/2024 12:54 PM
613	Nil	5/1/2024 12:54 PM
614	No	5/1/2024 12:51 PM
615	No	5/1/2024 10:31 AM