Building on Our Strengths: Growing a Sustainable Healthcare Workforce for Aotearoa

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Healthcare is a safety-critical industry where the vigilance, expertise, and judgement of nurses and paramedics are key to safeguarding healthcare consumers against harm (Leary, 2017). However, in Aotearoa New Zealand, our nursing and paramedic workforces face significant shortages and sustainability challenges that require urgent strategic national attention.

The global shortage of registered nurses has been described as a "health emergency" by the International Council of Nurses (Buchan & Catton, 2023, p. 4). While countries like Australia have developed comprehensive health workforce strategies to protect their health systems, Aotearoa has yet to respond adequately to calls for a similar approach (Holloway, 2024). This lack of strategic planning is particularly concerning for nursing, as registered nurses comprise the largest proportion of our safety-critical workforce and are fundamental to a safe health system.

Aotearoa ranks second worst (after Ireland) amongst Organisation for Economic Co-operation and Development (OECD) countries for our proportion of domestically educated nurses, which declined from 70.1% in 2021 to just 53.2% in December 2024 (Nursing Council of New Zealand, 2024). Generally, most OECD countries report that 90–95% of their nursing workforce is domestically educated (OECD, 2023). For paramedicine, global data is not yet easily attainable. However, in Aotearoa, there is an increasing trend in the registration of overseas-qualified paramedics, rising from 5% to 13% between 2022 and 2025 (Paramedic Council, 2025). This dependency on global migration creates significant workforce sustainability risks for nurses and paramedics.

The lack of longer-term strategic workforce planning creates risk for our health system. Short-term recruitment drives have repeatedly taken precedence over the sustainable, long-term development of our domestic health workforce. This approach fails to build resilience into our system and additionally neglects the cultural competencies essential for delivering effective healthcare to all New Zealanders, particularly Māori and Pasifika communities (Curtis et al., 2019).

Another troubling trend has emerged: the reactive creation of new healthcare roles (such as Physician Associates, Assistant Psychologists) rather than optimising existing workforces. When new roles arise without comprehensive integration into established systems, communication breakdowns and accountability gaps can result, impacting retention (Leary et al., 2024). This fragmentation also potentially compromises the coordinated care that safety-critical environments

demand. Furthermore, the resources allocated to establishing these new positions might be utilised more effectively in strengthening our existing nursing and paramedic workforce.

To address these challenges, we need a comprehensive national strategy with the following key components:

Firstly, we must increase investment in domestic nursing education with targeted support for Māori and Pasifika students. Data on undergraduate nursing programme enrolments in 2024 show promise for a more diverse workforce with 18% of students identifying as Māori, 15% as one or more Pasifika ethnicities, and 25% as Asian. However, to retain this rich pipeline, we must address the financial barriers facing nursing students, including total tuition fees of at least $30,000, plus additional costs for clinical placements, equipment, and travel (Holloway, 2024).

Secondly, we need to improve the retention of registered nurses and paramedics through better working environments, professional development opportunities, and mental health support. Addressing mental health and workforce well-being post-pandemic is essential to retain skilled professionals and ensure safety and quality of care (World Health Organisation [WHO], 2025).

Thirdly, we have to develop national structured integration programmes for internationally qualified professionals while addressing ethical concerns about recruitment from developing countries. Globally, there is a problematic reliance on international migration, with 16% of nurses in high-income countries being trained overseas (WHO, 2025). Given the even higher proportion of internationally qualified nurses in our workforce, this is a matter of urgency, and Aotearoa could provide leadership in this area.

Finally, it is integral that we optimise the existing capacity and capability of the current workforce. This can be done through a combination of advanced practice approaches and the removal of system barriers that prevent nurses and paramedics from fully utilising their education and training within their scopes of practice. This will expand critically needed access to care for our communities.

The safety of our communities depends on a robust, sustainable healthcare workforce. Committing to this will generate a "triple impact" by supporting better health outcomes, economic growth, and gender equality (Holloway, 2024). The time for piecemeal solutions has passed—we need bold, strategic action to secure our safety-critical healthcare workforce for generations to come.

REFERENCES

Brownie, S., & Jackson, D. (2025). 'Promises' without positions: Who is responsible for supporting and assisting internationally qualified nurses when international nurse recruitment goes awry? *Journal of Advanced Nursing*, *81*(5), 2239–2242. https://doi.org/10.1111/jan.16448

Buchan, J., & Catton, H. (2023). *Recover to rebuild: Investing in the nursing workforce for health system effectiveness*. International Council of Nurses. https://www.icn.ch/sites/default/files/2023-07/ICN_Recover-to-Rebuild_report_EN.pdf

Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.-J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *International Journal for Equity in Health*, *18*, Article 174. https://doi.org/10.1186/s12939-019-1082-3

Holloway, K. (2024, November 20). In a global nursing shortage, NZ's reliance on overseas-trained staff is not sustainable. *The Conversation*. https://theconversation.com/in-a-global-nursing-shortage-nzs-reliance-on-overseas-trained-staff-is-not-sustainable-240997

Leary, A. (2017). Safety and service. Reframing the purpose of nursing to decision makers. *Journal of Clinical Nursing*, *26*(23-24), 3761–3763. https://doi.org/10.1111/jocn.13885

Leary, A., Maxwell, E., Myers, R., & Punshon, G. (2024). Why are healthcare professionals leaving NHS roles? A secondary analysis of routinely collected data. *Human Resources for Health, 22*(1), Article 65. https://doi.org/10.1186/s12960-024-00951-8

Nursing Council of New Zealand. (2024). *Nursing Council of New Zealand quarterly data report: December 2024*. http://alturl.com/xkoey

Organisation for Economic Co-operation and Development. (2023). *Health at a glance 2023: OECD Indicators*. OECD Publishing. https://doi.org/10.1787/7a7afb35-en

Paramedic Council. (2025). *Paramedic registration statistics*. https://paramediccouncil.org.nz/PCNZ/PCNZ/Paramedic-Statistics.aspx

World Health Organisation. (2025). *State of the world's nursing 2025: Investing in education, jobs, leadership and service delivery*. https://www.who.int/publications/i/item/9789240110236