

Chronic understaffing and overcrowding in New Zealand hospitals

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New research has exposed the deadly consequences of chronic understaffing in New Zealand’s public hospitals, finding that 182 deaths per year are linked to inadequate nurse numbers on surgical wards.

A University of Auckland population-wide study by surgeons Cameron Wells and Ian Bissett, published in the *ANZ Journal of Surgery* analysed more than 220,000 surgical admissions across 24 public hospitals between 2022 and 2024. Researchers compared the number of nurses available on each shift with the staffing levels required to care for patients.

As reported in the *Post*, they found 45 percent of surgical ward shifts had fewer nursing hours available than needed. For every one-nurse reduction on a shift, the adjusted odds of a patient dying within 90 days of surgery were 13 percent higher.

The study highlighted the “failure to rescue” patients when fatal complications such as sepsis or severe bleeding are not detected and treated immediately. Bissett said, “When nurses are stretched with understaffing both vital sign monitoring... and recognition of deterioration may be delayed.”

Māori and Pacific patients from poorer regions were more likely to experience inadequate staffing.

The period covered by the study was largely during the previous Labour Party-led government, which left office in November 2023. Its findings are a damning indictment of Labour and the current National Party-led government.

The researchers estimated that 166 additional nurses—equivalent to 141 full-time positions—would have eliminated the observed staffing shortfall in 2022–2024, at an estimated cost of \$18 million a year. Bissett, however, said this figure should not be interpreted as the current staffing gap—which is likely much greater.

According to Health NZ data, in August there were 1,300 nursing positions vacant nationwide. In the two years to March 2026, just 54 full-time nursing jobs were added.

In its May budget, the National-led government announced an additional \$NZ1.37 billion per year for health, an increase of 3.49 percent—well below inflation of 4.1 percent—as part of broader cuts to public services. In comparison, an extra \$NZ13 billion has been committed over four years to military spending, with bipartisan support from Labour.

Hospital Emergency Departments (EDs) are among the most visibly strained examples of the health crisis. On September 30, the Australasian College for Emergency Medicine (ACEM) released its first State of Emergency report on New Zealand, which found that EDs received a total of 1.4 million presentations in 2024–25.

Among these, need for immediate treatment increased by 21 percent over the past decade, much faster than the 13 percent population increase. Predominantly working-class Māori patients increased by 39 percent.

ACEM NZ Council chair Dr Michael Connelly said: “Our EDs are operating at or above capacity every day. That is not sustainable for our workforce or our patients, who continue to face longer wait times for the care they need.” The consequence is chronic overcrowding, extremely long waits and growing stress on healthcare workers.

The New Zealand Nurses Organisation (NZNO) provided internal letters to the *Post* on October 9 which revealed frontline nursing staff at four major hospital EDs—North Shore, Middlemore, Tauranga and Waitakere—told Health NZ that they faced a “state of emergency” and they felt like they were “working in a war zone.”

At Waikato Hospital's ED in June, Brent Horsburgh died in a toilet after waiting nine hours to receive medical attention. His daughter Tayla Horsburgh told *One News* that when her father arrived the department was operating at over 100 percent capacity, with dozens of people waiting. She said her father "deserved much better care than what he received."

Last month, Health NZ executive national director-clinical Dr Richard Sullivan told *Stuff* that had Horsburgh been seen by a doctor, the outcome might have been different. He apologised to his family but added, "I can't say this will never happen again."

A second patient, a man in his 60s, was found dead in a toilet at Waikato Hospital on August 19. He had reportedly been missing from his room for about five hours. The death, which was referred to the Coroner for investigation, was only reported publicly in early September.

In July, Briar Parfitt, a 40-year-old mother of five, died in a car next to her teenage daughter after leaving Palmerston North Hospital. According to Radio NZ (RNZ), Parfitt, who visited the hospital regularly for chronic pain treatment, had decided to drive to Hawke's Bay Hospital after being told there was a 25-hour wait at Palmerston North Hospital.

Whanganui Hospital's ED, which has 15 beds, has at times reached 680 percent capacity. At Christchurch Hospital, 14,582 patients were recorded as receiving treatment in emergency corridors during 2025–2026—almost four times the 3,911 number three years earlier. The total time spent by patients receiving treatment in corridors increased from 6,126 hours to well over 29,000 hours.

The overcrowding in hospitals is directly linked to a shortage of general practitioners: People who cannot access or afford to see a GP often face deteriorating conditions that force them to go to hospital EDs.

In March, an RNZ-Reid Research poll found that one in three people face waits of over two weeks to get a GP appointment, with more than one in six waiting three to four weeks or more. About 320,000 people are not enrolled with a general practice.

Nurses, doctors, healthcare assistants, ambulance drivers and laboratory workers have repeatedly taken action to demand better staffing, conditions and wages. More than 100,000 teachers and healthcare workers took part in a "mega strike" in October 2025. These

strikes have repeatedly been shut down and betrayed by the trade union bureaucracy, including the NZNO.

With less than a month until the general election on November 7, Labour has responded by promising three free GP visits annually and says it will guarantee jobs for all eligible nurses graduating in New Zealand. These proposals—even if they are implemented—are a drop in the bucket that will not resolve the crisis facing patients and staff.

Aside from these measures, Labour does not propose to increase overall funding for health above what National has already announced. Both parties are promising to reduce government spending overall, while allocating billions more to the military and keeping taxes low for the super-rich.

Society has more than enough resources to train and employ thousands more nurses, doctors, specialists and other healthcare workers and to provide universally accessible primary and hospital care. Under capitalism, however, this wealth is concentrated in the hands of a small, ultra-wealthy elite.

The Socialist Equality Group (NZ), with its candidate Tom Petterson contesting the Hutt South electorate in the coming election, advances the only viable solution to the public healthcare crisis: the independent political mobilisation of the working class on a socialist and internationalist program, to expropriate the billionaires and major corporations. The working class must build its own party to fight for the socialist transformation of society.

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