

NSU 2012: National nursing student survey

Summary:

980 nursing students (whether NZNO members or not) from all schools around New Zealand responded to the 2012 NSU on line survey of nursing students. Surveys are prone to margins of error related to who chooses to respond, and the subjectivity of respondents, necessitating, as with all surveys, some caution with interpretation. Some schools had proportionately fewer respondents. Wherever comparisons between schools are reported, these are weighted for the numbers replying, but it must be remembered that small numbers can disproportionately affect results if they are on the extremes of experience or views. Nevertheless, this is the 5th consecutive year that this survey has been run, and consistency of the findings, particularly deficits and problems is very notable.

There are considerable differences between the reports of experiences of students: between schools, years, expectations, learning styles and costs. Reflective and thoughtful feedback has been provided. 980 is a very reasonable number of responses, and considering this is an anonymous survey, the comments are professional and often very positive. As consumers, building considerable personal debt, students (and the public) should have the right to have basic information about entry numbers of students, drop-out rates and NC registration rates per school made available. If DHBs are held publically accountable for their core performance, nursing schools should be too.

This is the fifth year that the survey has run. Many of the themes and pleas are the same as previous years. These recurrent and legitimate issues must be addressed: they are reasonable, achievable and necessary. Any HOS who requests information about their school will be sent anonymised results.

Method

The NZNO NSU student survey is slightly amended each year in response to previous years' results, and particular topical issues. The Survey is reviewed by the NSU delegate working group.

All NZNO student members were invited to participate via e-mail. Posters were also put up in all nursing schools, and on some nursing school electronic blackboards, inviting both NZNO and non NZNO nursing students to participate. Random prizes were available, drawn from e-mail addresses provided on completion of the survey, but with addresses permanently separated from the survey on first access of the data. 980 valid responses were received by the end of the survey. This represents about 22% of those eligible to participate, though an accurate response rate is not possible to assess due to the multiple routes and the opening up of the survey to non-NZNO student members. Throughout, placements, names and school identifiers have been replaced by ***

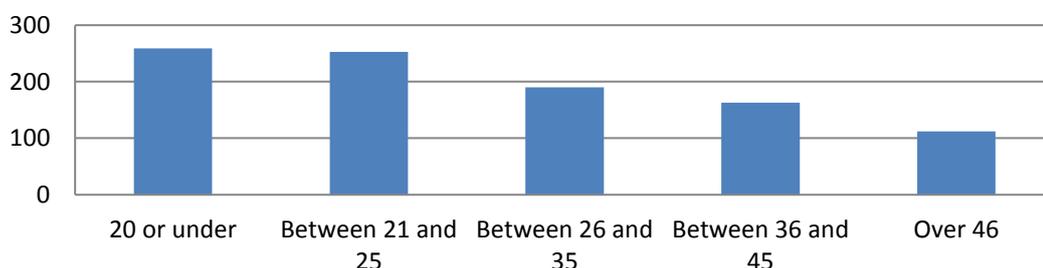
Results

Demographics

70.8% were NZNO members. Of those who were not, 125 provided contact details and requested joining packs. Their details were also separated from the results at that point 836, or 91.5 % of respondents were female, and 78 or 8.5 % male.

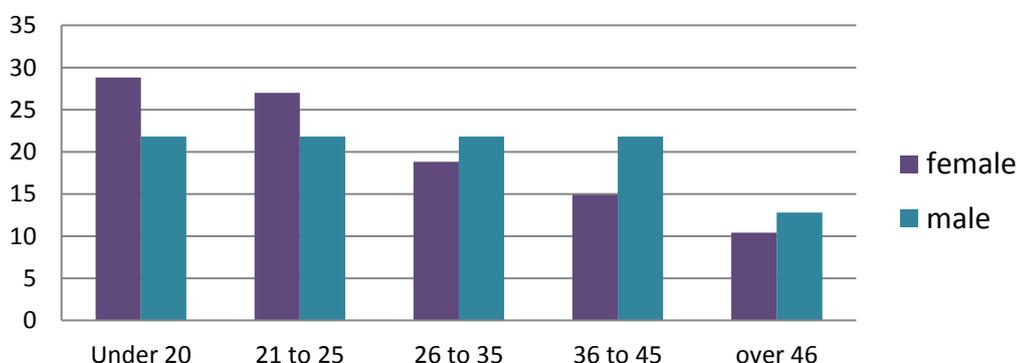
The age distribution is as shown below:

Number of respondents in each age band



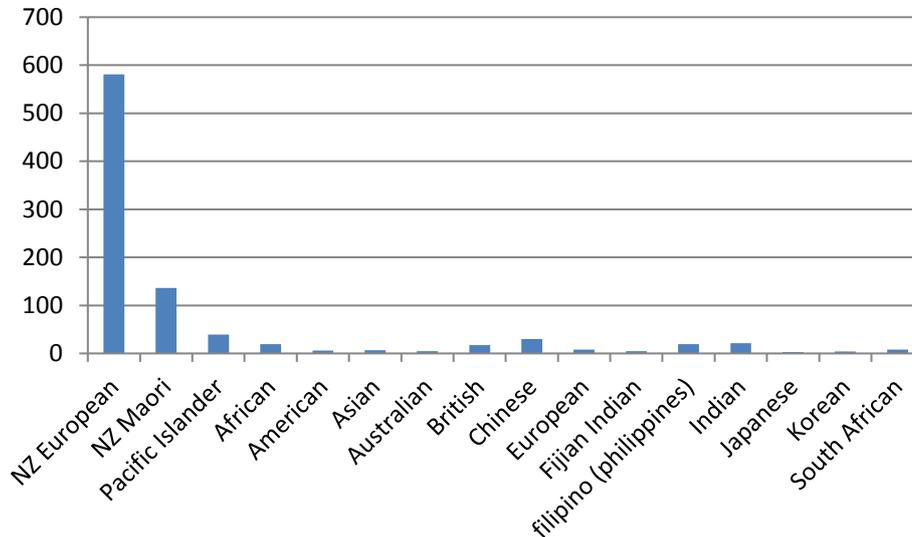
By age group, this is shown below.

Percentage of females and males in each age band



A larger proportion of younger respondents were received than for the 2011 survey, and a slightly higher proportion of older male respondents were seen.

Ethnicity



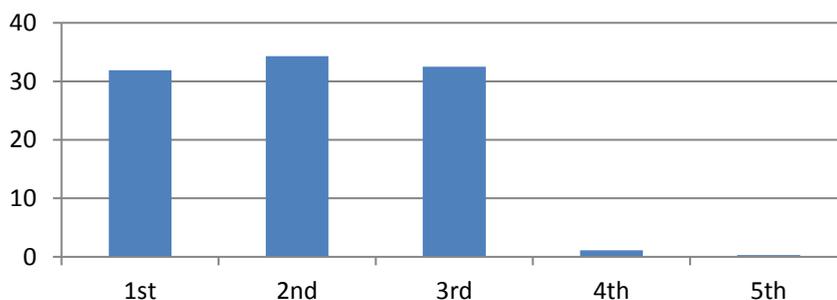
Many gave multiple ethnic affiliations: These figures are available on request. Of topical interest, Chinese students, and Indian students mainly held overseas nursing qualifications and were enrolled in BN courses at a number of different schools. Of the 136 who identified as Māori, and of those who answered the following question, 124 had identified this to their school, 18 had not, and 8 were uncertain as to whether they had done so. Their affiliations are available to Te Runanga Taurira.

Programme (major categories only shown below)

Programme	counts	Percent
Bachelor of Nursing	906	92.9%
Bachelor Health Science	20	2.1%
Enrolled Nurse / Nurse Assistant	24	2.5%
Return to Nursing	2	0.2%
Other	19	1.7%

Year

Year of study (Percent)



A good spread of respondents from each year group was obtained

NZNO Research MEMBERSHIP:

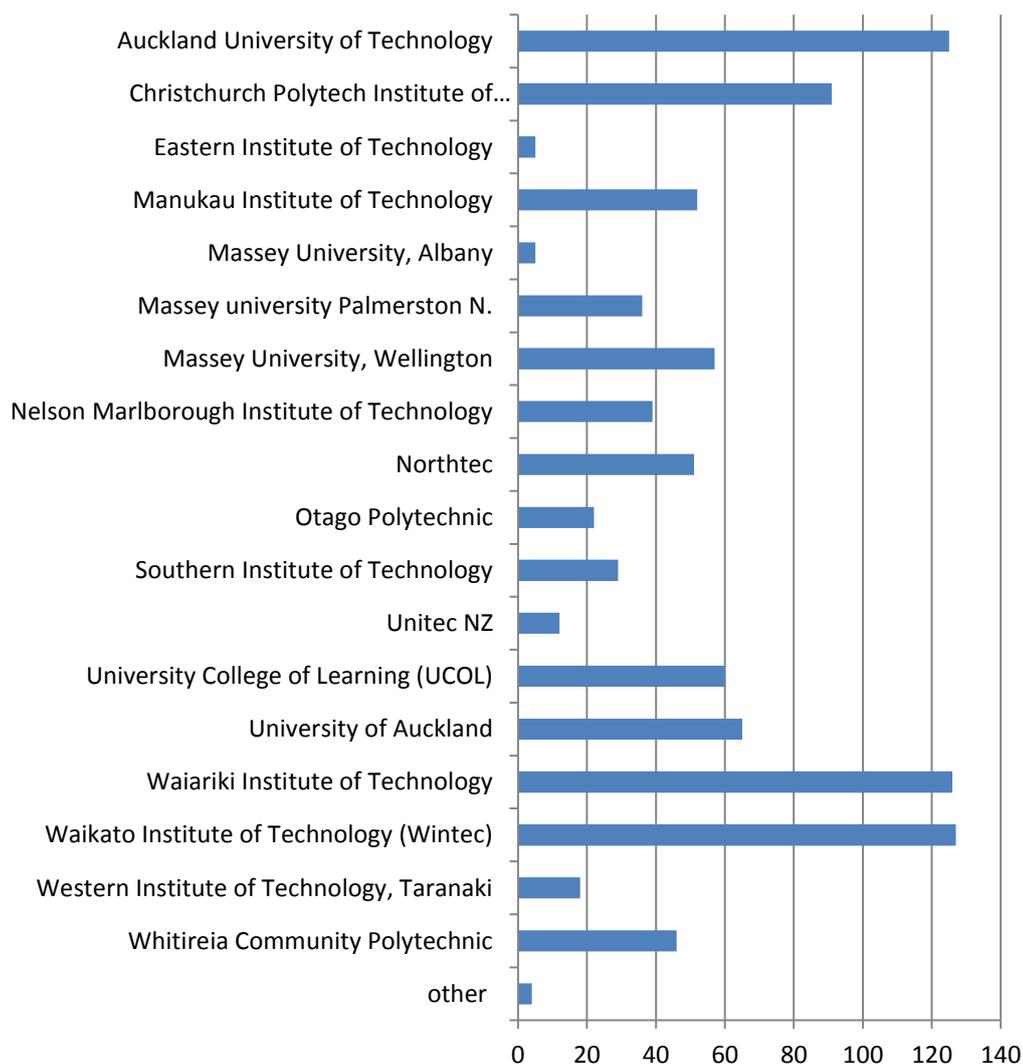
Summary:

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Highest educational achievement before entry:

Highest qualification	Number	%
Diploma	95	9.7
Graduate	58	5.9
NCEA	191	19.5
NZQA Certificate (or equivalent)	123	12.6
Other	92	8.2
Overseas qualification	60	6.1
Post Graduate	26	2.7
Secondary School	119	12.2
University entrance	211	21.8

School

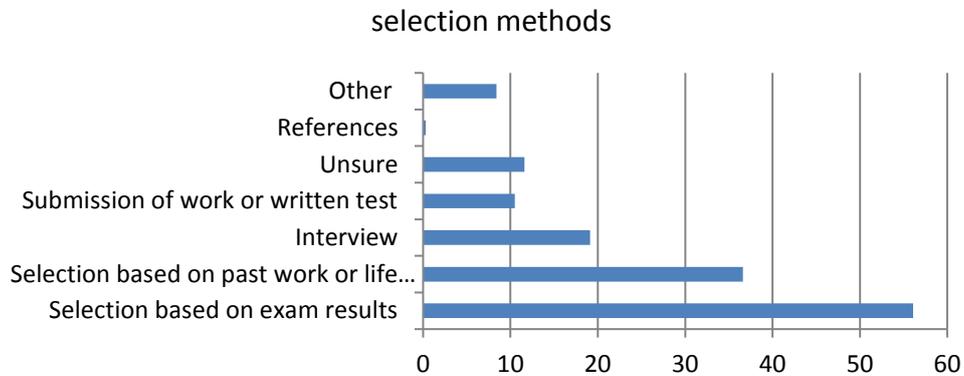


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Summary:

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Selection processes



In addition, detail was provided about courses achieved pre nursing school. Multiple answers make percentages meaningless. Many were unsure of the selection process. Of those with overseas qualifications, combinations of interviews, school transcripts and IELTS had been required.

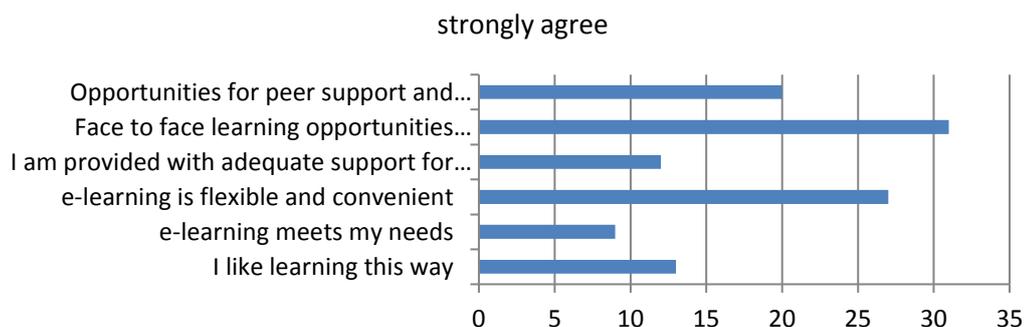
30.5 % had attended a pre-entry to nursing programme. Of these, 93.5 % felt it had prepared them for their nursing programme, though comments from those who felt they were not prepared adequately were made. The main comments relating to this question included;

- Course not being sufficiently different from year one of the nursing course
- Courses not being nursing specific, nor relevant to nursing
- Not an adequate bridge up to degree level
- Poor value for time and money spent

Mode of study

Ninety six and a half percent studied full time, and 3.5 % part time. This is a slight increase in full time study mode since the 2011 survey. 62.6% had a significant e-learning component, up from 58.8 % last year.

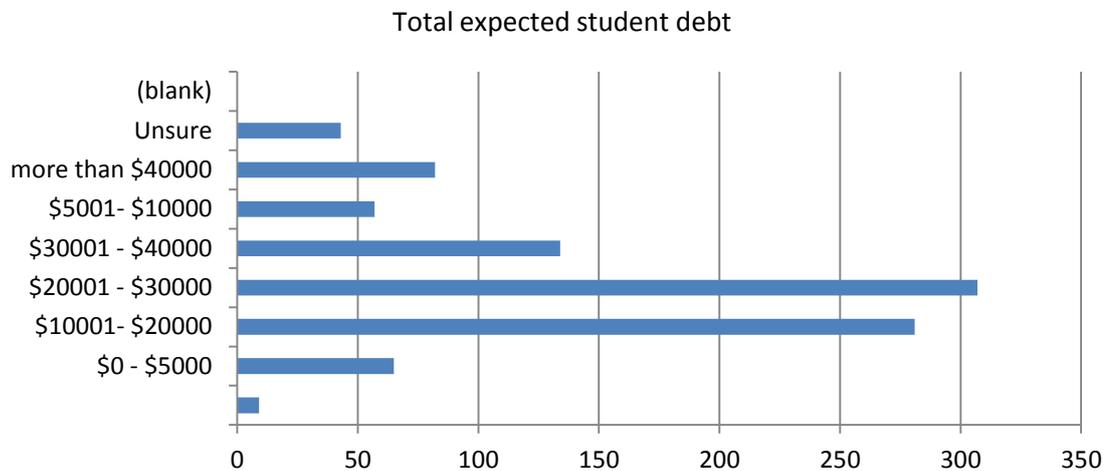
Of those who answered yes to e-learning question, the following responses were received relating to e-learning.



Paid employment



Student Debt – this continues to be considerable.

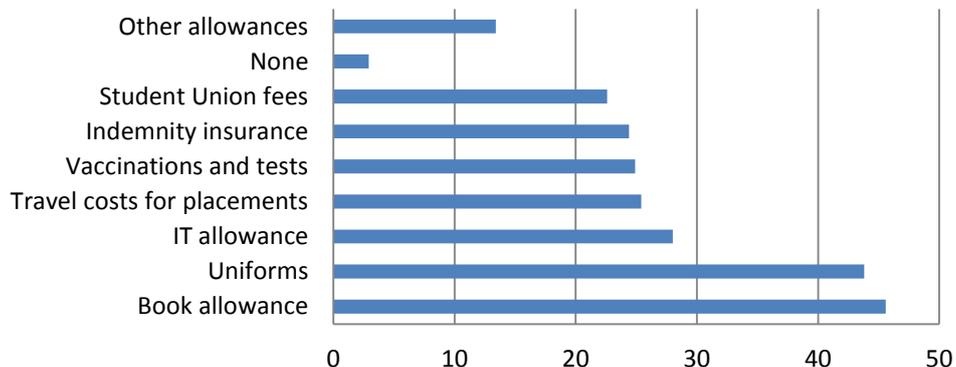


Annual nursing course fees

The answers received for this question varied hugely – from nil (all scholarship and SIT students) through to over \$40,000. New Zealand student fees range from around a thousand per year (all SIT), to a median of around \$6500.

Overseas student fees were all between 19 and 25 thousand dollars per year. One international student stated their fees were more than NZ\$70,000; although the question specified annual fees, this seems more likely to be total course fees.

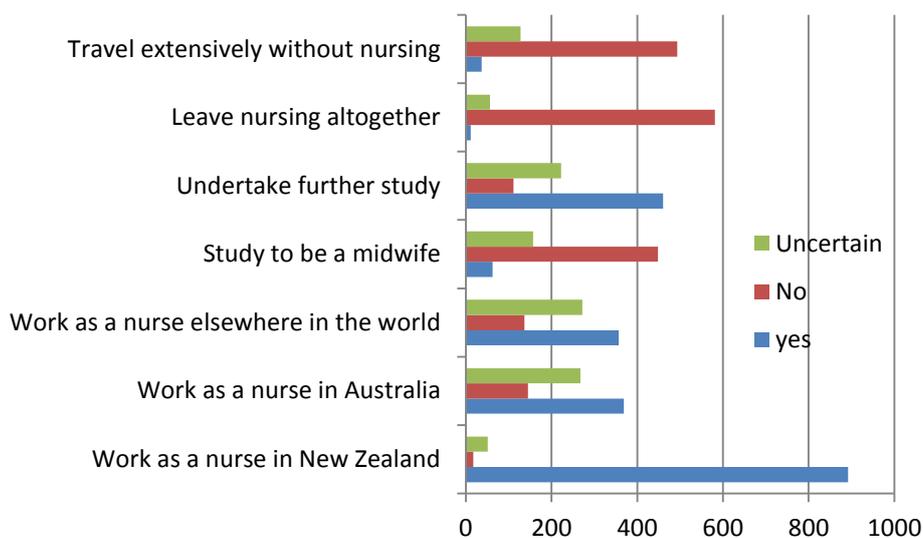
The allowances found included in the student fees also varied enormously: as did the knowledge of what allowances were in place at the different schools.



In response to a question about understanding of additional costs prior to starting their nursing courses, a few felt they were fully informed of, and had prepared for all additional costs. The vast majority however had a sketchy understanding of the costs, especially those related to the number of textbooks required, or the costs of additional travel and accommodation required for placements. The costs of vaccinations, home IT access, photocopying, indemnity insurance, and state exam fees also appeared to be unknown.

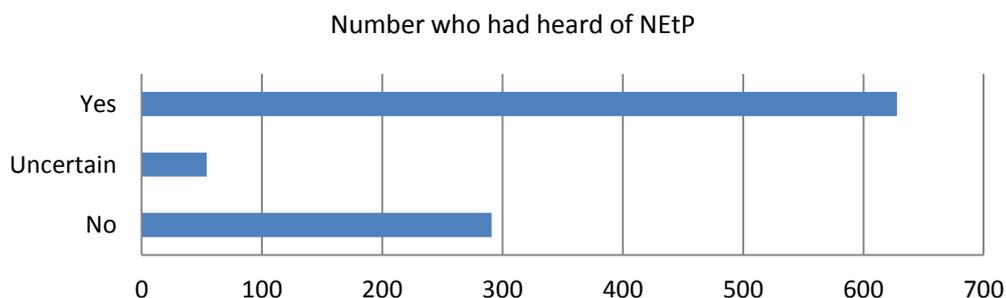
Plans after study

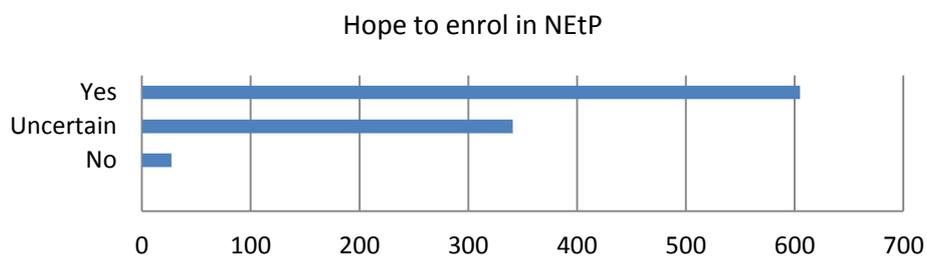
These answers were very similar to 2011.



NEtP

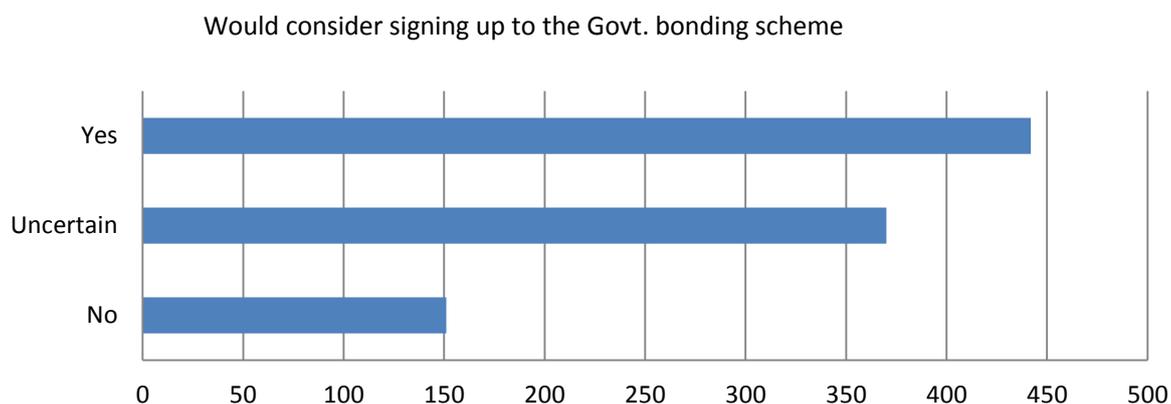
Awareness of NEtP was lowest among first years, and highest among third years, as might be expected





There was awareness of, and concern about, a shortage of places (also a shortage of jobs) post qualification, and links were made to increased nursing student numbers. For example, only 27% thought a NEtP place somewhere they would consider working would be available, and while 36% would be able or willing to travel elsewhere in the country to enrol, 25% could not, many due to parental responsibilities or partners' jobs.

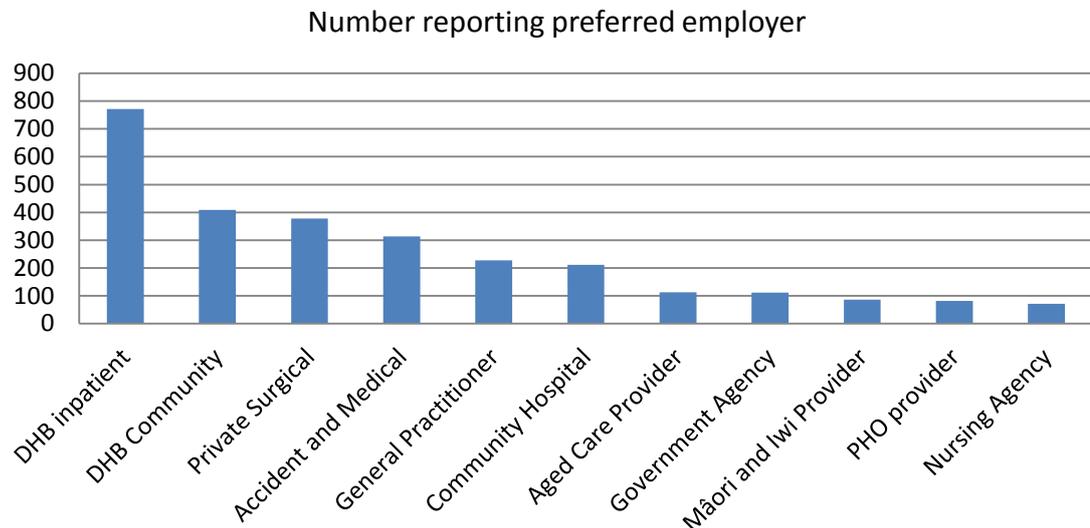
Government Bonding Scheme



The number anticipating signing up to the bonding scheme had fallen slightly.

Preferred Prospective Employer

DHB inpatient remains the employment of choice.



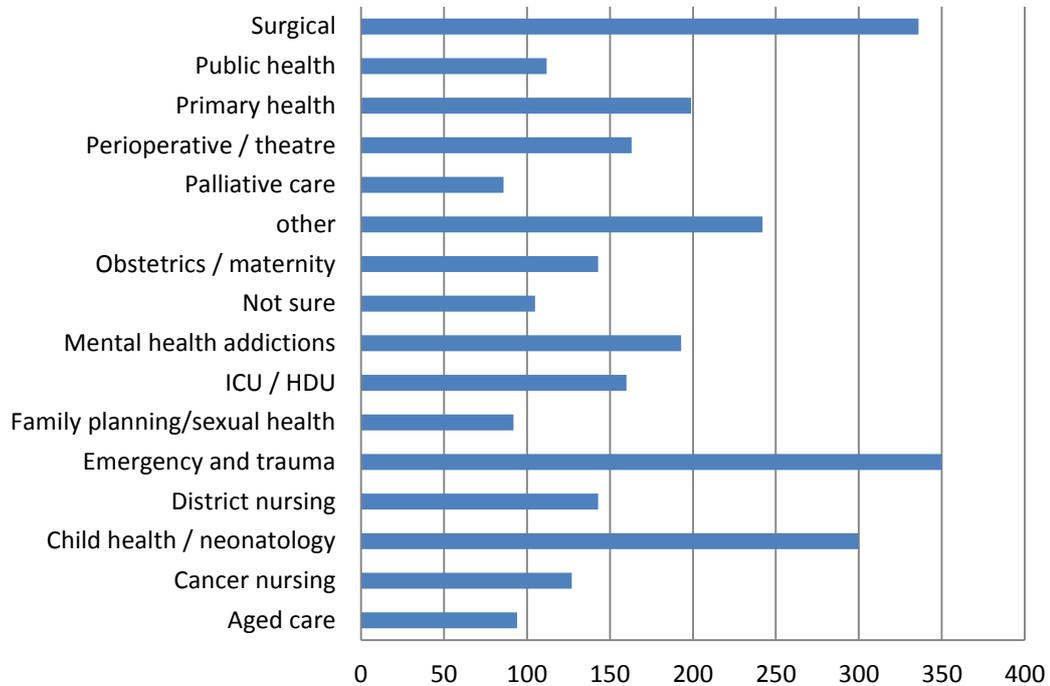
Preferred DHB area of employer

These roughly mirrored the distribution of the schools.

Preferred Clinical practice

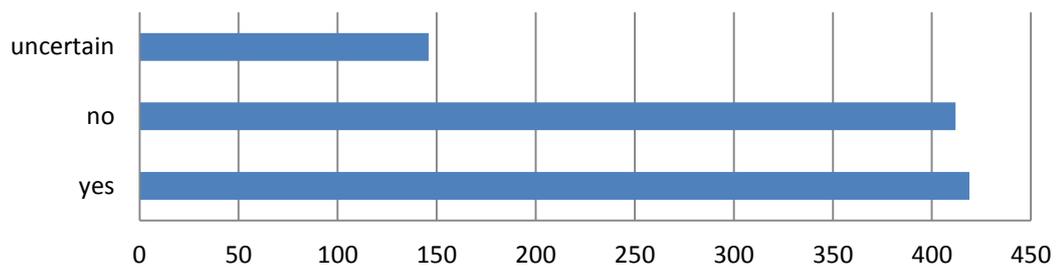
The main choices are shown in a following graph –

Preferred field of practice



When asked if experience on practice had influenced future career plans, there was quite an even split.

field of practice choices changed as a result of placements



It was clear from the responses to this question that experience on placement has a very significant impact on the future intentions of students – both positively and negatively. Importantly, experience of a range of settings, particularly in the community and mental health had changed perceptions and opened up future career possibilities. Very many commented that until they had done a particular placement they would not have considered it as an option. Others had less positive experiences – particularly in aged care or general wards in DHBs. A number stated that they did not want to do ward nursing, which is a concern! A few reflected that they would like to round their nursing education with experience of more settings before making choices.

Clinical Placement

Only answers from the 837 students who had been on clinical placement were analysed for the following set of questions.

The majority, (70.7%) felt well prepared for their clinical placements, 26 of the 243 who felt under prepared were first year students, the rest were evenly split between 2nd and 3rd years. The main issues identified as to the lack of adequate preparation were lack of suitable communications about where, when and what placements were to be. 29% felt they didn't get sufficient notice before clinical placement. Gaps between the delivery of particular theory and clinical skills required, and a lack of preparation for hospital environments, team working, and a feeling from many that the preceptors were not adequately informed of their stage of learning, learning outcomes or what was expected of students were also identified.

Just over half (52.4%) of students were always informed who their clinical tutors were before the beginning of placements, 23.5% were mostly informed, 16.9 % sometimes, and 7.2 % never. 74% Always or mostly found the weekly catch up with clinical tutors constructive.

Experiences actually on placements, as in previous surveys had clearly been very mixed:

Factor	Excellent	Good	Fair	Poor
Quality of preceptorship	30	39	22	8
Timing of shifts offered	26	47	22	5
Geographical location of shifts	32	38	20	9
Flexibility of placement coordinator	21	43	24	13
Choice of placements	26	33	23	18

Students were least happy with consistency and support, and most happy with opportunities for learning.

Comments relating to clinical placements were extensive and varied, and are available in full on request. The biggest issues were:

- Variability of preceptors
- Inconsistency of assessment
- Lack of support while on placement
- Lack of variety of placement setting
- Distance / cost of travel to placement – with only 45% being made aware before their degree that out of town clinical placements would be required.

48% had experienced a dedicated preceptor model, 4 reported working within a DEU, and 47.8 percent having a team preceptor model. The experiences in the DEU appeared to have been very positive. Some of the thoughtful and considered reflection on placements, experiences and the importance of preceptors with a flair and passion for teaching were many and heartfelt. As ever, the witnessing of less-than-ideal practice, bullying, and very undermining tutors, preceptors and ward RNs was commonly reported. There were also students who felt all their placements had been enjoyable, supportive and well organised. Some concerns were raised that the recent increases in nursing students had not been matched by an expansion in placements - leading to a dilution and reduction in the number and quality of placements available.

Course organisation

A majority of students (63%) felt that they received adequate notice of most changes: there are still timetable changes that cause problems from some students (36%). Overall, perceptions of course organisation had improved compared to last year, with 12.6 % rating it as poor, down from over 19% last year.

Two particular schools received a disproportionate number of complaints about lack of notice, disorganisation, lack of communication between the schools and preceptors, and general lack of diversity for placements – linked by the respondents to recent significant increases in student numbers.

Communication methods

Over 87% of respondents felt communication by e-mail or face to face worked well, while the number comfortable with method fell to around 40% for phone, forum or group meeting. Text messages, drop boxes or messages via NSU representatives were seen as less acceptable.

	Always	Mostly	Sometimes	Never
Will be listened to when talking with tutors	38.7	43.5	16.5	1.4
Tutors empathetic	33.5	42	23	1.5
Criticism from tutors constructive	33	41	24	1.8
Assignment adequately described	16	39	37	8.4

Representation

There was patchy awareness of union or student advisory groups available to join: Knowledge of NZNO had fallen from 49% to 46% compared to last year. Knowledge of student reps had fallen to 33% (compared to 61.4% last year) who knew who their student representatives were, and 35%, down from 46.3 % last year felt well represented within their nursing school.

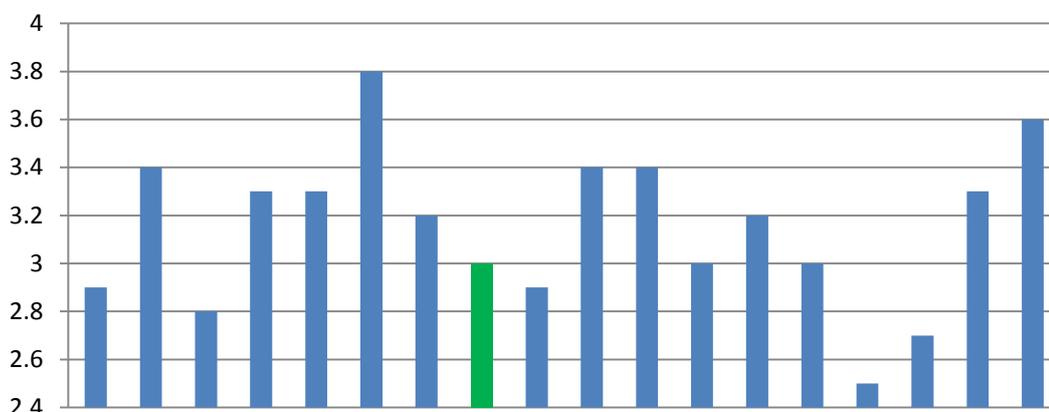
Learning experience

Compared to last year, the overall learning experience had improved slightly, as had the integration of theory and practice. Quality of clinical teaching, science teaching, clinical labs and access to nursing –specific library resources had remained very similar, while perceptions of staff contact time, availability of additional time, and the

balance between teaching and self-directed learning were perceived less favourably compared to last year.

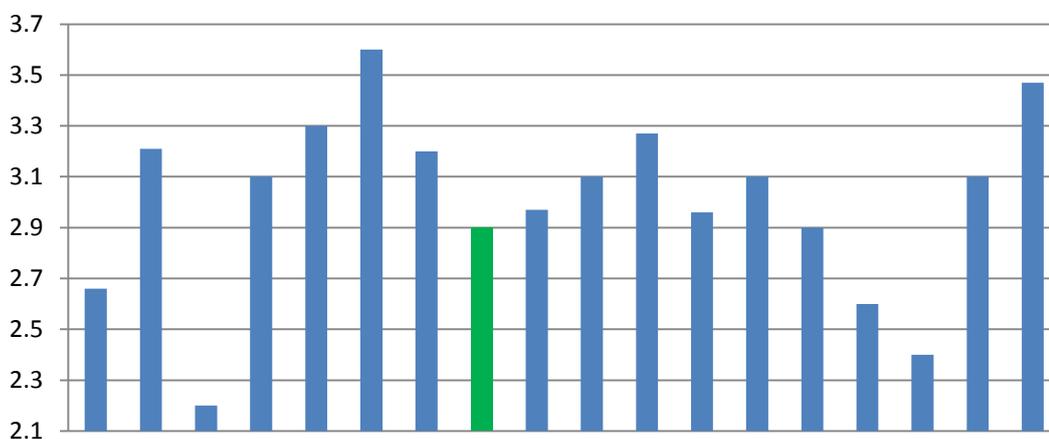
Mean compound (aggregates and weighted for numbers) scores for each school are shown in the graphs below, along with the overall mean score, in green. Scores for quality of clinical teaching, and overall scores for each school are shown. The schools are in rank order, rather than name order to maintain confidentiality, but do show real differences. The possible composite weighted scores range from 0 (blank responses) to 4 (excellent) the mean score for all responses is shown in green each bar represents a particular school – schools in RANDOM order, but same for both charts.

Composite score - quality of clinical teaching



Overall, the free text comments were less complimentary about the overall learning experience - with the main issues relating to the increased numbers of students (and perceived knock-on deterioration of service to existing students), variability and inconsistency, especially with placements, lack of books and computers for the increased numbers, and a feeling that the balance of self directed learning was now too high, particularly among those who are less positive about on-line learning. Overall, composite scores, weighted for numbers are shown below.

composite score - overall course items



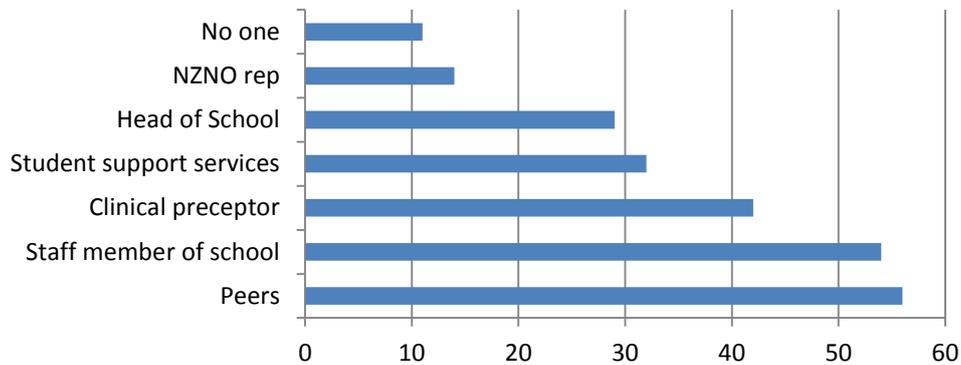
Bullying

A definition of bullying was provided: “intentional threatening, demeaning or intimidating behaviour causing harm, manipulation or coercion”

23.3 % were aware that their school had an anti-bullying programme, while 70% were uncertain if their school had such a programme. 65% would feel confident reporting bullying.

Sources of support for bullying

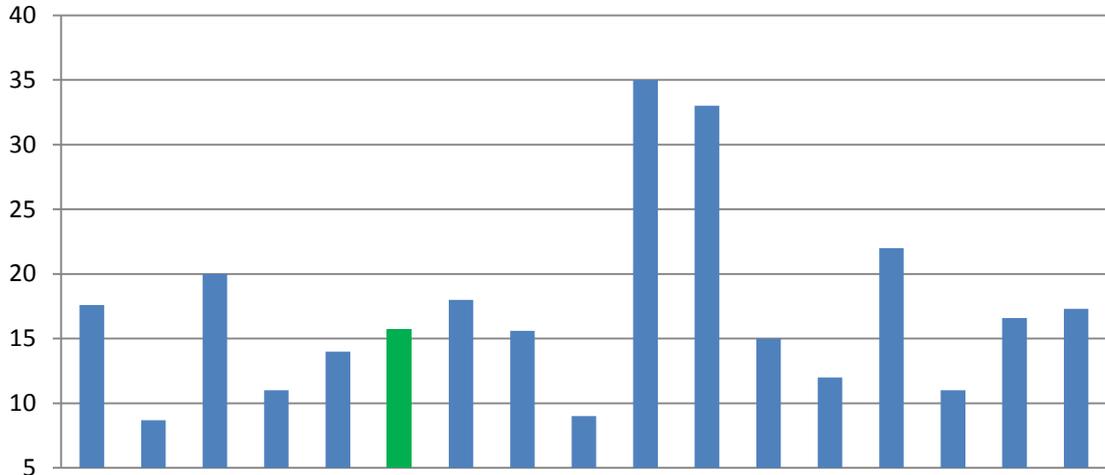
% who would go to the following for help with bullying



There has been a small decrease in perception of bullying compared to the 2011 survey.

In 2011, 18.6% reported experiencing bullying, this has reduced to 15.7%. This varied greatly between schools. Mean is again shown in green. School order RANDOM.

% Observing or experiencing bullying in the last 12 months



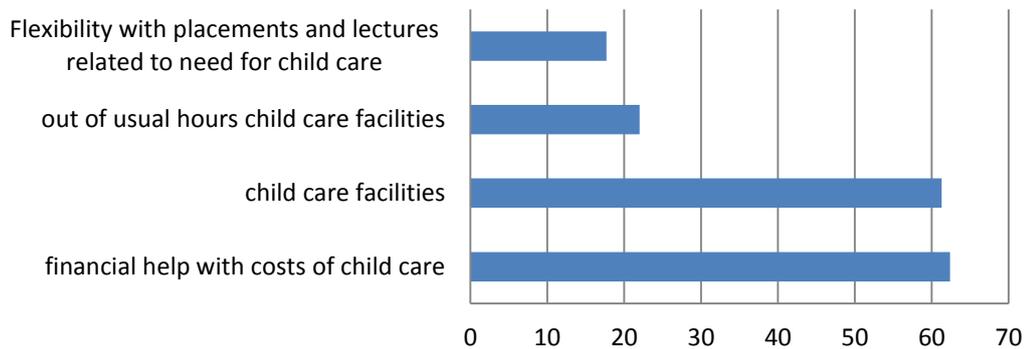
Where bullying had been observed or experienced, this had been more apparent on placement than on campus, and been perpetrated more by clinical and teaching staff than student-student.

49.3 % had reported the bullying (compared to 59% in 2010) and 39.6% felt that the issues were appropriately handled. This was also a slight drop. Bullying-specific results are available on request, in confidence, to HOS only.

Child care responsibilities

33.1 % of respondents have children of school age or younger, a significant rise from the 25% in 2010. Many had some sources of support:

% of parents answering this question



Other comments related to being a parent and a student demonstrated evidence of the extra costs and complexities for combining family responsibilities and study. Especially if family/whanau support is not available, impact on students can clearly be a struggle. Scheduling of both lectures and placements has a huge impact on those who have parental responsibilities – both financial and practical. Insufficient notice of changes, and pm / night shift and out-of town placements are especially difficult and expensive, and many felt their needs were not acknowledged or catered for. Solo parents in

particular identified this as the single biggest hurdle to successful study – and given the numbers involved, it is an area, as for last year, flagged for **urgent** action. The comments are available in full on request.

Nursing Council of New Zealand (NCNZ) reviews

Awareness of reviews continues to be patchy – with 60.3 % of respondents being aware that NCNZ reviews nursing programmes, but only 20.8% knowing whether students were consulted, a result almost identical to last year.

Where students were involved in the reviews, how they were selected varied: most (67%) did not know how students were selected, 13.3% thought representatives were self appointed/volunteered, 9.2% were elected, and 5.1% picked by the school.

Finally,

Asked for any other comments related to their experience of studying nursing, 170 additional free text responses were received.

The main themes that emerged from across most of the schools were:

- Growing concern for many about the numbers of students on some courses – particularly as this relates to the availability and diversity of student placements and ultimately to NEtP placements and jobs in DHBs.
- Continuing concerns about the inconsistency of some assessment processes, both on placement and written assignments, and a lack of accountability or inability to appeal. Where this leads to the time and expense related to re-sitting papers, this causes particular difficulty.
- Mature students in particular have different expectations of relationships with teaching professionals: they are clued up consumers, used to adult to adult interactions: and some are clearly experiencing some tutors interacting more as school teachers! It is worth noting that nearly 9% of respondents already held an undergraduate degree or post graduate qualification before taking on nursing studies, suggesting many will have previous experience and expectations around the level of teaching and student – teacher interaction.
- Parents, particularly solo parents struggle with the lack of notice, timetable changes and requirements for out of town placements and shift work placements. While this is difficult to resolve fairly, more sensitivity and in particular notice would mitigate some of the expense and distress.
- Bullying continues to be experienced both on campus and on placement: measures taken to resolve this perennial issue are not making any appreciable traction over the four consecutive years it has been raised.

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Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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