



NEW ZEALAND  
**NURSES**  
ORGANISATION

TŌPŪTANGA  
**TAPUHI**  
KAITIAKI O AOTEAROA

RESEARCH

MEMBERSHIP

## National Nursing Student Survey 2019

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**NZNO NSU MEMBERSHIP 2019**

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## Executive Summary

Currently, there are 2606 students who are financial members of New Zealand Nurses Organisation, Tōpūtanga Tapuhi Kaitiaki o Aotearoa (NZNO). The national, anonymous web-based survey of student nurses was undertaken in March-April 2019. This is the eighth biennial survey of NZNO nursing student members; the previous survey was completed in 2017 and attracted 922 participants. This survey had 878 respondents and all of the 18 schools of nursing were represented.

The main focus of the current survey was to investigate:

- Student financial difficulties
- Preparation for nursing study
- Gain insight into learning resources preferred by students
- Kawa whakaruruhau and cultural safety
- Bullying

### Significant findings

- Financial difficulties, in particular the amount of time students spend on clinical placement limits the opportunity to undertake paid work. In addition, placement is associated with significant travel costs.
- The majority of students rated teaching of cultural safety at nursing school as acceptable or well taught, and had prepared them to feel comfortable discussing cultural issues with lecturers, classmates and others.
- Most students saw the benefits of cultural services and supports within nursing schools
- Students surveyed reported high rates of bullying but this is under-reported by students to schools of nursing.

### Limitations

As with all surveys, the results need to be interpreted with caution, due to the representativeness of those who choose to participate and the subjectivity of some of the views expressed.

### Dissemination and Recommendations

Representatives of the NSU presented the survey results to the Heads of Schools and members of the Council of Deans on 12 July 2019. Following the presentation there was an opportunity for discussion of the findings. This report will be circulated to all schools of nursing and will be available on the NZNO website.

# Introduction

## The 2019 NZNO Nursing Student Survey

NZNO is the leading professional and industrial organisation of nurses in Aotearoa New Zealand, representing over 51,000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. NZNO commitment to te Tiriti o Waitangi is embedded in its constitution, and articulated through its relationship with Te Rūnanga o Aotearoa.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. This report documents the results of a survey of nursing students in New Zealand.

## Context

This is the eighth biennial survey of NZNO nursing student members, and was undertaken between March and April 2019. The National Student Unit (NSU) is comprised of students enrolled in an undergraduate nursing/midwifery course or a programme leading to an initial New Zealand nursing/midwifery registration, and may include Enrolled Nurse students. The NSU exists to serve the interests of all student members of NZNO. The NSU is unique, as it is the only nursing student representative group in Aotearoa New Zealand and is the major political voice for nursing students today. The NSU committee aims to have two student representatives from each school of nursing in Aotearoa New Zealand, one Māori taura (Te Runanga Taura, TRT) and one additional student (National Student Representative, NSR).

## Methods

A national, anonymous, web-based survey investigating financial difficulties, learning resource preferences, kawa whakaruruhau and cultural safety and bullying in nursing students. The project used a partnership approach between all nursing schools in New Zealand, and NZNO student delegates from each school. The survey link was e-mailed to all NZNO nursing student members, was advertised on the NZNO web site and was shared by NSU members with fellow nursing students. Consent was implied by completion and submission of the survey questionnaire.

## Report structure

The results are given for all respondents, and numbers and percentages are shown to allow comparisons. Chi square tests have been used to explore differences between variables according to self-selected ethnicity where appropriate and reported as p values (where  $p < 0.05$  is considered to be statistically significant). Individual analyses exclude missing data, and this is indicated where applicable.

## Results

### Gender

A total of 878 students participated in the survey. The respondents comprised 818 (93.5%) students who identified as female; 55 (6.3%) participants were male and two (0.2%) individuals identified as gender diverse.

### Ethnicity

The total student cohort comprised 20.4 per cent NZ Māori, 64.7 per cent NZ European, 9.6 per cent Pasifika and 16.3 per cent Asian peoples. An additional 9.6 per cent of the students identified with other ethnicities. Respondents were allowed to choose more than one ethnicity, accordingly the total exceeds 100 per cent. The entire ethnicity data set is shown in the table below.

Table 1 Ethnicity of Respondents

Ethnicity	Response % (n)
NZ Māori	20.4 (178)
NZ European	64.6 (565)
Other European	4.6 (40)
Samoan	3.0 (26)
Cook Island Māori	0.7 (6)
Tongan	2.1 (19)
Niuean	0.6 (5)
Tokelauan	0.2 (2)
Fijian	2.1 (18)
Other Pacific	0.9 (8)
South East Asian	2.3 (20)
Chinese	3.6 (31)
Indian	6.8 (59)
Other Asian	3.7 (32)
Other (please specify)	9.6 (84)

## Age

Students aged 18-21 years made up some 40 per cent of the student group, 18.5 per cent were aged 22-25 years, 13.2 per cent were aged 26-30 years, 17.1 per cent were aged 31-40 years and the remaining 101 students (11.5 per cent) were aged over 40 years.

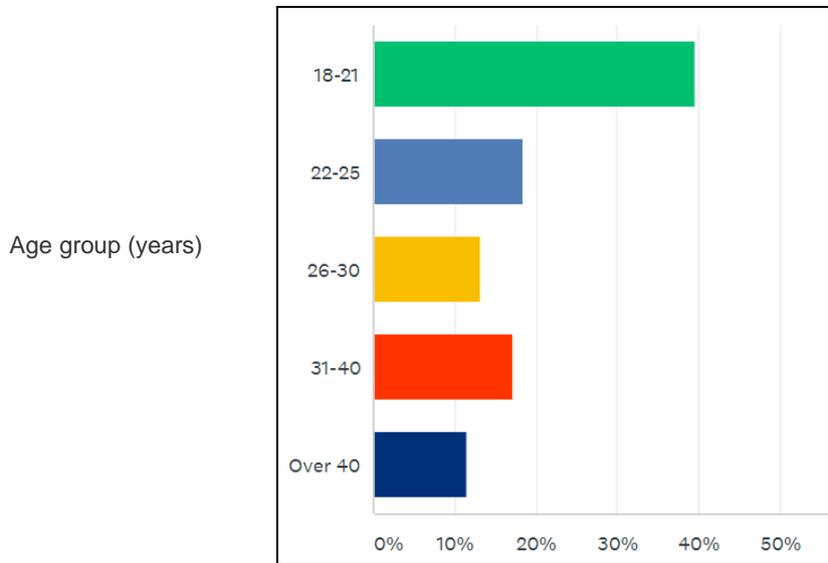


Figure 1 Age of Respondents

Interestingly, while NZ European nursing students predominate in the youngest age group, and indeed more non-Māori students fall into this age group than any other, the distribution by age group of Māori students was bimodal with around a quarter of Māori students aged 18-21 years, and a further quarter aged 31-40 years. These data are presented in the table below. There was a statistically significant difference in the age distribution between Māori and non-Māori students ( $\chi^2=27.5$ ,  $p < 0.0001$ ).

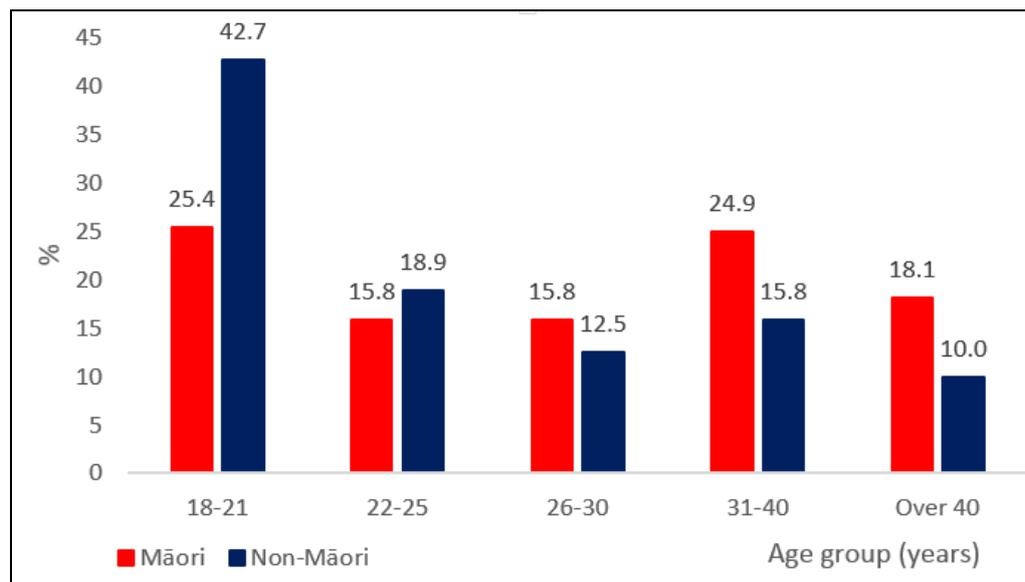


Figure 2: Age distribution of Māori and Non-Māori respondents

## Nursing School

All of the schools offering nursing training were represented in the study. The participants who selected 'Other' as their nursing school included those studying at Wesley Institute of Technology (n=9), Lonsdale Education Centre (n=3) and Toi Ohomai Institute of Technology (n=29).

Table 2. Nursing School attended by Respondent

Nursing School	Responses % (n)
Northtec	2.9 (25)
Auckland University of Technology	15.0 (129)
University of Auckland	3.7 (32)
Unitec NZ	2.3 (20)
Manukau Institute of Technology (MIT)	3.2 (28)
Waikato Institute of Technology (Wintec)	2.7 (23)
Wairiki Institute of Technology	2.6 (22)
Eastern Institute of Technology	9.0 (78)
Western Institute of Technology, Taranaki	3.4 (29)
Massey University, Albany	3.1 (27)
Massey University, Wellington	5.3 (46)
Massey Uni. Palmerston North/Manawatu	2.9 (25)
University College of Learning (UCOL)	5.2 (45)
Whitireia Community Polytechnic	4.1 (35)
Nelson Marlborough Institute of Technology	4.5 (39)
ARA Institute of Canterbury	5.8 (50)
Otago Polytechnic	7.2 (62)
Southern Institute of Technology	8.3 (72)
Te Whare Wananga o Awanuiarangi	2.4 (21)
Other (please specify)	5.7 (49)
<b>Total</b>	<b>863</b>

### Course of Study

Almost 90 per cent of the student nurses were enrolled in the Bachelor of Nursing course. The respondents were fairly evenly spread across the first (32.3 per cent), second (33.4 per cent) and the third year of study (31.9 per cent). Around 20.0 per cent of respondents identified that most or virtually all of their course was delivered on-line. Similar numbers of students indicated that very little (39.0 per cent) or about half (41.2 per cent) of their course was available as on-line learning. These figures were virtually unchanged from the data obtained in the previous survey conducted in 2017.

Table 3. Course of Study

Course of Study	Responses % (n)
Bachelor of Nursing	88.9 (766)
Enrolled Nurse	3.9 (34)
Bachelor of Health Science	1.2 (10)
Midwifery	0.4 (3)
Return to Nursing	0.2 (2)
Competency Assessment Programme	1.9 (16)
Postgraduate Nursing Degree	0.9 (8)
Other (please specify)	2.7 (23)
<b>Total</b>	862

### Preparation for Nursing Studies

Looking at the cohort over all, almost two-thirds of respondents had taken science subjects at school in preparation for nursing studies. However when the cohort was stratified by ethnicity, it was apparent that only half of Maori students had studied science subjects prior to enrolling in nursing studies ( $\chi^2=14.7$ ,  $p=0.0002$ ).

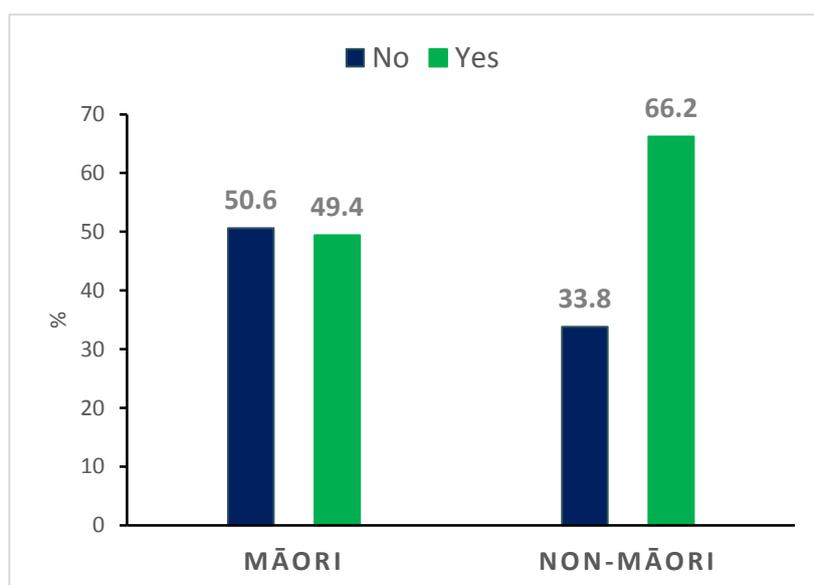


Figure 3 Proportion of Māori and Non-Māori Students studying science at school

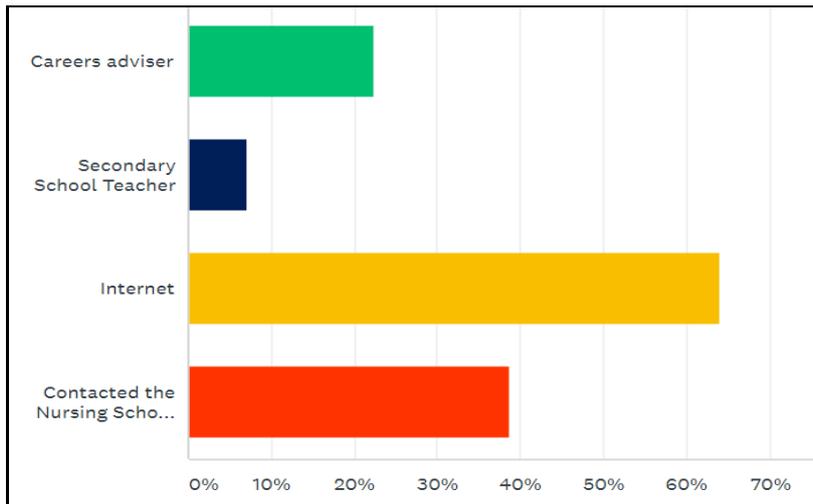


Figure 4: Sources of information consulted for entry requirements for nursing studies

Almost two-thirds (64%) of the respondents searched the internet for information about the entry requirements for nursing studies. Around 39% of students contacted the relevant nursing school for information, with a further 22% of respondents sought advice from the school careers advisor.

### Financial difficulty or increased financial difficulty on placement

Students were asked whether they had experienced financial difficulty, or increased financial difficulty, associated with going out on placement. They were asked to rank the difficulty on a scale of one to five, where one represented no increase in financial difficulty and five represented maximal financial difficulty. Almost half of the students (49%), scored this question four or five, indicating that they had experienced appreciable financial issues associated with clinical placements. However, only 36.8% students indicated that financial constraints had negatively affected their placement experiences. There was no difference between the distribution of Māori and non-Māori students in the distribution of difficulty scores.

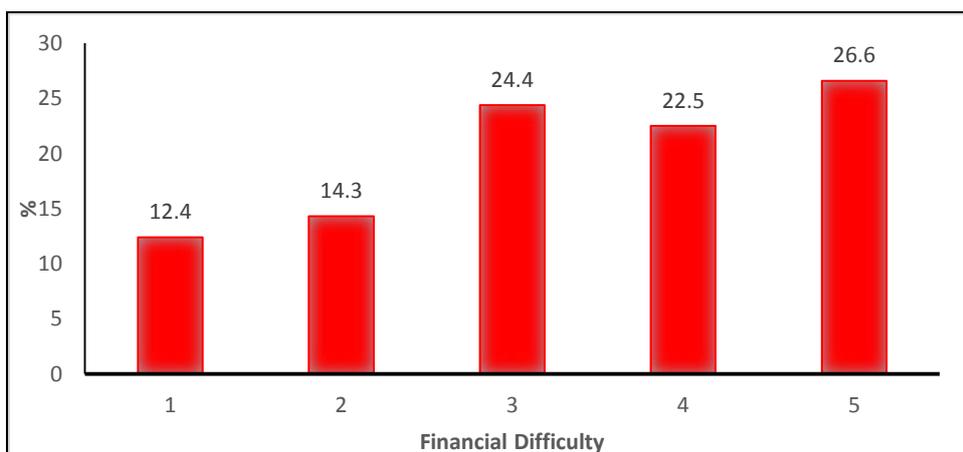


Figure 5: Rating of Financial Difficulty associated with Placement

Students were invited to comment, and 9.2% (n=245) chose to do so. The comments were explored thematically. The major themes are listed below with the number of comments coded to each theme included in brackets:

- Cost of transportation / parking costs/ public transport (n=67)
- Extra stress associated with placement costs detracts from learning experience (n=42)
- Undertake paid work – cannot make the most of placement/adds to stress (n=36)
- Not able to take paid work/have had to give up or limit part-time work (n=32)
- Choose between rent / meals/and other costs (n=18)
- Stress around having to pay for / arrange childcare (n=17)

As articulated by one student:

*“Had to spend \$150/week for a three week placement (\$450 total). I had to get a credit card to cover the cost of petrol and chose between lunch or dinner as I couldn't afford both. We were told that "this is part of the degree" and weren't asked whether we had financial constraints that would hinder our ability to drive to another town/city for placement”.*

### Financial constraints negatively affected placement experiences

This issue was further explored by asking the students if financial constraints had negatively affected their placement experiences. Over one third (n=529, 63.2%) indicated that financial difficulties had adversely affected their practicum placements (figure 6).

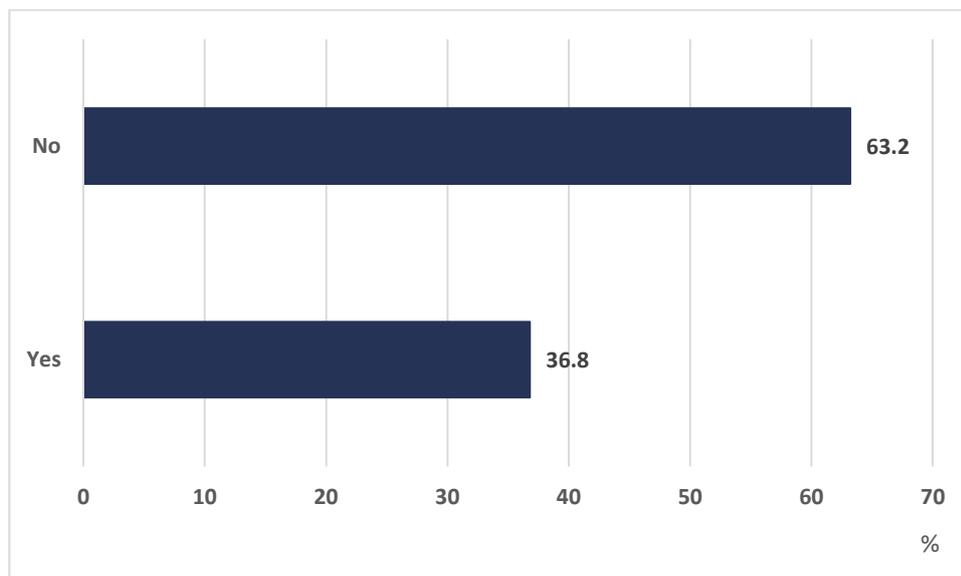


Figure 6: Financial difficulties affected placement experience

## Usefulness of Learning Resources

Students were asked to score various learning resources on a scale from one to five, where one was not useful, three was useful and five was very useful. The distribution of scores as percentages are shown in the table below. The ability to attend lectures and or tutorials, and to access lecture PowerPoint slides online were rated very highly by nearly three quarters of respondents. There was also support for video recordings (70.9%) and video tutorials (64.3%). Over half of respondents found video or audio recordings of lectures very useful.

Table 5. Ratings for various learning learning resources

Learning Resource	1 Not useful	2	3 Useful	4	5 Very useful
Ability to access lecture slides online 24/7	0.4	1.4	11.0	13.2	74.0
Online class forums for discussing nursing topics	7.1	11.8	30.3	17.8	33.0
Online class forums for asking staff questions	5.6	7.1	26.6	21.4	39.3
Video or audio recordings of lectures	5.6	5.8	19.6	15.0	54.0
Online quizzes on nursing topics	0.7	2.6	13.0	21.1	62.6
Compulsory class readings available online	3.4	9.9	22.9	21.6	42.0
Video recordings demonstrating how to complete healthcare procedures	0.8	2.5	9.0	16.8	70.9
Video tutorials (such as YouTube videos) that teach nursing related information	0.7	2.5	12.4	20.1	64.3
Lectures and/or tutorials that can be attended in person.	0.2	0.8	10.5	15.0	73.5

## Kawa whakaruruhau and cultural safety

Exploring the teaching of Kawa whakaruruhau and cultural safety within a Maori context in nursing courses was a major theme in this survey. Students were asked if they believed cultural safety was adequately taught at their institution on a scale of one to five, where one represented being taught poorly and five represented being well taught. The data are depicted in the graph below. Māori students scored the teaching of cultural safety less well than Non-Māori students, ( $\chi^2=11.5$ ,  $p < 0.05$ ).

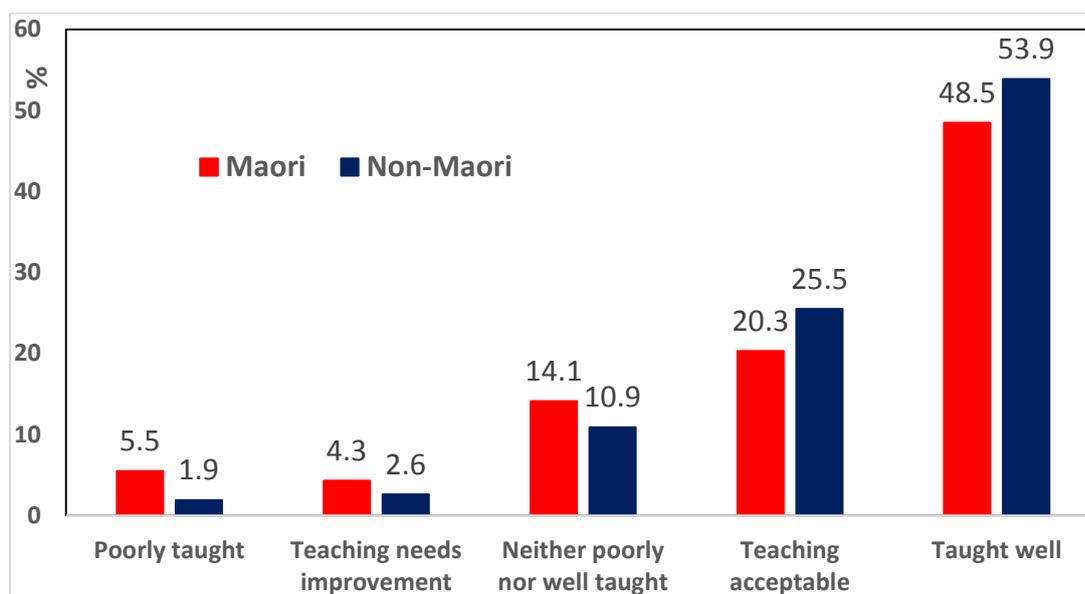


Figure 7: Adequacy of cultural safety teaching at Nursing School

Asked whether the education received at their institution had prepared them to feel comfortable with discussing cultural safety issues with lecturers, classmates and others, 82% students indicated that they did feel comfortable with having those discussions. There was no difference in the results when the data was stratified by ethnicity. Students were invited to comment and the comments were coded thematically. Many indicated that there was a need to prepare students for nursing all cultures, rather than the perceived focus predominantly on Māori and Pasifika. Comments reflected the need to explore cultural safety in its broadest sense, including for example differences in gender, religion and disability. Students also expressed the need for more information about putting cultural safety into practice.

The survey investigated the use of cultural services/supports such as support from Kaumatua, Kaiawhina, Tohunga, whānau room, use of a mentorship programme, religious support or any other relevant cultural support. Students were asked if they had been offered cultural services/supports during their studies. Māori students were significantly more likely to be offered cultural services or supports than non-Māori students (88.3% versus 63.2%,  $p < 0.001$ ). In addition, Māori students were significantly more likely to have accessed cultural services or supports than non-Māori students (56.7% versus 25.0%,  $p < 0.001$ ). The final question in this series asked students if they would see the benefits of various cultural services and supports being accessible for all students within their institution. The majority of students saw benefits to cultural services and supports being available to them within their nursing school (Māori 96% versus Non-Māori 91%,  $p < 0.05$ ).

## Bullying

Students were asked whether they had experienced various forms of bullying during the course of their nursing studies. In addition they were asked if the bullying had been perpetrated by nursing students, by nursing school staff, or by health care staff on practicum. The results are shown in the table below.

Table 6. Bullying behaviour experienced during nursing studies

Bullying Behaviour	No	Yes - Students	Yes – Nursing School Staff	Yes – Staff on clinical placement
Repeated threats, intimidation, stand-over tactics and coercion	83.1	4.53	6.3	11.2
Repeated verbally abusive or degrading language or gestures	86.3	5.6	3.3	8.2
Repeated shouting, yelling or screaming	95.1	1.5	1.0	3.1
Repeated unexplained rages	93.2	1.7	1.7	5.0
Repeated unjustified or excessive criticism and insults, nit-picking and fault-finding without justification	71.4	7.5	10.8	17.2
Repeated humiliation, malicious teasing, ridicule, practical jokes, belittling remarks or gossiping	80.0	10.8	4.17	10.3
Repeated unjustified threats of dismissal or other unjustified disciplinary procedures	93.8	0.5	4.4	2.6
Repeated sabotaging of your work by a person/people withholding required information	91.2	3.1	3.1	4.3
Repeated hiding documents or equipment	96.2	1.4	0.9	2.0
Isolating, ignoring or not speaking to you on a consistent basis	77.8	9.5	3.7	13.0

The most prevalent type of bullying reported was repeated unjustified or excessive criticism and insults, nit-picking and fault-finding without justification. This type of bullying was reported to be experienced from nursing school staff by 11% of students, and from healthcare staff on placement by 17% of students. In addition, 21% reported experiencing being isolated, ignored or not spoken to on a regular basis. These findings are particularly concerning in the context of clinical placements, where the behaviour likely limits the learning opportunities. The respondents were invited to comment. Around a third of comments related to being bullied simply because they were students and were treated as incapable and inconvenient, as ‘an extra job’ as expressed by one student. Another common theme was around the power imbalance reflected in the preceptor–student relationship:

*‘...some nursing staff are very opposed to having students and are pretty open about it, which can make students feel really unwanted and like a burden. I have been made to feel this way by some of my preceptors. Although they never outright bullied me, it was more subtle in the way they would make it clear I was an extra job to them, and that they didn’t want to teach me’*

The students were asked if the bullying that they had experienced was reported to nursing school staff. Of 339 students who reported experienced bullying, only 111 (33%) indicated that they had reported bullying. A further question asked those that had reported bullying if they were satisfied with the outcome of the bullying. The results were equivocal; 47% were happy with the outcome, 53% were not.

Finally, students were asked about their perceptions concerning what they believed the basis for the bullying they experienced was. The question was only answered by n=326 respondents, with n=137 individuals indicating that they had not been bullied during their nursing studies. Almost a third of students were unable to identify a reason for being bullied (n=94, 29%), and slightly fewer students (n=74, 23%) attributed the bullying to their academic ability. Further, 15%(n=48) of respondents believed they were bullied because of their age and 13% (n=41) selected ethnicity as the underlying basis. Additional responses by category are shown in the table below.

Table 7. Basis for Bullying Behaviour

BASIS FOR BULLYING BEHAVIOUR	RESPONSES (%)	RESPONSES (n)
I have not been bullied during my nursing studies	42.0	137
Age	14.7	48
Ethnicity	12.6	41
Religion	4.0	13
Weight	3.7	12
Sexual orientation	1.2	4
Transgender status	0.6	2
Disability	2.5	8
Academic ability	22.7	74
I don't know	28.8	94

## Summary

- Nursing students experience significant financial difficulty associated with clinical placements. Transport costs have the biggest impact.
- Around half the participants believed cultural safety was well taught, with particular emphasis on Māori and Pasifika. Extension to other cultures would be valuable.
- Bullying is common – for instance, more than a quarter of students reported repeated unjustified or excessive criticism and insults from nursing school staff or staff on practicum.

## Recommendations

Recommendations arising from the work include:

- Explore options to alleviate the financial difficulty associated with being on placement e.g. support for transport costs.
- Explore expansion of cultural safety teaching – e.g. gender/religion/disability.
- Reporting of bullying should be encouraged and the reporting process should be streamlined and easy to access. Furthermore, bullying should be fully investigated by the host institution and all practicable steps taken to mitigate the impact on the student.

## Appendix

Selected comments grouped by theme are included verbatim below.

### Financial constraints associated with placement

- Transportation and Parking costs

*'Had to spend \$150/week for a three week placement (\$450 total). I had to get a credit card to cover the cost of petrol and chose between lunch or dinner as I couldn't afford both. We were told that "this is part of the degree" and weren't asked whether we had financial constraints that would hinder our ability to drive to another town/city for placement.'*

*'Paying for parking and transport to placement is a big financial burden, in addition to taking time off from work to manage my placement shifts'*

*'Struggling to get to placement due to the cost of gas, parking and public transport.'*

- Limited Placement Choices

*'It limited my placement choices'*

*'Unable to do placements away from home due to travel costs, accommodation cost'*

- Limited opportunity for paid work

*'When on placements I have been unable to work and had to quit my previous job due to placement and study'*

*'it is very expensive to travel to placement and pay for parking. working 40hrs per work plus assignments and family commitments leave no time to work and earn money.'*

*'Difficult to fit in paid work due to time commitment of placement and associated portfolio work.'*

### Kawa whakaruruhau and cultural safety

- Preparation for discussing cultural issues

*'I feel well equipped to discuss cultural safety in relation to Maori and Pacific populations, however I do not feel well equipped to discuss or nurse patients from other ethnic groups such as Asian and Indian populations'*

*'LGBT issues are not covered enough'*

*'No content covering gender/sexuality/religion'*

*'NZ is now a very culturally diverse country and not just in ethnicity but all cases including religion, gender, societal identities etc and that our classes don't go into cultural safety from all of these other aspects'*

*'I think that it can be reinforced throughout the years of the degree so that all student and even CAP students understand the level of awareness'*

- Offered cultural supports

*'Support is available however I found that the support was more aimed at Maori and Pacifica students, and the only support available to European students were the counsellors.'*

*'Cultural support is offered to some cultures but not others'*

- Accessed cultural support

*'I felt that cultural support was not offered to European students.'*

*'None available in my culture'*

*'Whānau room accessed'*

*'hard to access and I had to really push and persevere to be allowed to use these services'*

- Benefits of cultural services

*'It's important that there are culturally specific services available for people from underrepresented groups'*

*'Especially for communities /religions who face issues in the community (e.g.) transgender or being Muslim'*

*'It is fantastic the amount of Maori education we get but I feel it is very surface level and the curriculum disregards other cultures and the variety of them such as religion, race etc.'*

*'There is a strong support for Māori students and possibly international students but not for students who study domestically that identify another culture'*

*'Cultural support offered to students of all cultures would be beneficial'*

- Basis of bullying during your nursing studies

*'Being a student- think you are incapable'*

*'Power struggles; being made to feel embarrassed or belittled by those who are 'higher'; put in tough situations on purpose by preceptors, not for learning but to 'watch struggle' be 'put in your place'*

*'Bullied by a member of the university nursing staff. Unable to report them as they are the one that investigates instances of bullying.'*

*'made me feel incompetent, annoying and like I was wasting her time'*

*'I made a mistake by accident on practicum, my preceptor mumbled about how stupid 'this lot' of students are*

*'RN students belittling comments about the EN students'*

**Endorsed by CEO:** 8 November 2019  
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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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