



Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

Research

Report

National Nursing Student Survey 2025

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Introduction

Tōpūtanga Tapuhi Kaitiaki o Aotearoa New Zealand Nurses Organisation (NZNO) is the leading professional and industrial body representing over 62,000 members, including nurses, midwives, nursing students (taura), kaiāwhina and health workers across Aotearoa New Zealand. NZNO's commitment to Te Tiriti o Waitangi is foundational to its work and enacted through partnership with Te Rūnanga o Aotearoa, ensuring Māori leadership, governance and perspectives shape organisational direction and advocacy (NZNO, 2024).

The National Nursing Student Survey provides a regular national snapshot of taura experiences in nursing education. Longitudinal student surveys are internationally recognised as essential tools for identifying structural inequities in health professional education and for monitoring risks to workforce sustainability, progression and retention (Cleary et al., 2020; Health Workforce Australia, 2021). The surveys contribute to understanding the student experience of nursing education effectiveness in preparing them for practice and where financial, systemic and cultural barriers threaten student success and future workforce supply.

The 2025 survey represents the eleventh iteration of this programme and builds on consistent findings across previous survey cycles. Persistent issues include financial hardship, unpaid or under-remunerated clinical placements, variable clinical learning environments, cultural safety concerns, stress and burnout, and employment insecurity on graduation. These findings align with New Zealand and international evidence demonstrating that placement poverty, extended unpaid clinical hours, and precarious transition-to-practice pathways disproportionately affect students from equity-seeking groups and are associated with delayed completion, attrition and reduced workforce retention (Beks et al., 2024; Brown et al., 2022; O'Mara et al., 2023).

The urgency of these issues has intensified in the context of rising living costs, health-sector restructuring, ongoing nursing shortages and increasing reliance on internationally recruited staff (OECD, 2023; Te Whatu Ora, 2024). Evidence indicates that financial strain and poor workplace experiences during training are significant predictors of early career dissatisfaction and intentions to leave domestic nursing workforces (Brook et al., 2019; WHO, 2022).

Importantly, the survey is situated within Aotearoa New Zealand's commitment to building a Tiriti-honouring and culturally safe health system. Māori and Pacific experience higher levels of financial hardship, cultural isolation and institutional barriers within health education systems not designed around their realities. They share this reality with indigenous nursing students all over the world. (Curtis et al., 2019; Wilson et al., 2021). Understanding the experiences of Māori, Pacific, migrant, disabled, neurodivergent, rainbow, mature and caregiving students is therefore critical to ensuring nursing education pathways are accessible, equitable and culturally responsive, and to meeting obligations under Te Tiriti o Waitangi.

The 2025 National Nursing Student Survey was conducted anonymously online between May and June 2025 and received 1,238 eligible responses from students enrolled across all nursing programmes leading to registration, including diploma, undergraduate and graduate-entry pathways. Responses were received from taura at all 21 schools of nursing operating at the time. The survey instrument comprised 48 questions across six domains: demographics, finances, clinical placement and education, cultural safety and support, future employment, and health and wellbeing.

Overall, the findings indicate sustained and, in some areas, worsening pressure on nursing students. Financial hardship, placement poverty, inconsistent clinical learning environments, stress, burnout and job insecurity remain widespread and interconnected. International and local evidence suggests that without structural reform—including paid or remunerated placements, improved placement quality and supervision, stronger transition-to-practice support, and accessible, culturally safe student services—these pressures will continue to restrict participation in and completion of nursing education programmes. This will narrow workforce diversity and undermine long-term workforce sustainability and equity (Beks et al., 2024; Cleary et al., 2020; WHO, 2022).

Methods

The 2025 National Nursing Student Survey was an anonymous online survey conducted between May and June 2025. Eligible participants were students enrolled in nursing programmes leading to registration as an enrolled nurse or registered nurse, including diploma, undergraduate, Māori and Pacific pathways, and graduate-entry programmes.

A total of 1,243 valid responses were received, representing students from all 21 schools of nursing operating at the time of data collection.

Instrument and analysis

The survey comprised 48 questions across six domains: demographics; finances; clinical placement and education; cultural safety and support; future employment; and health and wellbeing. Qualitative data were analysed descriptively. Free-text responses were analysed thematically to contextualise and deepen interpretation of quantitative findings. Themes for the 2025 survey were formulated by National Student Unit representatives, informed by the current experiences of taura/nursing students and previous survey responses.

Results

Demographics

The 2025 sample (n = 1,243) was ethnically diverse. Half of respondents identified as New Zealand European (50.2%), one in five as Māori (20.3%), and a further substantial proportion as Asian, primarily Indian (10.2%, n = 127) and Filipino (7.2%, n = 89). Pacific students included Samoan (4.9%, n = 51), Fijian (3.0%, n = 37), Tongan (2.4%, n = 30) and Cook Islands Māori (1.5%, n = 18). This continues a clear shift from earlier surveys toward a more diverse nursing student pipeline, consistent with international trends in nursing workforce diversification (Raven et al., 2021; Carter & Xu, 2020). However, these gains must be interpreted alongside evidence that a five-fold increase in Māori nurses is still required to reach population parity (Heyes, 2024).

Most respondents identified as female (91.6%, n = 1,133), with 7.6% identifying as male (n = 94) and 0.7% as gender diverse (n = 8). This reflects persistent gendered patterns in nursing education and aligns with Australasian evidence of low male participation and higher attrition among men (Guy et al., 2021).

The largest age group was 18–21 years (33.9%, n = 422), though there was a growing cohort of mature students: 31–40 years (21.4%, n = 266) and over 40 years (13.3%, n = 165). This likely

reflects increased participation through graduate-entry and mid-career pathways, a trend observed internationally in nursing education (OECD, 2023). An increase in enrolments in education and training can also be a consequence of job loss with those recently unemployed seeking to retrain.

Nearly one-third of respondents reported responsibility for children or other dependents (32.8%, n = 406). This rose sharply among students enrolled in Māori and Pacific programmes, where over half reported caregiving responsibilities (57.3%, n = 67), highlighting a significant equity dimension to the financial and workload pressures described later in this section.

Finances

Financial hardship emerged as a dominant and systemic issue. Nearly two-thirds of students reported always or often struggling to afford essential living costs (64.9%), over one-third spent more than \$2,000 per year on required study-related expenses, and almost two-thirds significantly reduced paid work during clinical placements (61.6%). These findings closely mirror international evidence on “placement poverty,” where mandatory unpaid clinical placements generate substantial direct and indirect costs and undermine students’ capacity to sustain paid employment (Beks et al., 2024; Winchester et al., 2025).

Most students undertook paid work alongside study (64.4%), typically 1–20 hours per week, while 35.6% were not engaged in paid employment. Compared with 2023, a greater proportion were either not working at all or working very high hours, patterns consistent with rising living costs and constrained placement flexibility (Queensland Nurses and Midwives Union, 2023). Around half of working students were employed in health-related roles (48.1%), a pattern associated in previous research with increased clinical confidence but not reduced financial strain (Mitchell, 2021).

Placement costs were substantial. Travel or petrol was identified by nearly 87% of students, with additional costs for parking (42.9%), accommodation (36.3%), and childcare (18.5%). Student loans were the primary source of income during placements (40.9%), while scholarships or grants were rare (2.3%). Financial stress affected academic performance and/or mental health for more than 90% of respondents, and over half had considered leaving their programme due to financial hardship (53.4%). These results align with a growing body of evidence linking financial strain during nursing education with anxiety, burnout, and attrition risk (Pulido-Martos et al., 2012; Sørli et al., 2020; Smith et al., 2025).

Support for financial reform was near universal: 90.0% of respondents supported payment or financial support during clinical placements. Students advocated for both direct supports (e.g., travel, parking, childcare allowances) and structural changes such as shorter placement weeks to allow limited paid employment, approaches increasingly reflected in international policy responses (Council of Deans of Nursing and Midwifery, 2023).

Clinical placement and education

Most respondents felt at least partly prepared for clinical placement, with approximately half reporting they felt “somewhat prepared” (50.9%) and 22.0% “very well prepared.” However, a smaller but important group felt unprepared or not prepared at all (7.8%). This distribution reflects well-described patterns of partial preparedness and confidence gaps prior to transition into practice (Bartley et al., 2024).

Support from clinical nursing teams was generally positive, with 72.5% reporting support most of the time or always. However, around one-quarter described only intermittent support, and 16.7% reported having felt unsafe during placement. Qualitative responses described bullying, belittling, exclusion and being left unsupervised—experiences consistent with New Zealand and international evidence indicating that between 40–80% of nursing students encounter some form of incivility or bullying during placement (Minton & Birks, 2019; Gheri et al., 2025; Zhu et al., 2019). Such environments are associated with poorer learning outcomes, reduced wellbeing and decreased intention to remain in the profession.

Most respondents found access to school-employed clinical educators easy (76.5%), though confidence in raising concerns varied, with around one in six reporting low confidence in speaking up. Students most commonly identified better placement-linked laboratories and tutorials, clearer pre-placement information, and more frequent educator contact as factors that would increase their sense of support—findings aligned with international literature emphasising the importance of protected learning time and well-supported supervision (Cleary et al., 2020).

Future employment

If unable to secure a nursing role in Aotearoa New Zealand after registration, nearly two-thirds of respondents indicated they would seek employment overseas (61.9%), rising to 72.6% among Māori respondents. This represents a significant workforce risk and aligns with international evidence linking training-stage stressors and employment uncertainty to migration intentions (Brook et al., 2019; Alharbi et al., 2023). The most commonly anticipated challenge at graduation was limited job availability locally (52.9%), followed by the need to relocate (24.8%) and concerns about insufficient competence (13.0%).

Students in their final year described mixed preparedness: most felt they had a theoretical foundation but expected a steep learning curve in practice, consistent with the well-established concept of “transition shock” among new graduates (Duchscher, 2009; Chen et al., 2021). Structured transition-to-practice programmes (NETP/NESP/SFYP) were widely viewed as essential.

Cultural safety, rainbow/takatāpui competence, and inclusion

Students described variable access to cultural and pastoral supports, with barriers including time, location, previous negative experiences, and fear that help-seeking could trigger fitness-to-practise concerns. Such barriers are well documented in health professional education and contribute to inequitable outcomes (Curtis et al., 2019; Bartley et al., 2024).

Nearly two-thirds of respondents reported receiving no formal rainbow or takatāpui education (64.7%). Where training existed, it focused primarily on stigma and terminology, with less consistent coverage of LGBTQIA+ specific health needs and gender-affirming care. This mirrors international evidence that LGBTQIA+ content in nursing curricula remains patchy unless deliberately embedded and co-designed with communities (Yu et al., 2023; Damery et al., 2025).

Health and wellbeing

Wellbeing indicators were concerning. Financial pressure was the most frequently reported stressor (80.7%), followed by assessment clustering (72.9%), workload and time pressure

(65.9%), and placement demands (46.1%). Nearly four in five respondents reported at least moderate stress (78.9%), with almost one-third describing excessive stress (30.7%). These levels are consistent with systematic review evidence identifying nursing students as a high-risk group for stress and burnout globally (Alsararatee et al., 2025).

While many institutions offered counselling, student support and health services, students described significant gaps between availability and access, most commonly citing lack of time, stigma and uncertainty about where to seek help. Informal supports—whānau, peers and trusted educators—were often relied upon instead. Balancing paid work and study negatively affected wellbeing for over three-quarters of respondents (75.8%), reinforcing the cumulative impact of financial stress and academic workload.

Student Voices

Placement Poverty & Financial Strain

“I work 30 hours a week just to survive. Then placement starts and I’m expected to do 40 hours unpaid. Something has to give — and it’s usually my sleep or my mental health.” (Respondent #650)

“Being told to ‘just not work’ during placement isn’t realistic when you still have rent, food, petrol and kids.” (Respondent #233)

“I’ve had to live in my car during placement because I couldn’t afford accommodation and couldn’t work at the same time.” (Respondent #391)

Impact of Financial Stress

“It’s not that I don’t want to be a nurse. It’s that I don’t know how I’m supposed to survive until I qualify.” (Respondent #152)

“Financial stress affects everything — your study, your focus, your relationships, and your confidence.” (Respondent #30)

Clinical Placement: Learning vs Labour

“Too often placements feel like free labour. You’re there to fill gaps, not to learn.” (Respondent #571)

“I missed education sessions because I was asked to cover HCA breaks. That’s not learning — that’s service.” (Respondent #385)

“Great placements made everything click. I felt like a future RN.” (Respondent #716)

Safety, Bullying & Incivility

“I was yelled at by an RN in front of staff and patients. No one stepped in.” (Respondent #871)

“Being bullied on placement nearly made me quit nursing altogether.” (Respondent #1073)

Preparedness & Transition to Practice

“I feel prepared in theory, but the real learning starts once you’re on the floor.”
(Respondent #104)

“I know I’ll need NETP to survive that first year. Without it, I wouldn’t feel safe.”
(Respondent #716)

Employment Uncertainty

“I want to stay in Aotearoa, but if there are no jobs, I’ll have no choice but to go overseas.” (Respondent #1040)

“As Māori, the idea of leaving whānau because there are no jobs here is heartbreaking.”
(Respondent #1186)

Cultural Safety & Inclusion

“Stop asking Māori students to provide free labour like leading karakia. That’s not support.” (Respondent #1128)

“Accessing support feels risky — like it might be used against you as ‘not fit to practise’.” (Respondent #71)

“The course assumes you already understand the NZ health system. For international students, it’s all new.” (Respondent #976)

Rainbow & Takatāpui Education

“We learn the terminology, but not how to actually care for rainbow patients.”
(Respondent #371)

Health, Wellbeing & Burnout

“Nursing students are overworked to the point of burnout — placements, assignments, paid work, travel, repeat.” (Respondent #598)

“I work weekends, placement all week, study at night. There is no recovery time.”
(Respondent #650)

Why Students Stay

“It sounds all doom and gloom, but nursing is where I belong.” (Respondent #654)

“I love nursing. I just wish the system made it possible for more of us to get through.”
(Respondent #494)

What students say would help

Alongside quantitative findings, students articulated clear and pragmatic solutions to address the pressures identified. Foremost was the need for paid or remunerated clinical placements, or at minimum financial support for transport, food and accommodation during placement periods. Consistent with international evidence on “placement poverty,” students described unpaid placements as a structural barrier that disproportionately affects those with caregiving responsibilities, limited financial reserves, or from Māori and Pacific programmes (Beks et al., 2024; Brown et al., 2022).

Students also highlighted the cumulative burden of direct and indirect study costs, calling for subsidised uniforms, vaccinations, parking and travel, alongside increased access to allowances, higher loan thresholds, and expanded scholarships with proactive support for applications. These recommendations align with evidence that financial strain during training is strongly associated with academic stress, compromised wellbeing and attrition from health programmes (O'Mara et al., 2023; OECD, 2023).

Improving the quality and consistency of clinical learning environments was another priority. Students emphasised the importance of trained and supported preceptors, clear understanding of student scope across clinical teams, protected learning time, and reduced reliance on students as health care assistant cover. Suggestions included shorter placements or four-day placement weeks to improve learning breadth, and clearer enrolled nurse or assistant-in-nursing pathways where appropriate. International literature similarly identifies supervision quality, workplace culture and role clarity as key determinants of student satisfaction and future workforce retention (Cleary et al., 2020; Minton & Birks, 2019).

Students reported that curriculum and assessment design significantly affected stress levels and learning. They advocated for stronger emphasis on practical skills, better coordination across papers and streams, and avoidance of high-stakes assessments during placements. Evidence indicates that poorly aligned assessment timing exacerbates burnout and undermines learning, particularly in students balancing paid work and caregiving responsibilities (Brook et al., 2019; O'Mara et al., 2023).

Clear, proactive and centralised communication and support systems were also identified as essential. Students sought reliable access to educators, consistent policies for illness and placement makeup, designated study spaces, and accessible mental health supports. While many supports existed in principle, students described practical barriers to access, echoing wider findings that availability alone does not ensure equity or effectiveness of support services (Cleary et al., 2020).

For international, Māori, Pacific, rainbow, disabled and neurodivergent students, respondents emphasised the importance of inclusion and safety. Suggested improvements included structured orientation to Aotearoa New Zealand health systems, built-in language and learning support, stronger responses to bullying and discrimination, and the deliberate cultivation of psychologically safe learning environments. These recommendations reflect established evidence that cultural safety and inclusion must be embedded systemically, rather than relying on ad hoc individual supports (Curtis et al., 2019; Yu et al., 2023).

Finally, students strongly supported flexible and “earn-and-learn” pathways, including part-time options, blended online theory with in-person skills and clinical learning, and recognition of relevant paid health work where appropriate. Such models are increasingly recognised internationally as necessary to support participation, widen access and improve workforce sustainability in the context of rising living costs and workforce shortages (WHO, 2022; OECD, 2023).

While some respondents reported no additional concerns, those who did consistently described systemic financial strain, variable teaching and placement quality, heavy workload compounded by rigid policies, and gaps in communication and support. At the same time, students expressed strong appreciation for supportive tutors and peers and a clear

commitment to nursing as a profession—underscoring that the challenges identified are not a lack of motivation, but failures of tertiary education system design.

Implications and Recommendations

Taken together with existing literature, the 2025 survey reinforces several key conclusions. Placement poverty and financial stress are structural issues rather than individual failings, requiring system-level responses such as funded placements, bursaries, and flexible training pathways (Beks et al., 2024). Bullying, incivility and unsafe learning environments persist and must be addressed through preceptor training, clear policy, and robust reporting and follow-up processes (Minton & Birks, 2019). Transition-to-practice pathways must acknowledge evidence that many graduates feel under-prepared and require structured, supported entry into practice (Gautam et al., 2023). Cultural safety and rainbow/takatāpui competence need consistent, co-designed embedding across curricula (Curtis et al., 2019; Yu et al., 2023). Student mental wellbeing requires urgent attention through assessment reform and genuinely accessible support services. Central to all of these responses is the need to partner with students as co-designers, recognising the sophisticated understanding they bring of workforce and system constraints.

Conclusion

The 2025 National Nursing Student Survey provides a clear warning signal. High levels of financial strain, inconsistent clinical learning environments and uncertainty about post-graduation employment—particularly for Māori and other equity-priority groups—threaten not only student wellbeing, but the future stability and diversity of Aotearoa New Zealand’s nursing workforce. This will compromise the ability of that workforce to deliver equitable and culturally safe care. Aligning these findings with national and international evidence demonstrates that incremental change will be insufficient. Coordinated action by government, Te Whatu Ora, education providers, professional bodies and communities is required to ensure that tauira can enter, complete, transition into and remain in nursing as confident, culturally safe practitioners.

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Appendix 1: Quantitative questions and graphs

Question 1: With which ethnic group or groups do you closely identify? (select all that apply) (n=1,243)

Ethnic group	%	n
NZ Māori	20.27	252
NZ European	50.20	624
Other European	3.14	39
Samoan	4.91	61
Cook Island Māori	1.45	18
Tongan	2.41	30
Niuean	0.56	7
Tokelauan	0.00	0
Fijian	2.98	37
Other Pacific peoples	0.97	12
Filipino	7.16	89
Other South-East Asian	1.21	15
Chinese	4.02	50
Indian	10.22	127
Other Asian	5.39	67
African	1.21	15
Other (please specify)	6.84	85

Question 2: What is your gender? (n=1,237)

Gender	%	n
Female	91.59	1133
Male	7.60	94
Gender diverse	0.65	8
Other	0.16	2

Question 3: What is your age group? (n=1,244)

Age group	%	n
17 or under	0.32	4
18–21	33.92	422
22–25	17.20	214
26–30	13.91	173
31–40	21.38	266
Over 40	13.26	165

Question 4: Are you responsible for children or other dependents? (n=1,239)

Response	%	n
Yes	32.77	406
No	67.23	833

Question 5: What nursing programme are you enrolled in? (n=1,243)

Programme	%	n
New Zealand Diploma in Enrolled Nursing	3.94	49
Bachelor of Nursing	78.36	974
Bachelor of Nursing Māori	4.18	52

Te Ōhanga Mataora: Bachelor of Health Sciences Māori Nursing	2.33	29
Bachelor of Nursing Pacific	2.98	37
Graduate-entry Masters Programme including Nursing Registration	7.24	90
Other (please specify)	0.97	12

Question 6: Which nursing school are you a student at? (n=1,243)

Nursing school	%	n
ARA Institute of Canterbury, Te Pūkenga	19.50	242
Auckland University of Technology, Te Wānanga o Tāmaki Makaurau	9.19	114
Eastern Institute of Technology, Te Pūkenga	4.35	54
Manukau Institute of Technology (MIT), Te Pūkenga	10.56	131
Massey University, Te Kunenga ki Pūrehuroa	7.98	99
Nelson Marlborough Institute of Technology, Te Pūkenga	1.85	23
Northland Polytech, Te Pūkenga	1.21	15
Otago Polytechnic, Te Pūkenga	4.35	54
Southern Institute of Technology, Te Pūkenga	3.71	46
Te Whare Wānanga o Awanuiārangi	3.06	38
The University of Auckland, Waipapa Taumata Rau	5.72	71
Toi Ohomai Institute of Technology, Te Pūkenga	2.74	34
Unitec New Zealand, Te Pūkenga	1.13	14
UCOL, Te Pūkenga	5.48	68
University of Canterbury	1.29	16
University of Otago	1.53	19
University of Waikato	4.75	59
Victoria University of Wellington, Te Herenga Waka	0.32	4
Western Institute of Technology at Taranaki, Te Pūkenga	5.24	65
Whitireia Community Polytechnic, Te Pūkenga	2.18	27
Wintec, Te Pūkenga	2.90	36
Other (please specify)	0.97	12

Question 7: What year of study are you in during 2025? (n=1,240)

Response	%	n
First year	35.24	437
Second year	37.50	465
Third year	27.26	338

Question 8: Are you studying full time or part-time? (n=1,241)

Response	%	n
Full time	97.82	1214
Part-time	2.18	27

Question 9: Do you expect to complete your nursing qualification in 2025? (n=1,242)

Response	%	n
Yes	36.07	448
No	63.93	794

Question 10: How many hours do you work in paid employment? (n=1,185)

Response	%	n
0 hours	35.81	422
1 - 10	27.34	324
11-20	22.78	270
21-30	8.95	106
31 + hours	5.32	63

Question 11: What do you do for a part time job? (n=950)

Response	%	n
Health related role	48.11	457
Non health related role	54.74	520

Question 12: Where do you spend the most money during clinical placements? (select all that apply) (n=1,156)

Response	%	n
Petrol/travel	86.94	1,005
Parking	42.91	496
Additional Childcare expenses	18.51	214
Accommodation	36.25	419
Other	19.20	222

Question 13: What are your main sources of funding whilst on placement? (n=1,169)

Response	%	n
Student loans	40.89	478
Grants/scholarship	2.31	27
Parents/family	8.47	99
Paid employment	18.91	221
Personal savings	16.34	191
Other	13.09	153

Question 14: If you are studying part-time, what is the main reason? (n=137)

Response	%	n
Family/whanau responsibilities	42.34	58
Work/financial commitments	48.91	67
I was required to re-enroll in a theory or clinical course	5.84	8
I have a health condition or an injury which means I can only study part time.	2.92	4

**Question 15: Do you think nursing students should be paid to study – earn and learn?
(n=1,182)**

Response	%	n
Yes, during clinical placement	90.02	1,064
Yes, during theory courses	5.16	61
Yes, for the entire course for all students	18.53	219
Yes, for the entire course for targeted populations eg rural, Māori and Iwi, Pacific people	7.53	89
No, I don't think nursing students should be paid	0.00	0
Other (please specify)	4.82	57

Question 16: How often do you struggle to afford essential expenses (e.g. rent, food, transport)? (n=1,180)

Response	%	n
Always	32.71	383
Often	32.20	380
Sometimes	24.75	292
Rarely	6.10	72
Never	4.24	50

Question 17: How much do you estimate you spend annually on required expenses (e.g. textbooks, uniform, clinical placement costs, travel) (n=1,180)

Response	%	n
Less than \$499	7.29	86
\$500 - \$999	28.47	336
\$1000 - \$1999	31.61	373
More than \$2000	32.63	385

**Question 18: Have you had to reduce your paid work hours due to clinical placement?
(n=1,174).**

Response	%	n
Yes, significantly	61.58	723
Yes, but only slightly	9.37	110
No, I have been able to maintain my work hours	3.24	38
I don't have a job/not applicable	25.81	303

Question 19: Does financial stress impact your academic performance and/or mental health? (n=1,185)

Response	%	n
Yes, significantly	52.83	626
Yes, somewhat	37.89	449
No, not really	7.76	92
No, not at all	1.52	18

Question 20: Have you ever considered leaving your nursing study due to financial hardship? (n=1,184).

Response	%	n
Yes	53.38	632
No	46.62	552

Question 21: How prepared do you feel when attending placement in terms of knowledge and skills? (n=1,068)

Response	%	n
Very well-prepared	22.00	235
Somewhat prepared	50.94	544
Neutral	19.29	206
Not well-prepared	6.65	71
Not prepared at all	1.12	12

Question 22: Do you feel the nursing team in the clinical agency provides enough support and guidance during placement? (n=1,041)

Response	%	n
Always	19.88	207
Most of the time	50.64	548
Sometimes	22.96	239
Rarely	3.36	35
Never	1.15	12

Question 23: How easily can you access support form clinical educators while on placement? (Clinical educator refers to the person employed by your nursing school to oversee your clinical placement) (n=1,044)

Response	%	n
Very easily	42.72	446
Somewhat easily	33.81	353
Neutral	17.43	182
Somewhat difficult	5.17	54
Very difficult	0.86	9

Question 24: How confident are you to raise a concern you may have with either your nursing school or clinical agency charge nurse/clinical manager while on placement? (n=1,052)

Response	%	n
Very confident	28.33	298
Somewhat confident	36.50	384
Neutral	19.58	206
Not so confident	12.74	134

Not at all confident	2.85	30
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Question 25: What would make you feel more supported while on placement? (n=1,026).

Response	%	n
Easier access to clinical lecturers	28.36	291
More in-depth labs/tutorials related to placement	57.60	591
More information readily available about the clinical agency before placement	55.07	565
More frequent check-ins from clinical educators (the person employed by your nursing school to oversee your placement).	34.60	355
Other (please specify)	11.21	115

Question 26: Have you ever felt unsafe on placement? (n=1.030)

Response	%	n
Yes	16.70	172
No	83.30	858

Question 28: What options are you considering if you are unable to get a job in New Zealand after registration? (n=1,033)

Response	%	n
Dropping out of the nursing programme	0.00	0
Wait for a nursing job to become available	33.49	346
Change careers	4.65	48
Seek a nursing job overseas	61.86	639

Question 29: What challenges do you think you might face regarding job security after graduation? (n=1,061).

Response	%	n
Limited positions in my area	52.87	561
Not having enough expertise	13.01	138
The need to relocate for better opportunities	24.79	263
Other	9.33	99

Question 34: Have you had access to rainbow and takatāpui competency training during your nursing course? (n=910).

Response	%	n
Yes	35.27	321
No	64.73	589

Question 35: Was the rainbow and takatāpui competency training delivered or co-presented by someone who identifies as LGBTQIA+? (n=827)

Response	%	n
Yes	22.13	183
No	20.44	169
I don't know	57.44	475

Question 36: What was included in the training? (select all that apply) (n=449)

Response	%	n
Key terms and terminology	83.74	376
Stigma, discrimination and health disparities	87.53	393
Sexuality and sexual dysfunction	52.12	234
LGBTQIA+ specific health issues	52.78	237
Health for rainbow people across the lifespan	39.42	177

Question 37: Do you feel adequately trained to provide gender affirming care for LGBTQIA+ patients? (n=806)

Response	%	n
Yes	50.25	405
No	49.75	401

Question 38: Do you feel that you need additional support to enable you to be successful in your nursing studies? (n=904)

Response	%	n
Yes	14.38	130
No	45.35	410
If you answered yes, what supports would be beneficial	40.27	364

Question 39: What stressors during your nursing course have impacted your wellbeing? (select all that apply) (n=955)

Response	%	n
Multiple assessments due at the same time	72.88	696
Assessments due during clinical experience	58.12	555
Time pressures/workload	65.86	629
Financial pressures	80.73	771
Clinical placements	46.07	440
Comments		70

Question 40: How stressed have you felt during your nursing training? (n=960).

Response	%	n
Not stressed	0.73	7
A little bit stressed	11.77	113
Neutral	8.65	83
Moderately stressed	48.13	462
Excessively stressed	30.73	960

Question 41: What support services are available to you at your nursing school to assist you with feelings of stress or being overwhelmed? (select all that apply) (n=903)

Response	%	n
Counsellors	62.35	563
Student support services	77.52	700
Cultural student support services (e.g. Kaiāwhina/ Kaitiaki Māori Pasifika)	37.54	339
International student support services	17.05	154
Peer support	38.98	352
Chaplain	13.18	119
Social worker	7.75	70
Student association	26.69	241
Mental health services	27.91	252
Other	4.87	44

Question 42: If you have not accessed support services, what are the main reasons? (select all that apply)(n=711).

Response	%	n
Lack of time	73.14	520
Not knowing where to seek help	30.24	215
Feeling embarrassed or stigmatised	35.72	254
Support services are not culturally appropriate	7.88	56
Comments		134

Question 43: Do you feel socially connected to your peers, and supported during your nursing studies? (n=949)

Response	%	n
Yes	81.98	778
No	18.03	171

Question 44: To what extent has your academic workload (assignments, clinical placements etc) affected your physical health (e.g. fatigue, burnout)? (n=957)

Response	%	n
Not at all	3.87	37
Slightly	11.91	114
Somewhat	22.99	220
Moderately	35.01	335
Significantly	26.23	251

Question 46: Do you feel that balancing work and study is impacting your wellbeing? (n=909)

Response	%	n
Yes	75.80	689
No	24.20	220