



# 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, 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.

The National Nursing Student Survey provides a regular snapshot of student experiences in nursing education. The survey contributes to understanding student experience and the effectiveness of that education in preparing for practice. It also identifies systemic and cultural barriers that 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 Australian evidence demonstrating that placement poverty, extended unpaid clinical hours, and precarious transition-to-practice pathways disproportionately affect students from specific cohorts including: those with family or caring responsibilities; low income families; those from low-socio-economic or rural/remote backgrounds; indigenous peoples; and students with children, and are associated with delayed completion, attrition and reduced workforce retention (Beks et al., 2024, p. 16). 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 (Te Whatu Ora, 2024).

Importantly, the survey is situated within Aotearoa New Zealand's commitment to building a Tiriti-honouring and culturally safe health system. Māori and Pacific students experience higher levels of financial hardship, cultural isolation and institutional barriers within health education systems not designed around their realities. 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, culturally responsive, and 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 students 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 indicated 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. Resulting in

narrowing workforce diversity and undermining long-term workforce sustainability and equity (Beks et al., 2024; Cleary et al., 2020).

## 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 students and previous survey responses. Survey questions and quantitative results tables can be found in Appendix 1. Student voice is recorded throughout this report and qualitative themes can be found in Appendix 2.

## 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 (NZNO, 2017), consistent with international trends in nursing workforce diversification (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., 2022). 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).

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 report.

## 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; Davis et al., 2025; 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. Around half of working students were employed in health-related roles (48.1%). While clinical employment can offer valuable benefits, such as strengthening communication skills and self-confidence, working within busy clinical environments can also expose students to reality shock and to practices that do not always align with the theoretical learning taught in their nursing programmes (Haririan et al., 2024).

*“I work 30 hours a week including the weekends sometimes doing 12-14 hours a day on the weekends just to be able to pay for necessities, trying to keep on top of study as well is insanely difficult, leaving 0 time for myself” (Respondent # 650)*

*“It has been suggested that I will need to focus solely on study and forget about paid work of any kind for my final year. Financially that’s not an option for me.” (Respondent #233)*

Placement costs were seen as a barrier to successfully completing their qualification. Travel or petrol was identified by nearly 87% of students, with additional costs for parking (42.9%), accommodation (36.3%), and childcare (18.5%). This is a particular burden for Māori (Raven et al, 2021). 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 (Beks et al., 2024; Smith et al., 2025).

*“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)*

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

Ninety percent 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.

## 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 that nursing students encounter some form of incivility or bullying during placement (Minton & Birks, 2019; 2025; Zhu et al., 2019).

*“I was yelled at and belittled by an RN I was working with in front of and everyone just watched. There was 0 support.” (Respondent #871)*

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

Gheri et al. (2025) reported that the prevalence of bullying in studies they reviewed was 25% to over 90 %. Such environments are associated with poorer learning outcomes, reduced wellbeing and decreased intention to remain in the profession.

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

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.

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

These findings align with international literature emphasising the importance of simulated clinical experiences to enhance critical thinking (van de Mortel et al. 2021), explicit structure and collaboration (Ekstedt, et al. 2019).

### **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. 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%). Findings from research in Spain by Acea-López et al., (2022) also identified concerns about job security and the need to seek employment overseas.

*“...as Māori I want to stay in NZ but because of the limited positions etc I would end up going overseas.” (Respondent #1040)*

Students in their final year described mixed preparedness, most felt they had a theoretical foundation but expected a steep learning curve in practice.

*“I feel prepared in regard to theoretical knowledge and having a base understanding of things. But it would be very naive for anyone to think that we have learnt everything we need to, to be fully prepared. There will be a lot to learn in the workforce.” (Respondent # 104)*

This is consistent with the well-established concept of “transition shock” among new graduates (Duchscher, 2009; Chen et al., 2021). Structured transition-to-practice programmes were widely viewed as essential (Brook et al., 2019; Chen et al. 2021).

### **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. Time, accessibility and previous negative experiences with support services were major barriers. Concerns about being ‘profiled’ or having fitness to practise questioned discourage help seeking.

*“Feeling like accessing services may impact the continuation of my studies by putting my mental/physical health into question” (Respondent #71)*

Such barriers are well documented in health professional education and contribute to inequitable outcomes (Bartley et al., 2024).

Students emphasised the need for visible, well resourced and easily accessible supports for Māori and Pacific students, without relying on Māori students to provide unpaid cultural labour such as leading karakia or acting as informal advisers.

*“Stop asking Māori students for free labour to lead karakia” (Respondent # 1128)*

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.

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

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 significant and impacted student success. 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%).

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

These levels are consistent with systematic review evidence identifying nursing students as a high-risk group for stress and burnout globally (Alsaratey 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, such as 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.

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

Findings in research by Watson et al. (2025) reinforces the need for clear messaging around when and why students should access support services, with perceived lack of appropriate and accessible support services contributing to feelings of stress and isolation.

*“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)*

## 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 indigenous programmes (Beks et al., 2024; Winchester et al., 2025).

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 (Beks et al. 2024).

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.

*“I wish that preceptors...were more aware of the students’ scope of practice:.”  
(Respondent # 454)*

*“.....I have missed out on education sessions due to being expected to relieve HCA watch breaks...its frustrating when I’ve been busy doing those and missed out on opportunities which would have better affected my learning.” (Respondent # 385)*

Suggestions included shorter placements or four-day placement weeks to improve learning breadth, and clearer enrolled nurse or assistant-in-nursing pathways where appropriate. Literature similarly identifies supervision quality, workplace culture and role clarity as key determinants of student satisfaction and future workforce retention (Minton & Birks, 2019; Mitchell et al., 2021).

*“...I would much prefer a 4 day placement week to be able to study for exams, work to pay rent, and spend time with loved ones.” (Respondent # 67)*

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. Clear, proactive and centralised communication and support systems were also identified as essential. Students sought reliable access to educators, consistent policies for illness and makeup placements, 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). Literature suggests that whole program strategies that ‘stimulate community building’ between peers, and faculty (Mitchell et al., 2021) and supportive interventions and readily available resources (Watson et al., 2025) may be helpful to decrease stress.

For international, Māori, Pacific, rainbow, disabled and neurodivergent students, the emphasis was on the importance of inclusion and safety.

*“Provide meaningful disability and rainbow community support, with lecturers being supportive of individual needs.” (Respondent # 371)*

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. Māori students called for dedicated liaisons and spaces, regular hui or wānanga, and programmes such as tuakana-teina that provide structured peer support.

*“Have someone as the go to person for Māori student support needs, a dedicated space for Māori students to connect and funding to support a tuakana teina programme for Māori BN students.” (Respondent # 1147)*

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).

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.

*“I know it sounds all doom and gloom on paper, but in the end I know it will be worth it. I can’t wait to be an RN.” (Respondent #654)*

*“Overall I have been enjoying my return to study after such a long break and am so pleased I chose nursing, it is exactly where I feel I belong mainly due to the wonderful students and tutors around me.” (Respondent # 494)*

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.

## Implications and Recommendations

Taken together with existing literature, the 2025 survey reinforces the following 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; Davis et al., 2025).
- Paid or supported clinical placements to help with direct placement costs such as petrol, parking and childcare.
- 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 (reference).
- 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 students can enter, complete, transition into the nursing profession 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
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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

**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
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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

## Appendix 2: Qualitative Data Analysis Themes

Themes	
Finances, including for equipment, parking and travel	Having to deal with travel and parking costs and availability; placements a long way from home; the cost of study; the cost of equipment, uniform etc.
Disorganisation and poor communication	Timetables confusing and changed frequently; communication about placements not timely; communication about the programme not organised or clear.
Issues with teaching, and the programme	Not enough practical hours to prepare for placements; Tutors not appropriately skilled; too much self-directed and online learning; preceptors being more supportive and having teaching skills; placements not varied enough or appropriate; some clinical areas not sufficiently covered in the curriculum.
Issues with physical space and resources	IT problems; limited computers; limited space to study; old equipment; difficult to access textbooks and cost; differing feedback about how equipped the sim labs are.
Workload stress and time commitment	Time management; juggling life and responsibilities with workload; issues for single parents.
Emotional/pastoral support	Feeling unsupported; feelings minimised; mental health issues; “thrown in the deep end”; would be good to have guidance about accommodation.

Support for disabilities; diversity; cultural	Barriers for International students eg finance, language; disability services inadequate; more support for neurodiversity; barriers for pacific and Māori students.
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