

## National Nursing Student Survey 2023

Prepared by: Sandra Bayliss  
Professional Nursing Advisor

Sue Gasquoine  
Nursing Policy Adviser/Researcher

Dr Wendy Blair  
Competency Advisor

Tim Rochford  
Policy Analyst, Māori

### NZNO NSU MEMBERSHIP 2023

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# Executive Summary

The National Student Survey is an anonymous web-based survey of taura/student nurses, undertaken in May-June 2023. The survey was open to taura/students enrolled in the New Zealand Diploma in Enrolled Nursing, Bachelor of Nursing, Bachelor of Nursing Māori, Bachelor of Health Science Māori, Bachelor of Nursing Pacific, and Direct Entry Masters (Graduate Entry Masters) programmes leading to registration as a nurse in Aotearoa New Zealand. This is the tenth biennial National Student survey; the previous survey was completed in 2021 and attracted 685 respondents. This survey had 1,406 eligible responses, and all 20 schools of nursing were represented.

The focus of the current survey was to investigate:

- Student finances
- LGBTQIA+ community needs
- Challenges for Māori and Pacific taura
- Students' mental wellbeing

At the time of the survey there were approximately 3,200 taura/student members of New Zealand Nurses Organisation, Tōpūtanga Tapuhi Kaitiaki o Aotearoa (NZNO).

## Significant findings

- Financial concerns were a predominant theme across all programmes impacting on physical and mental wellbeing, with clinical experience being identified as a particular financial pressure point. The cost associated with petrol, parking, travel, accommodation and additional food costs during clinical experience was cited by respondents as contributing to financial hardship.
- 84% of respondents stated they felt nursing students should be provided with some form of financial compensation during clinical experience.
- 86% of respondents indicated they had felt either moderately or excessively stressed during their studies, and in addition to financial concerns, stressors such as assessments being due at the same time, assessment due dates occurring during clinical experience, and course costs also featured highly.
- The need for appropriate cultural support and pastoral care was also cited as being integral to the students feeling safe and understood in both theory and clinical environments, with Māori and Pacific taura often facing unique practical as well as cultural barriers, including travel, whānau obligations and language difficulties.
- 33% of respondents had been impacted by extreme weather events, with flooding, road closures, and the cancelling of clinical placement days cited.
- Concerningly, over 30% of respondents indicated that they had questioned whether nursing was right for them.

## Limitations of the survey

As with all surveys, the representativeness of those who choose to participate, and the subjectivity of some of the views expressed mean the results need to be interpreted with caution. The development of questions can also limit possible responses. Survey questions can reduce the opportunity for respondents to elaborate or give meaningful context about their individual situations. Including illustrative comments by respondents gives depth to the concerns the survey findings indicate.

## **Dissemination and Recommendations**

Representatives of the National Student Unit (NSU) presented the survey results to the Heads of Schools and members of the Council of Deans in July 2023. This research report will be circulated to all schools of nursing and will be available on the NZNO website.

## **Acknowledgement**

We would like to acknowledge the NSU national survey working group for their dedication and mahi in putting this survey together: Rebecca Dunn, Elliott Pepper, Ariana Thompson-Kihirini, Autymn Kanuta William, Angel Legano and Georgia Dicken. Additionally thank you to all NSU committee members and NZNO student members who took the time to complete this survey, and encouraged nursing student peers to do so.

# Introduction

## The 2023 NZNO Nursing Student Survey

NZNO is the leading professional and industrial organisation of nurses in Aotearoa New Zealand, representing over 60,000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. NZNO's 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.

## Context

This is the tenth biennial national survey of taura/nursing students and was undertaken between May and June 2023. The National Student Unit (NSU) is made up of students enrolled in an undergraduate nursing course or a programme leading to initial New Zealand nursing registration. The NSU exists to serve the interests of all student members of NZNO. It is unique, as it is the only nursing student representative group in Aotearoa New Zealand and the major political voice for nursing students today. The NZNO NSU has been surveying nursing students since 2009, resulting in a unique set of insights for the nursing profession, educators, politicians and employers of nursing graduates.

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 National Student Representative (NSR). Students enrolled in midwifery courses, competence assessment programmes and postgraduate programmes not leading to registration were not surveyed in 2023.

At the time of this survey, Aotearoa New Zealand was experiencing the fourth wave of Covid-19 infections and had faced two devastating natural disasters. The Auckland floods in late January 2023 were cited as a once in a century event. However, just two weeks later Cyclone Gabrielle hit New Zealand shores causing damage in Northland, coastal Auckland, and had particularly devastating impacts on the East Coast of the North Island.

## Methods

Themes for the 2023 survey were formulated by NSU representatives, informed by the current experiences of taura/nursing students and previous survey responses. The project used a partnership approach between NZNO student representatives, staff, and delegates from each School of Nursing in Aotearoa New Zealand. The National Student survey is an anonymous, web-based survey, distributed nationally. The survey has five sections seeking responses to questions on finances; LGBTQIA+ community needs; challenges for Māori and Pacific students, mental wellbeing and demographic information. Thematic analysis was used to analyse open ended questions and respondent comments. Quantitative results are given for all respondents, and numbers and percentages are shown to allow comparisons.

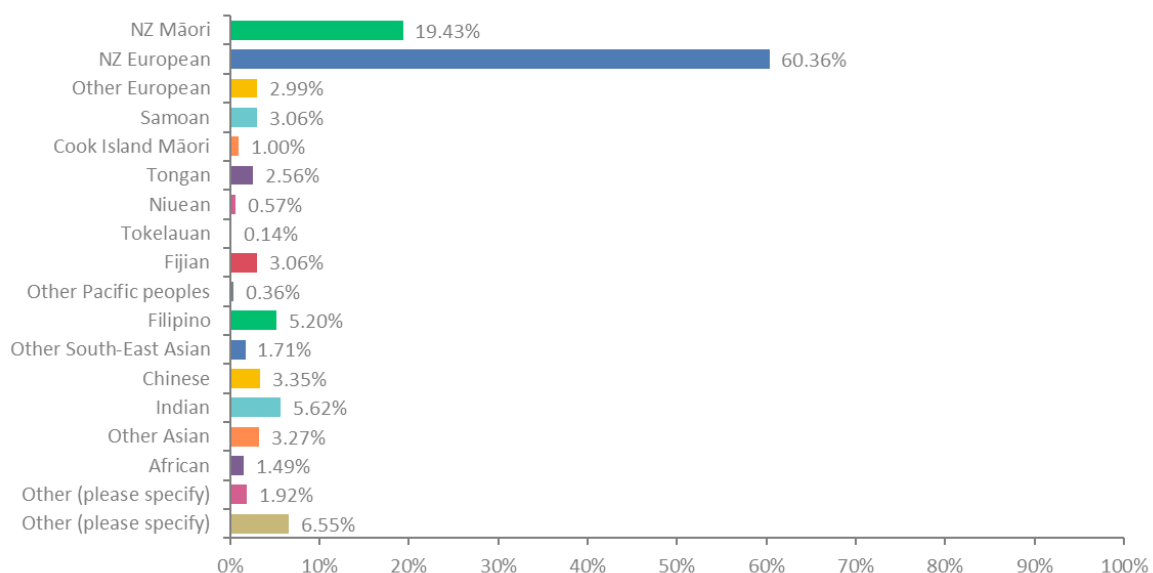
Posters containing the survey link and QR code were emailed to all NZNO nursing student members and Heads of Schools of Nursing. Heads of Schools were asked to promote the survey to their student cohorts, including those who were not current NZNO members. Additionally, posters were placed on nursing programme pages within individual nursing schools learning management systems and placed in student areas in Schools of Nursing. The survey was also promoted by NZNO National Student Representatives and Local Delegates within Schools of Nursing, and through NZNO Professional Nursing Advisors and Organisers presenting to students during the survey period. Consent was implied by completion and submission of the survey questionnaire.

## Results

The survey was split into five sections and results are reported under the section headings. Questions one to eight collected the following data: ethnicity, gender, age, programme of study, School of Nursing, year of study in 2023, and whether study was fulltime or part-time. Ethnicity groupings used in this survey were based on the those used by the Nursing Council of New Zealand (NCNZ).

Question one asked respondents to identify the ethnic group they most closely identified with. Respondents were able to choose more than one ethnicity, therefore some identified with multiple ethnic groups. Approximately 60% of respondents self-identified as NZ European (60.36%, n = 848), 19.43% identified as NZ Māori (n = 273). There was diversity among Asian ethnicities, with Indian (5.62%, n = 79) and Filipino (5.20%, n = 73) being the most prominent, followed by Chinese (3.35%, n = 47) and other Asian (3.27%, n = 46). Various Pacific Island ethnicities were represented, with Samoan (3.06%, n = 43), Tongan (2.56%, n = 36), and Fijian (3.06%, n = 43) making up the majority of Pacific respondents. One hundred and nineteen respondents (8.47%) chose to comment in the 'other' categories, highlighting the ethnic diversity of the current student cohort. The 'other' category included a variety of European and African countries, and other pacific peoples. The ethnicity data is shown in Figure 1.

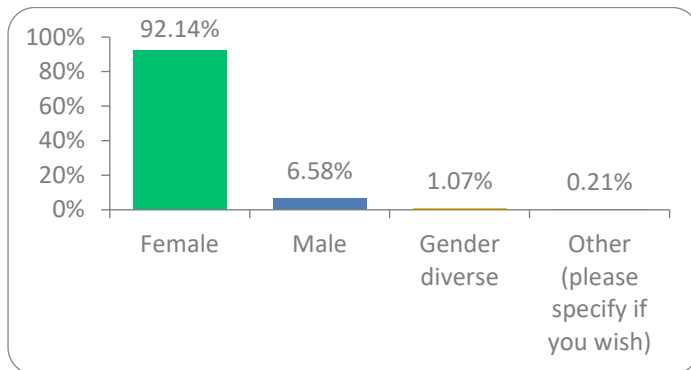
Figure 1: Ethnicity of Respondents, Q1



(n = 1,405)

In question two respondents were asked which gender they identified with (Figure 2). Options included female, male, gender diverse and other. Most respondents identified as female (92.14%, n = 1,294), 6.58% (n = 92) as male, and 1.07% (n = 15) identified as gender diverse. 'Other' was identified by a small number of respondents.

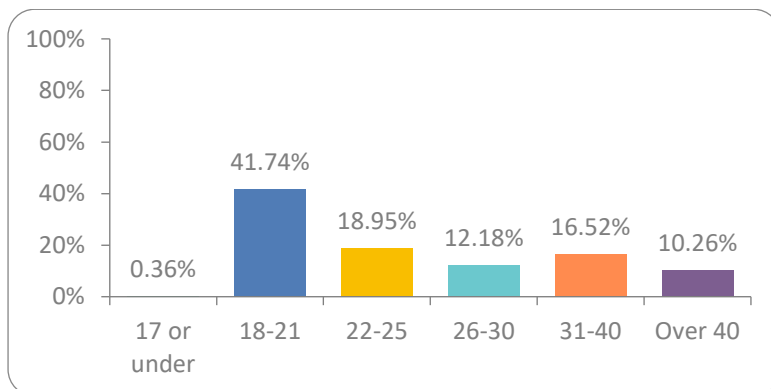
Figure 2: Gender, Q2



(n = 1,399)

Question three asked respondents to identify what age group they belonged to (Figure 3). The largest age group was 18 – 21 years (41.74%, n = 586), followed by the 22 – 25 year age group (18.95%, n = 266). The third most represented age group was 31- 40 years (16.52%, n = 232), followed by 26 - 30 years (12.18%, n = 171). Five students (0.36%) were aged 17 or under and were enrolled in the New Zealand Diploma in Enrolled Nursing.

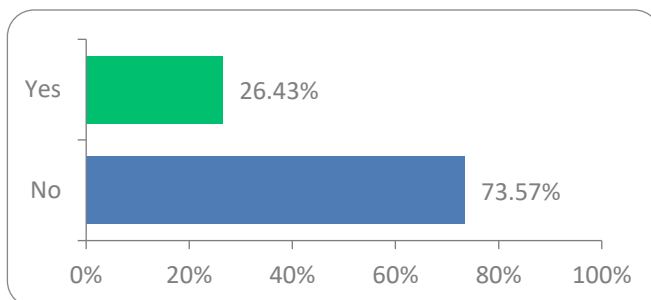
Figure 3: Age of Respondents, Q3



(n = 1,404)

Question four asked if respondents were responsible for any children or other dependents. The survey data indicated that 73.57% (n = 1,030) did not currently have dependents for whom they were responsible. However, 26.43% of respondents (n = 370) were responsible for children or other dependents.

Figure 4: Responsibility for Dependents, Q4

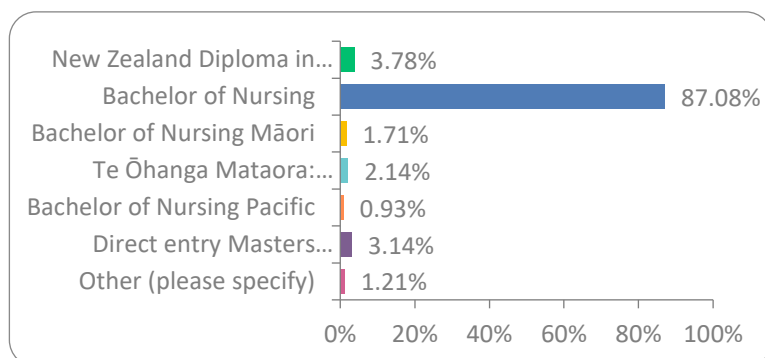


(n = 1,400)

Question five asked respondents which nursing programme they were enrolled in, NZ Diploma in Enrolled Nursing, Bachelor of Nursing, Bachelor of Nursing Māori, Te Ōhanga Bachelor of

Health Sciences Māori Nursing, Bachelor of Nursing Pacific, and Direct Entry Masters programme that includes nursing registration (Figure 5). The majority of respondents (87.08%, n = 1,220) were enrolled in Bachelor of Nursing programmes, 3.78% (n = 53) were enrolled in the New Zealand Diploma in Enrolled Nursing (Dip EN) and 3.14% (n = 44) were enrolled in Direct Entry Masters programmes. A total of 91.53 % (n = 1,287) of respondents were enrolled in a Bachelor of Nursing (BN) course. This included 3.84% (n =54) of students enrolled in Bachelor of Nursing Māori or Bachelor of Health Science Māori, and 0.93% (n = 13) who identified Bachelor of Nursing Pacific as their course of study. 'Other' was identified by 1.21% (n = 17) and included different names for the programmes identified in the question and courses that weren't included in the survey.

Figure 5: Programme of enrolment, Q5



(n = 1,401)

Respondents were asked which school of nursing they were enrolled with (Q6). Taurira/students in new nursing programmes at Victoria University Te Herenga Waka and University of Waikato Te Whare Wānanga o Waikato were included in the 2023 survey, increasing the number of nursing schools surveyed from 18 to 20. The responses from each Nursing School are not compared with cohort sizes. Additionally, some schools offer BN, BN Māori and BN Pacific programmes, while other schools may offer Dip EN and BN, and other schools only offer one programme such as Direct Entry Masters programmes. Data are reported in Table 1 below.

Table 1: Nursing school attended by respondent, Q6

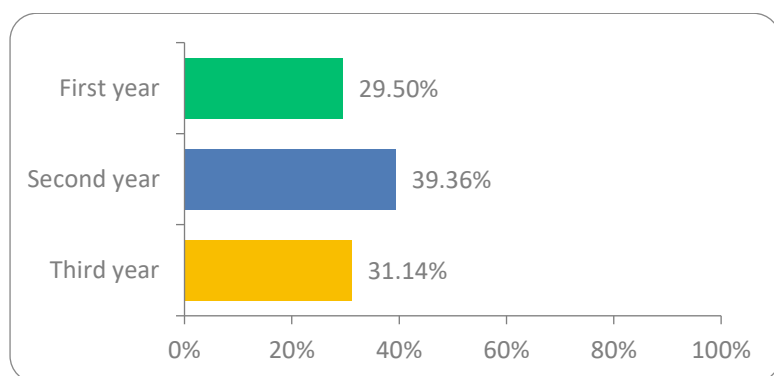
Nursing School	%	n
ARA Institute of Canterbury, Te Pūkenga	6.54	92
Auckland University of Technology, Te Wānanga O Tāmaki Makau Rau	15.35	216
Eastern Institute of Technology, Te Aho A Māui, Te Pūkenga	4.05	57
Manukau Institute of Technology (MIT) Te Pūkenga	3.84	54
Massey University, Te Kunenga Ki Purehuroa	9.88	139
Nelson Marlborough Institute of Technology, Te Whare Wānanga o Te Taihu o Te Waka a Māui, Te Pūkenga	4.26	60
Northtec, Tai Tokerau Wānanga, Te Pūkenga	1.63	23
Otago Polytechnic, Te Kura Matatini ki Otago, Te Pūkenga	7.63	111
Southern Institute of Technology, Te Whare Wānanga Te Pūkenga	6.40	90
Te Whare Wānanga o Awanuiārangi	1.92	27
The University of Auckland, Waipapa Taumata Rau	7.82	110
Toi Ohomai Institute of Technology Te Pūkenga	6.11	86
Unitec New Zealand, Te Pūkenga	6.04	85
UCOL, Te Pae Mātauranga ki te Ao, Te Pūkenga	5.40	76
University of Otago, Te Whare Wānangao Otāgo ki Ōtautahi	1.07	15



University of Waikato, Te Whare Wānanga o Waikato	2.35	33
Victoria University, Te Herenga Waka	0.64	9
Western Institute of Technology, Taranaki, Te Pūkenga	5.40	76
Whitireia Community Polytechnic Te Pūkenga	0.85	12
WINTEC Te Pūkenga	1.63	23
Other (please specify)	0.92	13
<b>Total</b>		<b>1407</b>

In question seven respondents were asked to identify what year of study they were completing in 2023, first, second or third (Figure 4). Respondents were predominantly in their second year of study (39.36%, n = 551), followed by third year (31.14 %, n = 436), and first year (29.50%, n = 413). Bachelor of Nursing programmes are of three years duration while the Diploma in Enrolled Nursing is an 18 month course and Direct Entry Masters programmes are two years in duration.

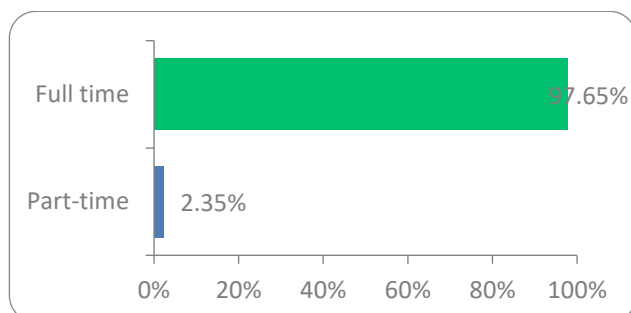
Figure 6: Year of study in 2023, Q7



(n = 1,400)

Question eight asked respondents if they were studying part-time or full-time (Figure 7). Nearly 98% of respondents indicated they were studying full-time, however 34.95% (n = 482) indicated they were also working 11 hours per week or more, with 49 respondents indicating they worked in excess of 31 hours per week (Figure 9).

Figure 7: Fulltime and part-time study, Q8



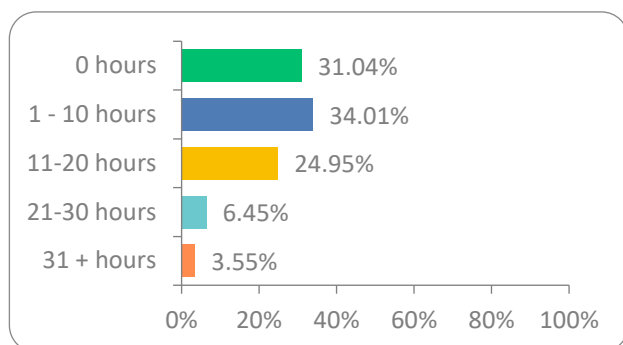
(n = 1,404)

## Financial Wellbeing

Questions nine to 15 asked about paid employment, costs during clinical placements, sources of funding, and questions about possible payment while in clinical placement. Question nine asked how many hours respondents worked in paid employment. The majority of respondents (68.96%, n = 951) worked in a paid job. With 34.01% (n = 469) working up to 10 hours, 24.95%

(n = 344) working between 11 and 20 hours, 6.45% (n = 89) working 21 to 30 hours and 3.55% (n = 49) working more that 31 hours.

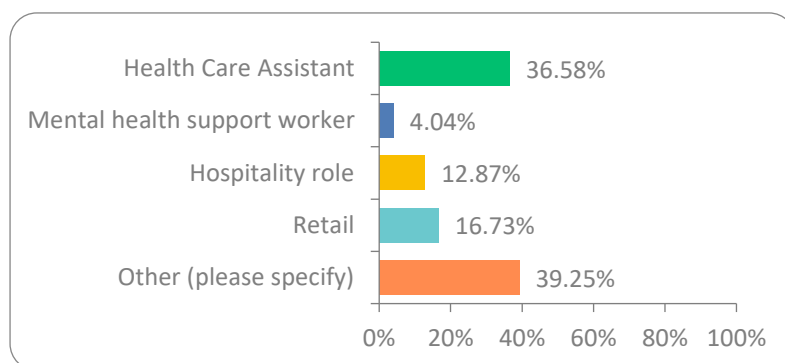
Figure 8: Hours in paid employment, Q9



(n = 1,379)

Question 10 asked respondents what type of job they did (Figure 9). More than 40% of respondents worked in a Health Care Assistant/Mental Health Support Worker or similar role, including administration in health care environments. Other occupations included cleaning, beauty therapy, retail, hospitality, and various forms of child care.

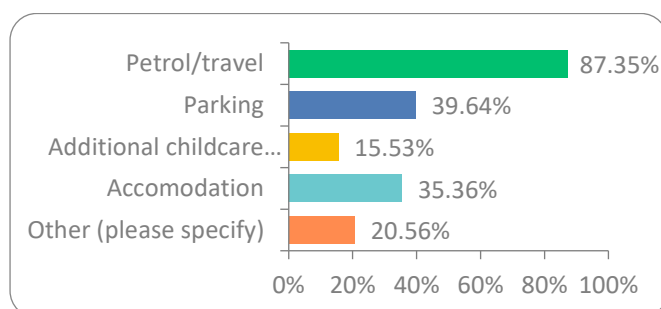
Figure 9: Part-time job occupation, Q10



(n = 1,088)

Question 11 asked respondents what they spent the most money on during their clinical placement (Figure 10). Petrol/travel, parking and accommodation were the predominant costs across all courses. Additional food costs were highly represented in the responses for 'other'. Some respondents talked of having petrol costs in excess of \$150 per week and needing to travel for up to three hours per day to attend placement. Additional childcare expenses also contributed to costs during placement.

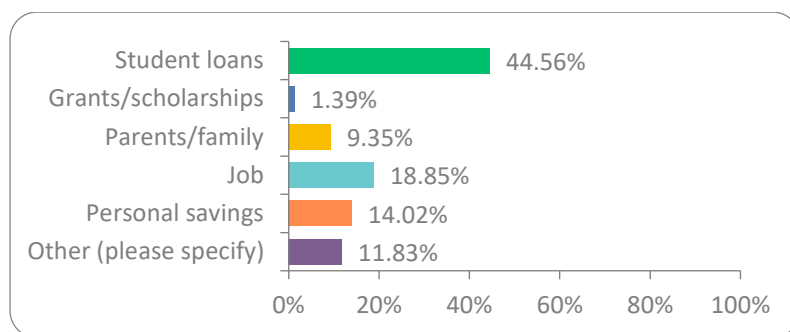
Figure 10: Expenditure during clinical placements, Q11



(n = 1,352)

Question 12 asked what the main source of funding was for respondents while they were on clinical placements (Figure 11). Student loans were the predominant form of funding (44.56%, n = 610). Other sources of funding included benefits and living allowances. While this question asked respondents for their main source of funding, many students access funding from a variety of sources, such as combinations of student loans, savings, and whānau support. While 1.39% (n = 19) of respondents indicated that they accessed grants and scholarships, the question asked for the main source of funding, and therefore this percentage may not reflect the true scholarship and grant uptake in this group. It is important to note that most scholarships and grants are a contribution to costs rather than a substantive source of funds.

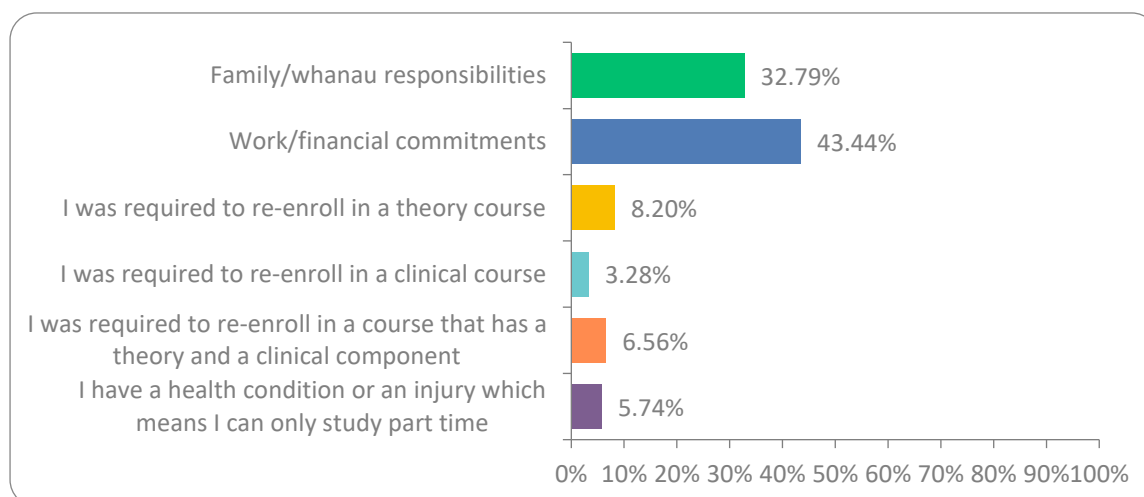
Figure 11: Main source of funding during clinical placements, Q12



(n = 1,369)

Question 13 asked respondents, if they studied part-time, what was the main reason for this. Most students surveyed studied full time therefore the majority did not answer this question (n = 122). The majority of respondents who answered this question cited work and financial commitments (43.44%, n = 53) as the primary reason for studying part time, followed by family/whanau responsibilities (32.79%, n = 40). The other reasons mentioned included specific course requirements and health-related limitations.

Figure 12: Main reason for studying part-time, Q13



(n = 122)

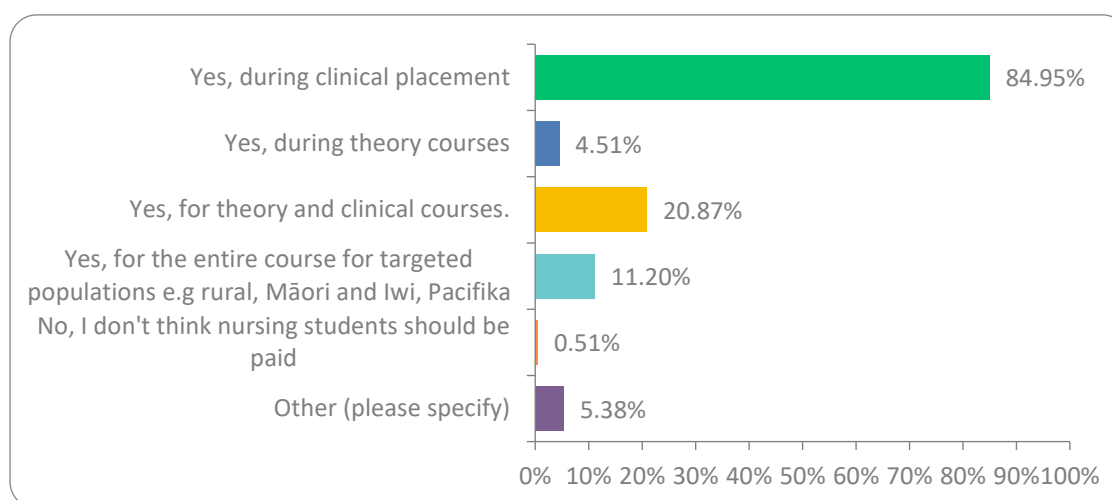
In question 14 respondents were asked if they felt nursing students should be paid to study. The majority of respondents (84.95%, n = 1,168) indicated they supported payment for nursing students during clinical placement. Additionally, 20.87% (n = 287) supported payment for both theory and clinical courses. However, a minority (4.51%, n = 62) thought payment should only be provided during theory courses, and a smaller number (0.51%, n = 7) opposed the idea of paying nursing students altogether.

Some respondents made other suggestions regarding addressing placement poverty.

*Paid based on living situation aka, those who are paying for their accommodation should get paid as they don't have the opportunity to work during the week as other degrees do. Also, if we HAVE to work in order to afford food, we are working 48 hours of a week, 40 hours unpaid at clinical placement (Respondent #1240).*

*Students, especially year three students should be getting paid while on clinical placements. Though we could hope for as much money as possible, even special grants, vouchers and extra money for travel would make things slightly better. Being paid while on clinical placement would be amazing [...] while not being able to work (Respondent #1288.)*

Figure 13: Payment for nursing students, Q14



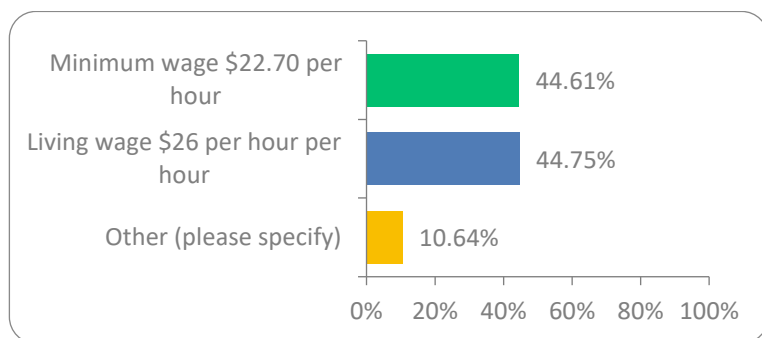
(n = 1,375)

Question 15 asked how much students should be paid (Figure 14). Respondents were divided between those who believed minimum wage is appropriate and those who felt a higher rate, aligning with the living wage would be appropriate. The following comment provides commentary about why students may need to work and the impact of studying on students paid work.

*Clinical placements are a contributing factor that effects students being able to work part time jobs to support their studies. Placement times take up time that students would use and have to work their part time jobs. These part time jobs pay for the books required for nursing, petrol/ travel fees that are required to travel to university (where in which the university and school of nursing encourages and asks for students to attend in person) however, some students may not be able to attend a full weeks' worth of classes in person as they don't have the financial capability to do so (Respondent # 997).*

Other responses included, support based on living situation, petrol vouchers, meal allowance and generally that any financial assistance would be helpful. Comments included suggestions such as, 'just enough to pay rent! and '\$100 NZD per week to cover travelling cost'.

Figure 14: How much should nursing students be paid, Q15

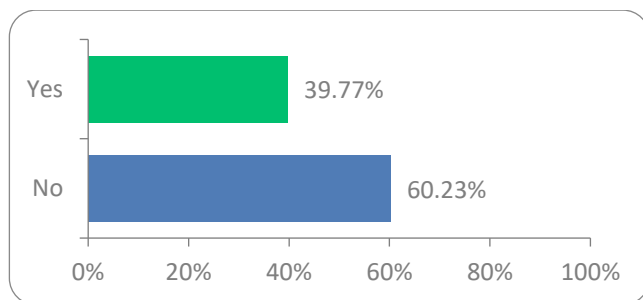


(n = 1,372)

### LGBTQIA+ (Lesbian, gay, transgender, bisexual, queer or questioning, intersex, asexual and more)

Questions 16 to 19 focused on rainbow and takatāpui competency training. For the purposes of this survey rainbow competency training was defined as training for nursing students aimed at increasing the cultural and clinical competency of healthcare for rainbow (LGBTQIA+) individuals. Question 16 asked respondents if they had received rainbow and takatāpui competency training. Approximately 40% (n = 523) of respondents had attended rainbow and takatāpui competency training during their nursing programme, while 60.23% (n = 792) stated they had not undergone this training.

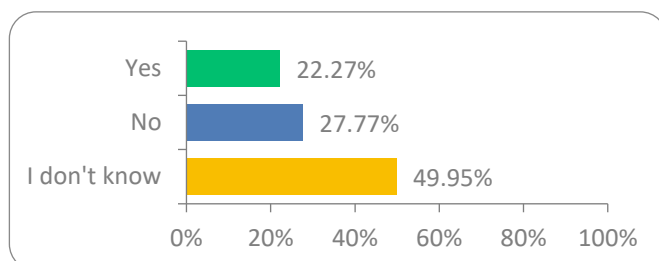
Figure 15: Rainbow and Takatāpui competency training, Q16



(n = 1,315)

Question 17 asked if the training received had been delivered or co-presented by people who identified as LGBTQIA+. Results showed that there was uncertainty among respondents regarding the identity of the trainers (Figure 16). Almost half of respondents (49.94%, n = 545) expressed uncertainty about whether the training was delivered or co-presented by someone who identified as LGBTQIA+.

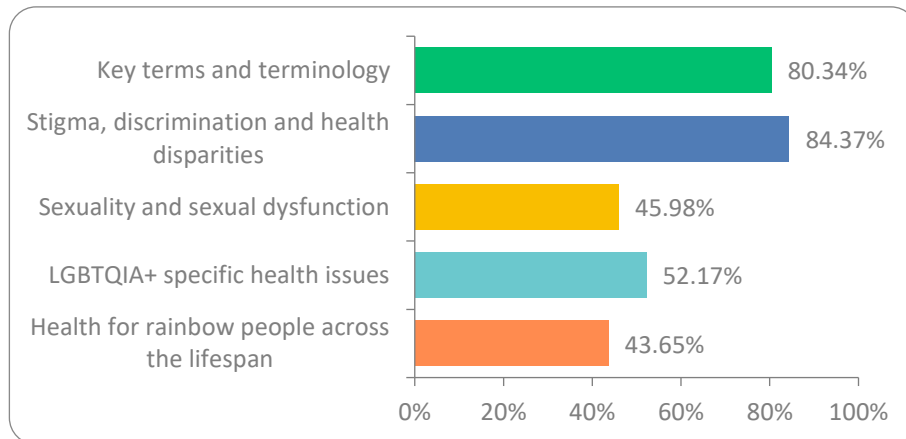
Figure 16: Did trainer identify as part of LGBTQIA+ community, Q17



(n = 1,091)

In question 18 respondents were asked to identify what was included in the training they received (Figure 17). The majority of respondents (84.37%, n = 545) noted issues related to stigma, discrimination and health disparities was included, followed by key terms and terminology (80.34%, n = 519). Respondents also mentioned coverage of LGBTQIA+ specific health issues (17%, n = 33.5), content on sexuality and sexual dysfunction (45.98%, n = 297), and health considerations across the lifespan for rainbow individuals (43.65%, n = 282).

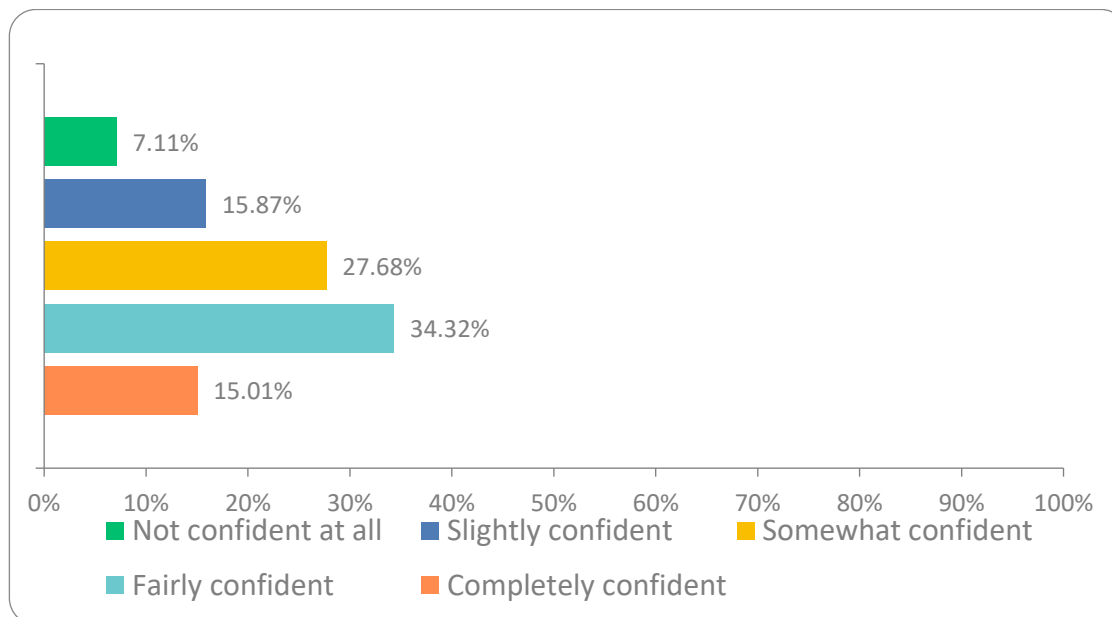
Figure 17: Contents of training, Q 18



(n = 646)

Question 19 asked respondents how confident they felt about delivering culturally safe and gender affirming healthcare (Figure 18). Confidence levels varied among respondents. Less than 10% (n = 91) of respondents expressed no confidence in their ability to provide culturally safe and gender affirming health care. Most respondents (92.88%, n = 1,188) expressed some confidence (slightly confident to completely confident). This range of confidence levels may highlight the need for ongoing training and support to ensure confidence.

Figure 18: Confidence level in delivering culturally safe, gender affirming health care, Q19

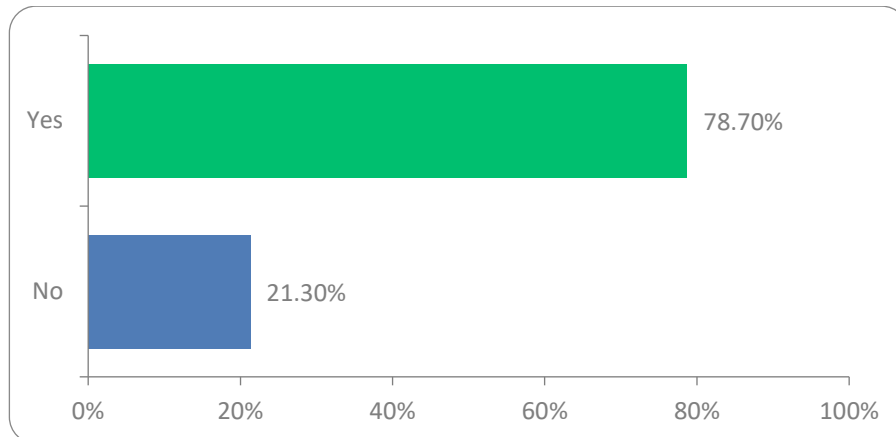


(n = 1,279)

## Māori and Pacific Taura/Students

Taura/students from Māori and Pacific ethnic groups were invited to answer questions 20 to 24. Responses from non-Māori and Pacific peoples were not included in data analysis. Question 20 asked if respondents felt they needed additional support to be successful in their nursing studies.

Figure 19: Is additional support required? Q20



(n = 324)

Approximately 79% (n = 255) of taura who identified as being of Māori and/or Pacific ethnicity stated that additional support was required to support success in their nursing studies.

Question 21 asked what support Māori and Pacific respondents felt would be beneficial for them. Two hundred and thirty comments explored thematically. The main themes that emerged were the need for financial, academic, cultural and wellbeing support. The importance of support being accessible and proactively offered was also cited, with respondents stating that many taura required encouragement to seek support despite experiencing hardship.

Financial support included options for fees free study, paid placements, and travel allowances, particularly for those living rurally who often faced higher costs associated with travel. The need for support to access grants and scholarships was also raised by respondents.

*Support like for food & travelling to main campus, tuition fees if charged in future would be very helpful. At least some payment would be helpful as cost of living & fuel, medical costs are expensive in NZ. Choosing a part time job sometimes gets hard to balance family life, work & study which can bring a fall in the course grades or later decide to leave the course (Respondent #235).*

*In regard to financial restraints, it is hard to study full-time especially with a whanau. Costs have increased majorly. As students we are having to spend what money we have on travel for example I drive from [locations] 3-4 times per day which adds up to \$100-150 in petrol cost just to get to class, text books because most likely all books that the library have available are already being used by other students, additional course fees that aren't covered by Study Link and many more. It would be beneficial to have financial guidance especially for those who do not have other family support to help out financially. Māori and [Pacific] students need the guidance and support of one another, we a lucky at [nursing school] that we have a class catered to our cultural needs (Respondent # 1405).*

*From my experience rural [location] students need additional travel allowance and to many of the rural students travelling to [campus] the gas is very expensive. The majority of these rural living students are of Māori and [Pacific] descent (Respondent #318).*

Academic support which was responsive to the learning needs of taura was seen as important to success. This included having a learning space specifically for Māori and Pacific taura where they could be their 'authentic selves', having access to Māori and Pacific mentors in both theory and clinical environments, and the provision of additional tutorials where concepts could be clarified. Support with 'learning how to learn', academic writing, and exam skills were also identified as being beneficial. The comments below not only illustrate the importance of mentor support from those who care, but also the need to provide Kawa Whakaruruhau (cultural safety) for taura/students to protect them from racist attitudes among the wider taura/student nurse, nurse education teams and the wider health sector. Recent political events suggest this has become more urgent.

*More support and wananga, in environments that are safe for us to learn in. A Māori facilitator for each year to work alongside us when we need the extra encouragement or explanation of any concept (Respondent # 331).*

*Additional support when taking Māori health subjects in mixed environments. When you and your whanau are being talked about as the subject in an environment where people are "learning" i.e. being openly ignorant/racist, it is very discouraging environment. There should be some precursor chat with the class as well to explain basics of conduct, and that the class shouldn't turn to their fellow Māori students to answer questions for them, it can be exhausting (Respondent # 538).*

*More culture specific education for dealing with discrimination within the healthcare setting. Services of support could benefit Māori and [Pacific] students more to push them through the behaviour they encounter that often repels them away from the profession (Respondent # 266).*

In question 22 respondents were asked how they thought more Māori and Pacific peoples could be attracted to nursing (n = 262). Financial support continued to be the predominant theme from respondents, including fees free options, cheaper fees, paid clinical placements, the availability of scholarships and grants, and the need to feel valued in the workforce.

*I know that being both Māori and [Pacific], the main attraction would be having our tuition taken care of. The biggest weight on our peoples shoulders is the financial burden, to provide for our families. Not having to worry about where to find the money to cover our tuition fees, gives us a chance to fully focus on our education. A lot of people don't have that luxury of studying full time due to financial needs (Respondent #190).*

*Having that financial support from being paid on clinical placement would really help and attract us. It is a tough time for Māori and Pacific families at this moment and doing 40 hours a week of clinical placement for free becomes financially difficult to the point where we lose our Māori and Pacific individuals studying nursing (Respondent #152).*

*Make degree programs fee free. Teach other health professionals cultural awareness so it stops workplace bullying of student nurses/Māori & P.I nurses. Make us want to stay in NZ or in areas that are dominated by other ethnicities and not just areas where Māori and P.I dominate patient numbers i.e. renal/mental health (Respondent #368).*

The way in which Māori and Pacific taura/students were prepared for tertiary education, including teaching and learning methods in nursing programmes also featured highly in responses.



*I think there needs to be more support and information given to high school leavers in Kura kaupapa schooling, such as a guest student going into the school to tell them about the ways they can afford and be able to take a Bachelor of Nursing and the resources such as scholarships there are to be able to fund the school fees. As Māori are categorised as “low decile” this would be a good way to ensure they have all the knowledge to know they are able to take the course and be able to fund the payments of the degree. This way there will be more Māori student nurses and a wider understanding of the Māori principals to help support our own people (Respondent #125).*

*Offer the programme in Te Reo Māori. More support in general will encourage us to finish the degree. Māori student nurses uniform would be cool. More Māori & Pacific in teaching roles would be amazing (Respondent #151).*

In question 23 respondents (n = 227) were asked what changes they thought could be implemented to assist Māori and Pacific taura to complete their nursing qualification. Themes included: accessible support systems; flexibility in nursing programs; collaboration with Māori and Pacific communities; increased financial support; increased recruitment of Māori and Pacific nursing educators; and addressing systemic barriers that impact Māori and Pacific taura. Increased cultural competence training and the incorporation of cultural competence training into the nursing curriculum to better equip non-Māori/Pacific nursing taura/students and staff to work effectively with Māori and Pacific health consumers, families and communities was also highlighted in responses.

*(...) Cultural safety training can help to increase awareness and understanding of Māori and Pacific cultural values and practices, which can improve interactions with patients and contribute to more positive healthcare outcomes. Strengthening cultural safety training can help to ensure that Māori and Pacific students feel supported and valued in their nursing education (Respondent # 108).*

*More cultural sensitivity training for staff and health professionals. Tutors talk a lot about negative Māori /Pacific health statistics or Māori /Pacific customs but don't even know or acknowledge the reasoning behind it which sometimes leads to ignorance from other non-Māori/Pacific students (Respondent # 305).*

Respondents suggested that the development and implementation of support systems for Māori and Pacific taura, such as peer mentoring programs, academic and career counselling services, and financial assistance programs would potentially improve success.

*(...) Māori and Pacific students may face unique challenges when pursuing nursing education. Offering tailored support such as academic mentoring, peer support, and cultural guidance can help to address these challenges and increase student success.(...) Māori and Pacific students may face systemic inequities that impact their academic success. Addressing these inequities can involve creating culturally responsive and inclusive learning environments, reducing bias in assessment practices, and incorporating culturally relevant curricula and resources (Respondent #108).*

Respondents suggested that increasing the recruitment of Māori and Pacific nursing kaiako (teachers) to better reflect the diversity of the population and to provide Māori and Pacific taura with role models and mentors who understood their cultural backgrounds would be beneficial. The provision of more flexible nursing programs that cater to the needs of Māori and Pacific taura, such as offering part-time or distance learning options, and accommodating cultural obligations and responsibilities was noted by respondents. The development of partnerships with Māori and Pacific communities to gain a better understanding of their healthcare needs and cultural practices, and to create nursing programmes and policies that are responsive to their needs was also suggested by respondents.

*(...) Providing students with opportunities to work in healthcare settings that serve Māori and Pacific populations can help them to develop cultural competence and increase their understanding of the unique healthcare needs and perspectives of these communities (Respondent #108).*

Respondents suggested that providing additional financial support to Māori and Pacific taura to help with the costs associated with nursing education, such as tuition fees, textbooks, and living expenses would support taura success and encourage more Māori and Pacific people into nursing programmes. Address systemic barriers that contribute to the underrepresentation of Māori and Pacific nurses in the workforce, such as racism, discrimination, and bias was also suggested by respondents. This could involve implementing policies and practices that promote equity and diversity and creating safe and inclusive learning and working environments.

*Having study sessions/groups directed by Māori and Pacific CEs for Māori and [Pacific] students. I believe everyone will be comfortable voicing their questions and ideas when they look around the room and see we all look alike. As in uni you hardly see any [Pacific] students so the culture shock is real (Respondent # 205.)*

*“More talk in the community or social media to make people understand the need and importance of having Māori and [Pacific] in this profession. Having personalised stories shared from nurses in practice about the importance and the difference they make, as well as success stories from healthcare consumers and their experiences with Māori or [Pacific] nurses (Respondent #144).*

Financial and mentorship support were the key themes identified. The need for financial assistance via fees free/earn as you learn, providing incentives and removing barriers, being paid during study/placements, increased accessibility to scholarships; increased support particularly for academic requirements, childcare and flexibility in class times and clinical placements were mentioned by respondents. Providing tailored support, addressing systemic inequities, providing access to healthcare settings with Māori and Pacific populations, strengthening cultural safety training were also seen as ways to assist Māori and Pacific taura.

Other changes that were thought to be beneficial included providing culturally appropriate learning support.

*Having more support, especially in the academic areas. There are times where I find myself struggling with how to complete assessments, even when I have the resources available. Having one on one step by step interactions in between and during assessments and clinical placements would make the workload a lot more manageable (Respondent # 190).*

*More culture specific care that focuses on a Māori worldview (e.g. Te Whare Tapa Wha) - Better support through clinical placement (when facing discrimination) - More Māori or [Pacific] nurses and lecturers sharing their first-hand experiences (good and bad) Respondent #266).*

*Māori and Pacific may face financial and academic challenges while pursuing qualifications. Financial aid and academic support programs could be implemented to help these students. Address systematic issues, such as racism and discrimination, that may disproportionately affect Māori and [Pacific] students (Respondent #269).*

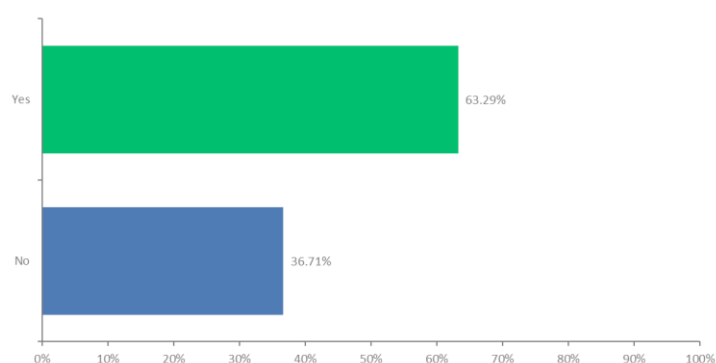
The importance of raising awareness of nursing as a valuable career, and the ability to help whanau and community was also a predominant theme. Suggestions included increasing exposure to nursing as a career at secondary school level, developing awareness of pathways and academic support into nursing, utilising Māori and Pacific nurses to speak in schools and

for advertising nursing as a career, including positive stories about the difference that could be made.

*More talk in the community or social media to make people understand the need and importance of having Māori and [Pacific] in this profession. Having personalised stories shared from nurses in practice about the importance and the difference they make, as well as success stories from healthcare consumers and their experiences with Māori or [Pacific] nurses (Respondent #351).*

Respondents were also asked (Q24) if they thought it was preferable for Māori and Pacific taurira to be paired with a Māori or Pacific preceptor during clinical placement (n = 223). Approximately sixty three percent (n= 200) stated that this was preferable and would be beneficial to their learning experience.

Figure 20: Is it preferable for Māori and Pacific taurira to be paired with a Māori or Pacific preceptor? Q24



(n=316)

*Absolutely! Māori and [Pasific]... understand their own people better. Racism is alive and evident where I am currently placed, and it has affected my mental health (Respondent # 368).*

Comments also included acknowledgment that Māori and Pacific preceptors were not always accessible, and that there could be some benefits to working with preceptors of different ethnicities which were reflective of the workforce.

*I think it's important for Māori nursing students to learn from nurses from other cultures. We will have to work with them in the future as a multicultural workforce. Learning their perspectives now will be beneficial to our profession in the future (Respondent #297).*

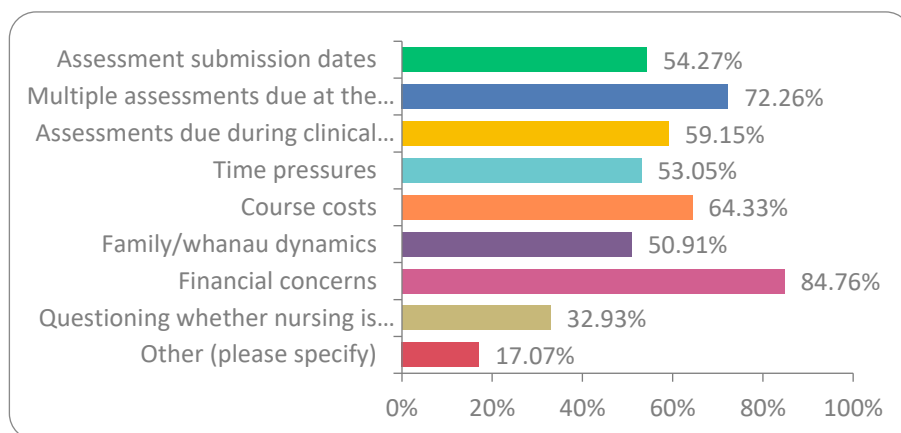
*If available of course but if not available it's also okay. I am Māori and many of my preceptors are of European New Zealand descent, but they've done a pretty stellar job so far (Respondent # 347).*

## Mental Wellbeing

Questions 25 to 34 focused on the mental wellbeing of respondents. Question 25 asked respondents to identify the level of stress they experienced. More than 86% of respondents (86.59%, n = 1,091) indicated that they felt moderately to excessively stressed during their programme of study. The most significant stressors included financial concerns (Q 26), 84.76%, n = 1,017) and multiple assessments due at the same time (71%, n = 896). Course costs (62.44%, n = 788) and assessments being due during clinical experience (62.20%, n = 785) were the next most significant stressors. Respondents were able to select all stressors that

applied. Of note, approximately one third of students (32.25%, n = 407) questioned whether nursing was right for them.

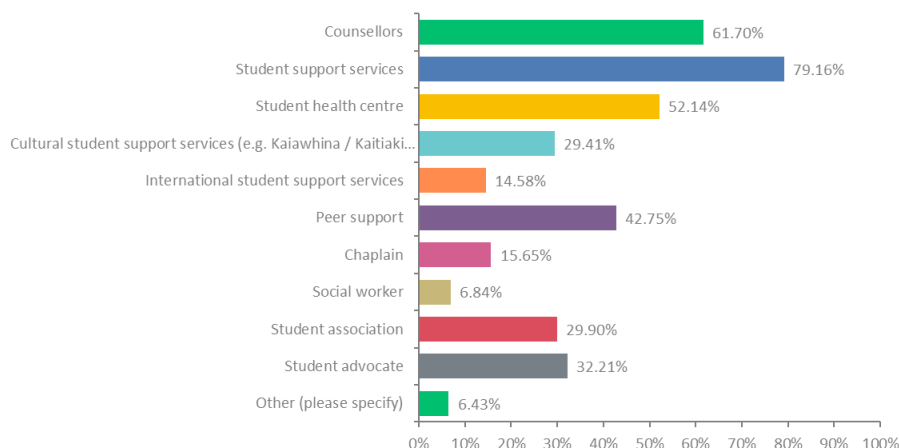
Figure 21: Stressors, Q26



(n = 1,262)

Question 27 asked respondents to identify what support services were available to them at their School of Nursing to assist with feeling stressed or being overwhelmed. Respondents noted a variety of support services were available. Student support services (79.16%, n = 961), counsellors (61.70%, n = 749) and student health services (52.14%, n = 633) were the three most available support services. Peer support was used by 42.75% (n = 502). Cultural student support services were noted as being available to 29.31% (n = 357) of respondents.

Figure 22: Support services, Q27



In question 28 respondents were asked if they had accessed any of the support services available to them. However, despite noting the availability of support services, the majority of respondents (69.31%, n = 874) had not accessed these services. Question 29 asked if the support services identified in question 27 were accessible to them when they were on clinical placement. Approximately two thirds (68.59%, n = 810) noted that support services were available. The difference in accessibility of student support services compared to how taurira/students are accessing these services requires further investigation.

Question 30 asked respondents who provided opportunities for them to debrief challenging clinical events. Preceptors (55.70%, n = 660) and clinical lecturers (49.62%, n = 588) provided most of the debriefing opportunities, followed by peers (42.36%, n = 502). This highlights the

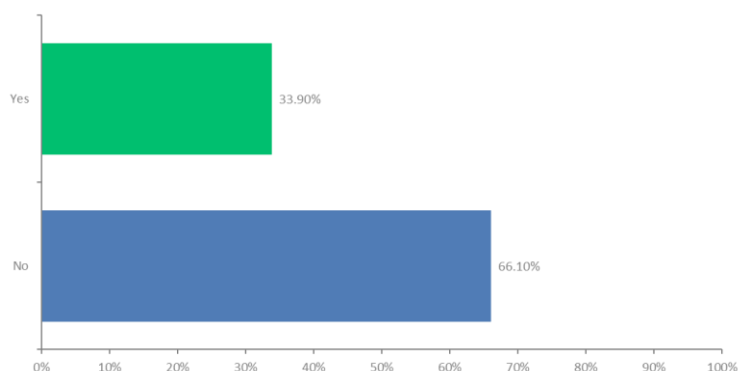
importance of mechanisms being in place, such as preceptor training, to support effective debriefing processes.

In question 31 respondents were asked if they felt comfortable talking with their clinical lecturer about issues they had while on clinical placement. While approximately two thirds (66.81%, n = 797) of respondents stated they were comfortable discussing issues with their clinical lecturers, some students raised concerns about the potential risks to progression.

*There is the concern that some honest points raised can be used against me, that is why I do my best to be politically correct. I just want to make my way through (Respondent #985).*

Question 32 focused on the impact of severe weather events on respondents (Figure 21). One third of respondents indicated they have been impacted by significant weather events in 2023 (33.90%, n = 421). Impacts of Cyclone Gabrielle and Auckland weather events included disruptions to travel preventing access to learning on campus and clinical placements, property damage including homes, cars, and equipment e. g. laptops. Campus closures, and reduced hours available at clinical agencies also disrupted learning opportunities. Respondents also noted difficulties associated with learning due to needing to access resources online rather than being taught content, and isolation from usual learning support networks. The level of destruction experienced by some communities and campuses means the impact of this will be ongoing.

Figure 23: Impacted by severe weather events, Q32



In question 33 respondents were asked 'what is the biggest risk for you to successfully complete your nursing qualification?'. Five main themes emerged from the data (Figure 22). Financial stress was attributed to the cost of being on placement, childcare, the cost of living, a lack of income, student loans and being ineligible for the student allowance. The examples below demonstrate the financial hardship experienced by survey respondents.

*Money! Nursing Students need help. I can't pay for my next semester, and I am absolutely panicking (Respondent # 75).*

Some respondents were afraid they would have nowhere to live as they struggled to pay their rent.

*Losing my apartment as I cannot afford rent during placements, can barely work during out of placement times due to assessments and exams (Respondent # 1007).*

Some participants described that they might not be able to continue in the nursing programme due to financial pressures.

*Because I am 40, I no longer qualify for student allowance, which means in my final year I will not be able to afford to live whilst on placement which means I might have to pull out (Respondent # 986).*

Study stress included fear of failing, having to complete assignments and exams while on clinical placement, and multiple assessments due at the same time resulting in a high workload. The impact of Cyclone Gabriel, learning difficulties, a lack of knowledge and having English as a second language also created stress for students. They described struggling to understand expectations and feeling unsure of their knowledge.

*Not having the information to pass the exams and move onto the next year. I am currently only first placement of the year and I feel like there is so many things I should know that I don't ... I don't feel I have the knowledge to assist my patients (Respondent # 1,149).*

*Due to [training provider] being inaccessible, students have found it hard to keep up with 'self-directed' learning. This is ultimately being provided [as] videos and PowerPoints and then told to teach ourselves and ask questions if we need ... (Respondent # 849).*

Stress caused by limited time included feeling forcibly rushed, having to work to survive, NCNZ restrictions (programme of nursing education must be completed within five years) and work/life balance. Respondents with children repeatedly raised issues related to finances and time.

*...I've been told that I have to go full time next year if I want to pass, that part time isn't an option due to time off during pregnancy and covid... (Respondent # 538).*

Stress impacted the physical and mental health of respondents including decreased motivation, mental fatigue, burnout, low self-esteem and self-sabotage.

*One big risk would be fatigue/burnout due to the expectations we have as students (Respondent #).*

Some respondents expressed doubts about becoming a nurse.

*Not knowing if I still want to be a nurse and struggling with my mental health which then reduced my motivation to complete assignments (Respondent # 34).*

Family issues and a lack of support were also considered by some to be a big risk to their course completion. Lack of support included experiencing bullying behaviour and/or discourteous behaviour, working in toxic environments, having negative experiences on clinical placements, disorganised training with frequent changes in staff, poor preceptorship and poor communication. Some respondents expressed frustration about the lack of support they received. For example:

*Overworked and not paid. Due to short staffing and petrol, I was burnt out very quickly and it affected my mental health. Tutors expect us to complete assignments while staff on the ward expect us to work like we are already employed. Too busy to teach us (Respondent # 100).*

One participant commented about the stigma of being a male student of colour. Others said that issues with travel were the greatest threat to them completing their nursing programme due to the cost of petrol and alternative travel options.

The survey concluded by asking respondents if they were any other comments on topics not addressed elsewhere in the survey (Q35). There were 420 comments explored thematically.

Three main themes emerged from the data: support, safety and inequity. Table 2 shows the themes and subthemes.

Table 2: Question 35 Themes

Themes	Codes
Support	Financial support <ul style="list-style-type: none"> <li>• paid clinical placements</li> <li>• support with fees</li> <li>• financial guidance</li> <li>• travel costs – fuel, parking</li> </ul>
	Cultural support <ul style="list-style-type: none"> <li>• cultural supervision</li> <li>• access to kaumatua and kuia</li> <li>• access to experienced RNs</li> <li>• study groups</li> <li>• Māori led program for Māori</li> <li>• dedicated space</li> <li>• funding for cultural support</li> </ul>
	Personal support <ul style="list-style-type: none"> <li>• health services</li> <li>• mental health support</li> <li>• help for ESOL students</li> <li>• culturally appropriate support</li> <li>• support to voice concerns</li> <li>• Childcare</li> </ul>
	Learning support <ul style="list-style-type: none"> <li>• campus closures post cyclone</li> <li>• online</li> </ul>
Safety	Safety on Placements <ul style="list-style-type: none"> <li>• cultural safety</li> <li>• physical safety</li> <li>• safety from bullying</li> </ul>
Inequity	<ul style="list-style-type: none"> <li>• disadvantage</li> <li>• training model and recruitment</li> <li>• cultural safety training</li> <li>• focus on indigenous health</li> </ul>

The quality of the teaching and learning environment including accessibility of lecturers, mode of delivery, impact of placement on childcare, placement locations and inadequate notification of placement locations were also cited by respondents as creating hardship and frustration.

*To be honest, it is the lack of tutors / lecturers that makes learning difficult. I am a face-to-face learner and if I have to travel 2 hours daily to be in class then that not only cost be financially but, if we do not have adequate teaching then it is not helping me prepare of learn anything for exams, reports, essays and other assignments. Schedules for placement are an issue as well, we receive them almost a week or 4 days before placement and it is not ideal for us who need to organise childcare. It is frustrating and definitely not ideal; it makes studying that much harder to complete (Respondent #1405).*

## Discussion

This was the tenth biennial NZNO National Student Survey. The survey had over 1,400 responses in comparison to 685 in 2021 and 878 in 2019. This may be because nursing taura/student numbers have increased but could also demonstrate increased engagement by taura/students due to increasing difficulties with successfully completing nursing training in New Zealand. The respondents have provided a rich source of information about the current taura/student experience.

Demographic data showed that taura/students enrolled in nursing programmes predominantly identified as New Zealand European (60.36%), 19.43% identified as Māori, a slight increase from 18% in 2021. The majority identified as female (92.14%), there was a slight increase in the percentage who identified as gender diverse (1.07%) from the 2021 survey (0.6%). The age spread was very similar to the 2021 survey with the exception of a small number aged 17 or under. The largest group were the 18 to 21 age group (41.74%). The majority of taura/students did not have dependents to care for which corresponds to the predominate age group. It is expected that older taura/students are more likely to have dependents. The question about dependents is new to the 2023 survey so no comparison to earlier surveys is available. The majority of taura/students were enrolled in a Bachelor of Nursing Programme (87.08%) with a very small number enrolled in culturally specific training programmes (4.78%), similar to the 2021 survey.

Results show that taura/students experience financial hardship and this impacts the successful completion of their programme of study. The majority of taura/students were enrolled as fulltime students. More than half (68.96%) were also in part time work to support themselves through their studies, with some working a significant number of hours each week. While on clinical placements taura/students also had to pay for extra accommodation and food if they were away from home. Some experienced increased costs for childcare when they were on placements. Results highlight areas where targeted financial support could be provided for taura/students to alleviate the additional costs of travel (including parking), accommodation, food and childcare for those with dependents. Financial stress was also identified in the 2021 survey but was largely focused on the impact of the Covid-19 pandemic in comparison to a strong focus on the cost of living and cost of being a nursing taura/student in 2023.

It has been suggested that paying taura/students while they are on clinical placements could help reduce this stress. There was support for receiving financial payments emphasising the recognition of the practical, hands-on aspect of their education, and the additional financial pressures associated with clinical placements. While financial assistance would be beneficial the needs of the taura/students as learners should be prioritised over the need of health service providers to supplement their workforce with student labour. There are varying perspectives on what constitutes fair compensation for taura/student nurses during their placement. Funding should be targeted to support learning rather than as a fee for service.

Only 40% of taura/students received rainbow and takatāpuhi competency training. While 92.88% expressed some confidence in their ability to provide culturally safe and gender affirming health care, it is concerning that the majority of taura/students who participated in this survey had not received this training. This section is new to the survey, therefore no comparison can be made with previous survey data.

The most common concern for Māori and Pacific taura was clearly financial with almost all respondents noting financial constraints as a major barrier. A second major theme was pastoral care suggesting that being a taura can be an isolating experience. Cultural support was also identified as an issue, recognising both the need for and difficulties in accessing cultural support and recognising that Māori and Pacific peoples often face unique practical, as well as cultural



barriers including travel, whānau obligations and language difficulties. The need for appropriate cultural support and pastoral care was also cited as being integral to taura feeling safe and understood in both theory and clinical environments.

The need for additional academic support was also discussed by respondents. This included access to learning spaces where taura felt they could be their 'authentic selves', the provision of tutorials to ensure understanding of concepts being taught, interactive learning experiences, and access to Māori and Pacific nurses as mentors throughout their learning journey. Appropriate student support structures, suitable teaching methods and curriculum design need to be reconsidered in order to increase the number of Māori taura (Zambas, Dutch & Gerrard, 2020). Zambas, Dewar and McGregor (2023) found that the consistent expression of manakitanga, and inclusion of tikanga Māori and a wānanga teaching strategy could encourage retention, and 'professional identity as a Māori nurse'.

Roberts (2020) found that there were "ongoing colonising practices in education, racism, varied understanding of cultural safety" and these impact the development of "a nursing culture that is responsive to Māori" (p. ii). It is important that disparities in the access and outcomes for Māori and Pacific taura/students is addressed in order to attract more Māori and Pacific people into nursing programmes and promote successful completion. This is supported by García (2024) who suggests that patient and community outcomes can be improved by fostering an environment that encourages and respects cultural differences. While some changes have been made in nursing education over the last decade to address these issues, it is clear from taura/student responses that further work is required. Retention in nursing programmes has been shown to improve with appropriate academic support, the provision of culturally appropriate mentors and role models, relevant clinical experiences, the inclusion of indigenous content in curricula, and the provision of supportive teaching and learning environments (Wilson, McKinney & Rapata-Hanning, 2011).

Although there were support services available for taura/students most students (69.31%) did not access these. The reasons for this were not explored in this survey, however Māori/Pacific taura commented on the importance of support being proactively offered, rather than expecting taura to ask for support or access support services independently. Many taura/students described feeling stressed and concerned about burning out. This seemed to be compounded when students had academic work that was due during clinical placements adding further stress.

New to this survey, extreme weather events impacted approximately one third (33%) of taura/students. Disruptions included being unable to access campus for lectures and clinical placements because of damage to roads or cars washed away and homes flooded with the associated loss of student 'tools' like laptops. Disruption to study was also a feature in the 2021 survey which asked specific questions about the impact of COVID-19 where learning was disrupted during periods of 'lockdown', increasing stress and decreasing mental wellbeing.

It is concerning that over 30% of respondents indicated that they had questioned whether nursing was right for them. While there will always be some student attrition, retention issues need to be urgently addressed.

## Conclusion

In conclusion, the 2023 student survey had considerably more responses than previous years. Financial concerns were a predominant theme across all programmes impacting on physical and mental wellbeing, with clinical experience being identified as a particular financial pressure point. The cost associated with petrol, parking, travel, accommodation, and additional food costs during clinical experience was cited by respondents as contributing to this financial hardship. Māori and Pacific taura often face unique practical as well as cultural barriers, including travel, whānau obligations and language difficulties, and require access to appropriate cultural and pastoral support. The number of taura/students who experienced stress of study and assignments was also concerning. The impact of extreme weather events caused by climate change on training was significant for those living in affected areas of the country.

## Recommendations

As with most studies with a survey design, data analysis reveals many questions that require further investigation. The taura/student voice in this survey reflects current research findings around nursing education in the Aotearoa/New Zealand context.

The following recommendations are made:

- Further investigation into effective and equitable ways to provide financial support for students. This includes student loan/allowance limits and exclusions, immigration/residency status and the impact of paid hours of work and scholarships on eligibility for allowances and loans.
- Investigation of nursing programme mix including the numbers of nurses expected to complete graduate entry nursing programmes and gain registration in the next 5 – 10 years, and the impact on the make-up of the nursing and health workforce.
- A focus on decolonising nursing education to provide appropriate nursing programmes to attract more Māori and Pacific people.
- Support the inclusion of Maori and Pacific nurses as kaiako/tuakana/mentors/preceptors in theory and clinical nursing education.
- The provision of culturally safe learning spaces and experiences in theory and clinical environments.
- Rainbow education across all nursing programmes.
- Increased accessibility to and appropriateness of student wellbeing services, including proactively offering mental wellbeing support.
- The provision of peer support programmes and the preparation of those who undertake peer support roles.
- Increased flexibility of programme delivery, including part time options for study.
- Subsequent surveys should explore preparation for the provision of peer support.

## References

- García, R. (2024). Embracing the new year: Advancing student performance, competence, and the use of measures of equity in nursing education. *Teaching and Learning in Nursing*, 19. <https://doi.org.10.1016/j.tem.2023.10.013>
- Roberts, J. R. (2020). An investigation into the preparedness for and experiences in working with Māori nursing students among New Zealand tertiary institutes, schools and nurse educators. [A thesis presented in partial fulfilment for the requirements for the degree of Doctor of Education. Massey University]. <https://mro.massey.ac.nz/items/5cac6e5a-0dab-4507-8033-571a52db4cab>
- Wilson, D., McKinney, C., & Rapata-Hanning, M. (2011). Retention of Indigenous nursing students in in New Zealand: A cross-sectional survey. *Contemporary Nurse*, 38(1/2), 59-75. <https://doi.org/10.5172/conu.2011.38.1-2.59>
- Zambas, S.I., Dutch, S., & Garrard, D. (2020). Factors influencing Māori student success: An integrative literature review. *Nurse Education Today*, 91. <https://doi.org/10.1016/j.nedt.2020.104477>
- Zambas, S.I. Dewar, J. and McGregor (2023). The Māori Student Nurse Experience of Cohorting: Enhancing Retention and Professional Identity as a Māori Nurse. *Nursing Praxis in Aotearoa New Zealand*, 39(1). <https://openrepository.aut.ac.nz/items/9f2615eb-fe44-4b56-a507-ad7a4ae644d2/full>