24 February 2025

By email:

Tēnā koe

Request under the Official Information Act 1982

Thank you for your email of 27 January 2025, requesting the following information from Te Pūkenga – New Zealand Institute of Skills and Technology (Te Pūkenga):

> *We have been made aware of a report written by ███████████████ regarding Te Pūkenga. In correspondence we recently received, this report was referenced. I am wondering if you have a copy of this that could be shared with us.*

This letter provides a formal decision on your request under the Official Information Act 1982 (OIA).

The decision

Please find attached a copy of the document you have requested, titled:

> *Pūrongo a ngā Kaiwhakahere Mātāmuri: Retention and Pathways, Bachelor of Nursing at Te Pūkenga Research Report 10 September 2024*

Personal details and a name have been withheld from the Report under section 9(2)(a) of the OIA to protect the privacy of natural persons. We do not believe the need to withhold this information is outweighed by the public interest in its release.

The purpose of this research project and resulting Report was to identify opportunities across the system to increase the nursing workforce of New Zealand. Qualitative and quantitative data and insights were used to look into the barriers and opportunities in attracting ākonga (learners) into a career in nursing; ākonga experiences while studying; and workforce retention of ākonga after graduation.

You have the right to make a complaint to the Ombudsman under section 28(3) of the OIA if you are not happy with this response. Information about how to do this is available at www.ombudsman.parliament.nz or by calling 0800 802 602.

We may publish our OIA responses and the information contained in our reply to you on our website. Before publishing we will remove any personal or identifiable information.

Ngā mihi

Gus Gilmore
Tumuaki | Chief Executive

TE PŪKENGA

PŪRONGO A NGĀ KAIWHAKAHERE MĀTĀMURI:

RETENTION AND PATHWAYS, BACHELOR OF NURSING AT TE PŪKENGA

Research Report 10 September 2024

truwind

RESEARCH FIRST

Retention and Pathways, Bachelor of Nursing at Te Pūkenga

Research Report

10 September 2024

Research design and reporting by

██████████████████████████ at Research First

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Contents

Acknowledgements

A global shortage of nurses is a well-recognised and documented challenge. In Aotearoa, the retention and attrition rates of nursing ākonga (learners) have been identified as a significant concern within the sector for several years. Our clinical partners recognise these issues as critical threats to the health workforce pipeline. As the primary contributor to the nursing workforce in this country, Te Pūkenga and its business divisions play an important role in addressing these challenges.

Te Pūkenga's charter is committed to improving the learner experience through several key principles:

- **Prioritising ākonga**: Placing learners at the centre of all initiatives.

- **Empowerment of learners**: Providing services that empower and support learners.

- **Equity**: Working towards equity for learners across different genders, ethnicities, cultures, and abilities.

- **Responding to Māori ākonga needs**: Focusing on improving outcomes for Māori learners.

- **Meeting the needs of all learners**: Especially addressing the needs of Māori, Pacific, and disabled learners, who have historically been underserved.

These principles have guided the present work to better understand the opportunities and barriers related to the attraction, participation, retention, and completion of ākonga across Te Pūkenga's nursing qualifications. We anticipate that the findings outlined in this report will equip nursing education providers with the evidence needed to implement targeted strategies, thereby improving the study experiences of ākonga. Ultimately, our goal is to reduce the attrition of ākonga through equitable solutions.

The research presented here is the culmination of rigorous investigation, thoughtful analysis, and collaborative effort. I therefore take this opportunity to thank the following:

- Ākonga for their willingness to participate in the qualitative focus groups.
- Steering group members for their advice on all phases of this study.
- Te Pūkenga as sponsors of this important work.
- ▬▬▬▬▬ Executive Director, Learner Success and Oritetanga.
- s 9(2)(a) , Senior Project Manager, for her capable stewardship.
- Te Whatu Ora nursing leadership for supporting us to undertake this work.

▬▬▬▬▬▬▬▬▬ RN, PhD, FCNA(NZ)
Head of Domain – Nursing
Te Pūkenga

PART ONE

SUMMARY INTRODUCTION AND RECOMMENDATIONS

01
Summary Introduction

This report provides a detailed understanding of opportunities and barriers related to attraction, participation, retention and completion across Te Pūkenga nursing qualifications.

From December 2023 to August 2024, mixed-method research was undertaken using the learner journey as a basis, including qualitative interviews and quantitative data investigation research. The objectives of the approach were to:

1. Identify the factors of importance influencing retention and success for ākonga in Bachelor of Nursing qualifications and associated pathway programmes.

2. Provide recommendations to improve participation and retention based on findings.

The research ran in four connected workstreams:

A. Quantitative application, admissions, retention and completion data analysis using the Stats NZ Integrated Data Infrastructure (IDI) and anonymised application, enrolment and withdrawal datasets.
B. Qualitative interviews with ākonga, Nurse graduates and career advisors and review of existing research and insights. Ākonga who participated included those who have withdrawn, current ākonga in the Bachelor of Nursing Māori and Pacific programmes, ākonga from migrant families, and ākonga with specific learning needs and physical disabilities.
C. Two nationwide quantitative surveys explored perceptions of Nursing from parents as influencers and ākonga considering tertiary education over the next two years.
D. Systematic literature review—This review began by exploring literature from 2018 to 2024, concentrating on search terms related to nursing student retention and early career challenges in New Zealand. Where a theme had been identified in the initial search, but the literature was limited, the search broadened to include international studies, earlier works, and grey literature to provide a comprehensive overview. The literature was also supplemented with field-sourced literature from individuals involved in nursing education to enrich understanding.

This summary makes recommendations that align with the stages of the ākonga journey, as represented below. Recommendations are made from insights across the quantitative,
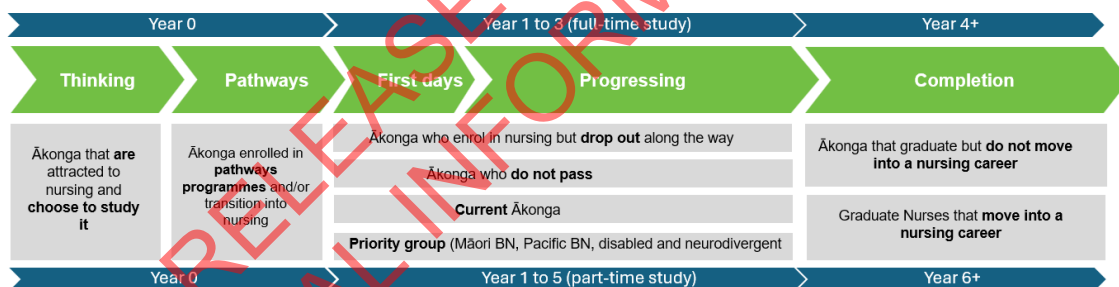
qualitative, survey, and literature review research pathways and are themed under the stages:

1) Thinking and Pathways
2) First Days and Progressing
3) Completion (observations from graduates)

The following diagram outlines the ākonga journey pathway for full-time and part-time Bachelor of Nursing ākonga. Of note:

- On average, 2,000 ākonga enrol in the Bachelor of Nursing programmes with Te Pūkenga each year.
- Approximately 70 percent of ākonga that enrol in the Bachelor of Nursing programme go on to complete the qualification. This means that 30 percent, at some point, withdraw.
- For ākonga that enter through a pathway programme and then fail a first-year course, 72 percent withdraw from the programme. Of those who have not done a pathway programme but fail a first-year course, 65 percent withdraw.
- For those ākonga that move to a part-time enrolment (enrolled in less than the full credit load for a given year – whether by choice or otherwise), their likelihood of completing the qualification drops to 20 percent.

Figure 1 Bachelor of Nursing ākonga pathway journey

Year 0	Year 1 to 3 (full-time study)	Year 4+
Thinking	Pathways	First days	Progressing	Completion

Ākonga that **are** attracted to nursing and **choose to study it**	Ākonga enrolled in **pathways programmes** and/or transition into nursing	Ākonga who enrol in nursing but **drop out** along the way	Ākonga that graduate but **do not move into a nursing career**
		Ākonga who **do not pass**	
		Current Ākonga	Graduate Nurses that **move into a nursing career**
		Priority group (Māori BN, Pacific BN, disabled and neurodivergent	

Year 0	Year 1 to 5 (part-time study)	Year 6+

02

Recommendations

1. Thinking and Pathways stages

Advocate for improving secondary school science curriculum, especially in human biology.

Many ākonga are under-prepared for science-based health programmes due to a lack of exposure or inadequate resources in their pre-tertiary education; this challenge (recognised in the NZNO strategy) underscores the need for better support for science education at earlier educational stages. Recommendations are:

- Design pre-health science programmes as part of secondary/tertiary partnerships to prepare ākonga better academically.
- Increase guidance and support for science subject choices in Years 10 and 11 to increase participation.
- Advocate for improvements in science curriculum and teaching methods by providing resources and aligned programmes.

Performance-based financial support for pathway ākonga

The financial strain on ākonga entering through a pathway programme is higher due to the need to fund additional year(s) of tertiary education, which also means additional time without full-time employment. As Maori and Pacific ākonga have higher engagement rates in pathway programmes, a disproportionate amount are experiencing financial strain. The recommendation is:

- Fee forgiveness on successful pathway completion and enrolment into the nursing degree for nursing ākonga who enter through a recognised pathway programme.

Attraction and career exposure

There are opportunities to address wider societal perception issues of nursing, including those related to pay, the status of nursing, and the costs of studying nursing. Recommendations are:

- Further clarify pre-enrolment requirements, including physical and psychological demands, with ākonga before commencing their study. Ensure prospective ākonga

clearly understand the profession's personal, practical and academic requirements.

- Provide real nursing experiences before enrolment, such as facilitated site visits to health providers and hospitals.
- Create targeted information campaigns for parents, emphasising nursing as a respected, stable and potentially high-achieving career. Further, build on and enhance Ākonga's personal motivations for study.
- Increase awareness of existing scholarship and financial aid options is needed to appease financial concerns.
- Increase support for career advisors through comprehensive resources around nursing pathways, including specialised programmes for Māori and Pacific ākonga. Some career advisors' knowledge is based on what they see and hear in the community. There is an opportunity to help advisors be better informed about the diversity of nursing careers and to strengthen collaboration between providers, healthcare agencies and careers advisors to support ākonga career development.

2. First Days and Progressing stages

First-year course failure (particularly in science) appears to be a key predictor of withdrawal.

Approximately half of the nursing withdrawals occur in the first year of study, and there is a 22 percent course failure rate for science courses overall. Almost half of those who fail a first-year science paper go on to withdraw from the Nursing degree. Some may enrol in a part-time capacity rather than withdraw to repeat the science courses as it is typically a course prerequisite. The flow on often creates a higher student allowance or loan and living cost burden as a compounding effect on the likelihood of withdrawal. Of ākonga who study part-time, only one in five (21 percent) will graduate. Recommendations are:

- Provide targeted, early intervention course support for ākonga in their first year, particularly in science courses, which could include:
    - A Tuākana / Teina programme specifically for science and bioscience courses.
    - Non-credit bearing support mini modules, offered alongside the first-year science papers to assist with the sense-making of science modules.
    - Additional teaching resources and office hours offered by tutors and Kaiako.
- Responsive initiatives (for those who fail in the first year) could include offering the key science courses in both semesters and during summer school, enabling ākonga to catch up to their cohort quickly.
- Lack of cultural safety and educational disconnects also affect failure rates. The literature illustrates the positive impact of mentorship and culturally responsive teaching on course completion.

A need for flexible study options and additional support for part-time ākonga.

On average, each year, about 1,000 ākonga are enrolled part-time, with ākonga alternating between full and part-time study over the course of the degree. Of significance, if an ākonga shifts to part-time study, just over one in five (21 percent) of these ākonga will complete the degree. Recommendations are:

- A true part-time study pathway should be investigated, which allows flexibility to continue advancing study while re-taking failed modules. This should include the programme's ability to offer temporary leave or alternative arrangements during personal crises to increase the likelihood of managing family and financial commitments, which can be key influences on the continuation or withdrawal from study.
- Investigate scaling 'Earn While you Learn' work-based delivery.

Ākonga are experiencing financial and workload strain during their studies.

Evidence suggests that ākonga experience financial strain during Bachelor of Nursing study. The estimated proportion of ākonga working 20+ hours a week during the first year of the degree increased from 18 percent in 2018 to 29 percent in 2022. Given a full-time study load of 30-40 hours a week, the 20+ hours of work required place a severe academic strain on ākonga. Recommendations are:

- Targeted financial support could be offered at pivotal times of the degree to relieve pressures on ākonga – for example, during clinical placements.
- Establish early support groups and provide financial and childcare support resources to help ākonga balance study with other life responsibilities.
- One-quarter of withdrawals occur once ākonga have accumulated over 120 credits; performance-based financial support would assist to enable completion for ākonga whose financial kete is depleted.
- Develop comprehensive financial counselling services and information campaigns to reassure potential nursing ākonga and career advisors about the financial viability of pursuing a nursing degree.
- Enhance awareness and accessibility of existing financial aid options, scholarships and grants, including specialised support for disabled and neurodivergent ākonga.

Strengthen academic support

- Offer condensed re-entry programmes or competency assessments for ākonga who have previously withdrawn and who want to recommence study.
- Across providers, standardise the processes for managing withdrawals and the return of ākonga to study.
- Implement comprehensive academic support, including tutoring, confidence-building activities, and accommodations for diverse learning needs.

- Offer additional support for ākonga with learning difficulties, consider options for ākonga to use assistive technology, and enable additional time in exams where appropriate.
- Provide accessible tutoring and academic assistance.

Strengthening support systems and communication

- Strengthen whanau and peer support. Providers should actively involve whanau and promote peer support networks through family engagement initiatives, expand mentorship programmes, and facilitated study groups to ensure all ākonga have access to a strong support system. Physical spaces like a whānau room also play an important role in training institutions.
- Provide academic confidence-building initiatives through tailored academic support, especially for pathways ākonga with a limited academic background. This could involve preparatory workshops, tutoring, and confidence-building activities.
- Maintain regular communication with ākonga, particularly for those who have paused or shifted to part-time study. This includes providing clear guidance on how to resume studies and offering administrative support during transitions.
- Ensure accessible and well-resourced mental health and wellbeing services for ākonga to support nursing education's emotional and personal challenges, particularly during placements.

Improving placement experiences

- Review and refine placement processes to enhance communication, organisation and ākonga support for clinical placements.
- Collaborate with healthcare providers to create culturally responsive and inclusive environments for all ākonga, especially Māori and Pacific.
- Provide comprehensive preparation and debriefing for ākonga to navigate the challenges of clinical placements.
- Further improve scaffolding into placements through facilitated peer support.
- Review policies on leave during placements.
- Ensure strong support from tutors and preceptors during practical experiences.

Fostering diversity, safety and inclusion

- Qualification expectations and requirements regarding physical and mental abilities need to be clearly specified at enrolment to meet the requirements of the HPCA Act.
- Implement clear policies and reporting mechanisms to protect ākonga from workplace bullying during placements, with safe channels for ākonga to voice concerns.
- Where feasible, design placements to accommodate ākonga with physical disabilities.

3. Completion stage

Graduate Nurse's views on what enables success.

The success of graduate nurses can be attributed to a combination of intrinsic and extrinsic factors. Ākonga's clear sense of purpose, supported by role models, maturity, and life experience, provided a strong foundation for resilience and persistence. The support systems they had in place, including peer networks and family, were vital in helping them navigate the challenges of nursing education. Additionally, positive interactions with faculty and valuable clinical placements reinforced their learning and commitment to the profession. Recommendations are:

Supportive role models and strong support systems

- The presence of strong role models provides ākonga with a realistic understanding of the nursing profession.
- Success is underpinned by robust support systems, including ākonga having peer groups, family and community support.
- Peer networks formed by ākonga are important, as they provide emotional and academic support throughout studies.

Positive educational interaction - cultural connection and identity affirmation

Graduate nurses highlighted the importance of positive, supportive, and interactive lecturers. These relationships are characterised by open communication, accessibility, and understanding. Kaiako recognised ākonga's family and work commitments and offered flexibility when needed (e.g., allowing leave for Tangi).

- The above, alongside personal resilience, are significant success factors. Many nurses display a long-term perspective and describe using self-reflection and incremental achievements as motivators.
- For ākonga, the opportunity to explore and affirm their Māori and Pacific identity is fundamental to their motivation (especially for Bachelor of Nursing Pacific ākonga) to learn about other Pacific and minority cultures in an NZ health setting.

A clear sense of motivation and purpose

- Ākonga, who had developed a clear 'why' for choosing nursing, spoke of this being a key factor in their success. Role models or experiences often inspired this.

Valuable clinical placements

- Positive and well-organised clinical placements are crucial. Placements that offered supportive environments aligned with the career goals of ākonga reinforced their commitment to the profession.

Nursing workforce retention observations

Nursing has a significantly higher sector retention than teaching, with five-year retention rates at 81 percent and 58 percent, respectively. This is a positive story for the nursing

sector and indicates that there are multiple avenues and industries within the broader nursing sector that individuals move between without leaving completely.

After 12 months post-graduating, over 80 percent of graduates were employed in the nursing sector, with 4 to 7 percent undertaking other tertiary studies, most likely a postgraduate qualification.

The industry with the highest retention rate appears to be hospitals, with retention rates 5 to 10 percent higher than all other industries until at least three years (36 months) into employment. General practice medical services graduates had the lowest retention rate, below 20 percent within 3 to 4 years.

To investigate the number of nursing graduates who move overseas and whether this group eventually returns to New Zealand, we analysed the 2012 graduate cohort's nurse employment movements and time overseas up to 2022.

Of the graduating cohort of 1,500 ākonga, 445 (30 percent) went overseas for at least six months, typically in the first five years post-graduation. It is unclear what this group did while away. In 2022, 165 of these ākonga (37 percent) returned to New Zealand.

The analysis suggests that opportunities overseas are a significant drain on the New Zealand nursing workforce, with few graduates that leave returning to nurse in New Zealand.

PART TWO

UNDERSTANDING ATTRACTION, PARTICIPATION AND RETENTION IN THE BACHELOR OF NURSING

Detailed findings

03
CONTEXT

The enrolment and early education experiences of nursing ākonga are pivotal in shaping successful course completion and future careers in nursing. This phase is especially crucial in New Zealand, where including Māori and Tāngata Moana ākonga is vital in creating a workforce that represents and understands its diverse population.

Te Pūkenga (the New Zealand Institute of Skills and Technology) combined 16 ITPs and nine ITOs into one organisation, supporting work-based, campus-based and online learning as a unified system nationwide.

In July 2023, the Government launched a Health Workforce Plan to address workforce shortages in the healthcare sector. The need identified by the Government is significant, with forecasts showing a need for nearly 13,000 extra nurses.

The plan to address this shortfall brings together education providers and immigration settings to grow the healthcare workforce and reduce attrition. The need to reduce attrition is pressing, given that one in three nursing ākonga do not graduate.

Work completed to date by Te Pūkenga shows that:

- There is high attrition at the early stages of the learner journey, with one-third of ākonga attriting during the early stages of the learner journey.
- There are significantly lower qualification completion rates for Māori and Pacific ākonga.

Purpose of the research

To contribute to the Government's plan to address the healthcare workforce needs, Te Pūkenga wishes to understand better why this pattern of non-completion is occurring.

Quantitative research objectives

Te Pūkenga's data and insights team and Scarlatti conducted research using the Statistics New Zealand Integrated Data Infrastructure (IDI) to understand better ākonga entry and withdrawal from the Bachelor of Nursing programmes across Te Pūkenga.

This research had the following objectives:
1. Provide an overview of the characteristics of ākonga enrolled in the Bachelor of Nursing Degree.
2. Identify ākonga completion and withdrawal rates over time and the attributes typically associated with withdrawal.
3. Identify where ākonga go after withdrawing or completing the degree.

Qualitative research objectives

Research First undertook the primary qualitative components of the research. The objectives of this multiphase research phase were to:

1. Identify the factors of importance influencing retention and success for ākonga in Bachelor of Nursing qualifications and associated pathway programmes.
2. Provide recommendations to improve participation and retention based on findings.

This includes understanding:

- **Education system factors** – those which Te Pūkenga have control or influence over.
- **Personal factors** – those which ākonga have control or influence over.
- **Wider system factors** – those that are not under the direct control of individual providers, partners or employers.
- **Employment/placement factors** – those outside of the control of the learner, which might influence the ability to succeed or continue.

04

THINKING

Influencing nursing career decisions
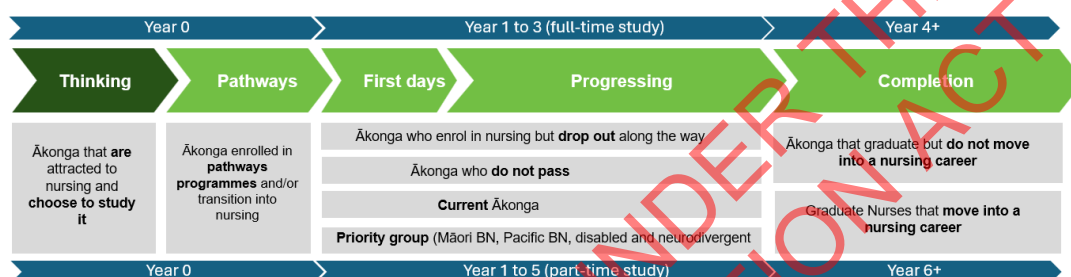
Context

Understanding why ākonga choose nursing as a career is essential to addressing retention issues and ensuring a steady supply of skilled professionals. The reasons ākonga are drawn to nursing encompass both altruistic motives, like the desire to help and care for others, and practical considerations, including job security and career opportunities (Jamieson et al., 2020; Hunt et al., 2020; Crawford & Turvey, 2019).

Financial considerations also play a significant role in career choices, and the perceived financial implications and time investment of nursing can contribute to its lesser appeal (Harrigan et al., 2003). The perception of nursing compounds this as a low-paying career with challenging working conditions (Gray, 2022).

Minority populations underrepresented in nursing include Māori, Tāngata Moana, men, and gender-diverse individuals. This lack of visibility of role models for these groups makes nursing an 'invisible' career, impacting career choices. Thus, changing perceptions to showcase more diverse role models is important.

Mixed method primary research

To understand why ākonga do (or do not) choose nursing as a career and the roles of parents and career advisors as influencers, we undertook the following qualitative and quantitative research:

- A quantitative nationwide survey of n=159 parents (as influencers) of years 11 to 13 ākonga.
- In-depth qualitative interviews with eight high school career advisors (as influencers) in rural and urban high schools.
- A quantitative nationwide survey of n=380 ākonga contemplating studying at a tertiary institution over the next two years.

Findings in detail

Refer to *Appendix A* for summary tables of the important factors and recommendations for improving participation in nursing studies.

Parents as influencers

Most parents (77 percent) felt that their children should consider their passions or interests when choosing study options for their careers. Job opportunities, career growth and work-life balance are secondary considerations when advising on their children's career options.

The highest proportion of parents (47 percent) felt they moderately influence their children's career decisions. However, a further 41 percent perceived a strong influence. This influence tends to manifest in discussions about career options with their children and, less so, in encouraging certain academic subjects or activities. Non-European parents felt they had significantly more influence over career decisions than NZ European parents.

All parents say they talk to their children about career options to some degree, no matter how much or how little influence they feel they have over that decision. Just under two-thirds of parents are discussing career options frequently or very frequently.

Most parents (50 percent) say that universities are their preferred tertiary option for their children, particularly amongst those in the Auckland region and non-NZ Europeans. This is linked to the parents' perception that universities create more opportunities in life and that it is easier to get a job with a university qualification than a polytechnic one. Only one in ten parents prefer polytechnics, although just over one-third do not have any preference. Flexibility and practical training/work readiness were the attractions of polytechnics. For those parents who did not have a preference, they felt it was up to their child to make that decision.

While some parents are likely to recommend nursing to their children, similar proportions are not likely to recommend this career option. Eight percent were extremely likely to recommend nursing as a career (score 9-10 out of 10).

Many parents consider a nursing career an attractive option because of the ability to help others, but they are discouraged by its high stress levels.

Most parents (44 percent) felt that nursing is portrayed positively in the media and are not influenced by any portrayal of nursing as a career option for their children. A quarter of parents consider the media coverage of nursing to be mainly negative.

Parents would like to see information on nursing careers to help advise their children about career pathways/potential and the number of years of study required.

Careers advisors as influencers

Career advisors are key influencers for potential nurses and can help them become motivated and better prepared for their studies.

This section presents the findings from in-depth interviews with eight career advisors from secondary schools across New Zealand. The schools included a wide range of demographic and ethnic profiles from private, special character, public, and small and large schools in cities and smaller towns. We spoke to career advisors in their role as influencers and facilitators for potential nursing ākonga. We explored:

- Their perceptions of nursing as a potential career for their ākonga
- The barriers for their ākonga to pursue nursing
- What they need to support and encourage potential nurses to pursue nursing and be successful

Overview of findings

Career advisors (in addition to parents) are key influencers and facilitators for potential nursing ākonga. They see ākonga at the contemplation stage, when nursing may be a dream and ambition. They see their job as supporting and facilitating ākonga's aspirations and ambitions while giving them the knowledge and experiences they need to ensure they are heading in the right direction.

However, the career advisors we spoke to identified significant barriers, including system factors within their schools, personal factors for ākonga around family perceptions of nursing, and wider system and societal settings regarding perceptions of nursing study and nursing as a career. Many families want their children to attend university rather than polytechnics:

"But I think that, therefore, it's [nursing] a little under-regarded, particularly perhaps by their fathers. There's that I think that the public perception of nurses as hospital slaves, you know, that it doesn't have the prestige that it deserves."

To address these barriers and better support ākonga with nursing ambitions, career advisors need:

- More emphasis on **appropriate academic preparation** for potential nursing ākonga, particularly in science and human biology
- **Inspirational tools**: Site visits and speakers which help ākonga visualise both nursing study and nursing practice and make an informed and inspired assessment of whether it is for them
- **Aspirational tools**: Site visits, speakers, and information which show ākonga, their parents, and career advisors themselves the range of aspirational career paths and opportunities for nursing graduates during their career

- **More up-to-date and authoritative knowledge about nursing and what nurses do**. Some career advisors' knowledge is based on what they see and hear in the community. There is an opportunity to help them be better informed about the diversity of nursing careers.

Career advisors want to support potential nurses' aspirations with **advice, information and experiences** that help them determine whether nursing is the right study option and career for them and feed their inspiration and aspirations. They use (or want to use) site visits to nursing workplaces, site visits to nursing schools, and speakers who are nurse ākonga or nursing graduates. However, these resources and experiences can be hard to access. Career advisors often rely on their background knowledge as ordinary people and their networks to talk to and show prospective nurses what nursing involves. There is a significant opportunity to put better tools in their hands and make these resources more readily available.

To be reassured that nursing study is **financially viable**. Career advisors are influenced by current media coverage and ākonga experience of the high placements cost. They are concerned that nursing study is not financially viable for ākonga, who do not have parental financial support.

Detailed findings

The career advisors we spoke with felt nursing is a common ambition among their ākonga. They believe ākonga often want to become nurses to help others. Some are interested in nursing because it is a good profession for working and travelling, and some are interested in opportunities in the appearance medicine industry. Some may have direct nursing experience through family members who are nurses, some may have been in hospital themselves, and all see nurses in the community.

Career advisors felt the visibility of nursing contributes to its appeal: ākonga felt they understand what a nurse is, which makes it appealing as a career:

"Quite often people, especially in a small town, look at the careers that are around them, so nursing is one of those"

"They get into it because they want to help their (Pacific/ Māori) community."

"Those that have family in the industry do have a really good understanding of (nursing) because they can ask their Mum, (but some) don't really know what they're signing up for."

"We've got students who have been caregivers for grandparents and younger siblings, giving them medication. We say, darling, this is nursing; if you can deal with things that come out of an orifice and not throw up, this is you; you enjoy it."

Information, inspiration and resources

Career advisors see their job as supporting the ākonga's ambition and helping them find the right pathways to achieve that. This includes identifying and applying to appropriate providers, making sure they are academically prepared with the right subjects and skills, and helping the ākonga make sure they are making the right decision for them.

To help ākonga determine whether nursing is the right path for them, career advisors want ākonga to be prepared for the experience of studying nursing, as well as the experience of working in nursing, and to feed their inspiration and aspirations. They observe that it can be hard for ākonga to commit to studying nursing for three years when they have never been nurses or nursing ākonga. Career advisors want ākonga to know what it will be like to study nursing, what it will be like to be a nurse, and where their nursing qualification can take them in both their short- and long-term future:

"I know quite a few people that went into nursing and have now left it because it was a lot for them. So, we do have that conversation about the commitment, like are they willing to do nightshift, and also the range, like being a nurse can look really different in different industries."

"They're often quite anxious about that next stage of study, so (visits to tertiary institutions) make them feel more comfortable in that environment."

"I think nurses need a similar kind of campaign of raising the prestige of the profession. Yeah, are there pathways you don't stay as a bedside nurse your whole career? What can you do in the hospital? That in terms of administrator etc…"

Career advisors we spoke with got their knowledge from various places. Some come directly from tertiary institutions in their locality and contacts at those institutions. These sources are particularly useful for functional information about what credits ākonga need and the various pathways open to them, including enrolled nursing and academic preparation courses. Participants felt they had the functional information they needed about the range of pathways to nursing and the entry procedures and requirements.

Some use Careers@govt.nz and direct ākonga to this resource to help them learn more about nursing. From there, much of their knowledge and advice about nursing and its opportunities comes from their research, contacts, background knowledge, and life experience:

"I try to give them actual examples from what real-life nurses have told me. Though the last one I asked said I should tell students not to become a nurse."

The resources they find most valuable for ākonga and their parents are those which help them understand what nursing study and practice is like and where it can take them. This includes site visits and visits to the school from nursing graduates. They want ākonga to really see and feel:

- What will their life be like while studying?
- What their experience will be like when they start working?
- What are the long-term opportunities, and where can nursing take them?

'Taster days' at local institutions are helpful to a certain extent because they show ākonga what the institution is like. However, participants felt these could be more useful if they gave ākonga a specific feel for the area of study they are interested in – what nursing study is like rather than at a particular institution.

Some schools have Health Academies which address these systemic barriers in those schools. They help ensure ākonga take the right science courses and offer valuable experiences for potential nurses and contacts for career advisors:

"Those kids in the Health Science Academy, they've got the background requirements. They're doing biology; they're doing chemistry; they're looked after by the science department; they go for scholarships; those opportunities are taken care of."

Career advisors want to take ākonga into nursing schools and hospitals and have nursing ākonga, and graduates come to speak at their schools. When they have been able to do this, the experience has been very powerful for prospective nursing ākonga. These visits inspired them because they could see what kind of person a nurse is and help them make a realistic assessment of what will be required and whether nursing is for them:

"We had a nurse come in and speak to us. It was very real, and the seniors said, 'Wow, I'll be part of a team of people, I'll be expected to know what I'm doing, and there'll be times when I have to accept responsibility for what I'm doing, and times to discuss it, and the first thing is to engage with the person you're looking after'.

"My colleague's daughter is studying vet, and she's been making these ' days in the life of a vet student' videos for us. Something like that would be really great."

Personal factors (those which ākonga have control or influence over)

Career advisors identify **parents as (often) the biggest barrier** to ākonga's nursing aspirations. They felt parents often put much value on study paths like 'medicine' (by which they mean studying to be a doctor), law, engineering and accounting. For ākonga interested in health and caring professions, studying 'medicine' and sometimes other health practices like radiology or physiotherapy are seen as higher status, better paid, and more appropriate for academically achieving ākonga. The **university pathway is also valued** by parents, who commented that parents have this aspiration for their children, regardless of their studies. Some career advisors may reflect this feeling, whether consciously or less so:

"We've got students that are really academic but tend to think they might be a little bit better than nursing. So, nursing is at the bottom of the medicine line. They don't realise that nursing is still a degree, that it's just as good as being an occupational therapist or something like that."

"A lot of our parents have come from the Islands, and they want their kids to go to university, to be doctors, lawyers, engineers...If the family doesn't want them to do it, it might stop them from applying. A lot of the time, kids will say, "Miss, can you please call

my dad or my mum and explain to them what I want to do?" Information for our community (would help), just educating them on the options in a language they understand. Tell them it's a good, secure career, you can travel with it anywhere, and it's a career that cares for people. Pasifika cultures are all about family, caring for family and not leaving anyone behind. And with nursing, you can look after everyone in the family, and it's good money, and the prospects are good."

Some career advisors address this by talking with ākonga and their parents about the range of **aspirational opportunities** open to nursing graduates and nurses in their long-term careers. They want to show prospective nurses and their parents what nursing involves beyond 'the coalface' of hospital shifts. They want ākonga to 'reach for the sky' and want to show them how high the sky can be in nursing. These career advisors find it helpful to talk about nurse practitioners, leadership opportunities, and specialist roles and would like access to resources which help them communicate this. For some, this is about nursing being a more viable way of 'practising medicine' than studying to be a doctor:

"Some go into nursing by default because medicine's too competitive, too much of a risk. I'm thinking of one girl who's very academic, but financially, the move to Auckland, she didn't want to take that risk. So, she could see (herself) being a nursing practitioner. She decided I'm going to go into nursing and get as high as I can in that profession. I can stay at home, and I can get a degree and a scholarship here."

The aspirational aspect of nursing includes not just the career prospects but also the personal and professional qualities a nurse develops and expresses. Career advisors value **opportunities for ākonga to hear from a real-life nurse** who demonstrates personal qualities like authority, capability, and kindness, so ākonga felt "I want to be like them."

For some families and in some schools, the opposite may be true. Nursing is seen as aspirational and possibly too academic or difficult for the prospective nurse. There may also be a need or desire to be out in the workforce, earning money immediately. In these cases, the career advisor needs to support and bolster the young person's aspirations and help them find viable pathways.

Education system factors (those which Te Pūkenga have control or influence over)

Information about the study experience, the real-life nursing experience, and wider opportunities can be hard to access. Participants often find these opportunities and resources difficult to access. They use their own community contacts to find speakers and opportunities to visit workplaces. This strategy is successful for some but less so for others. There is a real opportunity and a need to **connect career advisors with current and graduated nursing ākonga and professionals** who can speak to their ākonga and with opportunities for ākonga to visit nursing schools and workplaces.

Career advisors felt prospective ākonga often looked for information, reassurance, and inspiration about the study experience as much, if not more, than the long-term outcome.

They would like videos which help bring nursing study and practice to life for ākonga, but few have access to these:

"It's really difficult to get a student to be able to work alongside a nurse or get an idea of what the study or day-to-day nursing is like. The most we could probably do is shadow a community nurse (but) being in a ward and having that experience and seeing what it would look like. I think that's really important."

"I'm trying to organise for them to go into a hospital and see what nurses do, but I'm having a few barriers because of confidentiality. If I could get them to walk alongside a nurse for a day, it would be amazing."

"It was some time ago, through our Health Sciences Academy, we went to Middlemore Hospital; we spent some time with the nurses and went up to one of the operating rooms to see what the job looked like."

Wider system factors (those that are not under the direct control of individual providers, partners or employers)

Career advisors emphasise the importance of **strong academic preparation** for aspiring nursing ākonga, including sciences and a 'language-rich' subject like English, History, or Classics. They identify challenges in science education that may deter potential candidates.

These issues include insufficient science education, lack of relevant human biology content, and ākonga not pursuing higher-level science. To address this, advisors suggest earlier career preparation programmes (years 10-11) to guide subject choices and advocate for improvements in science curriculum and teaching methods to engage better and prepare ākonga for nursing studies:

"A lot struggle with chemistry, so they're like, I don't want to take it because I'm not going to do well, so they don't have the entrance criteria, so it's a bit of a negative circle. I don't know how much chemistry there is in nursing, but I'm sure there's probably a lot."

"I want to target Year 11 students when promoting Nursing. A lot of the presentations that we get are for Year 12 and 13s, and the presenter asks, 'Who here is taking three sciences' and no one puts their hand up and it's too late now! They didn't know they had to (take sciences), and it's too late."

"They get directed from early on into biology, chemistry and physics, or 'general science', which can affect their relationship with science. It's not really streaming, but it depends on what the teacher thinks about your ability in those areas. If you're doing General Science at level 2, you can't go into Biology, Chemistry or Physics at level 3."

"We don't have science as a compulsory subject choice, so we've found students have been choosing not to take science. I would like it to be compulsory."

Are Bachelor of Nursing Māori and Bachelor of Nursing Pacific well enough known?
These career advisors tend to be most familiar with providers in their immediate locality. Some are familiar with the Bachelor of Nursing Māori and Pacific programmes and value them as options for their ākonga. However, others know little or nothing about these programmes and would like to know more as they felt these could be valuable for some of their ākonga. In some cases, questions or reservations about these programmes must be addressed:

"I think the Bachelor Nursing Māori and Pacific at Manukau is very important. Our Māori and Pacific students talk about giving back; they want to help their people, getting us well and keeping us well."

"At MIT, there is a Bachelor of Nursing Māori and a Bachelor of Pacific Nursing. The qualification is …the same as I understand it, but I'm thinking Pasifika kids learn better when they are amongst their peers. Being more comfortable in an environment makes people work better. The results would be better."

Are there enough places? Some career advisors have found insufficient places at local providers, and capable ākonga have not been accepted for courses.

Perceived financial viability of nursing study and practice: Remuneration is one of the 'realities' of nursing practice that career advisors want to encourage prospective nurses to understand. Perceptions of nursing pay can be a barrier for parents and some ākonga. Some participants felt that nursing pay issues were being addressed, and some encouraged ākonga to balance graduate pay with the length of study required: nurses can earn more quickly than other health professionals.

The perceived financial viability of nursing study is of particular concern for some career advisors. They have seen media coverage of the cost of placements for ākonga nurses, heard about these community experiences, and felt this is a significant barrier:

"Only students with plenty of parental funding can afford to study to be nurses."

"My daughter's friend went to the Dean and said she can't afford the travel for her placement, and they told her to sell her house."

"On the practicum side, some students have found that off-putting because they don't get paid while they're doing that, and a lot of them want to support their family in some way or be financially independent."

Scholarships have the potential to help address this barrier. Scholarships help the individual ākonga by addressing the functional study costs. They may raise the profile and aspirational aspects of nursing study for potential ākonga.

"xxx goes quite good, and they provide like a scholarship opportunity for students to go down there in the holidays. Oh wow. And our kids always apply to go down on that one. It'd be good if some of the other ones did that as well."

"I suppose for the kids, the only thing would be more scholarship and grant opportunities because the cost is just another factor."

"Universities of New Zealand put out a book…that's available online now of the major universities and what you can study at those universities. Now, if nursing put out a New Zealand-wide booklet to consider nursing. Here are the institutions and here are the entry requirements for nursing at these institutions. Here are the scholarships available. That would be a massive draw card."

Ākonga considering Nursing as a career option: Overview of findings.

Amongst ākonga considering study in the next two years, nursing (and midwifery) rates strongly, with a significant proportion of prospective ākonga saying they are more interested in studying nursing or midwifery over other areas.

Interest in the field of study is key for many when choosing what to study. Money-earning potential and job availability are also key factors in choosing their tertiary education topic.

Nearly a quarter of prospective ākonga say they will likely consider nursing an area of study.

- Among high school ākonga, the proportion interested in pursuing nursing studies is lower than older prospective ākonga.
- Many high school-aged ākonga are more likely to consider job opportunities over subject interest when choosing what to study at the tertiary level.
- Females (14 percent) are significantly more likely to say that nursing is a broad area of interest for study than males (4 percent).
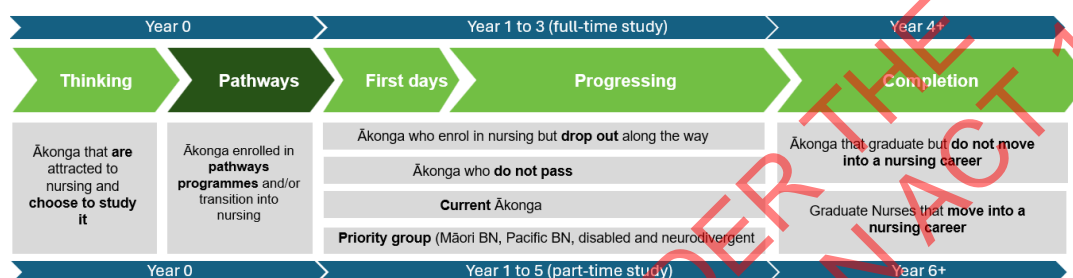
Parents are important influencers. School-aged ākonga who are more likely to consider nursing are also more likely to have parents who highly recommend nursing.

05

PATHWAYS:

Transition to studying nursing

Year 0		Year 1 to 3 (full-time study)		Year 4+
Thinking	**Pathways**	**First days**	**Progressing**	**Completion**
Ākonga that **are attracted to nursing and choose to study it**	Ākonga enrolled in **pathways programmes** and/or transition into nursing	Ākonga who enrol in nursing but **drop out** along the way		Ākonga that graduate but **do not move into a nursing career**
		Ākonga who **do not pass**		
		Current Ākonga		Graduate Nurses that **move into a nursing career**
		Priority group (Māori BN, Pacific BN, disabled and neurodivergent)		
Year 0		Year 1 to 5 (part-time study)		Year 6+

Context

Many ākonga are underprepared for science-based health programmes due to a lack of exposure or inadequate resources in their pre-tertiary education. This is exacerbated particularly for ākonga from Māori and Tāngata Moana backgrounds; this challenge, recognised in the NZNO Strategy and supported by Foxall (2013), underscores the need for better support in science education at earlier educational stages.

The financial strain on ākonga entering through a pathway programme is higher due to the need to fund an additional year or two of tertiary study, which also means additional years without full-time employment. Given the higher engagement rates of Māori and Pacific ākonga in pathway programmes, this means a disproportionate number of Māori and Pacific ākonga are also experiencing this added financial strain on themselves and their whanau.

Pathway programmes disproportionally affect Māori and Pacific ākonga. Almost half of ākonga enrolling in the Bachelor of Nursing degree have previously completed a tertiary pathway programme (46 percent). This proportion is even higher for Māori (57 percent) and Pacific (61 percent) ākonga. The most common pathway programme currently undertaken is the Certificate in Study and Employment Pathways NZ2860 (Level 4) – Figure 2 and Table 1.

Figure 2: Percentage of ākonga by pathway programme prior to enrolment in Bachelor of Nursing - 2019 to 2022 cohorts (StatsNZ IDI)
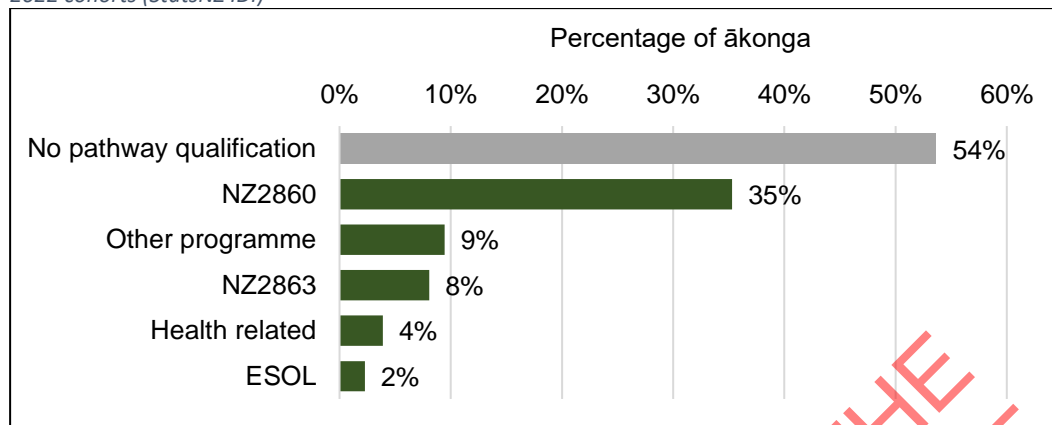

Table 1: Programme category examples to support the interpretation of the figure above

Programme category	Examples
NZ2860	Certificate in Study and Employment Pathways (Level 4)
Other programme	Certificate in Business (Administration and Technology) (Level 3) Diploma in Business (Level 5) Certificate of University Preparation (Level 4)
NZ2863	Certificate in Study and Employment Pathways (Level 3)
Health-related	Diploma in Enrolled Nursing (Level 5) Certificate in Health and Wellbeing (Level 3) Certificate in Health and Wellbeing (Social and Community Services) (Level 4)
ESOL	Certificate in English Language (Level 5) Certificate in English Language (Level 4)

Degree completion rates for ākonga entering through the NZ2860 pathway programme are lower (70 percent) compared to a cohort who have not previously completed a pathway programme (75 percent). However, when testing in regression modelling, statistical significance is minimal. This may be a much smaller gap than if these ākonga had not previously completed a pathway programme.

Qualitative findings in detail

Refer to *Appendix A* for summary tables of the factors of importance and recommendations for improving the journey for pathway entry and enrolled nurses.

We spoke with eleven participants: one group is currently studying pre-health community pathways, and the other is studying to become enrolled nurses.

Sample characteristics	Mode	Number of participants		Priority group			
		Focus group	Individual interviews	Disability	Māori	Pacific	Migrant
Level 3-4 Community Health Entry	Online	4	2	1	4	3	1
Enrolled Nurses	Online	4	1		4		

Overview of findings

The Enrolled Nursing Ākonga and Pathways ākonga we have spoken with bring a wealth of lived experience to their nursing studies. Participants (especially for Enrolled Nursing) included several who have worked as Health Care Assistants, many with significant family responsibilities, and some who are overcoming particularly challenging times.

These life experiences have given these participants a clear sense of purpose in their nursing journey and a clear-eyed view of what to expect in a healthcare environment. With this, these participants had a strong sense of the cost of nursing studies, both the direct financial cost and the personal cost to themselves and their families.

Like many of the nursing ākonga we have spoken to, these participants have found their study experience very challenging at times and have questioned their ability to succeed. However, they are currently persevering and are determined to reach the finish line.

Detailed findings

Pre-Health[1] and Community Pathway ākonga

The pathways ākonga we spoke with found their academic journey exciting and frightening. They became inspired to work in healthcare from their own and families' experiences in the healthcare system and by the sense of making a positive change for themselves and their families. These ākonga have come into their study with limited academic confidence and personal challenges, including financial challenges, sometimes addiction issues, and the challenges of caring for whānau who are unwell and raising families on low incomes:

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[1] Pre-health was a term used collectively by the research participants, referring to health-specific courses that include science and human biology and introduce APA references.

"Most of my classes are young ones that came straight from school, and they knew everything, and you felt intimidated because they were academically advanced."

These participants really valued moral support. They have experienced regular confidence wobbles along the way and appreciated feeling that someone in their corner believes in them, be that whānau, classmates, tutors, or ideally all three:

"I'd come home and go, 'Oh, I think I'm done with this', and my husband would say, 'You've (cared for) your mum, and your dad, and your Aunties and Uncles, and you brought up four boys. That's life experience, just go back tomorrow and enjoy the journey."

The Pathways ākonga who participated in our study have often had a 'stop-start' journey to get where they are in their qualification. For example, one ākonga had to pause her studies because of a financial crisis, and another had to pause to care for her unwell mother. They had to pace their studies to fit them around life challenges.

This need to pace the study journey is throwing up further challenges. This included challenges to motivation and confidence: they had difficulty restarting their study journey each time. These challenges have been compounded by the administrative challenges they have faced with their institutions. These participants felt there was enormous value in their institutions keeping in touch with them and maintaining a relationship to help find the path back into study following personal challenges.

Pathways ākonga are committed to achieving their study goals despite the challenges. They considered the range of paths available to them. While most went into pathway education intending to become nurses, they were generally also interested in exploring their options, including medical imaging. However, there was concern that nursing in New Zealand does not offer them the job opportunities they hoped for.

Enrolled nursing ākonga

Enrolled nursing ākonga participants, like Pathways ākonga, have had many life experiences, responsibilities, and challenges. Several of these participants have worked or are working as Healthcare Assistants, and this experience has motivated them to study nursing. They have a clear purpose and real-life experience in a healthcare setting, which makes them well-prepared for some of the challenges of nursing study.

Participants who have worked as Health Care Assistants enjoyed the patient care aspects of this job but found themselves frustrated with the limitations regarding responsibility, progression, and income. They decided to further their studies to work in health care at a higher level, with more opportunities, respect, and the ability to support patients.

Like other ākonga, these participants find nursing study extremely challenging and hard work. However, their clear sense of purpose, experience in health care, and sheer determination motivate them to complete the course. These participants were very aware

of how much money they had already spent and wanted to make sure that investment paid off. However, they found the experience emotionally taxing and became somewhat burned out. One participant, nearing the end of her studies, was determined to graduate but is considering not pursuing a career in nursing.

These ākonga are finding the placement experience particularly discouraging. Placements are challenging for all nursing ākonga and can come at a high financial and personal cost. These ākonga were finding that their placements were poorly organised. They did not find out where they were going until very close to the start of the placement, and when they arrived, they found that the staff did not expect them. This means they felt very unwelcome, and staff were not prepared to instruct them, so they did not achieve the learning goals they set out to:

> *"It's a week before our placement, and we still don't know where we are going."*

Of particular concern for these participants was the feeling that, as enrolled nursing ākonga, they are not afforded the level of respect and appreciation that they expect. They felt that enrolled nurses are looked down on compared to registered nurses. They find this demoralising and disappointing, particularly given that respect and responsibility are core motivators for them to pursue a nursing qualification:

> *"My hardest part has been stuck in a placement, and people just look at you, like, 'What are you doing here.'"*

> *"We just felt like because we weren't doing the Bachelor of Nursing, and we were doing the enrolled nursing programme, they just couldn't be bothered with us."*

> *"She was talking down to me the whole time as if I was a young 18-year-old."*

> *"Students put up with workplace bullying."*

> *"I would leave there crying every day."*

Personal Factors (those which ākonga have control or influence over)

These participants valued the support of whānau, friends and classmates enormously. They have all faced times of high anxiety and self-doubt, and often, this support has got them through these moments and helped them persevere.

Participants found study groups helpful but given that they have not come from academic backgrounds, they often do not know where to look, what to expect and what to ask for in terms of support. One participant has recently discovered study groups through a proactive approach from a class friend:

> *"I only found out about the groups last week. We were gearing up to go into exams, and I was stressing, but one of my friends actually reached out to me because I (said in class) that I was really worried."*

These participants found the financial and personal costs of studying both challenging and motivating. They were highly aware of the amount they had already invested in their studies and were working very hard to push through the challenges to justify that investment and make the ākonga loan worthwhile.

Education system factors (those which Nursing Education Providers have control or influence over)

These participants highlighted the value of smooth, effective administration and positive administrative relationships with their providers. This was particularly so for those who had taken time off from their studies or progressed more slowly due to personal factors. Their experience has been that there has been little or no contact from their education providers, making them feel disconnected. They felt providers could better retain ākonga by keeping in touch when they needed to take leave to maintain the relationship and clarify the path to return.

Participants had varying experiences with their tutors, and like other participants, they emphasised the value of enthusiastic and encouraging tutors and the demoralising effect of disconnected teachers.

One participant found that her classes were initially very isolated and isolating. However, she noted that her tutors are now actively stimulating peer group relationships and encouraging ākonga to work in different groups and get to know each other. She felt this was very valuable for their enjoyment of the study experience and the opportunity to support one another.

Enrolled Nursing ākonga faced significant challenges with placements. Poor coordination between providers and tutors made these experiences logistically and emotionally taxing, undermining their educational value. Participants desired better communication, advance notice about placement locations, and assurance that placement staff are prepared and willing to teach them.

Employment/ placement factors (those outside the control of the learner, which might influence their ability to succeed or continue)

These participants felt ākonga on placement are highly vulnerable to workplace bullying. These experiences have left them feeling demoralised and burnt out and posed a threat to their desire to continue with nursing:

"How do you put in a formal complaint about the person that holds your career in their hand, and not only is it our career, but it's thousands of dollars of student loan that we're looking at being out of pocket if we don't pass these courses if we don't jump through these ridiculous hoops."

Wider System Settings (those things that are not under the direct control of individual providers, partners and employers)

The stability of nursing jobs is an important motivator for these participants. Part of the reason they have chosen and are persevering with nursing study is that it gives them a wide range of options and ensures they are highly employable for the rest of their careers. However, they are finding the current discourse around employment conditions in nursing in New Zealand discouraging, and some are considering moving to Australia once they are qualified.

06

FIRST DAYS
Ākonga enrolment trends

Context

Summary of ākonga enrolments

6,100	The **total number of ākonga** enrolled in a Bachelor of Nursing degree is approximately 6,100. Enrolment numbers have stayed relatively steady over the past decade.
2,000	Error! Reference source not found. – Approximately 2,000 ākonga enter the Bachelor of Nursing programmes each year.
1,000	**Part-time enrolments** – About 1,000 ākonga have been signalled in official records as 'part-time' learners each year. These ākonga could be studying part-time by choice or could not enrol in a particular course due to prerequisite requirements, hence not undertaking a full-time credit load. Many ākonga switch between full-time and part-time over the three years of the degree.
	The **Bachelor of Nursing Pacific and Bachelor of Nursing Māori enrolments** have slowly increased, from 200 and 45 in 2016 to 330 and 140 in 2022.

The following table shows the total number of enrolled ākonga at Te Pūkenga between 2015 and 2022, demonstrating the increase in Bachelor of Nursing Maori and Pacific enrolments.

Table 2 Total enrolled ākonga over time by qualification type (Stats NZ IDI)

Calendar year	Bachelor of Nursing	Bachelor of Nursing Māori	Bachelor of Nursing Pacific	Total enrolments
2015	5,900	S[2]	220	6,200
2016	5,900	45	200	6,100
2017	5,700	S	210	6,000
2018	5,400	S	190	5,700
2019	5,500	S	190	5,800
2020	5,400	100	220	5,700
2021	5,800	150	310	6,300
2022	5,700	140	330	6,100

The **age demographic composition** of nursing ākonga has remained stable since 2015. Half of all Bachelor of Nursing ākonga are under the age of 25, and just over ten percent are over 40.

*Figure 3: Total enrolments by age group (StatsNZ IDI)*

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[2] S stands for suppressed. This occurs when there are too few people within an IDI category, for the data to be released due to confidentiality requirements.

The programme is heavily dominated by females (nine of ten ākonga), although male enrolments have increased slightly since 2021.

Figure 4: Total enrolments by gender (StatsNZ IDI)
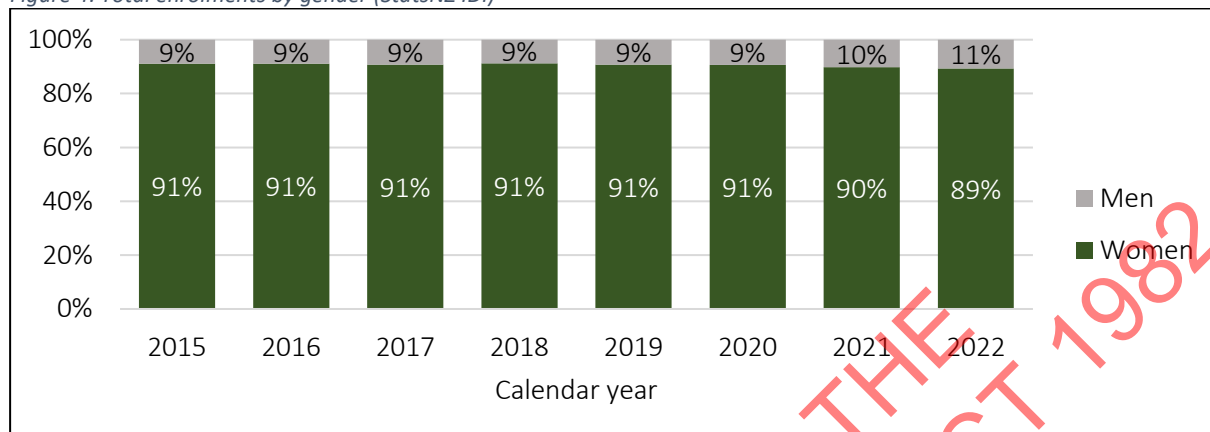
European enrolments have decreased from 50 percent in 2015 to 44 percent in 2022 while remaining the most common ethnicity. Meanwhile, Asian enrolments increased gradually to one quarter in 2022, as has the percentage of Pacific, to 11 percent, over the same period.

Figure 5: Total enrolments by ethnicity (StatsNZ IDI)

Two-thirds of ākonga are **earning wages and salary** (i.e. working while they are studying), and a larger proportion are working more than 20 hours a week now compared to ten years ago. While just under half of ākonga (46 percent) enter the Bachelor of Nursing degree having completed a pathway, this is proportionally higher for Māori and Pacific ākonga (62 and 68 percent, respectively).

The percentage of **enrolments by region is roughly equally split**. There appears to have been little change since 2015, although Te Tai Tonga may have increased very slightly, from 24 percent of enrolments to 27 percent. In 2022, there were approximately 1,500 ākonga in each Te Tai Tokerau, Te Tai Rāwhiti, Te Tai Hau-ā-uru, and 1,700 in Te Tai Tonga.

07

FIRST DAYS AND PROGRESSING
Why do ākonga leave nursing?
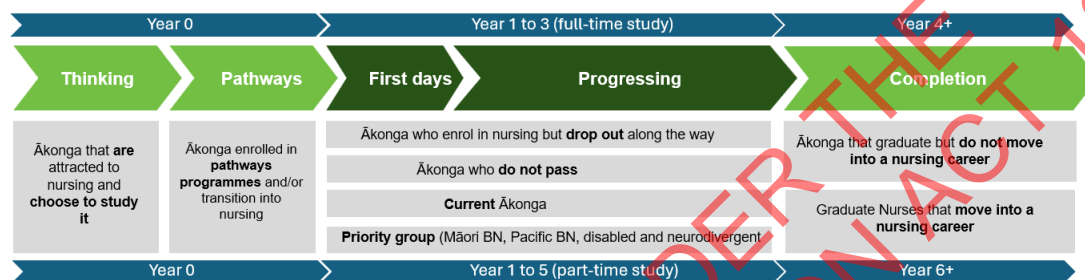
Context

The systematic review highlighted several themes contributing to the failure of ākonga in nursing courses (*Appendix B*). These include:

- Gaps in academic preparedness, particularly in science
- Lack of support services
- Personal challenges
- Lack of cultural safety and educational disconnects also affect failure rates. The literature suggests the positive impact of mentorship and culturally responsive teaching.
- Financial and workload constraints

The existing literature points to gaps in understanding why some ākonga, particularly those not typically targeted by support programmes, might not seek available services. International research suggests that a lack of awareness and internalised beliefs, influenced by ākonga's social or demographic backgrounds, may deter them from accessing help (Roberts et al., 2017; Karp et al., 2008). Additionally, the effective utilisation of support services might depend on ākonga possessing the necessary social capital and resources to navigate the system (Roberts et al., 2017). This area warrants further exploration to ensure equitable access to support for all ākonga.

Characteristics of ākonga who withdrew or failed

One-third of nursing ākonga withdraw from nursing studies

Enrolments at around 2,100 ākonga per year is full capacity for Te Pūkenga. Recent figures (2020-1 excluded) show that the percentage of ākonga completing or withdrawing has been relatively constant at around 30 percent (Figure 6 and Table 3).

Figure 6: Rates of qualification withdrawal and completion by starting cohort year[3]
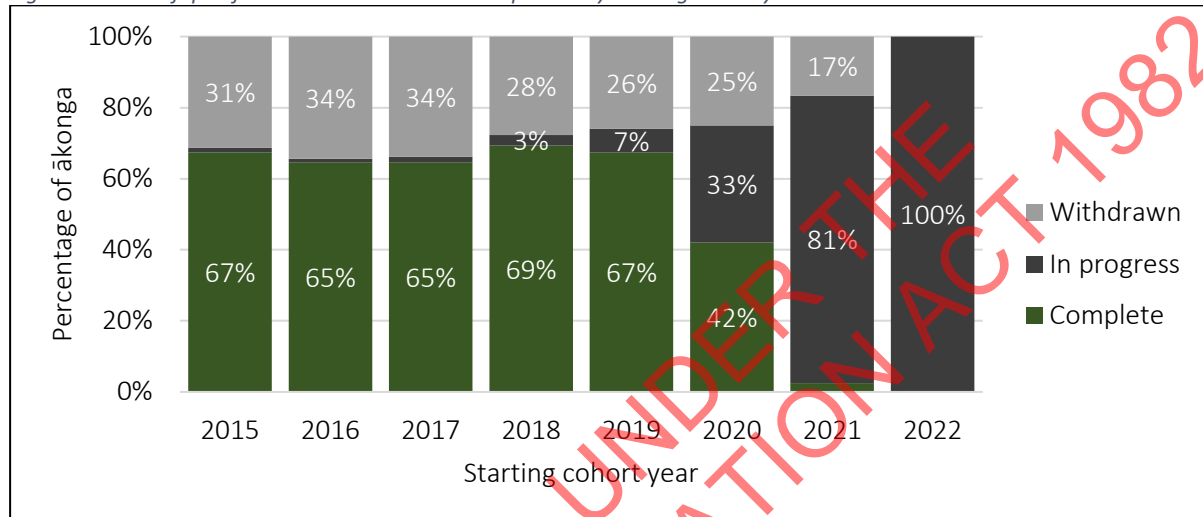

Table 3 Rates of qualification withdrawal and completion by starting cohort year by numbers

Starting cohort	Complete	In progress	Withdrawn n	Withdrawn %	Total cohort
2015	1,407	21	651	31%	2,100
2016	1,365	21	714	34%	2,100
2017	1,300	20	680	34%	2,000
2018	1,311	57	532	28%	1,900
2019	1,340	140	520	26%	2,000
2020	798	627	475	25%*	1,900
2021	46	1,863	391	17%*	2,300
2022	-	1,900	-		1,900

*ākonga still enrolled and yet to complete

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[3] Due to the limited availability of recent data, ākonga, who were enrolled in 2022 and had not completed the degree, are marked as in progress. Note that a small percentage of ākonga in the 2021 cohort have completed the degree, despite the end of 2022 being less than three years after their 2021 starting year. This is likely due to credit recognition, where prior relevant experience or achievement of related credits had contributed toward an ākonga's Bachelor of Nursing.

Withdrawals by months enrolled

The figures below show the number and percentage of withdrawals each year by the length of time ākonga were enrolled before withdrawing. Before 2018, around 700 ākonga withdrew each year. However, there was a noticeable drop in withdrawals in 2018 to under 600. This appeared to be primarily driven by reduced withdrawals during the first six months of the degree. In 2020, withdrawals were the lowest, at around 500. Withdrawals peaked at around 800 in 2021, a 63 percent increase on the previous year. The impact of external factors from the pandemic is a likely contributor.

*Figure 7 Number of withdrawals by timing of withdrawal (Stats NZ IDI)*

Figure 8 Percentage of withdrawals by timing of withdrawal (Stats NZ IDI)
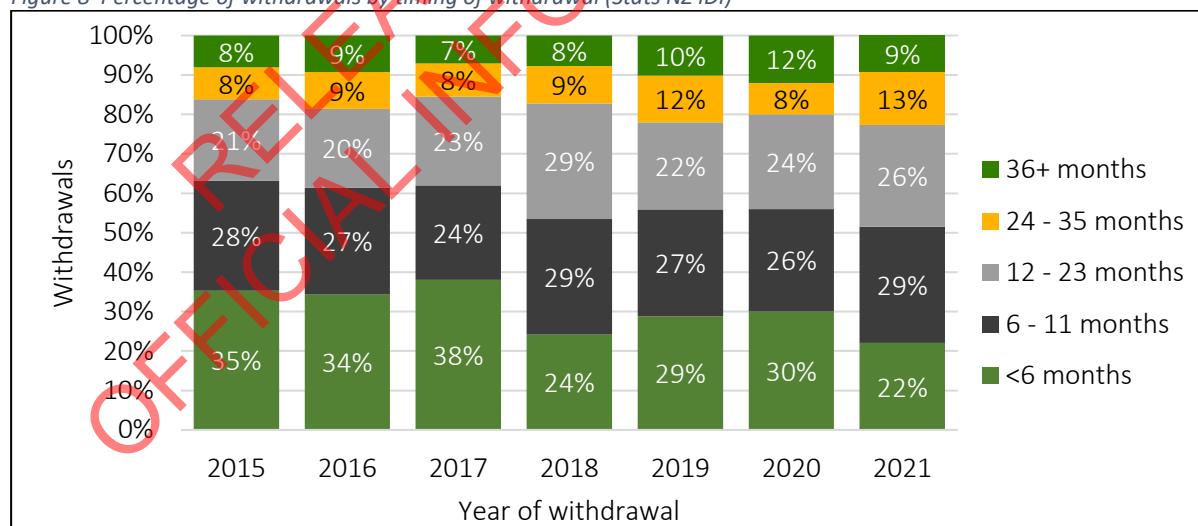
Withdrawals by courses completed

The following figure shows the number of courses ākonga have completed before withdrawing from the bachelor's qualification. Most withdrawals (about 75 percent) occur with eight or fewer courses completed.[4] However, there are also a notable number of ākonga withdrawing with more than eight courses completed (about 23 percent, 185 ākonga in 2021). This group likely represents a good opportunity to reduce withdrawals.

Figure 9 Number of withdrawals by number of courses completed (Stats NZ IDI)
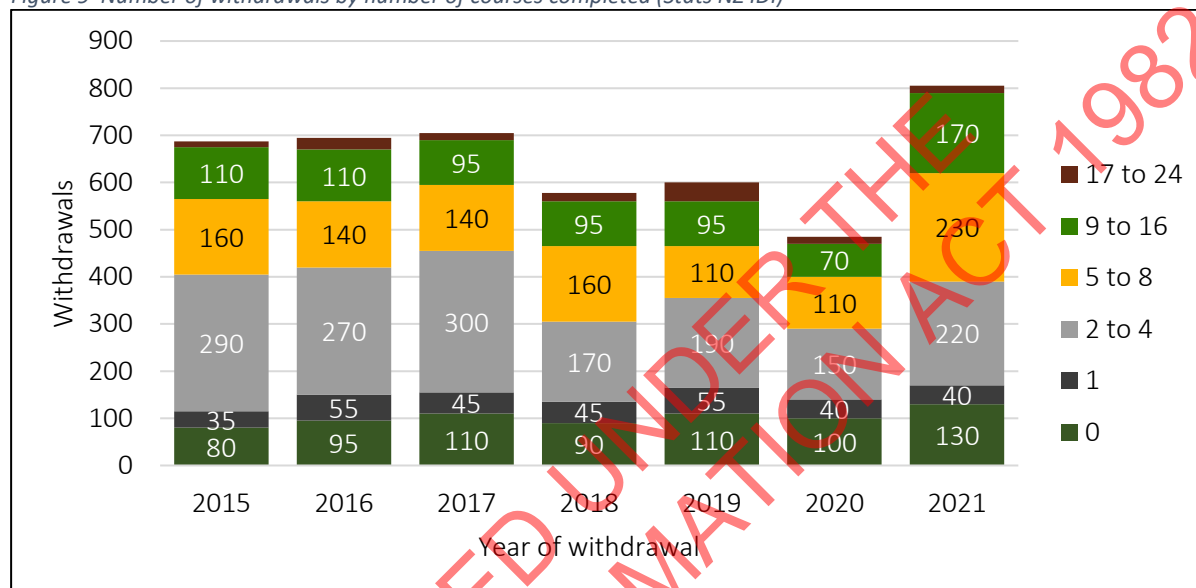
Withdrawals by credits accumulated

The next two figures look into credits accumulated rather than courses completed.

The first figure shows that most withdrawals (about 75 percent) occur with 120 or fewer credits in the first year of a degree. As mentioned above, however, a notable number of withdrawals with over 120 credits accumulated (about 25 per cent - 210 ākonga in 2021). It is unknown whether these ākonga go on to transfer or cross-credit to another programme.

The second figure illustrates credit accumulation patterns for the 2015 cohort of full-time ākonga who withdraw, broken down by year. It reveals that second-year withdrawals often follow first-year course failures, while third-year withdrawals show initial success followed by progressive course failures. This data can help Te Pūkenga identify when intervention might be most effective.

Figure 10 Number of withdrawals by number of credits accumulated (Stats NZ IDI)

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[4] The number of courses per year varies by provider, even within the first year. At Ara, which makes up a significant proportion of all enrolments, ākonga take 8 courses in their first year. Whereas at UCOL and EIT, ākonga take 6 courses in their first year.
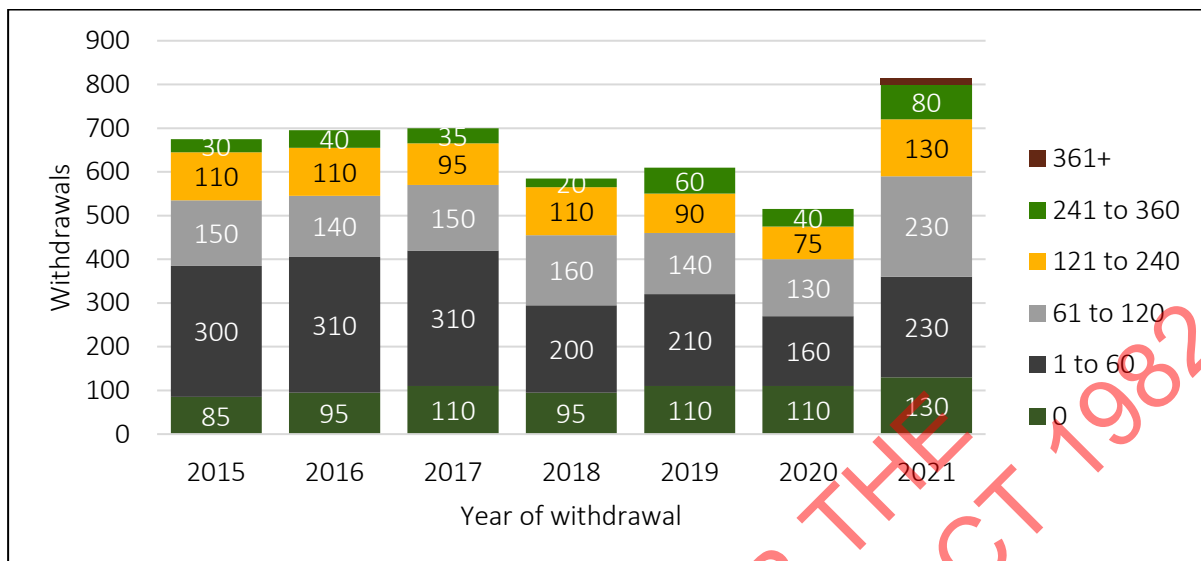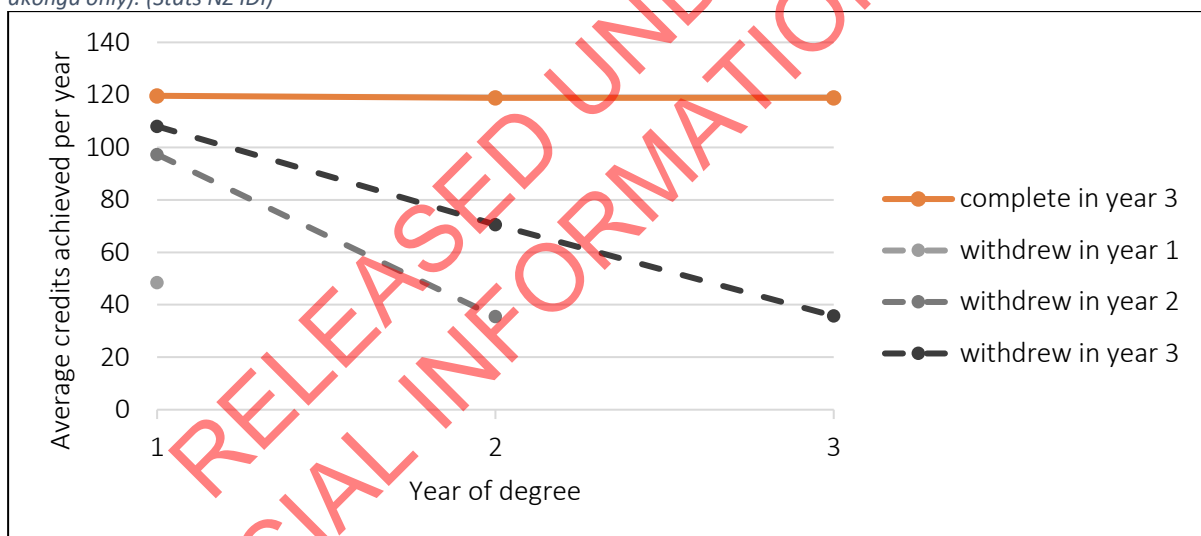
truwind.co.nz

Figure 11 Average credit accumulation by year of withdrawal or completion for the 2015 cohort (full-time ākonga only). (Stats NZ IDI)

Withdrawals by course failures

The next figure shows how many courses ākonga failed in the final semester before withdrawing. It shows that about two-thirds of ākonga who withdrew had failed at least one course in the final semester (refer to black and grey in the figure). This may indicate that withdrawal was partially related to course failures, with other reasons attributed to the remaining third. The figure shows relative consistency.

*Figure 12 The number of courses failed within one semester of qualification withdrawal (StatsNZ IDI).*
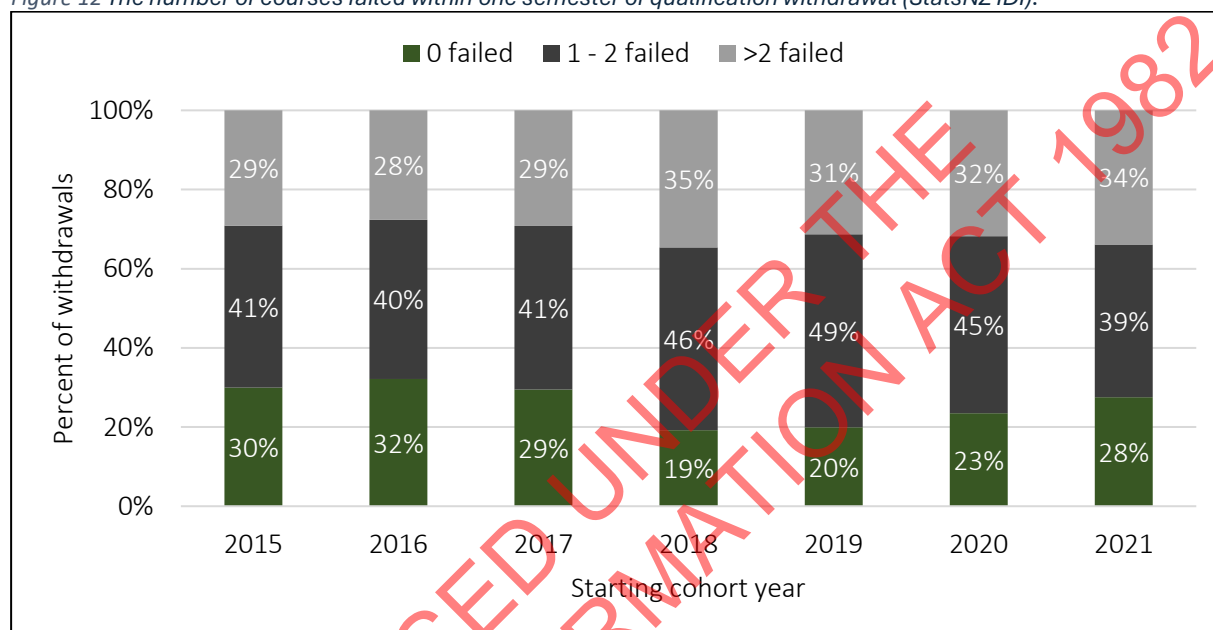
The breakdown of completions and withdrawals by the number of failed courses is shown below (Figure 13). A clear majority (75 percent) of ākonga who completed their degree did so without failing any courses, leaving one-quarter who failed one or more courses during the degree. For comparison, a similarly sized majority (76 percent) of withdrawals occurred with one or more courses failed.

These results include course failures due to a failing grade and withdrawals from a course part-way through. For ākonga who withdraw partway through a semester, all courses enrolled at the time of withdrawal were counted. Hence, a large percentage of people with 4+ 'failed'.

These analyses could suggest that ākonga failing more courses are less likely to complete. A factor which may contribute to this is the strict prerequisites of second- and third-year courses of nursing degrees, requiring ākonga who failed one or more courses to repeat before continuing, e.g., first-year science courses.

Figure 13 The number of courses failed by degree outcome for starting cohort years 2015 to 2018 comprised 5,235 completions and 2,535 withdrawals.
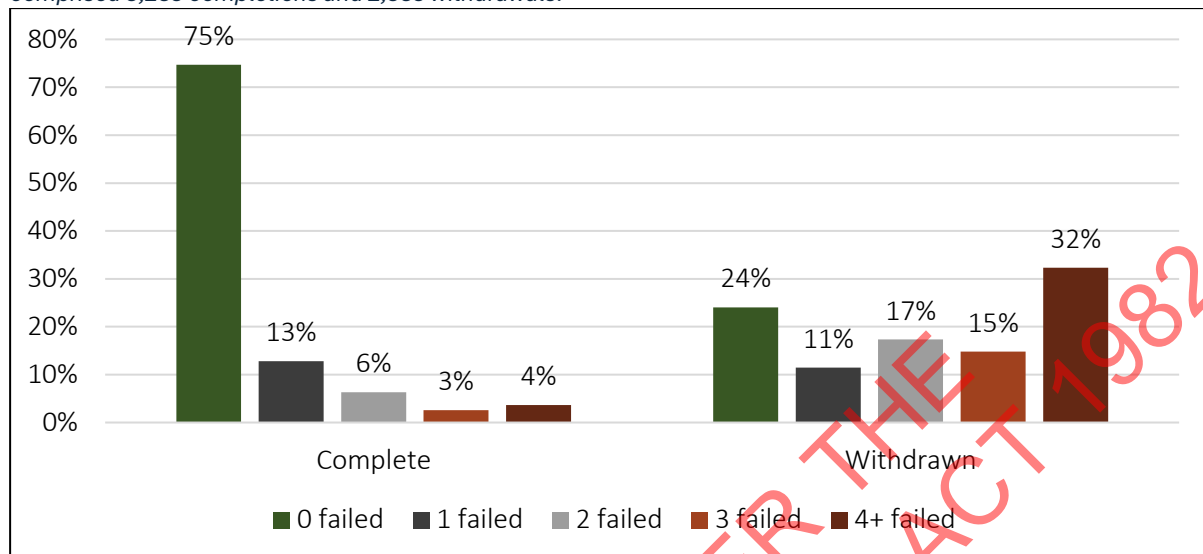
The figure below illustrates first-year course failure rates and subsequent withdrawal percentages by subject. Science courses have the highest failure rate (22%) in the Bachelor of Nursing, with 46% of those failing eventually withdrawing. In a cohort of 2,000, this translates to 480 ākonga failing a science course and 220 leaving the programme.

Further research could explore reasons for higher withdrawal rates in specific courses, such as whether they serve as prerequisites for programme progression.

Figure 14 First-year course failures by course category, 2020 onwards only (Stats NZ IDI)
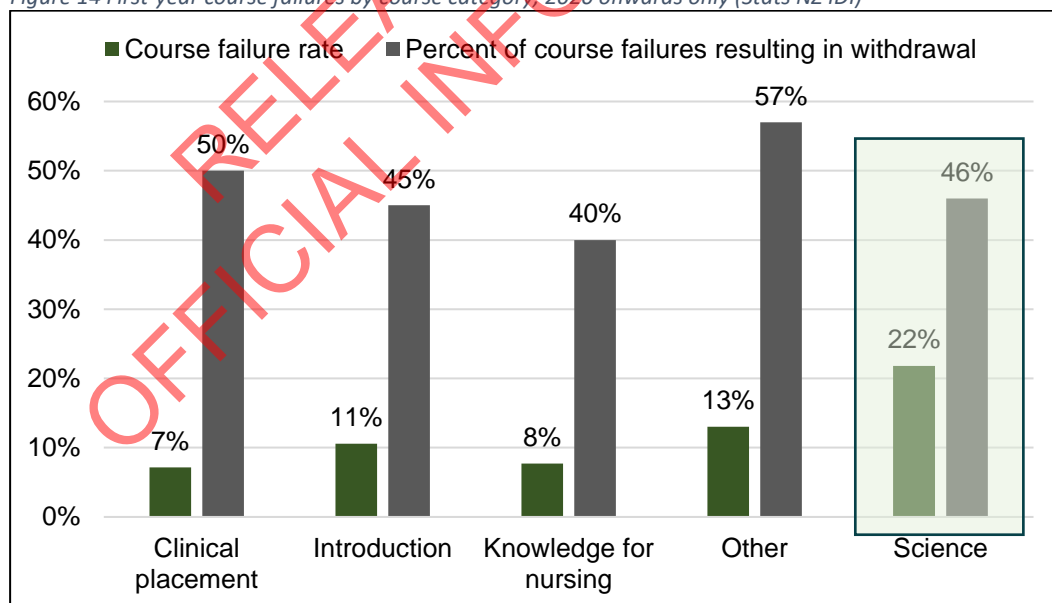
*Table 4 Course category examples to support the interpretation of **Error! Reference source not found.**4 figures.*

Course category	Examples
Clinical placement	Clinical placement courses
Introduction	Foundational and 'Introduction to Nursing' courses
Knowledge for nursing	Specialised knowledge, e.g., Pharmacology, acute care, inpatient care
Other	All other courses. E.g., Professional Responsibility, Hauora Māori, Management of nursing care.
Science	First-year science/bioscience courses

Five-year completion cap

The majority of ākonga enrolled for five years completed the degree, about 87 percent - excluding those still in progress. This finding indicates that it is feasible to complete in five years and that a longer study cap could be considered further as an option in the future, particularly for those looking to transition to part-time study.

Figure 15 Volume of ākonga enrolled for five years by degree outcome and starting cohort year.
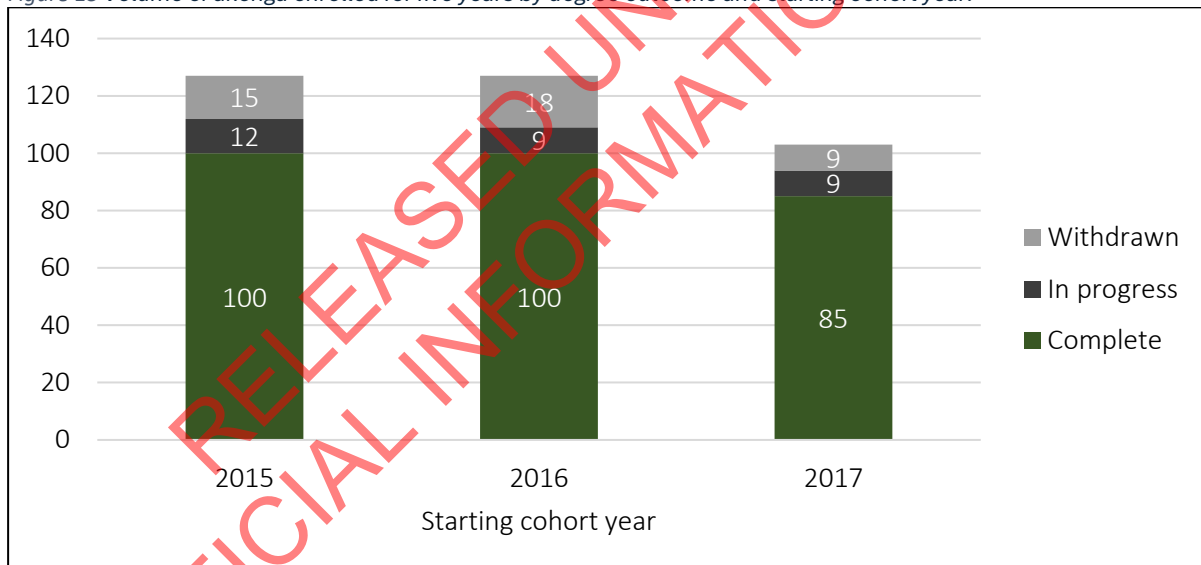
Destinations after withdrawal

The figure below depicts the destinations of ākonga 12 months post-withdrawal. Of those who withdrew in 2020, 37 percent entered non-nursing employment, while 20 percent (one in five) remained in the nursing sector. Notably, 12 percent of the 2020 and 20 percent of the 2019 cohort pursued other tertiary studies, potentially in nursing at non-ITP institutions or different fields entirely.

Figure 16 Withdrawals destination 12 months later (Stats NZ IDI)
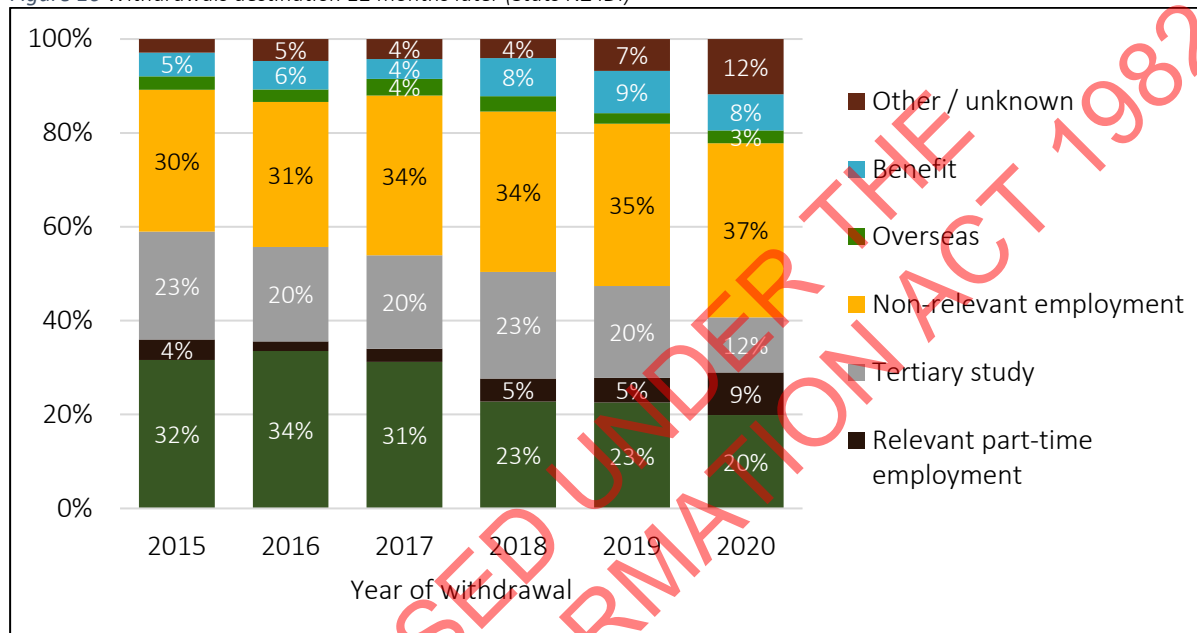
Existing research and this study's quantitative component reveal the following about nursing ākonga withdrawals:

● **There is a need for flexible study options and additional support for part-time ākonga.**
A large number of ākonga enrol in the Bachelor of Nursing degree in a part-time capacity. On average, each year, about 1,000 ākonga are enrolled part-time, i.e., with less than the full credit load in a given year. It was also observed that this is not static, as many ākonga alternate between full-time and part-time throughout the degree. Of significance, just one in five (21 percent) of part-time enrolments complete the degree. Qualitative insights offer in-depth understanding, highlighting the barriers to success for part-time ākonga.

> There may be options to explore 'Earn while you learn' Bachelor of Nursing models, including Bachelor of Nursing Māori and Bachelor of Nursing Pacific.

- **Ākonga are experiencing financial strain during their studies.**

  Evidence suggests that ākonga are experiencing increased financial strain during the study. The estimated proportion of ākonga working 20+ hours a week during the first year of the degree increased from 18 percent in 2015 to 29 percent in 2022. That is, paid work for which they receive wages and salaries outside their study commitments.

  > Targeted financial support could be offered at pivotal times of the degree to relieve the pressures on ākonga – for example, during clinical placements.

- **First-year course failure (particularly in science) is a key predictor of withdrawal.**

  Approximately half of the 2021 withdrawals were ākonga in the first year. When considering the relationship between course failure and withdrawal, a 22 percent course failure rate for science courses was found.

  Almost half (46 percent) of ākonga who fail a first-year science paper go on to withdraw from the programme. Some may enrol in a part-time capacity rather than withdraw to repeat the science courses as it is typically a course prerequisite. The flow often creates a higher student allowance or loan and living cost burden, compounding the likelihood of withdrawal.

- **Provide targeted early intervention course support for ākonga in their first year, particularly in science courses.**

  Science courses have been identified as a key 'barrier point to success' and a predictor of programme withdrawal. Proactive and responsive initiatives should be offered to better support ākonga in these areas and enable success. Pro-active support could include:

  > - Tuakana programmes specifically for science and bioscience courses.
  > - Micro-credential science courses, offered either pre- or alongside the first-year science paper.
  > - Additional teaching resources and office hours offered by course tutors and Kaiako.

- **Responsive initiatives (targeted at those who fail in the first year)**

  This could include offering the key science courses in both semesters and during summer school – enabling ākonga to catch up to their cohort quickly.

Qualitative findings in detail

Refer to *Appendix A* for summary tables of the factors of importance and recommendations for improving the retention of ākonga who withdraw.

In-depth qualitative consultation explored the experience of ākonga who have withdrawn from their Bachelor of Nursing studies and those who have failed one or more papers leading to withdrawal.

The experiences of these participants help us understand why some ākonga withdraw and explore what supports and interventions could help such ākonga complete their nursing studies successfully. Emphasis was placed on withdrawing from Years 1 and 2 and those ākonga who had failed courses.

We spoke with nineteen ākonga who had repeatedly withdrawn from their Bachelor of Nursing study. The home location of those ākonga included rural and urban centres, and there was a mix of ethnicities. All had been studying full-time before they withdrew. Locations included Christchurch, Timaru, Geraldine, Waikato, Greymouth, Wellington, Palmerston North, Bay of Plenty, Rotorua, and Hamilton.

Table 5 Who we talked to

Sample characteristics	Mode	Number of participants		Priority group			
		Focus group	Individual interviews	Disability	Māori	Pacific	Migrant
Withdrawal from Year 1	Online	5	5		1	2	
Withdrawal from Year 2	Online	4	2		4	1	
Withdrawal failed (did not pass courses)	Online	2	1	1	1		2

Overview of findings

Withdrawn and failed ākonga who participated in the study included people with a wide range of experiences, aptitudes, and reasons for withdrawing. From our research, we have identified four key themes to profile withdrawn and failed ākonga qualitatively. These are:

1. Ākonga, who find the practical, hands-on aspect of a Bachelor of Nursing study is 'not for me.'
2. Ākonga, who struggle with the academic aspect of the Bachelor of Nursing study.
3. Ākonga who have experienced significant life events which have made it feel necessary to withdraw from Bachelor of Nursing study temporarily.

4. Ākonga who feel they cannot complete nursing study due to mental or physical health conditions and withdraw without intending to return.

It is important to remember that individuals' experiences are complex, and their reasons for withdrawing are often multifaceted. Their experience often includes factors from more than one of these profiles.

Multifaceted support is important to help address these issues. Opportunities to better support Bachelor of Nursing ākonga before they begin their study (the contemplation stage) and once they have commenced their study include:

At the contemplation (THINKING) stage, help ensure ākonga are well prepared for their Bachelor of Nursing study:
- Academically, particularly human biology knowledge.
- Emotionally and socially: Potential ākonga would benefit from more exposure to real-life healthcare settings before they commence study. These experiences should be well scaffolded to ensure ākonga understand they will learn how to cope with these challenges.
- Potential ākonga should be encouraged to examine their motivation for studying nursing. If their initial motivation is weak and does not come from within themselves, overcoming challenges in their study cannot be easy.

PROGRESSING through the Bachelor of Nursing study, support ākonga to complete their studies:
- Ensure that academic and pastoral supports are available and that ākonga can access them. Recognise that ākonga may need to be invited and encouraged to seek support.
- Peer support (informal and more formalised), mentoring and open, positive relationships with tutors and academic staff are helpful.
- Placements are challenging and should be well-scaffolded regarding peer support and support from tutors and the education provider.
- When life challenges arise, look for ways to support the ākonga to manage these without withdrawing from their studies, or if they do withdraw, ensure the path back to study is clear and welcoming. Participants have found their education providers very inflexible when they have experienced health or family crises.

Detailed Findings

Withdrawn and failed ākonga profiles

1. Ākonga, who find the practical, hands-on aspect of the Bachelor of Nursing study is 'not for me.'

These ākonga began their course of study feeling confident in the academic aspects of the course. They enjoyed science and often achieved high grades at school. They chose to study nursing because the science element appealed. They felt it was something they could excel in because they felt it offered a clear, high-status career path.

In hindsight, these ākonga often felt they did not have a clear picture of what nursing and nursing study would involve on a day-to-day basis, particularly the practical, person-to-person aspects of nursing. Once they found themselves in a lab or a placement setting, their interest and/or confidence waned, and they began to feel nursing was "not for me." These participants had a strong academic aptitude for nursing but began to doubt their emotional, psychological, and practical aptitude.

Psychologically and emotionally, these participants found they were uncomfortable with the feeling that a person's life was in their hands and relying on their knowledge and capability. They doubted their ability and willingness to manage the close personal interaction nursing requires. They felt they could not or did not want to deliver empathy in challenging environments when people are angry, in pain and sometimes abusive towards nurses.

On a practical level, some of these ākonga doubted their ability to learn and complete practical tasks. They found the lab setting a difficult place to learn and felt they would not have the opportunity for the practice and guidance they perceived they would need to become competent at these practical tasks.

Many of these participants believed they had not fully thought through or explored what being a nurse would entail and how they would feel in hands-on nursing settings:

"I really enjoyed the first bit in the classroom, it was like biology at high school but elevated. It was everything I knew and loved. But then it got to the practical stuff, and I just did not enjoy it. And that's when I realised that if I don't enjoy the practical aspects of the nursing degree, then I probably won't enjoy being a nurse." Withdrew from Year 1

"I already knew I was quite terrible at the practical side, and probably a bit the social side...I was thrown in at the deep end with placement at week six, and I'm a quiet person…it was scary." Withdrew from Year 1

Often, the impetus for these ākonga to study nursing was extrinsic: other people in their lives suggested they would be good nurses, so they decided to give nursing a go. However, when they started their nursing education, they found that the study and the career were enormously challenging and required drive and passion, which they did not have. This

sense of drive and purpose must come from within the individual rather than from pressure from friends, family, teachers or peers:

"I wanted to do cosmetic nursing (so) I had to do the nursing course to get to the cosmetic nurse course...It was a bit hard because I wasn't really relating to anyone or the things I was taught. I wasn't really interested in it." - Withdrew from Year 1

"Some of my friends were saying I was quite an empathetic person, and I just wanted to stay at [Education provider where the participant had completed a prior qualification outside of health]" Withdrew from Year 2

"It was heavily suggested [at school]. It was just like a push for more Māori people going into nursing. It was like, 'You should go because you're Māori'... and I was good in school, and I was responsible...and then my Mum told everyone! My family jumped on it because it was a job you have to study for (high status." Withdrew from Year 1

Barriers and potential interventions for ākonga who feel practical nursing is 'not for me.'

Intervention and support for these ākonga could be of value both at the early contemplation stage (before they begin studying) and during their studies. At the contemplation stage, the goal is to ensure they make a well-informed decision before they commit time and resources. This proactive approach can help prevent potential issues. Once they have commenced, the goal is to ensure they are well supported in managing the practical aspects.

Personal factors (those which ākonga have control or influence over)

Ākonga need a strong drive and a sense of purpose to succeed as nursing ākonga, and this drive needs to come from within. Potential ākonga should be encouraged to examine their "why" to ensure they want to become nurses *before* they commence studying. This determination is essential to help ākonga overcome inevitable setbacks and challenges.

Education system factors (those which Nursing Education Providers have control or influence over)

Both high schools and Nursing Education Providers could look for ways to support potential nursing ākonga to explore nursing more deeply. Ākonga need a realistic and in-depth understanding of the practical, hands-on nursing environment to understand if it is somewhere they want to be.

It is important to recognise that these experiences and early placement experiences can be quite confronting for ākonga. Hands-on experiences and early placement experiences need to be well-scaffolded. Ākonga need to feel confident that, even though these experiences can be very challenging, they will *learn* how to handle them.

Thorough briefing before and after placements, tutors' and preceptors' support, and peers' collegial support help ākonga manage these challenging experiences.

Employment/placement factors (those outside the learner's control, which might influence the ability to succeed or continue)

Some of these participants sought their own practical experience by finding work in a rest home for older adults. These participants found the experience very challenging and often frightening. They found themselves put into difficult situations (e.g. sole charge of bathing and feeding dementia patients) without appropriate training and support.

Wider system factors (those not under the direct control of individual providers, partners or employers)

These participants often found themselves needing to decide very quickly whether nursing was "for me." For example, one participant made sure to withdraw in the first semester to retain some of her "fee-free" year for later study.

> There may be opportunities to encourage those ākonga who are unsure if nursing is "for me" to give the experience more time.

2. Ākonga, who struggle with the academic aspect of the Bachelor of Nursing study

Some participants found the academic aspects of nursing study particularly challenging. These ākonga often had a clear, strong purpose: they knew their "why" and were often very determined to become nurses. They often felt very competent and capable with the practical aspects of nursing and may have hands-on experience in challenging healthcare settings.

However, these ākonga struggled to keep up with the coursework and did not understand, and even though they worked very hard and looked for help, they fell behind.

Assessment methods can also be very challenging for these ākonga. They may find written assessments and exam settings very difficult and intimidating and struggle to communicate their knowledge in the time allowed:

"I knew the material, but as soon as I got into that exam hall, I just panicked". Withdrew, Failed Year 1, intending to return

"I have mental health issues, and I had other stuff going on in my life as well, and it just came with me to the exam that day, and I broke down." Withdrew, Failed Year 2

Some of these ākonga had failed papers or semesters and withdrawn; others simply withdrew because they did not feel confident, they would succeed.

However, several of these ākonga are still strongly determined to become nurses and intend to try again. Often, academic challenges come within a context of wider life challenges, including family, health and financial pressures. These challenges can make it very difficult for ākonga to overcome academic barriers, but some participants intended to return to nursing study once they have addressed them.

Barriers and potential interventions for ākonga who struggle with the academic aspects of nursing study: Ākonga who struggle with the academic aspects of nursing study may have the determination and personal and practical aptitude to become nurses, and there are opportunities to support them better to succeed academically.

Personal factors (those which ākonga have control or influence over)

Some participants found it difficult to find or access academic support. They also felt it was difficult to ask questions in class and were concerned that teachers and librarians quickly became fed up with answering them.

These participants did find peer support very helpful, though they were concerned about overburdening their peers.

Education system factors (those which Nursing Education Providers have control or influence over)

Some ākonga found the teaching style in some papers difficult to engage with. They felt teachers were "just reading off the PowerPoint" and disengaged with the class and the teaching material. These participants felt teachers did not genuinely seek questions and discussion from ākonga. They found it very difficult to stay engaged in these classes, particularly when they were more generally struggling with academic work.

These participants felt their tutors' teaching style and approach did not support learning. They felt tutorial time would be more useful for overcoming their academic challenges if they were supported to ask questions, discuss the material, and ensure they understood it, rather than simply having PowerPoint slides read to them.

However, some ākonga did access academic support and tutoring. For example, they mentioned that librarians are particularly helpful (e.g. with APA referencing). However, they still struggled academically and did not feel confident to continue.

> Consistent, active pedagogy and genuine invitations to question and discuss material could help ākonga learn the material more effectively.

Wider system factors (those not under the direct control of individual providers, partners or employers)

Most participants felt that nursing study was a significant academic jump from high school science and felt the high school curriculum did not adequately prepare them for nursing study:

> *"At high school, we just studied plants!" Withdrawn from Year 1, returned to a different institution.*

> *"What they expected from us academically was a shock!" Withdrawn from Year 2, returned to a different institution*

Both ākonga who had completed pre-health courses (and those who had not) felt these courses were useful. Ākonga who have completed pre-health are better prepared for nursing study.

> There are opportunities to encourage ākonga to take pre-health courses and to encourage schools to deliver a curriculum that better prepares ākonga for health and human biology study.

The need to work was an additional complicating factor for ākonga, who struggled with coursework, particularly those who struggled with the academic element. For some, the desire to earn money was related to lifestyle, but often, nursing ākonga needed money to survive. Many withdrawn ākonga could not live with family or were supporting their families. This meant they needed to work enough to make enough money to live, which used up the time and energy they had available to master the academic challenges:

> *"I've come off a 10-hour shift (supporting people with significant mental health challenges) and gone straight into an exam." Failed. Intending to re-enrol*

> A liveable student allowance would enable ākonga to put the extra time and effort they need into their studies:

3. Ākonga who have experienced significant life events which have made it feel necessary to withdraw from Bachelor of Nursing study temporarily

Some participants had withdrawn from the Bachelor of Nursing studies due to major life events such as illness, family bereavement, particularly challenging times for their children, and temporary financial crises. These participants intended their withdrawal to be temporary:

"I was having some troubles with my middle son, and I decided that my study would just have to go on the back burner while I got things sorted out for my son." - Withdrawn from Year 2, considering returning

These ākonga included those who felt very confident and capable as nursing ākonga, both on a practical and academic level and ākonga with other factors complicating their study, such as academic and financial challenges. Their motivation to return to study varies, but they often remain determined to return and complete their nursing studies. Some have already returned but have chosen to complete their studies at a different institution (e.g. a university).

Some of these ākonga had felt forced to withdraw because they felt their educational institution was unreasonably inflexible. For example, one participant needed two days off during a placement s 9(2)(a) and was informed that this was not possible and that she would have to withdraw and repeat the semester.

Personal factors (those which ākonga have control or influence over)

Returning to nursing study after a personal crisis was very difficult, particularly if the personal experience had been traumatic. Ākonga needed to be very determined to become nurses, and they needed to find a great deal of motivation to give up their income and lifestyle *again* to return to study.

Some ākonga we spoke with had already achieved this and restarted their nursing education, often with different providers. Those ākonga tended to have chosen providers they felt would be more supportive if they faced challenges again. For example, one Pacific ākonga withdrew in her first semester because three close family members died within six months. She found that her nursing school offered sympathy but not practical help. She returned to study at a different institution, partly because they offered practical and social-cultural support and mentoring.

Some ākonga had withdrawn due to ill health or family needs and have not returned. Some of these had multifaceted reasons for withdrawing and had decided nursing was not for them. Others still intended to return to nursing but were finding barriers in their way, which

sapped their motivation. Money is one of these; the other is the requirement to repeat semesters or even whole years:

"To be honest, if I do go back to study, I'll probably stay in the health sector but do something different so that I don't have to repeat that content all over again." Withdrawn from Year 2, intending to return

Education system factors (those which Nursing Education Providers have control or influence over)

The extent to which these ākonga sought and were granted support from their education providers varied. They often had little or no discussion with providers and believed there were no alternatives to withdrawing from their nursing studies:

"What do you mean support? They were sympathetic, but there was nothing they could do to help". Withdrew from Year 1, returned to a different institution.

Those who did discuss the situation with their providers often felt they were inflexible and "*intimidating*". They felt providers offered no real alternative other than to withdraw and little or no information, guidance or encouragement to return:

"I was told you either withdraw or you're failing the whole year because s 9(2)(a) *...I was pushed into this meeting, where they told me 'You either leave, or you fail'. It was a very intimidating (MS Teams) meeting with about three staff members versus just me, and I was very vulnerable and was pushed quite a bit.* s 9(2)(a) *. That's why I decided to leave because I didn't feel supported at all." Withdrew from Year 2, completing at a different institution*

Nursing education providers could improve support for ākonga facing life crises. Many of these ākonga are capable and motivated to become nurses. Providers could help them continue their studies or manage temporary withdrawals to ensure ākonga return to complete their education.

For example, providers could review policies and approaches regarding leave during placements. Some participants had experienced acute crises during placements and could not take even a few days' leave. They felt they were forced to withdraw entirely from the course. If providers want to retain these ākonga, they might consider offering temporary leave and opportunities to complete placement time later in the course.

There are opportunities for providers to manage those occasions better when an ākonga does need to take time off from their studies for a slightly longer period (e.g. a semester). In the first instance, providers could ensure a clear and open dialogue so that ākonga approach providers to explore their options during a crisis.

From there, it should be made very clear what the implications of their taking time off are, what will be required to return, and what, if any, time limits there are for returning. Some participants found that process requirements created barriers and challenges for returning to study. For example, some participants did not know they needed to complete their studies within five years:

"If I do go back to nursing, I need to do my year one all over again, and I'm not feeling great about that. It's really putting me off. I had such good momentum, and my marks were good, and I had lots of positive feedback, and the thought of having to go from the beginning all over again is really deflating." Withdrew from Year 2, considering returning

Their provider had contacted some ākonga to encourage them to re-enrol, but this could be a more consistent practice. There would be value in maintaining a relationship with those ākonga who have taken a temporary withdrawal and getting in touch to invite and support their return towards the end of the time they have estimated to deal with the situation they need to deal with or before the next semester begins.

It would also be helpful to review the academic requirements for returning ākonga to ensure that any repeated study is meaningful. Some participants who want to return are discouraged because they felt they would have to repeat work they already know well, which wastes time, money and energy. They lose their inspiration and their momentum. These participants suggested that providers consider options such as a condensed re-entry programme and/or competency tests, ensuring they only have to repeat work where there are knowledge gaps.

> These experiences reinforce the importance of clear administrative processes and administrative staff who are enabled to support ākonga to manage the process element of their studies.

Wider system factors (those not under the direct control of individual providers, partners or employers)

The money would often help ease the crises these ākonga face and help them return to their nursing studies. Participants who took time off to deal with a life crisis often started working. Some are currently taking time to work and save to return to their studies, while others enjoy having money, and their determination to return to studying is waning.

4. Ākonga who feel they cannot complete their Bachelor of Nursing study due to mental or physical health conditions and withdraw without intending to go back

Some participants who experienced life crises, particularly physical and mental health challenges, withdrew with no intention of returning. Often, they felt stress from the nursing study played a significant role in their illness, particularly if it was coupled with the stress of living away from home, in student accommodation, working and studying, and feeling culturally isolated:

"My health started deteriorating, I started becoming stressed because I was apart from my family, and I got homesick." Withdrawn from Year 1

Some of these participants had been asked to leave their studies because the providers felt their illness made them unsuitable candidates for continuing nursing studies. Other participants made this decision for themselves without discussing it with their provider because they felt their physical challenges would make it difficult to complete placements:

"I was told I was unsafe to be around patients and needed to go and work on my own house." Withdrew from Year One

Personal factors (those which ākonga have control or influence over)

Some of these ākonga have multifaceted reasons for withdrawing. They may, for example, have been struggling academically or practically. They may have been questioning whether nursing was for them, and a life event which required them to take time off, coupled with perceived inflexibility from their institution, triggered their withdrawal.

Some participants sought support from their education providers and accommodation providers. However, this support was not always timely or enough.

Others did not expect support, so they did not ask and/or did not know where to ask.

Education system factors (those which Nursing Education Providers have control or influence over)

Participants who withdrew due to physical disabilities suggest that placements could be designed to take physical abilities into account. They felt that nursing is a diverse career with opportunities for people with physical disabilities, which should be reflected in the course.

Alternatively, these ākonga suggest that the physical requirements of nursing study should be made clear before they are invited to commence study:

"They were never mean; they never made me feel like I couldn't do it, but I think everyone knew that I wasn't going to get through the placements."

"You have to be physically able to get through your placements. Maybe they could implement that you have to be physically cleared (when you apply)." Withdrew from Year 1, ākonga with a physical disability

Support systems for ākonga

The extent to which withdrawn and failed ākonga sought or received support varied. Some ākonga were able to access pastoral support and counselling to help with stress, homesickness, or grief.

Peer group support had been helpful for some, particularly in scaffolding the placement experience. Likewise, some had felt supported by their tutors and preceptors during placement experiences. Some had had some academic support from peers and through their educational institutions and had found tutors or academic support staff who could answer their questions.

But those participants who did not have peer group support certainly missed it, particularly those who studied online in 2021 and 2022. They found the online learning experience very challenging because they missed the peer interaction and support that face-to-face classes enable. They felt this was a factor in them feeling unmotivated and isolated.

Overall, ākonga felt little effective support was available; they did not know where to look for it or felt uncomfortable asking or approaching the education provider staff.

Nursing education providers should recognise that ākonga may not have the experience, knowledge or confidence to seek appropriate support, particularly when in distress. There are opportunities to pre-empt and prevent withdrawal by informing ākonga what personal and practical support is available and their options if they face difficulties.

"Make people aware of (support), not hiding it behind a website where people have to seek it because people don't know those things are available, especially when you're a first-time Uni student." Withdrawn from Year 2 and returned to another institution

It is also important to establish a dialogue with ākonga. For example, invite them to discuss challenges in a supportive environment, with a view to keeping them in study or to help them keep doors open and plan for their return.

Often, time and money would help ākonga overcome challenges. Nursing study can be a very challenging juggle. Often, the combined factors of having to earn money to survive, stressful living arrangements and academic difficulty lead to ill health and poor results.

Ākonga felt they might be better equipped to achieve academically if they had more time to study. Student allowances, which gave them enough money to live, would give them enough time to study.

Time might also help some of these ākonga complete their studies. It might be worth considering whether ākonga could study part-time over a longer period (e.g. more than five years) to better manage their family and financial juggle.
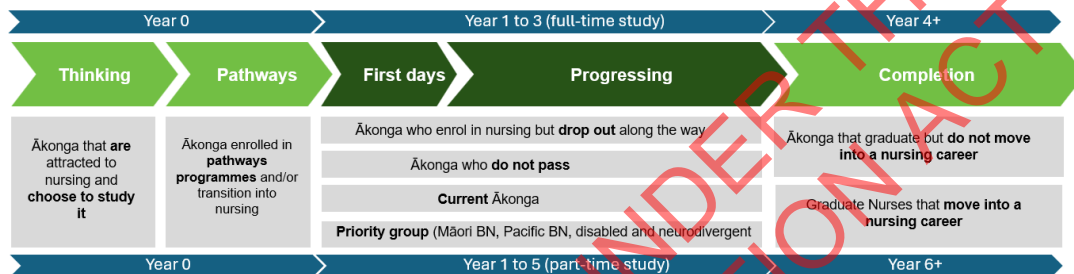
08

FIRST DAYS AND PROGRESSING
Priority groups: Current nursing ākonga experiences

Context

Importance of a diverse workforce

The NZNO Strategy's emphasis on workforce diversity aligns with broader research indicating that a workforce whose demographics reflect the community leads to improved patient outcomes (Zambas, 2023; Wilson, 2011). The strategy's call for inclusivity aligns with research advocating for educational environments and curricula that acknowledge and adapt to the cultural needs of Māori and Tāngata Moana ākonga, recognising that this is a key factor in their decision to enrol and persist in nursing programmes (Mullane et al., 2023).

The quantitative workstream identified significant attributes associated with qualification completion, including ethnicity and disability. Regression analysis demonstrated that:

- **Māori and Pacific** - Māori and Pacific ākonga are less likely to complete than other ethnicities. Specifically, the odds of qualification completion are reduced to 34 percent to 90 percent of the odds for completion of non-Māori and non-Pacific ākonga.
- **Declared disability** – Ākonga with a declared disability are less likely to complete, with an odd of completion between 35 percent to 76 percent of the odds compared to ākonga without a disclosed disability.

The Te Rito 'Ākonga at the Centre' research project (Te Pūkenga, 2021) identified three priority groups and contained insights into what learners believe are the opportunities to enhance their success. The priority learner groups were:

- Māori learners
- Pacific learners
- Disabled learners

The following section examines the lived experience of these priority learner groups.

Refer to *Appendix A* for summary tables of the factors of importance and recommendations for improving support for priority ākonga groups.

Overview of findings

Participants have found that their experiences within the Bachelor of Nursing Pacific and Bachelor of Nursing Māori have been very positive and have contributed significantly to their well-being and ability to thrive in their nursing journey.

Many of these aspects are culturally specific and reflect, support and affirm the Kaupapa that drives them as nurses.

Some aspects of these ākonga's experiences may provide learnings for education providers within the wider nursing education system. This includes the **powerful social support** that these ākonga experience from those in their own cohort and as both formal and informal mentorship from ākonga in the years ahead of them. Peer support is a hugely valuable factor in nursing ākonga's well-being and success.

Participants also recognised the value of **personal relationships with tutors** and the ability of these tutors to recognise ākonga's academic, personal and social needs. This includes being open and welcoming of questions, providing academic support where needed, and recognising individuals' challenges and supporting them through these.

Qualitative findings in detail: Bachelor of Nursing Māori and Bachelor of Nursing Pacific

We spoke with three groups of participants (n=17) who are or have been members of a Bachelor of Nursing Māori and Bachelor of Nursing Pacific programme. For Māori nurses, we spoke to one group of graduates and one current ākonga.

Sample characteristics	Mode	Number of participants		Priority group			
		Focus group	Individual interviews	Disability	Māori	Pacific	Migrant
BN Māori ākonga	In-person	6			6	3	
BN Māori graduates	Online	4	1		5	1	1
BN Pacific ākonga	In-person	2	1			4	

Participants who were or had studied as part of the Bachelor of Nursing Māori and the Bachelor of Nursing Pacific **valued these programmes very highly**. They credited the social, academic, practical and spiritual support they experienced within these programmes as a core factor in their perseverance and success.

Two key factors which characterise these participants are their clear sense of purpose and their feeling of being well supported by their classmates, those who have gone before them in the programme, and their tutors:

"It just kind of wrapped around me like a cloak" - Bachelor of Nursing Māori graduate

"We were all in it together, and if one person fell off, we helped them back in, and we weren't moving forward until that person was back in. Even if someone wanted to give up, we wouldn't let them give up. We had the strength of each other" – Bachelor of Nursing Māori graduate.

Bachelor of Nursing Māori

Bachelor of Nursing Māori participants had often returned to study some years after leaving high school, having gained work and life experience. These experiences included their own and whānau experiences with the health system, caring for family members who were ill, and working in healthcare (for example, as a Healthcare Assistant). These experiences, with a strong desire to support their whānau, community and people, gave these participants a strong sense of kaupapa. Their "why" is clearly defined and highly compelling:

My son was diagnosed with [X], and I couldn't understand his diagnosis. Nurses and doctors, they tell you in a way you don't understand, so I thought, well, I'm going to study till I understand that." - Bachelor of Nursing Māori nursing graduate.

These participants felt very strongly that they were doing the right thing in the right place. They felt the opportunity to study and practice nursing in a Te Ao Māori context is of immense value on a personal level, social, cultural, and spiritual level:

"What was fundamental to me in that group (of Māori ākonga and kaiako) was space to be able to reclaim who you are as Māori. When you are able to stand firm in your identity, you can take that with you to do anything else" - Bachelor of Nursing Māori graduate.

On a cultural level, given that the desire to support their communities is a key motivator for becoming a nurse, participants felt studying nursing within their cultural environment better equips them to work within that environment:

"We're not just nurses who are Māori; we're Māori nurses." Bachelor of Nursing Māori graduate

"You're developing your personal identity and your professional identity; one will feed the other." - Bachelor of Nursing Māori ākonga

With this, the opportunity to express, explore, affirm and learn about their cultural identity was a very rewarding aspect of their nursing study journey for Bachelor of Nursing Māori ākonga. Part of this was recognising the importance of spirituality and tīpuna within the course work and the social environment.

Like many nursing ākonga, these participants had faced significant challenges along their journey, including **personal, financial and academic challenges**. They felt the support they had experienced as members of the Bachelor of Nursing Māori community had helped them address these challenges and continue studying:

"Last year was the year that everyone (three close whānau) had heart attacks." - Bachelor of Nursing Māori ākonga

Personal factors (those which ākonga have control or influence over)

Bachelor of Nursing Māori participants had faced many personal, academic and financial challenges during their nursing journey. Many are caring for children or older family members.

These participants had found the Bachelor of Nursing Māori community academically and socially supportive. They highlighted the importance of the academic and social support from their peers in their immediate cohort and those who have gone before them: mentors from the years above. This includes tutoring, practical support like babysitting, emotional confidence building and learning more about their Māori culture and heritage:

"The degree programme is very, very intense. It takes a lot of energy, and to be able to maintain that, you need to balance that out (and we do that with) activities like kapa haka and netball. And there's a lot of spiritual elements when it comes to kapa haka, and you're singing as a group." – Bachelor of Nursing Māori graduate.

"Part of what helped us get through our degree is having role models we can aspire to, the first generation, the leaders." – Bachelor of Nursing Māori graduate

Likewise, participants appreciated being able to reach out and support other ākonga who are coming up. These programmes have built a close-knit and highly supportive community which really helps these ākonga succeed through the difficult journey of becoming a nurse:

"They're like sisters. It just felt like you're not on a journey alone. They uplifted me." - Bachelor of Nursing Māori graduate.

"(You're more comfortable) with people that you can relate to, people you have things in common with. I'd be more comfortable to raise my hand within a class of 30 or 40 people in comparison to 120. " - Bachelor of Nursing Māori graduate.

They also appreciated that Kaiako recognised their family and work commitments where they could and that flexibility was offered when needed. For example, participants had been able to take leave to attend tangi when needed:

"I felt like they supported me really well. I was able to message them when I was struggling with certain things, especially whānau stuff." - Bachelor of Nursing Māori ākonga.

Education system factors (those which Nursing Education Providers have control or influence over)

Many of these participants felt their nursing study's academic aspects were a challenge or barrier for them. Most had come from working and parenting rather than directly from education. Some had completed pathway courses, while others had not:

"Everyone's at a different starting point academically." - Bachelor of Nursing Māori graduate

Participants felt that the academic support they could access through the Bachelor of Nursing Māori and Pacific programmes had helped address the academic challenges and boost their confidence. For example, the Bachelor of Nursing Māori ākonga could access extra, funded tutoring through the programme.

Participants valued the support of and relationships they had with kaiako very highly. These relationships were such that they felt comfortable asking questions, seeking academic support, and discussing other issues and challenges as they arose.

In terms of infrastructure, Bachelor of Nursing Māori ākonga appreciated the whānau room. This facility provides a safe space for these ākonga to be together, study, share kai, and build the relationships important to their well-being and success as nursing ākonga.

Wider system factors (those things that are not under the direct control of individual providers, partners and employers)

Bachelor of Nursing Māori participants hugely appreciated the support from alumni, particularly through Te Kaunihera o Ngā Neehi Māori. Participants wanted to acknowledge the crucial role these alumni played in supporting them during the tumultuous time in 2022 when a number of roles for Māori staff at their institution were disestablished.

Employment/ placement factors (those outside the control of the learner, which might influence their ability to succeed or continue)

Participants had experienced both challenges and affirmation in the workplace and on placement.

Challenges included feeling a sense of racism from some patients and feeling a sense of cultural taxation when they were the only Māori nurses on a placement.

These challenges have been counterbalanced by the rewards of putting their learning into practice and offering cultural support, which has been meaningful to patients. Participants have found that their unique skills were in high demand from employers, and their empathy and cultural understanding helped them better support patients.

Bachelor of Nursing Pacific

Like Bachelor of Nursing Māori, Bachelor of Nursing Pacific participants had often returned to study, having gained work and life experience. This gave them a strong sense of purpose, a desire to support their communities, and an interest in the differing needs of other minority and migrant communities:

> *I was in hospital for a week, and the nurses that were looking after me (included) a Tongan and a couple of Filipinos, and I was inspired." - Bachelor of Nursing Pacific ākonga.*

> *I was raised by my grandmother back in the Islands, and she had diabetes. Her left foot was amputated, and I looked after her for the last two years of her life." - Bachelor of Nursing Pacific ākonga.*

Like other participants who returned to study later in life, they found balancing study, work, home, family and community responsibilities challenging. However, those we spoke with did have strong support from their immediate family and spouses. These participants had additional obligations to meet for their families living in the Pacific Islands and those in New Zealand.

These participants enjoyed the academic aspects of the Bachelor of Nursing Pacific course and found it exciting. They have particularly enjoyed the opportunity to learn about other minority cultures in a New Zealand Health setting and about the Treaty of Waitangi in health. However, as they do not come from academic backgrounds, they also found the coursework very hard. They felt that the Bachelor of Nursing Pacific programme and environment had supported these ākonga to feel confident in asking their tutors for academic guidance and support, which has helped them succeed:

> *"From that assessment (Treaty of Waitangi nursing guidelines), I learned a lot about this country, and it was really quite something. Learning the Pacific worldview and bringing how you do things from Māori was really good. I learned a lot about my people and Māori people" - Bachelor of Nursing Pacific ākonga.*

Bachelor of Nursing Pacific ākonga felt safe studying in a small group with ākonga who shared similar cultural experiences and values, which helped them overcome challenges. They felt that face-to-face classes and the facilities at the student centre supported this and helped them learn and succeed.

Personal factors (those which ākonga have control or influence over)

Bachelor of Nursing Pacific participants have family and social support and many obligations and responsibilities that demand their time, attention and money. It can be challenging to balance this with study.

Education system factors (those which Nursing Education Providers have control or influence over)

Bachelor of Nursing Pacific participants felt a foundation or preparation course, like the pre-health community pathways, would have been useful for them and helped ease some of the academic challenges.

Participants felt they get academic support and guidance from their tutors and felt comfortable accessing this.

Employment/ placement factors (those outside the control of the learner, which might influence their ability to succeed or continue)

Bachelor of Nursing Pacific participants were conscious that their skill sets and experience are in high demand in the nursing workforce and are recognised for their cultural capital and expertise. They found this affirming, and it helped motivate them to persevere through the challenges of studying for a Bachelor of Nursing.

Qualitative findings in detail: Disabled and neurodivergent nursing ākonga

Refer to *Appendix A* for summary tables of the factors of importance and recommendations for improving support for disabled and neurodivergent ākonga groups.

We spoke with three ākonga experiencing physical disabilities, mental health challenges and learning difficulties. These included ākonga who have withdrawn and/or failed papers, often in part due to their challenges, and three participants who are currently still studying towards their degree.

Sample characteristics	Mode	Number of participants		Priority group			
		Focus group	Individual interviews	Disability	Māori	Pacific	Migrant
Disabled and neurodivergent ākonga	Online		3	3			1

Overview of findings

The participants we consulted with had lived experience of disability, which was often a key driver in their motivation to become a nurse. They felt they had much empathy to offer patients. They tended to be clear in their "why":

"So many people have the empathy and the compassion and the interpersonal skills along with the knowledge to be able to be great nurses, but how are you (supposed to get there with disabilities)?" Withdrawn Year 1, ākonga with a physical disability

However, these participants found the Bachelor of Nursing study very challenging, at least in part due to their unique challenges. In the case of those who have withdrawn or failed, their health circumstances and learning difficulties were often the main reason they withdrew.

These ākonga may need special accommodation for placements if accepted into nursing study. This phase of study may need extra management and flexibility on behalf of the provider to ensure they can complete it successfully considering their disabilities.

Ākonga with mental health challenges and learning difficulties benefit from peer support, pastoral care and academic support. However, there are some barriers to accessing this support as ākonga do not always know what is available, what they need and how to access it. There are opportunities to invite ākonga to access support and encourage peer group support systems so that ākonga feel comfortable accessing these.

This section explores the experience of participants with physical disabilities, mental health challenges and learning disabilities. Note that these participants' experiences are also discussed in the "Ākonga who have Withdrawn, section. There is significant overlap.

1. Ākonga with physical disabilities

We spoke with two ākonga experiencing physical challenges significantly impacting their nursing studies. One ākonga had withdrawn as she felt she could not complete placements. The second is still studying but has failed a placement due to her disability.

These ākonga believed they had clearly communicated their physical limitations to the nursing education provider before enrolment. They understood that their challenges had been acknowledged upon acceptance. One completed Pre-health under this assumption but did not progress to Year 1, feeling unable to meet placement requirements.

Placements were the key barrier

One participant had undertaken independent work experience at a rest home and found the physical aspects of the job too demanding, given her physical difficulties. She withdrew because first-year placements required physical ability. The second ākonga had been asked to complete tasks that were incompatible with her disability, and she had failed her placement. She felt that, given that she had clearly discussed her challenges with the school, this would be recognised in the placement process; however, she found this was not the case:

"I was sent off-site for the day with no notice, and (the task) was completely incompatible with my disability requirements. I do have an IAP that states what my requirements are. And instead of being met with understanding and compassion or anything like that, I was told that I still had to go, and I got a little bit upset. I was put on a record of contact instead of receiving any support or guidance. So, like the whole 'you have rights, but at the moment you try and use them, they're going to count against you."

"Academically, my work was excellent. All of My Portfolio stuff was done. My notetaking was great. My handovers were great. I have written feedback to attest to that. But because of being put on that record of contact at the start when I got upset about being sent to an incompatible location, I failed the placement." - Current ākonga with a physical disability.

Both participants felt they had what it takes to be good nurses academically, emotionally, and practically. They felt that plenty of options within the wide spectrum of nursing practice would allow them to successfully nurse and manage their challenges. For example, one participant was considering research or legislative/policy for their future career path. They felt there are opportunities for providers to support ākonga with physical difficulties better so that they can complete their placements:

"There should be placements wherever nurses are!" - Withdrawn at enrolment, ākonga with a physical disability

"How is someone who is not able-bodied to get into a place of becoming a nurse? How am I supposed to be able to go into GP [primary health nurse] work to get to a place of

being able to sit and do injections and take blood pressure at a GP office?" - Withdrawn at enrolment, ākonga with a physical disability

Education system factors (those which Nursing Education Providers have control or influence over)

These ākonga suggested that nursing education providers be very clear about the education process's physical requirements **before ākonga commences study**. If they will not be able to complete the course due to their physical disability, and this is clearly communicated at the start, it will save them time, money and disappointment:

"I just feel really unsupported and know that's cost me an extra six months of my life and an extra $4,000 to repeat this placement." - Current ākonga with a physical disability

2. Ākonga with mental health challenges

Often, those participants who suffered mental health challenges, like those who suffered physical challenges, felt their lived experience contributed to their desire to be a nurse and their ability to support patients with empathy.

However, the stress associated with nursing study was, for some, a contributing factor to the onset of acute mental health challenges. For example, mental health placement could be triggering for some of these ākonga. One ākonga who witnessed a young patient's suicide attempt and reported feeling a lack of adequate pastoral care. Several withdrawn participants were asked to withdraw from their studies due to severe depression and anxiety disorders, which were affecting their ability to complete assessments.

Some participants with mental health challenges were currently studying successfully. These participants were getting support from family, including financial support. These ākonga felt the requirements of a Bachelor of Nursing made it very difficult for them to work and study. They felt the study experience was taking a high toll on their personal life and relationships:

"…I receive feedback like my voice is too loud or my energy is too noticeable when I enter a room. I really struggle to change that. I'm neurodivergent, and I'm medicated, and I already went in like reasonably masked for a much more muted version of myself, and to be told that I was still too much. (I wanted to tell the staff but was told) they shouldn't need to know about what my disabilities are. And that was from my other liaison nurse and my clinical liaison nurse." - Failed placement, mental health challenges.

"I didn't have any diagnosed mental health conditions before I started this programme, and now I have multiple mental health challenges."

Personal factors (those which Ākonga have control or influence over)

Those participants who experienced poor mental health while studying nursing talked about feeling isolated, particularly when they were studying away from home. These ākonga particularly valued the support of their families.

Some did seek and receive pastoral support from their education providers, though the extent to which this resolved their challenges varied.

Education system factors (those which Nursing Education Providers have control or influence over)

Proactive pastoral care and peer support could aid ākonga retention. However, many ākonga are unaware of available resources or how to access them. There is an opportunity to promote and connect students with these support services actively.

As with other groups, it is particularly important to ensure placement experiences are well scaffolded with pastoral care and academic and practical support. Clear communication between placement providers, education providers, and ākonga, as well as compassion and flexibility, have been missing from some participants' placement experiences.

Some participants were not directly seeking support from their nursing education provider and were concerned that disclosing their experiences could impact their studies.

Wider system factors (those not under the direct control of individual providers, partners or employers)

As is often the case, money is a valuable support for ākonga with mental health challenges. The stress of working and studying nursing is enormously challenging for these participants, and this stress can contribute to their mental health challenges.

3. Ākonga with learning difficulties

Participants included some with learning difficulties, including ADHD, dyslexia and audio-processing disorder. These ākonga found the academic component of nursing study very challenging. They felt the pace of the Bachelor of Nursing study was a significant jump compared to previous studies (including high school and pre-health pathways).

Some participants were successfully completing their studies and were finding they needed to put in significant extra hours outside the classroom to complete their work (one participant estimated 20 to 40 hours of study on top of class work). Others failed papers and felt they needed to withdraw due to the academic component of a Bachelor of Nursing study.

Peer support, tutor support and support from other education provider staff like librarians were very valuable for this ākonga. However, for some, there are barriers to fully utilising this.

Personal factors (those which Ākonga have control or influence over)

Ākonga with learning difficulties appreciated peer and tutor support. However, they were concerned that they might over-tax these people by asking too many questions and taking too long to understand things. There are opportunities to better support these ākonga through **clear, structured avenues to seek peer support**, mentoring and other academic support. It is helpful to invite people to access support.

Education system factors (those which Nursing Education Providers have control or influence over)

Some of these participants struggled in classes where they felt the tutors were not engaged with the class and did not genuinely invite questions. They felt they would learn better in an environment where tutors actively **encourage questions and discussion**.

Participants suggested teaching tools that allowed for disabilities like hearing loss or auditory processing disorders by including subtitles:

"Any media would have subtitles is the automatic default because… I have audio processing disorders… I've got another peer that's in the early stages of hearing loss." -
Learning disabilities

**Wider system factors (those not under the direct control of individual providers, partners or employers)**

As with other ākonga who face challenges, a combination of time and/or money would help them surmount learning difficulties because it would free them up to put extra time into their learning.

09

FIRST DAYS AND PROGRESSING
New to New Zealand ākonga experiences
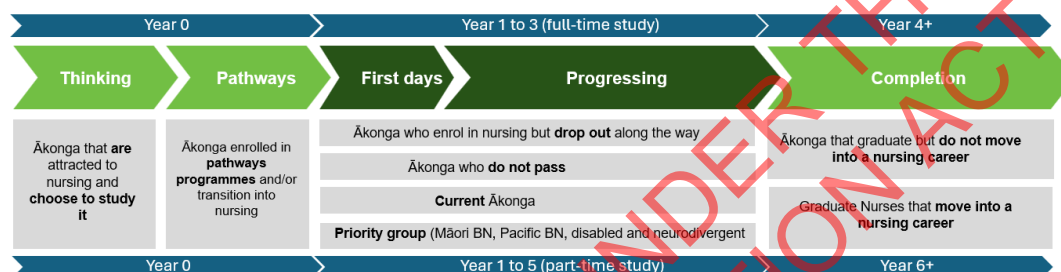
Context

Migrant nurses are crucial in NZ's healthcare system, making up about 30 percent of the registered nurse workforce.[5] New Zealand has the highest dependence on migrant health professionals of any OECD country (NZNO, n.d.).

Qualitative findings in detail

Refer to *Appendix A* for summary tables of the factors of importance and recommendations for improving support for new to New Zealand ākonga.

We spoke with a small number of current ākonga from migrant backgrounds and families. This group included people from India, Fijian Indian, and Samoan participants. While this is a very small group, their feedback sheds some light on the experience and approach of ākonga from cultures other than Pākehā New Zealanders.

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[5] Source: https://www.op.ac.nz/research/research-stories/migrating-nurses/

Table 6 New to New Zealand consultation sample

Sample characteristics	Mode	Number of participants		Priority group			
		Focus group	Individual interviews	Disability	Māori	Pacific	Migrant
New to New Zealand ākonga	Online	3	3			5	6

These participants found the Bachelor of Nursing challenging, but they were generally determined to complete their studies.

Their motivations mirrored those of other participants, emphasising job security in nursing and community support. They valued their courses for addressing cultural factors, recognising potential challenges, and offering solutions (e.g., older adults' discomfort with Western Medicine). One Tongan ākonga felt proud to connect with her first mental health patient by speaking their native language:

"People in the community mock them 'they are mental eh'… (I was able to) approach them with love and respect, treat them like they are family … she was sitting, not talking or looking at us. When the preceptor introduced me, by using what I learned on how to approach patients, I introduced myself and started building rapport, smiling and speaking in our own language. I noticed her face started to light up. They probably just need someone to make friends with them, want to have conversations with them." - Tongan migrant ākonga

These ākonga from a collective cultural background were more inclined to adapt to the existing system rather than expect it to change for them. They tended to feel that 'support' was not something they would expect or look for from an education provider. However, some aspects of their experience were helping them to complete their studies successfully:

"When I failed the health science paper, that was a reality check and a blessing in disguise to tell me to not muck around anymore. Pretty happy that I stuck with it." - Fijian Indian migrant ākonga

"The first semester, I was really scared going in. I've never been the smartest. I am not expecting help, unlike high school, this is adult work. You've got to look after yourself, be accountable for yourself." - Samoan migrant ākonga

"The sacrifices are so worth it." - Fijian Indian ākonga

Personal factors (those which Ākonga have control or influence over)

Regarding personal support for ākonga, the collective culture offers significant benefits. Some of these ākonga experienced significant family support, financially, emotionally and practically. One Samoan participant, for example, lived close to extended family, which meant she could get help with childcare when required. Likewise, three Indian participants were living with their families, who are supporting them to prioritise their studies, which means they do not need to work outside study. This was helping them enormously.

Several ākonga reported a lack of confidence and found the programme daunting at its outset. However, reassurance from lecturers and nursing staff generally helped to boost their confidence as they progressed through the programme:

"The preceptor was assessing me the whole time. The first time (I visited a mental health patient at their home), I was nervous – not sure how to deal with it..." - Tongan migrant ākonga

One Fijian Indian ākonga noted they wanted someone with a nursing background to consult about their study and work experiences. Without such a resource, they turned to books for guidance, such as "Intensive Care" by an American nurse, which recounts her study experiences in the 1980s, and the "Nursing Dictionary" to better understand nursing concepts.

Providing a clear pathway for career development could enhance ākonga's motivation to enter and remain in the profession. The two Fijian Indian male ākonga had well-defined goals of becoming nurse practitioners or pursuing a Master's degree or PhD.

A common barrier for these participants was feeling shy and somewhat reluctant to ask questions in class. Language is another barrier for newer migrants. They found formal and informal peer group support very valuable to help address this. For example, three participants had a 'class rep' system in which one class member would collate the questions, seek answers from the tutor and feed these back to other class members in a Messenger group.

These participants also used their education provider's 'drop-in' sessions, where ākonga are invited to approach senior ākonga and tutors at a particular time to ask questions or review tricky material.

Education system factors (those which Nursing Education Providers have control or influence over)

While ākonga from migrant backgrounds certainly had different cultural factors affecting their approach to learning, their experience reflected findings from other groups that there were barriers to seeking support. It would be helpful to make ākonga very aware of available support and invite them to access it. One Fijian Indian ākonga received the Aniva Pacific Nurse Leader grant for Pacific ākonga, and a Tongan ākonga was awarded a scholarship for the final semester of their programme. Both scholarships have provided immense financial help.

Employment/Placement factors (those outside the control of the learner, which might influence their ability to succeed or continue)

Job security is a key motivator for these nursing ākonga. One Auckland ākonga who had secured a position at Greenlane Hospital noted that ACE (ākonga student portal) is a helpful resource for graduates. In their Messenger group, ākonga actively supported one

another with messages such as, "Everyone in our cohort must have a job. We are leaving no one behind."

Finally, peer support is particularly valued, and there may be opportunities to extend some of the semi-structured peer support strategies that these participants enjoy:

"Plenty of students are shy, don't ask questions. Maybe lecturers can check in with them, give them an opportunity to speak up, have Zoom calls after class." – Fijian Indian migrant ākonga

"Our cohort is amazing, so helpful and encouraging; they check up on you." - Samoan migrant ākonga
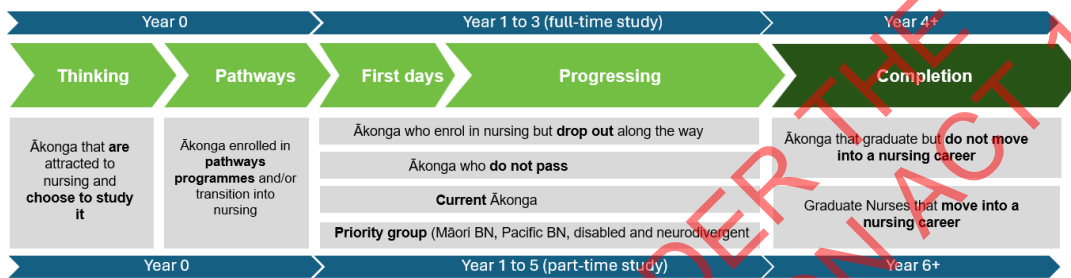
10

COMPLETION:

What keeps graduates on track?

The following section is a retrospective view of graduates' study experience and views on their current working experiences.

Context

The qualitative component of this research identified the following attributes that are linked with a higher likelihood of completing the Bachelor of Nursing qualification, including:

- Older ākonga (25-39 years old)
- No declared disability
- Not failing courses
- Non-Māori and non-Pacific
- Not completing a pathway qualification before completing a Bachelor of Nursing study.[6]

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[6] Source: Scarlatti (2024)

Characteristics of Nurse Graduates

Destinations after completion

The figure below shows the destinations of ākonga that complete the Bachelor of Nursing degree 12 months after completion. Over 80 percent of graduates were employed in the nursing sector, with 4 to 7 percent undertaking other tertiary studies, most likely a post-graduate qualification.

Over time, destinations were relatively consistent up to 2020. At that point, the proportion that moved to non-relevant employment (working in industries unrelated to nursing) appeared to increase from 6 to 11 percent. This is interesting to note, given the COVID-19 pandemic in 2020 (possibly temporarily discouraging or delaying entry into the sector).

Figure 17 Graduate destination by pathway at 12 months (Stats NZ IDI)

Graduates working in the nursing sector

The next figure shows a general downward trend of graduates choosing to work in the nursing sector between 2015 and 2018, with an upward trend evident in 2019.

Figure 18 Graduates working in the nursing sector (Stats NZ IDI)

Graduate retention in the nursing sector

The figure below shows the retention rate for the 2017 nursing graduates in individual nursing industries (as defined by ANZSIC industry classification codes) by year after graduation. That is, the length of time a graduate remains in a specific industry in the wider nursing sector.

Figure 19 Retention of 2017 nursing graduate cohort by ANZSIC industry (Stats NZ IDI)
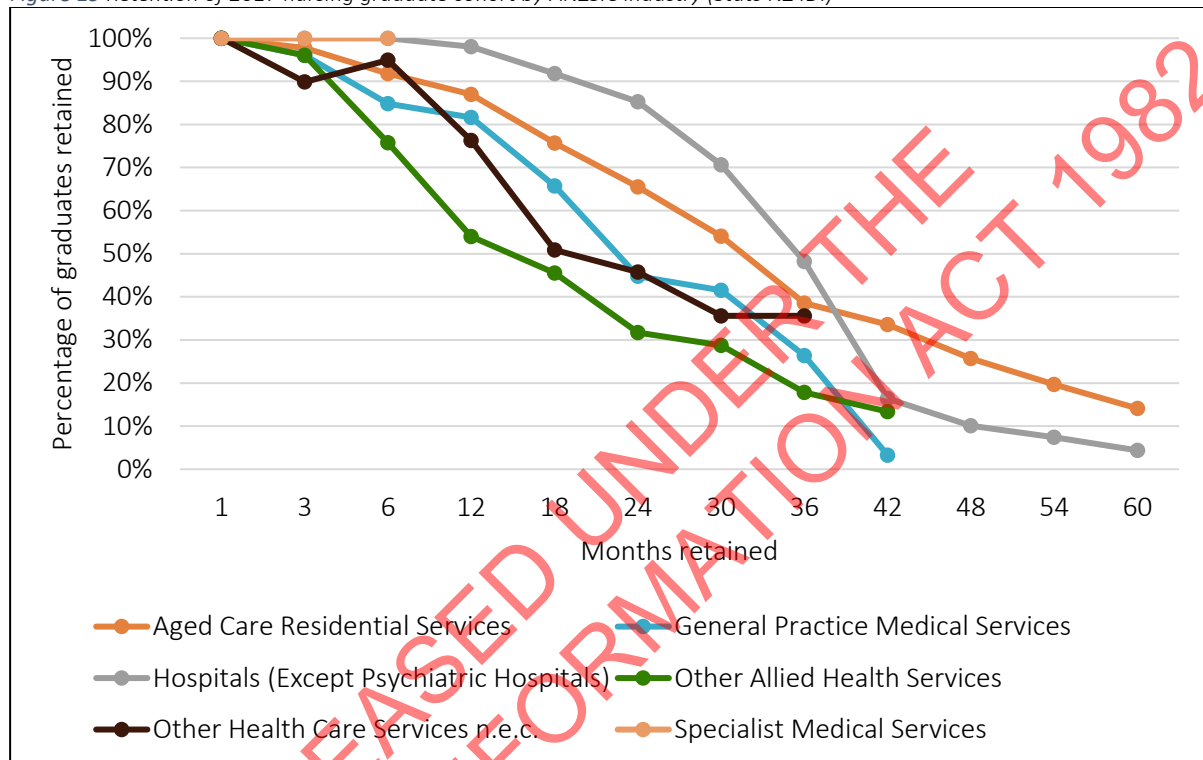

The industry with the **highest retention rate is hospitals**, with retention rates 5 to 10 percent higher than all other industries until at least three years (36 months) into employment. General practice medical services graduates had the lowest retention rate, below 20 percent within 3-4 years.

Moving from one industry to another part of the wider nursing sector is common. The figure below shows the sector-wide retention of graduates. This indicates that the retention of graduates is high, with about eight in ten staying in the nursing sector in New Zealand for five years. The figure below indicates a significant 'churn' or movement of people between jobs within the nursing sector. However, **retention in the nursing sector in New Zealand is, in fact, quite high.**

Figure 20 Sector-wide retention of nursing graduates (2012 – 2017 graduating years). (Stats NZ IDI)
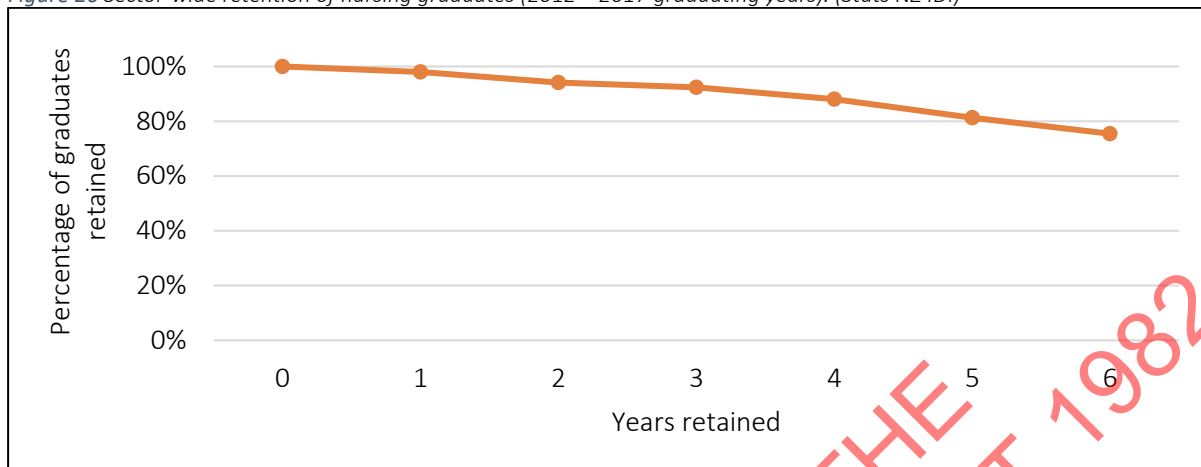
Graduate retention compared to similar sectors

The figure below compares the sector-wide retention rate of nursing graduates to a comparable sector, teaching. Nursing has a significantly higher sector retention rate than teaching, with five-year retention rates at 81 percent and 58 percent, respectively. This is a positive story for the nursing sector and indicates that there are multiple avenues and industries within the broader nursing sector that individuals move between without leaving completely.

Figure 21 The average sector-wide retention rate of graduates by sector (2012 – 2017 graduating year) (Stats NZ IDI)
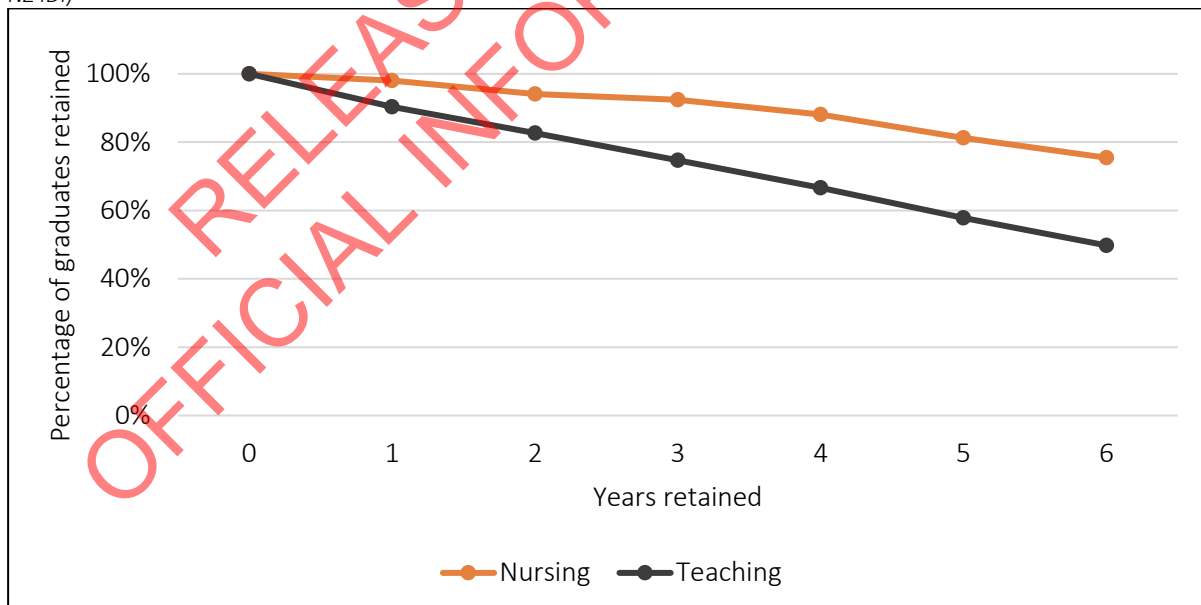
Graduates moving overseas

The following figure shows the 2012 graduate cohort's nurse employment movements and time overseas up to 2022.[7] Of the graduating cohort of 1,500 ākonga, 445 (30 percent) went overseas for at least six months, typically in the first five years post-graduation. However, it is unclear what this group did outside while away. In 2022, 165 (37 percent) returned to New Zealand.

The suggests that opportunities overseas significantly drain the New Zealand nursing workforce, with few graduates returning to nurse in New Zealand. This could be an area to look into as a target group to understand future recruitment opportunities better and address nurse workforce shortages.

Figure 22 The flow of 2012 graduates between relevant nursing employment, overseas, and other. Up to 2022. Due to confidentiality requirements, small flows may not appear. (Stats NZ IDI)
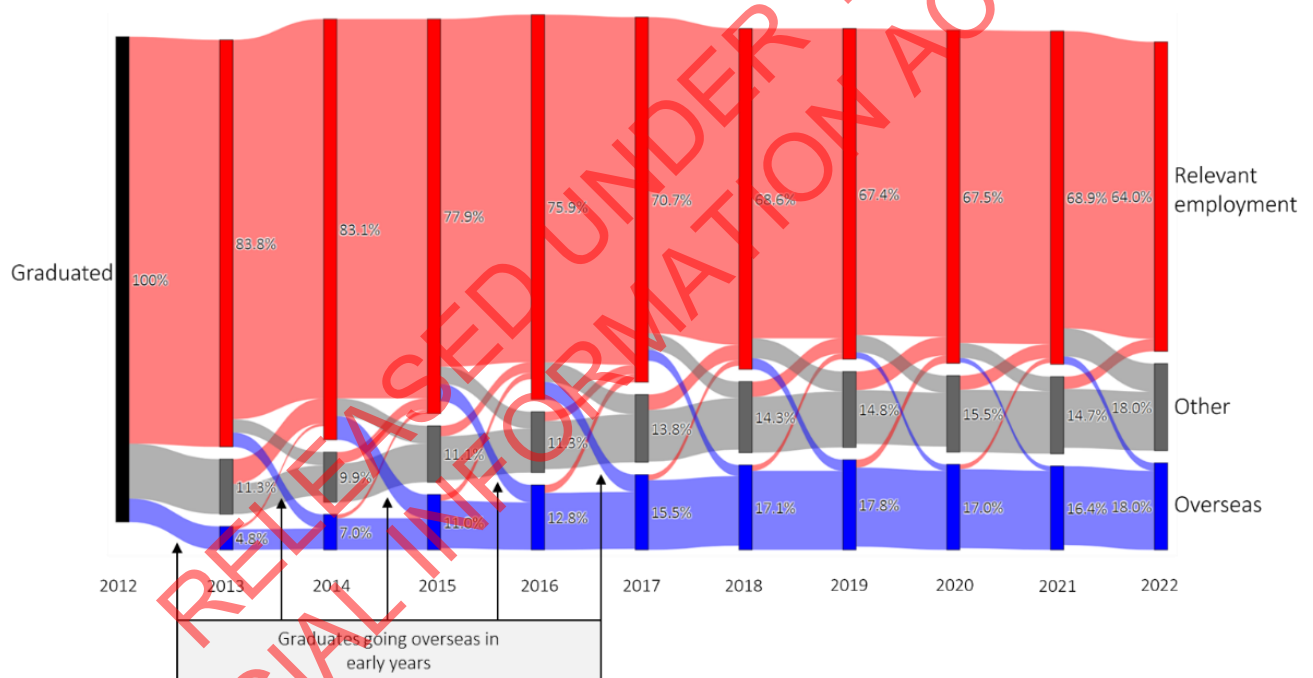

A sizable proportion of the 2012 cohort who went overseas the following year were international ākonga (approximately 16 percent).

At ten years post-graduation, 37 percent of the cohort that went overseas were international students. This is not surprising, considering international ākonga may choose to return home (Figure 23).

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[7] Definitions in this graph are: Relevant employment when the graduate has 6 or more months receiving income from a relevant industry, or more months spent receiving relevant income than months spent on other activities; Overseas when the main activity is not relevant employment or tertiary education, and they have spent more months overseas than any other activity; Other when they do not fit in the above two categories.

Figure 23 2012 graduating cohort overseas by post-graduation year and international/domestic ākonga. (Stats NZ IDI)
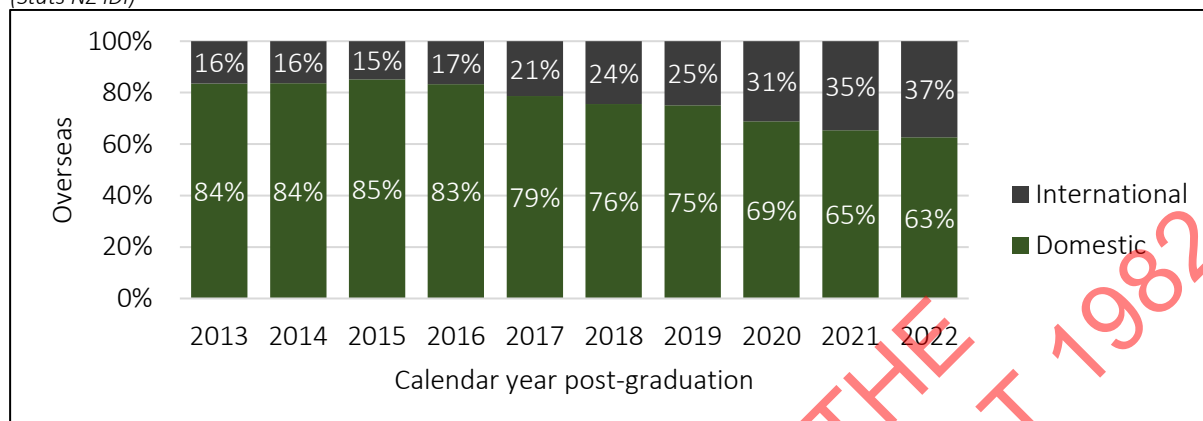
The figure below shows the age breakdown of those from the 2012 graduating cohort who went overseas between 2013 and 2022. It shows that 62 percent of those going overseas immediately (in 2013) were under 25. **Younger graduates were more likely to go overseas straight away**. By 2022, the age split becomes roughly 50:50, representing the age breakdown of graduates.

Figure 24 2012 graduating cohort overseas by post-graduation year and age at the start of qualification. (Stats NZ IDI)
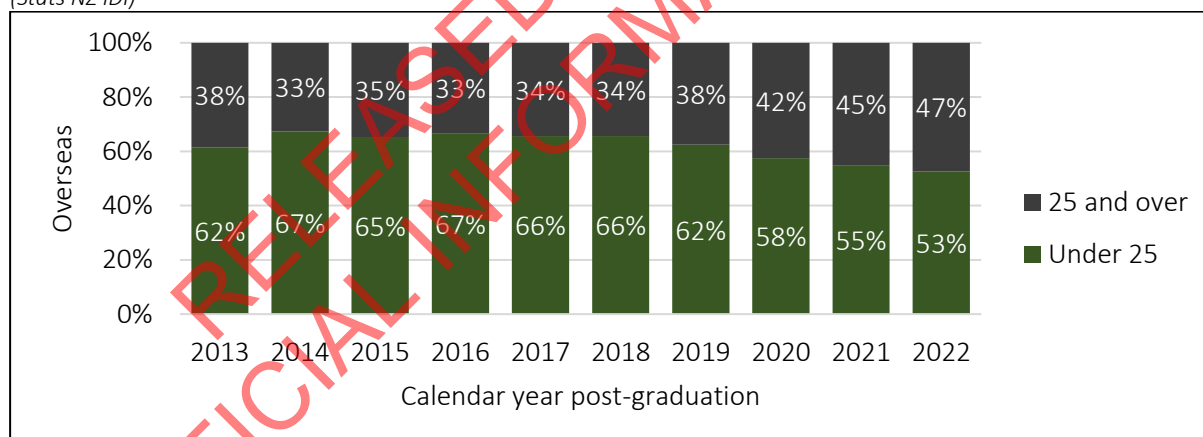
Qualitative findings in detail

Refer to *Appendix A* for summary tables of the important factors and recommendations for improving the journey for graduate nurses.

We spoke with ten graduate nurses (one focus group of nurses who had been in nursing for 1-2 years and five in-depth interviews with graduate nurses who had worked as nurses for 1-15 years across the sample). Within our sample, we had a mix of priority Pacific and male participants, who were a part of this diverse sample and contributed to a balanced perspective.

Table 7 Sample characteristics

Sample characteristics	Mode of consultation	Number of participants		Priority group			
		Focus group	Individual interviews	Disability	Māori	Pacific	Migrant
1-2 years' experience	Online	5	2	1		1	1
3-5 years' experience	Online		2			1	1
10-15 years' experience	Online		1			1	1

Overview

Graduates provided valuable feedback on the tools, processes and personal qualities that helped them through a nursing degree.

With this cohort, we explored their experiences through the degree course, the personal qualities that helped them through the challenges, and their sense of achievement after graduating. We then shifted focus to their current nursing role and their sense of achievement after some time in their roles.

One of the things that became clear very quickly is that they had generally experienced the same challenges throughout their study that many ākonga do. Their difference was their drive to reach their goal and their resilience during their study. They had a clear reason for choosing this career path and kept their eyes on the goal.

Preparation and expectation setting from early consideration impact their preparedness for the course. A strong sense of mission or motivation, balanced by a realistic view of the profession from role models or mentors, makes a big difference in how ākonga manages through challenging study periods. We also cannot underestimate the value of supportive friends and family that help in tangible/material and social/psychological ways.

A strong connection with the nursing programme and lecturers or tutors who could contextualise learning and share personal viewpoints and experiences helps ākonga feel recognised and valued. This also builds their resilience to the tougher demands of study.

The shift from academics to well-organised and varied placements provides further motivation. We see other cohorts who struggle or withdraw from studies if placements felt ad hoc or poorly executed. This can knock back their confidence and ability to last the distance.

The longer-term outlook for nursing is important, and current graduates noted that they were pleased they got through the programme when they did, as they felt new or impending graduates might face a tougher time in the job market. For those contemplating a career in nursing, it is important to communicate a positive message and outlook around the opportunities and rewards of nursing.

Detailed findings

The influence of role models and an informed view of Nursing

From the earliest days when considering nursing as a career, we quickly discovered that many had strong role models and mentors with whom to discuss this path. Whether it was a family member or friend of the family (even a rugby club coach), all had spent time talking it through and gaining a realistic picture of this career.

Family members who are nurses were a strong influence and provided a balanced picture of the rewards and experience of nursing. They can talk about the personal rewards, the challenges with long shifts and the personal skills required to work with their teams and patients.

These discussions (and observations) helped these participants develop a less naïve picture of the profession they were contemplating. This helped them build resilience when the demands of study, placements, and family life felt overwhelming.

This cohort mostly had developed a clear 'Why' as a result of their exposure to nurses and nursing before embarking on this journey, and this helped them develop the resilience to stick with the study and keep going, even when things felt tough:

"For me, it was my Nana, who was a nurse in the Cook Islands. She always told me about her nursing stories growing up, and I really looked up to her. So I always wanted to be like her. Her stories also drew me towards it because, you know, it's a career that people find fascinating, and it was also just a sense of giving back anyway."

"So, while she nursed in the Cook Islands, it's very different obviously to here in New Zealand. They're very under-resourced. So yeah, she had a lot of stories, but one thing that always stood out to me was her passion for nursing and for helping people. I think that was probably one of the bigger things that drew me to it when we moved to NZ." - Bachelor of Nursing Pacific graduate, two years of nursing.

"Yeah, I had had a few jobs. And I played rugby and had had a few surgeries through injuries, and I saw the healthcare system and thought it looked like a good place to

work. So I had a night down at the rugby club and met a guy who's now my boss. He told me more and showed me around, and that's why I got into it. There's lots of variation in roles and stuff like that. You can change your roles change direction. That really appealed to me." - Bachelor of Nursing male graduate, two years of nursing.

Maturity and life experience – adult Ākonga

There is a difference between people who enter nursing directly from school versus those who have spent time in work elsewhere. Maturity and life experience help build reliance and ensure their decisions are purposive rather than reactive. Those who think hard and self-reflect about their reason for entering nursing or change course in their life to enter study tend to be more self-reliant or persistent when they encounter pressures or obstacles:

"I thought about it for a long time and decided I needed to do this both for myself and my family in the longer term. It wasn't easy, and I had to juggle childcare and family, as well as work, but I knew why I was doing it." - Bachelor of Nursing graduate, one year of nursing.

Ākonga, coming straight to study from school, had more established study habits but were possibly still thinking through their choices once the reality of the programme challenged their expectations. Strong family and financial support helped them through rocky times in these situations:

"I feel like it's quite different to like most other degrees, like from what I hear from other people who say, for example, are studying at UC or whatever, and they have the flexibility of, you know, if I don't do so well here, then I'll make it up somewhere else. I found the expectation of always passing with pretty high levels of grades quite challenging, especially in that first year. The whole science is a side of it. I didn't expect it to be so as difficult as I found it to be anyway. I was lucky to be at home, and Mum and Dad helped me out so I could focus on getting through that first year." - Bachelor of Nursing graduate, one year of nursing.

Personal resilience and the long view

Many graduates started the programme with a clear view of nursing and a long view of what they wanted to gain from their studies and life beyond. This gave them greater resilience as they advanced through the programme.

Others reflected on the time, effort and achievements along the way and used them as the anchor to stay with their studies. These periods of review and reflection helped them 'reset' and keep moving forward:

"I'd just looked at it, hoping it would be worth it in the end, and it was in the end. But yeah, I just keep pushing the motivation, the patterns and habits, and I guess you have gotta be highly motivated. Gotta really want to do it. You've gotta see the end goal." - Bachelor of Nursing graduate, two years of nursing.

"And even after the first year, it's like I've worked so hard to get through. It's probably the hardest, but in my opinion, why would I give up now? Why would I waste all of that? Hopefully, it will get better. Hopefully, it's all worth it, no?" - Bachelor of Nursing graduate, one year of nursing.

Personal factors (those which ākonga have control or influence over)

Starting with a group of peers for mutual support (or quickly forming a group)
While this is not a failsafe, those who had planned and joined with friends tended to have more peer support through their studies. They started with a fledgling, familiar social network providing study and personal support.

Others developed peer friendships and support groups once they were there for the same reasons. These groups seemed to help ākonga through their studies and placements, even when schedules and work are challenging. They take comfort from a shared experience and had an outlet for frustration. They can also help each other if they wobble or question their choices.

This experience of study and placements is more difficult if ākonga felt isolated or were fighting a personal battle.

Parental or community support – especially in terms of home and financial support

As mentioned earlier, school leavers can benefit from the financial and living support gained early on while studying and living at home. The financial pressure is lessened, although not always wholly mitigated in this situation.

For those coming to study with families or children, support from extended family (childcare, etc.) or the support of a partner (who may take a stronger role in the family's financial health) gives ākonga the security and mental space required for their studies:

"I had family down the road who babysat, and that made a big difference. Childcare was so expensive, and I wasn't working at the time. It was also peace of mind for me." - Bachelor of Nursing graduate, five years of nursing.

"I lived at home, so I didn't have all the problems I heard from others. I had a quiet space and time to study. I was really lucky where I had some money saved up from working through high school and I worked in all the term breaks. But I know for a lot of people, it was you just couldn't do full time placements plus study. I'm not sure I would have stayed in the course if I'd had to work and pay rent as well." - Bachelor of Nursing graduate, two years of nursing.

Education system factors (those which Nursing Education Providers have control or influence over)

Supportive and interactive lecturers and discussions

Several graduates mentioned key lecturers/tutors and other staff who made a big difference in their journey through interesting content, discussion, correlating the facts with real-world situations or connecting with individuals to answer queries. This support from the lecturer/tutor helped them bridge their learning gaps and helped them contextualise the information:

"For me, mine was first year…right at the beginning. I actually didn't remember how to study like the coursework was so overwhelming and I was like, OK, maybe I'm not cut out for this. Maybe I'm not smart enough...if this is how it is now in my first year. How the hell am I gonna get through three years?... I'm just not cut out for it…my lecturers helped me through that …they are a positive resource."

"I found I found the lecturers to be, really approachable. I don't wanna say like they were friends, but like they would talk to you about what's going on in your life as opposed to, like, just turning up and being like, OK, this is what we're learning today." - Bachelor of Nursing graduate, two years of nursing.

"I had some good lecturers; you could talk to them afterwards or ask questions. It was sort of those moments where it went, uh, like it is making a bit more sense now." - Bachelor of Nursing Pacific graduate, two years of nursing."

"I think they're pretty good through the libraries that are there. There are people there to help with things from academic writing and all that stuff that could always help you if you didn't know how to reference something or look for the right topics and stuff like that." - Bachelor of Nursing male graduate, two years of nursing.

It also helped those who felt they were falling behind catch up, which boosted confidence. Less formal or distant learning paradigms helped them feel that their individual journey mattered. They were seen and recognised.

Covid and remote learning had been very difficult and 'uninvolving'; a few had struggled during that period without personal contact:

"I found it tough during COVID the lecturers went towards what they called self-directed learning where they just basically said they're all the info's on Moodle we used to like the program called Moodle. And then, if you asked a question that says it's on Moodle, and that was like six months to a year of the program that we didn't get. They say the evidence was on there. You just need to find it, and there wasn't a lot of like direction of anything." - Bachelor of Nursing Graduate, two years of nursing.

Positive experiences with placements

Placements significantly impacted these participants, as this is the real-world application of theory. But they can have a negative long-term impact if the environment and support are

lacking. These participants would have liked more placement choices, aligning at least some with the direction they intend to take their nursing degree:

"I was just saying I had a not-so-good placement. I think it was the clinical lecturer I don't know what it was, but it just I didn't feel like very well supported or that I learned much. And then and then I had another placement after that, which was amazing. Sometimes, it feels like luck of the draw, and I know some were discouraged and left after bad placements. It sent them a wrong message about nursing later on." - Bachelor of Nursing Graduate (5 years nursing)

Ability to take a break and build finances or reassess from a distance

The ability to take a break from study, to work and save or reflect on one's choice, has been used to advantage and can keep them in study longer term. However, there is a threat if rejoining the course is made difficult or their connection to the programme is lost over time. Institutions need to keep these ākonga on the radar and encourage their return:

"I ran out of money, peak parking off campus, and life drained my bank balance. I took a break for six months and came back, but I could have very easily left at that point. No one kept in touch with me or encouraged me back; it was all up to me. It could have been easy to drift off back into work at that stage. But I had been doing well with my studies up to that point, so I was quite motivated to keep going." - Bachelor of Nursing graduate, one year of nursing.

"I think the five-year limit might not be long enough for some. I mean, I just sucked it up and powered through it, but it was hard hard work sometimes. It might be easier for others to have more time and take it at a slower pace – more people might stick with it if they can take a breather sometimes." - Bachelor of Nursing graduate, two years of nursing.

Wider system factors (those things that are not under the direct control of individual providers, partners and employers)

Graduates became philosophical about the current state of nursing. All were working and had built up a degree of experience that helped them focus their vision and goals.

Nearly everyone said life improved after graduation. Despite the challenges, they found the work interesting and were continually learning. Some shifted focus to new areas, gaining experience and skills. This affirmed their choice of nursing and highlighted the diverse paths their qualification could offer:

"I guess my thoughts haven't changed too much on nursing. I'm still very grateful. I still feel like I'm in a position where I feel like I'm giving back. Yeah, I get to the end of my shift and I'm like, I can do it now, like I can do this. I'm good enough, and you need to start to enjoy it a lot more and become more confident." - Bachelor of Nursing graduate, one year of nursing.

Some feedback was negative about the current nursing environment. Many ākonga were motivated by the belief that nursing offers lifelong job security—"Society will always need nurses." However, this confidence is now wavering due to stretched workforce conditions, extended shifts, and reduced job availability for new nurses, undermining trust in the career's value:

"I think it's scary looking at the current job vacancies, and like seeing, I think there was 17 vacancies in the whole country for nurses. There used to be hundreds and hundreds and hundreds of jobs, and now we are told there's not. I think you looked at nursing thinking you were guaranteed a job, and even now, the new grads are not having any jobs to go into… I think it's really, really sad for them because they've worked so hard to get through. It's one of the hardest degrees ever to come out with, and now they have to either move away from home or just not have a job at all." - Bachelor of Nursing graduate, five years of nursing.

11
METHODS

Rapid systematic analysis review

This review aimed to understand the factors influencing the retention and success of ākonga in Bachelor of Nursing qualifications and associated pathway programmes in New Zealand. In response to the critical need for nurses and high attrition rates in the initial stages of nursing education, this review represents the initial phase of a broader initiative to identify opportunities and barriers related to participation, retention, completion, and workforce transition. Aligning with the Government's workforce strategy it examines themes relating to four broad areas to understand 1) education system factors, 2) personal influences, 3) wider system settings, and 4) employment/placement factors and their contributions to the success of ākonga. This foundational review not only highlights gaps in existing literature but also guides subsequent quantitative and qualitative phases of research, ensuring a focused and informed approach to comprehensively address the challenges within the realm of nursing education and practice.

Adopting a Rapid Systematic Review approach, this review began by exploring literature from 2018 to 2024, concentrating on search terms related to nursing ākonga retention and early career challenges in New Zealand. Where a theme had been identified in the initial search, but the literature was limited, the search broadened to include international studies, earlier works, and grey literature to provide a comprehensive overview. The literature was also supplemented with field-sourced literature from individuals involved in nursing education to enrich our understanding.

Following identifying sources, we conducted a thematic analysis, categorising the literature into the most pertinent themes and cross-applying where relevant. Themes were then aligned with Te Pūkenga's research focus areas: system factors, personal factors, wider system settings, and employment/placement factors, ensuring a nuanced understanding of the barriers and facilitators in attracting, educating, and retaining ākonga in nursing.

IDI secondary research (Scarlatti, 2024)

Scarlatti undertook a quantitative integrated data infrastructure (IDI) research analysis as a component of a wider body of work, which included quantitative ākonga management system analysis and qualitative research approaches.

The IDI analysis included ākonga enrolled in the Bachelor of Nursing degrees provided by the 13 ITPs (Institute of Technology and Polytechnics) and their predecessors between 2015 and 2022. It does not consider ākonga enrolled through universities or ākonga enrolled in post-graduate programmes.

Similar research has been undertaken by Te Whatu Ora in recent years (with reports dated 2022). In comparison, this research considers the pipeline of *all* training nurses in the tertiary system in New Zealand, including those through universities and post-graduate programmes.

IDI Disclaimer
These results are not official statistics. They have been created for research from the Integrated Data Infrastructure (IDI) and Longitudinal Business Database (LBD), which Stats NZ carefully manages. For more information about the IDI and LBD, please visit https://www.stats.govt.nz/integrated-data/.

The results are partly based on tax data supplied by Inland Revenue to Stats NZ under the Tax Administration Act 1994 for statistical purposes. Any discussion of data limitations or weaknesses is in the context of using the IDI for statistical purposes and is not related to the data's ability to support Inland Revenue's core operational requirements.

While the IDI has been the key source of data for this work, some data—for example, course and qualification completion rates — has also been taken from the Tertiary Education Commission's shared data portal, Ngā Kete.

Quantitative ākonga management system analysis secondary research

Quantitative analysis was undertaken by Te Pūkenga using the anonymised application, enrolment and withdrawal data to understand the following:

- Number of applications received
- Number of accepted applications
- Number of declined applications
- Number of referred applications to other programmes and their destination
- Number of applications that are lapsed (i.e., not able to be assessed)
- Number of accepted applications that are accepted that result in enrolments

This analysis enabled a detailed understanding of opportunities at the beginning stages of the learner journey and the relative sizing of opportunities to increase participation.

Mixed method qualitative and survey primary research

The qualitative research workstream builds out the 'why' to identify a range of factors of importance influencing retention and success for ākonga. This workstream was delivered through a series of focus groups, kanohi ki te kanohi interviews, and online surveys by Research First.

The purpose of the qualitative research is to understand the influence of education, personal, wider system and employment/placement factors on the attraction and retention of nursing ākonga. The population of interest for this research is nursing ākonga at various stages in the ākonga and pathway journey, in addition to graduates with insights into current ākonga experience.

Research approach
The research approach is one built around manaakitanga. This approach means that our commitment to research:

- It does not harm the ākonga, graduates or kaimahi involved and leaves them feeling more confident and supported.
- Embeds culturally safe practices and Te Tiriti principles into the research.
- Ensures that participant's privacy and confidentiality are protected during and after the research engagement.
- Engages in a manner that ensures that ākonga, graduates and kaimahi feel safe enough to respond freely, within an ethical framework and informed consent.

The key to this research is whakawhanaungatanga, establishing connections before asking ākonga to participate. This has driven both the recruitment in this research and the interview and discussion process.

Research First utilised a mixed-mode qualitative approach within the paradigm of pragmatism. A critical realism epistemology will offer a pluralistic and real-world orientation to the research, using participants' reality as the driver to provide a lived experience from the ākonga and graduates we engaged with. For the qualitative data, the project team used a mix of "thematic analysis" and "narrative inquiry."

A critical step in any research project is the integration of insights from the participants. This means looking for the overlaps between viewpoints and common themes. This kind of analysis is underpinned by an analytical technique called 'triangulation'. This is a common technique for establishing the strength of the insights gathered in research projects like this and involves using multiple sources of information, perspectives, and kinds of data. This mix enables the researcher to 'see' the research question from several different perspectives and, therefore, to have much more confidence that the findings are accurate.

For this project, this also means bringing Kaupapa Māori research into the analytical tools, drawing on the principles of the Whare Tapa Whā. The Kaupapa Māori position acknowledges that the world comprises a multitude of different cultures and perspectives that legitimately make sense and interact meaningfully with the world. Kaupapa Māori research ensures that the researchers are accountable to their research participants or kaitiaki and that the kaitiaki voice is represented with integrity and legitimacy.

Whakapapa recognises the validity of every participant's genealogical links and affirms their identity. Whanaungatanga ensures that the researchers earn and reciprocate the values of trust, loyalty, dedication, commitment, and Aroha. Ahi kā commits the researchers to return to their participants to ensure that the data analysis has been conducted with integrity and interpreted correctly by capturing the participant's worldview.

Research setting and participants

The population for this research is nursing ākonga at various stages in the ākonga journey and graduates with insights into current ākonga experience.

Te Pūkenga provided the sample in collaboration with individual polytechnics that offer the Bachelor of Nursing and pathways entry. Sampling was based on carefully selecting participants who typify (rather than represent) the population of interest. As a result, selecting the right participants and managing the process are crucial to the method's success, and Research First worked closely with Te Pūkenga to identify who should be interviewed.

We talked to seventy-one ākonga and graduates from diverse backgrounds and experiences from all over the country and eight high school career advisors.
The research also included two quantitative surveys that consulted with:

1. High school ākonga consideration of careers survey (n=380) – Appendix C
2. Parents as influencers of high school ākonga career decisions (n=150) – Appendix D

Recruitment of participants

Ethics

The Chairperson of the Human Ethics in Research Group (HERG) approved a low-risk human ethics research application on 20 February 2024 (Approval reference: WTLR01130224).

Recruitment was a two-step process.

Research First's recruiters contacted each potential participant by phone to:
- Outline the purpose of the research and the value of participating.
- Confirm the participant's interest in participating in the research project.
- Outline the consultation process (either focus group or individual interview, depending on the participant's location), including the amount of time required and the consultation location (a convenient time and safe location). The mode of interviews will be flexible, depending on the participant's choice (either over the phone, in person, or online video call). A koha of $100/$150 was provided as a thank-you for participation.
- The voluntary aspect of the consultation was emphasised, and confidentiality was assured, where no individual participants will be identifiable in the research report. Participants will be de-identified. Potential participants were told they did not have to answer all questions and could withdraw from the interview or study time.
- Each participant was asked their preferred interview time and method or location and time for the focus group.
- Demographic questions, including age, gender, location, study status, ethnicity, and any specific considerations (such as identified priority groups), were asked to ensure each participant was allocated to the appropriate study group.

A follow-up confirmation email was sent by the recruiter that:
- Thanks to the potential participant for agreeing to participate.
- Outlines the date, location, mode, and timing for their interview/focus group.
- The method for koha payment (bank transfer) will be outlined.
- Explains that they can change their mind about their participation anytime.
- The study information sheet will be emailed to all potential participants who agree to participate.

Informed consent process

When potential participants felt they had had time to understand and consider fully participating in the research, they were requested to provide consent to participate in the interview/focus group.
- To make this process as streamlined as possible, they were asked to reply to the recruitment email with "I agree to participate in this study". Informed consent will not be considered until this email is received.
- In addition, verbal consent was also requested at the beginning of their interview/focus group, and their response will be audio recorded.

Qualitative research limitations

Note that qualitative research, such as the one reported here, is designed to explore the breadth of lived experience and understand in depth the individual's journey and the thoughts, beliefs, experiences, and emotions that drive it. The in-depth nature of the research necessitates that we speak to a small number of people to understand rather than a large number of people to measure.

Qualitative research like this is fundamentally exploratory and illustrative. Its value is in the richness of the insights it provides Te Pūkenga. However, this richness is not the same as representativeness. The research does not claim to be a comprehensive overview of the attitudes of all Te Pūkenga Bachelor of Nursing ākonga or graduates; instead, it aims to provide an insight into typical attitudes (rather than an overview of all such attitudes).

A 'self-selection bias' measure among the interview participants could potentially colour insight. This bias is present when only those motivated to participate in research are heard from. 'Self-selection bias is a subset of non-response bias and occurs where research participants differ in important ways from the population as a whole.

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APPENDICES

Appendix A: FACTORS OF INFLUENCE AND RECOMMENDATION SUMMARIES FOR THE ĀKONGA JOURNEY

This appendix summarises the factors of influence and recommendations for each stage of the ākonga learning journey. For a more detailed analysis, please read the relevant chapter headings.

A. THINKING
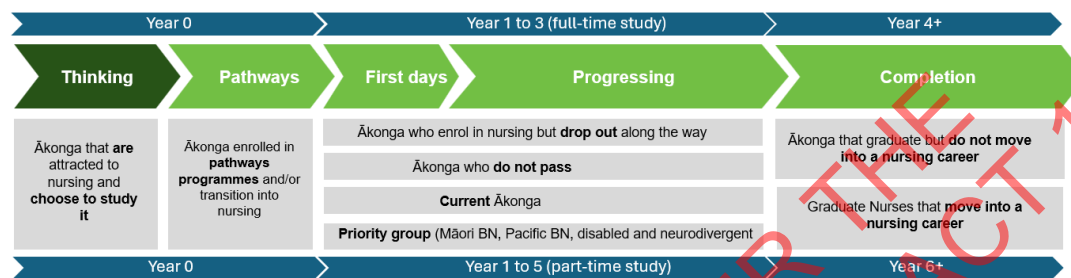
Factors of importance for attracting ākonga to nursing

The following overview highlights the factors of importance for attracting ākonga to nursing. Parents and career advisors play a pivotal role in influencing ākonga career choices. Employment factors and the status of Nursing as a profession are also important factors.

Personal factors	Personal passion and interest in helping others	• This is the primary motivator for many prospective nursing ākonga. • Ākonga often express a desire to make a difference and care for people.
	Parental influence and family perceptions	• Parents play a significant role in career decisions, with nearly all feeling they have a moderate or high influence. • Some parents see nursing as a stable and respected profession, while others may prefer children pursue careers perceived as more prestigious (e.g., medicine, law).
Employment/ placement factors	Career prospects	• Job opportunities, career growth, and work-life balance are important considerations. • The potential for travel and adventure with a nursing qualification appeals to some ākonga.
	Visibility and understanding of the nursing profession	• Ākonga are often attracted to nursing because they can see and understand the role in their communities. • Personal experiences with nurses or in healthcare settings can inspire interest.

|			
	Financial considerations	•	Concerns about the cost of study, including placement costs, can deter some ākonga.
		•	Perceptions of nursing salaries influence decisions.
	Perception of nursing's prestige and status	•	Some ākonga and parents view nursing as less prestigious than other healthcare professions, which can affect attraction to the field.
Wider system factors	**Academic preparation**	•	Strong preparation in sciences, particularly human biology, is crucial.
		•	Some schools may not adequately prepare ākonga for nursing studies, creating a barrier.

Recommendations to improve ākonga participation

There are opportunities to address wider social perceptions of nursing, including perceptions around pay, the status of nursing in society, and perceptions and realities around the costs of studying nursing. These perceptions can be addressed from both directions. In wider society, there are opportunities to encourage parents to see nursing as an aspiration career for their children and to support better career advisors, a key influencer and communication channel for ākonga and parents.

Career education and exposure	• Facilitate site visits to hospitals and nursing schools • Arrange for current nursing ākonga and graduates to speak at schools.
Parental and societal perceptions of nursing	• Create targeted information campaigns for parents, emphasising nursing as a respected, stable, and potentially high-achieving career. • Highlight diverse career paths and advancement opportunities within nursing.
Academic preparation	• Advocate for improved science education in schools, particularly human biology. • To guide subject choices, advocate for early career preparation programmes (years 10-11).
Financial concerns	• Increase awareness of existing scholarships and financial aid options. • Consider expanding scholarship opportunities. • Provide clear information on the financial viability of nursing studies and career prospects.
Career advisor support	• Provide career advisors with comprehensive resources about nursing pathways, including specialised programmes like Bachelor of Nursing Māori and Pacific. • Facilitate connections between career advisors and nursing schools/professionals.
Promote nursing's diverse opportunities	• Highlight various specialisations and career advancement possibilities. • Emphasise opportunities for travel, leadership, and making a difference in communities.
Gender imbalance	• Develop targeted outreach programmes to attract more male ākonga to nursing.

B. PATHWAYS
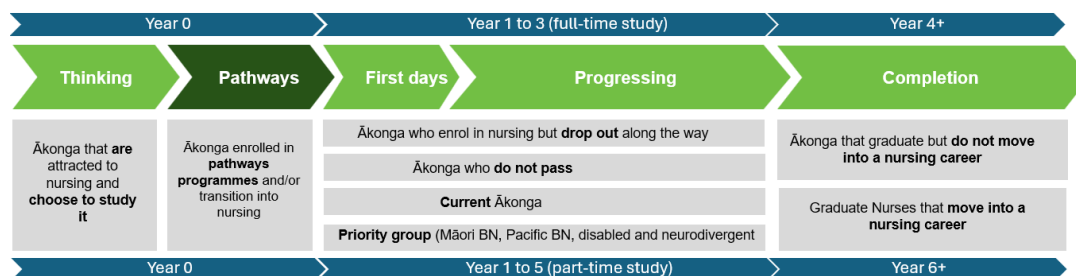
Factors of importance for Pathway ākonga

Like many of the nursing ākonga we have spoken to, pathways ākonga found their study experience very challenging at times and have had times when they have questioned their ability to succeed. However, they are currently persevering and are determined to reach the finish line. The following overview highlights the factors of importance for pathways ākonga.

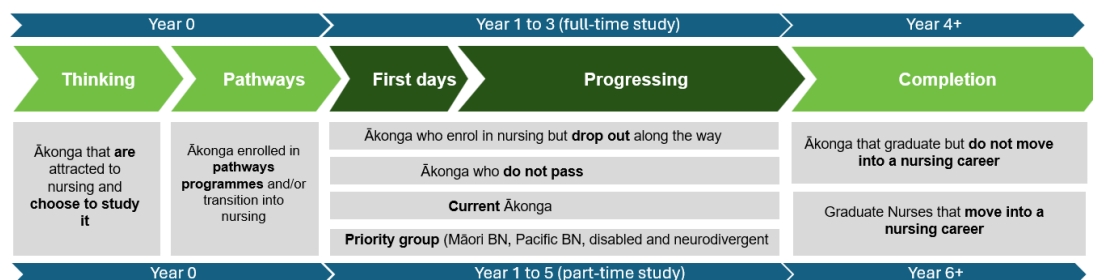| Personal factors | **Life experience and a clear sense of purpose** | • Many of these ākonga bring significant life and work experience, giving them a clear motivation for pursuing nursing and realistic expectations of the healthcare environment. |
		• This is a crucial factor in both attracting and retaining ākonga. Their lived experiences make them resilient and determined.
Education system factors	**Financial and personal Costs**	• These ākonga are acutely aware of the financial investment and personal sacrifices required, which can be both a motivator and a challenge (leading to burnout).
	Administrative support	• Smooth administrative processes and ongoing communication from education providers help ākonga stay connected and navigate their academic journey.
	Tutor quality and engagement	• Enthusiastic and encouraging tutors positively impact the study experience and ākonga motivation.
	Support systems	• Moral support from whānau, classmates, and tutors is crucial for maintaining confidence and perseverance through challenging times.
Employment /placement factors	**Quality of placements**	• Poor organisation and negative experiences during placements significantly impact ākonga morale and can threaten retention.
	Future job prospects	• Stability and variety of nursing career options are motivating factors but concerns about

			employment conditions in New Zealand may impact retention.
Wider system factors	**Respect and recognition**	●	Particularly for enrolled nursing ākonga, feeling respected and valued is important for motivation and perseverance.

Recommendations to improve the journey for pathway entry and enrolled nurses

Enhance support systems	●	Nursing education providers should actively involve whānau and promote peer support networks. This could include family engagement initiatives, mentoring programmes, and facilitated study groups to ensure all ākonga have access to a strong support system.
	●	Provide academic confidence building: Offer tailored academic support, especially for Pathways ākonga with limited academic backgrounds. This could involve preparatory workshops, tutoring, and confidence-building activities.
Improve communication	●	Maintain regular communication with ākonga, particularly those who have had to pause their studies. This includes providing clear guidance on how to resume studies and offering administrative support during transitions.
	●	Ensure placement processes are well-organised and communicated in advance.
Address financial and emotional costs	●	Explore additional financial aid options for ākonga facing economic challenges. This could help alleviate the financial pressure and reduce attrition rates.
	●	Ensure accessible and appropriately resourced mental health services to support ākonga dealing with nursing education's emotional and personal challenges, particularly during placements.
Respect and inclusion	●	Educational institutions and placement providers should work to change the perception of enrolled nurses and ensure they receive the respect and support they deserve. This could include awareness campaigns, training for placement staff, and creating a more inclusive environment for all nursing ākonga.
	●	Address workplace bullying**:** Implement clear policies and reporting mechanisms to protect ākonga from workplace bullying during placements. Institutions should provide safe channels for ākonga to voice concerns without fear of retribution.

C. FIRST DAYS AND PROGRESSING

Year 0	Year 1 to 3 (full-time study)	Year 4+
Thinking	**Pathways** / **First days**	**Progressing** / **Completion**

		Ākonga who enrol in nursing but **drop out** along the way	
Ākonga that **are** attracted to nursing and **choose to study it**	Ākonga enrolled in **pathways programmes** and/or transition into nursing	Ākonga who **do not pass**	Ākonga that graduate but **do not move into a nursing career**
		Current Ākonga	Graduate Nurses that **move into a nursing career**
		Priority group (Māori BN, Pacific BN, disabled and neurodivergent	

Year 0	Year 1 to 5 (part-time study)	Year 6+

1. *Factors of importance for ākonga who withdraw or failed*

The following overview highlights the factors of importance for ākonga who withdraw from their nursing studies. The factors described below can interact with and compound each other. For example, an ākonga struggling academically might need to work more hours to afford tutoring, leading to increased stress and less study time, potentially triggering or exacerbating health issues.

Personal factors	**Personal motivation and aptitude for nursing**	• This is the most crucial factor. Ākonga, with strong intrinsic motivation and a clear understanding of why they want to become nurses, are likelier to persist through challenges. • Those who choose nursing due to external pressures or without a clear understanding of the profession are more likely to withdraw when faced with difficulties.
	Practical and emotional readiness for hands-on nursing tasks	• Some ākonga find they are uncomfortable with the close personal interactions required in nursing or the responsibility of patient care. • The ability to handle challenging situations in healthcare settings (e.g., dealing with pain, anger, or abusive behaviour) is crucial.
	Life circumstances	• Major life events such as personal illness, family bereavement, or financial crises can force ākonga to withdraw temporarily or permanently. • The need to work while studying can create significant stress and time management challenges. • The demands of nursing education can exacerbate mental and physical health issues.
Education system factors	**Support systems (academic,**	• Access to academic support, tutoring, and mentoring can significantly impact a ākonga's ability to succeed.

	peer, and institutional)	• Peer support is crucial, especially during challenging experiences like clinical placements. • Institutional support, including counselling services and accommodations for learning difficulties, can significantly affect ākonga retention.
	Flexibility of the nursing programme	• The programme's ability to offer temporary leave or alternative arrangements during personal crises can determine whether an ākonga withdraws or continues. • Clear processes for managing withdrawals and returns are important for retaining ākonga long-term.
	Cultural and social integration	• Ākonga, particularly those from minority backgrounds or studying away from home, may struggle with feelings of cultural isolation. • The ability to find a sense of belonging within the nursing programme and institution can impact an ākonga's desire to continue.
Wider system factors	**Academic preparedness**	• Many ākonga struggle with the academic rigour of nursing programmes, particularly in science-based subjects. • Transitioning from high school to nursing education can be challenging, especially if ākonga have not taken appropriate preparatory courses. • Some ākonga face additional challenges due to learning difficulties like dyslexia or ADHD.

Recommendations for retaining ākonga in nursing

There are many reasons why ākonga withdraw from their nursing study, and often, there are layers of challenge for an individual. This means there are many levels on which support, and intervention can be delivered.

Enhance pre-enrolment preparation	• Provide realistic nursing experiences before enrolment. • Encourage potential ākonga to examine their intrinsic motivation. • Advocate for improving high school science curriculum, especially in human biology. • Promote pre-health courses to prepare ākonga better academically.
Strengthen academic support	• Implement consistent, active pedagogy in classes. • Provide accessible tutoring and academic assistance.

	• Offer additional support for ākonga with learning difficulties.
Improve practical training support	• Better scaffold hands-on experiences and early placements. • Provide thorough briefing before and after placements. • Ensure strong support from tutors and preceptors during practical experiences.
Enhance flexibility and support for life challenges	• Review policies on leave during placements. • Develop clear processes for temporary withdrawals and returns. • Consider options for part-time study over longer periods.
Bolster financial support	• Advocate for liveable ākonga allowances. • Provide information on available financial aid and scholarships.
Encourage peer support networks	• Look for opportunities to encourage peer support networks. These can be both formal and informal. • Study groups and social study spaces help to do this.
Strengthen institutional support systems	• Proactively inform ākonga about available support services. • Foster open, positive relationships between ākonga, tutors, and staff. • Implement mentoring programmes and peer support systems.
Improve re-entry processes	• Maintain contact with withdrawn ākonga. • Offer condensed re-entry programmes or competency tests. • Minimise unnecessary repetition of coursework.
Address diversity and inclusion	• Design placements to accommodate ākonga with physical disabilities where feasible. • Provide cultural support, especially for minority ākonga.
Enhance communication	• Encourage open dialogue about the challenges ākonga face. • Provide comprehensive information about nursing career paths.

2.   Factors of importance for Bachelor of Nursing Māori ākonga

The following overview highlights the factors of importance for **Bachelor of Nursing Māori ākonga.** Education system factors under the control of Te Pūkenga are pivotal as these factors create a supportive, culturally affirming environment that enables Māori nursing ākonga to overcome challenges, persist in their studies, and develop into confident, culturally competent nurses.

Personal factors	**Strong sense of purpose and community service**	• Māori ākonga often enter nursing with a clear and compelling "why." • Many have personal or family experiences with the healthcare system that motivate them to become nurses. They have a strong desire to support their whānau, community, and people.
Education system factors	**Cultural connection and identity affirmation**	• This is a significant factor for Māori nursing ākonga. • Ākonga value the opportunity to study nursing within a Te Ao Māori context, which they find personally, socially, culturally, and spiritually fulfilling. • The programme allows them to "reclaim who you are as Māori" and develop their personal and professional identities as Māori nurses.
	Peer and alumni support network	• The programme fosters a close-knit and highly supportive community. Ākonga support each other academically, emotionally, and practically (e.g., babysitting). • They describe their peers as "sisters" and emphasise the importance of going through the journey together. • Alumni and ākonga from higher years serve as mentors and role models, providing guidance and inspiration.
	Supportive relationships with kaiako (teachers)	• These relationships are characterised by open communication, accessibility, and understanding. • Kaiako recognise akonga's family and work commitments and offer flexibility when needed (e.g., allowing leave for tangi).
	Academic support and flexibility	1. Many Māori ākonga return to study after years of work or parenting, facing academic challenges. 2. The programme offers additional academic support, including extra-funded tutoring, which helps ākonga overcome these challenges and boost their confidence.

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Dedicated spaces (e.g., whānau room)	3.	Physical spaces like the whānau room play an important role. These spaces provide a safe environment for ākonga to gather, study, share meals, and build relationships. They also contribute significantly to the ākonga's well-being and success by fostering a sense of community and belonging.
Recognition of spiritual and cultural elements	4.	The programme incorporates spiritual elements and recognises the importance of tīpuna (ancestors) in coursework and social environments.
	5.	Activities like kapa haka provide a balance to the intense academic work and contribute to ākonga's holistic well-being.
Smaller class sizes	•	Ākonga appreciate the smaller class sizes in the Māori nursing programme.
	•	This environment makes them more comfortable participating and asking questions than larger, mainstream classes.
Preparation for working in Māori communities	•	Ākonga felt that studying nursing within a Māori cultural context better equips them to work in their communities.
	•	They emphasise the distinction of being "Māori nurses" rather than just "nurses who are Māori."
Support during systemic challenges	•	The support from alumni, particularly through Te Kaunihera o Ngā Neehi Māori, was crucial during institutional change, such as when Māori staff roles were disestablished.

Recommendations for strengthening the Bachelor of Nursing Māori

These recommendations aim to build on the strengths of the existing programme, addressing the key factors that Māori nursing ākonga identified as crucial to their attraction, retention, and success.

Maintain and strengthen the cultural aspects of the Bachelor of Nursing Nursing Māori programme	• Continue to provide an environment where ākonga can explore and affirm their Māori identity, which is fundamental to their success and motivation.
Enhance peer and alumni support networks	• Foster the close-knit community that ākonga value highly. • Encourage mentorship from ākonga in higher years and alumni, as this provides crucial support and inspiration.
Continue providing dedicated spaces like the whānau room	• These facilities are important for building relationships, studying together, and creating a supportive environment.
Consider offering additional academic support	• Consider providing extra, funded tutoring to help ākonga, especially those returning to study after a gap, to overcome academic challenges.
Maintain supportive relationships between kaiako and ākonga	• Encourage kaiako to continue recognising ākonga's family and work commitments, offering flexibility when needed, and being approachable for academic support.
Incorporate spiritual and cultural elements	• Continue to recognise the importance of spirituality and tīpuna within coursework and social environments, including activities like kapa haka.
Maintain smaller class sizes	• This helps ākonga feel more comfortable participating and asking questions.
Address challenges in clinical placements	• Work on strategies to support ākonga, who may face racism during placements.

3.   Factors of importance for Bachelor of Nursing Pacific ākonga

The programme's focus on cultural affirmation, community support, and academic assistance is crucial in attracting and retaining Pacific ākonga in nursing education. The factors of importance below combine to create an environment where Pacific nursing ākonga can thrive, overcoming academic and personal challenges while developing into culturally competent healthcare professionals.

Personal factors	**Balancing study with family and community responsibilities**	• While challenging, many Pacific ākonga have strong support from their immediate family and spouses. • However, they often face additional obligations to their extended families in New Zealand and the Pacific Islands.
	Strong sense of purpose and community	• Many Pacific ākonga enter nursing with a clear motivation rooted in personal or family experiences with the healthcare system. • They often strongly desire to support their communities in New Zealand and the Pacific Islands.
Education system factors	**Cultural connection and understanding**	• The Bachelor of Nursing Pacific programme provides a culturally relevant learning environment that resonates deeply with Pacific ākonga. It allows them to explore and affirm their cultural identities while learning about other Pacific and minority cultures in a New Zealand health setting.
	Supportive learning environment	• Pacific ākonga value studying with peers with similar cultural experiences and values in small groups.
	Academic support from tutors	• While many Pacific ākonga state they find the coursework challenging, especially if they do not come from academic backgrounds, they appreciate their tutors' academic support and guidance.
	Appreciation for learning about diverse cultures	• Ākonga particularly enjoy learning about other minority cultures in a New Zealand health setting and the Treaty of Waitangi.
	Face-to-face classes and dedicated facilities	• The programme's emphasis on face-to-face classes and the provision of dedicated facilities at the student centre contribute significantly to the ākonga ' learning experience.

Recommendations for strengthening the Bachelor of Nursing Pacific

These recommendations aim to build on the strengths of the existing Bachelor of Nursing Pacific programme, addressing the key factors that Pacific nursing ākonga identified as important for their attraction, retention, and success.

Maintain the cultural focus of the Bachelor of Nursing Pacific programme	• Continue to provide an environment where Pacific ākonga can explore their cultural identity and learn about other Pacific and minority cultures in an NZ health setting.
Enhance peer support systems	• Pacific ākonga value studying with peers with similar cultural experiences in small groups. • Facilitate and encourage these support networks within the programme.
Provide additional academic support	• Some Pacific ākonga find the coursework challenging, especially if they do not come from academic backgrounds, so continue to offer and potentially expand academic support services. • Ensure tutors are approachable so that ākonga feel comfortable seeking help.
Maintain face-to-face classes and dedicated facilities	• Pacific ākonga appreciate the face-to-face classes and facilities at the student centre.
Promote flexibility to accommodate family and community responsibilities	• Recognise that Pacific ākonga often have significant family and community obligations. Where possible, offer flexibility in the programme to help ākonga balance these responsibilities with their studies.
Emphasise the value of Pacific nurses' cultural expertise	• Continue highlighting Pacific nurses' unique skills and cultural understanding of the healthcare workforce.
Incorporate diverse cultural learning	• Maintain and possibly expand opportunities for ākonga to learn about other minority cultures and the Treaty of Waitangi, as ākonga found this valuable for their future practice.
Address challenges in clinical placements	• While ākonga find affirmation in applying their learning and offering cultural support during placements, be aware of potential challenges they may face.

4. *Factors of importance to support disabled and neurodivergent ākonga*

The following overview highlights the factors of importance for **disabled and neurodivergent ākonga.** An inclusive environment that attracts, retains, and supports the success of disabled and neurodivergent ākonga will ultimately enrich the nursing profession with diverse perspectives and experiences. However, disabled and neurodivergent ākonga face specific challenges in their journey.

Personal factors	Empathy and lived experience as motivators	• Many disabled and neurodivergent ākonga are motivated to pursue nursing because of their own lived experiences with disability or mental health challenges.
	Interest in non-traditional nursing roles	• The diversity within the nursing profession, including research, policy, education, and administrative roles, appeals to ākonga, who may have physical limitations.
	Commitment to social good	• They are sometimes motivated by the opportunity to challenge stereotypes, improve healthcare access and outcomes for marginalised populations, and bring a unique voice to the nursing profession.
Education system factors	Potential for personal and professional growth	• Nursing offers opportunities for personal development and career advancement, which can particularly appeal to ākonga, who have overcome significant personal challenges. • The prospect of a stable and rewarding career and the opportunity to grow personally and professionally can be a strong attractant.
	Support systems (academic, peer, and institutional)	• Ākonga are attracted to nursing programmes that are perceived as supportive and inclusive, particularly those that offer accommodations, flexibility, and understanding of their unique needs. • A lack of support and understanding when disability-related needs are not recognised during placements leads to negative outcomes for these ākonga. • Access to pastoral care and peer support is vital for ākonga with mental health challenges. However, these supports are often underutilised due to fear of discrimination or a lack of awareness of available resources. • Ākonga with learning difficulties greatly value peer and tutor support, yet they often hesitate

			to utilise these resources due to concerns about overburdening others.
Employment/ placement factors	**Placement challenges and accommodations**	•	Placements present a significant barrier for ākonga with physical disabilities. The physical demands of clinical placements can lead to withdrawal or failure.
		•	Placements, particularly in high-stress environments like mental health settings, can exacerbate existing conditions or trigger new mental health issues. Inadequate pastoral care during these experiences can result in ākonga withdrawing from their studies.
		•	The fast-paced and rigorous academic environments are particularly challenging for ākonga with learning difficulties like ADHD and Dyslexia. The structure of nursing courses often requires them to invest significant extra time in their studies, which can be overwhelming and lead to academic struggles.
Wider system factors	**Financial and time pressures**	•	Financial stress from balancing work and study further exacerbates the challenges faced by ākonga with mental health issues and learning difficulties.

Recommendations for improving access for priority ākonga: Disabled and neurodivergent ākonga

Ākonga with physical disabilities find placements a particular challenge and may not be able to complete the standard placements due to their disabilities. Nursing education providers must discuss this clearly and openly with ākonga before they commence Bachelor of Nursing study and Pre-health.

Clarify physical and mental demands before commencing their study.	•	Course expectations and requirements regarding physical and mental abilities need to be clearly specified at enrolment to meet the requirements of the HPCA Act and signed off by Te Pūkenga for each ākonga.
	•	These courageous discussions must be done with dignity early during enrolment.
Partial qualifications	•	Consider the possibility of a restricted/conditional qualification for physically disabled ākonga

Examine pedagogy and assessment methods.	• Engaging and responsive pedagogy improves learning outcomes, motivation and engagement for all ākonga, particularly those with learning difficulties like ADHD and Dyslexia. There are opportunities to improve pedagogy and ensure that lesson time is used to encourage discussion and active learning.
	• Many ākonga would benefit from extra time and academic support, particularly those with learning difficulties like Dyslexia.
	• Consider options for ākonga to use assistive technology and extra time in exams where required. An exam setting is a different type of pressure to that faced in nursing practice, and may not be the best way to test ākonga knowledge.
Enhance support systems	• Implement comprehensive education for faculty and staff on accommodating various disabilities.
	• Establish dedicated mentorship programmes for disabled and neurodivergent ākonga.
	• Create easily accessible, structured support systems that ākonga feel comfortable using.
Address financial and time pressures	• Consider offering targeted financial aid or scholarships for disabled and neurodivergent ākonga.
	• Advocate to provide flexible study options, such as extended programme timelines.
Enhance academic support	• Provide specialised tutoring and academic support tailored to different learning needs.
	• Explore assistive technologies and accommodations in classrooms and clinical settings.
Foster a supportive culture	• Create peer support groups for disabled and neurodivergent nursing ākonga.
	• Establish clear communication channels for ākonga to express their needs without fear of discrimination.

5. *Factors of importance for new to New Zealand ākonga*

The following overview highlights the factors of importance for new to New Zealand ākonga. Inclusive and supportive environments will likely improve migrant ākonga participation, retention, and success in nursing studies.

| Personal factors	**Cultural and Family Support**	• Strong family and community support, both emotional and practical • Collective culture benefits, such as extended family helping with childcare
	Adaptability and Resilience	• Tendency to adapt to existing systems rather than expect changes. • Determination to complete studies despite challenges
Education system factors	**Peer Support and Communication**	• Informal peer group support (e.g., class rep system, Messenger groups) • Formal peer support (e.g., drop-in sessions with senior ākonga and tutors).
	Cultural Awareness and Language	• Appreciation for courses covering cultural factors • Language barriers for newer migrants. • Shyness and reluctance to ask questions in class
	Financial Support	• Scholarships and grants (e.g., Aniva Pacific Nurse Leader grant).
Employment/ placement factors	**Motivation and Career Goals**	• Job security and status of the nursing profession • Desire to support their communities • Clear pathways for career development (e.g., becoming nurse practitioners, pursuing higher degrees)

Recommendations to support new to New Zealand ākonga

Enhance peer support programmes	• Continue and potentially expand 'drop-in' sessions where ākonga can approach senior ākonga and tutors for help with difficult material. • Encourage and formalise class reps.
Improve cultural awareness	• Maintain and possibly expand course content that covers cultural factors in nursing, helping ākonga identify and address potential cultural challenges. • Encourage opportunities for ākonga to use their native languages in clinical settings when appropriate, as this can help build rapport with patients from similar cultural backgrounds.
Increase awareness of financial support	• Ensure ākonga are aware of any available financial support options, for example, promoting existing scholarships and grants, such as the Aniva Pacific Nurse Leader grant for Pacific ākonga.
Enhance career development guidance.	• Provide clear information about career pathways, including options to become nurse practitioners or pursue higher degrees like Master's or PhDs. • Continue collaboration with agencies like ACE to assist nursing ākonga with job placement. • Encourage the supportive culture where ākonga help each other secure jobs, embodying the "leaving no one behind" mentality.
Recognise confidence issues	• Encourage tutors to provide reassurance to boost ākonga confidence as they progress through the programme. • Consider implementing strategies for lecturers to check in with quieter ākonga, giving them opportunities to speak up, such as through post-class Zoom/Teams calls.
Provide resources for self-study	• Recommend current and relevant books or resources to help ākonga understand nursing concepts and experiences.

D. COMPLETION
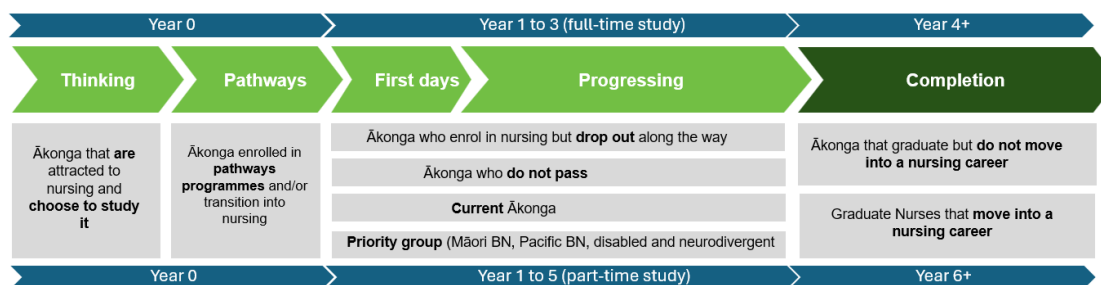
Factors of importance for graduate nurses

The following overview highlights the important factors for graduate nurses. The success of these graduate nurses can be attributed to a combination of intrinsic and extrinsic factors. Their clear sense of purpose, supported by role models, maturity, and life experience, provided a strong foundation for resilience and persistence. The support systems they had in place, including peer networks and family, were vital in helping them navigate the challenges of nursing education. Additionally, positive interactions with faculty and valuable clinical placements reinforced their learning and commitment to the profession.

Personal factors	Clear motivation and purpose	• A key factor in the success of these graduate nurses was their strong sense of purpose. Many had a clear "why" for choosing nursing, often inspired by role models or personal experiences.
	Supportive role models	• The presence of strong role models, particularly family members who were nurses, provided these ākonga with a realistic understanding of the nursing profession.
	Maturity and life experience	• Many successful nurses in this cohort entered nursing with prior life experience or maturity, which gave them a more thoughtful and purposeful approach to their studies.
	Resilience and adaptability	• Personal resilience was a significant factor in their success. Many nurses displayed a long-term perspective, using self-reflection and incremental achievements as motivators. • They demonstrated an ability to "reset" after setbacks and continue moving forward.
	Strong support systems	• Success was often underpinned by robust support systems, including peer groups, family, and community support. • These nurses either started with or quickly formed peer networks that provided emotional and academic support throughout their studies.

		•	Family support, both financial and emotional, was also crucial, particularly for those balancing studies with other life responsibilities.
Education system factors	**Positive educational Interactions**	•	These graduate nurses mentioned the importance of supportive and interactive lecturers. Faculty who were approachable and provided real-world context for the material made a significant impact.
Employment/ placement factors	**Valuable clinical placements**	•	Positive and well-organised clinical placements were crucial for these nurses' success. Placements that offered supportive environments aligned with their career goals reinforced their commitment to the profession.
		•	Conversely, negative placement experiences were a potential risk to their success, though those who encountered such situations relied on their resilience and motivation to overcome them.
Employment/ placement factors	**Optimistic career outlook**	•	While some expressed concerns about the current job market, the overall outlook on their nursing careers remained positive.

Recommendations to improve the Graduate nurse pathway

Enhance role model engagement	•	Actively promote the involvement of experienced nurses as mentors to prospective ākonga. This can help potential ākonga develop a clear and realistic understanding of the profession.
Support life experience and mature ākonga	•	Recognise and support the unique needs of mature ākonga or those with prior work experience.
Strengthen peer and family support systems	•	Facilitate forming peer support groups early in the programme and provide resources for ākonga to access financial and childcare support.
Ensure quality and variety in placements	•	Offering a range of placement options can help ākonga gain diverse experiences and maintain their motivation.
Promote a positive outlook on nursing careers	•	Address concerns about job security by highlighting the diverse career opportunities within nursing and advocating for improved working conditions.

Appendix B. NURSING RETENTION AND PATHWAYS

RAPID SYSTEMATIC REVIEW

Introduction

This literature review aims to understand the factors influencing the retention and success of ākonga in Bachelor of Nursing qualifications and associated pathway programmes in New Zealand. In response to the critical need for nurses and high attrition rates in the initial stages of nursing education, as highlighted in the Nursing Pipeline Programme Supply and Demand model (2022), this review represents the initial phase of a broader initiative to identify opportunities and barriers related to participation, retention, completion, and workforce transition. Aligning with the government's workforce strategy, it examines themes relating to four broad areas to understand education system factors, personal influences, wider system settings, and employment/placement factors and their contributions to the success of ākonga. This foundational review will not only highlight gaps in existing literature but also guide subsequent quantitative and qualitative phases of research, ensuring a focused and informed approach to comprehensively address the challenges within the realm of nursing education and practice.

Method

Adopting a Rapid Systematic Review approach, this review began by exploring literature from 2018 to 2024, concentrating on search terms related to nursing ākonga retention and early career challenges in New Zealand. Where a theme had been identified in the initial search, but the literature was limited, the search broadened to include international studies, earlier works, and grey literature to provide a comprehensive overview. The literature was also supplemented with field-sourced literature from individuals involved in nursing education to enrich our understanding.

Following identifying sources, we conducted a thematic analysis, categorising the literature into the most pertinent themes and cross-applying where relevant. Themes were then aligned with Te Pūkenga's research focus areas: system factors, personal factors, wider system settings, and employment/placement factors, ensuring a nuanced understanding of the barriers and facilitators in attracting, educating, and retaining ākonga in nursing.

Thematic Analysis

1. Education System Factors

This section explores factors within educational institutions that influence nursing education, focusing on gender perceptions, diversity challenges, and enablers and barriers for ākonga.

Te Whatu Ora (2022) indicated in the Nursing Pipeline Programme Supply and Demand Model that indicated there was a significant shortfall in enrolment numbers for 2023 in order

to meet the demand requirements in 2023. Additionally, while there were high attrition rates across ākonga, Māori and Tāngata Moana ākonga were 10.8 and 13 percent more likely, respectively, to attrition from nursing than their peers.

Importance of a diverse workforce

The enrolment and early education experiences of nursing ākonga are pivotal in shaping the success of their future careers in nursing. This phase is especially crucial in New Zealand, where including Māori and Tāngata Moana ākonga is vital in creating a workforce that represents and understands its diverse population.

The NZNO Strategy's emphasis on workforce diversity aligns with broader research indicating that a workforce whose demographics reflect the community leads to improved patient outcomes (Zambas, 2023; Wilson, 2011). The strategy's call for inclusivity aligns with research advocating for educational environments and curricula that acknowledge and adapt to the cultural needs of Māori and Tāngata Moana ākonga, recognising that this is a key factor in their decision to enrol and persist in nursing programmes (Mullane et al., 2023).

Crampton (2023) highlights the continued underrepresentation of Māori and Tāngata Moana ākonga in the healthcare workforce, indicating a persistent mismatch between nursing ākonga and the communities they serve despite efforts to date to address this. Addressing this mismatch underscores the importance of continued evaluation of the current initiatives aimed at increasing enrolment and support for ākonga in nursing programmes, including targeted recruitment and support strategies for Māori and Tāngata Moana ākonga to ensure they remain effective.

Recent introductions of the Bachelor of Nursing Māori and Tāngata Moana programmes (University of Waikato, 2022) represent targeted strategies to attract and retain ākonga from these groups. However, the literature to assess the success of these initiatives is not yet available. Pool (2023) provides insight into the way this programme produces culturally safe and inclusive environments within the education system, but no literature provides retention or transition into workplace success rates for these degrees, indicating an area for future research and evaluation.

Nursing's Gender Perception:

Stereotypes casting nursing as predominantly a female profession significantly impact career choices, contributing to workforce diversity challenges. Pool (2009) suggests that this stereotypical portrayal of nursing might deter women wanting to challenge traditional career norms from pursuing nursing as they seek more prestigious career options. Simultaneously, societal gendering of nursing narrows men's view of it as a viable career choice, as highlighted by Guy (2022). Even where the profession's stability attracts male nursing ākonga, they face barriers during the education process due to biases of the curriculum and its delivery mods to femininity (Christensen & Knight, 2014).

It was suggested that the nursing curriculum should adapt to challenge stereotypes and broaden the profession's appeal. Showcasing diverse and advanced nursing roles, such as nurse practitioners (Bradshaw, 2010; Guy, 2022), and enhancing the representation of men, ethnic minorities, Māori, Tāngata Moana, and gender-diverse individuals, educational institutes can contribute to reshaping perceptions within the profession (Guy, 2022; Christensen & Knight, 2014).

Educational system factors for Māori and Tāngata Moana

Māori and Tāngata Moana ākonga in nursing education face multifaceted challenges. As noted by the New Zealand Nurses Organisation (2023) and Willis (2021), financial and travel burdens disproportionately affect these communities. The acculturation process, where ākonga balance tensions between their cultural identity and the demands of a Western-centric educational system, adds complexity to their educational journey (Wilson, 2011. NZNO, 2023).

A significant proportion of these ākonga are also first-generation tertiary learners. Bristowe et al. (2016) and Grainger et al. (2017) highlight the lack of a comprehensive understanding of higher education's demands, which often extends to their whānau. This situation can lead to conflicts between academic requirements and cultural responsibilities, such as caring for whānau or attending tangihanga (Patterson et al., 2017; Zambas et al., 2023).

In response, the literature underscores the importance of tailored support systems. Mentorship, culturally responsive pedagogy, and supportive environments are crucial for overcoming educational disparities and fostering equitable learning (Wilson, 2011). Establishing 'whanau' groups within educational settings and recognising family and cultural obligations are essential for fostering a sense of belonging and connection. Building on these support mechanisms, Winiata (2012) emphasises that by integrating Māori leadership styles - characterized by foresight, integrity, and passion- nursing education can align with Whānau Ora principles, fostering a learning environment that not only supports Māori ākonga nurses but also aims for the holistic well-being of Māori communities.

Pool (2023) examines the significant evolution of nursing education in New Zealand, highlighting the shift towards integrating Indigenous knowledge and advancing towards a unified nursing curriculum. This development is essential in creating an educational environment that is not only inclusive but also deeply reflective of the cultural needs of Māori and Tāngata Moana ākonga. The cultural relevance of the curriculum, particularly through the incorporation of tikanga Māori and wānanga, plays a critical role in supporting the cultural identity and enriching the learning experiences of these ākonga. Foxall (2013) and Zambas et al. (2020) emphasise how these culturally aligned methods, coupled with the practice of manaakitanga by faculty, contribute to a culturally safe and nurturing learning environment.

Zambas et al. (2023) further emphasise the role of culturally connected and respectful learning environments, emphasising how such educational strategies contribute to academic achievement and significantly aid in developing a strong professional identity for Māori nursing ākonga. Aligning with the broader objectives of enhancing diversity and improving healthcare outcomes within Māori communities.

Enablers in Nursing Education

Support plays a crucial role in the success of all nursing ākonga, not just Māori ākonga. Key factors such as mentorship and peer support enhance the educational experience. Rhodes and McMillan's work highlights the effectiveness of student-led mentorship programmes in reducing anxiety and fostering a sense of belonging among ākonga. Furthermore, research by Chittick, Manhire, and Roberts (2019), Terry et al. (2022), and Sanderson, Hollinger-Smith, and Cox (2022) identify additional factors critical to ākonga success. These include the support of whanau, financial and institutional backing, cultural nurturing, and resilience in the face of racism and bias. Knight (2012) further underscores the importance of a supportive educational environment, financial stability, and intrinsic motivation in ensuring ākonga completion and retention in nursing programmes.

Academic Preparedness

Many ākonga are underprepared for science-based health programmes due to a lack of exposure or inadequate resources in their pre-university education. This is exacerbated particularly for ākonga from Māori and Tāngata Moana backgrounds; this challenge, recognised in the NZNO Strategy and supported by Foxall (2013), underscores the need for better support in science education at earlier educational stages.

Despite the connection between poor secondary school results and lower achievement in the first year of tertiary study (Wikaire et al., 2017), targeted support services have proven effective in mitigating these challenges. For instance, the University of Auckland's Māori and Pacific Admission Scheme (MAPAS) provides an alternative pathway to admission with additional wrap-around support for Māori ākonga entering health degrees (Curtis et al., 2012). While initially requiring more assistance, ākonga enrolled in MAPAS tend to reach mainstream achievement levels as they progress through the programme (Grainger et al., 2017; Wikaire et al., 2017).

Beyond specific groups, support mechanisms are vital for all ākonga. Zambas (2020) emphasises the significance of peer mentoring, safe spaces, and specialised support services. Similarly, Bristowe et al. (2016) highlight the importance of strengths-based culturally responsive practices, mindset theory, stereotype threat, and self-efficacy in fostering ākonga success. However, challenges persist when academic support, pastoral care, and mentorship are lacking, as these can exacerbate academic difficulties across various ākonga demographics, including male ākonga, who often have higher failure rates (Chittick, 2019; Foxall, 2013; Knight, 2012; Corbon, 2021).

The existing literature points to gaps in understanding why some ākonga, particularly those not typically targeted by support programmes, might not seek available services.

International research suggests that a lack of awareness and internalised beliefs, influenced by ākonga's social or demographic backgrounds, may deter them from accessing help (Roberts et al., 2017; Karp et al., 2008). Additionally, the effective utilisation of support services might depend on ākonga possessing the necessary social capital and resources to navigate the system (Roberts et al., 2017). This area warrants further exploration to ensure equitable access to support for all ākonga.

Language Barriers and Assessment Types

In order to have a diverse workforce reflective of the population they serve, some nursing ākonga will face barriers that arise from English being their second language. Olson (2012) notes that language barriers particularly impact nursing ākonga for whom English is a second language, affecting their academic performance due to a heavy reliance on written assessments. These barriers can also delay access to necessary support services, potentially leading to academic failure. Overcoming language barriers and addressing unfair assessment methods were highlighted in several international studies as key to nursing ākonga success (Thomas & Burk, 2009; Crawford & Candlin, 2013).

Cleland's 2023 study, focusing on disability support qualifications, sheds light on similar challenges faced by ākonga from culturally and linguistically diverse backgrounds. It suggests that practical or alternative competency-based assessment methods could offer these ākonga better opportunities to demonstrate their capabilities beyond traditional written assessments, which might otherwise be a barrier to the success of ākonga capable of doing the work.

2. Personal Factors

Personal factors are those under the control or influence of ākonga (students), shaping their journey in nursing education and career. These elements include motivations, cultural influences, financial considerations, and perceptions about the nursing profession.

Attraction to Nursing

Understanding why ākonga choose nursing as a career is essential to addressing retention issues and ensuring a steady supply of skilled professionals. The reasons ākonga are drawn to nursing encompass both altruistic motives, like the desire to help and care for others, and practical considerations, including job security and career opportunities (Jamieson et al., 2020; Hunt et al., 2020; Crawford & Turvey, 2019).

Ratima et al. (2007) emphasise the significant influence of whānau in shaping the career choices of Māori and Tāngata Moana youth. Their role in the decision-making process reflects the cultural importance of family in career pathways, although they can sometimes dissuade ākonga from nursing.

Financial considerations also play a significant role in career choices, and the perceived financial implications and time investment of nursing can contribute to its lesser appeal (Harrigan et al., 2003). The perception of nursing compounds this as a low-paying career with challenging working conditions (Gray, 2022).

Brody (2017) and Guy (2022) address the underrepresentation of minorities in nursing, including Māori, Tāngata Moana, men, and gender-diverse individuals. This lack of visibility of role models for these groups makes nursing an 'invisible' career, impacting career choices. Thus, changing perceptions to showcase more diverse role models is important. Moreover, Pool notes the traditional view of nursing as a female-dominated profession, which may lead to bullying or discourage male ākonga and deter young women from traditional female-dominated careers. Guy underscores the need for broader education about the diverse roles and advanced career paths available within nursing, such as nurse practitioners (Bradshaw, 2010), to challenge these traditional perceptions and enhance attractiveness.

Barriers to nursing

Financial

The New Zealand Nurses Organisation (2023) and Willis (2021) point out that financial difficulties impact not just enrolment but also ākonga's mental health and overall well-being. The dual burden of tertiary education costs and everyday living expenses places a heavy load on ākonga and their families. Knight et al. (2012) emphasise that financial challenges are a decisive factor in whether ākonga continue or leave their nursing education.

Foxall (2013) and the NZNO National Ākonga Survey (2023) highlight the crucial role of financial support in retaining nursing ākonga who often grapple with balancing family responsibilities and financial stress alongside academic stress, particularly for ākonga from Indigenous or traditionally marginalised backgrounds. This support is essential as financial pressures can heavily influence ākonga's decisions to complete their degrees despite any external support they may receive.

Mitchell (2020) sheds light on how financial strains compel many nursing ākonga in New Zealand to take up part-time work, often resulting in a trade-off with their academic success. The study reveals that balancing employment with studies, regardless of working hours, negatively affects academic performance, mainly due to reduced study time. This balance between work and education is a common challenge, frequently leading to compromised academic outcomes.

A concern identified by the New Zealand Nurses Organisation (2023) is the financial pressure nursing ākonga face during clinical placements. Costs associated with clinical training, including travel and accommodation, pose significant barriers, especially for ākonga from Indigenous backgrounds. Proposals for addressing these financial pressures include developing financial assistance programmes, scholarships or restructuring clinical

placement models to compensate ākonga and alleviate cost burdens, which are particularly prohibitive for Māori and Tangata Moana ākonga (Zambas, 2023).

Geographical

Geographical location presents another barrier, particularly for ākonga from rural Māori communities. The distance to educational institutions adds to travel costs and leads to cultural and social dislocation for many ākonga. Furthermore, the digital divide exacerbates these issues, restricting access to online educational resources and support. This geographical challenge highlights the need for more accessible and flexible educational options to accommodate ākonga from diverse backgrounds.

3. Employment / Placement Factors

This section explores aspects influencing nursing ākonga's success and career continuity, focusing on transitioning from education to employment. Beyond the learners' control, these factors include clinical placement experiences, support systems in clinical settings, transition challenges into the workforce, and the importance of support for new nurses.

Clinical Placement Experiences and Transition to Workforce

Gray (2022) highlights the significant impact of third-year clinical practicums on nursing ākonga's career aspirations and preferred work locations, suggesting that the success of transitioning into the workforce is closely linked to the supportiveness of relationships with placement managers. Additionally, limited choice, lack of diverse experiences, and exposure to a wide range of nursing options may reduce the likelihood of transitioning to the workforce (Tuckett, 2016). Racism, bullying and lack of culturally responsive workplaces during placement also contribute (Andrews, 2005; Wilson, 2022; Zambas, 2023).

Studies by Eick (2011) and Minton (2018) indicate that adverse experiences during clinical placements, such as bullying, which at the time of the studies was prevalent, significantly contribute to nursing attrition. This is supported by several studies that highlight racism, bullying, and lack of culturally responsive workplaces as influences on nursing ākonga's likelihood to transition to the workforce. As a result, addressing these issues is critical for maintaining a positive clinical learning environment.

Wylie (2022) further highlighted the make-or-break nature of placements and provided a pathway for enhancing placement experience, including the importance of preplacement preparations, including a comprehensive orientation and adequate pre-placement preparations in enhancing ākonga confidence and readiness for clinical experiences. During placements, balancing demanding workloads and available support, alongside clear and effective communication channels, was seen to critically influence ākonga well-being and learning outcomes. Post-placement, acknowledging ākonga's achievements and

ensuring continued psychological support were noted as essential for a successful transition into the nursing profession.

Support Systems in Clinical Settings

Cultural Support and Pastoral Care

The New Zealand Nurses Organisation (2023) emphasises the importance of cultural support and pastoral care, especially for Māori ākonga in clinical settings. Such support is vital for ensuring that all ākonga feel safe, understood, and integrated academically and clinically and to mitigate the isolating experiences of nursing ākonga. The survey advocates for a learning environment where ākonga can be their authentic selves and for including Māori and Tāngata Moana nurse mentors.

Hawker, Carrier, and Rees (2011) review the effectiveness of support strategies and interventions for newly qualified nurses, finding positive impacts across programme types, highlighting that any programmes that enhance confidence, competence, and a sense of belonging are key for retention. Price, Gilmour, Kellett, and Huntington (2016) emphasise that opportunities for advancement and ongoing education are also key factors in nurse retention, highlighting the need for robust career development pathways and continuous learning opportunities as part of support programmes for early career nurses.

Preceptor Support

Effective preceptorship, which was identified as critical for successfully transitioning nursing graduates into the workforce, involves more than supervision. Haggerty, Holloway, and Wilson (2012) stress the importance of a quality preceptor-graduate relationship, comprehensive preceptor training, and a supportive culture. This holistic approach, integrating mentorship and knowledge transfer, is key to nurturing competent and confident nursing professionals.

Guy (2022) highlights that the lack of structured preceptorship and mentorship contributes to feelings of isolation among Māori and Tāngata Moana nursing graduates. The need for culturally specific support and dual competency recognition is emphasised as essential to fostering a culturally safe and anti-racist healthcare environment.

Willis (2021) identifies critical areas for enhancing preceptorship, particularly in understanding the ākonga nurse's scope of practice. This calls for a more consistent approach to preceptorship quality. Nursing ākonga particularly value engaged and supportive preceptors who are communicative, patient, and good role models. Ākonga also highlight the importance of structured learning environments that cater to diverse learning styles. These aspects underline the need for preceptorship that is adaptable, culturally sensitive, and empathetic to diverse ākonga needs. Lienert-Brown et al. (2018) suggest comprehensive training programmes for preceptors, ensuring they are well-equipped to provide optimal practical experiences, enhancing both comfort in their role and the educational journey of nursing ākonga.

Transition of Graduates into the Workforce

Reasons for attrition

Walker (2018) provides insights into why nurses under 55 in New Zealand leave the profession prematurely, pointing to factors like workplace concerns, personal challenges, and opportunities abroad. Sahil Z. (2021) looks deeper into the retention issues, identifying extended working hours, low pay, and insufficient workplace recognition as key deterrents. This highlights the urgent need for enhancing practice environments and stronger retention policies.

Tuckett (2016) focuses on new nursing and midwifery graduates' employment challenges, noting difficulties securing positions in preferred areas. Graduates who had clinical practicum in their final year often had an easier time finding employment, usually within the same organisation where they trained. This again underscores the vital role of clinical placements in supporting smooth transitions into the workforce.

Additionally, a 2019 report by the Office of the Chief Nurse highlights the employment barriers new graduates face, include negative organisational culture, not being work-ready (limited skill competencies), whānau reasons limiting relocation, and a lack of funding and availability in their desired areas being reasons for attrition. It suggests systemic changes to support a smoother transition into the workforce. Including enhanced funding, integration programmes, and support for new graduates across healthcare settings as crucial steps towards addressing these challenges.

Workload, Staff Shortages, and Cultural loading

Foxall (2017) and Bradshaw (2010) noted that high workloads and staff shortages significantly contribute to nurse burnout and attrition. Barton et al. (2021) indicate that work-life balance issues are increased for Māori and Tāngata Moana nurses due to the challenges of combining cultural obligations with nursing work. This is exacerbated by cultural loading as identified by Māori Nurses in Komene (2023), which adds additional unpaid and often unrecognised burden on Māori nurses to fill knowledge gaps, educate non-Indigenous colleagues and act as advocates and spokespersons for Māori patients and whānau all while undertaking their work. Without fair compensation or recognition, this extra duty layer exacerbates burnout and significantly impacts nurse retention.

Challenges in Professional Transition for Māori and Tāngata Moana Nurses

Research by Foxall et al. (2017), Gray (2020), and Wilson (2022) uncovers significant challenges that Māori and Tāngata Moana nurses encounter during their transition into professional practice. These challenges, including systemic racism, discrimination, and inequitable recruitment processes, contribute to early career exits for these nurses. Foxall et al. (2017) emphasises the profound impact these challenges have on the cultural identity and professional development of Māori nurses, highlighting the need for a multifaceted approach to effectively address these systemic issues within the workforce. Gray (2020)

advocates thoroughly examining and reforming recruitment processes to ensure equity for Māori and Tāngata Moana graduate nurses. In further recognition of the systemic barriers in the equitable recruitment of Māori practitioners, especially in primary healthcare settings, Hetaraka (2018) advocates for a recruitment and support model that integrates cultural support and leadership development. Gray (2022) further highlights the importance of equitable recruitment practices, providing culturally specific mentorship, and developing leadership skills that respect and incorporate mātauranga Māori and Tāngata Moana worldviews. These could solve the challenges of transitioning Māori and Tāngata Moana nurses into professional practice, ensuring that the workforce reflects the community it serves and is equipped to provide culturally competent care.

4. Wider System Settings

This section explores external factors beyond the direct control of individual learners and educational providers. It encompasses the broader socio-political, economic, and technological contexts shaping nursing education and practice.

Literature highlights several systemic barriers that impact access to nursing education and professional advancement, particularly for minority groups. These include socioeconomic challenges, financial hardships, institutional biases, and racism (Barton et al., 2021; Wilson et al., 2022).

Systemic Racism and Discrimination

Studies by Wilson, Barton, and Tipa (2022) expose systemic racism and discrimination, significantly impacting the professional experiences of minority groups in the Nursing workforce. Power Wiradjuri et al. (2022) highlight that despite educational and regulatory efforts, institutional racism persists, adversely affecting Indigenous nurses and healthcare quality. Similarly, Huria et al. (2014) explore the experiences of Māori registered nurses in New Zealand's health system, revealing that they face racism on institutional, interpersonal, and internalised levels. This combination of literature underscores the need for nursing education and clinical environments to acknowledge and actively address racism while supporting Indigenous nurses in developing their cultural-clinical competencies.

One aspect of addressing this is policies integrating mātauranga Māori and Te Ao Māori throughout nursing education. This approach is crucial for developing a professional identity that aligns with the cultural backgrounds of Māori ākonga, enhancing their retention and professional development (Zambas, 2023). Hetaraka & Wilkinson (2021) further underscore the importance of a culturally responsive NETP programme, aiming to promote equity and support the transition of Māori. It highlights the necessity of creating clinical environments that value dual competence and support Māori 'being Māori' in the workplace, resonating with the need to address systemic issues and support the professional development and cultural identity of Māori and Tāngata Moana nurses. However, as the problem is much more embedded, solutions must expand beyond this.

Financial and Workload Constraints:

Financial challenges significantly impact diverse nursing ākonga, influencing both their access to education and career progression. Barton et al. (2021) emphasises the critical need for addressing these financial barriers to ensure equitable opportunities in nursing. The New Zealand Nurses Organisation (2023) highlights systemic changes required to support ākonga financially, particularly during costly clinical placements where these pressures extend beyond tuition fees, affecting ākonga and their families. Zambas (2023) notes that these financial burdens are especially pronounced for Māori ākonga, posing a major deterrent to pursuing nursing careers post-graduation. Therefore, alleviating these financial constraints is essential for retaining nursing ākonga and promoting a diverse nursing workforce.

Beyond the financial pressures, Moloney, Gorman, Parsons, and Cheung (2018) found that due to "burnout" and low "work engagement," a significant portion of the nurses planned to leave work altogether when their financial position allowed. This highlights that creating policies that address the other systemic issues leading to burnout and low work engagement, which may include increasing staffing numbers, providing support for career progression and further post-graduate study, may impact retention of nurses in their early career and beyond (Hunt, 2020; Knight, 2012).

Societal Perceptions and Media Influence on Nursing

As discussed in the educational system, factors, stereotypes, societal perceptions, and the media's portrayal of nursing are critical aspects shaping the profession's image. Often embedding stereotypes, media representation significantly impacts public understanding and the visibility of various demographics within nursing (Brody, 2017; Guy, 2022).

Addressing societal perceptions requires collaborative efforts with media and public campaigns to present nursing as an inclusive and diverse profession. This is essential to attract a wider range of individuals and create a workforce representative of the community. Gill and Baker (2019) highlight the slow progress of the media in moving beyond female-dominated stereotypes in the representation of nurses. De Souza (2017) supports this, highlighting that media portrayals often inaccurately represent nursing, marginalising male nurses and underestimating nursing professionals' autonomous judgment. Harding (2007) highlights the impact of this representation, highlighting that the persistent stereotype casting male nurses as gay, despite the majority being heterosexual, contributes to workplace homophobia, bullying and deterring men from nursing careers, thus impacting workforce diversity. To counteract this, Cabaniss (2011) emphasises the significant role of nurse educators and professionals in actively engaging with media to redefine and justify nursing's role, highlighting the influence of media in shaping the profession's image.

These studies underscore the need for concerted efforts to reshape public perceptions through media collaboration and public campaigns to present nursing as a diverse and

inclusive profession, attracting a broader range of individuals and creating a workforce that represents the community it serves.

Strategies for Systemic Improvement

Zambas (2023) and Willis (2021) emphasise the need for systemic improvement in nursing education and practice. They advocate for a holistic approach that encompasses educational reforms, equitable healthcare policies, the elimination of institutional biases, and the provision of financial support mechanisms. These strategies are integral to shaping a responsive healthcare system, facilitated by effective policies, funding models, and regulatory frameworks. Such systemic changes are key to ensuring resource allocation and quality standards that support the development and sustainability of a competent nursing workforce.

5. Relationship to the Ākonga Journey

Thematic analysis has identified key themes relating to the education system, personal influences, wider system settings, and employment/placement, which influence the attraction and retention of nursing ākonga. This section aims to align these findings with the various stages of the Ākonga journey, from initial interest in nursing to post-graduation career choices. By linking these themes to the experiences of Ākonga, we offer a wider understanding of factors influencing their journey. This also highlights areas for further exploration, identifying gaps in the literature to guide the development of research materials for the next research phase.

Ākonga Not Attracted to Nursing Study

The review identified several factors that influence Ākonga's decision against pursuing nursing. Key influences include familial impact and the scarcity of role models in nursing, particularly from minority groups. The review critically examines the role of media and education in shaping nursing's public perception, highlighting its often 'invisible' status as a career choice. It also scrutinises academic preparedness and the impact of gender stereotypes and financial concerns on career choice. Future research is suggested to delve into the root causes of these perceptions and barriers. This includes a thorough investigation into the sources of information that shape Ākonga's views on nursing and the effectiveness of current strategies in enhancing nursing's visibility as a career path.

Future research should focus on general (mis)conceptions of nursing as a career, including progression opportunities and how these perceptions are formed. Additionally, it is important to investigate the level of exposure and information available to potential ākonga about nursing and its visibility as a career choice. This includes exploring where Ākonga find career information and if nursing is presented as an option for them to understand better and address the factors that influence career choices in nursing.

Ākonga Attracted to Nursing but Choose Other Studies

While some Ākonga are initially drawn to nursing, various factors lead them to choose different career paths. Community perceptions and the appeal of other careers seen as more prestigious or financially lucrative can overshadow nursing. Negative views about nursing, such as low pay, challenging work conditions, and emotional toll, deter ākonga. Systemic issues like poor access to health career information, lack of Māori-centric health career promotion, institutional barriers, and structural challenges influence their decisions. The research highlights the need to delve deeper into these areas.

Further research should focus on identifying careers chosen over nursing, understanding their perceived advantages, and investigating specific challenges within nursing that impact ākonga decisions, including workloads and compensation. Alongside assessing the influence of cultural, family, and societal factors on career choices, especially among different Ākonga groups, and evaluating the role and effectiveness of educational institutions in presenting nursing as a viable and appealing career choice.

Ākonga Who Enrol in Nursing but Drop Out or Do Not Complete

The literature identified that key factors contributing to dropout include financial strain, academic challenges, personal and cultural pressures, institutional barriers, negative clinical placement experiences, and lack of support networks both personally and institutionally.

Future research should focus on understanding ākonga's awareness of existing support mechanisms and exploring the barriers to accessing these services. Additionally, it is important to investigate what types of support they identify could have contributed to their ability to continue and succeed in nursing studies.
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Ākonga Who Do Not Pass

The review highlights several themes contributing to the failure of Ākonga in nursing courses. These include gaps in academic preparedness, particularly in science, highlighting the effectiveness of early support services in helping address these barriers. It notes that specific groups, such as Māori, Tāngata Moana, and international ākonga, benefit from targeted early support. However, this may not be as accessible to others, including male ākonga with higher fail rates. Personal challenges, lack of cultural safety, and educational disconnects also affect failure rates. The literature suggests the positive impact of mentorship and culturally responsive teaching.

Future research areas include exploring specific courses with high failure rates, investigating whether certain assessment methods create barriers, and examining the accessibility and timing of support services for ākonga who do not pass.

Ākonga that Graduate but Do Not Pursue Nursing

There was limited New Zealand literature on why nursing graduates may not enter the workforce. Key points identified include the disparity between educational expectations and the realities of nursing, particularly for minority nurses, the financial burden of nursing education, especially clinical placement costs, and negative clinical placement experiences, including bullying, racism and other cultural or discrimination as factors influencing graduates' decision not to pursue nursing careers after graduation.

Ākonga that Move into a Nursing Career but Leave Within Five Years

The literature indicates several key reasons why Ākonga may leave nursing within five years of starting their careers. These include the challenges of transitioning from education to professional practice, cultural retention issues such as systemic racism, overwork, burnout due to high workloads and inadequate support, and workplace challenges, including unsafe practices and bullying.

Future research could focus on the role of workplace culture, the long-term impact of educational experiences on career decisions, and understanding why some nurses choose to stay in the profession beyond five years.

Considering Nursing Study

Brief Research Report
June 2024

Key Summary

	Amongst those considering study in the next two years, nursing and midwifery rates strongly, with a significant proportion of prospective ākonga saying they are more interested in studying nursing or midwifery over other areas.
	Interest in the field of study is key for many when choosing what to study with money-earning potential and job availably also key factors for choosing their tertiary education topic.
	Nearly a quarter of prospective ākonga say they will likely consider nursing an area of study. • Among high school ākonga, the proportion interested in pursuing nursing studies is lower compared to older prospective ākonga. • Many high school-aged ākonga are more likely to consider job opportunities over subject interest when choosing what to study at the tertiary level. • Females (14 percent) are significantly more likely to say that nursing or midwifery is a broad area of interest for study than males (4 percent).
	Parents are important influencers. School-aged ākonga who are more likely to consider nursing are also more likely to have parents who highly recommend nursing.

Who took part?

Gender and age

In this survey, just under two-fifths of the participants were under 25 years old. School ākonga were evenly distributed between male and female genders, but older ākonga, considering to study over the next two years, were more likely to be female.

Table 8 Participants by age and gender

	Male	Female	Gender diverse	Prefer not to say	Total sample (%)	Total sample by age (n)
Under 15 years	50%	50%	0%	0%	1%	2
15-17 years	48%	52%	0%	0%	17%	65
18-19 years	20%	80%	0%	0%	9%	35
20-24 years	20%	80%	0%	0%	13%	50
25-39 years	26%	74%	0%	0%	30%	115
40 years and over	31%	69%	0%	1%	31%	118
Total	30%	70%	0%	0%	100%	385

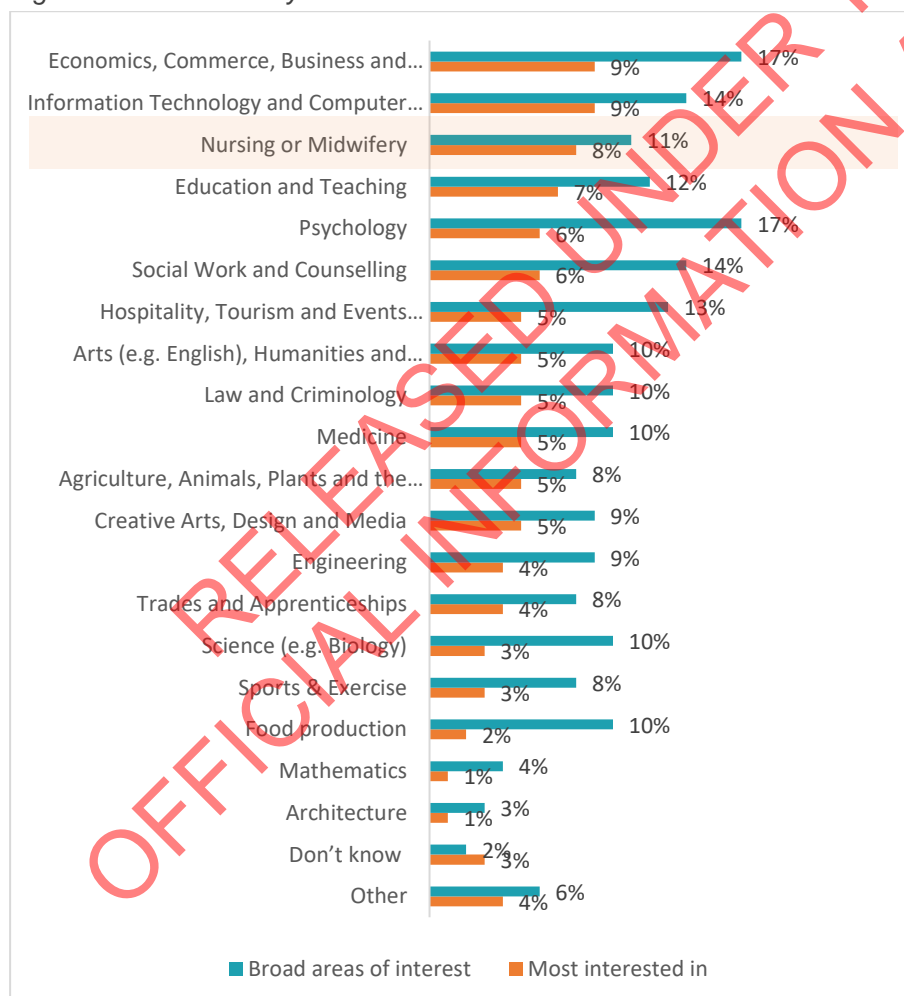## What are the overall considerations for study?

Just over one in ten ākonga are interested in nursing and midwifery
Those considering tertiary study in the next two years are interested in a range of options.

Overall, nursing and midwifery rate strongly alongside information technology, computer science, economics, commerce, business, and management.

Just over one in 10 say they are interested in nursing or midwifery as one of their broad study areas. Slightly fewer say that nursing or midwifery is their main area of interest. However, the proportion of those planning to study at the tertiary level with a specific interest in studying nursing or midwifery is significantly higher than most other areas of interest.

Figure 25 Areas of study interest – Broad areas of interest versus areas most interested in

Economics, Commerce, Business and… — Broad areas of interest 17%, Most interested in 9%
Information Technology and Computer… — Broad areas of interest 14%, Most interested in 9%
Nursing or Midwifery — Broad areas of interest 11%, Most interested in 8%
Education and Teaching — Broad areas of interest 12%, Most interested in 7%
Psychology — Broad areas of interest 17%, Most interested in 6%
Social Work and Counselling — Broad areas of interest 14%, Most interested in 6%
Hospitality, Tourism and Events… — Broad areas of interest 13%, Most interested in 5%
Arts (e.g. English), Humanities and… — Broad areas of interest 10%, Most interested in 5%
Law and Criminology — Broad areas of interest 10%, Most interested in 5%
Medicine — Broad areas of interest 10%, Most interested in 5%
Agriculture, Animals, Plants and the… — Broad areas of interest 8%, Most interested in 5%
Creative Arts, Design and Media — Broad areas of interest 9%, Most interested in 5%
Engineering — Broad areas of interest 9%, Most interested in 4%
Trades and Apprenticeships — Broad areas of interest 8%, Most interested in 4%
Science (e.g. Biology) — Broad areas of interest 10%, Most interested in 3%
Sports & Exercise — Broad areas of interest 8%, Most interested in 3%
Food production — Broad areas of interest 10%, Most interested in 2%
Mathematics — Broad areas of interest 4%, Most interested in 1%
Architecture — Broad areas of interest 3%, Most interested in 1%
Don't know — Broad areas of interest 2%, Most interested in 3%
Other — Broad areas of interest 6%, Most interested in 4%

■ Broad areas of interest   ■ Most interested in

What broad areas are you interested in studying? And what is the area you are most interested in?
Based on total sample (n=385)

Broad interest in medicine and science is similar to nursing and midwifery, but these study areas have a lower overall level of specific interest relative to nursing and midwifery.

Those who say they are likely to study nursing (rating a 7 to 10 out of 10) are significantly more likely to say that nursing or midwifery (40 percent) or medicine (21 percent) are broad areas of study interest than others. Nearly a third of these say that nursing or midwifery is the area they are most interested in (30 percent).

Females (14 percent) are significantly more likely to say that nursing or midwifery is a broad area of interest for study than males (4 percent). Nursing and midwifery is the only area of study interest where the proportion of females is significantly higher than for males. Similarly, with specific areas of study interest, females are significantly more likely to say nursing or midwifery is their specific choice of study (10 percent) compared with males (1 percent).

Compared to other age groups, ākonga who are:
- 15-17 years are significantly more likely to choose engineering, law, criminology, and sciences.
- 18-24 years are more likely to choose hospitality, psychology and nursing.
- Over 25 years are significantly less likely to consider engineering but more likely to consider social work and counselling.
- Nursing is most popular for those aged 20-24 years compared to all other age groups.

The subject is more important than the place

When considering study options, the subject to be studied is significantly more important to those planning to study than where to study, with nearly three-quarters saying the subject is more important than the place.

However, the career advisor research component identified that ākonga prefer to study close to their home for general courses that have high availability throughout the motu.

Figure 26 Priorities when choosing studies
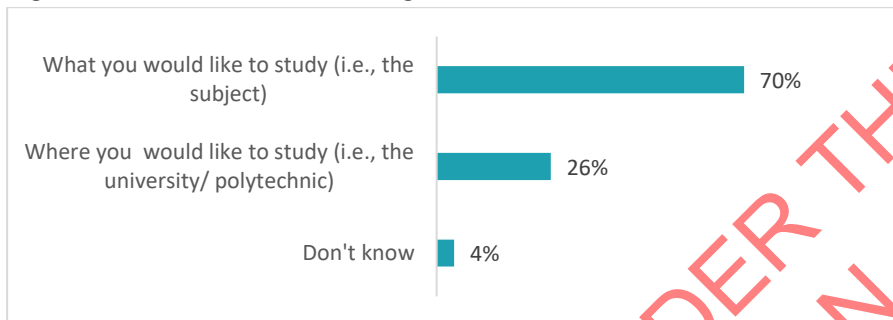
When considering your study options, what would you pick first?
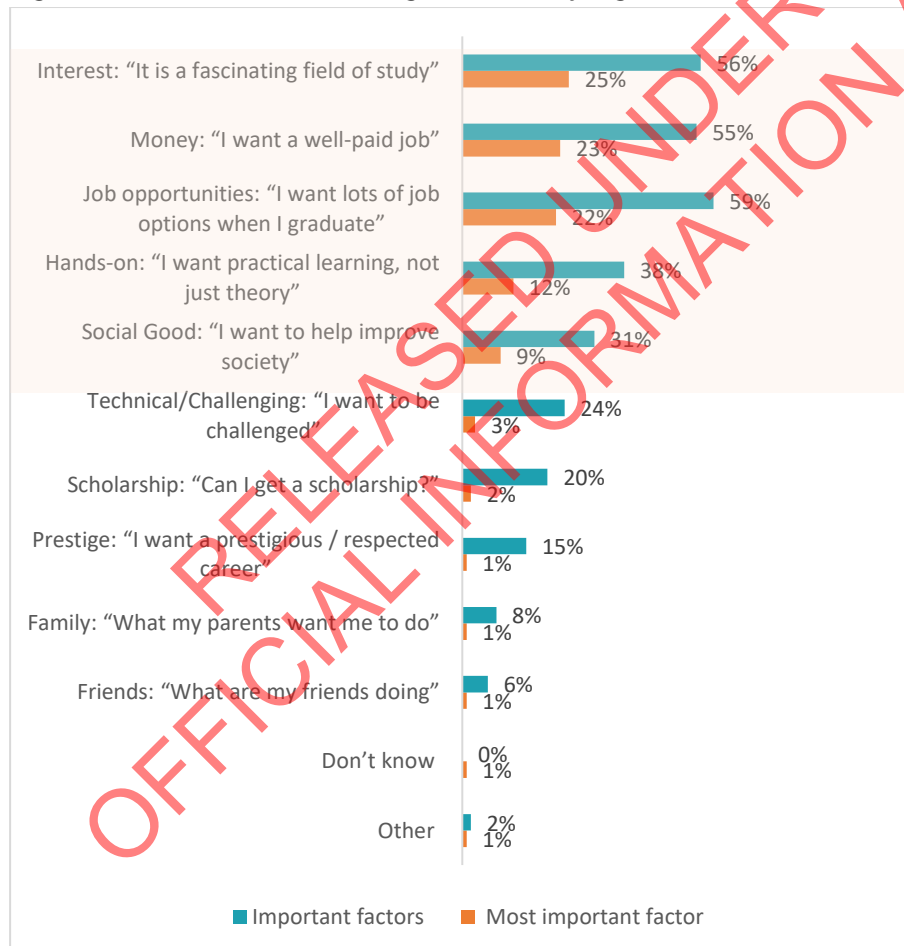*Based on total sample (n=385)*

Social good is important for those considering studying nursing

More than half of those planning to study at the tertiary level in the next two years say interest in the field of study, money-earning potential, job opportunities, and hands-on learning are the main factors considered when choosing what to study by a significant proportion of those planning to study.

Around a quarter say interest in the topic is the most important factor, with slightly fewer saying money-earning potential and job opportunities are the most important factors.

Of those most likely to consider studying nursing (rating a 7 and 10), nearly half (46 percent) say that 'social good' is one of the important factors when considering their study choices, which is significantly higher than other factors overall.

Figure 27 Priorities when choosing what to study – general factors versus the main factor

Factor	Important factors	Most important factor
Interest: "It is a fascinating field of study"	56%	25%
Money: "I want a well-paid job"	55%	23%
Job opportunities: "I want lots of job options when I graduate"	59%	22%
Hands-on: "I want practical learning, not just theory"	38%	12%
Social Good: "I want to help improve society"	31%	9%
Technical/Challenging: "I want to be challenged"	24%	3%
Scholarship: "Can I get a scholarship?"	20%	2%
Prestige: "I want a prestigious / respected career"	15%	1%
Family: "What my parents want me to do"	8%	1%
Friends: "What are my friends doing"	6%	1%
Don't know	0%	1%
Other	2%	1%

What factors are important to you when you are thinking about what you want to study? And what factor is most important?
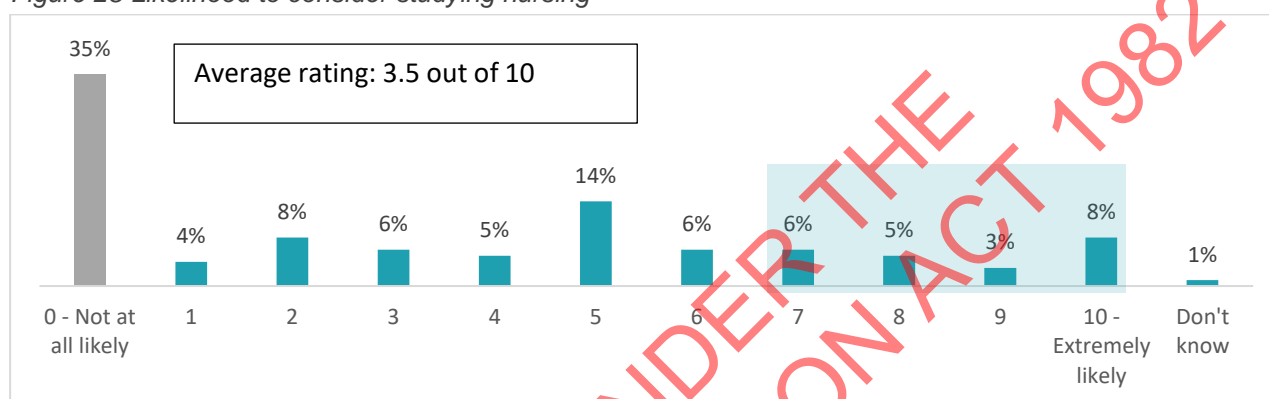*Based on total sample (n=385)*

One-quarter of ākonga are likely to consider nursing

Nearly a quarter rate their likelihood to consider studying nursing between a 7 and 10 (out of 10, where 10 is extremely likely). Just over a third of those considering study in the next two years say the chances of studying nursing are not at all likely. Just over one in ten are very likely to consider nursing (scored 9 or 10).

Figure 28 Likelihood to consider studying nursing

How likely are you to consider studying nursing?
Based on total sample (n=385)

Consideration increases with age
However, older female participants are more likely to consider nursing or midwifery and the percentage increases with age (but not significantly). Older males over 25 years are also more likely to consider nursing or midwifery as a vocation.

Figure 29 Likelihood of considering Nursing by age and gender (scoring 7-10 very likely to consider)
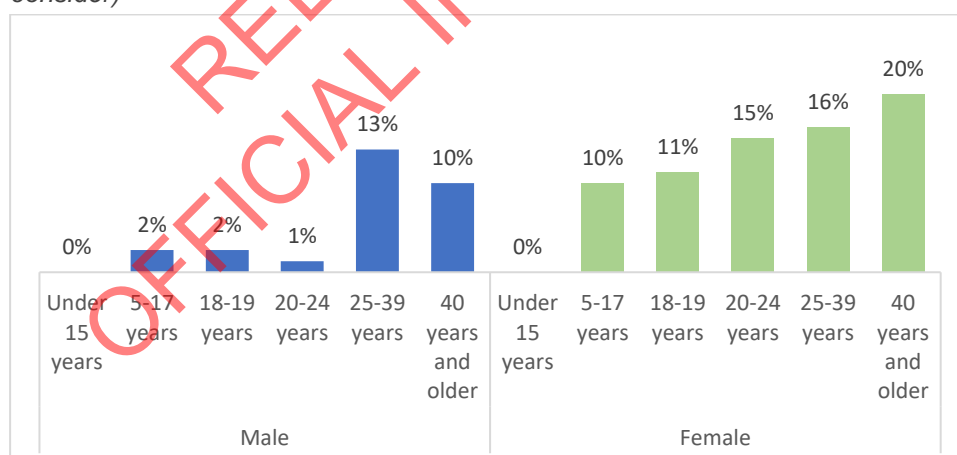
How likely are you to consider nursing? By age and gender
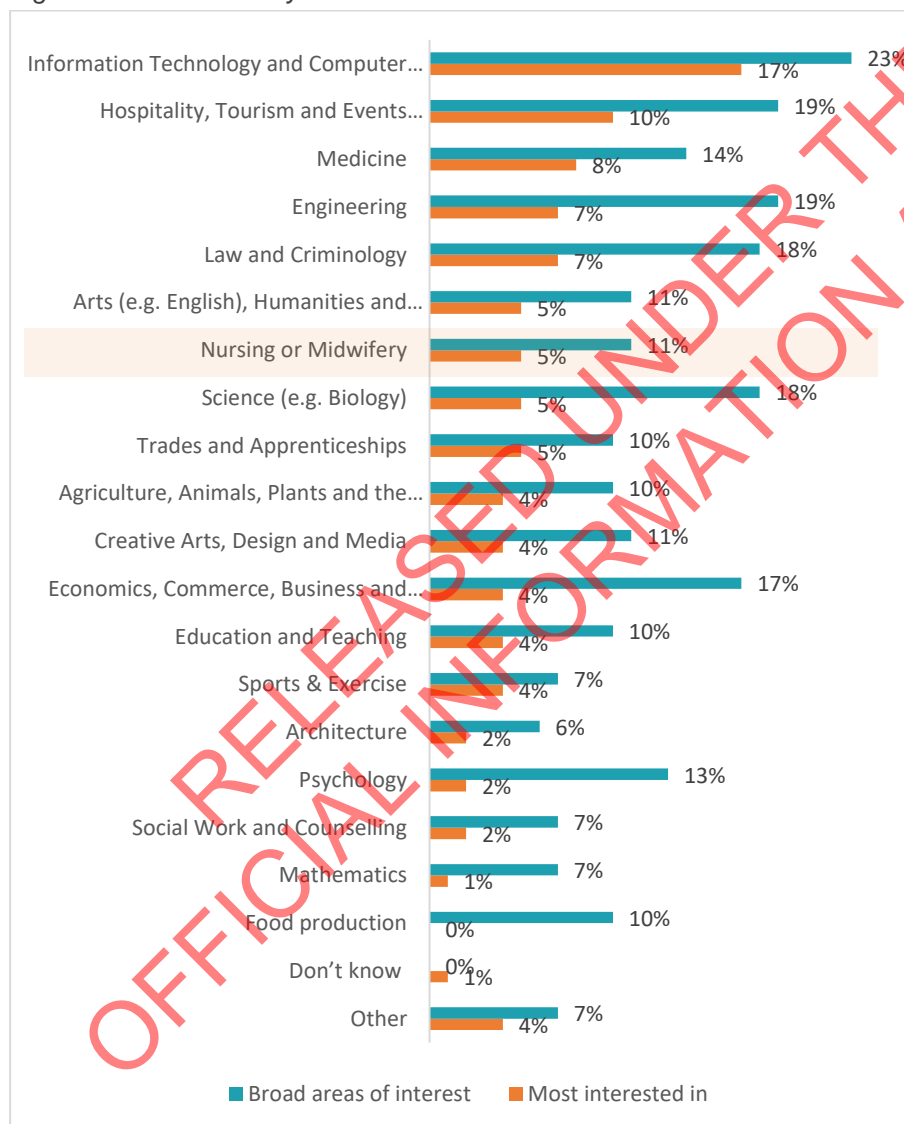*Base sizes n=24 males; n=58 females*

High school ākonga considerations

Information Technology is the most popular study choice

Current high school ākonga say their main study areas of interest include information technology and computer science, hospitality, medicine, nursing, and midwifery.

School-aged ākonga are significantly more likely to choose IT, Engineering, trades, sports, and exercise.

Figure 30 Areas of study interest – Broad areas of interest versus areas most interested in

Area	Broad areas of interest	Most interested in
Information Technology and Computer…	23%	17%
Hospitality, Tourism and Events…	19%	10%
Medicine	14%	8%
Engineering	19%	7%
Law and Criminology	18%	7%
Arts (e.g. English), Humanities and…	11%	5%
Nursing or Midwifery	11%	5%
Science (e.g. Biology)	18%	5%
Trades and Apprenticeships	10%	5%
Agriculture, Animals, Plants and the…	10%	4%
Creative Arts, Design and Media	11%	4%
Economics, Commerce, Business and…	17%	4%
Education and Teaching	10%	4%
Sports & Exercise	7%	4%
Architecture	6%	2%
Psychology	13%	2%
Social Work and Counselling	7%	2%
Mathematics	7%	1%
Food production	10%	0%
Don't know	1%	0%
Other	7%	4%

■ Broad areas of interest ■ Most interested in

What broad areas are you interested in studying? And what is the area you are most interested in?
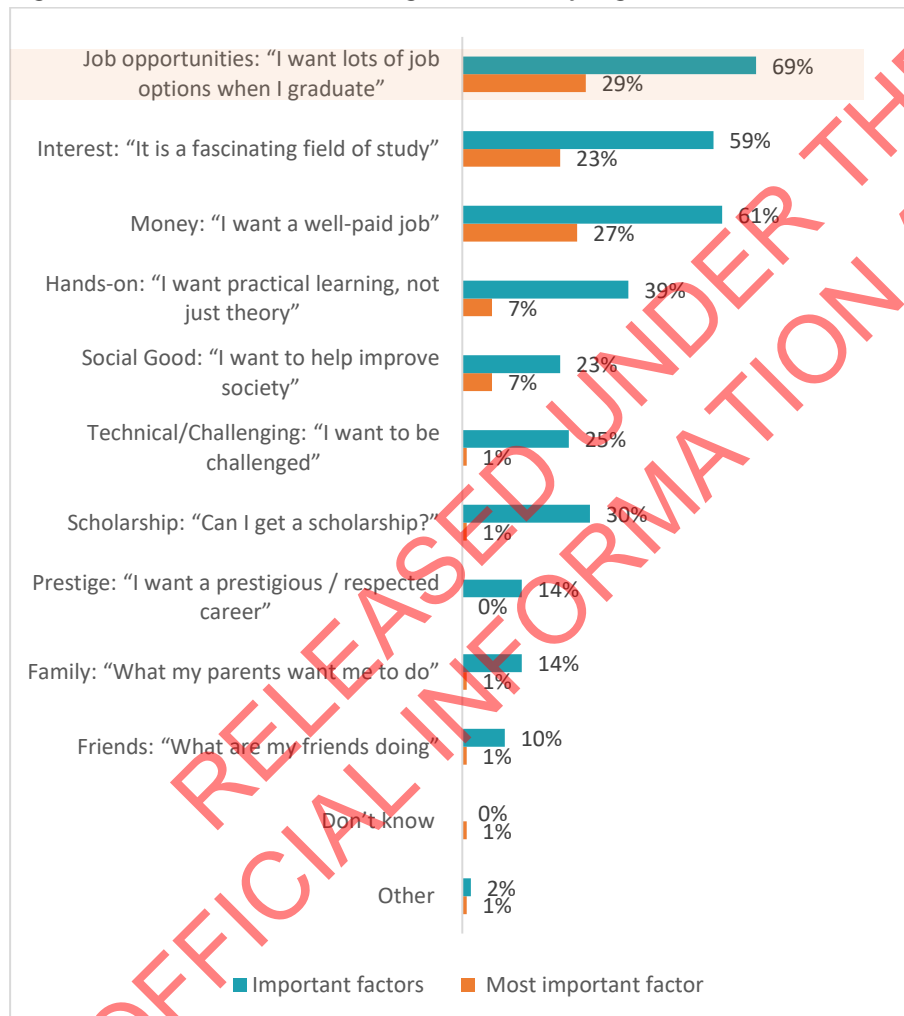*Based on high school ākonga only (n=83)*

Perceptions of job opportunities and money-earning potential are important

Among high school ākonga, job opportunities are the most important factor when considering what to study, along with money-earning potential.

This finding contrasts with general tertiary study interests, where the main focus is on interest in the subject but only by a small margin.

Figure 31 Priorities when choosing what to study – general factors versus main factor

Factor	Important factors	Most important factor
Job opportunities: "I want lots of job options when I graduate"	69%	29%
Interest: "It is a fascinating field of study"	59%	23%
Money: "I want a well-paid job"	61%	27%
Hands-on: "I want practical learning, not just theory"	39%	7%
Social Good: "I want to help improve society"	23%	7%
Technical/Challenging: "I want to be challenged"	25%	1%
Scholarship: "Can I get a scholarship?"	30%	1%
Prestige: "I want a prestigious / respected career"	14%	0%
Family: "What my parents want me to do"	14%	1%
Friends: "What are my friends doing"	10%	1%
Don't know	0%	1%
Other	2%	1%

■ Important factors ■ Most important factor

What factors are important to you when you are thinking about what you want to study? And what factor is most important?
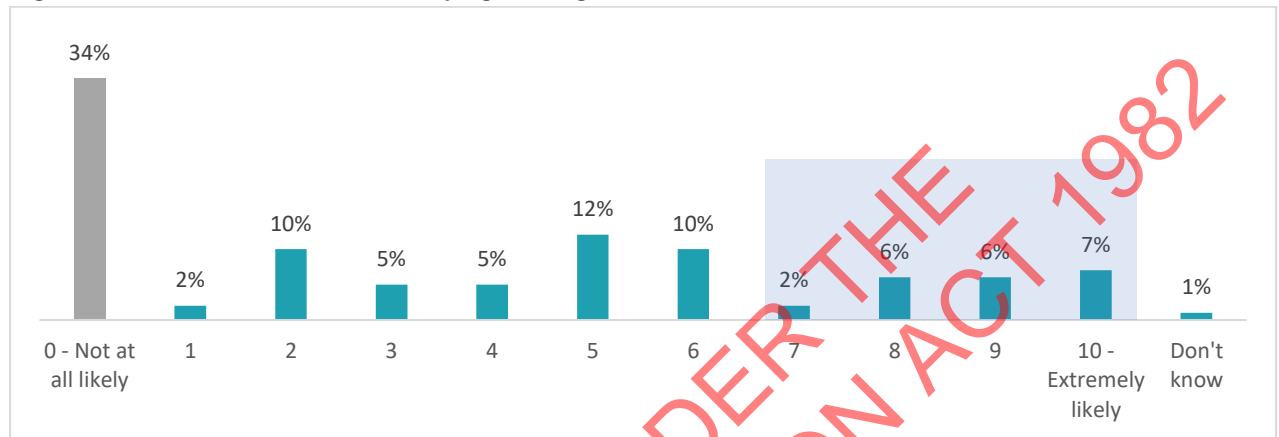*Based on high school ākonga only (n=83)*

Nursing has a high consideration level

Just over one in five high school ākonga rate their likelihood of studying nursing between 7 and 10. Around a third say they are 'not at all likely' to consider studying nursing in the future.

Figure 32 Likelihood to consider studying nursing

How likely are you to consider studying nursing?
Based on high school ākonga only (n=83)

Parents are supportive of nursing as a career

Around one in six parents would be extremely likely (rating a 10 out of 10) to recommend their high school-aged child consider studying nursing, with nearly half of parents saying a recommendation is likely (7 to 10 rating).

Nearly two-thirds of ākonga who rate their likelihood to consider studying nursing as a 7 to 10 are significantly more likely to have their parents rate their recommendation level for studying nursing as a 10 (61 percent). This indicates a good level of support from parents for nursing as a choice of study for their high school-aged child.

Figure 33 Recommending nursing as a career to your child
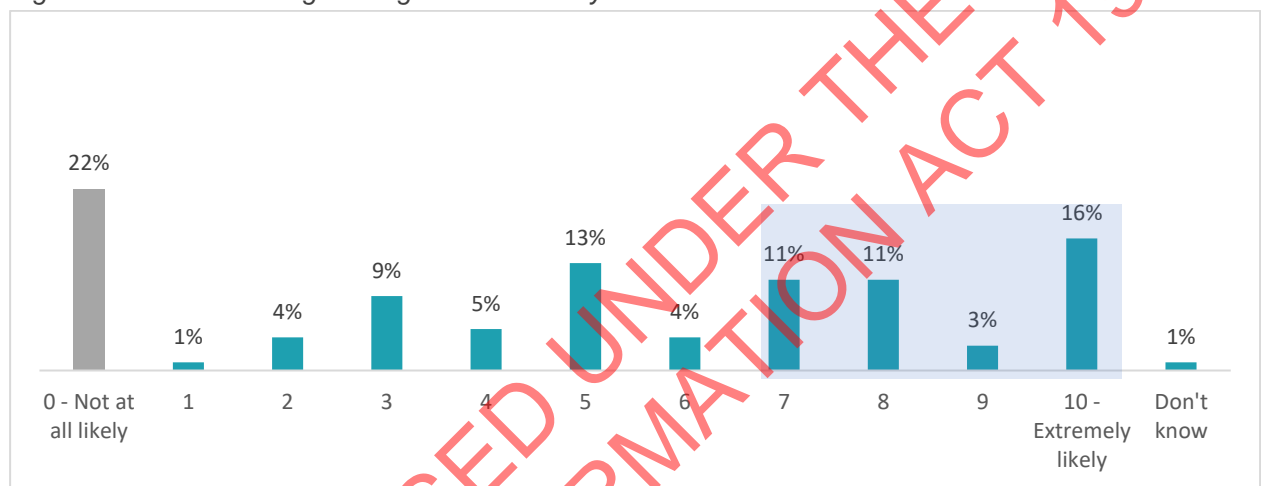
How likely would you be to recommend nursing as a career to your child?
Based on parents of high school ākonga only (n=79)

Considering Nursing Study – Parents' Perspective

Brief Research Report
August 2024

Key Summary

	Most parents felt that their children should consider their passions or interests when choosing study options for their careers. Job opportunities, career growth and work-life balance are more likely to be secondary considerations when advising on their children's career options.
	The highest proportion of parents felt they have a moderate amount of influence over their children's career decisions. This influence tends to manifest in discussions about career options with their children and, less so, encouraging certain academic subjects or activities.
	All parents say they talk to their children about career options to some degree, no matter how much or how little influence they felt they have over that decision.
	The highest proportion of parents say that universities are their preferred tertiary option for their children, particularly amongst those in the Auckland region, and non-NZ Europeans. This is linked to the parent's perception that universities create more opportunities in life and that it is easier to get a job with a university qualification than with a polytechnic qualification.
	While some parents are likely to recommend nursing as a career to their children, similar proportions are not likely to recommend this career option at all. Many parents consider a nursing career an attractive option because of the ability to help others, but they are discouraged by the high stress levels associated with a nursing career.
	Most parents felt that nursing is portrayed positively in the media and that they are not influenced by any portrayal of nursing to their children as a career option.
	Parents would like to see information on nursing careers to help advise their children about career pathways/ potential and the number of years of study required.

Who took part?

Gender, ethnicity, and children in household

This survey involved speaking with parents of children in secondary school years 11 to 13 in New Zealand. More than three-quarters of these parents were females, with nearly a quarter male or of another gender.

Nearly two-thirds of these parents described themselves as NZ European, with just over one in ten saying they are Māori or Asian, and slightly fewer saying they are of Pacifica ethnicity.

Most households have one or two children living there.

Table 1 Participants by gender, ethnicity, number of children in household

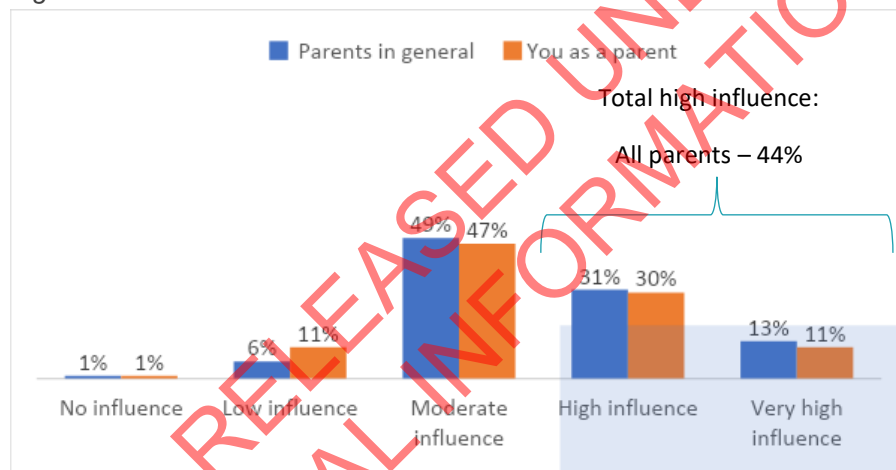|	TOTAL
Gender	
Female	77%
Male	22%
Another gender	1%
Ethnicity	
NZ European	66%
Māori	13%
Asian	13%
Pacific Peoples	9%
Other	7%
Number of children in household	
One	31%
Two	33%
Three	23%
More than three	13%

Overall study considerations

Almost all parents felt they have at least some influence over career choice
Most parents felt they have at least some influence over their children's career choices.
Nearly half felt their influence is high or very high, with a slightly greater proportion saying
that influence is only moderate.

There is only a small difference between what parents perceive all parents influence over
their children's career choices and what they, themselves, can influence over those
choices.

NZ European parents are significantly less likely to feel that parents in general
have high or very high influence over their children's career choices compared
with other parents overall. (34% vs 60% of non-NZ Europeans). Similarly, these
NZ Europeans feel the same way about their specific level of influence on their
children's career choices (32% vs 57% of non-NZ Europeans)

Figure 1 Influence over children's career choices

How much influence do you think parents have in general on their children's career?
And how much influence do you believe you have on your child(ren's) career choices? choices?
Based on total sample (n=159)

All parents are discussing career options

Nearly two-thirds of parents discuss career options with their year 11 through 13 children frequently or very frequently. All parents say they are having these conversations with their children in this cohort; there are no parents avoiding these conversations.

Not surprisingly, parents who felt that they have high or very high influence over their children's career choices are significantly more likely to discuss career options with their children frequently or very frequently compared with parents who felt they have only moderate to no influence (82% vs 50% of moderate to no influence parents).

Figure 2 Parental influence over children's career choices
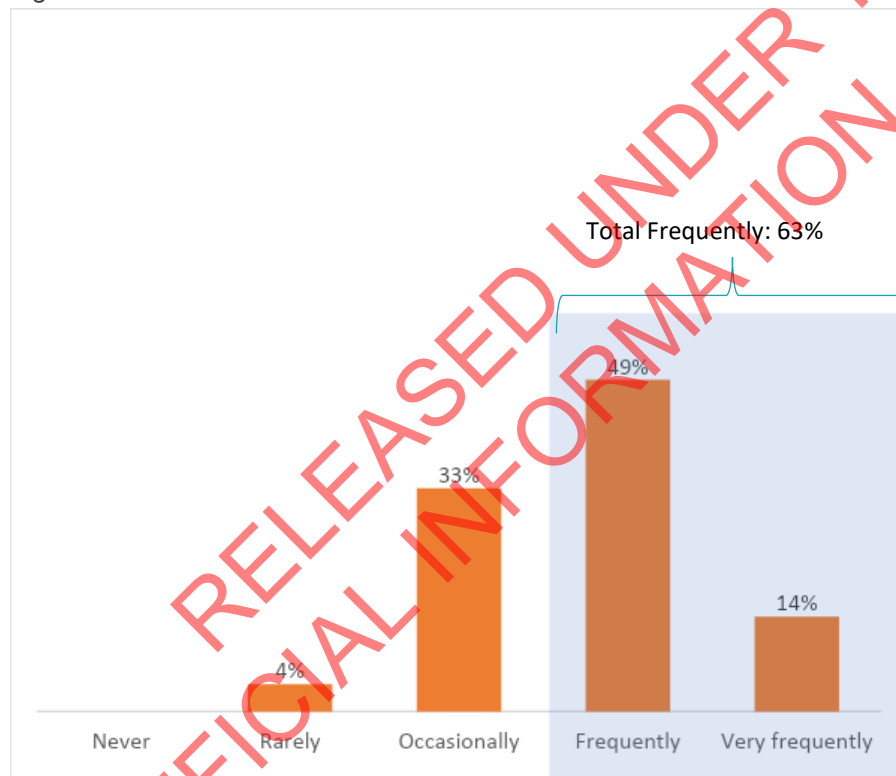
How often do you discuss career options with your child(ren)?
Based on total sample (n=159)

Career discussions are where parents have the greatest influence

Discussing careers, encouraging certain academic subjects/ activities and discussing where to study are where parents felt they have the most influence by a significant proportion over other areas. A very small proportion of parents felt they have no influence over their children's career choices.

Parents who live outside of Auckland are significantly more likely to say they feel they have influence over their children's career choices through **discussions about careers** (84% vs. 68% of Auckland parents).

In the North Island, parents are significantly more likely to say they feel they can influence their children's career choices by **encouraging certain academic subjects/ activities** than South Island parents (60% vs. 41% South Island parents).

Figure 3 Parental influence over children's career choices

In what ways do you feel you influence your child(ren)'s career choices?
Based on total sample (n=159)
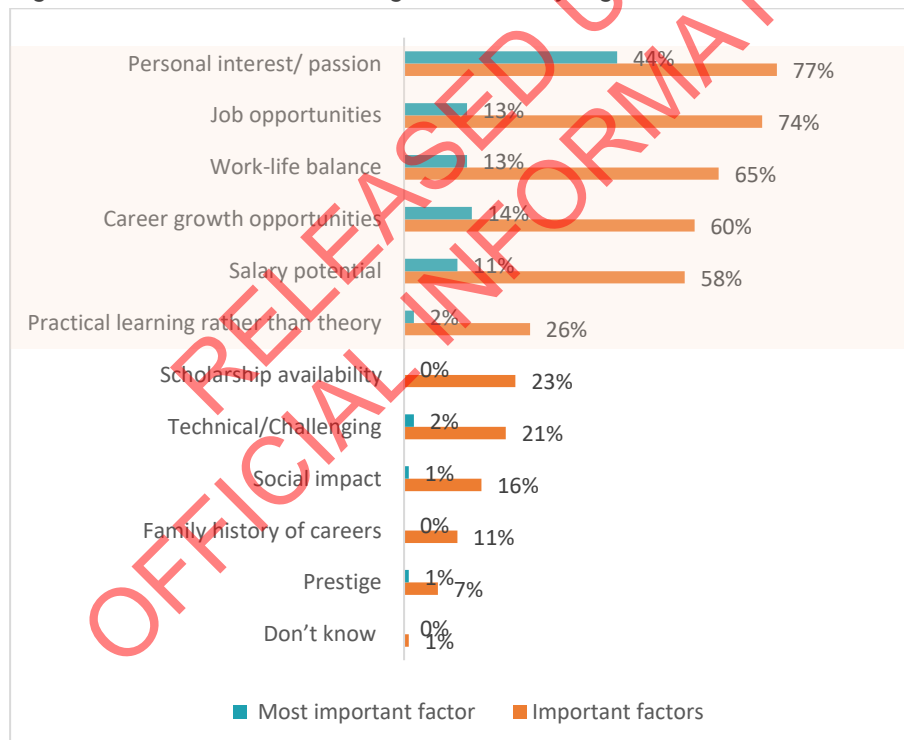
Passion is most important for study choices

A significant proportion of parents say interest in the field of study, job opportunities, work-life balance, as well as career growth potential are the main factors to consider when advising children about career choices.

Nearly half of parents believe that personal interest is the most important factor, with fewer saying career-growth opportunities, job opportunities, and work-life balance are the most important factors.

> NZ European parents are significantly more likely to say that personal interest/ passion is among the most important factors to consider when advising about their children's career choices (84% vs 67% of non-NZ Europeans).
>
> Parents who feel that personal interest/ passion is most important for advising about their children's career choices are significantly more likely to translate into parents saying that they have moderate to no influence over their children's career choices compared to parents who feel they have high or very high influence (53% vs 31% of high/ very influence).

Figure 4 Priorities when choosing what to study – general factors versus the main factor

Factor	Most important factor	Important factors
Personal interest/ passion	44%	77%
Job opportunities	13%	74%
Work-life balance	13%	65%
Career growth opportunities	14%	60%
Salary potential	11%	58%
Practical learning rather than theory	2%	26%
Scholarship availability	0%	23%
Technical/Challenging	2%	21%
Social impact	1%	16%
Family history of careers	0%	11%
Prestige	1%	7%
Don't know	0%	1%

■ Most important factor   ■ Important factors

Which factors do you consider most important when advising your child(ren) about career choices? And what factor is most important?
Based on total sample (n=159)

## University is the preferred tertiary institution for study

Universities are the preferred institution for half of parents for their child to pursue a tertiary qualification, a significantly higher proportion over those who would prefer a polytechnic or those with no preference.

Auckland parents are significantly more likely to prefer their children pursue a tertiary qualification than those living outside of Auckland (61% vs 42% of those living outside of Auckland). Conversely, South Island parents are significantly more likely to prefer tertiary education at a polytechnic compared with North Island parents (24% compared with 7% of North Island parents)

Non-NZ European parents are significantly more likely to say that they would prefer their children to pursue a tertiary education at a university than NZ European parents (71% vs 41% of NZ European parents), who are significantly more likely to say they have no preference as to where their children decide to pursue their tertiary education (45% vs 19% of non-NZ Europeans).

Parents who feel they have high or very high influence over their children's career choices are significantly more likely to say they would prefer their children pursue tertiary education at a university than other parents (62% vs 41% of those with moderate to no influence).

Figure 5 Preferred institution type for children
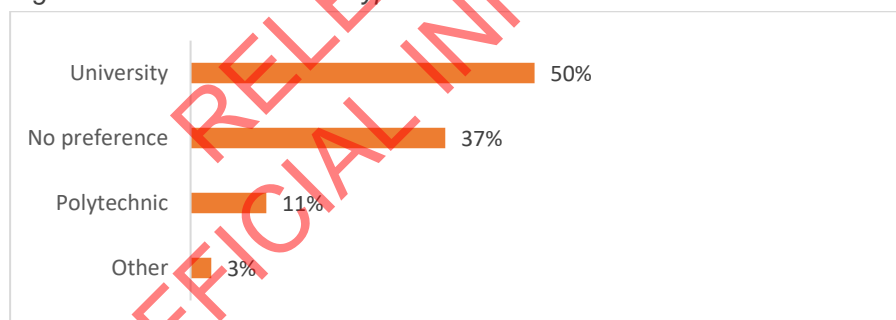
Which type of institution would you prefer for your child(ren) to pursue a tertiary qualification? Based on total sample (n=159)

Table 2 Reasons for [referred institution type for children

	TOTAL (n=)
Polytechnic	
Flexible/ lots of options	6
Practical training/ life skills / work readiness	7
Suit my child better/ interest/ personality	5
Other	2
University	
Creates more opportunities in life/ more freedom	14
Easier to get jobs/ career development	11
More respected/ credible	6
Only option for course interested in	6
Great experience/ more fun/ social	5
Recognised degree/ higher education	8
Better quality education/ beat training	11
Family expectations	3
Other	6
No preference	
Up to the child to choose	24
Everyone's different/ both are good	6
Do what makes them happy/ passions	9
Other	4
Not sure about the difference between polytechnics and universities	3

Why do you say this? (verbatim) Based on total sample (n=159)

Reasons for preferring polytechnics (verbatim comments):
"Universities are too final and can be a waste of money if not properly thought out."

"I don't care if they don't go and study as long as they have a clear plan in place and know how to create their own growth throughout their choices"

Reasons for preferring universities (verbatim comments):
"The more education at the highest level gives more opportunities and the broader the base the better."

"I think it's the best place to learn to get a job that has a salary you can live on"

Reasons for not preferring polytechnics or universities (verbatim comments):
"I have got one who wants to be in the dental industry and will need university and one who is more suited with trade. So no preference and it depends on what they want to achieve at the end of the education."
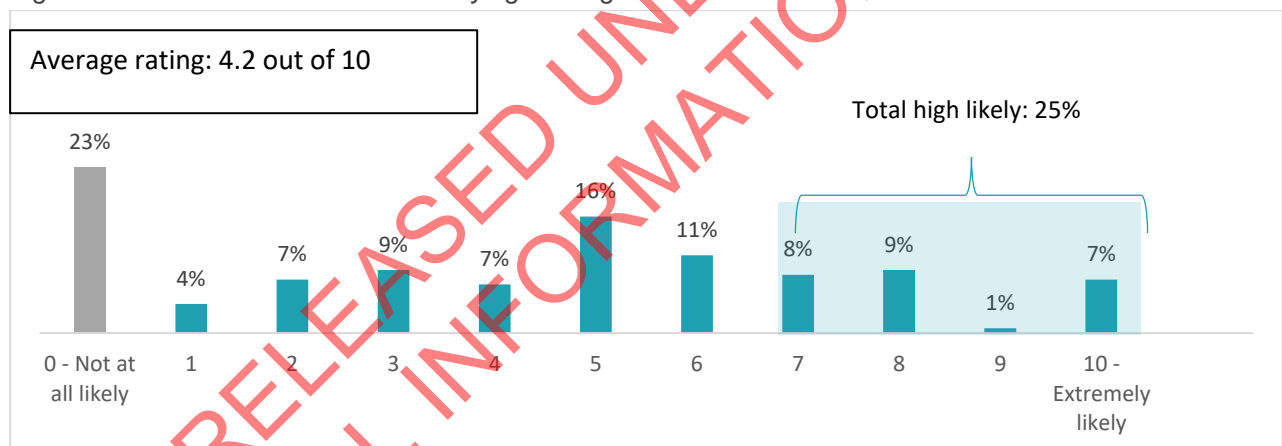
Perceptions of Nursing as a career option

Nearly a quarter of parents are likely to recommend nursing study

A quarter of parents rate their likelihood to recommend nursing study to their children between a 7 and 10 (out of 10, where 10 is extremely likely). A similar proportion say their likelihood to recommend studying nursing to their child is not at all likely (0 out of 10). Fewer than one in ten parents are very likely to recommend nursing (scored 9 or 10).

Non-NZ European parents are significantly more likely to recommend nursing as a career option for their children than NZ European parents (rating 7 to 10 out of 10 – 33% vs 18% of NZ Europeans).

Parents who say they have high or very high influence over their children's career choices are significantly more likely to recommend nursing as a career choice than parents with just moderate to no influence (34% vs 16% of those with moderate to no influence).

Figure 6 Likelihood to recommend studying nursing

How likely are you to recommend Nursing as a career option for your child(ren)?Based on total sample (n=159) – Excludes don't know responses

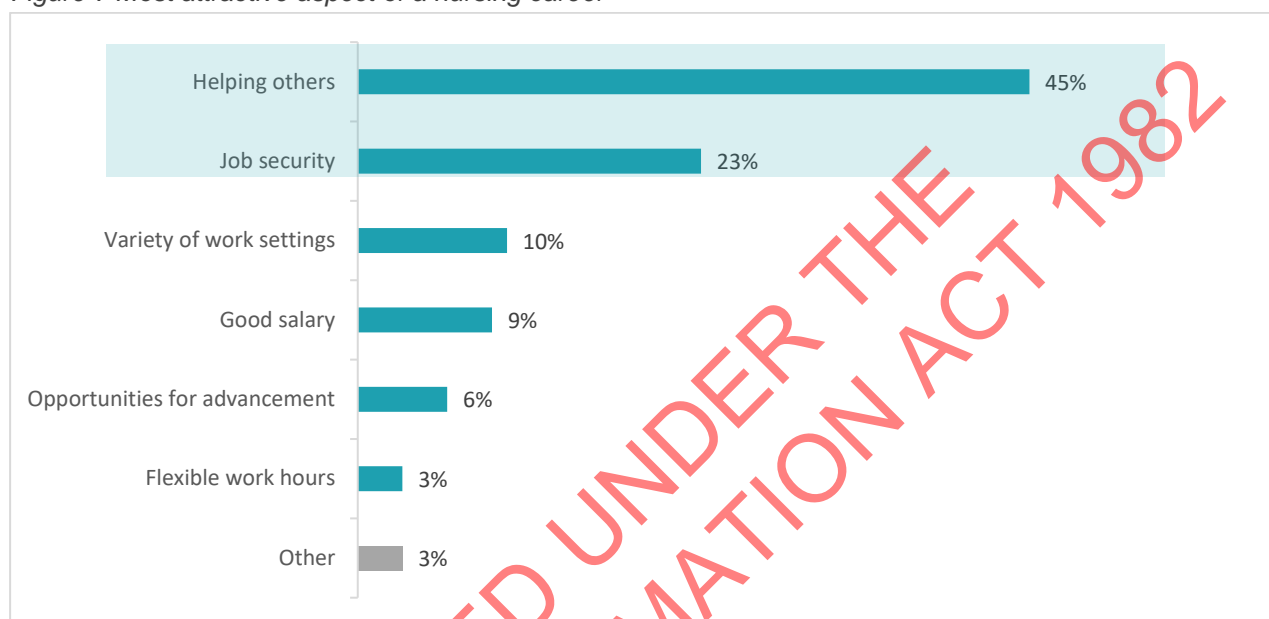Helping others is the most attractive aspect of nursing

Just under half of parents consider helping others and job security to be the most attractive aspects of a nursing career by a significant proportion over other aspects.

Parents with high or very high influence over their children's career choices are significantly more likely to say that one of the most attractive aspects of a nursing career are the opportunities for advancement compared with parents

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who say they have moderate to no influence (12% vs 2% of those with moderate to no influence). This indicates the motives of these parents are based more on their children's career future than on more altruistic elements.

*Figure 7 Most attractive aspect of a nursing career*

Helping others — 45%
Job security — 23%
Variety of work settings — 10%
Good salary — 9%
Opportunities for advancement — 6%
Flexible work hours — 3%
Other — 3%

What do you perceive as the most attractive aspect of nursing as a career?
Based on total sample (n=159)

High stress is the biggest barrier to nursing

More than a third of parents consider the high-stress levels and long/irregular hours to be the biggest barriers to a nursing career by a significant proportion over other aspects.

Figure 8 Biggest barriers to a nursing career
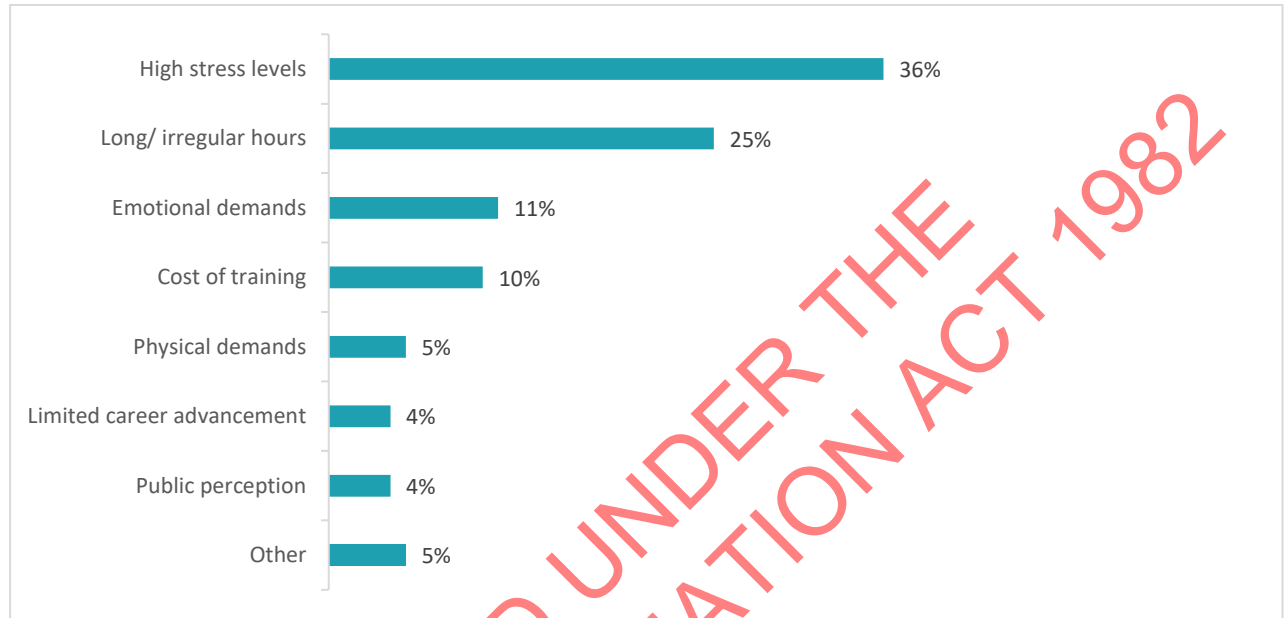
And what do you perceive as the biggest barrier to choosing nursing as a career?
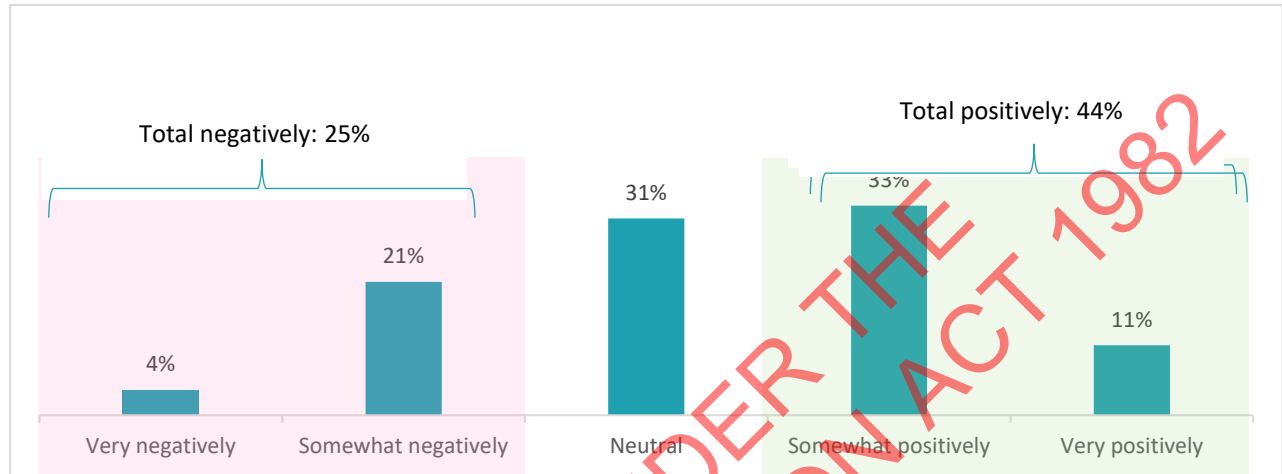*Based on total sample (n=159)*

Media portray the nursing profession mainly positively

According to nearly half of parents, nursing is portrayed positively in the media. A quarter of parents consider the media coverage of nursing to be mainly negative.

*Figure 9 Media portrayal of nursing as a profession*

How do you think the media portrays nursing as a profession?
Based on total sample (n=159)

Parents are generally not influenced by media on nursing perceptions

Nearly one in five parents say they are highly or very highly influenced by the media's portrayal of nursing as a career option for their child. A third say they are not influenced at all by the media on this.

Figure 10 Media portrayal of nursing as a profession
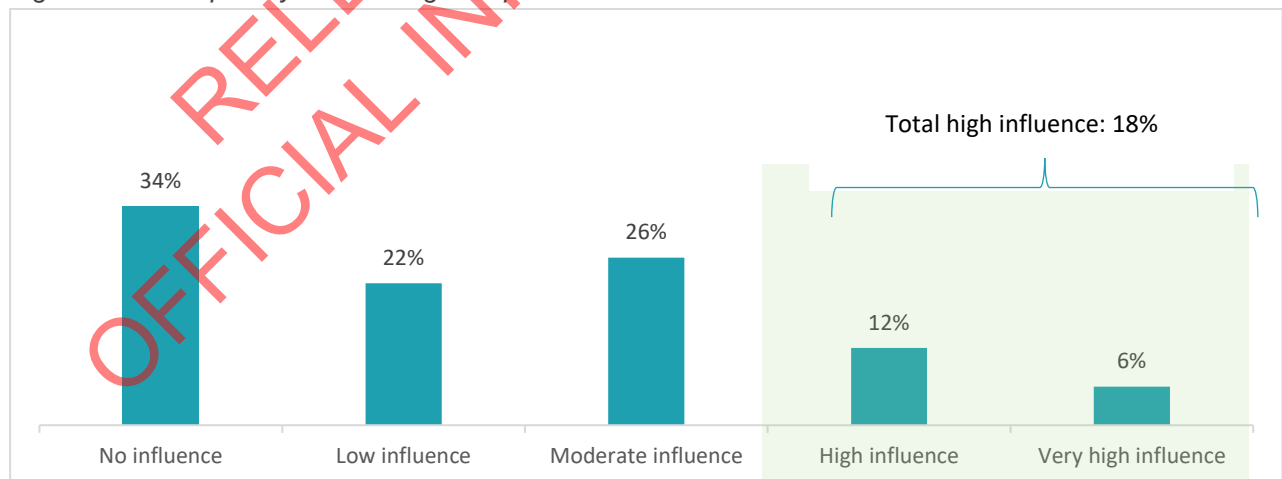
To what extent has media portrayal influenced your perception of nursing as a career option for your child(ren)?
Based on total sample (n=159) – excludes NA responses

Practical information is needed for parents to advise children about a nursing career

Parents want to access a range of information, but most particularly information about the career potentials and pathways that nursing ākonga and graduates can choose to follow.

Table 3 Additional information wanted to help advise their children (verbatim)

Information wanted to help advise children about nursing study	TOTAL (n=)
Career pathways/ potential	6
Years of study	4
Study options/ course content	3
Costs/ scholarships	3
Work conditions/ demands	2
Hours/ pay	2
Other	2
None	2

What additional information about nursing as a career option would be helpful for you to advise your child(ren) better? (verbatim)
Based on total sample (n=159) – excludes NA responses

Additional information comments (verbatim comments)

"Working conditions, realistic information about the demands of the job, and the stresses nurses face. Don't want to sell him a dream."

"Opportunity to advance career wise"

Parents want career pathway information generally.

Based on the further information they are interested in accessing, the highest proportion of parents value being able to help their children choose a career that interests them and allows for their career development.

Table 4 Additional information wanted to help advise their children (verbatim)

Information wanted to help advise children about general study	TOTAL (n=)
Career pathways/ potential	10
What interests them/ choose what works for them	10
Job opportunities/ employability	6
Study options/ course content	5
Options in NZ vs overseas/ many options	4
Hours/ pay	4
Work conditions	3
Years of study/ costs	2
Career days/ open days	2
Other	7
None	2

What additional information about career options would be helpful for you to advise your child(ren) better? (verbatim)
Based on total sample (n=159) – excludes NA responses

Additional information comments (verbatim comments)

"Find something they will enjoy doing and learn from. Also the environment where they will be working."

"Cost of degree as they go in debt before they even start work so think hard about the cost you have to pay back"

"Employability once study has finished. Where the main gaps are."

"More options or open days to learn more and talk to those in professions"

Appendix E: PARTICIPANT INFORMATION FORM

RESEARCH PROJECT: NURSING RETENTION AND PATHWAYS QUALITATIVE CONSULTATION

PARTICIPANT INFORMATION SHEET

What's this project about?

You are invited to take part in a study exploring the relative importance of factors that influence retention and success for ākonga (students) in Bachelor of Nursing qualifications and associated pathway programmes to provide recommendations to improve retention and course completion rates.

Te Pūkenga are working with Research First, a social research company, who will undertake this research for them. You can learn more about Te Pūkenga and Research First on their websites: https://www.xn--tepkenga-szb.ac.nz/ and www.researchfirst.co.nz.

This research will help address significant healthcare workforce shortages. Currently, one in three ākonga enrolled in a nursing course don't complete the qualification. The Health Workforce plan forecasts approximately 13,000 additional nurses will be needed over the next decade.

Who can take part?

Nursing ākonga and qualified nurses. We want to talk to around 100 ākonga and nurses from diverse backgrounds and experiences from all over the country.

Whether or not you take part is your choice. If you don't want to take part, you don't have to give a reason. If you want to participate now but change your mind later, you can pull out of the study at any time.

The study involves focus groups or individual interviews, depending on your location and your preferences.

If I choose to take part, what will I be doing?

Before doing an interview, you will be asked you some questions about yourself (e.g. age and gender) and whether you a registered nurse, are still in the nursing programme, or have withdrawn from nursing studies.

What does the interview/focus group involve? You'll take part in an interview/focus group with an interviewer trained and supervised by Research First. The interviewers are experienced in working within the health sector on research projects like this one.

It's important that we talk to you in a place where you feel comfortable and safe, such as at work or study institution, in a cafe, at home, or by telephone or online meeting (Teams or Zoom). The focus groups will be in a setting convenient to all participants.

The interview should take around one hour. The focus group discussion should take about one and a half hours.

What will we be talking about in the interview/focus groups? We'll be talking about a range of topics that explore your nursing study and work experiences, such as career awareness, expectations versus reality, placement experiences, curriculum and assessments, roles of influencers, perceived barriers, support mechanisms, cultural and geographic challenges, and workplace culture.

You can answer these questions based on what you know about your own experience, thoughts about nursing study more generally – or a mix of all of these.

It is up to you how much or how little you say in the interview/focus group. You can choose not to answer questions you don't want to, and you can stop the interview or leave the focus group at any time.

Everything you talk about will be kept private and confidential and won't be linked to your name or any other info in a way that would identify who you are.

Only the researchers at Research First will have access to your identifiable information, and we will use codes linking to your name.

What happens after the interview/focus group? After we talk to you, we want you to have the opportunity to tell us about anything that you think we may have missed or any further thoughts you have about our research. So, we will email you a short post-survey asking for this feedback. But please know you don't have to give feedback if you don't want to.

Can I change my mind and pull out of the project?

Yes. Participation is completely voluntary, and please feel free to decline to participate or withdraw from the research at any time before, during or after the interview. This also means you can let us know that you don't want something or everything you've talked about to be included in our research (you'll just need to let the researchers know this before we begin work on analysis and writing our research report).

What if I have any questions?

We encourage you to take some time to decide if you want to be involved in this project. It may be useful for you to talk with friends or family about this study to help you decide if you want to be involved. If you have any questions about the project, please get in touch with Research First using the details below.

- ▮▮▮▮▮▮▮ [phone number]

Who will interview me? We want to make sure you feel comfortable and heard throughout the process. To ensure your experience is positive and meaningful, we will have Māori, Pacific, Asian or NZ European interviewers, depending on your preference.

Where will the interview/focus group take place? We want to make sure that the interview fits in with your day, so you can let us know when you will be available. We're really flexible and can work around you.

How will the interview/focus group take place? We want to use the communication method you're most comfortable with, so we are offering options, including a phone call, a video call, or an in-person meeting. However, focus groups will be in-person at a convenient place, close to where you live or work.

Will my interview/focus group be audio recorded? We would like to sound record the interviews. But you can opt out of this if you feel uncomfortable, and we can take notes during the interview/focus group. This is just so we (Research First) can accurately summarise what we've talked about. Audio recordings will be typed up into a text document, and any details that might enable someone to recognise you will be removed from it.

Will I get paid to take part in the research? We would offer you $100 koha to thank you for participating.

How do I sign up? If you agree to take part in this research, you'll be asked to email your consent to the recruiter. You will be given a copy of this Participant Information Sheet to keep.

Will people know what I've said? The interview and the focus groups are confidential. None of the researchers or interviewers will tell anyone you were involved in this research. Your name or your training institution won't be passed on to anyone else, and you won't be able to be identified in the final research report. Even if someone has referred you to this study, they will not be told by us whether or not you actually took part. You won't be identified in any reports, and any information that could identify you will be removed, changed, or not reported.

Confidentiality: Your privacy and confidentiality are really important to us. We will only share your information with other people if the researchers think there is a serious threat to your (or someone else's) life or health, but we would get in touch with you before doing this.

How will my information be stored? Your identifiable information is held in secure storage at Research First during the research. After the research, it will be stored for a short time and then destroyed. Particular attention will also be given to the need to use any cultural protocols for the destruction of information and to the principles of Māori Data Sovereignty in the case of Māori data.

What's in the final research report: The information from questionnaires and interviews will be pulled together into a report for Te Pūkenga, and people will be able to download the report on their websites. The report will summarise views and themes that have come up for all the participants in the research. The report will include quotes from some young people's words, but these won't be linked to you personally.

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