

Exploring how diverse students arrive and thrive through undergraduate community and public health pathways in Aotearoa New Zealand

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Introduction Aotearoa New Zealand faces challenges in recruiting and retaining students in undergraduate health pathways. This is particularly the case for Māori students and Pacific students, which has an impact on sustaining a health workforce that fully reflects the diverse communities it serves. Innovative health science pathways at Auckland University of Technology (AUT), including Case Management, Health Management, Public and Environmental Health, and the Individual pathway, are intended to provide routes into diverse roles oriented toward community and public health. Yet, beyond anecdotes, little is known about students' experiences of these journeys. This study aimed to explore students' experiences, including reasons for choosing these programmes, levels of preparedness, challenges faced, and factors contributing to their sense of thriving.

Methods Semi-structured individual interviews were conducted with seven students, with an additional focus group specifically offered for three Pacific students to ensure Pacific voices were well-represented in the study. Key themes were identified from the data using framework analysis. The study design was informed by student demographic data gathered from the university's student management system.

Results/Discussion Demographic data about students enrolled in the pathways revealed between 20-37% identified as from Pacific communities, significantly higher than other pathways in health and university-wide at AUT. The health management students were significantly older, and several participants had transitioned from clinical pathways including nursing, midwifery and physiotherapy. Many student participants discovered unexpected career opportunities they felt would enable them to make meaningful contributions to the health workforce. Students described a process of reframing expectations through an increasing awareness of the real-world applications of their courses. The flexibility of these pathways

allowed this diverse group of students to balance competing life demands while pursuing an education for health-related careers. While positive about their pathways, some students still sought clearer professional direction due to the broad nature of the community and public health workforce. For Pacific students in particular, supportive relationships with lecturers proved crucial for engagement and success.

Conclusion The community and public health pathways at AUT provide students with an opportunity to educate themselves for health-based careers in Aotearoa New Zealand. Students were positive about their experiences, giving several examples of academic, intrapersonal and interpersonal growth and thriving. Further promotion of these pathways at pivotal transition points in the student journey can enhance their visibility, viability, and value.

Keywords: student success, education, public health, workforce development

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Introduction

Future demand for healthcare workers is expected to increase significantly (Gorman, 2015; Rees, 2019; Scott, 2005), but the healthcare workforce in Aotearoa New Zealand and its associated training pipeline struggles with student recruitment and retention issues. Innovative thinking is necessary to address entrenched issues, such as the lack of diversity in the healthcare workforce, disparities in healthcare, and inequities in health outcomes (Health New Zealand Te Whatu Ora, 2024; Sutherland & Marshall, 2023). However, current data from the 2023/2024 New Zealand Health Workforce Plan show that Māori make up 19% of the total population and Pacific 10%, while only 9% and 5% respectively of the health workforce identify with these ethnic groups (Te Whatu Ora- Health New Zealand, 2023). Such difficulties with recruitment and retention into health-related pathways are also found in other countries, such as the United Kingdom (Miers et al., 2007), the United States of America (Daniel, 2011; Tamayose et al., 2004), and Singapore (Liaw et al., 2017). The World Health Organisation (WHO) acknowledges this issue with its recent action plan, calling for “a clear set of actions for accelerating investments in health worker education” (World Health Organisation, 2022, p. vii). Recruiting and retaining diverse health students is, therefore, an urgent priority that requires intentional investment in workforce training. Successful recruitment and retention likely require accessible, flexible, and culturally attractive training options (Health New Zealand Te Whatu Ora, 2024; Sopoaga et al., 2011; Zambas et al., 2020).

There is broad consensus that the Aotearoa New Zealand health system needs to shift from episodic, hospital-centred systems of care to integrated community-based health-promoting systems (Currie, 2013; George, 2025; Gorman, 2015; Health New Zealand Te Whatu Ora, 2024; Pálsdóttir et al., 2016; Stretton et al., 2023). This kind of transformation will require practitioners with enhanced health management and public health leadership skills that can facilitate interdisciplinary collaboration, culturally responsive care, cross-sectoral engagement and population health approaches (Ayeleke et al., 2019; George, 2025; Stretton et al., 2023). To foster innovative approaches, this transformation will require a workforce with distinctive skill sets and educational curricula specifically designed to develop these competencies (Conn et al., 2021; Grant et al., 2025). For example, George (2025) recently examined health system leadership in Aotearoa New Zealand, and a key recommendation from her comprehensive analysis was the pressing need to embed health systems leadership into undergraduate health training. Similarly, Ayeleke et al. (2019) advocate for strategic training in health leadership to improve access to care for diverse populations, while Conn et al. (2021) emphasise that public health education must produce graduates responsive to community needs. Stretton et al. (2023) highlighted the way that community-based case managers (also known as health navigators) can provide clinical, professional and organisational integration. Such cross-community health workers can help people and families with complex needs

to navigate health and social systems, promote wellness, and facilitate the management of chronic conditions locally rather than requiring hospital care (Health New Zealand Te Whatu Ora, 2024; Mitchell et al., 2015; Productivity Commission, 2015).

Tertiary health professional education providers arguably have a vital role in building the capability required to meet this gap in the health workforce, especially in the community and public health care sectors (Conn et al., 2021; Health New Zealand Te Whatu Ora, 2024; Pálsdóttir et al., 2016; Schleiff et al., 2021; Stretton et al., 2023). A significant adjustment to current training curricula is likely needed to build capacity by preparing new health practitioners to work effectively in these spaces (Pálsdóttir et al., 2016; Schleiff et al., 2021), and provide targeted support for diverse students' success and thriving (Grant et al., 2025; Te Whatu Ora- Health New Zealand, 2023).

In response to such workforce demands, tertiary training organisations have a responsibility to ongoing transformation of their educational programmes, to ensure diverse graduates with the necessary skills and attributes to offer safe and effective community-based health care (Health New Zealand Te Whatu Ora, 2024; Pálsdóttir et al., 2016). Such competencies include producing graduates who demonstrate integrated approaches to health care practice and who can work collaboratively across the health sector. In addition, a holistic policy is needed that considers the whole person and their whānau (family) and demonstrates a deep understanding of the impact of socio-economic determinants on health. This is in stark contrast with an acute, episodic, single profession approach to training that reinforces a reductionist and fragmented approach to health care by focusing on specific body systems or conditions (Gorman, 2015; George, 2025).

As an example of educational innovation, Auckland University of Technology (AUT) has offered community-facing pathways for nearly 10 years, including Case Management, Health Management, and Public and Environmental Health specialisations. Three of these pathways (Individual Pathway, Case Management, and Health Management) were established in 2015 in response to requests from Health Workforce New Zealand and other industry providers. They wanted graduates who had diverse and interdisciplinary capabilities and skills, able to contribute effectively to emerging models of community-focused health service delivery. Another pathway, Public and Environmental Health, has been producing graduates with skills in health prevention, community health development and sustainability for several decades. Graduates working in community and public health spaces require a commitment to providing integrated care that addresses the complex needs of patients, their families and communities, especially when considering the aging population. These premises align with AUT's strategic vision, Te Kete, to "produce graduates the world needs" (Te Kete, 2023).

The focus on undergraduate student success, including the process of thriving, has been studied relatively extensively, with the specific concept of thriving commonly referring to students who are fully engaged intellectually, socially and emotionally (Billar et al., 2024; Calo et al., 2024; Schreiner, 2010, 2017). Academic thriving involves high levels of engagement in learning where students meaningfully process content; they demonstrate a determination to manage themselves and resources by investing in actions to support their learning. Intrapersonal thriving reflects a positive attitude that enhances proactive coping. Interpersonal thriving encompasses both positive connections with friends and a sense of belonging or community within the university setting. It also includes an aspect framed as ‘diverse citizenship’ which incorporates a growth mindset alongside an openness to consider other perspectives (Schreiner, 2010). A focus on student thriving aligns well with AUT’s philosophy of student success (Ki Uta Ki Tai: AUT Student Success Plan 2022-2025, n.d.), promoting educational offerings that are student-centred, aimed at helping students thrive personally, academically, and culturally.

This research aimed to explore the experiences of students in these community and public health pathways; to understand how to support them in their studies as part of university-wide efforts to retain and train students to meet the health needs of the diverse communities of Aotearoa New Zealand. Our research questions aligned with AUT’s student success plan (Ki Uta Ki Tai), and specifically addressed each of the following aspects of success:

- how prepared for study did the students feel?
- why did they choose their academic programmes?
- how are they going in navigating their programmes?
- and what would it take for them to thrive, academically, personally, and culturally?

Methodology

This research explored the perspectives of currently enrolled undergraduate students in second- and third-year courses in community-facing health pathways, which these students refer to as ‘non-clinical’ pathways. We decided to exclude first-year students, as the design of these health pathways meant most students did not finalise their enrolment in non-clinical pathways until at least the middle or end of their first year. We chose a qualitative approach to enable an in-depth analysis of the lived experiences of students (Smith & Firth, 2011), through individual semi-structured interviews and later a focus group, approved by AUT’s Ethics Committee (AUTEK).

Positionality of the research team

The research team for this project consisted of five staff members who held multiple roles, including as academic leaders, educators, and researchers. Four identify as New Zealand European (CS, DH, JT & TS), and a fifth member (DD) identifies as Vietnamese. She was the only person to interact directly

with study participants in her role as a research officer. The team has extensive tertiary educational experience, engaging and collaborating with staff and students with diverse backgrounds. We considered the range of disciplinary perspectives our team brought, including arts and social sciences, healthcare, and health professional education, which added richness to our collaboration. At the start of our research, we undertook a structured reflective process designed to explore our shared values, diverse individual perspectives and assumptions (Good Health Design, 2019). This process revealed a shared commitment to student-centred practices and innovative educational efforts, as well as a desire to understand and improve student experiences and a responsibility to advocate for student voices. We acknowledged our different cultural communication styles and perspectives gained from engagement with diverse student groups, our different pedagogical backgrounds, and career trajectories. As a group, we also acknowledged our desire to balance any idealistic educational values with more pragmatic institutional priorities. We also recognised our shared commitment to supporting Māori students and Pacific students learning experiences.

In preparation for this research, we examined demographic data about the students enrolled in our Bachelor of Health Science pathways. This indicated that across these four pathways, between 20-37% of students identified as Pacific, which was significantly higher than in other pathways, both in health and university-wide. In addition, the number of students in the over-25 years old category was significantly greater in the Health Management pathway at AUT than the university averages. The gender composition was similar between the clinical and non-clinical health pathways, with 80% of students listed as female. This data helped inform our research design, as we anticipated that most participants would be female. We also recognised a need to better reflect the number of Pacific students in these pathways, so added a focus group specifically for Pacific students, facilitated by a trained Pacific research assistant.

Participants and data collection

Participants were recruited using a variety of strategies designed to cater to the different needs of our cohort, including availability. Potential participants were invited to participate via promotional material that included a QR code directing them to contact details and an information sheet. This material was circulated through social media and by invitation to students in the university's Pacific student network. The material was also posted in an announcement on our Learning Management System (LMS), i.e. Canvas, to students enrolled in the non-clinical pathways. To ensure no conflict of interest with members of the research team involved in assessing undergraduate students, potential participants were directed to contact only the research officer (DD) to express their interest in participating. The research officer then sent out an information sheet, had participant students provide written informed consent, and set up interview times.

Data were collected between November 2023 and July 2024, specifically at times during that period when students were not actively involved in coursework. Interviews were scheduled to take place after students had received their grades for the previously enrolled semester, and before they left for semester break, a relatively small window of time. Participants were offered a choice between online and face-to-face interviews, as well as individual or group interviews, and were encouraged to invite and include family members. Participants were also encouraged to bring photos or artefacts (Liebenberg, 2018) that reflected their study experiences, which could be used as prompts during the interviews. Interviews were transcribed by an external agency and deidentified by the research officer to ensure participants remained anonymous to the research team.

Once the initial seven interviews were completed (five face-to-face and two online), we recognised that the participants were not reflective of the cohort overall. For example, there was only one who identified as Pacific. To support the adequacy of the data collection process, we then employed a Pacific research assistant to recruit additional Pacific participants from within her strong network of Pacific students for a focus group, thereby adequately representing their perspective. The data were then transcribed by the research assistant and included in our analysis.

Data analysis

We chose to use a thematic analysis framework approach (Smith & Firth, 2011), shown to be effective with other projects involving social policy, team-based collaboration and time-limited projects (Goldsmith, 2021). The first step involved familiarising ourselves with the data. This was analysed jointly by two researchers working collaboratively (CS, DH), who read and re-read the transcripts independently, highlighting key ideas or phrases to capture preliminary thoughts. We then used in vivo coding (Charmaz, 2014) to capture participants' exact words and create initial codes for discussion. We used manual processes (i.e. sticky notes) to group and re-group these codes, from which we developed initial categories based on the six focus areas (see Table 1). These early stages represented our initial coding matrix (Smith & Firth, 2011). Through debate and discussion, we refined these categories to construct final themes. We identified a core overarching concept by staying close to the data; we moved from initial themes and categories in the coding matrix to more refined versions plus an emerging core concept. This included checking each theme against the number of participants whose quotes aligned with these emerging themes as an indicator of thematic saturation (Rahimi & Khatooni, 2024). As a final check for rigour, we tabulated a detailed list of illustrative quotes relating to each refined theme and core concept and discussed these with the wider research team.

Table 1. Research focus areas

	Focus areas	Examples of indicative interview questions
1.	Choice of programme	When did you first think about enrolling at AUT in the non-clinical Health Science programmes? How did you find out about the non-clinical side of health science? Have you been part of any other pathway at AUT or any other tertiary provider? Which pathway were you hoping to study originally?
2.	Preparation for study	Let's talk about how prepared you felt for study at AUT. On the scale from one to 10, how confident were you about studying when you first started at AUT? Can you tell me why you gave it that value? What would it have taken for you to be more prepared and ready to study?
3.	Navigation through the programme	Can you tell me about the best and the worst thing about being in the non-clinical pathway? There are different support services available for students including teachers, student hub, library or student association; can you tell me which of these services that you have used, if any, and how you have found them? Do you have any advice for students starting out at AUT in this programme?
4.	Thriving personally	What would it look like for you to thrive personally? What does success to you as a student mean? In an ideal world, what would it look like for you to thrive personally, academically and culturally?
5.	Thriving culturally	Can you tell me a little bit about your culture and your family culture? What things are important to your family and your culture? How does your family measure success? In your opinion, does AUT support the values that you and your family have?
6.	Thriving academically	What would it look like for you if you were flourishing as a student at AUT? Are there any issues that you guys think hold you back from thriving academically?

Findings

Table 2 below summarises the demographic characteristics of the student participants in this research. All participants identified as female, with seven completing individual, semi-structured interviews, and another three who identified as Pacific contributing to a Pacific focus group (PFG). Participants represented all four health pathways: Case Management (n=2), Health Management (n=6), Public and Environmental Health (n=1) and the Individual

Pathway (n=1). Ethnic diversity was evident with four Pacific participants, three New Zealand European, and one each of African, Asian and Māori ethnicity. Five participants were in their 20s, four in their 30s and one in their 40s. The majority (n=7; 70%) had transferred from other health-related pathways. All participants were female, which was by chance rather than design, but perhaps not surprising given that around 80% of students in our pathways are female.

Table 2. Participant characteristics

Part. ID	Gender	Age (in decade)	Ethnicity	Pathway	Transferred from:
1	Female	31-40	African	Case Management	Paramedicine (AUT)
2	Female	31-40	NZ European	Public and Environmental health	Individual Pathway (AUT)
3	Female	41 +	NZ European	Health Management	Psychotherapy (AUT)
4	Female	31-40	NZ European	Health Management	-
5	Female	21-30	Asian	Health Management	Biomedicine (University of Auckland)
6	Female	21-30	Māori	Health Management	-
7	Female	31-40	Pacific-European	Health Management	Medical Laboratory Science (AUT)
8-10 Pacific focus group (PFG)	Female	21-30	Pacific	Health Management	Nursing
	Female	21-30	Pacific	Case Management	-
	Female	21-30	Pacific	Individual pathway	Nursing

Table 3. provides a summary of the analysis and contains the initial categories, three final themes and one core concept. The three key themes that influenced this 'juggling' process were: 'Still seeking clear direction', 'Growing in confidence', and 'People, processes, and places support thriving'.

Table 3. Developing the core concept labelled ‘Juggling’ and the final themes within the concept

Initial themes (Qs)	Initial categories	Refined Categories	Final themes	Overall core concept
Q1. Choice of study	Still seeking clear direction	Still seeking clear direction	Seeking clear direction	Juggling
	Fitted me/ my circumstances / situation? [category inc. cultural values]	Fitted me and my circumstances		
	Switching programmes/ pathways	Switching pathways		
Q2. Level of preparedness	Feeling (in)capable/ confident	Feeling (un)confident		
	Drawing confidence from others' experiences			
	AUT information could enhance preparedness		Growing in confidence	
Q3. Navigating the programme	Staff (ex-classroom) responsive (if/when you reach out)	Students feel well supported by AUT people and services	People, places and systems support thriving	
	Online component helpful/ Different ways to study	Flexible options enabled juggling		
Q4. Thriving (personal, academic, cultural)	Knowing own culture/ language	Cultural thriving grows through connection to own		
	Relevance to real-world/ preparedness			

Managing self (time, organisation, work)	culture and language		
Study brings different/ rich, relevant perspectives	Thriving through real-world exposure		
Feeling secure & confident in yourself	Managing self		
Lecturer support valued			
Peer support/friends	Growing in confidence		
(Campus) AUT as a comfortable space	South Campus is a warm, safe space		
Lecturers (problems with tutors)	Engaging with lecturers makes a difference		
Constructive feedback / getting good grades helps	Juggling the costs/ logistics/ demands of study		
Cost of study (placement, transport, part-time)			
Growing personally/ Exploring who I am			
Course content/ Assessment instructions			
Family support			

Juggling as a core influence of students' lived experiences

Overall, a core idea from the data was the process of *Juggling*, which influenced the students' experiences (see Table 3 for a summary of categories, themes and core concept). Participants used the word juggling to describe a sense of having to balance many factors and competing demands. These included practical elements such as managing self; daily home, study and work lives; as well as personal resources such as time, energy, and study-related costs. This need to juggle influenced participants' choices of pathway and affected their ability to manage their own and their family's expectations, as well as their sense of direction in their studies. Students viewed the community-facing pathways as an opportunity to better juggle their competing demands, which in turn enabled them to thrive.

Generally, participants found the design and delivery of these pathways made their juggling more manageable throughout their studies, and helped them feel a sense of success, which contributed to their experience of thriving.

*“For a lot of students, even if you're doing fulltime, you've got to then **juggle** full-time work, because you can't do part-time – because I'm sorry you can't live on parttime” (3:162).*

*“I think the worst thing, the hardest thing is the inflexibility of papers. It's really hard being a mature student and **juggling** life and not having the options to do some papers online” (4:95-96).*

*“There's been lots of [elective] papers ... where I haven't done the papers I've wanted to, because they're not available online or because I'm trying to **juggle** work and study” (4: 186-196).*

“We're at a better space now about what I'm studying, and I guess after making them see my perspective and seeing how much I enjoy what I'm studying it's given my parents that peace of mind and so now they're pretty much just waiting for me to graduate now” (PFG: 130-133).

Theme 1. Still Seeking Clear Direction

Our research question sought to clarify why students chose the community and public health pathways. Early analysis revealed an initial category of *Still seeking clear direction*, which developed into a theme. Most participants (seven of 10) had transferred from clinical pathways such as nursing or paramedicine -while another student had not gained entry into her first choice of physiotherapy. The concept of *switching pathways* was a common feature of most students' decision-making process on entering what they termed the 'non-clinical pathways'. For many, the decision to enrol in one of these pathways was directly linked to personal circumstances and a good fit for their situation at the time.

“But after, kind of talking to my family, we agreed that clinical might not be the best for me, based on my personality, and the level of stress that might be involved” (1:56-58).

“I can’t think of anything I didn’t like. I think ever since I switched, it was the best thing I ever did” (7:124-125).

Examples of factors that made these pathways a good fit included the option to transfer credit from other courses, the ability to study part-time, and to juggle study with work and family obligations.

“I would say one of the biggest factors for me changing was the kids because it was so hard, I was making up hours at work, and I just missed a lot of time with them” (7:76-78).

There was a strong sense from the data that participants chose non-clinical pathways as part of an ongoing process of seeking clear direction in their studies. This was demonstrated by most students transferring into this pathway, or choosing it as their second option, when they were forced to reevaluate due to failing compulsory clinical courses - although their reasons for not continuing were not always explicitly stated to the interviewer.

“I failed my clinical papers and couldn’t continue with nursing, so I was kind of...in a way... forced to look at nonclinical papers” (PFG:34-37).

For the remaining two participants (numbers 4 and 6) a non-clinical pathway was their first choice; while one was relatively unclear about her career path at the start, the other, a mature student, made a clear and strategic choice.

Although enrolling in a non-clinical pathway was not what many participants had originally planned, they described a growing sense of purpose as they came to understand these new areas of practice and discover the range of career paths they offered.

“It took me to be in the trenches in my study to even look at nonclinical papers, because I’m finding that studying Health Management has ...opened purpose or a sense of like “This is what I’m born to do” which sounds really cringe but like finding your purpose in comparison to someone just handing you what they think you should be doing” (PFG: 77-81).

On the other hand, the broad and diverse nature of future non-clinical career options meant that some students struggled to find a clear sense of direction.

“When I looked at the programmes that AUT offered, Health Management sounded like I would have a lot of transferrable skills, in a practical way in the workplace. I thought that this degree would support the experience I already had and would be a good choice for me... [but] it’s very broad.

I think that makes it really difficult to feel like it has a clear direction of what will come at the end of it” (4:52-55, 145-154).

“A lot of people said to me, what kind of job can you get with that? Because you know when you do teaching, you become a teacher, when you do ... Health Management, they’re like, what is that? I felt like I had to justify myself to so many people, but honestly, best decision I ever made... I feel like it gives so many options, people just don’t think about it” (7:125-129,137-139).

For the Pacific participants who switched from nursing, the change was reportedly stressful due to their families’ expectations where – nursing was valued as a high-status, reliable and respectable job, more so than most other health careers. They were also unfamiliar with what non-clinical health roles involved.

“I was just scared because you know there was a lot of expectation to become a nurse and I guess it just comes down to the fact that my parents knew what a nurse was and what they did and their role, but becoming a case manager?” (PFG: 95-97).

Theme 2. Growing in Confidence

Growing in confidence was a strong motif throughout the findings. Many participants said they felt particularly lacking in confidence at the start of their studies, due to varying levels of preparedness. Drawing on the experiences of family or friends with tertiary study experience helped some feel more confident and ready for study. Many students who initially lacked confidence expressed pleasure seeing this grow and develop throughout their degree.

“When I started non-clinical, I was so shy, like oh my god, you wouldn’t even believe it... I’m quite amazed [at] myself. It’s developed me not only academically, but personally as well, so I’m starting to speak up and say things... I’ve come a long way” (7:276-279).

Some found that learning from others’ experiences, as well as information provided by AUT, enhanced their preparedness.

“I had spoken to friends, cousins and relatives that have - that had gone through AUT and through similar degrees at other places and talking to them about what it was like - kind of getting a bit more confidence” (6:70-72,78).

A significant aspect of growing in confidence for the students was learning to manage themselves, including organising their personal time, energy and focus. Learning to juggle the demands of their study and lives outside of university - their family, community and work commitments -

provided further opportunities to grow in confidence.

“I wouldn’t say there is anything stressful that I experience being a student in the non-clinical pathway to be quite honest with you. If anything, the stress comes from outside, like the pressure on Islanders to work, study, do church stuff and then maintain the house” (PFG: 199-202).

Students who had been away from study for several years reported feeling a lack of confidence due to the length of time since they last studied and doubting their own capabilities.

“Probably a four [out of 10]...Because it has been a long time since I’d been at school, and I really had no idea what it was going to be like” (1:67-72).

“I derailed myself a little bit, because it was the first time me going back to uni after 18 years... (3:51-53). I think I would’ve been about a three [out of 10]...Because it’d been so long, and I was so much older than everybody else ... not being used to being in class, how you were assessed, using Turnitin, all those sorts of things. I’m good at technology, but it was just a whole new way to learn” (3:76-77, 81-92).

“Because I didn’t finish high school. Because my age, I think, because I’m a lot older than the other students. ... If it wasn’t for my boss that encouraged me to actually go to university, I probably wouldn’t have made the jump because I just didn’t think I was good enough” (7:102-106).

Other aspects that built confidence included real-world exposure, which enabled them to see the relevance of their studies. This came either through relevant knowledge and skills encountered during their pathway or through their work placement experience.

“I feel like there’s a real richness in the programme content, and it’s a very full-bodied programme that incorporates evidence-based information... So I feel like it prepared me quite well to enter the workforce” (1:119-122).

“I can kind of see where the material actually could, like the real application of it or why it’s so important. I feel really fulfilled being in a health sector in a non-clinical way” (5:111-113).

Growing in confidence helped enhance personal thriving and was a common result of students’ active participation in their studies, particularly their positive engagement with lecturers, who were a significant influence on their developing identity. Students commented on the value of their lecturers’ support, noting how it made a significant difference in building their sense of

confidence and enabling them to thrive academically.

“Once you start feeling confident then you start putting yourself out there a bit more...asking questions...seeking clarification... I grew in confidence in the smaller classes where I felt I could speak” (2:278-301).

“I’ve come a long way, I’m putting my hand up, saying, suggesting things, giving ideas. Yeah, I’ve just grown a lot. That’s my definition of thriving ...I was always shy, I was too scared to say anything in class. Having that ability to just talk and not be afraid to give ideas, I think for me personally, that’s thriving” (7:297-302).

Specific elements of lecturer support that enabled their sense of academic thriving included students being able to connect with lecturing staff and receive individualised, constructive feedback on their academic progress. In particular, they mentioned the encouragement of staff who believed in their ability to succeed.

“Having lecturers that don't make you feel stupid about asking questions and also taking time to explain things to you, so you know what's going on” (6:251-252).

For participants from diverse backgrounds, such as Chinese, Māori or Samoan, cultural thriving was linked to a desire for a closer connection with their ethnic culture’s traditions. This was an unmet need for several participants who wanted more confidence speaking their culture’s language, which they felt would enhance their sense of thriving.

“Culturally I think I really want to be able to read and write Mandarin again. I am going back this year so hopefully that will be fun and I just – I think I want to get more in touch with my cultural roots, celebrating ..like Chinese New Years and festivals more. Then, I think academically, personally kind of goes with everything else I’ve mentioned” (5:312-315).

“I think professionally I could thrive [if] I’d be fluent in Māori to help me in my future course of work” (6:324).

“I’m half Samoan, half European. ...I can only understand some of the language. ...but after I finish uni, I plan to do a Samoan language class just to help me get in touch with my roots and things like that.... Culturally though, I wish I could speak my language, and I knew more about my own cultural values and traditions and things like that as opposed to other cultures” (7: 353-357, 413-415).

Theme 3. People, Processes and Places Support Thriving

Participants' decisions to enrol in the non-clinical pathways were a choice that allowed them to juggle their studies around their personal

circumstances. This included making time for their children and for sustaining paid work, whether full-time or part-time. As mentioned by a mature Pacific participant about juggling family commitments:

“By doing the Health Science and it’s at South [Auckland] campus, I felt like I got a lot more of that time back with them” (7:77-79).

Time pressures to decide on a course and fitting their choices around personal career aspirations were also circumstances that affected many participants’ choices.

“I always knew I wanted to work in health. I was never really sure about where exactly. I was running out of time to choose a degree... and I ended up choosing ... the health management one” (6:56-59).

Several participants also valued the short travel time to the Manukau campus in South Auckland, which was close to where they lived, as helping them better manage their circumstances. Many noted the demands of study, costs, and logistics were an ongoing struggle and appreciated having different ways of studying, including online, which enabled them to juggle the competing demands of family and work.

The findings also demonstrated that all participants felt well supported by AUT staff and services. Students particularly noted the responsiveness of staff when approached for assistance, which fostered their sense of personal and academic thriving. Participants described feeling well-supported by AUT staff such as student-directed services (identified as the Student Hub), the library, lecturers, and how university processes supported their ability to thrive. These were highly valued in helping them juggle their lives.

“I found that incredibly helpful, certainly with stepping up and asking for help... That definitely started with building my confidence” (2:134-135).

Many participants described a particular sense of belonging and feeling welcomed culturally at the South campus, citing reasons such as the friendliness and approachability of the people there.

I think the environment, I love the environment at AUT, the South campus, like you want to be there, kind of thing, like you love being there (7:342-344).

It’s like a big hug. Everybody is lovely. The support is overflowing (2:256). To thrive personally I reckon I should look at my spiritual wellbeing... I mean I didn’t know that we had this space (Vā space) so I think this will help me heaps... I mean just the fact that there’s a room for brown people (PFG: 396-400).

They're [AUT] culturally competent and what we were saying before about building trust between teacher and student? yeah well, our lecturers recognise that already.... and that makes all the difference in....my academic results (PFG: 425-427).

A couple of mature participants expressed a desire for more targeted support for students like themselves.

"I think mature students are a very kind of different group of academic learning. Something needs to change there and I'm not sure exactly what it is" (4:390-391).

Discussion

This study investigated student experiences in an Aotearoa New Zealand university, studying in one of four innovative community-facing health pathways. A significant portion of the Aotearoa New Zealand health workforce does not identify with a single professional identity and, consequently, does not require professional registration, such as that provided by the Health Practitioners Competence Assurance Act (HPCA) or the Social Workers Registration Legislation. As a result, workforce information about this group is notoriously sparse, although some estimates suggest 40% of the Aotearoa New Zealand health workforce are in this category (Ministry of Health, 2015). As educators, we recognised we knew little about why our students chose these programmes, including how to support our students to thrive, what their experiences were in their pathways, how to market our programmes to enhance recruitment to the pathways, or how to engage meaningfully with future employers. We initiated this project as a first step to develop a stronger student-community-industry-research nexus, producing fit-for-purpose graduates from our pathways.

Student Thriving

Despite many (though not all) student participants choosing to transfer into community-facing pathways after a less-than-successful initial academic experience, our findings provide multiple examples of these same students showing determination to succeed, alongside significant personal and academic growth in their second and third years of study. The process of student thriving is well-studied in higher education literature, with documented frameworks, ways of measuring outcomes, and strategies to "create campus environments that can cultivate thriving" (Schreiner, 2017, p. 197). One established measurement tool, the Thriving Quotient (TQ), contains five elements or processes that underpin student thriving. This includes engagement in learning, academic determination, a positive perspective akin to resilience, a sense of connection, and diverse citizenship, which refers to the ability to welcome and learn from different ideas (Schreiner, 2010, 2016). This robust tool has been widely used in the United States, with high levels

of thriving associated with intent to graduate, learning gains, and grades (Schreiner, 2016). Although our study did not include quantitative outcome data, the themes identified in our research broadly align with the existing literature. These include students' increasing confidence in engaging with ideas discussed in class, managing themselves to achieve their academic goals, and feeling a sense of connection to faculty and campus. Importantly, the processes underpinning thriving can be amenable to change. A meta-analysis examining the outcomes of resilience training programmes in undergraduate health students found a significant impact on student coping, with an effect size of 0.74 (95% CI, 0.03-1.46) (Calo et al., 2024). Although the stories of student success and thriving in our pathways are encouraging, they also highlight some specific challenges students face in managing their commitments outside of their studies.

Student success is often measured through quantitative metrics, such as completion rates or grades; however, our data reveals a nuanced, qualitative picture of the challenges students face. The concept of 'juggling', used by participants to describe the ongoing need to balance the demands of family, work and study, is also found in international literature, particularly for older students, students from minority groups, or those who are first-in-family (FIF) to attend university (O'Shea & Delahunty, 2018; Billar et al., 2024). O'Shea and Delahunty (2018) interviewed FIF students and found they viewed success as overcoming obstacles and finding something they could feel passionate about. Billar et al. (2024) examined the experiences of Hispanic students in relation to standard concepts of student thriving. They found that the predictive model did not provide a complete fit for these students and did not account for contextual factors, such as family, work, and other commitments, which could influence the degree to which Hispanic students experienced thriving. These findings resonate with the stories told by our students at AUT, who also described the way that external factors could constrain their ability to thrive, but how overcoming these barriers led to a sense of success.

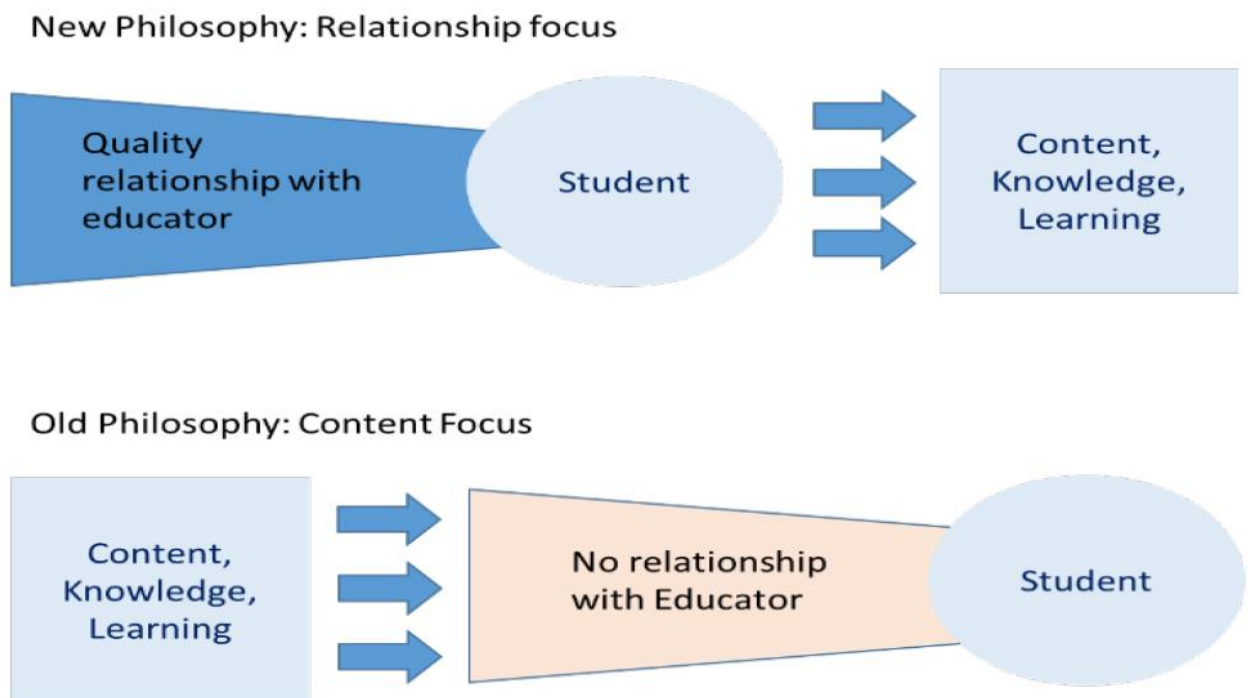
Enhancing recruitment and retention of diverse students

Recruiting and retaining students from diverse cultural backgrounds to health-related pathways is a requirement for universities, and successful recruitment and retention of health students is likely to require accessible, flexible, and culturally attractive study options (Cao & Maloney, 2018; Health New Zealand Te Whatu Ora, 2024; Sopoaga et al., 2011; Sutherland & Marshall, 2023; Zambas et al., 2020). Interactions between lecturers and students can have a significant impact on student satisfaction and retention (Farr-Wharton et al., 2018). One Australian study of 300 students found positive staff and student relationships could have a pivotal and causal effect on student engagement, satisfaction, and retention, regardless of students' economic status, preparedness and gender (Farr-Wharton et al., 2018). Zambas et al. (2020) examined the literature regarding the retention of Māori nursing students and concluded that there is a need to prioritise education that honours the strengths of indigenous values and capabilities. Another

interview study seeking to increase the participation of Māori and Pacific students in tertiary studies reported that the convenience of Manukau Institute of Technology (MIT) and the familiarity of the campus meant students felt they were studying with people who were “like them” (Millward et al., 2011, p. 283). Relational connections between university staff and students, as well as the importance of accessible and welcoming campus environments, are crucial for students, particularly those from diverse backgrounds.

There is now a wealth of evidence supporting the importance that both Māori and Pacific students place on relational connections with educators (Chu-Fuluifaga & Ikiua-Pasi, 2021; Matapo & Baice, 2020; Rimoni et al., 2022; Zambas et al., 2020). Figure 1. summarises the pedagogical paradigm that underpins this body of research. Students in our study, including Māori and Pacific participants, deeply valued engagement with lecturing staff and described the way it built their confidence and academic thriving. South campus was described by many participants in positive ways as a ‘warm safe space’. These comments appear to parallel and specifically align with the Pacific concept of Vā, which refers to the “spatial and relational contexts in which relationships unfold” (Anae, 2010, 2023). In the next section, we will introduce strategies for cultivating welcoming environments.

Figure 1. Change in educator’s philosophy (Chu-Fuluifaga & Ikiua-Pasi, 2021). Reprinted with permission.



Growing in confidence through microaffirmations

Many students in our study described personal experiences where they interacted with various people, processes and places which had a positive impact on their sense of confidence and belonging. Microaffirmations are brief verbal or non-verbal communications that help students feel welcomed, seen and understood. These communications can come from caring people, as well as from welcoming physical places (Powell et al., 2013; Rowe, 2023). Demetriou et al. (2024) surveyed 350 undergraduate university students using an open-ended survey to ascertain their descriptions of microaffirmation. The study found students ascribe microaffirmations from various sources, initiated by lecturers, support staff and other students, and from key aspects of campus environments (Demetriou et al., 2024). As a result, students noted positive impacts, including gains in confidence and motivation to overcome challenges in their studies. A summary of microaffirmations identified in their research is shown in Table 4. Our findings mirror this pattern: participants valued the ‘warm hug’ feeling of AUT’s South Campus, as well as the supportive staff at the Student Hub and Library, specifically affirming those lecturers who helped them grow in confidence. Some authors suggest the proactive use of microaffirmations may provide a way to counter the cumulative negative impact of subtle verbal and non-verbal cues (known as microaggressions), that can suggest a lack of belonging to those who feel they are in the minority (Powell et al., 2013; Rowe, 2023).

Table 4: Strategies to cultivate a positive campus environment using microaffirmations drawn from Demetriou et al. (2024)

Verbal Microaffirmations	Nonverbal/Environmental cues
Greetings	Opening doors
Compliments	Welcoming signage
Active listening	Comfortable furniture
Validating student experiences	
Affirming emotional reactions (e.g. acknowledging when the student is frustrated, disappointed or satisfied)	
Behaviours that validate and support others in a specific context	

Implications and recommendations

The findings of this study align closely with Aotearoa New Zealand's Health Workforce Plan 2024 (Health New Zealand Te Whatu Ora, 2024), specifically with challenges in the recruitment and retention of students in health pathways, the need for flexible training pathways, the importance of partnerships with community health care providers for workforce development and the value of culturally responsive education. The workforce plan notes that 40% of students enrolled in health pathways in Aotearoa New Zealand do not complete their studies (Health New Zealand Te Whatu Ora, 2024). In contrast, our community-facing pathways appear to support students who have previously struggled in their studies to thrive and grow in confidence, thereby retaining students who might otherwise have left tertiary education entirely. Raising awareness of these alternative health pathways, alongside clearer communication about the diverse range of health roles available beyond traditional positions, are strategies likely to support retention and potential recruitment of students to the health sector (Sopoaga et al., 2011). Designing curricula that offer greater flexibility through part-time options, earn-as-you-learn models, micro-credentials, and workplace-based training, rather than exclusively campus-based approaches, is likely to benefit future student engagement, retention, and recruitment (Health New Zealand Te Whatu Ora, 2024). This study also highlights an ongoing need to shift from content-focused delivery to more relationship-centred learning. Such a shift requires staff training in cultural competency and adequate resourcing for meaningful engagement to support student success, especially vital for Pacific students (Benseman et al., 2006; Bentley-Gray, 2021; Chu-Fuluifaga & Ikiua-Pasi, 2021; Rimoni et al., 2022). This article offers practical suggestions for creating educational experiences that support this (Demetriou et al., 2024; Farr-Wharton et al., 2018; Schreiner, 2016).

Moving forward, several strategic priorities emerge. Marketing efforts should emphasise the community and public health pathway strengths identified by study participants to enhance recruitment (Tamayose et al., 2004). Strategic collaboration with other health pathways across AUT and with other tertiary providers may help address system-wide attrition issues. Importantly, developing stronger networks with community health providers remains essential, including building on successful models such as the collaboration between The University of Auckland and the Pasifika Medical Association, in their micro-credential course (Pasifika Medical Association Group, 2024), as well as the emerging lived experience workforce initiatives at AUT (Te Pou, 2020). However, important knowledge gaps persist. This study's focus on female participants means male perspectives are not represented, despite males comprising approximately 20% of most health pathways, including those at AUT (Tamayose et al., 2004). This supports the need for further research with male students - especially if a desired outcome is more males completing the pathways - and necessitates caution when interpreting, generalising from, and/or considering transferability of the findings from this study. Better graduate destination tracking would provide valuable insights into career pathway outcomes, opportunities and barriers. While workforce

plans emphasise expanding opportunities for workers with unclear progression pathways, comprehensive workforce data on community and public health roles remains limited (Ministry of Health, 2014). An NHS-commissioned report on pharmacy technicians (McDermott et al., 2023) provides a useful model for the detailed workforce analysis needed in the Aotearoa New Zealand context. We endorse the need for further exploration (evaluation and/or research) of why clinical pathways are deemed so much more attractive and how we can move the dial more toward much-needed 'non-clinical', community, management and public health skills development and training. Ultimately, achieving health workforce goals will require sustained collaboration between tertiary providers, health workforce development policy groups, and community health providers to ensure graduates are prepared to meet our national health workforce priorities and, most importantly, the future health needs of our communities.

Conclusion

In conclusion, our research has demonstrated that the community and public health pathways offered at tertiary health education providers, such as AUT, provide students with a valuable education that prepares them for a community-based career in Aotearoa New Zealand. Students were positive about their experiences, providing several examples of academic, intrapersonal and interpersonal growth and thriving. These included a sense of belonging to the campus, and a deep appreciation of opportunities through interactions with staff that built confidence in their own academic capabilities. Further promotion of these pathways at pivotal transition points in the student journey, such as choosing study courses and transferring between courses, can enhance the visibility, viability, and value of these pathways, supporting retention and recruitment.

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