# Do I stay or do I go? The Impact of Psychosocial Support Mechanisms on Student Nurses' Decision to Complete Training

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**Abstract**

New Zealand is currently facing a critical nursing shortage which is significantly affecting the quality of care that patients receive. A key contributor to this shortage is the high number of nursing students who don't complete their studies. Therefore, increasing the number of nursing graduates joining the workforce in New Zealand is essential, as is addressing the psychosocial issues students may experience which can impede study completion. This thesis explores the psychosocial support systems offered to student nurses to understand whether their provision can help improve students' course completion rates. The literature reviewed for this thesis identified that student nurses face many stressors and risks throughout their studies that could sabotage their training completion.

This topic was investigated though a human resources management and occupational health and safety lens, which differentiates it from most of the existing literature on nursing students' psychosocial health and relevant support mechanisms. A nationwide survey targeting students at New Zealand nursing schools was used in combination with stakeholder interviews as part of a mixed methodology. In total, 95 survey responses were gathered, and five stakeholders were interviewed. The research participants identified that the main psychosocial hazards they were exposed to while on placement were bullying, aggression, and emotional labour. Less prominent hazards included high job demands, low job control, and sexual assault.

The findings of this research also suggest that poor psychosocial health (as opposed to specific interactions with the psychosocial hazards identified) is a shared factor among students considering dropping out of their studies. Further, the extent to which students understand the support systems their nursing schools offer was varied, even for students from the same institution. Of concern was that some students could not identify any psychosocial support offered, despite all schools providing some form of pastoral support and counselling. Students who were unable to access support when required, either due to barriers or a lack of knowledge, also indicated slightly higher attrition intentions when compared to students who had accessed available support systems.

Therefore, student nurses must be provided with adequate support and trained in coping strategies to ensure they have the greatest chance at successfully completing their studies and being well prepared to enter the nursing workforce following graduation. To decrease attrition rates, better support is required throughout their studies, including enhanced education regarding the support already available. Nursing schools should also consider implementing additional support mechanisms for students before placement, such

as education on conflict resolution techniques. Further, improved support must be offered while students are on placement, for example, by upskilling clinical educators to ensure they can provide effective support when required. By ensuring students have adequate support, they will be more likely to manage the stressors inherent in their studies, thereby giving them the best chance of success in their education and career. These measures can also contribute to alleviating the national nursing shortage by increasing the number of students entering the workforce following graduation.

## Table of Contents

**Abstract** ii

**List of Appendices** ix

**List of Figures** x

**List of Tables** xi

**Attestation of Authorship** xiii

**Acknowledgements** xiv

**Introduction** 1

*1.1 Chapter Overview* 1

*1.2 Context of the Study* 1

*1.3 Motivation for the Study* 3

*1.4 Aim, Scope, and Significance* 4

*1.4 Structure of the Thesis* 5

*1.5 Chapter Summary* 7

**Background: Nursing in New Zealand** 8

*2.1 Introduction* 8

*2.2 Nursing in New Zealand: The Current Environment* 9

2.2.1 The Extent of the New Zealand Shortage 9

2.2.2 Ageing Population 10

2.2.3 Ageing Workforce 10

2.2.4 Unsupportive and Unhealthy Work Environments 11

2.2.5 Push-and-Pull Factors 13

2.2.6 Nursing in the Media: Poor Job Perceptions Resulting in Reduced Growth of the Nursing Workforce 14

*2.3 Outcomes of the Nursing Shortage* 15

2.3.1 Outcomes of the Nursing Shortage: The Patients 15

2.3.2 Outcomes of the Nursing Shortage: The Nurses 16

*2.4 Addressing the Nursing Shortage: Recruitment* 17

2.4.1 Migrant Recruitment 17

2.4.2 The Next Generation 17

*2.5 How Can the Number of Nursing Graduates be Increased?* 18

*2.6 Studying Nursing in New Zealand: What is Required?* 19

2.6.1 Preparation for Placements 21

*2.7 Chapter Summary* 21

**Literature Review: Psychosocial Support Offered to Student Nurses** **23**

*3.1 Introduction* 23

*3.2 The Current Nursing Environment: What Might Students Encounter While on Placement?* 23

3.2.1 Bullying 24

3.2.2 Assault and Aggression 25

3.2.3 Emotional Labour 27

*3.3 How COVID-19 has Affected the Psychosocial Risks Identified* 28

*3.4 Effects of Psychosocial Hazards on Student Nurses* 29

*3.5 Psychosocial Support Mechanisms for Student Nurses* 30

3.5.1 Why is Psychosocial Support Necessary? 31

3.5.2 Relationships and Support: Coping with Stress While on Placement 32

3.5.3 Psychosocial Support Mechanisms: What is Required? 32

*3.6 Laws and National Guidelines: Occupational Health and Safety for Nursing Students* 34

*3.7 Educational Codes of Practice for Students and Relevance to Nursing Students* 36

*3.8 What Support Mechanisms are Being Offered by New Zealand Nursing Schools?* 38

*3.9 Recommendations in Research: Psychosocial Support Improvements* 40

3.9.1 Suggestions Made Regarding the General Healthcare and Nursing Environments 41

3.9.2 Suggestions Made Specific to Nursing Students: International Literature 42

*3.10 New Zealand Research* 44

3.10.1 Understanding the Students' Perspective: How Can Support Mechanisms be Improved? 46

*3.11 Chapter Summary* 47

**Research Methods** **49**

*4.1 Introduction* 49

*4.2 Methods Used in Prior Research* 50

4.2.1 Using Surveys 51

4.2.2 Using Interviews 51

*4.3 Research Design* 51

4.3.1 Research Paradigm 52

4.3.2 Data Collection Methods 53
4.3.3 Triangulation 54
*4.4 Stages of Research* *55*
4.4.1 Stage 1: Survey 55
4.4.2 Stage 2: Interviews 57
*4.5 Ethical Considerations* *58*
4.5.1 Informed Consent 58
4.5.2 Anonymous Participation 59
4.5.3 Additional Ethical Considerations 60
*4.6 Data Collection* *60*
4.6.1 Data collection: Survey 61
4.6.2 Data collection: Interviews 62
*4.7 Data Analysis* *65*
*4.8 Validity and Reliability* *66*
*4.9 Limitations of Research Methods* *68*
4.9.1 Accuracy of Responses 68
4.9.2 Sample Sizes 68
4.9.3 Lack of Representation 69
*4.10 Chapter Summary* *70*
**Research Findings** **71**
*5.1 Introduction* *71*
*5.2 Data Collection* *71*
5.2.1 Surveys 72
5.2.2 Interviews 72
*5.3 Participant Characteristics* *73*
5.3.1 Survey Participants 73
5.3.2 Interview Participants 75
*5.4 Theme One: Psychosocial Hazards* *76*
5.4.1 Bullying and Aggression on Placement 76
5.4.1.1 Bullying. 77
5.4.1.2 Aggression and Violence. 78
5.4.1.3 Internal Versus External Bullying and Aggression. 80
5.4.1.4 Stakeholder Interview Responses. 82
5.4.2 Additional Psychosocial Hazards of Significance 83
5.4.2.1 Emotional Labour. 83
5.4.2.2 High Job Demands. 85

5.4.2.3 Low Job Control. 86
5.4.2.4 Sexual Assault. 86
5.4.3 Additional Psychosocial Concerns 87
5.4.3.1 Financial Concerns. 87
5.4.3.2 Inability to Care for Self. 88
5.4.3.3 Aches, Pains, And Discomforts 88
5.4.3.4 Inability to Take Time Off. 89
*5.5 Theme Two: Psychosocial Health and Attrition Rates* *90*
5.5.1 Psychosocial Health of Student Nurses While on Placement 90
5.5.2 Students' Intention of Attrition 93
*5.6 Theme Three: Support Systems* *95*
5.6.1 Support Options Available Before and During Placements 96
5.6.1 Opinions on Support Accessed 99
*5.7 Theme Four: Accessing Support* *100*
5.7.1 Positive and Negative Outcomes of Support Accessed 101
5.7.2 Barriers to Access 104
5.7.3 Culturally Safe Support Systems 106
*5.8 Chapter Summary* *106*
**Discussion** **107**
*6.1 Introduction* *107*
*6.2 Theme One: Psychosocial Hazards* *108*
6.2.1 Bullying and Aggression 108
6.2.1.1 Definitional Issues. 111
6.2.1.2 External Versus Internal Sources. 113
6.2.1.3 External Sources. 113
6.2.1.4 Internal Sources. 114
6.2.2 Additional Psychosocial Hazards of Significance 115
6.2.2.1 Emotional Labour. 116
6.2.2.2 High Job Demands. 118
6.2.2.3 Low Job Control. 119
6.2.2.4 Sexual Assault. 120
6.2.3 Additional Health and Safety Concerns 120
6.2.3.1 Financial Pressures Increasing Stress Levels. 120
6.2.3.2 Lack of Self-Care. 122
6.2.3.3 Aches, Pains, and Discomforts. 123
6.2.3.4 Insufficient and Inflexible Rest Periods. 124
*6.3 Theme Two: Causes and Effects of Attrition* *125*

6.3.1 Psychosocial Health of Student Nurses While on Placement 125
6.3.2 Students' Intention to Discontinue 127

*6.4 Theme Three: Support Systems 130*
6.4.1 Categories of Support Systems 131
6.4.2 Students' Awareness of the Psychosocial Support Mechanisms Provided by Nursing Schools 132
6.4.3 Uptake of Preventative Support Mechanisms Prior to Going on Placement 134
6.4.4 Uptake of Support Mechanisms Accessible While on Placement 136

*6.5 Theme Four: Accessing Support 139*
6.5.1 Positive Outcomes 139
6.5.2 Negative Outcomes 140
6.5.3 Barriers to Accessing Support 141
6.5.4 Culturally Safe Support Systems 144

*6.6 Unpaid Internships and Employment Rights 146*

*6.7 Regulatory Requirements and Responsibilities in the Provision of Support 148*
6.7.1 The Shared Responsibility of the PCBUs 150
6.7.2 Investigating Reports of Psychosocial Hazards 151

*6.8 Refusal of Nursing Schools and Organisations to Participate in this Research 152*

*6.9 Chapter Summary 153*

**Conclusion and Recommendations 155**

*7.1 Introduction 155*

*7.2 Summary of Main Themes and Key Findings 155*
7.2.1 Theme One: Psychosocial Hazards Experienced by Student Nurses 155
7.2.2 Theme Two: Psychosocial Health and Attrition Rates 156
7.2.3 Theme Three: Psychosocial Support 157
7.2.4 Theme Four: The Efficacy of the Support Systems 159
7.2.5 Strengths and Relevance of the Research 160

*7.3 Limitations 161*

*7.4 What This Thesis Does Not Address 163*
7.4.1 Areas for Future Research 164

*7.5 Recommendations 165*

*7.6 Conclusion 168*

**References 169**

**Appendices 213**

**List of Appendices**

Appendix A. Ethics Approval 213
Appendix B. Examples of Research Which Has Investigated Psychosocial Support Options for Nursing Students 214
Appendix C. Research Survey 222
Appendix D. Participant Information Sheet – Survey 250
Appendix E. Participant Information Sheet – Interviews (Stakeholders) 253
Appendix F. Participant Information Sheet – Interviews (Nursing Students) 257
Appendix G. Participant Consent Form 261
Appendix H. Email Sent to Nursing Schools Requesting to Distribute the Research Survey 262
Appendix I. Email Sent to Individuals Who May Have Had Interest in Participating as a Stakeholder 264
Appendix J. Indicative Questions for Semi-Structured Interviews for Stakeholder Participants 266
Appendix K. Relevant Information Collected from Nursing Students Who Indicated They Were “Extremely Likely”, “Very Likely”, or “Likely” to Drop Out in the Near Future 268
Appendix L. Summary of Recommendations for Initiatives Regarding Psychosocial Support Systems for Nursing Students 271

## List of Figures

Figure 1. Student Nurses Who Have Been Subjected to Bullying While on Placement 77
Figure 2. Student Nurses Who Have Witnessed Bullying While on Placement 77
Figure 3. Sources of Bullying During Placement, As Indicated by Student Nurses 78
Figure 4. Experiences of Being Subjected to Violent or Aggressive Behaviours 79
Figure 5. Sources of Workplace Aggression or Violent Behaviours During Placement, As Indicated by Student Nurses 80
Figure 6. Student Nurses' Experiences with Emotional Labour 83
Figure 7. Work Demands Experienced by Student Nurses While on Placement 85
Figure 8. Factors of Job Control Experienced by Student Nurses While on Placement 86

## List of Tables

Table 1. Nurses' Responses to Understaffing Indicators 16
Table 2. Comparison Between the Bachelor of Nursing and Diploma of Nursing 20
Table 3. Students' Knowledge Regarding Where to Access Help When Required 33
Table 4. Common Psychosocial Support Mechanisms Suggested in Literature 43
Table 5. Stages of the Research 61
Table 6. Stakeholder Participants 64
Table 7. Age of Survey Participants 74
Table 8. Ethnicity of Survey Participants 74
Table 9. Nursing Schools of Survey Participants 75
Table 10. Interview Participants 76
Table 11. External Sources of Bullying or Aggression, as Identified by Survey Participants in Their Written Responses 81
Table 12. Internal Sources of Bullying or Aggression, as Identified by Survey Participants 81
Table 13. Stakeholders' Opinions of Bullying or Aggression Experienced by Students 82
Table 14. Student Nurses' Opinions on Emotional Labour, and How They Were Prepared for This Psychosocial Hazard 84
Table 15. Stakeholders' Opinions of Emotional Labour Experienced by Nursing Students 85
Table 16. Student Nurses' Experiences with Sexual Assault While on Placement in the Past Year 86
Table 17. Number of Student Nurses Who Identified That They Hold a Second Job While Studying 87
Table 18. Student Nurses' Opinions on Working an Additional Job While Studying 87
Table 19. Do Student Nurses Have the Time to Complete Self-Care Activities? 88
Table 20. Student Nurses' Opinions on Whether They Have the Time to do Self-Care Activities 88
Table 21. Student Nurses' Experiences of Aches, Pains or Discomforts in the Past Four Weeks 89
Table 22. Nursing Students' Opinions or Experiences in Regard to Taking Time Off While on Placement 89
Table 23. Indicators of Nursing Students' Psychosocial Health 90
Table 24. Student Nurses' Opinions and Feelings Regarding Their Studies and/or Placement 91
Table 25. Student Nurses' Reports on Their Own Psychosocial Health 92

Table 26. A Stakeholder's Opinion on Nursing Students' Psychosocial Health 92
Table 27. Likelihood of Participants To Resign From Their Studies 93
Table 28. Student Nurses Discussing Dropping Out or Discontinuing the Nursing Pathway 94
Table 29. Stakeholders' Opinions on the Attrition of Nursing Students 95
Table 30. Support Provided to Students Prior to, During, and Following Exposure to Psychosocial Hazards Encountered on Placement 96
Table 31. Other Support Offered to Student Nurses, as Identified by Survey Participants 97
Table 32. Stakeholders' Insights Into the Psychosocial Support Offered by Nursing Schools 98
Table 33. Students' Perceptions of Their Nursing School's Support Systems 99
Table 34. Stakeholders' Opinions of Psychosocial Support Offered by Nursing Schools 100
Table 35. Student Nurses' Escalation of Negative Experiences 101
Table 36. Students' Perceptions of Psychosocial Support They Have Accessed Through Their Nursing School 102
Table 37. Stakeholders' Perceptions of the Success of Support Mechanisms Offered by Nursing Schools 103
Table 38. Barriers Perceived by Nursing Students Wanting to Access Support 104
Table 39. Stakeholders' Opinions on Why Student Nurses May Not Be Accessing Support 105
Table 40. Do Student Nurses Believe That the Support Mechanisms Offered Are Suitable Considering Their Culture/Ethnicity? 106

**Attestation of Authorship**

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

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This project was granted ethics approval from Auckland University of Technology Ethics Committee (AUTEC) on 20 July 2021. AUTEC reference number 21/194.

# Chapter One

# Introduction

## 1.1 Chapter Overview

This thesis will explore the psychosocial support systems provided by New Zealand nursing schools to their students. In particular, the focus will be on the support mechanisms that assist nursing students in responding appropriately to the stressors they may face during their studies. This chapter will introduce the context of the research, and the motivations behind why the topic of support systems offered to student nurses is being investigated. The aim, scope, and significance will be discussed, and a brief overview of each chapter in this thesis will be provided.

## 1.2 Context of the Study

Media reports regarding the nursing and general healthcare environment in New Zealand have been rife for some time, particularly during COVID-19 restrictions (Bhamidipati, 2022; Bond, 2021; Clark, 2021; Wilson, 2018). One of the more frequently discussed media topics is the chronic understaffing of the nursing workforce (Galuszka, 2022; Krawczyk, 2021; "Nurse fears 'tragedy' will happen due to understaffing," 2021). A significant contributor to this nursing shortage may be the loss of New Zealand nursing students before study completion (Central Region's Technical Advisory Services, 2021). A recent report identified that 29% of nursing students enrolled between 2010 and 2017 had not yet completed their studies or had dropped out (Central Region's Technical Advisory Services, 2021; Hill, 2022). This statistic does not include the number of students who graduated but may have decided not to join the nursing workforce or those who left to go overseas, for example, due to better-paid opportunities (Head, 2017). These concerning findings indicate that the attrition rates of student nurses in New Zealand need to be urgently addressed. However, in addition to their academic training, student nurses must spend a significant number of their study hours in placement organisations to gain the relevant experience required to graduate (NCNZ, 2010, 2021). As such, nursing students may be exposed to the same psychosocial challenges experienced by nurses in the healthcare environment, such as patient aggression and bullying from staff, which may put their psychosocial health at risk (Leka & Jain, 2010; Minton & Birks, 2019; O'Keeffe et al., 2021).

Psychosocial health is a holistic concept that includes the "sexual, emotional, social, environmental, cognitive, religious, moral, and spiritual satisfaction of a person" (Husain, 2021, p. 395). An individual's psychosocial health can be influenced by the organisational conditions and culture of their workplace (such as the interpersonal relationships between workers), as well as their job's characteristics (such as the physical or emotional demands of their role) (Lovelock, 2019). Specifically, adverse conditions or situations can result in an increased risk of mental illness, while a positive environment can improve individuals' motivation and health (International Labour Organization, 2016). According to WorkSafe New Zealand, these adverse conditions can be described as psychosocial hazards, a hazard being: "an adverse workplace interaction or condition of work that compromises a worker's health and well-being" (Lovelock, 2019, p. 11). These hazards may include stressors related to the content of work, such as workloads or schedules, as well as the context of work, such as workplace culture and interpersonal relationships, which in negative situations may include instances of bullying or aggression (International Labour Organization, 2016; Lovelock, 2019). In this research, the psychosocial health of student nurses will be examined in regard to how the psychosocial hazards experienced while on placement (such as abuse or aggression) affect students' wellbeing, and how their nursing schools prepare them for any interactions they may have with such hazards or support them following exposure to these. Exposure to these psychosocial hazards is of concern, as experiencing negative behaviours and situations may result in students abandoning their studies (Hopkins et al., 2018).

Addressing psychosocial hazards in the clinical setting and preparing students for the risks they may encounter while on placements requires nursing schools and healthcare organisations to implement mechanisms that will better support and equip students to manage these events (Minton & Birks, 2019; Minton et al., 2018). Improved support and preparation can reduce stress, leading to greater wellbeing, reduced levels of anxiety, and better health and educational performance outcomes among students (Melincavage, 2011; Smith-Wacholz et al., 2019). Moreover, students may be more likely to finish studying their nursing course and remain in the profession following graduation (Melincavage, 2011; Smith-Wacholz et al., 2019).

However, existing research has not examined nursing students' understanding and experience of the various support mechanisms offered or how they interact with these. Instead, studies have concentrated on specific psychosocial hazards, such as bullying and aggression (Hogan et al., 2018; Minton et al., 2018), and tested support systems such as

mindfulness programmes (Van der Riet et al., 2015), or investigated specific groups of students, such as Māori nursing graduates (Chittick et al., 2019). As such, there is a dearth of research in the extant literature evaluating whether the support options accessed by students might affect their decision to stay within the nursing workforce or where the gaps in the support provided lie. This research gap has motivated the intent of this thesis, as discussed below.

### 1.3 Motivation for the Study

This study has been motivated by the researcher's background in occupational health and safety, as well as a keen interest in the field of nursing due to having some prior experience in the healthcare field, and the many recent media reports on understaffing and nursing students' training experiences (Hancock, 2019; Maher, 2021; "Nurse fears 'tragedy' will happen due to understaffing," 2021). These reports raise the question of whether more could be done to improve the nursing shortage, for example by better supporting nursing students during their studies. Therefore, the opinions student nurses have on the support offered by their nursing schools need to be investigated, as this will provide an accurate representation of what is known about these support mechanisms by the students they are designed to assist. One can then explore whether there is a correlation between students' understanding and perceptions of the quality of support offered to them and their decision to complete their training. Further, students' perceptions of the psychosocial hazards they may encounter during their studies and how these may affect their psychosocial health requires investigation to understand the causes and factors that influence students' decisions to access support. In the absence of robust exploration, nursing schools will find it difficult to know which areas of their psychosocial health practices require improvement.

Support strategies that prepare for or mitigate student interactions with psychosocial hazards are vital when addressing these hazards in the healthcare environment, particularly for vulnerable students who are unlikely to speak up without clear support systems (Maslach, 2017; Minton et al., 2018). However, despite pre-emptive and preventative mechanisms being able to prepare students for the psychosocial hazards they may encounter, some research has suggested that this is not always sufficient, as supporting the management of psychosocial health following exposure to challenging situations is also vital (Guadix et al., 2015). Therefore, this thesis seeks to explore what support should be offered to students before going on and during placement, and potentially after placement.

### 1.4 Aim, Scope, and Significance

This thesis aims to explore what psychosocial support mechanisms are currently provided by nursing schools and whether these are effective or whether they negatively influence students' decisions to remain in their studies. The research findings should identify which support options are perceived as successful or are most appreciated by students and where the areas for improvement lie. Nursing students' opinions on available support systems and their effectiveness will be analysed through a mixed-method approach of a survey and interviews.

The information collected will help formulate an understanding of whether providing successful support mechanisms influences students' decisions to continue studying nursing or to leave this pathway to pursue other careers. This research should also assist in the development of guidance for nursing schools in providing more effective psychosocial support. Students' opinions and perceptions of available support mechanisms will be used to understand where additional support or improvement is required. Therefore, the aim of this study is to explore the following primary research question: What is the impact of psychosocial support mechanisms on student nurses' decision to complete training?

Secondary questions asked are as follows:

- What are the psychosocial support experiences of student nurses in the New Zealand public health sector?
- How is the psychosocial wellbeing of student nurses affected during clinical placements?
- What relevant training are student nurses given regarding their own psychosocial wellbeing before their placements?
- What are the current support mechanisms that protect student nurses' psychosocial wellbeing during placements?
- To what extent are these support mechanisms effective?
- Do student nurses have any safety concerns while on clinical placement that would influence their studies going forwards?

These questions will assist in addressing the primary research question by providing a holistic context on the topic of students' psychosocial health while on placement and the stressors that may affect them.

### 1.4 Structure of the Thesis

The thesis comprises seven chapters: Chapter One (Introduction), Chapter Two (Background), Chapter Three (Literature Review), Chapter Four (Methodology), Chapter Five (Findings), Chapter Six (Discussion), and Chapter Seven (Conclusion).

Chapter One: This provides an overview of the current nursing shortage in New Zealand and why the retention of nursing students is essential. The chapter also defines the extent of the problems nurses and nursing students face in practice that interfere with psychosocial health and wellbeing. Additionally, the motivation for investigating this research topic is investigated, and the research questions that this thesis sets out to answer are presented. This chapter structure is also outlined.

Chapter Two: This chapter provides the necessary context for the study by examining the current healthcare system and nursing environment, such as the nursing shortage in New Zealand, to provide an understanding of the clinical experiences nursing students may face while on placement. Furthermore, the impact of the nursing shortage and why this is of concern will be highlighted, including the relevance for student nurses. Lastly, the student nurses' educational process will be introduced, including the requirements for becoming a nurse in New Zealand.

Chapter Three: This chapter is a literature review and will examine the current literature on the commonly discussed psychosocial hazards that student nurses typically experience while on placement. This review aims to identify why providing individuals with psychosocial support is important, particularly in the context of nursing students who interact with psychosocial hazards such as bullying, aggression, and emotional labour while on placement. Further, reference to legislation and educational codes of practice will be made to offer an understanding of what support nursing schools are required to provide. Additionally, literature discussing international and New Zealand nursing students will be reviewed to give context to what psychosocial support is currently offered to students or what new support options are being suggested. The literature review will frame the research topic being examined within this thesis.

Chapter Four: This chapter will present the methodology used to collect and analyse the data on students' perceptions of the support mechanisms offered and how these support systems may affect students' attrition rates. This will draw on research precedent and will

identify the decisions behind the methodological choices used in this thesis. The methods included a nationwide online survey completed by nursing students and stakeholder interviews. Using mixed-methods and including both a survey and interviews in the data collection process allowed for the survey data to be further explored in the interviews. This triangulation of data provided the opportunity for stakeholders' viewpoints to lead to a broader and deeper understanding of the themes identified in the survey data (Casey, 2009). Furthermore, this chapter identifies the analysis conducted on the two data sets. The descriptive statistical survey data were analysed using Qualtrics (the website on which the survey was hosted), which presented the total number of responses for each question and the response percentages, as well as displaying the information in chart form. In parallel, the written component of the survey and the transcribed interviews were analysed using thematic analysis. Ethical considerations are also discussed in this chapter.

Chapter Five: This chapter showcases the findings from the analysis, which assisted the researcher in categorising the data into themes. The themes identified include:

- Theme One: Psychosocial hazards
- Theme Two: Causes and effects of attrition
- Theme Three: Support systems
- Theme Four: Accessing support

The data collected for each of these themes are presented in tables and charts and have also been categorised into sub-themes where appropriate. Stakeholder quotes have been presented alongside the survey responses to directly compare the opinions and insights held by these two groups of respondents.

Chapter Six: This chapter includes a discussion of the findings presented in Chapter Five. In particular, these themes are analysed in conjunction with the literature reviewed in Chapter Three to understand how the research findings have contributed to the existing knowledge. More specifically, Theme One is broken down into sub-themes of the various psychosocial hazards and concerns identified through the research findings. Meanwhile, Theme Two addresses the causes and effects of attrition, including how students' psychosocial health may be affected while on placement. Theme Three then discusses the support systems identified through the survey responses and interviews, while Theme Four highlights students' interactions with these support systems, as well as the barriers that may prevent them from accessing these mechanisms. Lastly, the nursing schools and placement

organisations' duty of care and the difficulties experienced in contacting organisations for participation in this research are discussed.

Chapter Seven: The final chapter of this thesis will reflect on the completed research and present the summary of significant findings identified. Additionally, limitations relating to the scope and methodology of the research will be outlined, and the recommendations resulting from the findings will be presented.

### 1.5 Chapter Summary

This chapter has introduced and provided a rationale and background of the thesis topic. Highlighted is the importance of providing psychosocial support to nursing students. Additionally, the research aim and questions are outlined, together with the research significance and its contribution to the subject area. This chapter also outlined the structure of this thesis. In the following chapter, the background of the thesis topic, including the nursing environment and the current nursing shortage, will be examined in further detail.

# Chapter Two

# Background: Nursing in New Zealand

## 2.1 Introduction

Nurses play a critical role in the delivery of healthcare services globally and provide patients with life-saving procedures (Gatchel, 2018; Harms, 2021). The nursing profession is described as being 'dynamic' and it can provide a variety of roles and opportunities for those entering the profession, as well as a high level of job security (Clendon, 2011; Raines & Taglaireni, 2008). Further, the nursing profession can provide fulfilment and happiness due to the satisfaction of being able to make a meaningful impact on patients' health outcomes (Liu et al., 2016). However, the importance and the many responsibilities of the nursing role are frequently overlooked (Gatchel, 2018).

The current health crisis, exacerbated by the COVID-19 pandemic, has meant that nursing as a profession has come under scrutiny. The pandemic highlighted the critical role nurses play and their contribution to helping populations achieve positive health outcomes (Clendon, 2011; Harms, 2021). Nurses and healthcare staff were even referred to as 'the stars' of the pandemic in a recent study (Różyk-Myrta et al., 2021). However, as will be discussed in this chapter, nurses currently face several challenges in the New Zealand healthcare setting, including an ageing population, an ageing workforce, unsupportive or unhealthy work environments, migration trends, and potential impacts based on the profession's portrayal in recent media publications. To ensure the nursing profession can continue supporting populations to achieve optimal health outcomes, these challenges will need to be addressed (Clendon, 2011).

This chapter provides contextual background on the nursing workforce and nursing studies in New Zealand. In particular, the current nursing environment will be explored to gain a deeper understanding of the challenges nurses face. The critical need for more nurses worldwide will be discussed, along with the reasons why retention is increasingly difficult. This in turn will highlight the likely current climate that students may experience when entering the healthcare environment. Following this, the requirements for studying nursing will be examined. This chapter will also begin to identify research gaps regarding the impacts of support mechanisms on student nurses' decisions to complete training.

## 2.2 Nursing in New Zealand: The Current Environment

Nurses constitute the largest group of workers in the New Zealand healthcare system with more than 50% of the regulated workforce being nurses in the public and private sector (New Zealand Nurses Organisation [NZNO], 2018). They continuously respond to the community's needs with compassion and commitment, including throughout challenging times, such as the recent COVID-19 pandemic and resulting lockdowns (Popoola, 2021). Therefore, it is no surprise that nurses from New Zealand and overseas have been frequently referred to as heroes, even if they are not always given the full credit they deserve (Popoola, 2021; Różyk-Myrta et al., 2021; Sayilan et al., 2021). However, despite nurses' significant and impactful role in the healthcare sector, the New Zealand nursing workforce is currently facing a critical challenge of understaffing. This is affecting both the quality of healthcare being provided and the wellbeing and health of nurses.

### *2.2.1 The Extent of the New Zealand Shortage*

In New Zealand, the required number of nurses is substantially higher than the number of currently practising nurses, resulting in a shortage (North, 2011) reported to be at a crisis level (Longmore & Maxwell, 2022). The recent Safe Staffing Review identified that 18% of shifts in the wards were in a "critical care capacity deficit", meaning they were significantly understaffed, and 62% of frontline nurses and 74% of nurses in leadership roles had highlighted that "half or more of their last ten shifts" had been understaffed (Nursing Advisory Group, 2022, p. 27). In 2013, the New Zealand Nursing Council [NCNZ] stated that, by 2035, the profession would be understaffed by an estimated 15,000 nurses (Nana et al., 2013). For context, the most recent workforce report by the NCNZ, published in 2019, stated that the number of practicing Registered Nurses in New Zealand was 51,000, and the number of Enrolled Nurses was 2,391 (NCNZ, 2020a).

To frame this issue globally, the World Health Organization [WHO] (2020) stated that there was an approximate shortage of 6.6 million nurses in 2016 and 5.9 million nurses in 2018. In New Zealand, there are 1,003 nurses per 100,000 inhabitants (NCNZ, 2020a). In comparison, Australia reportedly has 1,222 nurses per 100,000 inhabitants, and the United States has 1,179 nurses per 100,000 inhabitants (OECD, 2022a). Recent estimates suggest that New Zealand's shortage has arisen faster than expected, with a report indicating that, in order to align with Australia's nursing levels, an additional 12,000 nurses are currently required (Dalton, 2022). These concerns are not new; in fact, they have been reported for many years, with research papers stating that, in order to meet patients' needs, nursing shortages will have to be addressed (Oulton, 2006). Therefore, to ensure that the sector can

provide safe healthcare on a par with other countries in the OECD, the understaffing issue in New Zealand must be addressed. However, to understand how this can be done the factors contributing to the nursing shortage, such as the ageing population, must first be fully understood.

### *2.2.2 Ageing Population*

A major contributing factor to the demand for more nurses is New Zealand's ballooning ageing population (NZNO, 2018). The number of patients requiring healthcare services is increasing due to greater numbers of older adults requiring treatment, as well as there being a heightened prevalence of chronic illness and multimorbidity (Grah et al., 2021; Moloney et al., 2017; NZNO, 2018; World Health Assembly 59, 2006). The growth in numbers of older adults is a global phenomenon attributed to a rise in the average life expectancy (Grah et al., 2021; North, 2011; WHO, 2021b). The WHO (2021a) states that "The number of persons aged 80 years or older is expected to triple between 2020 and 2050" (para. 2). This will also result in populations requiring increased treatment for age-related health conditions, such as chronic obstructive pulmonary disease and dementia (WHO, 2021a).

Consequently, there will be greater demand for healthcare services; this means that more nurses will be required because they play a critical role in the delivery of the care being sought (Moloney et al., 2017; World Health Assembly 59, 2006; WHO, 2020). However, increasing the number of nurses in New Zealand's healthcare field is no quick or simple task, particularly in the aged sector, as only a small number of nurses are choosing to work in some of these specific environments. For example, only 1.32% of graduate nurses requested aged residential care as their graduate placement position, and just 0.56% selected this field as their first choice (Ministry of Health, n.d.). This demonstrates that some nursing sectors may be more understaffed than others, because of the lack of interest from newer nurses. This apparent inability to attract nurses to train and then stay within certain sectors, and remain in the nursing workforce overall, is further exacerbated by the ageing workforce, as discussed in the following section.

### *2.2.3 Ageing Workforce*

Similar to the general population, the New Zealand nursing workforce is ageing too. The median age has been increasing for more than two decades, as 43% of nurses are now over the age of 50 and will retire in the next 20 years (NZNO, 2012, 2018). Additionally,

there are increasing numbers of registered nurses above the age of 50 who are leaving the workforce before their expected retirement age (Moloney et al., 2017). An ageing nursing workforce is reflected in similar western regions, for example in America and Europe (WHO, 2020). This has contributed to the shortage, as the number of nurses entering the workforce is insufficient to fill the gap created by the nurses who are retiring, emigrating, or leaving the workforce early (Jamieson et al., 2015; North, 2011). For example, between March 2017 and March 2019 the nursing workforce increased by about 1,750 nurses (an average of 875 nurses a year) (NCNZ, 2020a). With a workforce growth of fewer than 1,000 nurses each year, it is unlikely the shortage will be addressed especially when considering the rates at which the current workforce is ageing and nearing retirement (NZNO, 2012, 2018).

In order to retain the older cohorts of nurses for as long as possible, hazards specific to older nurses need to be addressed. Otherwise, premature retirement would accelerate the number of nurses leaving the workforce, and therefore also aggravate the growing nursing shortage. Proposed solutions for addressing the hazards putting older nurses' health and safety at risk include appropriate staffing levels, having enough safety equipment for the demand, and positive work environments (Clendon & Walker, 2013).

### *2.2.4 Unsupportive and Unhealthy Work Environments*

Some of the most commonly reported reasons that nurses leave the profession are due to workplace concerns, for example, high workloads, bullying, harassment, poor allocation of shift work, or personal challenges relating to the workplace, such as burnout or emotional distress (Clarke et al., 2012; Jamieson et al., 2015; Kinman & Leggetter, 2016; Minton et al., 2018; Olsen et al., 2017; Walker et al., 2018). Additionally, unapproachable managers and a lack of support when raising complaints are significant factors for those nurses who are considering leaving the workforce (Ellison, 2021). The NZNO acknowledges that unhealthy work environments, including limited support for staff and unsafe staffing levels, contribute to the attrition of nurses (NZNO, 2018).

A recent survey conducted by Walker et al. (2018) questioned 459 nurses over the age of 55 who had recently left the New Zealand nursing profession before retirement age. They found that 97 nurses left due to concerns about the workplace and 75 left due to personal challenges. Other respondents left due to a variety of reasons, such as early retirement, career factors, or family obligations. In a separate publication, Walker and Clendon (2017) discussed these findings in relation to nurses under the age of 55; 48 out of

642 nurses stated that they had left the nursing workforce due to workplace concerns, while 27 left due to personal challenges, and 26 left due wanting a better work-life balance. Other respondents left due to a variety of factors, such as family reasons, or leaving to go overseas. The examples of 'workplace concerns' given by Walker et al. (2018) include:

> High workload, inadequate staffing, shift work, bullying and violence, inconvenient scheduling of shifts, lack of flexibility, fundamental system issues eg poor management, too much paperwork, change in nursing approach, unsafe working environment, lack of time to care for patients, lack of support (p. 8).

In comparison, examples of personal challenges were "burnout, stress, the physical demands of the job, fatigue, exhaustion, emotional distress related to patient care, health reasons such as injury or illness" (Walker et al., 2018, p. 8). These descriptions demonstrate the many challenges nurses encounter in the workplace. One workplace concern frequently highlighted in the literature is bullying in nursing environments. Reportedly, one out of five nurses have experienced bullying within the past six months (Health Central, 2019). Often, these bullying situations are linked to the understaffing and stress experienced by the nursing workforce and can also lead to higher rates of resignation (Enoka, 2018; Pennington, 2019).

Research has demonstrated that the COVID-19 pandemic has worsened the psychological health of the nursing workforce due to increased stress levels (Labrague & De los Santos, 2020; Varghese et al., 2021). Additionally, there is a knock-on effect of the existing nursing shortage affecting current staff, as they are required, or feel obligated, to work extra hours or shifts to make up for this deficit (Nelson & Rushton, 2021; Nursing Advisory Group, 2022). In the recent Safe Staffing Review, which collected data during October and November 2021 from nurses reflecting on their experiences during COVID-19, it was revealed that 51% of frontline nurses were working longer hours due to understaffing issues, while 67% were working extra shifts on multiple occasions each month (Nursing Advisory Group, 2022). Additionally, 53% of frontline nurses stated that they were in a "poor or very poor mental state on understaffed shifts", and 80% of nursing leadership reported that they were aware that nurses were experiencing this mental stress (Nursing Advisory Group, 2022, p. 27). It is therefore unsurprising that, due to the unhealthy environments the New Zealand nursing workforce currently experiences, some nurses decide to emigrate.

### *2.2.5 Push-and-Pull Factors*

Another concern affecting New Zealand's nursing shortage can be seen as the influence of migration factors, also referred to as push-and-pull factors (Kline, 2003). Recent New Zealand media articles have reported on how competitive financial packages overseas may hinder migrant nurses from coming to New Zealand and simultaneously draw New Zealand nurses away (Bhamidipati, 2022; Brettkelly, 2022). The wage differences between the entry rates for registered nurses between Australia and New Zealand mean immigrant nurses also find New Zealand less attractive. For example, the entry rate for nurses working in Australia's Queensland public health system is NZD $79,749, while the New Zealand equivalent of these roles is $54,034 (Maxwell, 2021). It is likely that this may be one of the factors contributing to New Zealand nurses, including recent graduates, emigrating (for example, to Australia). Recent media articles have identified additional factors attracting nurses to Australia, including better working and safer staffing conditions, with some Australian states even having set ratios regarding how many patients one nurse is allowed to be responsible for at any one time (Bond, 2021; Clark, 2021; Wilson, 2018). In comparison, the New Zealand workforce does not have compulsory minimum ratios between nurses and patients (potentially resulting in significantly high workloads), morale is low, and nurses feel underappreciated (Cookson, 2017; Head, 2017; Maxwell, 2021; North, 2011; Wilson, 2018). Again, it is of no surprise that New Zealand nurses may decide to emigrate.

However, compared to other attrition factors, leaving to go overseas does not appear to be the most significant cause of the nursing shortage; the survey previously discussed, conducted by Walker et al. (2018), found that only 5 out of 459 participants from nurses aged 55+ years had gone overseas for purposes related to travel and/or work (Walker et al., 2018). In comparison, out of the 642 nurses questioned who were aged 54 years and below, just 17 had stated that they had left the New Zealand workforce to go overseas intending to either travel or work (Walker & Clendon, 2017). These findings suggest that some of the other factors highlighted previously, such as concerns related to unhealthy workplace conditions, have more impact on today's nursing shortage than push-and-pull factors. In addition, media coverage of the current nursing environment may be affecting the population's perception of the nursing role and could, therefore, also have an impact on the nursing shortage.

### *2.2.6 Nursing in the Media: Poor Job Perceptions Resulting in Reduced Growth of the Nursing Workforce*

Although the media has referred to those within the nursing profession as heroes, recent media reports have also portrayed the nursing environment in a negative light (Hancock, 2019; Hoyle et al., 2018; "Nurse fears 'tragedy' will happen due to understaffing," 2021). For example, as a result of the COVID-19 pandemic, several media articles reported that stress levels had risen amongst nurses and that those within the profession were burnt out or facing unique COVID-19 issues, such as being distressed because of ill-fitting protective equipment (Krawczyk, 2021; "Nurses living with close contacts asked to turn up for work: Union," 2021; "Nurses' union: PPE supply low amid Covid outbreak," 2021). Additionally, the levels of understaffing reported by front-line nurses were said to be occurring at "critical" at "phenomenal" rates ("Nurse fears 'tragedy' will happen due to understaffing," 2021). Further, recent media reports have focused on how the nursing profession needs a pay rise to make nursing a more attractive career to others and therefore improve the staffing shortage ("Nurse fears 'tragedy' will happen due to understaffing," 2021; "Nurses reject government's latest pay offer, strikes back on the table," 2021).

Concerningly, one article (written before the pandemic) interviewed new graduates, all of whom stated that they would not recommend others to enter the nursing workforce (Hancock, 2019). It is possible that seeing these media reports may influence nursing students' opinions of the profession or the opinions of those who are considering studying nursing in the future, making them less enthusiastic about continuing or starting their studies. Further, these media reports lack context and therefore do not identify the contributing factors that have led to the issues being reported on. Researchers Hoyle et al. (2018) reiterated that the public's perceptions have been influenced by recent media reports and this will negatively affect recruitment and retention, thus exacerbating the nursing workforce shortage.

However, a recent media article stated that some nursing schools, such as Ara Institute of Canterbury, are experiencing an influx of applicants for their nursing programmes and that this increase has been particularly noticeable since the pandemic ("'Unprecedented Interest' in Studying Nursing," 2022"'Unprecedented interest' in studying nursing,"). It is thought that this interest has resulted from individuals wanting to move into a new career and has been encouraged by recent reports which have communicated that nurses are currently in high demand. International studies and publications have suggested that another contributing factor to the increase in nursing programme applicants could be individuals

inspired by the positive media reports on nurses' roles in the pandemic, in which they have been publicly recognised for their extensive contributions ("Defying the Pandemic, Applications to Nursing Schools Increase," 2022; "Trainee Nurses: Covid Inspires Record Numbers to Sign Up," 2022). Increasing the nursing workforce is essential; otherwise, a shortage can result in significant adverse outcomes, as discussed in the following section.

## 2.3 Outcomes of the Nursing Shortage

### *2.3.1 Outcomes of the Nursing Shortage: The Patients*

The nursing shortage is impacting the standard of care provided to patients (Jones et al., 2014; World Health Assembly 59, 2006). This is because the nursing shortage leads to perceived increases in workplace stress, which can affect nurses' focus and clarity and result in poor decision-making; in turn, this can lead to errors in the provision of care to patients (Buerhaus et al., 2005; Hall et al., 2016; Jones et al., 2014; Zeller & Levin, 2013). If nursing care has to be 'rationed' among patients, treatments may be delayed, missed, or below standard, increasing the possibility of adverse outcomes for patients (Kane et al., 2007; O'Connor, 2014). For example, the nursing shortage may contribute to the increased risk of patients developing pressure ulcers as a result of nurses having limited time to frequently turn or reposition those individuals who cannot do so themselves (Lyder & Ayello, 2008). Additionally, understaffing can contribute to the cause of medication administration errors made by nurses, due to "pressure, lack of time, and feeling rushed" (Schroers et al., 2021, p. 47). Therefore, the nursing shortage can significantly impact patients' safety.

When 2,884 New Zealand frontline nurses were surveyed for their opinion on what indicators they used to identify whether a shift was understaffed, the factors listed in Table 1 were communicated.

**Table 1**

*Nurses' Responses to Understaffing Indicators*

| Outcomes | Percentage of respondents agreeing | Number of participants agreeing |
|---|---|---|
| I could not spend enough time with my patients | 60% | 2,019 |
| The workload was unmanageable | 57% | 1,911 |
| Patient care was incomplete | 42% | 1,418 |
| Patient safety was put at risk by errors | 18% | 620 |

*Note.* Adapted from *Nursing Safe Staffing Review* (p. 32) by the Nursing Advisory Group, 2022. CC BY 4.0.

To have up to 60% of respondents identify that the nursing shortage negatively impacts their patients is of concern. Therefore, it is vital that understaffing and the occupational health and wellbeing of nurses within the healthcare setting are addressed, so that mistakes and detrimental patient outcomes can be avoided (Hall et al., 2016; Kane et al., 2007).

### *2.3.2 Outcomes of the Nursing Shortage: The Nurses*

As well as patients receiving suboptimal care, nurses in the healthcare team may experience poorer health outcomes due to understaffing. As a result of this shortage and from having heavy workloads, nurses report feeling stressed and burnt out (Moloney et al., 2017; Zeller & Levin, 2013). Further, nurses' wellbeing can be negatively affected as they experience increased stress from worrying about their ability to provide safe care, particularly since this can result in serious harm to patients (NZNO, 2018). A concerning health outcome resulting from heightened stress can be burnout; one older study examining burnout rates amongst New Zealand nurses discovered that 45.4% of the study participants reported high levels of burnout symptoms (Finlayson et al., 2007). Further, this study compared these rates to those in other countries and established that New Zealand had the highest burnout rates compared to the U.S., Canada, England, Scotland, and Germany (Finlayson et al., 2007). The researchers posited that the reasons contributing to the significant level of burnout included high expectations from employers and patients, high

work demands, and organisational structures and bureaucracy negatively influencing nurses' work (Allen & Mellor, 2002; Finlayson et al., 2007; Leiter et al., 1998).

More recently, emergency department nurses in a New Zealand study were reported as experiencing the highest proportion of burnout when compared to other healthcare staff, with up to 68.8% of these nurses experiencing burnout (Nicholls et al., 2021). This study collected data before and at the very beginning of New Zealand's first COVID-19 lockdown, and the researchers stated they were unsure how this would have affected the results collected. The differences in the percentages between the studies conducted by Finlayson et al. (2007) and Nicholls et al. (2021) are likely related to a variance in nurses' roles, workplaces, and potentially external factors such as the pandemic impacting workloads and perceptions of safety. Either way, it is clear that understaffing and being overworked are detrimental to nurses' mental and physical health and that this can increase nurses' intentions of leaving the workforce (Huntington et al., 2011).

## 2.4 Addressing the Nursing Shortage: Recruitment

### *2.4.1 Migrant Recruitment*

Until border closures in 2020, New Zealand relied on nurses from overseas to fill the nursing shortage, even though these nurses often only remain part of the workforce in the short-term and have a high turnover rate (NZNO, 2018). In 2018, internationally qualified nurses represented 27% of the New Zealand nursing workforce, which is a higher proportion than for all other OECD countries (NZNO, 2018). However, this practice is unsustainable, as relying on migrant workers to fill the gaps in the workforce does not address the underlying shortage issues; this leads to the concern that, in times of national or global crises which negatively affect the numbers of internationally qualified nurses entering the workforce, the shortage of nurses will increase further (Aluttis et al., 2014; NZNO, 2018). This was witnessed recently, as the ability to recruit overseas nurses was difficult during the COVID-19 pandemic due to New Zealand's closed borders (Menon, 2021).

### *2.4.2 The Next Generation*

New Zealand's nursing student recruitment numbers are low compared to other OECD countries; reportedly, per 100,000 inhabitants, New Zealand only had 41 nursing graduates in 2020 (OECD, 2022b). By comparison, the United States had 65, and Australia had 108 nursing graduates per 100,000 inhabitants (OECD, 2022b). New Zealand's low graduate numbers could be attributed to a high non-completion rate; a recent report

identified that 29% of the nursing students who enrolled in a Bachelor of Nursing course between 2010 to 2017 had not yet completed their studies (Central Region's Technical Advisory Services, 2021). It was assumed that some of these students had dropped out of their studies, while others had taken a break and may have been intending to complete their course later.

The attrition rates increased further when examining dropout rates for Māori and Pasifika cohorts specifically, as these groups had non-completion rates averaging 33% for Māori and 37% for Pasifika in each year between 2012 and 2017 (Hill, 2022). New Zealand's attrition data is slightly higher when compared with international statistics, which also demonstrate that many nursing students (in one case, one in four students) do not complete their nursing studies in one attempt (Jones-Berry, 2019). Therefore, these attrition rates must be investigated to understand how students can be supported to remain at their nursing studies so that the number of graduates can increase.

### 2.5 How Can the Number of Nursing Graduates be Increased?

The NZNO commented that attracting more nurses to the profession would be easier if the workforce was more representative of the ethnically diverse population (NZNO, 2018). In 2019, 59% of the New Zealand nursing workforce reported that they were European/Pākehā, while 8% and 4% identified that they belonged to the Māori and Pacific ethnicity groups respectively (NCNZ, 2020a). Also, the nursing workforce is predominantly female; in 2019, male nurses made up between 8% and 9% of the workforce (NCNZ, 2020a). In Australia, the percentage of male nurses is reported to be 12.3% (Nursing and Midwifery Board Ahpra, 2021). It is clear that these statistics are not currently representative of the population. It has been suggested that by incentivising males to study nursing and ensuring equality between genders in the workplace, some of the gaps in the nursing shortage could be reduced (Christensen & Knight, 2014). This would likely improve the situation drastically and simultaneously improve the poor conditions (such as high workloads) being experienced by the current workforce. Recruitment strategies have also been proposed to attract and retain more significant numbers of Māori and Pacifica students (Cook, 2009).

There is sufficient evidence to show that to combat the nursing workforce shortage, more focus needs to be given to retaining existing nurses, promoting nursing as a career option, increasing the quality of nursing education, and supporting nursing students and

recent graduates in their clinical experiences (Nieves, 2019). The WHO has recommended that more resources be invested in nursing education to increase the number of nurses and ensure global nursing needs are met (WHO, 2020). To increase the quality of nursing education and to support students and recent graduates throughout their clinical experiences, innovative solutions are required that can provide students with the skills needed for them to adequately address the challenges they may experience in the workplace or during their studies (Clarke et al., 2012; Minton & Birks, 2019; Watson et al., 2019).

Potential support, which has been or could be implemented, includes counselling opportunities, resilience workshops, and training for students to help them develop debriefing techniques (Agu et al., 2021; Minton & Birks, 2019; Watson et al., 2019). The support that schools provide to their nursing students to address the psychosocial risks they encounter can be referred to as psychosocial support mechanisms or support systems. Several New Zealand-based studies have examined the effectiveness of specific support mechanisms that could be useful in supporting students throughout their studies; this research will be further discussed in the following chapter (Chittick et al., 2019; Minton & Birks, 2019; Minton et al., 2018; Sinclair et al., 2016; Watson et al., 2019; Wilson et al., 2011; Wilson & Carryer, 2008). However, these support mechanisms will need to be specific to the study requirements for nursing students in New Zealand, as discussed in the following section.

### 2.6 Studying Nursing in New Zealand: What is Required?

The New Zealand nursing profession comprises registered nurses, enrolled nurses, and nurse practitioners (NCNZ, n.d.-a). The two tertiary pathways that will be of focus in this thesis are the Bachelor of Nursing and Diploma of Enrolled Nursing because these are the undergraduate programmes targeted at students new to the nursing sector and perhaps also new to tertiary education (NCNZ, 2022). Other tertiary courses offered by nursing schools in New Zealand are graduate entry Masters degrees such as the Master of Nursing Science. More specialised Bachelor of Nursing programmes also exist, and these include the Bachelor of Nursing – Māori and Bachelor of Nursing – Pacific programmes (NCNZ, 2022). Registered nurses must have undertaken a Bachelor of Nursing degree, which usually takes three years to complete, or a graduate entry nursing programme, which takes two years (NCNZ, 2020b). Similarly, to become an enrolled nurse, individuals must have completed a Diploma of Enrolled Nursing, which is an 18-month qualification (NCNZ, n.d.-b).

Nursing qualifications require intensive training. The NCNZ requires students to have worked a specific number of hours in clinical placement settings as part of their studies to ensure they have the necessary experience and have mastered the competencies required of a nurse before entering the profession (NCNZ, 2010, 2021). In order to gather this experience, students are trained at clinical facilities such as care homes and hospitals to complete tasks appropriate for their level of education, such as the planning and delivery of healthcare to patients, conducting health assessments on patients, and promoting health education (NCNZ, 2010, 2020b, 2021). These clinical experiences are referred to as "placements". The total number of placement hours required of nursing students differs depending on whether they are pursuing a Bachelor of Nursing pathway or the Diploma of Enrolled Nursing. Table 2 demonstrates the main differences between the two undergraduate nursing pathways.

**Table 2**

*Comparison Between the Bachelor of Nursing and Diploma of Nursing*

| Bachelor of Nursing: Registered Nurses | Diploma of Enrolled Nursing: Enrolled Nurses |
|---|---|
| 3 years | 18 months |
| Minimum of 1100 clinical experience hours, including an additional 360 hours in the students' final semester | Minimum of 900 clinical experience hours |

(NCNZ, 2020b)

The length of a Bachelor of Nursing and a Diploma of Enrolled Nursing in New Zealand is identical to the Australian requirements (National Early Career Nurse and Midwife Roundtable Working Group, n.d.). However, the total placement hours required in the Australian programme are significantly less, with just 800 hours required from Bachelor of Nursing students and 400 hours from Diploma of Enrolled Nursing students (National Early Career Nurse and Midwife Roundtable Working Group, n.d.). This demonstrates that New Zealand nursing students have more time dedicated to placement work. However, this also means that their hours spent preparing for placements are likely to be less compared to their Australian counterparts.

Currently, 17 nursing schools in New Zealand teach a Bachelor of Nursing; some also provide a Diploma of Enrolled Nursing (Nursing Education in the Tertiary Sector, n.d.). Interestingly, throughout recent years, the Bachelor of Nursing, Bachelor of Nursing – Māori, and Bachelor of Nursing – Pacific programmes provided through polytechnics and institutes of technology in New Zealand have been undergoing a unification process (Te Pūkenga, n.d.-c). This has included the design of new guiding concepts for the three nursing programmes and was instigated by the fact that New Zealand's polytechnics and institutes of technology merged to become subsidiaries of the organisation Te Pūkenga, which is now leading this unification progress (Te Pūkenga, n.d.-b, n.d.-c). The new programmes will be implemented from 2023 onwards and should ensure that Bachelor of Nursing students are adequately prepared for the workforce and the placements they will attend as part of their studies, as discussed in the following section (Te Pūkenga, n.d.-a, n.d.-c).

### *2.6.1 Preparation for Placements*

Prior to placement, student nurses undergo intensive training regarding the knowledge they are expected to have at their level of study, for example, being able to conduct various health assessments and deliver these in a culturally safe manner (NCNZ, 2012). However, with regard to the preparation provided by nursing schools, the literature has identified that students or graduates sometimes feel underprepared for clinical placement, suggesting that their preparation has not been sufficient; this contributes to students experiencing dissatisfaction and significant stress during placement (Admi et al., 2018; Milton-Wildey et al., 2014). Preferably, the training students receive should prepare them not only for the placements that are part of their studies but also for the experiences they will have after graduation and entering the workforce. However, when considering educational and emotional preparedness, nurses who had recently graduated and then participated in a study led by the NZNO stated that they felt unprepared for the demanding environment they were now working in (Clendon & Walker, 2011). As such, this indicates that nursing students' study experiences must be further examined to understand how challenging situations they may encounter during their studies may be impacting their rates of attrition.

## 2.7 Chapter Summary

In summary, there has been a chronic shortage of trained nurses in New Zealand for some time, which has worsened since the outbreak of COVID-19. It is therefore essential that the shortage is addressed with urgency so that the negative outcomes resulting from understaffing do not continue to impact nurses' wellbeing and work, as well as patients'

healthcare experiences and outcomes. One solution to the shortage is to start from the grassroots up and concentrate efforts on increasing and retaining nursing students and new graduates. The following literature review will investigate students' psychosocial health, including identifying, if possible, the main factors that can negatively affect their mental health status and whether there is a link between the support that students access and their attrition rates.

## Chapter Three

## Literature Review: Psychosocial Support Offered to Student Nurses

### 3.1 Introduction

This chapter will explore the psychosocial challenges students may face during their studies and how students experiencing these can be supported. Extant literature investigating these issues will be examined, including how these challenges may have changed because of the COVID-19 pandemic. Additionally, the guidelines and laws that require nursing schools to support their students will be investigated. Lastly, the recommendations made to address the psychosocial risks will be collated to understand what researchers have previously suggested that can mitigate harm.

By conducting this literature review, the context of the topics to be investigated can be fully understood and gaps in the existing research can be identified (Wee & Banister, 2016). These research gaps will, in turn, frame the thesis topic. This information will then help guide the direction of this thesis and assist in establishing the primary and supporting research questions that will be investigated. Specifically, the prior literature and publications examined should provide improved clarity on what is needed to reduce the attrition rates of student nurses and new graduates. However, in order to achieve this, the hazards in the current nursing environment must first be understood to conceptualise the environment students are entering as part of their studies.

### 3.2 The Current Nursing Environment: What Might Students Encounter While on Placement?

While on placement, many of the challenges experienced by student nurses can be categorised as psychosocial hazards; these are experiences or situations that can cause harm and negatively affect the psychological health and wellbeing of an individual (Lovelock, 2019). In comparison, a psychosocial risk results from exposure to a hazard and takes into consideration the likelihood of this situation occurring as well as the expected outcomes this experience would have on an individual (WorkSafe New Zealand, 2017). These risks arise from adverse organisational and psychological factors such as highly emotional situations, extreme workloads, and poor interpersonal relationships, for instance with co-workers (Dollard & Bakker, 2010; Potter et al., 2019; Zadow et al., 2017). Exposure to psychosocial hazards in the workplace impacts the health outcomes and general wellbeing of individuals (Leka & Jain, 2010). Some psychosocial hazards frequently discussed in the literature

regarding student nurses are bullying, assault or aggression, and emotional labour (Hopkins et al., 2018; Minton & Birks, 2019; Minton et al., 2018; O'Keeffe et al., 2021; Wilson & Carryer, 2008). These hazards will be presented in the following section.

### *3.2.1 Bullying*

Research focusing on bullying within the healthcare sector has indicated the complexity and extent to which this psychosocial hazard is prevalent (Hartin et al., 2019). The NZNO uses the definition of bullying coined by Gilmour (2018), who defined bullying as "unwanted, repeated behaviour that makes a person feel disrespected, unsupported and stressed" (Gilmour, 2018, p. 33; NZNO, 2019b). The main difference between bullying and the instances of aggression and violence discussed in the following section is that bullying is a repeated behaviour (WorkSafe, n.d.-a). WorkSafe, New Zealand's primary workplace health and safety regulator, identified that several factors could promote bullying within workplaces, for example, when bullying and its effects are not openly discussed or when reports of bullying do not lead to any consequences (WorkSafe, 2017). In the field of nursing, bullying and harassment often take place within the hierarchical nature of the workplace, which further increases the vulnerability of the student nurses who are new and inexperienced (Minton & Birks, 2019).

Bullying encountered by student nurses may occur both in the clinical placement environment which they attend as part of their studies and within the academic setting (O'Connor, 2014). There are several potential sources within the clinical placement environment, including "nurses, nursing aides, doctors, patients, faculty, and classmates", with clinical instructors and staff nurses being the most frequently identified sources of bullying experienced by student nurses (Clarke et al., 2012, p. 270). In regard to nurses in the clinical environment, Moloney et al. (2017) suggest that bullying behaviours may be displayed as a result of these individuals senior to the nursing students having a lack of time to express their feelings more rationally or that they may lack the interpersonal skills required to address situations of conflict.

A recent New Zealand study identified that nursing students reported more incidents of bullying in the later stages of their degree, with 47.1% of third-year students indicating that they had experienced bullying or harassing behaviours in the past year, in comparison to only 17.9% of first-year students reporting having had such experiences (Minton et al., 2018). Although not discussed in this study, it is possible that this increase may be because

students spend the most time on placement during their final year of study and therefore, there is a greater chance that they will be exposed to challenging situations. The type of bullying behaviour that students encounter most often, according to the recent NZNO student survey that questioned 878 student nurses, includes repeated insults or unjustified criticism from clinical staff (17.2% of respondents identified that this had occurred), being ignored or isolated by clinical staff (13.0%), and receiving repeated threats and/or intimidation from clinical staff (11.2%) (NZNO, 2019a).

Minton et al. (2018) found that bullying can have significant psychosocial effects, potentially leading to "feelings of inadequacy, anxiousness, embarrassment and humiliation, with some reporting they considered leaving the nursing profession" (p. 587). Uncivil behaviours in work groups, including conflict within teams or between individuals, characterised by unsupportive or mean behaviour, can lead to burnout (Elshaer et al., 2018; Leiter, 2013). An additional concern discussed by some researchers in this field is that students are not only at risk of being the subject of bullying behaviours, but they can also be witnesses to other students or staff being bullied (Minton & Birks, 2019). This means that students do not have to be the subject of bullying to experience poor psychosocial outcomes; students who witness such behaviours are also at risk of experiencing mental distress such as anxiety (Minton & Birks, 2019).

Bullying behaviour within the clinical setting is not easily resolved, hence the ongoing reports of students identifying negative behaviours (Minton et al., 2018). This is detrimental to the nursing workforce, as Clarke et al. (2012) concluded that students with higher levels of intent to leave the nursing programme also reported a greater frequency of bullying. As a result, one can question whether the provision of comprehensive support to students who experience bullying would positively influence their decision to complete their studies and stay in the profession following their graduation.

### *3.2.2 Assault and Aggression*

Workplace aggression is a frequent occurrence in healthcare and is often experienced by nurses due to their regular interactions and direct contact with patients (Hopkins et al., 2018). The definition of assault and aggression is frequently subjective and vague, as identified by Ferns (2006), who investigated the meaning of these terms in the healthcare setting. Therefore, in this research, the definition used by the NZNO will be

utilised,[1] which defines violence and aggression to be “physical assault; verbal abuse; threats and aggressive behaviours; including physical contact, threats of a sexual nature, and/or the use of a weapon” (Australasian College for Emergency Medicine, 2017; NZNO, 2019c, p. 1). This definition demonstrates that incidents of assault and aggression do not have to be physical to result in an adverse health and safety outcome; for example, verbal aggression can still be a significant psychosocial hazard (Searby et al., 2019). Aggression can stem from patients, their relatives and visitors, colleagues, and occasionally, members of the public (Shea et al., 2017).

WorkSafe (2020a) identifies that situations or environments which may increase the likelihood of aggressive incidents occurring include: overcrowding of patients in healthcare organisations, patients or family members feeling uninformed or experiencing high levels of stress, and shortcomings in the training of healthcare staff, including lack of cultural awareness. Instances of assault and aggression may not always be intentional, for example, when patients experience certain medical conditions which affect their decision-making and rationality (Hopkins et al., 2018). Vulnerable patients may also be angry and afraid, resulting in violent or aggressive outbursts; it is therefore an often unavoidable aspect of the nursing profession (Ferns, 2006).

Experiencing instances of aggression definitely affects student nurses’ safety and wellbeing, and research has linked such experiences to higher stress levels, poorer performance, symptoms of post-traumatic stress, as well as long-term psychological effects and adverse physical outcomes (Deery et al., 2011; Gates et al., 2011; Hopkins et al., 2018). Students may also be more vulnerable to aggression or assault than trained nurses due to their limited experience in identifying subtle risk factors which may rapidly escalate into aggressive behaviours (O'Keeffe et al., 2021). An inexperienced student could therefore be more affected by violence and aggression than other healthcare staff, and research suggests that such incidents are linked to the attrition rates of nursing students (Hopkins et al., 2018). This is also the case for nurses, as opposed to nursing students; Moloney et al. (2017) identified that the abuse nurses receive from patients and colleagues is linked to attrition in the workforce. Nonetheless, while research has indicated that aggression is a

[1] The definition of assault and aggression used by the NZNO is based on a report published by the Australasian College for Emergency Medicine.

cause for concern, there appears to be little on record about the frequency that New Zealand nursing students experience aggression while on placement.

However, students do not have to be the recipient of violence for this to affect their wellbeing and career choices, as being witness to such events can also result in poor psychosocial health outcomes (Curtis et al., 2007; Tee et al., 2016). In New Zealand, a recent study conducted a one-month long audit with 107 healthcare staff,[2] 88 of whom were nurses (Richardson et al., 2018). During the monitored month these workers reported 160 instances of violence or aggression, the most common type being verbal abuse (98 instances were reported). The likelihood that students will experience violence while on placement is, therefore, significant; as such, greater focus should be put on the provision of supportive actions or systems, such as debriefing following exposure to such an event (Curtis et al., 2007).

In short, it is clear that bullying and aggression are psychosocial hazards that present a significant risk to student nurses while on placement. However, an additional third hazard that can also impact students' success throughout their studies (if not prepared for and addressed appropriately) is emotional labour.

### *3.2.3 Emotional Labour*

The management of one's feelings in the workplace, for example, when particular emotions are required to be displayed even when these do not match an individual's actual inner emotions, is referred to as emotional labour (Msiska, Smith, & Fawcett, 2014). The nursing profession often deals with challenging or conflicting emotions, and nurses are required to manage their own emotions as part of their role, as well as the emotions of patients (Gray, 2009). High levels of overwhelming emotional labour may result in healthcare workers being at risk of developing emotional exhaustion, which in turn has been linked to decreased psychosocial health and an overall increase in nurses' intent to leave the profession (Havaei et al., 2016; Kinman & Leggetter, 2016; Maslach, 2003; Zadow et al., 2017). Therefore, it is critical that students are prepared for the challenges that emotional labour presents; indeed, both the teaching and clinical staff should ensure students have opportunities to build on and understand their own emotional competence (Wilson & Carryer, 2008).

[2] Students were not included in this research.

Research on emotional labour among student nurses has demonstrated that nursing students do not feel sufficiently prepared for situations involving the regulation of their emotions, such as instances of bereavement and supporting patients' families (Kent et al., 2012; McCreight, 2005). This unpreparedness is supported by other research, which identified that students are often exposed to challenging situations or risks; however, due to their previous experience in this field being limited, they lack the skills to manage these environments (O'Keeffe et al., 2021). An Australian study indicated that being underprepared to perform emotional labour may lead to students experiencing difficulties following graduation, which in turn can affect students' decisions to remain within the profession (Milton-Wildey et al., 2014). This further highlights the importance of providing students with sufficient support and preparation to face the emotional challenges they will experience while on placement, such as grief and bereavement. Unfortunately, the risks presented by emotional labour and the other psychosocial hazards discussed above have often worsened as a result of the pandemic, as detailed in the following section (Moloney et al., 2017; Sultana et al., 2020).

### 3.3 How COVID-19 has Affected the Psychosocial Risks Identified

As a result of the COVID-19 global pandemic, an increase in psychosocial stressors affecting healthcare staff has been reported, resulting from factors such as the reduced capacity of staff (for example, when self-isolation of healthcare workers is required), heavier workloads, as well as more stressful environments (Sultana et al., 2020). Heightened stress and the presence of occupational psychosocial hazards can further increase the prevalence of other psychosocial hazards (for example, bullying, as was discussed in Section 3.2.1), which negatively affect work satisfaction and increase attrition rates (Moloney et al., 2017). A study measuring the stress experienced by nursing students before the pandemic compared with during it demonstrated that the students' stress levels had increased significantly (Urban et al., 2021). Increased stress can lead to higher rates of sleep deprivation, resulting in a risk of burnout (Sultana et al., 2020). Nursing students have also stated that they have experienced decreased motivation and concentration due to the pandemic, which is causing learning challenges (Lovrić et al., 2020).

Further, the pandemic also affected students' ability to go on placement, resulted in a change of placement location, or reduced the number of learning opportunities available for students; for example, this may have included limited instances where students could practise technical skills such as health assessments (Byrne, n.d.; Ulenaers et al., 2021). Additionally, as a result of the pandemic, the risk of being infected or that one may infect

others while on clinical placement has increased (Aslan & Pekince, 2021; Ulenaers et al., 2021). Due to the hazardous environment, students are reportedly more aware of controlling infection risks, adding to their worry (Aslan & Pekince, 2021; Ulenaers et al., 2021). These situations may have also increased fear, stress, and anxiety levels for many students (Dewart et al., 2020; Patelarou et al., 2021; Sveinsdóttir et al., 2021). As the pandemic is now in its third year, these heightened stress levels are becoming chronic, which can severely impact the wellbeing of both students and the healthcare workforce (Shaw, 2020).

Emerging research has questioned whether new or in-training staff members (such as student nurses) receive adequate support and supervision throughout challenging placements conducted during the COVID-19 pandemic (Shaw, 2020). A recent study investigating Belgian nursing students' wellbeing during the pandemic has demonstrated that their nursing schools are supporting them adequately, although there was reportedly less support offered from the healthcare staff within the clinical placement environments compared to before the pandemic (Ulenaers et al., 2021). There is only limited research which has identified the levels of support New Zealand nursing students received throughout the pandemic and how this may have influenced their study experiences (Thomson et al., 2021). However, it is essential to understand how students are being supported, particularly through times of crisis and in relation to the psychosocial hazards they experience while on placement. This is particularly important as these interactions can significantly affect their psychosocial health.

### 3.4 Effects of Psychosocial Hazards on Student Nurses

Psychosocial health includes "sexual, emotional, social, environmental, cognitive, religious, moral, and spiritual satisfaction of a person" (Husain, 2021, p. 395). Good psychosocial health is usually supported by the following job traits: sustainable workloads, roles that provide individuals with choice over the work they do or how they organise themselves, the inclusion of recognition programmes and supportive teams, and consistent expectations for being respectful and fair (Maslach, 2017). Supporting workers' psychosocial health makes them less likely to leave their roles, and attrition rates can be reduced (Medland et al., 2004).

Within the health sector, staff have high levels of responsibility, stress, and emotional demands (Ilić et al., 2017; Soto-Rubio et al., 2020). Roles in healthcare organisations are also often characterised by unsafe work demands that can be sporadic, unpredictable, and

harmful, increasing the high-stress environment nurses operate within (Mansour & Tremblay, 2019). Therefore, the inclusion of students (who often require supervision) into these surroundings may be causing additional strain on the nurses who work in the placement organisations; this can, unfortunately, lead to hostility or to the students being ignored by nurses, resulting in a compromised and hostile placement experience (Clarke et al., 2012). These experiences can negatively affect the psychological and physiological health of student nurses (Clarke et al., 2012; Minton & Birks, 2019).

Outcomes resulting from poor psychosocial safety may include reduced overall health and wellbeing, errors in decision-making and medical processes, reduced levels of satisfaction, as well as stress and burnout (Elshaer et al., 2018; Guadix et al., 2015; Hall et al., 2016; Maslach, 2017; Soto-Rubio et al., 2020). Further issues resulting from exposure to psychosocial hazards include increased absenteeism, poorer quality of work, and decreased patient satisfaction; therefore, the psychosocial health of workers also affects organisational outcomes (Bergh et al., 2018; Maslach, 2017). However, the psychosocial hazards present in the healthcare environment may be perceived differently by each individual, depending on their previous experiences and personal background; as such, psychosocial health outcomes will vary (Hopkins et al., 2018).

When taking into consideration the many psychosocial hazards students may experience throughout their studies that are linked with potential attrition, as well as the outcomes of interacting with these, it is of no surprise that the completion rates of nursing courses in New Zealand are underwhelming (Central Region's Technical Advisory Services, 2021). As such, mechanisms need to be put in place to ensure students are supported and prepared to interact with such hazards so that their retention rates can be increased (Nelson Marlborough Institute of Technology, 2018; Pryjmachuk et al., 2009). The following sections will examine what kinds of support mechanisms nursing schools or placement organisations can offer their students to support them better when encountering these psychosocial risks.

### 3.5 Psychosocial Support Mechanisms for Student Nurses

The psychosocial hazards present in the workplace need to be addressed by either eliminating or minimising the risks these pose to people's health and wellbeing by putting a control measure in place (WorkSafe New Zealand, n.d.). The psychosocial support mechanisms nursing schools offer can be considered as control measures. These support systems can play a critical role in managing the hazards experienced by student nurses

(Lovelock, 2019). The necessity of such support mechanisms will be further discussed below.

### *3.5.1 Why is Psychosocial Support Necessary?*

There are many reasons why and how support systems can assist nursing students and healthcare staff to achieve better work-related health outcomes. For example, support mechanisms that teach mindfulness skills, raise awareness of psychosocial hazards, and provide education on how to manage stress, should assist students in coping with the demands of their clinical placement requirements or when they encounter stressful situations (Hogan et al., 2018; Zeller & Levin, 2013). High levels of social support and increased self-esteem can also aid students in maintaining better levels of mental health (Karaca et al., 2019). Further, it is important to have a workplace culture that promotes individuals accessing early intervention procedures when required (Safe Work Australia, 2019a). WorkSafe suggests that, when organisations have a strong health and safety culture, this can result in workers being more engaged and productive with a consequent decrease in turnover rates or absences (WorkSafe, 2020a). Additionally, clear procedures for using support systems may prevent more serious psychosocial health injuries from developing, which may have otherwise required long-term leave (Safe Work Australia, 2019a). In turn, this can contribute to the safe delivery of healthcare to patients or clients (WorkSafe, 2020a).

Furthermore, students must learn how to recognise and respond appropriately to psychosocial hazards in the clinical setting; this support should benefit students not only during their studies but also following graduation and their entry into the workforce (Minton & Birks, 2019). If this support is not implemented or effective, Hopkins et al. (2018), who studied the influence of aggression and violence on student nurses, indicate that the attrition rates of nursing students who have been exposed to psychosocial hazards will increase. Several suggestions have been made in the literature regarding how students should be prepared for clinical placements during their studies; for example, this may include the provision of opportunities or simulated situations for students to improve and practice their resilience and confidence when faced with challenging situations (Clark et al., 2013; Harris et al., 2016; Minton & Birks, 2019; Ulrich et al., 2017). The support systems explored in prior research will be further examined in Section 3.8. However, what we do not know are the types of support mechanisms (including any supportive relationships accessible to students) offered by New Zealand nursing schools, as well as how students perceive these

mechanisms to be assisting them in upholding their psychosocial health. This knowledge gap will be further explored throughout this thesis.

### *3.5.2 Relationships and Support: Coping with Stress While on Placement*

Having access to emotional support in the form of supportive and trusting relationships during student nurses' studies is considered necessary for helping them develop their own coping strategies, for example when emotional labour is required, instead of these situations taking a toll on students' wellbeing (Kinman & Leggetter, 2016). Clarke et al. (2012) suggest that it is the responsibility of nursing schools to confirm that the clinical instructors have the necessary preparation, skills, and experience to be providing support to students, and to ensure the authority of this role is not abused. They also stated that nurses should be held accountable for the support and care of student nurses in their workplace, although suggestions on how this could be regulated or managed were not discussed (Clarke et al., 2012).

Kinman and Leggetter (2016) acknowledge that the development of supportive environments and relationships that contain a high level of trust is neither quick nor easy to attain, particularly when healthcare workers are chronically experiencing high levels of work-related stress. Additionally, with students frequently changing their clinical placement locations throughout their studies, the ability to grow meaningful and trusting relationships with healthcare staff (who are also experiencing heightened stress) is further hindered (Haitana & Bland, 2011). This implies that additional support mechanisms will be required to support students effectively while on placement.

### *3.5.3 Psychosocial Support Mechanisms: What is Required?*

Nursing students having access to relevant support is an essential step in addressing the previously considered psychosocial hazards (Kent et al., 2012; Minton & Birks, 2019; Searby et al., 2019). A critical part of this process is educating students on the importance of reporting issues and how to escalate concerns (Ion et al., 2015). However, the 2017 National Nursing Student Survey, which had 922 respondents, identified that students were often unsure how or where to access psychosocial help related to their placement experience, for example, when experiencing anxiety and stress, bullying, and managing fatigue and shift work (NZNO, 2017, p. 9). These details have been further highlighted in the table below.

**Table 3**

*Students' Knowledge Regarding Where to Access Help When Required*

| Concern | Response selected | | |
|---|---|---|---|
| | "Enough for my own needs" | "No" | "Unsure" |
| Anxiety or stress | 53.6% | 14.8% | 6.4% |
| Bullying | 48.5% | 17.7% | 10.7 % |
| Financial difficulties | 48.5% | 27.0% | 13.7% |
| Gender identity issues | 48.8% | 21.4% | 14.9% |
| Managing fatigue and shift work | 40.0% | 33.7% | 14.9 % |
| Managing emotional responses on placement | 50.3% | 22.5% | 13.3 % |
| Managing conflict or anger | 52.6% | 18.4% | 14.0 % |
| Other mental health problems | 51.0% | 15.1% | 11.1% |

*Note.* Adapted from *National Nursing Student Survey 2017* (p. 9) by the NZNO, 2017. 

The same survey asked its participating students if they knew of someone they could approach if they had concerns about "Problems with clinical placements", and 91.7% of respondents identified that they did (NZNO, 2017, p. 10). However, the extent to which this process would assist or satisfy students was not explored. Students were also asked whether they had access to support services, including spiritual, social, and cultural or ethnic support (NZNO, 2017). Most students who identified as requiring such support stated they had access to these services. However, details of these services were not collected in the survey, nor did it investigate whether such support was effective (NZNO, 2019a).

An earlier study surveying recent nursing graduates who were subsequently employed as nurses questioned participants on which working conditions required the most improvement; the most common responses were shift work, staffing numbers, and provision of greater personal support (Jamieson et al., 2015). Although the term 'personal support' was not specifically defined in this research, the participants reported that they felt they lacked support during their adjustment to being in the workforce following graduation and for emotional issues or challenges they experienced. One participant also linked the lack of support with nurses' intention of attrition, stating "If we had a more positive response, more young people like myself would stay in nursing," demonstrating that a lack of support may be affecting the attrition rates of students following their graduation (Jamieson et al., 2015, p. 56). As such, support that better prepares students for the workforce is also required.

Ulenaers et al. (2021) have identified that, during the COVID-19 pandemic, it has been particularly important to ensure students have the opportunity to be heard and supported. The researchers suggested that this could be achieved by prioritising frequent interactions between students and their placement supervisors and providing them enough space and time to unwind from challenges experienced in placement environments. However, the question remains as to whether nursing schools will consistently provide this support, or whether it is even feasible for them to do so considering the resources required to do this, as well as tight training timeframes. To investigate the provision of support, it is important to understand what is legally required by nursing schools to protect their students, either through laws or guidelines.

### 3.6 Laws and National Guidelines: Occupational Health and Safety for Nursing Students

New Zealand's Health and Safety at Work Act 2015 states that organisations should ensure the health and safety of their workers, including workers whose work is "influenced or directed by" another organisation, as well as the health and safety of "other persons" who may be affected by work conducted by an organisation, as is reasonably practicable (Health and Safety at Work Act 2015, s 36). Further, the New Zealand's Health and Safety at Work Act 2015 states that individuals or organisations responsible for the running of a business are referred to as the "person conducting a business or undertaking" (PCBU). Therefore, legally, both the placement organisations and the nursing schools would be considered PCBUs, while a student nurse is defined as a "worker" (Health and Safety at Work Act

2015). This means both nursing schools and placement organisations have the primary duty of care[3] to provide a work environment that does not present risks to workers or visitors (such as students who are not considered employees) (WorkSafe, n.d.-d, n.d.-e). This suggests that nursing students should be given clear information and education regarding the placements' hazards and risks, as well as the processes involved after interacting with these hazards (Occupational Safety & Health Service, 1997).

WorkSafe also provides organisations with advice on how to reduce instances of bullying amongst staff; for example, bullying behaviours are less likely to occur in an environment in which workers feel safe reporting bullying, the consequences of bullying are prompt, clear, and fair, and unreasonable behaviours are quickly identified and dealt with (WorkSafe, 2017). Suggestions made by WorkSafe for organisations to implement include conducting surveys and exit interviews to gather information on bullying, tracking performance against indicators, implementing an anti-bullying policy, ensuring workloads are manageable, as well as providing education about bullying and how to communicate effectively (WorkSafe, 2017). These suggestions are broad, meaning that although they address bullying in all types of workplaces, they are still applicable to student nurses, nursing schools, and clinical placement environments.

WorkSafe also suggests that organisations should provide training to new workers about managing violent situations before individuals are exposed to potential hazards, as well as providing refresher training for existing workers (WorkSafe, 2020a). This is relevant to student nurses who might experience psychosocial hazards while on placement (for example, cases of violent patients who cause physical or psychological injuries) and therefore need to be aware of the organisations' escalation procedures and support available, before they start work (Hopkins et al., 2018). WorkSafe states that in order to implement successful education processes, organisations should record who has attended training sessions, in addition to conducting assessments of the skills learnt and gathering feedback from participants on their opinions on the effectiveness of this training (WorkSafe, 2020a). This can ensure that students are better prepared to react appropriately to the psychosocial hazards they may encounter.

[3] The primary duty of care refers to "a business that has the primary responsibility for the health and safety of workers and others influenced by its work" (WorkSafe, n.d.-e, para. 1).

However, despite extensive guidance on psychosocial health and safety responsibilities in the workplace, a recent criticism of WorkSafe is that they rarely investigate incidents or concerns relating to psychosocial health, despite being New Zealand's health and safety regulator and enforcement authority (Lane Neave, 2021; WorkSafe, 2017). This oversight means workplaces are unlikely to be held accountable if they fail to protect the mental health of their workers (Lane Neave, 2021). Therefore, organisations with chronic rates of bullying or aggression have little incentive to change or align themselves with the guidance provided by WorkSafe. Additional guidelines to which nursing schools should adhere are also provided by the Educational Codes of Practice, which indicate the support nursing schools are expected to provide students; these will be examined in the following section.

### 3.7 Educational Codes of Practice for Students and Relevance to Nursing Students

The Ministry of Education has recently released and updated its code of practice regarding pastoral care in the education sector, effective in New Zealand from January 2022 (Ministry of Education, 2021b). This states that education providers have a responsibility to ensure that the learning experiences provided to their students uphold their health, wellbeing, and safety, both physically and mentally; further, it indicates that tertiary institutions "must take a whole-of-provider approach to maintain a strategic and transparent learner wellbeing and safety system that responds to the diverse needs of their learners" (Ministry of Education, 2021a, p. 8). Providers of tertiary education are also required to have practices that can assist in reducing the effects that events such as abuse, harassment, and bullying have on students (Ministry of Education, 2021a). In addition, they must provide their learners with information about the "cultural, spiritual, and community supports available to them" (Ministry of Education, 2021a, p. 13). Further, tertiary institutions should provide their students with information on suitable practices which support their health and wellbeing, as well as how they can "access medical and mental health services through the provider or through community and public services, including culturally responsive services" (Ministry of Education, 2021a, p. 14).

This code of practice also requires that tertiary education providers ensure their students are able to report any concerns they may have in terms of their health, safety, and wellbeing (Ministry of Education, 2021a). These providers should understand which learners may be more vulnerable to poor wellbeing and safety, and ensure that these students can access support services when needed (Ministry of Education, 2021a). This suggests that all nursing schools, which are tertiary providers, should offer support mechanisms, or at

minimum be linking students to community or public support mechanisms, during the time that students are on clinical placement and are therefore at risk of experiencing abuse, bullying, or other challenging situations. The risks to the health and safety of student nurses exposed to psychosocial risks while in the clinical setting are indisputable, demonstrating the need for the healthcare sector and educational institutions to address these risks and provide effective support mechanisms.

The NCNZ also has guidelines on how nursing schools should support students. These are detailed in their *Handbook for Pre-registration Nursing Programmes*, which states that nursing schools are responsible for ensuring "the safety of health consumers, students and staff in the clinical environment" (NCNZ, 2020b, p. 65). The guidelines also state that there should be "an evaluation process for monitoring and evaluating the quality of the clinical experience for students" and add that this should include a process through which feedback is sought from both the clinical organisations and other stakeholders, such as the students (NCNZ, 2020b, p. 65). Lastly, the NCNZ requires nursing schools to have "an agreement in principle for grievance procedures for staff, students and health consumers" (NCNZ, 2020b, p. 65). Examples of how these processes may be implemented are not given; however, the assumption is that these are communicated to the students, for example, through the nursing schools' student handbooks or guidelines.

One of the competencies outlined by the NCNZ that students need to achieve to become a registered nurse includes understanding how to protect "oneself and others when faced with unexpected health consumer responses, confrontation, personal threat or other crisis situations"; this suggests that nursing schools are required to teach their students how to self-manage challenging situations, although the listed indicators for this competency refer primarily to the safety of the health consumer instead of the students (NCNZ, 2020b, p. 26). Both registered and enrolled nurses are required to ensure they maintain their professional development, and indicators given for achieving this competency include reflecting on one's practice, being accountable for one's own development of professional skills and competencies, and seeking ongoing educational development, such as updating one's knowledge on health processes frequently (NCNZ, 2020b).

It could be argued that the competencies should also include more specific detail and guidance regarding students being taught to self-manage challenging psychosocial situations that they may encounter. This is particularly important considering how a lack of

knowledge of this aspect can impact students' and graduates' wellbeing and, therefore, their performance. As such, effective support mechanisms are required to be implemented by nursing schools in New Zealand, so that they can meet the national guidance and laws, in addition to supporting their students successfully.

### 3.8 What Support Mechanisms are Being Offered by New Zealand Nursing Schools?

It is difficult to determine from the New Zealand nursing schools' publicly available information what types of specialised support services they provide their nursing students. Despite this, all nursing schools are part of universities or polytechnics which provide their students with counselling opportunities or pastoral care opportunities, although often these are limited to three free sessions per year (Ara Institute of Canterbury, n.d.-b; Auckland University of Technology, n.d.-d; Eastern Institute of Technology, n.d.; Manukau Institute of Technology, n.d.-a; Massey University, n.d.-a; NorthTec, n.d.; Otago Polytechnic, n.d.-a; Southern Institute of Technology, n.d.-b; Te Whare Wānanga o Awanuiārangi, n.d.-a, n.d.-b; The University of Auckland, n.d.-c; The University of Waikato, n.d.; Toi Ohomai Institute of Technology, n.d.; Unitec Institute of Technology, n.d.; Universal College of Learning, n.d.; University of Otago, n.d.; Victoria University of Wellington, n.d.-a; Waikato Institute of Technology, n.d.; Western Institute of Technology, n.d.; Whitireia and WelTec, n.d.). However, these sessions are offered to all students, not just nursing students, and it appears that no extra allowance is provided for them in consideration of the nature of their study. Some tertiary institutions do not offer in-house counselling services or only have this on specific campuses; instead, they provide students access to local or online counselling services, such as OCP, Bay Counselling, Vitae Counselling Services, and Piki (NMIT, 2022; The University of Waikato, n.d.; Whitireia and WelTec, n.d.). A few institutions have also partnered with Puāwaitanga Counselling services, an external organisation that provides additional support to students; they specifically advertise that sessions can be at any time of day, although they are best accessed during 9am and 9pm (Auckland University of Technology, n.d.-c; Manukau Institute of Technology, n.d.-a; Massey University, n.d.-a; Western Institute of Technology, n.d.; Whakarongorau Aotearoa (New Zealand Telehealth Services), n.d.). This support option may be of help to student nurses on placements who frequently miss the usual opening hours of other counselling services.

Auckland University has clear information on how and when students can access urgent appointments, for example, when having witnessed a traumatic event, as well as offering a "UniWellbeing eTherapy Programme", which was developed by Macquarie University and is being trialled at Auckland University (The University of Auckland, n.d.-c,

n.d.-e). Unitec and Victoria University of Wellington also have information for students requiring urgent appointments (Unitec Institute of Technology, n.d.; Victoria University of Wellington, n.d.-a). Additionally, some of the tertiary institutions have links to external contacts, such as National Counselling Services, Youthline, or Lifeline, for after-hours services (Ara Institute of Canterbury, n.d.-b; Massey University, n.d.-a; Toi Ohomai Institute of Technology, n.d.; Waikato Institute of Technology, n.d.). Interestingly, on Whitireia and WelTec's webpage, the information regarding their counselling services is presented alongside details of health and safety reporting (Whitireia and WelTec, n.d.). For example, students have the opportunity to report events, including incidents or near misses, as well as 'positive events', such as instances in which health and safety have been addressed successfully. This allows students to proactively participate in highlighting health and safety risks or good practices; WorkSafe suggests that this is critical for successful risk management and intervention practices (Lovelock, 2019).

Several tertiary institutions publicise online that they also provide their students with additional wellbeing support. For example, Universal College of Learning (UCOL) provides services such as an anxiety support group and a student wellness awareness group (Universal College of Learning, n.d.). Victoria University of Wellington has wellbeing workshops, peer support groups, and information about staying healthy while studying (Victoria University of Wellington, n.d.-b). One of the tertiary education providers also offers their students an app that provides mental health support at any time of the day and includes students being able to talk anonymously with other students around the world (Massey University, n.d.-b). Some of the tertiary education providers also give additional information on their web pages for students, for example, the supply of psychosocial wellbeing information, including additional resources on dealing with instances of bullying and physical or sexual abuse, and for understanding the effects of anxiety (Auckland University of Technology, n.d.-b; Otago Polytechnic, n.d.-b; The University of Auckland, n.d.-d). These are provided for all of the institutions' students and are therefore not specific to nursing students and so do not address the unique challenges they face while on placement.

As a result, one can question whether the supports offered are specific enough to appropriately help student nurses with the challenges they face on placement. Additionally, although the provision of counselling is no doubt vital in assisting students to cope with challenges while on placement, this support service is focused on helping the individual; therefore, this means that the counselling services have little impact at an organisational level, and as a result, the psychosocial hazards may continue to persist (Lovelock, 2019).

However, it is difficult to determine what additional support systems nursing schools offer to their nursing students as part of their nursing programmes when only having the tertiary institution's web pages as a resource. As such, relevant research will be considered in the following section, to understand what nursing schools may be implementing and what recommendations have been made to improve the support offered.

### 3.9 Recommendations in Research: Psychosocial Support Improvements

There has been significant international research on how psychosocial health can be supported during stressful situations, including both work environments and educational settings (Minton & Birks, 2019; Sidhu & Park, 2018; Sultana et al., 2020). Support offered can be split into two categories:

1. Training and guidance provided to students prior to going on placement to ensure they are equipped to react appropriately in challenging situations.
2. Support and pastoral care options that students can access if needed, for example, following challenging experiences while on placement.

Further, within the field of health and safety, stages of prevention and intervention are often classed into primary, secondary and tertiary stages; primary support aims to prevent the occurrence of exposure to identified hazards, secondary interventions focus on minimising individuals' exposure to negative situations, and tertiary support aims to reduce the negative effects that may result after individuals have been exposed to a hazard (Escartín, 2016).

In terms of the support provided to nursing students, primary support should take into account how the nursing schools prepare students for the clinical placement environment; for example, this may include training or workshops which can assist students in de-escalating aggressive situations prior to these turning into a psychosocial hazard (Escartín, 2016; Searby et al., 2019). Secondary interventions include the support mechanisms available to students to help them cope with any psychosocial hazards following an aggressive incident, for example, opportunities to debrief (Curtis et al., 2007). Finally, tertiary interventions provide students that have been exposed to psychosocial hazards with ongoing support, such as counselling opportunities for individuals who have experienced violent behaviours (Lovelock, 2019).

However, the primary/secondary/tertiary approach is problematic due to organisations often implementing few primary preventions and instead focusing on implementing mostly secondary interventions (LaMontagne et al., 2007). As a result, there is little done to prevent exposure to existing psychosocial hazards. Preventative support mechanisms are critical as they prepare students for the psychosocial risks they may encounter in the workplace. Despite this, preventative support alone would not be sufficient in supporting students either as it is likely they will continue encountering psychosocial hazards while on placement, and following exposure to these they may require support (Guadix et al., 2015; Lovelock, 2019). Researchers have made several recommendations regarding how psychosocial support offered to students can be improved. These suggestions have been made in terms of the general healthcare environment, as well as for nursing schools and students specifically.

### *3.9.1 Suggestions Made Regarding the General Healthcare and Nursing Environments*

Within the general nursing environment, several support mechanisms have been suggested which have been identified as being useful for students to receive before going on placement; most of these would be categorised as primary support interventions. For example, Heckemann et al. (2015) conducted a systematic literature review and concluded that aggression management training provided nurses with more confidence in responding to aggression from patients and visitors. The authors also identified that the attitudes and confidence of participants showed overall improvement as a result of the training. This finding was supported by other research, which highlighted that students would benefit from aggression management training and that this process could include simulated experiences focused on improving students' situational awareness (O'Keeffe et al., 2021; Searby et al., 2019). It was also identified that common interventions included as part of aggression management training often involve theory combined with a combination of "role play or other group work, breakaway skills training, risk assessment and situational awareness" (Searby et al., 2019). The methods through which aggression management training can be delivered are diverse.

An additional support service that research has recommended for the healthcare sector (rather than specifically for student nurses) is mindfulness training, which allows staff to have increased awareness and to be less susceptible to distractions, and which helps them regulate their emotions (Zeller & Levin, 2013). This is also supported by research on workers' occupational stress and burnout during COVID-19 which suggested that healthcare organisations provide psychosocial support such as mindfulness interventions to address

such issues (Sultana et al., 2020). Another COVID-19 related suggestion made for organisations is that the mental health services they provide are accessible to all; for example, this may include individual and group counselling, which can help in reducing levels of anxiety and burnout in healthcare staff and students, or the utilisation of digital technologies as an alternative option for individuals who may feel uncomfortable with or are unable to attend in-person sessions (Agu et al., 2021; Sultana et al., 2020).

For both tertiary undergraduate study programmes and nursing courses specifically, it has been suggested to include stress-relieving exercises and stress management workshops in the educational content to teach students how to have more resilience in stressful situations (Harris et al., 2016; Van der Riet et al., 2015). These suggested support mechanisms are similar to those targeting burnout, such as teaching relaxation strategies, promoting self-understanding (for example, through mindfulness techniques), improving coping skills (for example, by teaching conflict resolution techniques), and ensuring individuals have adequate social support, both within the workplace and at home (Maslach, 2017). It would be helpful for nursing schools to consider trialling or implementing these support mechanisms to better prepare students for the stressful situations they may encounter while on placement.

### *3.9.2 Suggestions Made Specific to Nursing Students: International Literature*

In the research there have also been discussions about how support mechanisms are likely to benefit student nurses specifically, as opposed to workers in general. Appendix B lists some recent examples in the literature researching support mechanisms that have been implemented or tested on nursing students with the intent of upholding their psychosocial health. The literature in this appendix has been listed chronologically to track the changes in approach which have developed over time. The table below provides an insight into the support mechanisms that have been investigated in recent years and indicates where the gaps in research exist.

**Table 4**

*Common Psychosocial Support Mechanisms Suggested in Literature*

| Support mechanisms offered to students before placement | Support mechanisms available to students during placement |
|---|---|
| Communication techniques and skills training (Minton et al., 2018; Sidhu & Park, 2018). | Reflective opportunities (debriefing) (Cantrell et al., 2017; Wilson & Carryer, 2008). |
| Resilience and stress management training (Cantrell et al., 2017; Karaca et al., 2019; Minton & Birks, 2019; Minton et al., 2018; Van der Riet et al., 2015; Watson et al., 2019). | Mentoring and supportive relationships with staff (Clarke et al., 2012; Haitana & Bland, 2011; Kinman & Leggetter, 2016). |
| Learning muscle relaxation techniques (Carver & O'Malley, 2015). | Counselling (Agu et al., 2021; Fang et al., 2020). |

Interestingly, by listing the studies in Appendix B in chronological order, it is evident that there have not been any significant developments or trends in the recommendations or suggestions made by researchers. Moreover, most of the support systems considered are examples of best practices (for example, muscle relaxation techniques), and are not required by the laws or guidelines discussed in Sections 3.6 and 3.7. Further, the extent to which they are being applied or implemented by nursing schools nationally is often unclear. The similarities between studies over the past decade could be due to the psychosocial risks experienced by students on clinical placements staying more or less the same, with little progress being made which would require new approaches, and few organic and unique approaches being suggested or implemented.

One of the studies of students at an Australian nursing school investigated the effectiveness of a blended learning resource, which aimed to understand how students' responses to bullying and aggression could be improved (Hogan et al., 2018). This support programme included "interactive learning modules comprising film clips of simulated bullying and aggression scenarios in clinical settings, links to relevant literature, reflective activities, and in-class role-play practice of effective responding and guided reflection of the role-play

experience” (Hogan et al., 2018, p. 90). The study's results demonstrated that students were empowered and their confidence improved in responding to bullying and approaching other staff for support. However, it is of note that this study could not demonstrate whether students’ experiences with bullying or aggression were improved as a result of this training; the study only demonstrated that students were more confident and prepared in responding to such situations, were these to arise in the future (Hogan et al., 2018).

Nonetheless, one could presume that receiving more training and preparation prior to interacting with the aforementioned risks on placement would result in improved psychosocial health outcomes for students. Further, Searby et al. (2019) suggest that student nurses are taught de-escalation and risk assessment skills, as these may reduce the severity or avoid the escalation of potentially aggressive behaviours, thus reducing the likelihood of violence and the resultant significant negative outcomes on students’ psychosocial health. Searby et al. (2019) also conclude that aggression management training should be part of undergraduate nursing degrees as this prepares students for the reality of their workplace.

Furthermore, researchers O'Keeffe et al. (2021) point out that the students’ knowledge and skills regarding the combination of occupational health and safety and clinical healthcare require urgent improvement. The importance of educating students on how to identify violence, aggression, or assault in the clinical placement setting, as well as providing support and reporting options, has also been highlighted in recent research (Hogan et al., 2018). Ensuring this is taught during the undergraduate courses should aid student nurses in coping with the demands of the workforce once they graduate. Research also recommends that nursing schools implement anti-bullying policies. These should clearly define bullying and outline the expected behaviour and reporting processes students should adhere to when experiencing bullying; these processes must be clear, consistently implemented, and confidential (Clarke et al., 2012; Fang et al., 2020; Minton et al., 2018; Sidhu & Park, 2018).

### 3.10 New Zealand Research

There are few differences in the common themes identified between international research and New Zealand-based research on this topic, apart from the fact that research conducted in New Zealand often comments on, or gives recommendations regarding the need for support systems to be provided to students in culturally safe ways, so as to support

minorities and Māori students (Chittick et al., 2019; Wilson et al., 2011). Specifically, it has been suggested that having cultural support, such as indigenous mentors, can increase the retention of Māori student nurses, although it is often a combination of supportive mechanisms which uphold students' wellbeing (Wilson et al., 2011; Zambas et al., 2020). This is particularly crucial due to these student cohorts having low completion rates (Wilson et al., 2011).

There is a dearth of New Zealand research regarding the full range of support mechanisms offered to nursing students and how these affect their experiences with any psychosocial hazards they may encounter. However, the focus has been on investigating singular psychosocial hazards or testing a limited number of support mechanisms, rather than on the combined effect of the various support systems offered. For example, a recent study focused primarily on the high prevalence of bullying that student nurses experience on placement; Minton et al. (2018) suggest that firstly, bullying must be acknowledged by nursing schools as an ongoing, complex issue within the nursing profession which students experience at concerningly high rates. The researchers then highlight that students must be better prepared to cope with the bullying they will likely experience while on clinical placements (Minton et al., 2018). These concerns are also supported by researchers who conducted similar studies globally (Courtney-Pratt et al., 2018; Jackson et al., 2011). The recommendations provided suggest that students require improved education on how to cope with experiences involving psychosocial hazards such as bullying, as well as how to effectively debrief after such incidents occur, to ensure students' resilience is upheld and supported (Courtney-Pratt et al., 2018; Minton et al., 2018).

An additional study suggested that nursing schools and placement providers should collaborate to identify whether it is possible to roster students with a single nursing preceptor throughout the students' placement (Haitana & Bland, 2011). This can ensure there is more time for a cohesive relationship to be formed, which, in turn, can result in higher levels of trust and understanding being built between the preceptor and the student. This can provide the student with greater autonomy and confidence (Haitana & Bland, 2011). The inclusion of role models and trained staff who can provide feedback and support to students who are facing psychosocial challenges is vital, because students would likely feel more comfortable approaching educators with whom they have had an opportunity to build a level of trust (Hogan et al., 2018; Sidhu & Park, 2018). This could therefore be seen as a proactive approach to supporting students' wellbeing during challenging placement situations.

The 2019 National Nursing Student Survey highlighted that greater focus is required in nursing education to teach students how to manage their own levels of stress and increase their understanding of the importance of self-care (NZNO, 2019a). Greater wellbeing from reduced stress can result in better educational performance and reduced anxiety; therefore, students are more likely to finish studying the nursing course and 'stick with' the profession following graduation (Melincavage, 2011; Smith-Wacholz et al., 2019). This retention is important, as having plentiful resources within the healthcare setting will also increase staff motivation and engagement, and decrease the chances of burnout (Mansour & Tremblay, 2019).

However, by examining prior studies and their findings, it is apparent that even though the effectiveness of some support mechanisms has been examined in a New Zealand context, a gap in the research literature exists in terms of what support mechanisms are offered by nursing schools across the country. Further, it is unclear how students interact with these support options and what students' opinions of these options are.

### *3.10.1 Understanding the Students' Perspective: How Can Support Mechanisms be Improved?*

In addition to understanding what support mechanisms nursing schools offer, it is critical to be aware of what students' opinions of these are, particularly if students access (or if they attempt to access) one or more support options. The most relevant studies, for example an article by Minton and Birks (2019), have focused on New Zealand nursing students' experiences on clinical placements and provided suggestions in terms of support systems that nursing schools should implement in order to provide a nurturing environment for their students. However, students' interactions with these systems and their opinions of them have not been examined.

Several areas requiring further research have also been suggested by the literature examined in this chapter. For example, O'Keeffe et al. (2021) pointed out that further research and evidence are required to understand how students can better develop the skills needed to manage aggression expressed by patients. Minton et al. (2018) also identified that further research is required to investigate bullying of student nurses in the clinical and educational settings in New Zealand. In particular, these researchers suggested that future research should be conducted on the strategies provided by nursing schools that help

students build resilience and cope with incidents that could negatively affect their psychosocial health.

Another consideration, and an area that requires further research, is whether these recently proposed support systems may lead to new unwanted outcomes or the creation of new barriers that will need to be addressed. For example, a recent study examined the inclusion of simulations as a teaching tool in nursing schools; however, this was often discovered to exacerbate stress levels in students (Cantrell et al., 2017). Another issue discussed is the barriers that exist to accessing the support options offered by nursing schools; for example, students may have a lack of knowledge of how, where, and when to access such support and be hesitant to access the systems provided due to perceived stigma (Harris et al., 2016). This suggests that students may have some negative opinions on the support mechanisms provided by their nursing schools and this needs to be investigated to understand how students' attrition rates may be impacted.

However, although several of the New Zealand-based studies surveyed nursing students nationally, none of these covered more than one or two psychosocial hazards or support mechanisms, nor did they ask student nurses' opinions on how they should interact with the support options after experiencing these hazards (Minton & Birks, 2019; Minton et al., 2018; Sinclair et al., 2016; Wilson et al., 2011). Therefore, the gap in the research is clear: although many have researched the psychosocial challenges faced by student nurses on placement, no study has yet collected data on New Zealand student nurses' interactions with, and understandings of, the support mechanisms offered by their nursing schools. Additionally, it has not been investigated whether the perceived quality of interactions students have with these support mechanisms may affect students' decisions to remain within their nursing programme. The level of students' understanding as to what is being provided by their nursing school in terms of support systems and when they should access these is also unclear and will be investigated in this thesis.

### 3.11 Chapter Summary

It is evident that there is much ongoing research about the psychosocial risks experienced by nursing students throughout their studies. There has been a significant amount of research globally on the psychosocial health of nurses and student nurses, with a particular focus on the bullying experienced by these groups. However, the literature analysed has revealed the following gaps in the existing research:

- Literature has proven the effectiveness of educating healthcare workers about coping skills for some time. However, how such strategies have been implemented in organisations is not always clear.
- Specific to New Zealand, there is little research focused on students' understanding of what psychosocial support systems their nursing school has available to them, or on their experiences interacting with such support.
- A lack of understanding also exists around the type of support mechanisms available to student nurses in New Zealand before their placements (for example, training regarding their resilience or stress management), versus what is available to them during their placements (for example, counselling and debriefing opportunities).
- It is also unknown how student nurses interact with these support mechanisms, and students' opinions on the extent that these are effective in addressing their psychosocial health.

In summary, student nurses' psychosocial health needs to be supported during their challenging and demanding studies. Currently, nursing schools are implementing many support mechanisms nationally for their students to access, as per the national laws and guidelines that mandate this. However, it is important to investigate students' knowledge and opinions of these support systems, to further improve these. This research will examine common themes underlying students' perceptions of support mechanisms offered and assist in improving understanding of what might be the most useful mechanisms being provided by nursing schools. Such an appraisal is vital in further developing the quality of support offered, with the goal that the provision of helpful and accessible support mechanisms can address students' attrition rates as they are more equipped to interact with the psychosocial challenges they will face on placement.

# Chapter Four

# Research Methods

## 4.1 Introduction

The previous chapters highlighted the theoretical foundations and the research germane to this topic. Chapter Two presented background information to explain the context of the current nursing environment in New Zealand. Chapter Three reviewed the literature on the psychosocial hazards that students may experience while on placement and how these may affect their psychosocial health and attrition intentions. Further, the existing literature on the support mechanisms nursing schools could offer, or are already providing, their students was examined.

The purpose of this chapter is to outline the methodology used in this thesis and to justify why particular research design choices were made. Firstly, how similar studies have been approached and what research methods were applied are examined. It appears that similar studies have used a range of data collection tools and have collected either quantitative or qualitative data, or both (Minton & Birks, 2019; Minton et al., 2018; Wilson & Carryer, 2008). These studies have been able to assess students' opinions on certain types of psychosocial support, for example, by providing a small group of students with resilience training (Watson et al., 2019). However, no studies so far have investigated and compared students' psychosocial experiences in New Zealand regarding how they interact with the variety of support systems offered through their nursing schools and how these might affect their intent to stay within the nursing profession. Therefore, the literature reviewed in Chapters Two and Three will guide the methodological direction of this thesis, as well as the primary research question that this thesis aims to answer: What is the impact of psychosocial support mechanisms on student nurses' decision to complete training?

To address this question, several secondary research questions will also be examined. Collecting data to answer these additional questions will provide the context needed to address the primary research question. It will also ensure that the holistic contexts of this topic can be understood prior to findings and recommendations being compiled. The secondary questions include:

- What are the psychosocial support experiences of student nurses in the New Zealand public health sector?

- How is the psychosocial wellbeing of student nurses affected during clinical placements?
- What relevant training are student nurses given regarding their own psychosocial wellbeing before their placements?
- What are the current support mechanisms that protect student nurses' psychosocial wellbeing during placements?
- To what extent are these support mechanisms effective?
- Do student nurses have any safety concerns while on clinical placement that would influence their studies going forwards?

These questions are addressed from a multidisciplinary perspective, using a variety of methods to ensure in-depth data has been gathered. In this chapter, the researcher will also explain the philosophical underpinnings of the research, how the data was proposed to be collected, and why specific methodological decisions were made. This will include a detailed overview of the theoretical paradigm, research design, and participant recruitment and selection processes. The ethical considerations taken throughout the research process will also be explicated, followed by a discussion regarding the data collection, analysis, and interpretation processes. Lastly, the reliability and validity of this research will be considered, including how the methods being used will ensure reliability and validity are upheld. This will confirm the findings are robust and can be used as the basis of the recommendations for nursing schools nationally.

### 4.2 Methods Used in Prior Research

As discussed in the literature review, prior research in this field in New Zealand has focused on singular psychosocial hazards such as bullying or harassment of student nurses while on clinical placements, or alternatively has investigated the experiences of specific groups of students such as Māori cohorts (Chittick et al., 2019; Minton & Birks, 2019; Minton et al., 2018; Sinclair et al., 2016; Watson et al., 2019; Wilson et al., 2011; Wilson & Carryer, 2008). One study explicitly focused on Māori nursing students and their experiences (Chittick et al., 2019). This focus is justifiable, as a recent New Zealand study showed that the ethnic group that most commonly reported instances of bullying were Māori students (Minton et al., 2018). Most of the research methods used in these prior studies were cross-sectional online surveys (alternatively referred to as questionnaires by some researchers) (Minton & Birks, 2019; Minton et al., 2018; Sinclair et al., 2016; Watson et al., 2019; Wilson et al., 2011). The use of surveys in research will be examined following.

### *4.2.1 Using Surveys*

Surveys collect data by asking participants questions in a pre-determined order (Queirós et al., 2017). This method of data collection is frequently used as it is possible to gather large amounts of data in a short timeframe due to its simplicity in collecting, collating, storing, and analysing data (Nayak & Narayan, 2019; Queirós et al., 2017). Additionally, surveys are a helpful data collection method to quickly contact participants and distribute the survey to them online, where they can answer questions at a time and location of their choosing (Evans & Mathur, 2005; Nayak & Narayan, 2019). This means that surveys can also be conducted on a larger scale when compared with other research methods due to them requiring less time and resources. As such, the use of surveys is favoured by many researchers in collecting required information. The effective use of surveys in prior literature has influenced the choice to use a survey to collect data for this thesis.

### *4.2.2 Using Interviews*

Other similar studies investigating nursing students' psychosocial health experiences have used interviews or focus groups as their data collection methods (Chittick et al., 2019; Wilson & Carryer, 2008). The strengths of using interviews for data collection include being able to gather valuable, detailed, and relevant insights; however, interviews are also time-consuming and not generalisable (Queirós et al., 2017). For this thesis, a small number of interviews were conducted to gather additional insights into the responses collected as part of the survey. While prior studies that utilised focus groups will likely have chosen this method as it can be more time efficient than interviews, they are also more challenging to manage and participants may withhold opinions that are not as socially desirable, meaning more innovative answers may not be shared (Acocella, 2012; Queirós et al., 2017). Therefore, focus groups were not incorporated into the methodological design of this research, which is further described in the following section.

## 4.3 Research Design

The general psychosocial wellbeing of New Zealand student nurses on placement needs to be explored in addition to the psychosocial training and support options that students are offered before and during their placements. It is also important to note that the literature discussed thus far has stemmed from a healthcare perspective and conducted by researchers specialising in the field of nursing and healthcare; for example, most of the researchers are nursing educators and/or registered nurses (Chittick et al., 2019; Minton & Birks, 2019; Minton et al., 2018; Sinclair et al., 2016; Watson et al., 2019; Wilson et al., 2011; Wilson & Carryer, 2008). Although similarly focused on nursing outcomes, this thesis

will approach this issue from an holistic health and safety management perspective. This means that the provision of psychosocial support mechanisms (which are occupational health and safety controls[4]) will be examined, as well as how these are perceived and evaluated by the target audience (Zanko & Dawson, 2012). By taking an holistic approach, this research will also consider temporal events and contexts (for example, in this study, the COVID-19 pandemic has significantly influenced the data gathered) (Zanko & Dawson, 2012). Instead of primarily focusing on healthcare and nursing outcomes, developing health and safety approaches that can improve the organisational environment nursing students experience while on placement will be the fundamental goal. In order to achieve this, the theoretical paradigm used in this research needs to be discussed to understand how this has guided the research process.

### *4.3.1 Research Paradigm*

The philosophical assumptions taken in this research can be explained through the researcher's ontological and epistemological beliefs (Barbour, 2014). Ontology includes the "ideas about the social world and how we go about studying it" (Barbour, 2014, para. 1). The ontology that has been applied to this thesis is realism, since the goal of the research was to build on existing knowledge while simultaneously exploring what objects and phenomena exist in this field (Gray, 2004; Gray, 2018). The specific type of realism that has been used is critical realism; this reality includes not only the occurrence of events but also perceived phenomena or mechanisms that may lead to experiences, which can then be analysed (Patomäki & Wight, 2000; Stutchbury, 2021). Critical realism also considers the existence of complex systems and situations that may have the potential to influence or affect phenomena, but which have not been experienced (Patomäki & Wight, 2000).

This critical realist ontology will be interpreted through an objectivist epistemology. Epistemologies refer to "ideas about knowledge and what constitutes evidence" (Barbour, 2014, para. 1). An objectivist epistemology states that reality can exist without an individual being aware of it, and therefore research is conducted in order to discover these truths and facts (Gray, 2018; Rossman & Rallis, 2017). This epistemology considers that participants can have subjective views but states that objective methods and experimental designs (as opposed to the use of case studies) should be used to investigate these beliefs (Gray, 2018; Rossman & Rallis, 2017). The research methodology used as part of an objectivist

[4] Health and safety controls include actions or procedures which eliminate or minimize the risk that a hazard is causing (WorkSafe New Zealand, n.d.).

epistemology can include a variety of methods, such as surveys, questionnaires, and focus groups, and these aim to investigate the realities and facts that the researcher is not already aware of (Feast & Melles, 2010; Gray, 2018; Rossman & Rallis, 2017). This epistemology will be adopted for the research being conducted for this thesis.

Therefore, the perceptions of reality held by participants of this research (specifically, their opinions on the support mechanisms offered by their nursing school) may be influenced by beliefs and expectations based on the interactions, or a lack of interactions, they have had with specific phenomena (Gray, 2018; Guba & Lincoln, 1994; Patomäki & Wight, 2000). Possible phenomena that may affect nursing students' perceptions of reality include: their personal backgrounds and individual experiences they have had with challenging situations prior to their studies; whether they encountered negative situations while on placement; and whether they have interacted with the support mechanisms that are provided by nursing schools, as students may not experience these unless certain situations arise which cause them to require these mechanisms. The congruent data collection methods used to investigate the students' beliefs on psychosocial support mechanisms are discussed below.

### *4.3.2 Data Collection Methods*

The data collection methodology for this thesis involved a mixed methods process where both quantitative and qualitative data were collected (Plano Clark & Ivankova, 2016). The order in which these methods were executed demonstrates a sequential explanatory design; first, mainly quantitative data were collected during the survey, and this was followed by the collection of qualitative data in the interviews that could expand on the quantitative data findings (Doyle et al., 2009; Edmonds & Kennedy, 2017). Using both quantitative and qualitative data allows for the strengths of using mixed methods to be combined while also aiming to minimise some of the weaknesses linked to individual data collection methods (Plano Clark & Ivankova, 2016). The use of quantitative data can be helpful when requiring standardised, statistical, and objective techniques, although it is important that the sampling methods by which participants are chosen are free from bias so that findings are generalisable (McEvoy & Richards, 2006). As surveying has proven useful in prior research for collecting larger volumes of data as well as demographic information, a cross-sectional survey was used to collect insights from student nurses for this thesis. This means that the data will be gathered at "one point in time" instead of over a longer time (Gray, 2018, p. 35).

As previously discussed, other research has also collected qualitative data through methods such as interviews (Chittick et al., 2019). Qualitative data is helpful for investigating opinions or experiences in depth, as it provides the opportunity to examine the meaning of participants' responses in further detail (McEvoy & Richards, 2006). For example, feelings resulting from specific experiences or actions can be best studied through qualitative research (Brinkmann, 2013). It is important to note that qualitative data is subjective; as a result, it is recommended that, instead of collecting data with the aim to be statistically representative, data collection should occur until a point is reached where no new themes are identified (Pope & Mays, 2006). For the purposes of this research, interviews recording qualitative data were utilised, and these aimed to explore further the common themes identified in the survey responses.

This thesis conducted explanatory research, including quantitative and qualitative data that could investigate causal relationships (Doyle et al., 2009). Gathering both quantitative and qualitative data through a survey and interviews in a mixed methods process was the most effective data collection method for this type of research due to the first set of data from the survey amassing a larger quantity of responses, while the second set of data from the interviews enhanced the information gathered in the survey (Doyle et al., 2009; Edmonds & Kennedy, 2017). The process used to combine these data sets for analysis is discussed following.

### *4.3.3 Triangulation*

Collecting both quantitative and qualitative data through a mixed methods process is beneficial when verifying or investigating sets of data in-depth (Sechrest & Sidani, 1995). This combination of methods is called data triangulation (Gray, 2018). Triangulation can address multiple research questions at once by using multiple methods of data collection, gathering both quantitative and qualitative data simultaneously or consecutively (Doyle et al., 2009; Gray, 2018). By using several types of data collection methods (for example, both surveys and interviews), limitations stemming from weaknesses displayed by individual methods can be addressed and this can improve the validity of the findings (validity is further discussed in Section 4.8) (Gray, 2018; Kwok, 2012). An additional benefit of using triangulation is an increased understanding of findings, for example, due to being able to compare data sets and combine them to form an holistic account of the research topic (Casey, 2009).

Therefore, using triangulation in this study ensures that the weaknesses of each individual data collection method can be managed by the strengths of the other individual method (Gray, 2018; Kwok, 2012; Salkind, 2010). Further, by comparing the two sets of data that have been collected through differing methods, relationships and comparisons between data can present more convincing and comprehensive conclusions (Casey, 2009; Regmi, 2014). However, triangulation may pose difficulties for some researchers as it requires significantly more time, control, and resources when compared to singular methods, and small mistakes or barriers may significantly affect the overall study's time frame (Kwok, 2012; Salkind, 2010). As such, it is important that potentially unexpected incidents causing delays are planned for throughout the design of this research (Kwok, 2012). This preparation includes having pre-determined phases of research as discussed in the following section.

## 4.4 Stages of Research

Prior to beginning the data collection process, the review of previous literature was necessary to ensure that the gaps in the literature which required addressing were adequately identified. Following this, the data collection process could begin, and this was split into two stages. The survey was conducted at stage one, followed by the interviews at stage two. For both stages of data collection, and in addition to gathering information on the support mechanisms and student nurses' interactions with these systems, data were also collected on students' psychosocial experiences on placement. This was done so that placement experiences could be linked to interactions with support mechanisms and students' decisions to stay in or leave their studies. This data could then be compared with similar research to understand whether the percentage of students who reported that their negative experiences affected their psychosocial health has remained the same in recent years, for example, throughout the COVID-19 pandemic. To ensure relevant data was collected, both stages of the research needed to be purposely designed, as detailed below.

### *4.4.1 Stage 1: Survey*

The first set of data gathered was through a web-based, cross-sectional survey. The Australian 'People at Work' Survey was used as a basis for the questions and layout of the survey designed for this thesis. The 'People at Work' Survey is a psychosocial risk assessment survey designed to monitor and control psychosocial risks in the workplace (People at Work, n.d.-a). This survey is promoted to organisations to help them understand and improve their psychosocial risk management processes, for example, by evaluating the effectiveness of psychosocial support mechanisms that have been implemented (Johnstone et al., 2011; People at Work, n.d.-b). Other research in this field has employed the use of

newly designed surveys (using pre-existing scales, although these were also sometimes adapted) (Sinclair et al., 2016; Watson et al., 2019). Additionally, pre-existing, validated surveys have been used, such as the *Student Experience of Bullying During Clinical Placement* (SEBDCP) Survey (Minton & Birks, 2019; Minton et al., 2018).

Therefore, the use of the validated 'People at Work' Survey was considered appropriate for achieving the research aims as it could focus on occupational health and safety risk management processes, investigate students' opinions on support systems in place, and explore themes appropriate to this thesis (People at Work, n.d.-a). Although students are not legally employed by the organisations they complete their placements at, they spend a significant amount of time in the workplace (the placement organisations) and encounter the same types of psychosocial risks as the employees (the other healthcare staff). As such, the use of this survey was considered appropriate, although adjustments had to be made to ensure relevance for nursing students in relation to their placement experiences and so that the provision of support mechanisms by the nursing schools could also be investigated.[5] For example, some detailed questions were added, asking whether students were aware of available support mechanisms, their potential interactions with these, as well as whether these systems influenced their decision to continue with their studies. In particular, the additional survey questions aimed to identify whether there was a difference between the level of support or the training students were provided before going on placement, and then once they were on placement. The final survey included 42 questions, including optional response items where participants could enter a textual response to expand on their previous answers. The questions collected both quantitative and qualitative data. The complete survey is attached in Appendix C.

Qualtrics was chosen as the survey platform because AUT provides a premium membership for researchers to utilise. The premium membership also incorporated the analysis of the data, for example, the response percentages and the creation of charts and

[5] The changes made to the People at Work Survey include the "About You" section, in which questions around employment details were changed to study details. The word "workplace" was also changed throughout to "placement", "job" to "studies", and reference to other parties, such as "co-worker" or "customer" was changed to "nurses" or "patient". Finally, a section was added at the end of the survey to understand nursing students' knowledge of, and potential interactions with, support mechanisms, as well as to collect additional data on the students' psychosocial health and general experiences.

diagrams. These analyses are further detailed in Section 4.7. The survey was predicted to take approximately 20 minutes to complete. A goal of 100 responses was set as this number was considered achievable in the set timeframe and appropriate for a Masters'-level thesis (Smith, 2015). Additionally, that number of responses was large enough for the participants to be representative of nursing schools nationally, and the findings could potentially be generalised across all nursing schools. To ensure that the nursing students had sufficient experiences from placements to reflect and comment on, only students who had completed a minimum of one placement were invited to participate.

### *4.4.2 Stage 2: Interviews*

Following the collection of data through the surveys, common themes such as shared opinions or experiences were identified from the responses given, using the analysis process described in Section 4.7. These themes were then further explored in the interviews. Semi-structured interviews were utilised for this process, as guiding questions ensured the topics of interest could be explored with some flexibility (Wilson, 2012). The original aim was for interviews to first be conducted with student nurses, followed by interviews with stakeholders to further investigate the themes discussed by the students who had been interviewed and surveyed. Nursing student interviewees would be able to provide first-hand experience when reflecting on the common survey themes and related questions. On the other hand, stakeholders (including nursing school staff such as lecturers and tutors, clinical educators, pastoral care providers, and nursing student representatives) would provide differing insights, depending on their role. By engaging with stakeholders, it is likely that the research results would have more impact, relevance, and credibility, or that there might be improved adoption of the recommendations given (Boaz et al., 2018; Concannon et al., 2014; Cottrell et al., 2014). The semi-structured interview questions were broad and could be made more specific for each interview, depending on the role of the stakeholder. However, considerable difficulties were experienced by the researcher when trying to find student participants to interview. Ultimately, it was decided that the research efforts would be put into the survey and stakeholder interviews instead; this will be further discussed in Section 4.6.2.

The interviews were planned to be conducted in person in Auckland, or over Microsoft Teams or Zoom for other locations. The preference was for interviews to be held in person because it is easier to interpret body language or facial expressions this way, in comparison to conducting interviews online (Wilson, 2012). However, due to the COVID-19 lockdowns, the interviews conducted for this thesis were all eventually held online. This was a global trend for researchers, as COVID-19 restrictions and social distancing requirements

resulted in video-based online interviews becoming a popular substitute for in-person interviews (Foley, 2021; Nyashanu et al., 2020). Online interviews can benefit participants who may be shy or prefer physical separation, and it is also a more cost-effective option due to not requiring travel (Duffy et al., 2005; Weller, 2017; Wilson, 2012). However, a limitation to using online interviews is the lack of face-to-face connection the researcher may have with the participant, which may affect the building of rapport between the interviewee and interviewer (Weller, 2017). In the case of the research for this thesis, the opportunity to conduct interviews online allowed for interview participants from outside of the Auckland area to take part. This improved the generalisability of the findings, as participants from various organisations and nursing schools could represent a more diverse set of institutions, beliefs, and experiences. To ensure participants' wellbeing and safety was considered throughout the research, specific ethical considerations were taken, discussed next.

## 4.5 Ethical Considerations

Ethical considerations were particularly important for this research as the study involved participants who had to reflect on negative experiences, particularly during the survey stage. Several ethical considerations were adhered to so that potential harm could be addressed and ethical requirements could be upheld. Ethical approval was granted by the Auckland University of Technology Ethics Committee (AUTEC) on 20 July 2021 (AUTEC Reference number 21/194) to ensure that the considerations taken would appropriately address any ethical concerns this research may have involved. The most significant ethical considerations taken have been outlined below.

### *4.5.1 Informed Consent*

To ensure participants were given the opportunity to provide informed consent, separate *Participant Information Sheets* were made for the survey and interview participants (separate Information Sheets were made for stakeholder and nursing student interview participants), detailing the aim and process of the research phases (see Appendix D, E, and F). For the surveys, participants were provided with the *Survey Participant Information Sheet* (Appendix D), which highlighted the details of the research context, what their participation involved, and whom they could contact if they had questions or concerns. Before beginning the survey, information about the research and providing consent was communicated to participants. The participants were required to confirm they understood the research and confidentiality information before starting the survey. It was also communicated that participants gave their consent to participate by completing the survey.

The interview participants were provided with the *Participant Information Sheet for Interviews*. Like the *Survey Participant Information Sheet*, this explained the research, what would be required of the participant, their rights as a participant, and contact details for the researcher and primary supervisor. All interviews were recorded, and it was clarified at the beginning of each interview that the participant could refuse to be recorded at any stage and could refrain from answering any of the questions without providing a reason. Consent forms were required to be formally signed and returned before the interview (see Appendix G). The *Participant Information Sheets* for both survey participants and interviewees also confirmed that their participation would remain anonymous, as detailed below.

### *4.5.2 Anonymous Participation*

One of the most important considerations taken when involving participants in this research was ensuring their anonymity, which includes "collecting data without obtaining any personal, identifying information", and their confidentiality, which involves "separating or modifying any personal, identifying information provided by participants from the data", in order to protect their identities (Coffelt, 2017, p. 227; Connelly, 2014). This was particularly important when considering that the student participants would be talking about their experiences while on placement, which might involve patient scenarios. Despite this, participants were strongly discouraged from sharing any information that would violate patient confidentiality and nursing standards.

The survey responses were collected anonymously, meaning no identifying information was collected. Any such information shared (such as their nursing school's name) was redacted prior to being included in this thesis. Participants were also given the option to input their email addresses at the end of the survey if they wanted the research findings to be shared with them after the completion of the research. The survey was set up so that students could add their email addresses to a separate form that was not traceable to their previous responses. Meanwhile, to keep the identities of the interviewees confidential, they were given pseudonyms, for example "Stakeholder 1", and any identifying information shared in their responses was de-identified. Lastly, steps were taken to ensure the research findings would not damage the reputations of the organisations or stakeholders; for example, all nursing schools have been referred to as "Nursing School A", "Nursing School B", and so on because of some participants revealing negative opinions about their institutions, and these having to be kept confidential (Hammersley & Traianou, 2012).

### *4.5.3 Additional Ethical Considerations*

Further ethical considerations included mitigating the possibility of participants being negatively impacted by having to reflect on potentially traumatic experiences. Participants could stop taking part if they began feeling uncomfortable about the topics being discussed, for example by exiting the online survey. Additionally, counselling services were offered to any participant who required these as a result of their research participation. The details regarding the availability of these services were included in the *Participant Information Sheets*.[6] Finally, as identified by the recent National Nursing Student Survey, the New Zealand student nurse population is culturally diverse (NZNO, 2019a). As such, it was expected that a varied population would be represented in the participant population for this thesis. It was vital that the research methods were delivered in a culturally safe way. To ensure the research methods were culturally appropriate, AUT's Director of Māori Advancement for the Business Faculty was consulted.

Following the completion of the literature review, the gaining of ethics approval, and the planning of the methodology, the collection of data could begin, as outlined in the following section.

## 4.6 Data Collection

This section will describe the data collection process utilised to collect the data for this research. Data collection occurred from August 2021 to June 2022. The data was originally intended to be collected through three phases, as outlined in the table below.

[6] These services were not accessed by any participant.

**Table 5**

*Stages of the Research*

| Research Stage | Stage 1 | Stage 2 | |
|---|---|---|---|
| Research Phase | 1: Survey | 2: Interviews with student nurses | 3: Interviews with stakeholders |
| Participant criteria | Student nurses, currently studying at a New Zealand nursing school. Participants had to be at minimum 18 years of age, have completed one placement, and not currently be taught by AUT nursing lecturer Rebecca Mowat. | Student nurses, currently studying at a New Zealand nursing school. Participants had to be at minimum 18 years of age, have completed one placement, and not currently be taught by AUT nursing lecturer Rebecca Mowat. | Variety of stakeholders, who have interest or knowledge in student nurses' placement experiences. |
| Number of participants: goal | Goal of 100. The aim was to gather responses from students who attended a range of nursing schools nationally. | Goal of 8. The aim was to gather responses from students who attended a range of nursing schools nationally. | Goal of 5. The aim was to gather responses from stakeholders who could provide a range of insights. |
| Sample | Sample determined based on which nursing schools distributed the survey to their students. | Sample determined based on which nursing schools distributed the survey to their students. | Sample chosen based on expertise in this topic, and by contacting nursing schools and relevant organisations. |

### *4.6.1 Data collection: Survey*

Following ethics approval from AUTEC, all 17 New Zealand nursing schools were contacted via email with a description of the research and requesting them to share the participant information and link to the survey with their students. The email used to contact nursing schools is attached as part of Appendix H. This approach to gain access was preferred as prior research has demonstrated that individuals are more likely to respond to a survey invitation if this is sent to them by someone within their organisation or by authority figures (Saleh & Bista, 2017). Therefore, the survey information was first emailed to the Heads of the Nursing Departments of each nursing school so they could share it with their students. However, as previous research has detailed (Minton et al., 2018; Wilson et al., 2011), there were challenges associated with this method as it was not guaranteed that all heads of nursing schools would forward this invitation to their students.

In total, all 17 nursing schools were contacted:

- ARA Institute of Canterbury
- AUT University
- Eastern Institute of Technology (EIT)
- Manukau Institute of Technology (MIT)
- Massey University
- Nelson Marlborough Institute of Technology (NMIT)
- NorthTec (Tai Tokerau Wānanga)
- Otago Polytechnic
- Southern Institute of Technology
- Te Whare Wananga o Awanuiārangi
- Toi-Ohomai Institute of Technology
- Unitec Institute of Technology
- Universal College of Learning (UCOL)
- University of Auckland
- Waikato Institute of Technology (Wintec)
- Western Institute of Technology
- Whitireia Community Polytechnic

A goal of 100 survey responses was set. This is reflective of the recommended survey sample size when researchers want to use thematic analysis; Smith (2015) suggests that medium-sized projects such as Master's research should include between 30-100 survey responses to be able to conduct meaningful thematic analysis on the responses. The higher end of this range was selected as a goal, as a larger sample could better represent the population the respondents are part of (Kelley et al., 2003). However, the researcher experienced a lack of responses to the survey invitation, resulting in slow research progress. This will be further explained in the following section.

### *4.6.2 Data collection: Interviews*

For the first planned interview stage and to contact potential student nurse interview participants, the researcher approached organisations and specific individuals who had a significant interest or knowledge in the relevant areas. Stakeholder emails are attached as part of Appendix I. Additionally, the following groups and organisations that had direct contact with student nurses were approached over the span of several months with the

request that they share the research information with student nurses who may have been interested in being interviewed:

- Nursing schools that had agreed to forward the survey to their students.
- The “NZNO members and support group” Facebook group. (This is a Facebook group for nurses, healthcare workers, and their supporters).
- The NZNO National Student Unit. (This is a representative group for nursing students in New Zealand, run by the New Zealand Nurses Organisation (NZNO, n.d.)).

Although some individuals from these groups expressed interest in participating, this interest did not translate into any interviews with student nurses. While multiple attempts were made to gain student participants, the ongoing non-response from organisations and groups that could be the intermediary between the researcher and the students made this research phase unviable. The lack of student participants meant that data in relation to students’ experiences interacting with support mechanisms could not be collected. It is suspected that the paucity of student participants and nursing schools’ support resulted from a lack of interest or suspicion about the implications of possible research findings, or from the untimely COVID-19 lockdowns throughout the months the nursing schools were contacted. This environment may have resulted in increased pressure and stress for the nursing schools, for example, due to students having a reduced ability to go on placement (Byrne, n.d.; Ulenaers et al., 2021). Therefore, participating in this research would likely not have been of high priority for nursing schools at the time. These research challenges will be further discussed in Section 5.2. Due to the ongoing lack of student interview participants, as well as the time limits set for the completion of this thesis, and based on advice from the researcher’s thesis supervisors, the decision was made to focus on contacting stakeholder interview participants instead.

To distribute the request for stakeholder participants, the following organisations and groups were contacted:

- The NZNO Research Department
- The “New Zealand Nurses Organisation – NZNO” Facebook Page
- The Nurses Society of New Zealand
- Nursing school staff members or student representatives at a variety of nursing schools who were known to the researcher’s supervisors
- Nursing schools who had agreed to forward the survey to their students

- An NZNO spokesperson who was known to the researcher's supervisors (this contact then shared the research information with several of his colleagues)
- Recent nursing school graduates known to the researcher

Despite these efforts to contact potential stakeholder participants, only five individuals agreed to be interviewed, as detailed in the table below. In addition to the stakeholders listed, one reply was eventually received from the NZNO; however, this contact was made too late for engagement and to include in the insights of this research.

**Table 6**

*Stakeholder Participants*

| Stakeholder Role | Stakeholder's organisation | Stakeholder's interests |
|---|---|---|
| Lecturer | Nursing School C | • Lecturer at a nursing school |
| Lecturer | Nursing School H | • Lecturer at a nursing school |
| Student representative | Nursing School I | • Student representative at a nursing school, in their second year of studies |
| Professional Nursing Advisor | Professional Nursing Organisation | • Currently working for a Professional Nursing Organisation<br>• Background in Nursing Education |
| Clinical Educator | Nursing School I | • Clinical Educator at a nursing school, who also has a focus on assisting and educating Māori students<br>• Occasionally works in the clinical field |

Stakeholders were asked to provide insights into the support mechanisms nursing schools offer to their students and how students may interact with these. As semi-structured interviews collected this data, the guiding questions aimed to expand on the common themes identified in the survey responses and to provide context on topics where required. The interview question format is attached in Appendix J. In particular, the opinions and knowledge on the following topics were explored:

1. Reflecting on bullying and aggression experienced by students while on placement
2. What other risks are present during clinical placements that might be affecting students' psychosocial health, for example students not feeling prepared for the emotional labour required
3. Who is responsible for providing psychosocial support
4. Existing support mechanisms provided by the interviewee's organisation to students, and whether these are accessible to all students
5. What is preventing better support mechanisms from being implemented
6. Whether negative experiences may be affecting attrition rates
7. Best practice examples of psychosocial support being offered

Following the collection of data, each data set required analysis, as described in the section following.

### 4.7 Data Analysis

The quantitative and qualitative data were analysed separately, after which the findings of these sets of data were examined together. The quantitative survey data were analysed automatically through the Qualtrics survey website. This included:

1. Showing the total number of responses for each question.
2. Calculating the total number of responses and the percentage of each response, for each question.[7]
3. Options to display this information in graphs, for example, bar graphs or pie charts.

The qualitative survey data was collected in the form of written responses that participants had completed and were mainly used to provide additional context to the quantitative answers given. In comparison, to collect the qualitative interview data, each interview required transcribing using the audio recording made during the interview. By

[7] Qualtrics also calculated the minimum, maximum, mean, standard deviation, and variance for each question. However, these numbers were not utilised in the findings of this research due to the other data and calculations providing better insight into the topics being discussed.

transcribing the interviews personally, the researcher could continue to grow the understanding and familiarity with the data, leading to improved data analysis following the transcription (Rehm, 2010). The interview and written survey responses were then analysed using thematic analysis, a technique used for qualitative data analysis (Braun & Clarke, 2021). More specifically, the reflexive thematic analysis process was used; a reflexive approach involves the development of key themes from codes, and patterns amongst these themes are then examined as part of one concept (Braun & Clarke, 2021). This approach was chosen as it was theoretically flexible and had previously been used in the field of health and wellbeing (Braun & Clarke, 2014, 2021).

Data analysis software (such as NUDIST) was not utilised to analyse the qualitative data. This was due to the researcher having insufficient time to develop the software literacy that would have been required to analyse the data effectively. Further, there was concern that using such software would focus on the language used (this was not desirable as students from different nursing schools occasionally used different terminology) and not acknowledge some of the implied meanings or context, particularly within the written survey responses (Firmin et al., 2017; St John & Johnson, 2000).

The themes identified as a result of the reflexive thematic analysis conducted were then examined in conjunction with the themes identified from the survey responses. This allowed for further context to be given to the survey responses and for the researcher to ‘build’ on the ideas and conclusions generated from these themes. Nonetheless, the researcher also considered the validity and reliability of the study and how these concepts impact the research findings.

### 4.8 Validity and Reliability

For the research to have meaningful and useful findings that can be referred to by nursing schools nationally, it needed to be conducted with high levels of validity and reliability. Validity refers to the accuracy of claims made as a result of research being conducted; in other words, the scores or results convey the meaning they have been intended to (Cizek, 2020; Zumbo & Chan, 2014). For example, considerations taken to uphold the validity of the quantitative findings included using an anonymous, automated survey (that was based on the Australian “People at Work” survey, which has been validated as a survey tool) (People at Work, n.d.-a). This assisted in reducing systematic bias during data collection as respondents remained unknown to the researcher during both data

collection and analysis, and the data was collected through a standardised tool (People at Work, n.d.-a; Willig & Rogers, 2017).

Validity also refers to the methods used to collect the data, including how the sample of participants was selected (Kelley et al., 2003). Self-selection determined the participant sample for this thesis as each student and stakeholder could decide whether they wanted to complete the survey or be interviewed (Bosomworth, 2014; Sharma, 2017; Sills & Song, 2002). However, a limitation to using self-selection sampling is that there is likely to be some self-selection bias that occurs amongst participants having certain characteristics, such as those with stronger or negative opinions being more likely to participate (Sharma, 2017). Notwithstanding, this sampling method was still considered the most appropriate for the research being conducted as part of this thesis.

In terms of the validity of the qualitative data collected, the researcher took to ensure that the sample of individuals who participated in the research represented a range of views and opinions (Willig & Rogers, 2017). However, the nature of a self-selecting sample has limitations in this regard. Despite this, the stakeholders who were interviewed did represent three different nursing schools from various locations in New Zealand, as well as a professional organisation, meaning that a range of views and opinions could still be collected. Further, when discussing the validity of qualitative data, the terms ‘transferability’ and ‘credibility’ are often used (Payne & Payne, 2004). Transferability considers how applicable the research findings are to other contexts (Walsh, 2003). For example, one could question whether the findings of this thesis, which were based on data collected in a New Zealand context, may be transferable to international environments. Credibility can be established by having an awareness of “the researcher’s influence on the study”, using triangulation, and retaining a “clear and concise delineation of the interpretation process of data”, meaning the data is analysed in a precise and exact manner that avoids errors in interpretation (Boivin, 2021, p. 14).

Triangulation is also often believed to improve the validity of research findings due to the combination of methods reducing the effect of bias that individual methods may involve (Gilad, 2021). Triangulation can also positively affect the reliability of the data collected (Gray, 2004). Reliability refers to research processes being repeatable and replicable, for example by using standardised procedures (Roberts & Ramanujam, 2018). Therefore, this determines the quality of the data that has been collected or whether external and accidental

factors may have affected the findings (Kirk & Miller, 1986; Zumbo & Chan, 2014). Using the "People at Work" survey, which has been tested and validated, further improves the reliability of the research processes.

The mixing of data collection methods by collecting quantitative data in the survey and qualitative data through the survey and interviews improves the quality of inferences drawn from the data collected (Willig & Rogers, 2017). This assisted the researcher in understanding the accuracy of the findings resulting from this thesis, in addition to how these may be generalisable to student nurses more broadly. However, several limitations exist in the research methods discussed in this chapter. These will be discussed in the following section.

## 4.9 Limitations of Research Methods

Several methodological limitations exist within the New Zealand studies previously discussed, as for all research potentially. These need to be taken into consideration when planning research processes to ensure they are addressed and mitigated where possible.

### *4.9.1 Accuracy of Responses*

Firstly, the reliability of the data collected in research is not always guaranteed; for example, it depends on the quality of the survey questions being asked, and how accurate or forthcoming participants are when providing their answers (Queirós et al., 2017). By using a validated survey tool (see Section 4.4.1), the quality of the survey questions could be ensured, although the accuracy of participants' responses still relied on their willingness to share truthful answers. Other limitations that potentially affect the accuracy of responses when using a survey include unclear instructions and the inability of participants to easily clarify their queries due to not interacting with the researcher in person (Evans & Mathur, 2005). In the *Survey Participant Information Sheet*, the contact details for the researcher were provided so that participants could get in touch if required.

### *4.9.2 Sample Sizes*

Another limitation often present in prior research includes small or limited sample sizes; low response rates can negatively affect research findings, as the results only represent the respondents who participated in the study instead of the population they are supposed to represent (Kelley et al., 2003). For example, Minton et al. (2018) noted that their research was not representative of nursing students across New Zealand, as they had

been unable to reach students from all the nursing schools due to some education providers not forwarding their survey to their students.

This is also reflected in the research conducted by Wilson et al. (2011), who explained that their survey had not been distributed promptly, or not at all, to their target nursing student population by the heads of nursing schools whom they had contacted. Additionally, Sinclair et al. (2016), who distributed their survey to all students with an email address listed with the NZNO National Student Unit, received 339 completed surveys that met the participant criteria; this was a 10% completion rate. The researchers noted that this was a small sample size, so the generalisability was negatively affected (Sinclair et al., 2016). Similarly, Minton and Birks (2019) received a low number of survey responses compared to the number of survey invitations sent, and commented that their findings might therefore not be representative of nursing students nationally. The sample sizes from this thesis were also small, mirroring the previous research discussed. This may have affected the generalisability of the findings and has therefore been included as a limitation in Section 7.3, where it will be discussed further.

#### *4.9.3 Lack of Representation*

Other studies that utilised surveys or questionnaires also experienced limitations regarding their sample of participants. For example, Watson et al. (2019) used a questionnaire that had a pre-determined pool of participants, with an intervention group who participated in a resilience workshop and a control group that did not participate in the workshop (Watson et al., 2019). The researchers determined that the generalisability of the findings was limited because all participants were from one nursing school. For this thesis, seven of the 17 nursing schools that were contacted participated by sharing the information with their students. Survey responses were submitted by students from each of the nursing schools that shared the information. This means that less than half of the nursing schools were represented in the findings, which will have affected the generalisability of the findings in a similar manner to the research conducted by Watson et al. (2019).

The limitations of having small sample sizes and a lack of representation from nursing schools nationwide were also present in other research which used interviews as the data collection method. For example, Chittick et al. (2019) noted that their conclusions, which were based on data collected from interviews with a small sample of participants from one nursing school, may not be generalisable or replicable in other situations. As such,

limitations relating to sample size and representation seem to be present in many of the studies that have previously been conducted in this field. However, apart from reaching out to each nursing school, there appears to be little that can be done to motivate schools to participate. This will be further discussed in Section 6.8.

### 4.10 Chapter Summary

Fundamentally, this research aims to contribute to the knowledge provided by the previous studies that have investigated nursing students' psychosocial health and the education they receive about this. To ensure meaningful recommendations be given at the conclusion of this thesis, a robust research methodology was necessary, building on the methodological strengths of previous studies and taking into consideration their limitations.

This chapter has discussed how the choices made regarding the methodology used in this thesis were predicated on the aim to ensure the rigour, validity, and reliability of the results. Chosen methodologies used in previous research significantly influenced the decisions regarding the research design for this thesis. By using a mixed methodology and collecting quantitative and qualitative data, the primary and secondary research questions could be addressed, as will be discussed in the following chapter. Additionally, having two stages of research allowed for the better analysis of a range of data, including students' opinions and experiences as part of the survey, and more specific, in-depth data on each of the main survey themes through interviews. Further, data triangulation helped to overcome the limitations inherent in individual data collection methods, thus ensuring greater reliability and validity of the research findings. Reflexive thematic analysis was used in combination with the analysis Qualtrics conducted on the descriptive statistical data. The following chapter will provide the results of this analysis and discuss the themes identified from this process.

# Chapter Five

# Research Findings

## 5.1 Introduction

The purpose of this chapter is to present the findings from the survey and interviews conducted between August 2021 and June 2022. Using thematic analysis, themes have been identified in both data sets that aim to provide insight into how students' psychosocial health is affected during their placements. Emerging themes have been listed, with descriptive statistics and qualitative data collected from the survey and interviews being presented concurrently.

Firstly, the data collection process will be described, including the challenges faced during this process. Following this, the participants' characteristics will be examined to understand how the group of survey respondents and stakeholders compare to those in similar research. The data will then be presented in themes, beginning with the first theme, which considers the psychosocial hazards experienced by student nurses. After the hazards that students interact with have been analysed, the second theme will highlight student nurses' psychosocial health and their attrition intentions. Theme three is the students' understanding of the support mechanisms offered by their nursing schools and, finally, any interactions had with the support offered will be presented as part of theme four. Ultimately, it is hoped that these themes can assist in providing a better understanding in terms of whether students' psychosocial experiences and their access to support mechanisms affect their decision to remain within the nursing degree programme and enter the profession.

## 5.2 Data Collection

As described in Chapter Four, qualitative and quantitative data were collected as part of the nationwide survey, and additional qualitative data were gathered during the stakeholder interviews. This section will briefly outline how many survey and interview responses were collected.

### *5.2.1 Surveys*

All of the New Zealand nursing schools that offered a Bachelor of Nursing[8] (n=17) were contacted in August 2021. Unfortunately, this process was interrupted by the COVID-19 Omicron outbreak beginning at the same time, during which the country was placed into a lockdown, followed by ongoing contact restrictions; Auckland, New Zealand's biggest city and home to five nursing schools, was in lockdown for 107 days (New Zealand Government, n.d.). As a result, the nursing schools were placed under pressure to try and ensure their nursing students were still able to complete their required placement hours, despite the lockdown limiting the acceptance of students in some placement organisations (Byrne, n.d.). A reminder email was sent one month later to those nursing schools which had not responded. Seven nursing schools agreed to participate in the research, while three refused to participate, and the rest stopped replying or did not reply, despite follow-up emails. This meant only 41% of eligible nursing schools had shared the survey invitation with their students.

In total, 96 surveys were completed in full and submitted. An additional 83 partial responses were generated but were not submitted; these have not been included in the final response count. The completed responses represented all the nursing schools that shared the survey with their students. One of the survey responses had to be excluded from the final response count as they had not yet started their first placement, which was a requirement for participating. This resulted in a total of 95 survey responses out of a goal of 100. The responses were collected between August 12, 2021, and November 3, 2021. This was to allow students who may have still been considering their participation to have an adequate chance to submit a response. The survey was closed once it became apparent that no new answers had been received for some weeks.

### *5.2.2 Interviews*

After repeated efforts (discussed previously in detail in Section 4.6.2), the goal of five stakeholder participant interviews was eventually reached. Similar to the survey, the sample of stakeholders resulted from participant self-selection and depended on individuals' availability and interest in the research topic (Bosomworth, 2014; Sills & Song, 2002). However, despite several attempts to share the request for stakeholder participants within various groups or with specific individuals, only five stakeholders with varied backgrounds

[8] Some of these nursing schools also offered a Diploma of Enrolled Nursing. No nursing school offered only a Diploma of Enrolled Nursing.

agreed to participate. Bosomworth (2014) suggests that a limited number of responses may be due to the research information shared with potential stakeholders not being clear enough to target them, their roles, and their knowledge, so these individuals feel as though they do not have enough to contribute and do not respond. This was taken into consideration when contacting potential stakeholders towards the end of the data collection period, meaning that specific questions targeting their knowledge areas were shared with each individual when emailing them.

## 5.3 Participant Characteristics

To understand the views and opinions held by the survey and interview participants, questions were asked to determine their personal backgrounds and roles. These are explored in this section and provide context on the data collected.

### *5.3.1 Survey Participants*

Tables 7, 8, and 9 below identify the characteristics of the 95 survey participants and demonstrate the breakdown of these participant numbers amongst the de-identified nursing schools. This information was collected in survey questions A.1, A.2, and A.6 (see Appendix C for a copy of the survey; these question numbers will be referenced throughout this chapter). The data in Tables 7 and 8 demonstrate that the majority of respondents (67.37%) were 25 years old or younger, with almost 77% identifying as NZ European and 3.16% identifying as NZ Māori. This differs from the NZNO's 2019 Student Survey, which had 64.6% NZ European and 20.4% NZ Māori respondents (NZNO, 2019a). However, their survey had 878 respondents and it is possible the ethnicity breakdown would have been similar had more responses been collected for this thesis. Similar to the survey conducted for this thesis, most of the NZNO's 2019 survey respondents were also 25 years old or younger (58.5%).

**Table 7**

*Age of Survey Participants*

| Age of respondents | Number of respondents (n=95) | Percentage of respondents |
|---|---|---|
| 18-20 | 26 | 27.37% |
| 21-25 | 38 | 40.00% |
| 26-30 | 10 | 10.53% |
| 31-35 | 13 | 13.68% |
| 36-40 | 3 | 3.16% |
| 41+ | 5 | 5.26% |

**Table 8**

*Ethnicity of Survey Participants*

| Ethnicity | Number of respondents (n=95) | Percentage of respondents |
|---|---|---|
| NZ European | 73 | 76.84% |
| NZ Māori | 3 | 3.16% |
| Indian | 3 | 3.16% |
| Chinese | 1 | 1.05% |
| Samoan | 2 | 2.11% |
| South East Asian | 3 | 3.16% |
| Cook Island Māori | 1 | 1.05% |
| Other European | 2 | 2.11% |
| Other Asian | 2 | 2.11% |
| Other Pacific | 1 | 1.05% |
| Other* | 4 | 4.21% |

*The responses listed for “Other” included Latin American, South African, Kiwi, and Irish Jewish American. It was not possible to tell whether the participant who identified as ‘Kiwi’ could have also fit into one of the other categories, such as “NZ European”.

**Table 9**

*Nursing Schools of Survey Participants*

| Nursing School | Number of respondents (n=95) | Percentage of respondents |
|---|---|---|
| Nursing School A | 44 | 46.32% |
| Nursing School B | 10 | 10.53% |
| Nursing School C | 10 | 10.53% |
| Nursing School D | 9 | 9.47% |
| Nursing School E | 9 | 9.47% |
| Nursing School F | 7 | 7.37% |
| Nursing School G | 5 | 5.26% |
| Other* | 1 | 1.05% |

*The respondent who selected “Other” did not clarify which nursing school they attended and may have selected this option as they did not want to identify their school.

In the written survey responses examined in this chapter, quotes selected for each theme represented the range of nursing schools included in Table 9. These students provided opinions that may be generalisable to all nursing schools.

### *5.3.2 Interview Participants*

As stated in Chapter Four, five stakeholders were interviewed as part of this thesis. These stakeholders belonged to either a professional nursing organisation or a nursing school. The range of the participants’ roles meant that a variety of opinions and insights could be ascertained.

**Table 10**

*Interview Participants*

| Stakeholder ID | Stakeholder Role | Stakeholders' organisation |
|---|---|---|
| S1 | Lecturer | Nursing School C |
| S2 | Lecturer | Nursing School H |
| S3 | Student representative | Nursing School I |
| S4 | Professional Nursing Advisor | Professional Nursing Organisation |
| S5 | Clinical Educator | Nursing School I |

The following sections will highlight the findings from the survey and interview data sets, organised into the themes identified during the thematic analysis process. Firstly, the data will be presented demonstrating the psychosocial hazards that student nurses may encounter while on placement.

### 5.4 Theme One: Psychosocial Hazards

The data collected in the survey and interviews indicated that students experienced or witnessed a variety of psychosocial hazards while on placement. The hazards most frequently discussed by students included bullying and aggression, as well as emotional labour. The relevant survey responses and stakeholders' quotes will be presented in this section.

#### *5.4.1 Bullying and Aggression on Placement*

Students' experiences with bullying and aggression were investigated as two separate topics in the survey (see questions C.3–D.3 in the survey). However, as students who described negative situations or experiences during their placements were not asked to discern between instances of bullying and aggression, several written responses were unclear in terms of which psychosocial hazard their situation involved. As a result, the quantitative data for bullying and aggression has been kept separate while the written responses have been grouped to ensure these do not get misinterpreted; these responses will instead be examined to understand whether these behaviours have stemmed from sources internal or external to the students' nursing school.

**5.4.1.1 Bullying.** Students were asked in survey questions C.3 and C.6 whether they have experienced bullying or have witnessed bullying while on placement. The Figures 1 and 2 below show the students' responses.

**Figure 1**

*Student Nurses Who Have Been Subjected to Bullying While on Placement*

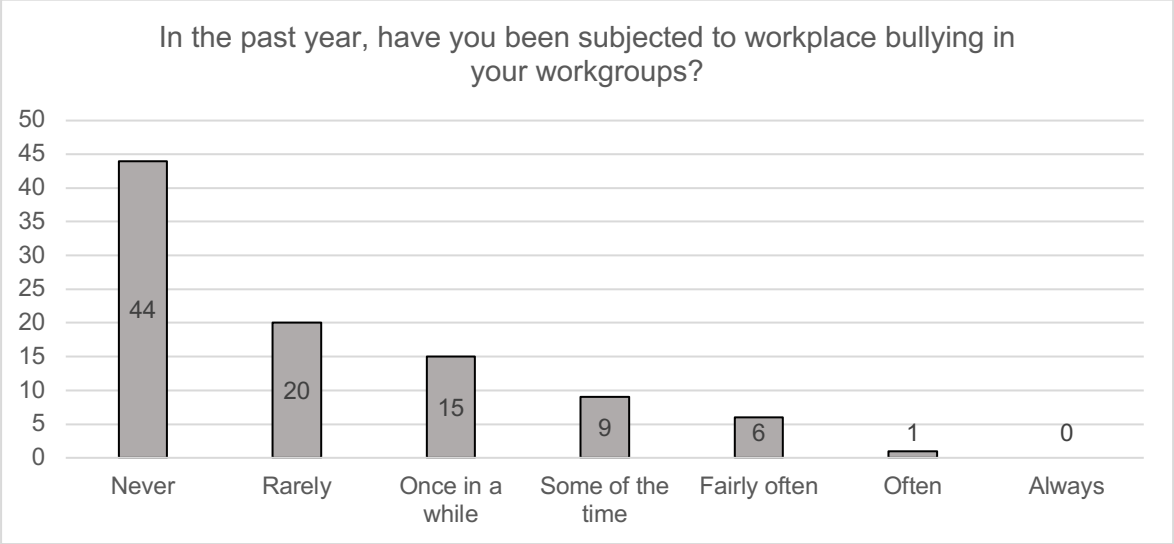
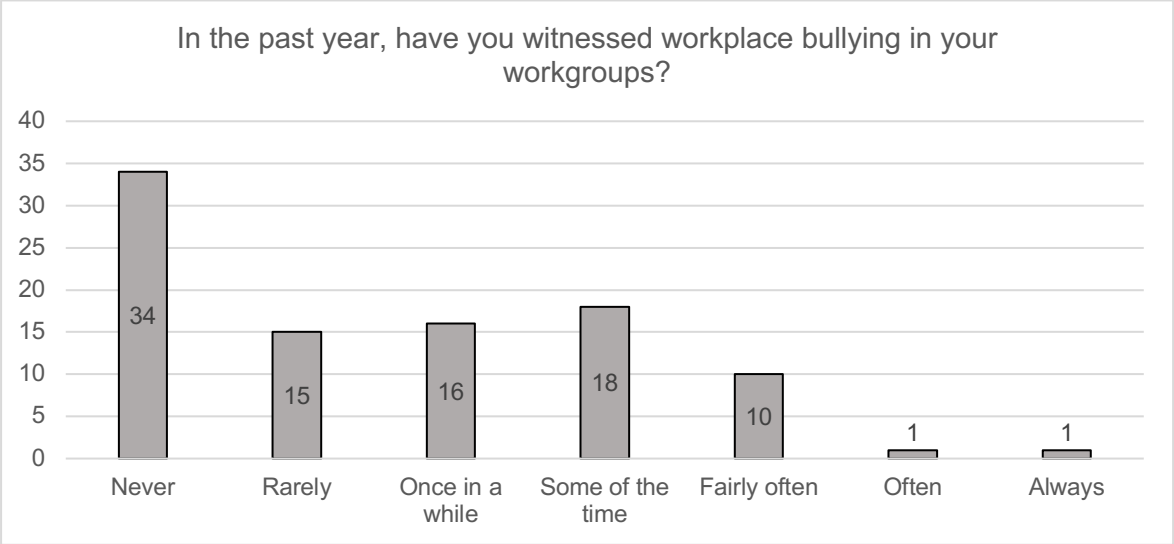



**Figure 2**

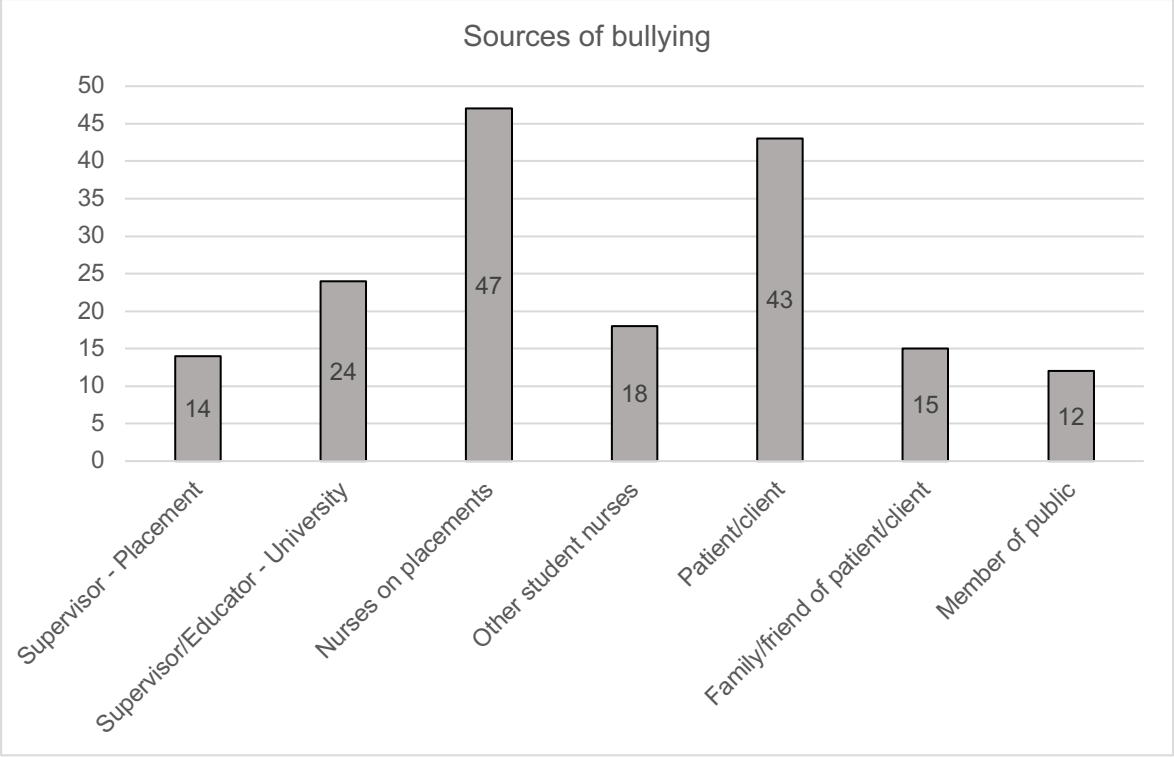
*Student Nurses Who Have Witnessed Bullying While on Placement*



This comparison shows that more students witnessed bullying rather than experiencing it themselves. Participants who had been subjected to bullying (as opposed to witnessing it) were asked to identify the sources of these behaviours and were able to select more than one response for this question (survey question C.5). The responses demonstrate that there is a clear trend of sources external to the nursing school (including placement supervisors, nurses, patients or clients, and members of the public) displaying bullying behaviours, as opposed to sources internally (including nursing school supervisors or educators, and other student nurses).

**Figure 3**

*Sources of Bullying During Placement, As Indicated by Student Nurses*




**5.4.1.2 Aggression and Violence.** As part of the survey, participants were also questioned whether they had experienced aggression while on placement (survey question D.1), as shown in Figure 4 below. In comparison to bullying, slightly fewer numbers of students reported experiencing aggressive or violent behaviours while on placement. Students were also asked to identify the source of the aggressive behaviour they experienced (survey question D.3). The majority of the responses identified patients and/or clients as the source, with 66 students selecting that they had been subject to work-related

violence from this group of individuals. The difference between the number of participants who identified they experienced aggression or violence in question D.1 and the number of participants who selected a source of aggression or violence in question D.3 will be examined in Section 6.2.1.3 in the following chapter.

**Figure 4**

*Experiences of Being Subjected to Violent or Aggressive Behaviours*

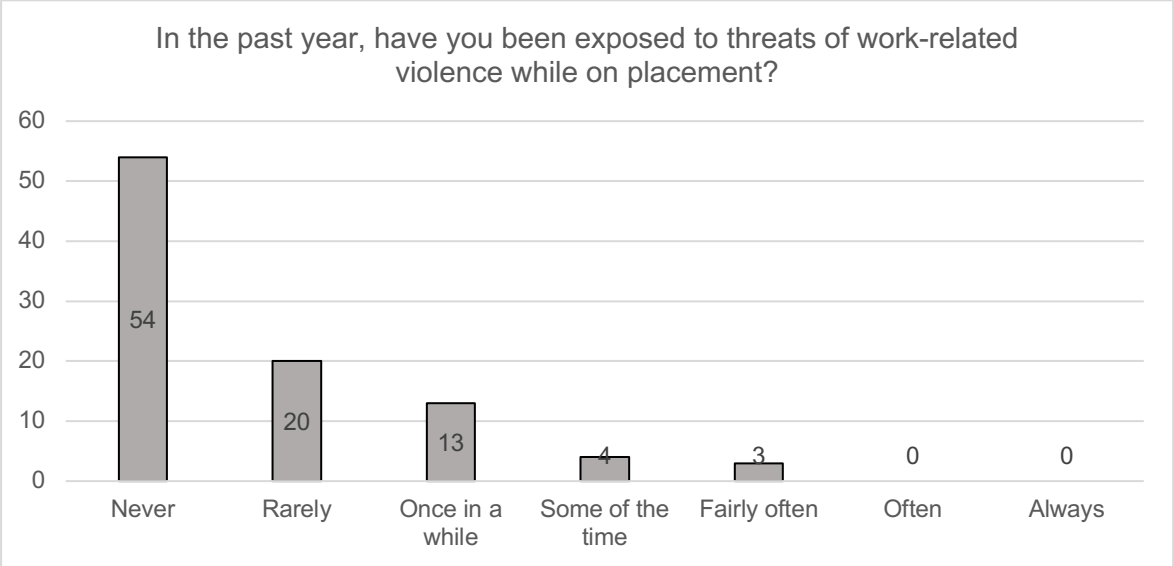
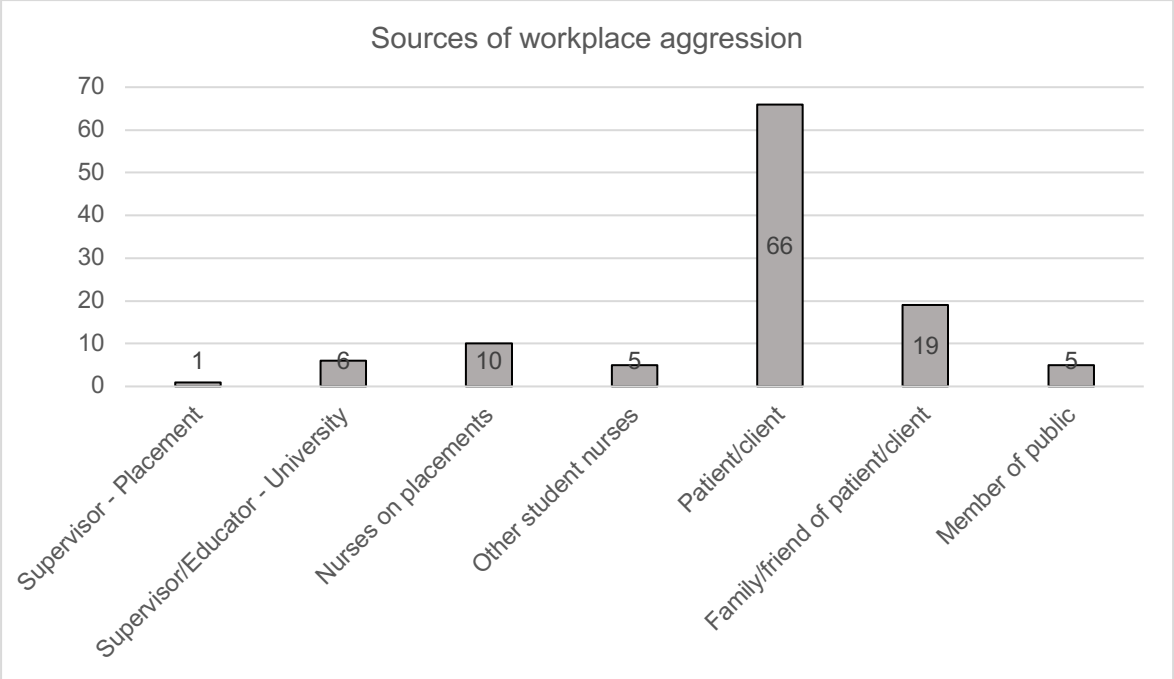


**Figure 5**

*Sources of Workplace Aggression or Violent Behaviours During Placement, As Indicated by Student Nurses*




**5.4.1.3 Internal Versus External Bullying and Aggression.** When comparing the aggression and bullying data sets, bullying (shown in Figure 3) was perpetrated more by nurses, in addition to patients and clients. However, in terms of aggression (shown in Figure 5), it was clear that patients and clients were the main aggressors compared to other potential sources. Additionally, the survey participants described experiencing bullying and aggressive behaviours from individuals both within their nursing school and individuals external to their nursing school; however, external sources were more prevalent than internal sources of bullying and aggressive behaviour. This was evident in the survey comments also, with 20 (87%) written responses indicating external sources of bullying or aggression. In comparison, internal instances of bullying or aggression were referred to just three times (13%) out of the 23 comments addressing this theme. Some quotes demonstrating these responses are collated in Table 11 below.

**Table 11**

*External Sources of Bullying or Aggression, as Identified by Survey Participants in Their Written Responses*

| Sub-theme | Quote |
|---|---|
| Nurses | Nurses on my surgical placement were verbally demeaning to students at times and others were not prepared/ or resentful of having a student nurse shadowing them…Other students were often reduced to tears as they had done what was required of them within their role, but the nurse wasn't happy with what the student had done. |
| | A nurse I was buddied with bullied me. |
| | I had a negative experience with a nurse on one of my clinical placements. |
| | I had a Nurse who was not treating me fairly. |
| | Nurses on my surgical placement were verbally demeaning to students at times. |
| Hospital staff (other than nurses) | I was sexually harassed by a hospital aide on a placement. |
| Patients | I was threatened with physical assault by patient at while alone at the nurses station. |
| | A patient who had a severe Intellectual disability assaulted me during placement. |
| | …they didn't warn me that the patients would run at me with weapons that could easily kill me. |

**Table 12**

*Internal Sources of Bullying or Aggression, as Identified by Survey Participants*

| Sub-theme | Quote |
|---|---|
| Internal sources | SNE [Student Nurse Educator] bullied me/made jokes about poor handwriting/messy draft of Competencies (I have dyslexia) to the point I was in tears. |
| | Another situation [regarding a friend's experience] was a student who was being bullied and the lecturer happened to be friends with the charge nurse and they gossiped about the student – leaking the complaint to all staff. |
| | …trouble working with other nursing students, who were not supportive and were intimidating. |

**5.4.1.4 Stakeholder Interview Responses.** As with the student nurses, the stakeholders were also asked to comment on the prevalence of bullying and aggression that students were experiencing or witnessing while on placement. Each stakeholder interviewee provided a unique opinion on their perceived frequency of these psychosocial hazards. Their insights suggested that nursing students experienced aggression and bullying less frequently compared to nurses employed in the workforce. Two stakeholders also commented on the power imbalance between students and nurses, which contributes to instances of bullying and aggression reported between these two parties.

**Table 13**

*Stakeholders' Opinions of Bullying or Aggression Experienced by Students*

| Sub-theme | Quote |
|---|---|
| Bullying experienced by students | I saw some less-than-optimal relationships forming with students, but I can say, hand on heart, that I didn't directly see a student bullied in that environment. (S4)<br><br>…there are certainly students that have witnessed registered nurses being assaulted. But I haven't so much seen that with the students that I've been involved in. Although you know, I am aware that certainly it can happen. (S4)<br><br>…because they're students, there's that extra layer of protection. So even patients and visitors recognize that student nurses don't have much power, so they don't- they're not as exposed as an RN is normally. But it does happen. I wouldn't say it happens often. Usually, they are witnesses to other RNs getting yelled at, agitated, code oranges, all those kinds of things. (S5)<br><br>…bullying and harassment is not very overt, it's often very covert, so we have to be very skilled at identifying sometimes when it's going on. (S2) |
| Power imbalance between students and nurses | It's really challenging for students particularly because of that power difference in that clinical placement area, and sometimes within teaching courses – course tutors and students, and also between students and students. (S2)<br><br>There's a power imbalance between clinical registered nurses, or the registered nurse, and they try to show their power that they are more senior than the student…and it's quite demotivating to some students because they do want to learn. (S3) |

As discussed in more detail in the next chapter, these interview and survey responses demonstrate a high level of awareness regarding bullying and aggression in the healthcare environment and that a significant number of students are either experiencing or witnessing these psychosocial hazards.

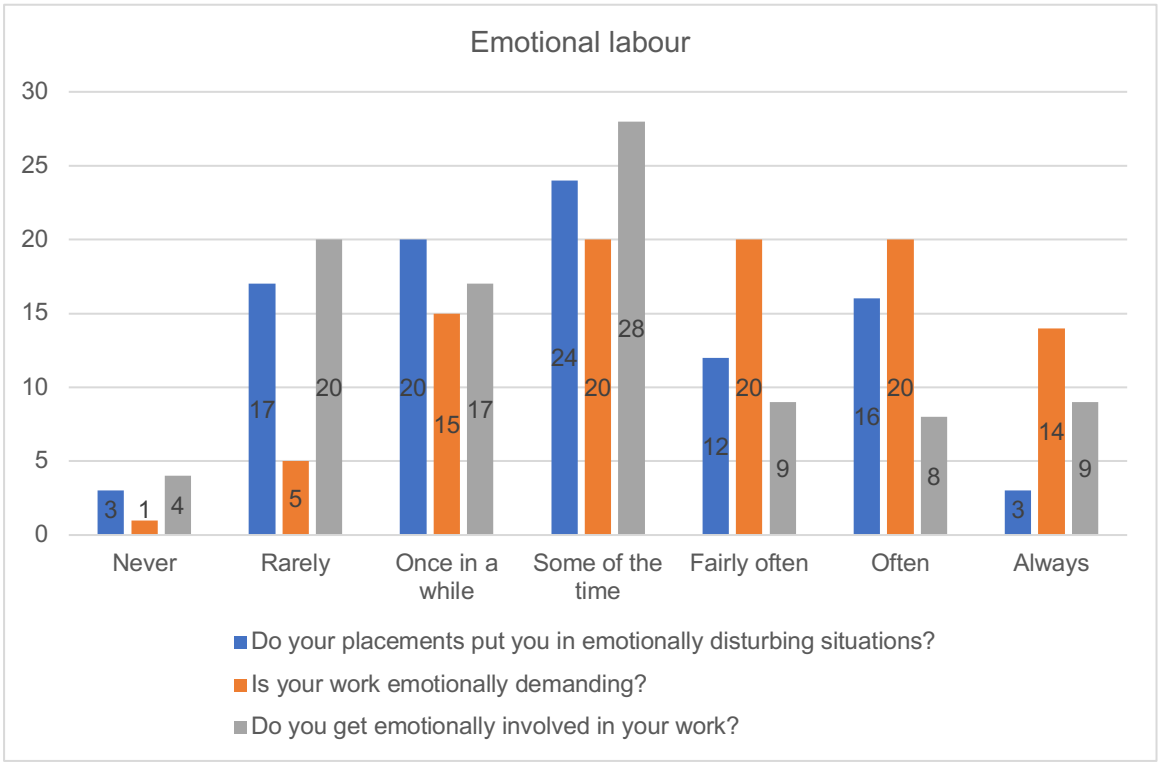
### *5.4.2 Additional Psychosocial Hazards of Significance*

In addition to collecting data on students' experiences with bullying and aggression, the survey responses revealed several additional psychosocial hazards that can impact students' academic success or psychosocial health. This section will outline the hazards identified, which will be further discussed in following chapter.

**5.4.2.1 Emotional Labour.** Further sources of potential harm for student nurses on clinical placements are the demands and outcomes of emotional labour. This was made evident in the survey data collected (survey question B.9), as the majority of participants identified that they were put in emotionally disturbing situations and got emotionally involved in their work at least "once in a while" (see Figure 6).

**Figure 6**

*Student Nurses' Experiences with Emotional Labour*



In addition to the above data collected on emotional labour, several written responses elaborated on students' experiences with this psychosocial hazard. These insights have been included in Table 14 and reveal that the emotional requirements stemming from their role as student nurses were demanding and potentially impacted their psychosocial health.

**Table 14**

*Student Nurses' Opinions on Emotional Labour, and How They Were Prepared for This Psychosocial Hazard*

| Sub-theme | Quote |
|---|---|
| Emotional labour: preparation | They should teach us mechanisms on how to move on in our head from a situation, or how to process emotional scenes. |
| | … lack of resources and education around emotional exhaustion and burnout. |
| | … didn't feel like we were actually prepared for the emotional strain that it has on you. |
| Emotional labour: experiences | I think a lot of people got emotionally shocked when we started placements. |
| | I know some people who felt they had to drop out because they needed more emotional distance. |

The stakeholders were also asked to provide insight into their views on the emotional labour that student nurses may experience while on placement, as shown in Table 15. These responses reveal that stakeholders in the field are clearly aware that emotional labour may influence students' placement experiences.

**Table 15**

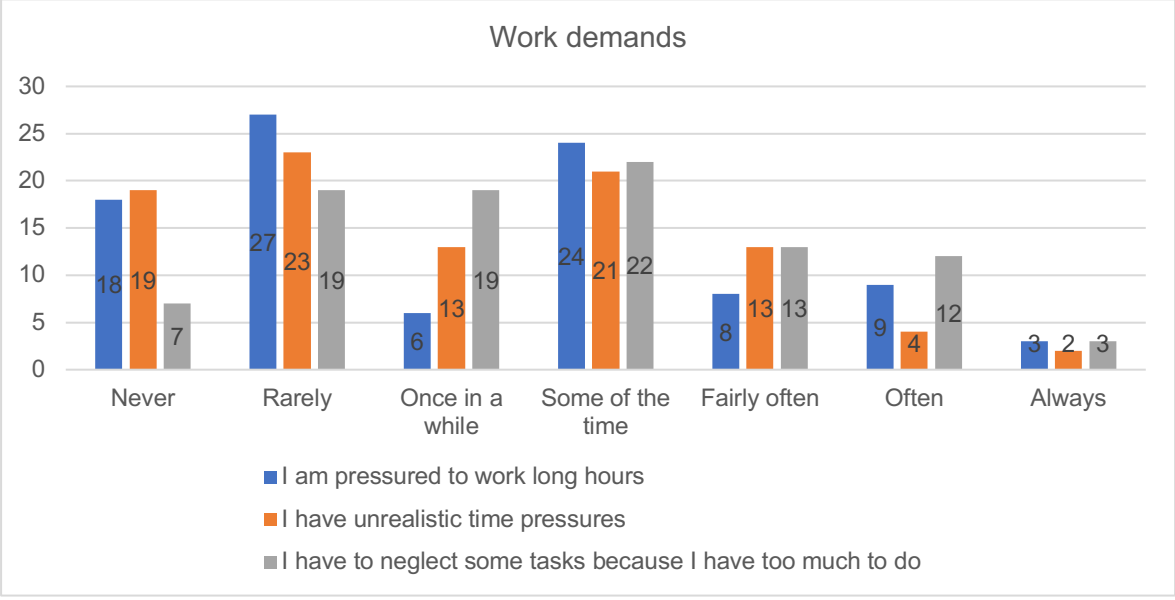
*Stakeholders' Opinions of Emotional Labour Experienced by Nursing Students*

| Sub-theme | Quote |
|---|---|
| Emotional labour – stakeholders' opinions | I really think that being in placement seems to have a massive effect on their health - that kind of stressful environment which is emotionally charged. That really seems to be affecting students. (S5)<br><br>… our curriculum is guided by our Nursing Council Competencies, and our Nursing Council Competencies don't particularly lend themselves to requiring emotional competence. (S2)<br><br>In the absence of a society developing emotional competence, I think it's essential that we introduce it in nursing and make sure that we've got at least a basic level across all students, because otherwise we're setting them up to fail – once they get out into that wide world, they haven't got the resilience (…) they end up either leaving the profession or changing jobs all the time, and that just erodes their confidence and competence. (S2) |

**5.4.2.2 High Job Demands.** An additional concern raised by several students took into consideration the high demands they experienced in their role as student nurses. In total, 50 students (52%) identified that they were pressured to work long hours at least "once in a while" (survey question B.2).

**Figure 7**

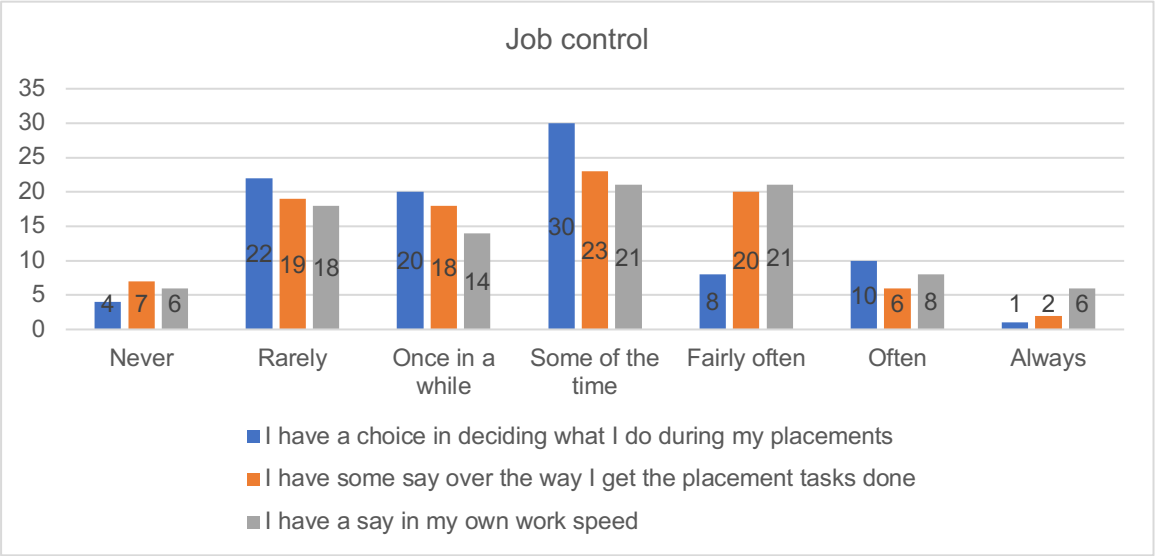
*Work Demands Experienced by Student Nurses While on Placement*



**5.4.2.3 Low Job Control.** A psychosocial hazard that was less prevalent amongst respondents but still noticeable in the responses related to low job control. For example, just 26 students (27%) stated they “never” or “rarely” had a choice in deciding what tasks they would do as part of their placements (survey question B.1).

**Figure 8**

*Factors of Job Control Experienced by Student Nurses While on Placement*




**5.4.2.4 Sexual Assault.** A specific psychosocial hazard that was shared by just a few survey respondents involved sexual assault. While the majority of participants stated that they had "never” experienced this, five students identified that they had encountered this psychosocial hazard (survey question D.2).

**Table 16**

*Student Nurses’ Experiences with Sexual Assault While on Placement in the Past Year*

| In the past year, were you subjected to sexual assault as part of your nursing studies, from any source? | Never | Rarely | Once in a while |
|---|---|---|---|
| Response count | 89 | 4 | 1 |

### *5.4.3 Additional Psychosocial Concerns*

In addition to the psychosocial hazard identified, the data analysis revealed several concerns held by students, which may have also been impacting their psychosocial health.

**5.4.3.1 Financial Concerns.** Several participants communicated that they worked an additional job while studying. This was often linked to having financial concerns.

**Table 17**

*Number of Student Nurses Who Identified That They Hold a Second Job While Studying*

| *Do you have an additional job that you work to support yourself during your nursing studies?* | Yes | | No | |
|---|---|---|---|---|
| | Number of respondents (n=94) | % of respondents | Number of respondents (n=94) | % of respondents |
| | 66 | 70.21% | 28 | 29.79% |

Some of the written survey responses (listed in Table 18 below) provided further insight into the data shown in Table 17 above:

**Table 18**

*Student Nurses' Opinions on Working an Additional Job While Studying*

| Sub-theme | Quote |
|---|---|
| Working a second job while studying | Especially in the med/surg placement, we were working more hours a week than the nurses do, and with a big portfolio on top of that, and a part time job, it was very stressful. |
| | We work more than actual RNs do, working 8 hours a day, 5 days a week, with huge amounts of work to do on top, and many students have part time jobs on the weekend. |
| | I do have a job to finically support myself but over placements I am unable to work due to the workload and stress of placement |
| | I work two part time jobs, one as a care giver for a disabled lady and the other as a shop assistant at a garden center. I work around 30 hours a week. |
| | I have a part time and a casual job. For people who don't live at home and aren't able to get student allowance it is kind of impossible to live comfortably without a job. It's tough, especially during clinical. Paying off a student loan on a nurses' salary can be tricky, so most of us work now to support ourselves. |

**5.4.3.2 Inability to Care for Self.** A further concern held by students was a lack of opportunities and time to complete self-care activities, in order to look after their own health (survey questions I.3.1. and I.3.2.). A significant majority identified that they did not have the time to do this, as shown in Table 19 below. Several students also commented on this concern in the written survey responses, as shown in Table 20.

**Table 19**

*Do Student Nurses Have the Time to Complete Self-Care Activities?*

| Do you feel as though you have enough time for self-care activities, such as spending time with family or doing hobbies, while on placement? | Yes | | No | |
|---|---|---|---|---|
| | Number of respondents (n=94) | % of respondents | Number of respondents (n=94) | % of respondents |
| | 14 | 14.89% | 80 | 85.11% |

**Table 20**

*Student Nurses' Opinions on Whether They Have the Time to do Self-Care Activities*

| Sub-theme | Quote |
|---|---|
| Self-care activities | I find it so hard to find the motivation to go to placement, work such long hours, take care of myself, study and simply manage my home life without any immediate reward or relief for my hard work. I feel so burnt out. |
| | [When asked if they had time to undertake self-care activities] Not at all, As mentioned earlier, health and wellbeing really suffers. Sleep and exercise are often left aside to manage the assignments and paperwork requirements for placements. |
| | When I'm on placements the only self-care I do is sleep. |

**5.4.3.3 Aches, Pains, And Discomforts.** Several students identified that in the four weeks prior to completing the survey they had experienced aches, pains, or discomforts in one or more body parts (survey question E.1). This is of concern due to there being a link

between psychosocial stressors and the development of specific types of pain (for example, back pain) (Feyer et al., 2000; Wong et al., 2021).

**Table 21**

*Student Nurses' Experiences of Aches, Pains, or Discomforts in the Past Four Weeks*

| Prompt | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| Neck | 19 | 15 | 12 | 13 | 20 | 13 | 3 |
| Shoulders | 19 | 18 | 10 | 9 | 17 | 17 | 4 |
| Wrists/hands | 41 | 16 | 11 | 10 | 5 | 8 | 2 |
| Upper back | 28 | 21 | 10 | 10 | 11 | 9 | 5 |
| Lower back | 12 | 9 | 14 | 17 | 19 | 16 | 8 |

**5.4.3.4 Inability to Take Time Off.** Lastly, a concern shared by students was the inability to take time off when required to complete placements. Descriptive statistical data were not gathered on this concern, although some of the written responses provided insights into this issue.

**Table 22**

*Nursing Students' Opinions or Experiences in Regard to Taking Time Off While on Placement*

| Sub-theme | Quote |
|---|---|
| Taking time off while on placement | [Nursing School] just tells you hey if you're having any issues feel free to talk to your clinical lecturer and when you do it's "just letting you know you can't take more days off as you're already at the edge of not passing due to not enough hours". |
| | I spoke to another student who wanted to drop out of the last placement and pick it up with the next intake, she was informed that there were no available slots for placements in the cohort behind our own. |

As such, there are several psychosocial hazards and concerns impacting students while on placement. The sub-themes identified in Theme One trends will be further examined in Section 6.2. The next theme will present the data collected regarding student nurses' psychosocial health.

## 5.5 Theme Two: Psychosocial Health and Attrition Rates

The stressors experienced by students on placement can affect their health and wellbeing. Further, these may also impact their attrition rates, as is explored below and in the following chapter.

### *5.5.1 Psychosocial Health of Student Nurses While on Placement*

Students were questioned about their psychosocial wellbeing, by being asked to indicate how often they had felt specific negative feelings in the past four weeks (question F.1) and this revealed that many had experienced poor psychosocial health. The question asked, “In the past 4 weeks, have you felt…”, after which each prompt in the lefthand column of Table 23 below was given for students to respond to.

**Table 23**

*Indicators of Nursing Students’ Psychosocial Health*

| Prompt | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
|---|---|---|---|---|---|
| Tired out for no reason | 7 | 22 | 22 | 29 | 14 |
| Nervous | 4 | 18 | 30 | 37 | 6 |
| So nervous that nothing could calm you down | 35 | 27 | 23 | 7 | 3 |
| Hopeless | 31 | 28 | 24 | 9 | 3 |
| Restless or fidgety | 22 | 25 | 27 | 14 | 7 |
| So restless you could not sit still | 43 | 23 | 13 | 10 | 5 |
| That everything was an effort | 19 | 22 | 29 | 17 | 8 |
| So sad that nothing could cheer you up | 44 | 25 | 14 | 8 | 4 |
| Worthless | 50 | 17 | 15 | 8 | 5 |
| Depressed | 34 | 24 | 17 | 13 | 7 |

Students were then asked how they currently felt about their studies or placement (question F.2).

**Table 24**

*Student Nurses' Opinions and Feelings Regarding Their Studies and/or Placement*

| Prompt | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| I feel tired | 2 | 8 | 14 | 17 | 28 | 16 | 10 |
| I have no energy for going to placement in the morning | 7 | 10 | 23 | 19 | 18 | 11 | 7 |
| I feel physically drained | 7 | 8 | 21 | 13 | 20 | 19 | 7 |
| I feel fed up | 18 | 24 | 18 | 13 | 6 | 11 | 5 |
| I feel like my batteries are dead | 13 | 10 | 23 | 17 | 10 | 14 | 8 |
| I feel burned out | 14 | 14 | 21 | 13 | 12 | 13 | 8 |

Some of these responses show a high number of students experiencing feelings that indicate poor psychosocial health. For example, 18% (17/95) of students identified that they felt depressed at least some of the time, 14% (13/95) felt depressed most of the time and 7% (7/95) all the time. Additionally, 16% (15/95) stated that they felt worthless at least some of the time, 8% (8/95) felt worthless most of the time, and 5% (5/95) felt worthless all the time. These findings will be further discussed in Section 6.3.1.

Survey participants also provided written insights into their psychosocial health while on placement, during which it appears that most were stressed or showing symptoms of poor mental health.

**Table 25**

*Student Nurses' Reports on Their Own Psychosocial Health*

| Sub-theme | Quote |
|---|---|
| Students' psychosocial health | My mental health has seriously declined due to this [placement workloads]. |
| | I sometimes I [sic] have the energy for making proper meals so will have a chip sandwich for dinner or an energy drink for breakfast. I barely see my family when on busy patches of placement. I come home sleep, leave before any one wakes up and get home when everyone is in bed. |
| | They targeted me because I was doing a resit. I took this higher and the lecturer apologised and admitted to treating me like this out of bias. All I got was an apology after a month of placement where I was harassed, embarrassed, depressed and visually declining. |

A further insight into the psychosocial health of student nurses was provided by one of the stakeholders:

**Table 26**

*A Stakeholder's Opinion on Nursing Students' Psychosocial Health*

| Sub-theme | Quote |
|---|---|
| Students' psychosocial health | You know, we're getting used to that COVID environment, but students don't have experience, or life experience, or knowledge to fall back on to help support them in that environment, so it is causing higher levels of anxiety from students, which is one factor at least – it is resulting in things like difficulty achieving learning outcomes. (S5) |
| | It's a culture shock. Becoming a nurse, learning how to be a nurse in itself is a culture shock and you're going into an environment that is not nice… you know, you work with people that will abuse you- patients and even staff. Sometimes, you know- you will see things that are horrible, you will deal with death. You know you will deal with social things like abuse, neglect, and it has always affected nursing students. We have had nursing suicides in the nursing programme before, even before COVID. (S5) |

In summary, this is evidence that some students experience poor psychological health while completing their studies and has highlighted some of the symptoms they experience. The next section of this chapter will examine attrition rates.

### *5.5.2 Students' Intention of Attrition*

Students were questioned about their intent to drop out of their studies. The question asked was, "Do you seriously believe that, in the near future, you will resign ("Drop out") from your studies because of a placement-related, stress-related problem?" (question G.1). The responses provided by participants are shown in Table 27.

**Table 27**

*Likelihood of Participants To Resign From Their Studies*

| | Extremely unlikely | Very unlikely | Unlikely | Unsure | Likely | Very likely | Extremely likely |
|---|---|---|---|---|---|---|---|
| Number of respondents (n = 95) | 56 | 15 | 10 | 8 | 3 | 2 | 1 |
| % of respondents | 58.95% | 15.79% | 10.53% | 8.42% | 3.16% | 2.11% | 1.05% |

This meant that in total, six respondents (6.3%) were "extremely likely", "very likely", or "likely" to drop out in the near future. Further detail on the responses given by these six survey participants has been provided in Appendix K**.** Out of the students who indicated they were at least "likely" to drop out, 50% also identified that they were "always" burnt out. In comparison, out of the participants that indicated they were "extremely likely", "very unlikely", "unlikely", or "unsure" about dropping out, just 5.6% stated they were "always" burnt out. This will be further discussed in Section 6.3.2 in the following chapter.

In addition to the descriptive statistics collected from the survey, participants also commented on their intention to drop out of their studies or leave the profession following graduation.

**Table 28**

*Student Nurses Discussing Dropping Out or Discontinuing the Nursing Pathway*

| Sub-theme | Quote |
|---|---|
| Mentions of 'Dropping out' | So many times I wanted to drop out or not go in just because of this pressure. |
| | I know some people who felt they had to drop out because they needed more emotional distance. |
| | I made a mistake in regards to professional conduct and did something unprofessional. Do I think this warranted a meeting and a talk about expectations etc, definitely (….) I spent this meeting in tears and was so close to quitting as I had had enough, I honestly don't know why I didnt [sic] quit then. |
| | I have heard of several friends of mine that feel so burnt out from the final transition placement that they do not think they will pursue a nursing career immediately after graduating as they simply feel burnt out and need a break from it. One friend, in particular, said after finishing her degree, she would rather spend a year as a waitress in Australia rather than jumping into nursing as she is just sick of how she has been treated as a student. |
| | I considered heavily dropping out of the placement due to some of the staff being so hostile. |

Stakeholders were also questioned on whether they thought that challenging situations experienced by students may influence students' decisions to resign from their studies. These responses are detailed in Table 29 below.

**Table 29**

*Stakeholders' Opinions on the Attrition of Nursing Students*

| Sub-theme | Quote |
|---|---|
| Frequency of attrition as a result of experiencing bullying and/or aggression | So I wouldn't say it happens that often that a student will actually leave or quit because of those issues- I can say that I haven't seen it that often, cause usually we'll try and intervene (. …) that being said though, you can't say for sure because it could be two months later, three months later that they decide 'I don't want to go through that again, I've decided that I don't want to do it'. (S5) |
| Provision of successful support mechanisms: can this influence students' decisions to complete training? | Absolutely... the more support mechanisms we've got in place the better it is (….) I think the bit that we're missing out on is the actual- getting them to develop the skills themselves. (S2)<br><br>100%, 100%. If you don't- if… don't have that mechanism of support that was communicated last semester and other support that is available this semester, the drop out will be more immense. It's quite- gonna be a large amount. (S3) |
| Alternative experiences likely to influence students' attrition rates | It seems to be more those very basic things, like being able to actually feed themselves and pass their studies… and whether they're passing and all that sort of thing, that seems to be influencing their progression, more so than anything else that I'm seeing. (S4) |

The data in this section has examined students' intentions and their potential reasons for dropping out of their studies. The current support systems offered by nursing schools in New Zealand, as identified by the survey and interview participants, will be presented in the following section.

### 5.6 Theme Three: Support Systems

In this part of the survey, students were questioned about their knowledge of the types of support systems their nursing school provides (questions H.4.1 and H.5.1). These questions categorised potential support mechanisms into two groups: 1) the support which students may receive before going on placement; and 2) support which students can access while they are on placement. Support prior to placement may include systems that reduce the possibility of students interacting with psychosocial hazards, such as training to identify aggressive situations. Meanwhile the support offered during placement can provide intervention mechanisms, such as counselling or pastoral care services that assist students after being exposed to psychosocial hazards.

### *5.6.1 Support Options Available Before and During Placements*

In the survey questions, support options were categorised into two groups: pre-placement support options and support options available during placements. However, these categories may not have accurately reflected when students access these in the real world. For example, the “pre- and post-debriefing of stressful situations” response was included in the “pre-placement support” survey question. As deduced from students’ written responses, debriefing only occurred on placement and usually following a stressful event. As such, the survey data for pre-placement support options and support options available during placements has been listed in a single table (Table 30), even though this data was collected in two separate questions. The responses will be discussed in more detail in the next chapter.

**Table 30**

*Support Provided to Students Prior to, During, and Following Exposure to Psychosocial Hazards Encountered on Placement*

| Response | Number of respondents |
|---|---|
| Being taught stress-relieving exercises | 26 |
| Stress management workshops | 4 |
| Pre- and post-debriefing of stressful situations | 40 |
| Regular meetings with a nursing school staff member who is not involved in your grades/marking of your work | 15 |
| Monitoring of stress levels throughout placements, for example through an app or an online form | 2 |
| Specific instructions on how to raise concerns you may have during clinical placements, including concerns you may have for peers | 41 |
| A link to a mentor, who can guide you through your nursing studies | 32 |
| Access to free counselling with a specific number of sessions a year | 35 |
| Access to unlimited free counselling | 13 |
| Access to counselling online or over the phone, 24/7 | 9 |
| Other **preventative** measures | 8 |
| Other measures | 7 |
| I am unaware of any **preventative** support mechanisms that my nursing school offers | 20 |
| I am unaware of any support mechanisms that my nursing school offers | 41 |

Some written survey responses gave examples of other support offered, as shown in Table 31.

**Table 31**

*Other Support Offered to Student Nurses, as Identified by Survey Participants*

| Support offered |
|---|
| Mindfulness and breathing exercises |
| Debriefing techniques |
| A session on mental well-being |
| Education on well-being services that are accessible to students |
| Yearly resilience classes that help students identify coping mechanisms |
| Education on burnout |
| EAP services |
| Weekly meetings with students' CLN [Clinical Liaison Nurse] |
| Contactable lecturers |

These data demonstrate that a significant number of students are unaware of what support mechanisms their school offers before and during placement. As each school is part of a university or polytechnic that provides counselling services (this was investigated in Section 3.8), it is likely that these students do not know about the existing services available. The reasons why this occurs will be discussed in Section 6.4.2.

Some of the stakeholders also provided additional insights into support mechanisms their school offers. One stakeholder was able to outline a support mechanism provided by the clinical placement team.

**Table 32**

*Stakeholders' Insights Into the Psychosocial Support Offered by Nursing Schools*

| Sub-theme | Quote |
|---|---|
| Support provided by nursing schools | We have pastoral care groups, so each group of students is attached to a pastoral care lecturer and so they may- if when they're on clinical- they may still connect with their pastoral care lecturer on site, if they've got a good relationship with them…On campus we have a student health hub, and they are there to provide health services – not just physical but mental as well, so we do have a counselling service and students can get free counselling through the EAP scheme on campus as well. (S1) |
| | The students do a year-long mental health paper in the second year, and they are taught quite a few of those techniques - not just to use those techniques when dealing with patients but in dealing with any general everyday aggression and, you know, behavioural patterns….they do talk about dealing with de-escalation and dealing with aggressive behaviour there as well. (S1) |
| | We've just had a review of our curriculum… the other half of it is about self-care and developing a self-care model, so they have a reflective practice they need to do and then also a presentation on how they're going to manage stressors and what they're going to do to self-care during the three-year programme. (S2) |
| Support provided by a placement organisation | [Hospital] have a designated clinical team who actually solely focuses on the learning of students, which is quite good and very, very essential for optimal learning of students. And that provides a safety net of ours- on the psychosocial well-being of actually learning. It gives us confidence and comfortability to actually be able to be on the floor, applying our theoretical or practical skills. (S3) |

### *5.6.1 Opinions on Support Accessed*

Sub-themes were developed based on insights provided by the students, including insights on how support systems can be improved.

**Table 33**

*Students' Perceptions of Their Nursing School's Support Systems*

| Sub-theme | Quote |
|---|---|
| Negative opinions on support offered, or opportunities for improvement identified | I would love it if we had some kind of mentor we could meet with regularly that didnt [sic] mark our work. some one [sic] consistent to see how we were doing and give advice and support. |
| | There is fortnightly debrief sessions but I wouldn't speak up in front of everyone if I had seen something that I felt I needed to talk about. |
| | [About their nursing school] Have spoken about stress management and mental health exercise, but very briefly, and not to a very great standard. |
| | [About whether their nursing school has provided them with information or education on how to manage mental health] I feel that this was about paying lip service to maintaining our mental health and do not feel that the institute really cared if we were mentally prepared or safe |
| Positive opinions on support offered | My clinical lecturers have been awesome |
| | The lecturers are available via text, call, or email and an emergency number is available to talk and hence they are quite supportive. |
| | There are several staff members I have worked with that are very supportive. |
| | The Clinical Lecturer I had for … placement fostered an amazing work environment. She kept us motivated to provide the best care and to complete our portfolio. |
| "Leading practice" examples identified | Placement in emergency psych - team was really good at communication and debriefing after situations which helped to let it go at the end of the shift rather than ruminating on it. |
| | After an [sic] verbally abusive client, my Clinical team leader undertook a debrief with myself and the RN I was with. The team leader did this with both of us and then spoke to us individually. During this the Clinical team leader showed real empathy for both me and the RN. |

**Table 34**

*Stakeholders' Opinions of Psychosocial Support Offered by Nursing Schools*

| Sub-theme | Quote |
|---|---|
| Stakeholders' opinions on the support offered by nursing schools | I'm coming from a Student Rep point of view, and I've seen the behind work of the nursing faculty, including the lectures, including the clinical educators, and they've done extremely well and beyond to support our learning experiences for students of the nursing programme. (S3) |
| | I think every student's different, and they all need different levels of support, and sometimes it can be like a 'one size fits all' approach. (S4) |
| | …if the student's been through an event, say, an aggressive patient, they really need to debrief with someone as soon as possible. But it's hard to do that without time, and I don't think preceptors have the time to do that. (S5) |
| | The academic requirements are harder, more stressful… our knowledge level and our professional responsibilities have expanded. So should our supports- they probably need to be expanded further as well, to kind of move with that. (S5) |

In order to be able to access the support mechanisms in times of need, students require a clear understanding of the mechanisms available to them. This section has presented the data on students' awareness of these support options and stakeholders' views on these options. The following section will cover the final theme, which considers students' opinions of these support mechanisms if they have previously interacted with them.

### 5.7 Theme Four: Accessing Support

The final theme identified from the data analysis examines whether students' experiences of accessing psychosocial support mechanisms were positive or negative to try and determine whether this would influence their decision to stay in training. This section will present these findings, in addition to listing the barriers that participants suggested as preventing them from accessing support, and the importance of providing culturally safe support systems.

### *5.7.1 Positive and Negative Outcomes of Support Accessed*

Survey participants were questioned on whether they had experienced any challenging or negative situations while on placement (question H.7.1). As part of the same question, students were asked if they had chosen to report the psychosocial hazards they had encountered.

**Table 35**

*Student Nurses' Escalation of Negative Experiences*

| Response | Number of respondents (n=95) | Percentage of respondents |
|---|---|---|
| I have not had any negative experiences that required escalation | 26 | 27.37% |
| I have had a negative experience, but did not escalate this | 30 | 31.58% |
| I have had a negative experience, and escalated this | 39 | 41.05% |

The data demonstrate that 73% of students have had a negative experience while on placement. A comment made by one of the stakeholders also identified that students did not always access the support available to them:

> Yes, maybe we could do more, but students do not actively use or access what is already available to them. (S5)

The reasons students do not access support consistently could be due to perceived stigma or negative experiences had when support has been accessed previously. These occurrences will be discussed further in the following sections and in Chapter Six.

In terms of the written survey responses, students were asked if they were happy with the support they received when they escalated their concerns. In total, 28 written responses suggested a negative outcome, and 27 suggested a positive outcome. Below are some examples of the responses from each of the negative and positive outcome sub-themes; additionally, two respondents explained how they have learnt to manage their own mental health, instead of accessing support.

**Table 36**

*Students' Perceptions of Psychosocial Support They Have Accessed Through Their Nursing School*

| Sub-theme | Quote |
|---|---|
| Negative outcomes | There is a free text/call help line that the institute advertise, however I have only heard negative feedback from students that have accessed it. |
| | I continually asked for support or advice regarding situations which appeared unsafe for myself and the clients in the clinical organisation and I did not receive any assistanc [sic]. |
| | I was not happy with the outcome as I didnt [sic] get an apology nor did I feel welcome on the ward which I think hindered some of my learning as I didnt [sic] want to be on the ward. |
| | [About other students] Outcomes usually ended with student being told that it is a learning opportunity and the registered staff involved received no consequences. |
| | Escalation was blown off by the school, not taken seriously as students trying to raise an issue with the school and left feeling like we are unable to take issues further with the school moving forward. |
| Positive outcomes | I had a Nurse who was not treating me fairly, fortunately I was able to address this situation with my lecturer who would come see me weekly and they changed the Nurse so that I was paired with a different one. |
| | A nurse I was buddied with bullied me, and a tutor felt we were both at fault, however upon escalating to another tutor my feelings were validated and I was not buddied with her again. |
| | I was happy with the outcome. The person was dismissed after finding out it had happened to other Nursing students. |
| | After a verbally abusive client, my Clinical team leader undertook a debrief with myself and the RN I was with. The team leader did this with both of us and then spoke to us individually. During this the Clinical team leader showed real empathy for both me and the RN. |
| Support not accessed due to self-management | I already knew how to manage my mental health before nursing school so I think that helped a lot. I know some people who felt they had to drop out because they needed more emotional distance. |
| | I'm a self-aware individual, so I have recognised when my mental health has needed extra care and dealt with it. I have ensured that my lecturers are aware in case something is likely to trigger me because of a personal circumstance etc, but I have usually been proactive. |

The stakeholder interviews also identified instances of negative and positive outcomes occurring.

**Table 37**

*Stakeholders' Perceptions of the Success of Support Mechanisms Offered by Nursing Schools*

| Sub-theme | Quote |
|---|---|
| Negative outcomes | The situation was there were roughly six clinical students in [Placement], and it's a high care of dementia care, and apparently the caregiver or the health care assistant and the nurse of that ward left the students there to be with the elderly people who had a high risk of dementia, and two of them got grappled by one of the residents. … But from our student perspective, it was unsecured, unsafe and it really disrupted two of the students and they actually left the programme. (S3) |
| | I've seen students perhaps be withdrawn from placement in a way that maybe wasn't done as well as it could. (S4) |
| Positive outcomes | I know there's sometimes been students that have gone out on placement and they've had something horrendous happen in their personal lives. And they have been supported to make a decision about withdrawing from the placement at that time, and then that enabled them to do it at another time without penalty. (S4) |

This study indicated that approximately half of students had experienced a negative outcome as a result of accessing support (see Section 6.5.2 for more detail). The next sub-theme explores the reasons why students may not seek support.

### *5.7.2 Barriers to Access*

Several students identified barriers that prevented them from escalating concerns around negative experiences. These were primarily about nursing school staff.

**Table 38**

*Barriers Perceived by Nursing Students Wanting to Access Support*

| Sub-theme | Quote |
|---|---|
| Fear of failure or negative outcomes | Risk of failure if an issue is risen with teaching staff |
| | My issues were with my clinical educator. I did not feel able to escalate this |
| | I didn't feel as though anyone was approachable enough to talk too [sic] and I didn't want it to affect my chances of getting a good placement in the future. |
| | SNE bullied me/made jokes about poor handwriting/messy draft of Competencies (I have dyslexia) to the point I was in tears. (…) I did not Escalate this for fear she would fail me. |
| Location | There are activities available however they take place at another campus which means there is no time to attend. |
| | I have reached out to the university for the free counselling sessions but it has been an unrealistic thing for me to participate in as I do not have any private space in my home (where others cannot hear me speak) to be able to undertake this online. I live in a very small student flat with three other people. |
| Timing | I am not sure if there are tutors available for those students working night shift as night shift students are working outside normal hours, e.g; 9-5 or when the tutors are onsite at campus or in the different placement locations. |

The stakeholder interviews also identified some of the barriers that students may have experienced.

**Table 39**

*Stakeholders' Opinions on Why Student Nurses May Not Be Accessing Support*

| Sub-theme | Quote |
|---|---|
| Fear of failure or negative outcomes | They could be concerned that there could be detrimental impacts on them if they speak up and so they just want to keep their noses down and keep going. And so sometimes that can perpetuate issues. So yeah, having safe mechanisms for student experiences and things to be fed back is really, really important. (S4) |
| | There's always going to be that barrier between me and a student. I'm always gonna be the one that's assessing them ultimately … they always going to know that you're the one that's going to determine if they pass or fail. We're never going to be able to breach that. We can reduce it as much as possible, try and have an equal relationship as much as possible, but we will never breach it. (S5) |
| Location | Geography – we have lots of students who have to travel a long way, so they might not have easy access, although we do have regional hubs. (S2) |
| Timing | …if you're on a placement that's 8:00 AM to 4:30 Monday to Friday, that stops you being able to access the support that's available back on campus. And then your only point of contact would be your clinical lecturer that's coming in to see you, and depending on what level you are depends on how often you'll see that clinical lecturer. (S4) |
| | There were massive waiting lists for people trying to get into counselling, cause it just wasn't enough counsellors to deal with the influx. You know, all these students with issues during COVID. So I mean, certainly services over the weekend would be helpful or some kind of service over the weekend might be of some help and definitely more people, more counsellors, more services would be helpful. (S5) |
| Lack of knowledge | Knowing of them [support mechanisms offered], so sometimes, if we're only introducing them in orientation week when there's lots of other information, a barrier can be not knowing about them. (S2) |

The barriers identified by the stakeholders mirror those highlighted by the student participants in the survey. This finding demonstrates that nursing school staff are aware of the challenges faced by students when trying to access support, and that support options

may need to be adapted or extended to ensure more students can access these. This concept will be further discussed in Chapter Six and Chapter Seven.

### *5.7.3 Culturally Safe Support Systems*

An additional concern held by students in regard to having access to appropriate support was whether the support offered was culturally appropriate (this was investigated as part of survey question H.10.1). Considering 76.8% of respondents were NZ European, the fact that almost 50% of participants stated the support offered was appropriate for their culture is unsurprising. However, the fact that almost 12% of respondents stated that this was not appropriate is of concern, and this will be discussed in the following chapter.

**Table 40**

*Do Students Believe That the Support Mechanisms Offered Are Suitable Considering Their Culture/Ethnicity?*

| Response | Number of respondents (n=95) | Percentage of respondents |
|---|---|---|
| Yes | 46 | 49.46% |
| No | 11 | 11.83% |
| I am unaware of any support mechanisms offered by my nursing schools | 36 | 38.71% |

## 5.8 Chapter Summary

This chapter has presented the data collected through the survey and stakeholder interviews. By conducting thematic analysis, themes in the data and responses given could be identified, which included:

- Internal versus external bullying and aggression
- Poor psychosocial health outcomes
- Positive versus negative experiences when accessing support or escalating issues
- Support systems provided by nursing schools and students' perceptions of these

These themes will be further discussed in the following chapter in the context of the research questions and the literature underpinning this study.

# Chapter Six

# Discussion

## 6.1 Introduction

This chapter is a discussion of the previous chapter's findings and how student nurses perceive their psychosocial health status. Their opinions of any support systems they have accessed will also be examined along with students' intentions to leave their nursing course. As outlined in the previous chapter, the data collected have been categorised into themes. These themes will be discussed in conjunction with relevant literature and will also aim to answer the primary thesis question:

- What is the impact of psychosocial support mechanisms on student nurses' decision to complete training?

The secondary questions which will aid in answering the primary question include:

- What are the psychosocial support experiences of student nurses in the New Zealand public health sector?
- How is the psychosocial wellbeing of student nurses affected during clinical placements?
- What relevant training are student nurses given regarding their own psychosocial wellbeing before their placements?
- What are the current support mechanisms that protect student nurses' psychosocial wellbeing during placements?
- To what extent are these support mechanisms effective?
- Do student nurses have any safety concerns while on clinical placement that would influence their studies going forwards?

The themes identified in the previous chapter will be discussed, beginning with Theme One (psychosocial hazards), which includes the prominent sub-themes detected, such as bullying, aggression, and emotional labour. Students' psychosocial health and their intentions to leave their nursing course will then be examined as part of Theme Two. Following this, Themes Three and Four will focus on the various support systems that students are aware of and their experiences of interacting with these. Lastly, the outcomes of the current workplace environment will be examined, as well as relevant legislation, employment rights, and the refusal of nursing schools to participate in this research. The

themes and topics discussed in this chapter will provide a better insight into nursing students' psychosocial health status and how psychosocial hazards may influence their health and studies.

## 6.2 Theme One: Psychosocial Hazards

As highlighted in Section 3.4, psychosocial hazards are situations or experiences that can negatively affect an individual's psychosocial wellbeing (Lovelock, 2019). Several psychosocial hazards that students experienced while on placement were identified by the research participants. These hazards (discussed below) reflect those reported in the media and literature in recent years, demonstrating that the issues are significant, ongoing, and stress-inducing for students (Enoka, 2018; Hogan et al., 2018; Minton & Birks, 2019).

### *6.2.1 Bullying and Aggression*

The definition the NZNO uses for workplace bullying is "unwanted, repeated behaviour that makes a person feel disrespected, unsupported and stressed" (Gilmour, 2018, p. 33; NZNO, 2019b). Meanwhile WorkSafe defines bullying as "repeated and unreasonable behaviour directed towards a worker or a group of workers that can lead to physical or psychological harm" (WorkSafe, 2017, p. 8). Therefore, one of the defining characteristics of bullying is that is repeated behaviour. However, WorkSafe (2017) highlights that all undesirable behaviours in the workplace, regardless of whether they are repeated or not (for example, singular events of aggression), should be dealt with and escalated. Consequently, these guidelines require that nursing schools and placement organisations act on any reports of uncivil behaviour nursing students report.

Both the descriptive statistics and written responses from the survey confirmed that some students had experienced or witnessed instances of bullying and aggression. For example, 32.6% (n=31) of respondents had been subjected to workplace bullying in the past year at least "once in a while", contrasted with 67.4% (n=64) who stated they had "rarely" or "never" experienced this (see Figure 1). This data is consistent with similar studies. For example, Minton et al. (2018) established that 40% of their respondents had experienced bullying while on clinical placements. Moreover, the student survey conducted by the NZNO found that 38.6% of their respondents had experienced bullying (NZNO, 2019a). The similarity between these statistics indicates that many students experience occupational bullying, despite the many solutions proposed in the literature in recent years (see Appendix B) (Douglas, 2014; Minton et al., 2018; Seibel, 2014). This is unsurprising as WorkSafe

(2017) has identified that new or young workers, which would include those still in education (for example, student nurses), are at greater risk and more vulnerable to being bullied due to them being inexperienced.

Therefore, additional controls need to be implemented to protect students from these psychosocial hazards. However, the significant number of participants who reported having experienced or witnessed bullying indicates that the recommendations provided in recent literature either have not been implemented or have been ineffective. Arguably, it may also suggest that nursing schools are unaware of (or have chosen not to investigate) the high prevalence of bullying experienced by their students. For example, the stakeholder interviewees perceived that the frequency of students experiencing bullying on placement was low:

> "I saw some less-than-optimal relationships forming with students, but I can say, hand on heart, that I didn't directly see a student bullied in that environment." (S4)

> "…because they're students, there's that extra layer of protection. So even patients and visitors recognise that student nurses don't have much power, so they don't- they're not as exposed as an RN is normally. But it does happen. I wouldn't say it happens often." (S5)

These stakeholder responses do not reflect the average of one in three nursing students experiencing bullying at least "once in a while" (as was identified from the survey). However, stakeholders being unaware of the number of students who are experiencing bullying while on placement may also result from students not escalating their concerns after encountering such psychosocial hazards.

When compared to the general population, these bullying statistics are high; WorkSafe states that the frequency of workplace bullying across sectors nationally lies between approximately one in five (20%) and one in three (33%) workers (WorkSafe, 2020b). With 32.6% of survey participants identifying that they had experienced bullying at least "once in a while" in the past year, this figure sits on the upper end of bullying statistics nationally. This demonstrates the urgent action required to address these concerning numbers.

In comparison to participants who had experienced bullying in the past year, fewer respondents (n=20, 21.1%) stated that they had been subjected to workplace aggression or violence in the past year at least “once in a while”, with no students reporting they had experienced this “often” or “always”. Meanwhile, a significant majority (n=74, 77.9%) of students stated they had “rarely” or “never” experienced aggression in the past year (see Figure 4). This suggests that perceived workplace aggression experienced by student nurses occurs less frequently than bullying. As discussed in Section 3.10, recent New Zealand literature has focused on bullying and harassment experienced by nursing students, as opposed to aggression or violence (Minton & Birks, 2019; Minton et al., 2018). Therefore, there is a dearth of statistics on aggression experienced by nursing students in New Zealand, so there is no dataset norm to which the data collected as part of this thesis can be compared.

Nonetheless, international literature highlights the negative effects aggression can have on students, particularly as this can also result in increased rates of attrition (Roche et al., 2010; Searby et al., 2019). Therefore, despite the percentage of students who have encountered aggression or violence in the past year being lower than the percentage of students who have experienced bullying while on placement, aggression and violence are also serious psychosocial hazards which require increased focus by nursing schools. As per legislative requirements, hazards must be monitored and controlled to ensure students do not experience negative outcomes as a result of interacting with these ("Health and Safety at Work (General Risk and Workplace Management) Regulations 2016," ; Health and Safety at Work Act 2015).

The number of students who had identified that they had been subjected to bullying in the past year was lower than the number of students who reported having witnessed workplace bullying, with half of the respondents (n=46, 48%) identifying that they had seen bullying take place at least “once in a while”. Potential reasons that more students witness bullying than experience it include that they may be observing bullying occurring among healthcare workers while on placement, or witness their peers being bullied by others (Minton & Birks, 2019). This suggests that these behaviours are not hidden; they are openly occurring. The occurrence of bullying witnessed or experienced by student nurses was also reflected in the interview responses with stakeholders.[9] The responses suggested that it was

[9] The stakeholders included nursing school lecturers, a clinical educator, a student representative, and a professional nursing advisor (see Table 6).

the stakeholders' opinion that students were more likely to witness bullying or harassment than to experience it themselves. For example, two stakeholder comments stated that:

> "…there are certainly students that have witnessed registered nurses being assaulted. But I haven't so much seen that with the students that I've been involved in. Although you know, I am aware that certainly it can happen." (S4)

> "Usually, they are witnesses to other RNs getting yelled at, agitated, code oranges, all those kinds of things." (S5)

These findings are important, as merely being a witness to bullying or aggressive harassment and hostile environments can affect student nurses' wellbeing, and *ipso facto,* their ability to learn (Jackson et al., 2011; O'Flynn-Magee et al., 2020; Thomas & Gair, 2008). Psychosocial hazard exposure while on placement can significantly affect students' success in relation to their studies, and can also result in an increased intention to drop out (Jackson et al., 2011; Thomas & Gair, 2008). Therefore, it is essential that students can identify bullying behaviour and are aware of the reporting procedures for such incidents (WorkSafe, 2017). However, a concern that arose when examining the survey responses given by the students was their lack of clarity on the definitional difference between bullying and aggression. This suggests that students are not taught the differences between these psychosocial hazards or how to recognise and escalate responses to these behaviours before going on placement. This will be further discussed following.

**6.2.1.1 Definitional Issues.** The uncertainty around definitions of aggression versus bullying was particularly noticeable in the written responses of the survey, which may have impacted how participants answered questions in this section. Throughout this thesis, the difference between aggression and bullying was determined based on the frequency of negative situations experienced (consistent with the research conducted by Birks et al. (2018) and Minton and Birks (2019), who have extensively researched student nurses' bullying experiences in New Zealand). Therefore, isolated occurrences indicate aggression, while bullying involves repeated behaviours. The concern lies within the fact that students may not realise they are being bullied or subjected to aggressive behaviours if they are unable to define these experiences.

These definitional differences may not have been adequately communicated in the survey questions asking participants to expand on any negative experiences they had while on placement,[10] allowing participants to comment on any exposure they had to psychosocial hazards. As a result, it was not always clear whether students were talking about bullying or aggression. For example, participants stated that:

> "I had a negative experience with a nurse on one of my clinical placements".

> "I had a Nurse who was not treating me fairly."

> "Nurses on my surgical placement were verbally demeaning to students at times."

Further, one student identified that their nursing school had not adequately taught them what bullying behaviours might include:

> "I felt like there was a great lack of information given in regard to certain aspects of being on placement, such as what counts as bullying from nurses and supervisors."

These statements imply that students who are experiencing negative behaviours such as bullying and aggression may realise that the way they are being treated is not appropriate, but they are not able to identify it as bullying or aggression and therefore don't report it. Confusion over definitional issues of these terms was also noted in similar literature; for example, Minton and Birks (2019) stated that their participants were not always certain whether particular behaviour they witnessed or experienced could be defined as bullying, especially when this was often of a covert nature. Additionally, Birks et al. (2018) stated that their student participants lacked clarity regarding what constituted bullying. This definitional issue may lead to students not being confident in reporting bullying or similar negative experiences, and could also be attributable to students not being prepared to address such situations (Minton et al., 2018). This is of concern as it could lead to incident under-reporting, which prevents the appropriate systems from being activated to assist in

[10] These questions were not specific to either bullying or aggression.

decreasing the risk of re-occurrence or re-exposure to such psychosocial risks (Kennedy, 2005). Another consideration students need to take when reporting bullying or aggressive behaviours (or accessing support as a result of experiencing these), is understanding what the sources of these behaviours are, as discussed below.

**6.2.1.2 External Versus Internal Sources.** From the survey responses provided it was apparent that the sources of bullying and aggression students experienced were from various sources. Students were asked to identify which groups of individuals they had experienced displaying aggressive or bullying behaviours. These responses could then be categorised into two groups, 'internal' or 'external' to the students' nursing school.[11] Both categories are examined in the following paragraphs to identify whether there are any notable differences in occurrence between the two.

**6.2.1.3 External Sources.** Survey participants could select multiple options when identifying the source of bullying they had experienced. Almost half of the participants identified that they had experienced bullying stemming from qualified nurses (47 out of 95 respondents, or 49%) and/or patients (43 out of 95 respondents, or 45%) (see Figure 3). This is consistent with the findings of Minton et al. (2018). They had asked their research participants (student nurses in New Zealand) to identify the sources of bullying they had experienced while on placement. The results showed that the two most commonly identified sources of bullying were registered nurses (149 out of 291 respondents, or 53%) and patients (123 out of 272 respondents, or 45.3%). The congruence of this research with the findings of this thesis demonstrates that during their placements students face significant exposure to bullying from their mentors and from patients. This is of concern because contact with nurses and patients is unavoidable.

In relation to experiencing aggression, a significant finding was that the majority of the survey responses (n=66, 69%) involved experiencing aggressive behaviour from patients and/or clients. Interestingly, only 20 students identified they had experienced aggression at

[11] As was discussed in the Findings section (Section 5.4.1.3), 'internal' includes other student nurses or nursing school staff (such as supervisors or educators that were part of the nursing school), while 'external' includes any individuals not directly employed or taught by the nursing school, for example, nurses on placements, patients or their family members, supervisors part of the placement organisation, or members of the public.

least “once in a while”, and an additional 20 students stated they had experienced this “rarely”; therefore, a total of 40 students identified they had experienced aggression at least once in the past year. However, when asked to select the sources of aggressive behaviours, 66 students identified experiencing aggression only from patients and/or clients, while a total of 78 students selected at least one source of aggression (see Figure 5). A potential reason that fewer participants identified having experienced aggressive behaviours in comparison to the number of participants who selected sources of aggression is due to an additional survey question (D.2) requesting that participants tick the types of aggressive treatment they had experienced. This list of behaviours may have made students aware of additional situations that could count as aggressive incidents. This question was placed between the questions that asked if students had experienced aggression (D.1) and the sources of these behaviours (D.3).

The second most frequently selected source of aggressive behaviours was the family or friends of the patient or client (n=19). Additionally, the written survey responses further highlighted that the external sources of bullying or aggression were varied, including sources such as a hospital aide, patient, and nurse (Table 11). This is cause for concern, as exposure to aggression can cause long-term psychosocial damage to student nurses (for example, the development of Post-Traumatic Stress Disorder symptoms) (Hopkins et al., 2018; Needham et al., 2005; Rippon, 2000). However, the sources of bullying and aggression are not limited to external groups; instead, such behaviours can also be stem from internal sources, as discussed in the following section.

**6.2.1.4 Internal Sources.** There were significantly fewer responses in the survey that identified internal sources of bullying behaviours compared to the external sources discussed above. However, participants could select more than one response option when identifying the source of bullying they had experienced. As a result, several participants identified experiencing bullying from nursing school supervisors or educators (n=24, 25.3%). This is similar to the findings identified by Minton et al. (2018), where preceptors or mentors (assumably from the nursing school) were identified as the source of bullying by 32.3% of respondents (89 out of 291 participants). These analogous percentages suggest that the level of bullying experienced by nursing students from faculty staff has remained relatively unchanged over recent years. Such reports remain of concern, mainly because researchers have identified that internal bullying (or the perception that this has occurred) negatively affects students’ performance, professional development, and potentially their attrition rates (Cooper et al., 2011; Seibel, 2014).

Meanwhile, the thesis survey identified that other nursing students could also be a significant source of bullying, as 19% (n=18) of respondents selected this source. This percentage is higher than that found by Minton et al. (2018): just 11% of their participants (30 out of 291 participants) identified other nursing students as the source of bullying. It is possible that experiencing bullying from other student nurses may be on the increase; for example, one could postulate that if students are being socialised into an environment where bullying continues to occur at significant rates, this behaviour may be evolving into the norm among student nurses, too (Seibel, 2014).

The number of students who identified experiencing aggressive behaviours (as opposed to bullying) from within the nursing school (internal sources) was significantly lower when compared to the external sources identified. Only six instances of nursing school staff and five instances of other student nurses being the source of aggression were identified in the survey; these are statistically insignificant (see Figure 5). Furthermore, only three out of 23 written responses identified internal sources of bullying or aggression (see Table 12). This implies that instances of aggression stem less frequently from internal sources than external sources, with the most significant source being patients.

Regardless, the total number of students experiencing negative behaviours from others in the healthcare or tertiary education environment is significant. Students will need to be supported to respond to these incidents appropriately. There are also additional psychosocial hazards, for example, emotional labour and high job demands, that can impact students; these will be discussed below.

### *6.2.2 Additional Psychosocial Hazards of Significance*

Several other psychosocial hazards were identified throughout the survey responses, which are significant when considering how these may affect students' psychosocial health and general placement experience. These psychosocial concerns include emotional labour, specific role characteristics such as high workloads (for example, balancing theoretical learning and assignments with placement requirements), low job control levels, and sexual assault. Additional situations or experiences that participants highlighted as being of concern, and which are relevant to stress levels and general wellbeing, included a lack of time as a result of holding down a job while studying and incurring physical injuries while on placement. Firstly, the most significant psychosocial hazard identified by both the student

and stakeholder participants will be discussed, specifically, what role emotional labour plays in students' experiences during placement.

**6.2.2.1 Emotional Labour.** An emerging and concerning psychosocial risk that survey respondents frequently referenced was emotional labour.[12] While this term was not explicitly defined in the survey, data collected demonstrated that the student participants often felt the burden of emotional strain linked to their training conditions. An overwhelming number of respondents (n=74, 77.9%) stated that their work was emotionally demanding at least "some of the time", while only 22.1% (n=21) said this occurred "once in a while" or less (Figure 6). Further, just over half of respondents (n=55, 57.9%) identified that their placements had put them into emotionally disturbing situations at least "some of the time". The written survey responses also supported these findings (see Table 14). For example, students stated that:

> "I think a lot of people got emotionally shocked when we started placements."

> "I know some people who felt they had to drop out because they needed more emotional distance."

The fact that a majority of students experience emotional distress is of significant concern, particularly since emotional labour is ingrained in the nursing profession due to the nature of the work and, unlike some other psychosocial risks (such as bullying), it cannot be materially reduced. However, due to the tasks inherent in nursing roles, and considering these require the consistent management of emotions while interacting with patients, the high number of responses identifying emotional labour is not surprising (Hawke-Eder, 2017). Addressing the need for students to regulate their emotions while on placement may therefore be considered important when preparing nurses for placement. Additionally, these findings beg the questions of whether students are taught about emotional labour and how it relates to their role, and how to identify the resulting increased stress and burnout (Kinman & Leggetter, 2016). It is also of concern if students experience high levels of burnout because

[12] The regulation of emotions in the workplace, during which the emotions displayed may differ from how the individual is actually feeling (Gray, 2009; Msiska, Smith, Fawcett, et al., 2014).

research has identified a link between burnout and poorer patient safety outcomes (Hall et al., 2016).

One of the stakeholders interviewed shared their insights on the emotional challenges and labour experienced by students and identified that nursing students are taught about this concept in their third year (although, as they were not a first-year lecturer, they could not confirm whether this topic was also covered in earlier semesters):

> "…we teach about emotional labour and, you know, about looking after yourself and on all of this in our third year [name of paper] and sometimes- in fact I teach that paper, and sometimes when I start to talk about it, you know, you see the light go on- the light bulb- it's like 'Oh yeah that's what that is', 'that's what I've- I've had that happen to me'…" (S1)

Further, another stakeholder explained that the concepts of emotional labour and emotional competence might not always be taught in nursing studies due to these not being part of the requirements of the Nursing Council Competencies, which guide nursing training:

> "…our curriculum is guided by our Nursing Council Competencies, and our Nursing Council Competencies don't particularly lend themselves to requiring emotional competence" (S2)

These stakeholder quotes indicate that emotional labour and related topics, for example, emotional intelligence and competence, are not regularly covered throughout nursing studies. This oversight is concerning as emotional labour is a core aspect of the nursing role and one which students need to master. This training shortcoming was also reflected in students' written survey responses as they discussed the preparation they had received with respect to the emotional requirements of their placements. Students perceived that they had been inadequately prepared for the emotional challenges their placements would provide:

> "They should teach us mechanisms on how to move on in our head from a situation, or how to process emotional scenes."

> "… lack of resources and education around emotional exhaustion and burnout."

> "…didn't feel like we were actually prepared for the emotional strain that it has on you."

Over time a high occurrence of emotional labour has the possibility of resulting in compassion fatigue, which is defined to be "a deep physical, emotional, and spiritual exhaustion accompanied by acute emotional pain" (Pfifferling & Gilley, 2000). Therefore, it is alarming that students used terms such as "emotional exhaustion" and "emotional strain", as this indicates that compassion fatigue may already occur during students' studies. Given that this is being experienced before entry into the workplace demonstrates the critical importance of teaching students not only how to identify emotional labour but also how to address the challenges that emotional labour presents so that this does not result in compassion fatigue.

**6.2.2.2 High Job Demands.** Additional psychosocial hazards identified throughout the survey responses were related to the demands of the student nurses' role. High job demands refer to "high physical, mental or emotional demands" or similar situations in which the job content may negatively affect an individual if the levels of these situations are chronically high (Lovelock, 2019, p. 16). Several occupational and organisational psychology models aim to explain the effect of high job demands on employee wellbeing. For example, the job demands-resources model suggests that occupational stress is affected by the job's demands and the availability of resources (Bakker & Demerouti, 2007). This model is useful for human resource management studies, as it considers how workers are impacted by high job demands and limited resources, particularly as this combination of stressors has been linked with the development of burnout (Bakker & Demerouti, 2007; Bakker et al., 2004).

The model indicates that high job demands can result in worsened mental health outcomes; however, having adequate job resources can increase motivation and address the strain felt by high job demands (Hamid & Ahmad, 2014). The descriptive statistical survey findings demonstrated that over half of the participants experienced high levels of job demands. This was demonstrated through indicators such as participants stating that they were pressured to work long hours at least "once in a while". Of greater concern is that almost three-quarters of participants said they had to neglect some tasks because they had too much to do at least "once in a while" (see Figure 7). Written responses also gave insight into the demands of studying nursing and how this negatively affected the nurses' lifestyle:

> “It seems to be an accepted thing that people in nursing school have no life due to how demanding it is.”

> “I am not alone in feeling overwhelmed and as though the task is impossible without sacrificing either sleep hours, personal care, seeing family, etc.”

These reports of high work demands are unsurprising and are often exacerbated by low staffing levels and long work hours, which are typical of the nursing environment (Geiger-Brown et al., 2004). However, it is of particular concern that several students are finding that these demands affect their quality of life outside of placement, as this situation can negatively impact their psychosocial health (Abadi et al., 2021; Geiger-Brown et al., 2004). Therefore, the survey responses raise the question of whether the current nursing curriculum prepares student nurses to cope with this psychosocial hazard, as current data imply that students are not coping well. Further, in relation to the job-demand resources model, it is clear that students are experiencing high levels of job demand. As such, nursing schools should ensure that they have a comprehensive understanding of what actions are required to give their students the resources and support needed to uphold their psychosocial health (Hamid & Ahmad, 2014).

**6.2.2.3 Low Job Control.** Low job control was another psychosocial hazard highlighted by survey participants, although this did not appear to be as significant a concern compared to high job demands. This hazard involves work environments where individuals have limited or no opportunities to participate in decisions that affect their work or the actions required of them (Abadi et al., 2021; Lovelock, 2019). When asked whether they had a choice in deciding what tasks they wanted to focus on or have exposure to, almost three-quarters of participants (n=69, 73%) stated they had a choice in deciding what tasks they completed during their placements at least “once in a while”. In contrast, only 27% (n=26) said this occurred “rarely” or “never” (see Figure 8). This is significant as higher job control correlates to increased job satisfaction (Abadi et al., 2021).

Perhaps, the fact that students do not identify this hazard in their responses could be linked to students accepting that they will have limited control over their tasks due to the nature of their role, which involves the completion of specific tasks while on placement to achieve the required competencies (NCNZ, 2020b). However, it is still a critical hazard to

recognise, particularly since the survey results indicate that it affects approximately one in four nursing students. Lack of job control can still affect students once they enter the workforce; as such, it is another psychosocial hazard for which strategies will be required to improve student nurses' wellbeing (Elliott et al., 2017).

**6.2.2.4 Sexual Assault.** An additional psychosocial hazard that is of significant concern, although infrequently identified, is that of sexual assault or harassment. WorkSafe New Zealand describes this hazard to be any sexual behaviour that is unwelcome and which is either repeated or severe enough to negatively affect an individual (WorkSafe, n.d.-c). Five of the students surveyed indicated that they had experienced this as a one-off incident. Four participants stated they had experienced this "rarely", and the other responded "once in a while" to this question. Only one student elaborated on their experience, stating that:

> "I was sexually harassed by a hospital aide on a placement. I was able to raise this to my clinical lecturer and the ward staff and it was dealt with appropriately."

The serious nature and outcomes of sexual assault make this a grave psychosocial hazard that is different from the previously discussed hazards and requires clear and effective support when encountered (Draucker, 2019). While the written response indicated that this event was dealt with appropriately, it is unknown whether the other students were well-supported, as no further details were given. Ideally, the way in which this sexual assault event was resolved would be the same for all psychosocial hazards students may encounter while on placement.

### *6.2.3 Additional Health and Safety Concerns*

The survey also queried additional potential hazards which had the possibility of causing stress for individuals. These data can assist in answering the guiding research question of "Do student nurses have any safety concerns while on clinical placement that would influence their studies going forwards?".

**6.2.3.1 Financial Pressures Increasing Stress Levels.** One of the main concerns identified in the responses was monetary concerns. To support themselves, 70% of survey participants (n=66) confirmed that they worked during their studies. Having a job further increased their existing workload and their risk of stress and burnout. An additional concern

of student nurses being employed while simultaneously studying is that longer work hours can negatively affect academic outcomes (Rochford et al., 2009). Student nurses who work additional jobs also have higher attrition rates, particularly when that work interferes with their nursing school attendance (Callender, 1999; Rochford et al., 2009).

If students were legal employees and worked with an employment agreement, the maximum number of hours they would be able to work would be 40 hours per week (not including overtime) (Employment New Zealand, 2022). However, students who have secondary jobs in addition to their placements are likely to work across multiple worksites, meaning their hours are not contractually limited to 40 hours per week. This is also suggested in some of the written survey responses:

> “we work more than actual RNs do, working 8 hours a day, 5 days a week, with huge amounts of work to do on top, and many students have part time jobs on the weekend.”

> “I have a part time and a casual job. For people who don't live at home and aren't able to get student allowance it is kind of impossible to live comfortably without a job. It's tough, especially during clinical. Paying off a student loan on a nurses’ salary can be tricky, so most of us work now to support ourselves”.

It is clear that student nurses’ workloads increase due to having secondary jobs while studying. Ironically, recent media reports identified that Otago Polytechnic had asked its nursing students to assist with shifts in Dunedin Hospital as a result of critical understaffing ("'Major health and safety risk': Nursing students cover shifts at Dunedin Hospital.," 2022; McNeilly, 2022). Although this has only happened on one weekend so far, it would likely contribute to the problem of heightened workloads among an already struggling group. As seen by Mitchell (2020) and Salamonson et al. (2012), the students who work during their nursing studies are likely to have their stress levels and academic success negatively impacted (for example, by having less time to complete assignments). This means that it would be advisable for students to avoid secondary work while on placement. However, many students have few other options if they need to support themselves to avoid financial hardship (Mitchell, 2020; Rochford et al., 2009). A recent media article also identified that some New Zealand nursing students are dropping out of their studies due to financial stress caused by juggling work and studying for their course, in addition to being on placement (Cook, 2022).

From these findings, it is evident that student nurses require greater financial support (for example, from the government) to ensure they can focus on their studies without being affected by burnout from the high number of hours worked per week. Interestingly, the Southern Institute of Technology nursing school offers its course without base tuition fees as a result of governmental policies currently in place[13] (Southern Institute of Technology, n.d.-a, n.d.-c). This will be further explored as a recommendation in Section 7.5. However, as students at this nursing school do not have to pay tuition fees, they may be less likely to work a secondary job throughout their studies; this would allow them greater time to spend on other tasks, including stress-management and self-care activities (Mitchell, 2020). Unfortunately, having tuition fees paid for does not address the significant living costs students still need to pay, particularly as a result of New Zealand's rising inflation rates (Stats NZ, 2022). Therefore, financial pressures remain an ongoing concern for nursing students.

**6.2.3.2 Lack of Self-Care.** An additional concern for the majority of survey participants (n=80, 85%) related to a lack of time to undertake self-care activities. This is also reflected in literature, which has identified that, due to time constraints, student nurses rarely have time to care for themselves (Chow & Kalischuk, 2008; Stark et al., 2005). This finding is worrying, as having the opportunity to undertake self-care activities is a necessary strategy to prevent stress, burnout, and attrition (Chow & Kalischuk, 2008; Docherty-Skippen et al., 2019). However, as shown in the written responses to the survey, students appeared to have concerns about the lack of time they had available for self-care activities:

> "I find it so hard to find the motivation to go to placement, work such long hours, take care of myself, study and simply manage my home life without any immediate reward or relief for my hard work. I feel so burnt out."

> [When asked if they had time to undertake self-care activities] "Not at all, As mentioned earlier, health and wellbeing really suffers. Sleep and exercise are often left aside to manage the assignments and paperwork requirements for placements."

[13] Students who attend other polytechnics and universities receive government support to pay for their first year of tertiary education, instead of their entire course being offered for free (School Leavers' Toolkit, n.d.).

"When I'm on placements the only self-care I do is sleep."

Some researchers have argued that student nurses need to take greater responsibility for their own self-care and stress management (Brouwer et al., 2021; Stark et al., 2005). More encouragingly, Stark et al. (2005) stated that students taking responsibility for their health and wellbeing is empowering and can benefit students' confidence. However, as Slemon et al. (2021) highlight, "positioning self-care as students' individual responsibility fails to recognize the systems that contribute to stress and burnout, including student financial strains, overwork, lack of clinical support and exposure to harmful workplace culture and practices" (p. 10). These researchers, therefore, tie in the additional psychosocial hazards students may experience and point out that the primary responsibility of upholding students' psychosocial health should not fall on them alone. Instead, additional support is required by the parties responsible for exposing students to these hazards. As such, a shared responsibility between students and nursing schools may be the most effective approach to ensuring students are able to undertake self-care activities.

**6.2.3.3 Aches, Pains, and Discomforts.** A significant amount of research has been conducted regarding the risks that manual handling poses to nurses. Many have concluded that increased intervention and prevention strategies, as well as improved physical rehabilitation, are required to address the pains experienced by nurses (Coggan et al., 1994; Harcombe et al., 2014; Harcombe et al., 2010; Hellsing et al., 1993; Smedley et al., 2003). This occupational health and safety concern is common among student nurses due to the tasks they are assigned while on placement (Lövgren et al., 2014). This has also been identified in the responses given in the survey conducted. When asked if they had experienced aches, pains, or discomforts in the previous four weeks (survey question E.1), the majority of all participants (n=74, 78%) stated that they had experienced pain in their lower back at least "once in a while". Other areas of pain often identified included the upper back and neck areas (see Table 21). This is consistent with other research, which determined that lower back pain often presents itself before students have graduated (Mitchell et al., 2008).

However, there is also evidence that there is a link between acute psychological stressors and the development of back pain and neck pain (Feyer et al., 2000; Joslin et al., 2014; Wong et al., 2021). This suggests that the reverse is also possible; that physical

injuries may develop into stress and worsened psychosocial outcomes. As has been discussed above, students already experience significant stress, and the contribution of further stressors is concerning when considering that heightened pressure can severely impact the wellbeing of students (Shaw, 2020). A related concern is that the survey participants indicated that they had experienced pain related to their educational tasks after only a few months of being on placement. This suggests that students may not be adequately prepared for the physical nature of the nursing role, and more focus should be given to the education on coping mechanisms that students receive prior to placements.

**6.2.3.4 Insufficient and Inflexible Rest Periods.** Although not a hazard, another concern identified through the survey responses which can lead to worsened health and safety outcomes is the reduced ability to take time off. Although employees can usually access time off work in response to experiencing mental distress, students have restrictions in accessing leave of a similar nature. Any absences they take from their placement may affect their ability to achieve the designated placement hours required to graduate (NCNZ, 2020b). This challenge was identified in one of the written survey responses:

> "[Nursing School] just tells you hey if you're having any issues feel free to talk to your clinical lecturer and when you do it's "just letting you know you can't take more days off as you're already at the edge of not passing due to not enough hours."

The stakeholders interviewed suggested that students who were struggling would need to drop out of their studies and re-join the following semester, even though this would extend the students' overall length of study.

> "They have been supported to make a decision about withdrawing from the placement at that time, and then that enabled them to do it at another time without penalty." (S4)

However, students had also identified that this option was not always available to them:

> "I spoke to another student who wanted to drop out of the last placement and pick it up with the next intake, she was informed that there were no available slots for placements in the cohort behind our own."

The NCNZ, nursing schools, and placement organisations all have a role to play in addressing the challenge of students needing to meet their designated placement hours and having the flexibility to take leave when required. This may include somewhat reducing the number of required placement hours; for example, New Zealand could aim to match the Australian programme requirements by reducing the clinical placement hours needed from 1100 to 800 for the Bachelor of Nursing (National Early Career Nurse and Midwife Roundtable Working Group, n.d.; NCNZ, 2020b). Additionally, nursing schools could aim to reduce the number of absence days required by nursing students as a result of stress or sickness by providing consistent, timely, and adequate care and support, for example, through interventions and clear communication channels (Eggert, 2010; Lai & Chan, 2007).

In summary, it is clear that student nurses have a multitude of psychosocial health concerns as well as additional safety concerns, which are potentially worsened by psychosocial stressors. Therefore, to ensure that students' health and safety are upheld on an ongoing basis and to reduce the risk of attrition, increased support and interventions are required early in their studies.

### 6.3 Theme Two: Causes and Effects of Attrition

Psychosocial hazards, including prolonged occupational stress, emotional exhaustion, and role conflict, can all result in outcomes that negatively affect an individual's psychosocial health (Piko, 2006). These outcomes may include burnout and work-related psychosomatic symptoms, such as headaches and forgetfulness (Kalliath & Morris, 2002; Kane, 2009; Piko, 2006; Soto-Rubio et al., 2020). Such outcomes can significantly impact students' academic performance and success, which in turn may affect the retention of students (Frazier et al., 2019; Kane, 2009).

#### *6.3.1 Psychosocial Health of Student Nurses While on Placement*

Although the psychosocial health of student nurses is likely to peak and trough as it is impacted by the students' circumstances at the time, the survey responses repeatedly demonstrated that there is a significant cause for concern regarding nursing students' psychosocial health. These findings will assist in addressing one of the guiding questions of

this thesis: “How is the psychosocial wellbeing of student nurses affected during clinical placements?”. As demonstrated in Table 23, some of the feelings most experienced by students (indicated by the number of participants selecting they felt this way “most of the time” or “all of the time”) were that they felt “tired out for no reason” and “nervous”. Additionally, over one-third of respondents identified that they felt “depressed” at least some of the time. In a further question, just under one-third of respondents stated that they felt “worthless” at least some of the time. Similar to the descriptive statistics, these feelings are also reiterated in the written survey responses and in the concerns held by stakeholders (see Tables 25 and 26). Commonly used phrases in the written responses referred to poor mental health and wellbeing, and a lack of energy. One student even stated they were “depressed” because of their placement: a negative experience.

These symptoms of poor psychosocial health identified or discussed by participants (for example, feelings of fatigue, anxiety, and depression) can result from exposure to psychosocial hazards, although the severity of the psychosocial outcomes experienced would depend on several factors, such as the length of exposure to the risk encountered (Government Health and Safety Lead, 2021; Lovelock, 2019). However, the survey respondents did not directly link their psychosocial health to exposures to hazards, and therefore it cannot be concluded that the students’ poor psychosocial health is a direct consequence of experiencing psychosocial hazards.

The number of students who identified as being burnt out was a salient finding, with more than half of those surveyed identifying they felt this way at least “once in a while” (n=67) (see Table 24). As discussed in Section 3.3, it is possible that the COVID-19 pandemic has influenced these high levels of reported burnout due to the pandemic increasing the levels of stress experienced by those working in the healthcare field, stress which in turn leads to heightened sleep deprivation and burnout (Sultana et al., 2020). Student nurses may also experience higher levels of exhaustion while undertaking distance learning, which can further contribute to the development of burnout (Rohmani & Andriani, 2021). However, in the written responses, students did not definitively identify that COVID-19 had a role in the heightened levels of burnout but instead made clear links between their placements causing burnout, either for them or their friends:

> "There appears a sense of irony around students and workers wishing to devote time and energy in a helping role, who go on to suffer burnout related to high amounts of stress and pressure. All in the pursuit of knowledge to practice safely."

> "I have heard of several friends of mine that feel so burnt out from the final transition placement that they do not think they will pursue a nursing career immediately after graduating as they simply feel burnt out and need a break from it."

From the data gathered, particularly regarding the quotes above, it is indisputable that students' psychosocial health is affected by the stressors and psychosocial hazards of clinical placements. This is of particular concern as poor psychosocial wellbeing can lead to poorer academic performance and reduced success (Wei et al., 2021). Galbraith and Brown (2011) also identified that students who suffer from poor mental health are also more likely to have higher rates of attrition and have increased sickness or absences. This research has identified that New Zealand nursing students are indeed experiencing poor psychosocial health as a result of their studies and it is probable that this affects their performance; this finding is in line with previous research which has made this link (Galbraith & Brown, 2011; Wei et al., 2021). In particular, the majority of survey respondents identified that they feel burnt out and this negatively affects their success with their studies and potentially the completion of the nursing course. This is particularly the case considering that not all the stressors and hazards identified are avoidable and this is relevant to the understanding of how the psychosocial health of the survey participants might be linked to attrition rates, as discussed in the following section.

### *6.3.2 Students' Intention to Discontinue*

Poor psychosocial health can lead to increased absenteeism and turnover, as well as increasing intentions to leave or 'drop out' of studies (Harris et al., 2016; Maslach et al., 2001). Six survey respondents (6.3%) selected that they would be "extremely likely", "very likely", or "likely" to drop out of their studies (see Table 27). All six respondents identified that they felt "worthless" either "most of the time" or "all of the time". Additionally, of the students who had selected they were at least "very likely" to drop out, all selected that they were "always" feeling burnt out, while all those who indicated they were "likely" to drop out stated they felt burnt out "once in a while". These data show that poor psychosocial health is a common theme amongst students who may be considering dropping out of their studies.

Of the participants who indicated that they were “unsure”, “unlikely”, “very unlikely”, or “extremely unlikely” to drop out, only 5.6% identified that they were “always” burnt out. Meanwhile, of the participants who were at least “likely” to drop out, 50% identified that they were “always” burnt out. This indicates that poor psychosocial health is a shared factor among students considering dropping out of their studies. However, as the number of survey participants who identified that they were at least “likely” to drop out of their studies was small, this finding may not be generalisable; this limitation will be further discussed in Section 7.3. Moreover, due to the limited information provided by these students in the written responses to the survey, it cannot be categorically determined that there is a link between their study experiences and their intention to drop out.

Nonetheless, these findings represent a significantly lower percentage when compared to those of Central Region’s Technical Advisory Services (2021), who identified that 29% of students who began a nursing bachelor's course between 2010 and 2017 had not yet completed it, indicating that individuals either dropped out of their course or were taking a leave of absence. The difference between these findings is likely due to the significant difference in sample sizes; the report had the attrition data of all Bachelor of Nursing students who started their course between 2010 and 2017 and their sample size is several thousand. Additionally, the difference between these findings may be due to the fact that students who were already disengaged with their studies may not have seen the invitation to participate in this research, and therefore this research did not capture the insights of these additional students who were potentially considering dropping out. This will be further discussed as a limitation in Section 7.3.

Another consideration regarding attrition trends is that all of the students who identified that they were “extremely likely” or “very likely” to drop out stated they had been subject to bullying and threats of aggression either “once in a while” or “fairly often”. However, the students who selected that they were “likely” to drop out all stated they had “never” experienced bullying (n=3/3); further, when asked whether they had experienced aggression, they either stated “never” (n=2/3) or alternatively chose not to answer this question (n=1/3). These responses suggest that experiencing bullying and aggression is not a shared factor among nursing students considering leaving their studies. Additionally, the other survey responses provided by these students did not indicate that they had experienced any significant or frequent psychosocial risks related to workplace relationships. Therefore, these students may be considering leaving their nursing studies for reasons

unrelated to psychosocial hazards they may have interacted with. This indicates that there are a variety of reasons why students may decide to discontinue.

All students who selected that they had experienced sexual assault also responded that they were “extremely unlikely” or “very unlikely” to seriously consider discontinuing their studies, or that they were “unsure” whether to seriously consider discontinuation. One student provided a written response regarding the support they received following exposure to the psychosocial hazard of sexual assault:

> “I was sexually harassed by a hospital aide on a placement. I was able to raise this to my clinical lecturer and the ward staff and it was dealt with appropriately.”

The quote indicates that the student received adequate support from their nursing school regarding this incident, and therefore the student may not have placed blame on their institution. Alternatively, they may have had the support required to ensure this event did not impact their studies, resulting in the student still having the inclination to pursue a nursing career. It is also possible that the five students who reported experiencing sexual assault may have had better resilience, which assisted them in addressing any psychosocial outcomes they experienced as a result. However, it is unclear how this psychosocial hazard was dealt with specifically to ensure students were adequately supported following their exposure to it.

Amongst the responses regarding attrition, some students shared insights into what motivated them to continue studying nursing, despite its challenges:

> “I love being a nurse and I love the work that we do, it is truly my dream career.”

> “I am so excited to become a registered nurse… At the end of the day I’m fortunate to be starting a career that I’m passionate about”

These responses may provide insight into one of the reasons students continue to pursue a career in nursing; their passion for the work encourages them to keep studying.

Further, Cope et al. (2016), who studied resilience amongst nurses, identified that having a passion for the nursing role is linked to improved resilience, which can assist nurses to cope with adversity. In turn, possessing increased resilience may have a positive impact on students' academic success and retention. However, one of these motivating beliefs appears to have been tainted by some of the student's nursing experiences; to provide further context on the quote "I love being a nurse and I love the work that we do, it is truly my dream career", the student also stated, "However, I have put myself through so much physical, mental and financial stress to get where I am today and I would not recommend it to most people". This indicates that even those passionate about a nursing career are significantly affected by the toll taken by their studies.

The findings discussed in this theme suggest that the psychosocial hazards students interact with in the nursing environment are varied and that individual students have vastly different experiences when encountering these hazards. Further, while psychosocial hazards do not always play a role in students' decisions to leave their studies, poor psychosocial health is a common theme amongst those considering discontinuation. This is also reflected in similar international research, which found that poor mental health and burnout are linked to higher attrition rates amongst students in higher education generally, indicating that this theme is not limited to nursing students in New Zealand (Dyrbye et al., 2010; Hjorth et al., 2016).

To further understand how the psychosocial health of students can be protected to encourage students to stay within the nursing course and profession, the support systems offered by nursing schools and other relevant organisations will be examined.

### 6.4 Theme Three: Support Systems

As discussed in Chapter Two, the current nursing shortage is detrimental to all healthcare parties, including patients and the nurses themselves (Kunaviktikul et al., 2015; World Health Assembly 59, 2006). This is evident from research that has investigated the outcomes of nurses working extended hours, for example, by working two consecutive shifts due to the shortage of staff; examples of such outcomes include communication and patient identification errors, as well as high rates of emotional exhaustion (Kunaviktikul et al., 2015). Therefore, students must be supported to increase the likelihood of them remaining within their studies and within the workforce following graduation, so that the shortage can be addressed (Hogan et al., 2018; Zeller & Levin, 2013). This thesis aimed to explore students'

understanding of the support mechanisms offered by their respective nursing schools. The data gathered will assist in answering the main research question: “What is the impact of psychosocial support mechanisms on student nurses’ decision to complete training?”, as well as the following guiding questions:

- What relevant training are student nurses given regarding their own psychosocial wellbeing before their placements?
- What current support mechanisms are there for protecting student nurses’ psychosocial wellbeing during placements?

There are several ways to categorise the support mechanisms which were discussed in the survey and interviews; these are detailed below.

### *6.4.1 Categories of Support Systems*

To investigate these ideas, survey and interview questions were asked about students’ awareness of what was provided prior to them going on placement versus the support that students could actually access during placement, for example, following exposure to an adverse event. This is relevant as both groups of support systems are vital in upholding students’ psychosocial health. The preparation they receive prior to going on placement can assist in limiting exposure to psychosocial hazards, for example, by using de-escalation techniques prior to an incident turning aggressive, while support offered during placement can assist students in responding constructively to hazards encountered. Within the field of health and safety, stages of prevention and intervention are often classed into primary, secondary and tertiary stages. Primary support aims to prevent the occurrence of exposure to identified hazards, secondary interventions focus on minimising individuals’ exposure to negative situations, and tertiary support aims to reduce the negative effects that may result after individuals have been exposed to a hazard (Escartín, 2016).

In terms of the support provided to nursing students, primary support could include training or workshops that assist students in de-escalating aggressive situations, therefore limiting the increased risk these psychosocial hazards may have posed (Escartín, 2016; Searby et al., 2019). These support options can improve students’ knowledge and confidence regarding handling difficult situations during placement (for example, due to understanding how to react to and manage challenging situations appropriately) (Heckemann et al., 2015). Secondary interventions include the support mechanisms available to students to help them cope with any psychosocial hazards encountered (for

example, opportunities for debriefing and clear mechanisms to report instances of bullying or aggression) (Curtis et al., 2007; Lovelock, 2019). Finally, tertiary interventions provide students that have been exposed to psychosocial hazards ongoing support, for example, counselling for individuals who have been exposed to violent behaviours (Lovelock, 2019). However, the primary/secondary/tertiary approach is problematic as organisations often implement few primary preventions and instead focus on implementing secondary or tertiary interventions, which do little to prevent exposure to the existing psychosocial hazards (LaMontagne et al., 2007). The support systems that students were able to identify will be examined in the following sections. However, students' responses are limited by their awareness and knowledge of what is available to them.

### *6.4.2 Students' Awareness of the Psychosocial Support Mechanisms Provided by Nursing Schools*

Students' understanding of what their nursing schools provided as support was varied, even when comparing students from the same nursing school. Additionally, some students were unaware of any preventative support mechanisms offered. These findings strongly indicate that the knowledge students have of the support mechanisms available differs significantly. This is a pertinent finding, as it suggests that nursing schools have several support mechanisms on offer yet there are students who are unaware of these and their ability to access such support is compromised because of their lack of awareness. Concerningly, 13 students (13.7%) stated that they had no knowledge of any support mechanisms their nursing school provided either before or during placements, despite prompts being given that students could select for both questions investigating this topic. Stakeholder 2 also identified that a lack of awareness might be preventing students from accessing support:

> "Knowing of them [support mechanisms offered], so sometimes, if we're only introducing them in orientation week when there's lots of other information, a barrier can be not knowing about them." (S2)

Harris et al. (2016) also identified that students lacking knowledge regarding how, where, and when to access support was a matter of great concern. In short, this may be one of the most consequential findings when considering students' access to support; without having the knowledge of psychosocial support mechanisms, students are unlikely to access these support options in times of need. Therefore, nursing schools need to focus on

providing a more thorough education about what a support mechanism is and how and where students can access these instruments (Harris et al., 2016). One stakeholder explained how students are taught about the support systems available to them:

> “They get all the information in the orientation of course, but then it's also- what's the word- I guess- communication about that is ongoing throughout… It's also on our student online platform, all the information that they need. And there's various, you know, communication notice boards and things around the campus.” (S1)

While it appears that the education about the support available to students is included during the orientation weeks, students who miss orientation (for example, due to late enrolment or sickness), would not get this information. Following the orientation, students are provided with the information on the supports available. However, these do not appear to be active forms of engagement, instead relying on media such as noticeboards or the online platforms. Therefore, if a student doesn’t make a proactive effort to educate themselves on the support available, their knowledge of these systems may remain limited or non-existent.

Two students who had indicated they were at least “likely” to drop out of their studies selected the survey response stating, “My nursing school has not provided me with any information or education on how to effectively manage my mental health”. Both these students stated that they were unaware of support mechanisms they could access through their nursing school, should they experience a negative or challenging situation while on placement. It is possible that students may not be given enough detail on the support systems available to them to allow them to be confident to access these after being exposed to specific incidents. This finding suggests that nursing schools should endeavour to continuously promote the kinds of support available to students as part of their training and when they should access these, as currently, this communication appears to be lacking or unclear. However, it is also possible that students’ lack of knowledge of support systems indicates poor engagement with the nursing course in general; for example, students who have low attendance rates for a variety of reasons may miss the sessions during which the support mechanisms offered are being explained to students.

### *6.4.3 Uptake of Preventative Support Mechanisms Prior to Going on Placement*

To investigate which support mechanisms are provided to students prior to going on placement, questions were asked that allowed students to select multiple responses and add written answers if required. The preventative support mechanisms identified from the survey responses are examples of primary prevention, which are support systems that focus on the source of the risk (Lovelock, 2019). These support options should assist students in handling difficult situations during their placements and, due to reduced stress levels, this may also assist in avoiding burnout (Heckemann et al., 2015; Sultana et al., 2020).

Over a quarter of participants in this thesis recognised that they had received or been offered stress-relieving exercises by their nursing school (n=26, 27%). Support opportunities identified less frequently by survey participants included stress management workshops (only 4.2% of participants recognised that they had been offered this), and being taught or given the opportunity to monitor stress levels throughout placements, for example by using an app (only 2.1% of participants selected this response). The written survey responses also identified further education-based support mechanisms that are available, for example, information/resources around mindfulness, wellbeing, and burnout (see Table 31). One stakeholder also explained how their nursing school teaches self-care during their programme:

> "We've just had a review of our curriculum… the other half of it is about self-care and developing a self-care model, so they have a reflective practice they need to do and then also a presentation on how they're going to manage stressors and what they're going to do to self-care during the three-year programme." (S2)

While these support options indicate that some students are provided with unique support, the number of students receiving such specialised support opportunities is very limited. The lack of primary interventions is concerning, as it is clear students are either not retaining the information given to them about the prevention and intervention strategies that are made available, or alternatively, the education provided by nursing schools on this topic is not comprehensive enough. Providing and making support consistently available across the academic year rather than during the orientation phase could increase engagement and uptake of prevention and intervention strategies to cope with psychosocial hazards while on placement.

It is clear that several types of support systems are being offered to students across nursing schools to prepare them for the clinical environment. These support options may contribute to students experiencing a lower incidence rate of psychosocial risks escalating and causing poor psychosocial health outcomes as students have improved skills that assist them in addressing and reacting to known psychosocial hazards (Ion et al., 2015; Searby et al., 2019). Education preparing students to self-manage their psychosocial health during or after exposure to a hazard can assist in improving students' health outcomes and their patients' health goals (Green, 2020).

The survey also questioned students regarding "best practice" examples they had experienced while on placement, meaning instances where health and safety practices went beyond the expected or legal minimum (Health and Safety Executive, 2003). Interestingly, students who responded to this question referred to the nursing teams on placement and their behaviours as being the most effective support option they had experienced (see Table 33). For example, one survey participant stated that:

> "After an [sic] verbally abusive client, my Clinical team leader undertook a debrief with myself and the RN I was with. The team leader did this with both of us and then spoke to us individually. During this the Clinical team leader showed real empathy for both me and the RN."

Therefore, nurses and healthcare staff appear to have a fundamental and positive effect on the student nurses and their placement experiences, while also being one of the sources most frequently reported as displaying bullying behaviours (Clynes & Raftery, 2008). This seeming contradiction is not surprising, given that nurses can provide immediate, personal support and feedback to students due to their contact with them while on placement, while also observing and critiquing their professional practice. Depending on whether that interaction is a positive or negative encounter can significantly influence students' success on placement (Bott et al., 2011).

The variety of responses given on this topic makes answering the guiding question of "What relevant training are student nurses given regarding their own psychosocial wellbeing before their placements?" difficult; although all nursing schools appear to be providing support options before students go on placement, students' knowledge of these is not consistent. Therefore, it is clear that what is provided does not align with students'

understanding of the support systems available. Further, since schools offer different support systems, the support that can be accessed prior to placement differs significantly. How this may differ from the support offered while students are on placement is discussed in the following section.

### *6.4.4 Uptake of Support Mechanisms Accessible While on Placement*

The following research question, "What current support mechanisms are there for protecting student nurses' wellbeing during placement?" can also be examined using the survey and interview responses. For secondary prevention support, less than half of the survey participants identified having received information regarding how to escalate concerns they have on placement (see Table 30). A similar percentage of students also selected that they received opportunities for "pre- and post-debriefing of stressful situations" when asked what support mechanisms were offered to them.[14]

Another support system available to some students is access to a mentor (one-third of survey respondents identified that their nursing school provided this option). Further, some participants identified that they could have regular meetings with a nursing school staff member who would not have any involvement in the marking of the individual's grades.[15] Having access to a mentor or staff member can assist students in debriefing and reflecting on their practices while on placement on an ongoing basis; in turn, this can assist in building resilience against negative incidents (Courtney-Pratt et al., 2018; Minton et al., 2018). A further support mechanism identified in a written response indicated that lecturers were accessible as secondary intervention support when students experienced challenging situations while on placement:

> "The lecturers are available via text, call, or email and an emergency number is available to talk and hence they are quite supportive."

[14] Several students appeared to have been taught how to debrief prior to going on placement; however, as access to this support mechanism occurs while on placement or exposure to a hazard, this can be considered a secondary intervention.

[15] The reasoning behind clarifying that the nursing school staff member has no involvement in the students' grades will be further discussed in Section 6.5.3.

However, one of the stakeholders stated that this was not always possible, for example, due to resourcing constraints or needing time off work:

> “If I'm busy and you've just had something happen and I can't answer the phone, then you have to wait for me to get in touch with you because you're probably not gonna get a lot of debrief support from your preceptors.” (S5)

> “You know, at the end of the day, I've got to turn my phone off because I've got to have a life too.” (S5)

This response demonstrates that support mechanisms promoted to students are not consistently available due to time constraints and stretched resources. This is of concern as students who may be required to complete shift work will not always have immediate access to support when needed. However, timing is often critical when providing support systems to individuals, and this was reflected in one of the stakeholders’ interviews, who stated that:

> “…if the student’s been through an event, say, an aggressive patient, they really need to debrief with someone as soon as possible. But it's hard to do that without time, and I don't think preceptors have the time to do that.” (S5)

It is likely that nurses’ ability to support students proactively will depend on their available time, workload, and personal stress levels. As the current nursing shortage persists, it is highly likely that nurses do not have the resources to consistently support students in a timely manner (Bott et al., 2011; Ka’Shiris, 2022). This suggests that in addition to clarifying the support mechanisms offered by nursing schools and clearly communicating the availability of these to students, the New Zealand nursing environment requires additional resources to ensure that nurses and nursing educators (such as clinical teaching staff and supervisors) have the time and energy to look after students more effectively (Clynes & Raftery, 2008). Further, these findings indicate that specific support mechanisms are not provided to students consistently. Therefore, a combination of support systems is required to ensure that the gaps in the assistance offered to students are filled via additional mechanisms. This is also supported by research, which states that a combination of support and flexibility regarding course structure is vital in increasing the retention of students (Pryjmachuk et al., 2009).

While the provision of tertiary support identified by survey participants included access to counselling or EAP sessions, a high percentage (43.2%) of respondents stated they were unaware of whether their nursing school offered these. Further, only 36.9% identified that they had access to free counselling with a specific number of sessions each year, despite the question prompt encouraging them to recognise counselling as a support system their school offers. Students being unaware of counselling services (which all nursing schools offer, as discussed in Section 3.8) is of concern, particularly as the provision of pastoral care is a legal requirement in New Zealand (Ministry of Education, 2021a). Once again, this suggests that the communication pathways with which students are informed of the supports available are not clear or consistent enough to educate students about these provisions.

By separating the psychosocial support systems available to students into categories of what is offered pre- and post-exposure to psychosocial hazards, this research demonstrated that the support available *following* a risk exposure is far more readily accessible than the support provided *prior* to students going on placement. This is concerning but not unsurprising, as similar conclusions have been drawn in literature; LaMontagne et al. (2007) stated that organisations are more likely to implement secondary, ameliorative interventions, as opposed to proactive, primary preventions, which may require significant organisational changes. Due to the limited control nursing schools have over the clinical environment and psychosocial hazards present during placement, as well as their inability to put barriers in place which would ensure students are not exposed to these hazards, the focus on the provision of secondary and tertiary support mechanisms appears a logical and realistic response. However, students' lack of consistent knowledge around what is available for them to access remains a significant obstacle.

Interestingly, one stakeholder shared that they were aware of a New Zealand hospital having implemented a designated clinical team that focused on providing support, including psychosocial support, to students who were placed at the hospital (see Table 32). This is an example of how the organisations which provide placement opportunities can be more involved in upholding the wellbeing of student nurses. There is clearly a variety of support mechanisms on offer for students, not just through their nursing schools but also through the organisations at which they complete their placements. However, an additional concern that arises involves instances when students have accessed available support, but this has not had outcomes they perceived to be successful or fair. This is discussed in the following section.

### 6.5 Theme Four: Accessing Support

Students who accessed the available support mechanisms reported various experiences regarding these options and opinions on their outcomes. In general, the survey responses could be categorised into positive and negative experiences and will assist in addressing the following research questions: “What are the psychosocial support experiences of student nurses in the New Zealand public health sector?” and “To what extent are these support mechanisms effective?”

#### *6.5.1 Positive Outcomes*

When referring to those written survey responses which identified that students had accessed support, approximately half (n=27/55) of the students clearly answered that they had a positive experience during this process. This assumption on whether a student’s experience with support mechanisms was positive or not was made based on the language used by respondents and whether this indicated that accessing support had been helpful to them; for example, the use of words such as “happy”, “supportive”, and “handled well”, were determined to have been examples of positive outcomes (see Table 36) for positive outcomes identified).

Approachable lecturers or nursing school staff were frequently mentioned by students who had positive support experiences; Fang et al. (2020) and Sidhu and Park (2018) identified that instructors and nursing school staff might be more approachable when they have the appropriate communication and feedback skills to assist students who may be facing challenges in the placement environment. An additional positive experience reported by survey respondents included nursing school staff who had helped students in making changes to their placement circumstances when required, for example, nursing school staff ensured that students were buddied with different nurses in instances where the staff member may have been displaying behaviour that was presenting as a psychosocial hazard. The importance of nursing educators taking a zero-tolerance approach to bullying has been highlighted in the literature (Clarke et al., 2012). In practice, this can be implemented by removing students from hazardous situations, as has been identified by the students who reported being removed from situations where they had experienced this psychosocial hazard.

Regarding specific support mechanisms, debriefing was commented on by several students who participated in the survey. They noted that debriefing was a helpful support

mechanism for them to cope with the psychosocial hazards they had encountered. This was also reflected in recent research, which stated that being offered debriefing opportunities can assist in managing stress and recovering from experiencing psychosocial hazards (Cantrell et al., 2017; Minton et al., 2018). Further, the process for accessing support should be straightforward, and students should have the opportunity to raise concerns with nursing school staff (such as the clinical nurse educators); positive experiences accessing these support options will encourage the affected students to engage with these systems in the future and, if promoted, will also reassure other students that these systems can offer helpful assistance (Benn et al., 2009). However, some survey participants indicated that their experiences with the available support options had been less valuable than they had hoped for, as discussed in the following section.

### *6.5.2 Negative Outcomes*

Negative perceptions of support systems accessed often related to issues remaining unresolved or being given unhelpful advice. Indeed, 50% (n=28/55) of the written survey responses highlighted that they had negative views of the support mechanisms offered by their schools. This is alarming, as negative support experiences have the potential to discourage individuals from re-accessing such support when next faced with an adverse situation (Sanne, 2008). A lack of effective communication and feedback can negatively affect the health and safety climate within the organisations at which students complete their placements (Hahn & Murphy, 2008). Such experiences may also affect the larger cohorts' perception of the support mechanisms offered; for example, several students identified that their friends had negative experiences which were not resolved. One student even stated that:

> "we are told to tell out [sic] experiences to our teacher but what's the point when we still get treated unwell"

The student who wrote this response had also selected "I have had a negative experience, but did not escalate this" as one of their survey answers. Although the correlation between these two comments made by one of the respondents cannot be determined, it is possible that learning about peers accessing support and having a poor experience would deter other students from also utilising these support mechanisms.

Of the six students who had indicated that they were “extremely likely”, “very likely”, or “likely” to drop out of their studies in the near future, two stated that they had experienced a challenging or negative situation and chose to escalate this. Their written responses elucidated how accessing support, including reporting psychosocial incidents (such as bullying), could be unsatisfactory. One of these students commented that “all I got was an apology”; the language suggests the student was not satisfied with the outcome of the escalation. Another student who had stated that they would be at least ‘likely’ to drop out and had reported an issue indicated that they were not satisfied with the outcome of the support they had received. However, of the students who reported they were at most “unlikely“ to discontinue or “unsure” about discontinuing their studies, approximately half suggested they had a positive outcome from accessing support services, while half did not. This does not indicate a strong link between ineffective supportive mechanisms and students’ propensity to remain in training. Instead, it appears to be the students who have not accessed support systems when required, due to having inadequate knowledge of these systems, who have the greatest risk of attrition.

Some of the written survey responses discussed above indicate an inaction by the nursing schools following reports of psychosocial hazards; this could be due to the fact that there are limited clinical placements available nationally, so nursing schools feel reluctant to remove the students from that environment (Courtney-Pratt et al., 2018). If this were the case then eliminating psychosocial hazards may not always be a viable option; as a result, it is of importance that the psychosocial hazards present are instead minimised (for example, by implementing primary, secondary, and tertiary support systems), to ensure psychosocial hazards do not have significant negative outcomes on students (Lovelock, 2019; WorkSafe, n.d.-b). However, offering support systems is only helpful when students have the ability to access them, as explored in the following section.

### *6.5.3 Barriers to Accessing Support*

Through the survey and interview data collected, several barriers were identified which may prevent students from accessing support. The survey data showed that 73% of respondents (n=69) stated that they had experienced a negative or challenging situation, but 32% (n=30) had decided not to escalate this by accessing available support mechanisms (see Table 35). Several survey participants and stakeholders identified situations or environments that could prevent or discourage students from accessing available support (see Tables 38 and 39). One of these has already been discussed previously in Section

6.4.2, where a lack of knowledge of the support provided prevented students from being able to access such support options.

Additionally, the location of certain support mechanisms on offer may have acted as a barrier to students accessing this support. Written survey responses stated, for example, that students did not have a private space at home to participate in online counselling or that support services were only offered at a different campus, and the student did not have time to travel there (see Tables 38 and 39). A lack of suitable times available to access support was also mentioned as a barrier, for example, only having services offered during standard working hours while students were on placement or not having urgent access to tutors during night shifts. This was also reflected in the descriptive statistical survey responses, where only 9.5% of respondents stated that their counselling included online or call options available around the clock. Students who have to wait to access support are at risk. Delays in accessing support can result in worsened mental health outcomes and, particularly for young people, this may result in them considering discontinuing their studies (Mental Health and Addiction Inquiry, 2018). This signals a deficit in the pastoral care offered, as it does not appear to provide for nursing students who may face more challenges in accessing support than the standard student. The provision of how support such as counselling is offered therefore needs to be closely reviewed by nursing schools to ensure support is accessible to all nursing students.

However, an additional discussion point identified by one of the stakeholders is that students must have the want and drive to access support offered:

> "…I think that students would need to come to what's available, and attend these kinds of things, first." (S5)

Another concern frequently discussed by the student participants and stakeholders was a perceived or existing conflict of interest with nursing school staff, specifically their professionalism and the fairness of their decisions. One survey participant provided an example of a peer's experience, which questions the lecturer's professionalism:

> "… the lecturer happened to be friends with the charge nurse and they gossiped about the student – leaking the complaint to all staff."

On the other hand, one survey participant commented on the perceived unfairness concerning how their work had been marked:

> "SNE [Student Nurse Educator] bullied me/made jokes about poor handwriting/messy draft of Competencies (I have dyslexia) to the point I was in tears. … I felt she marked my typed competencies unreasonably hard and changed her expectations/advice day to day. I did not Escalate this for fear she would fail me."

In light of this comment, it is unsurprising that some students feel that they cannot raise concerns they have with their nursing schools' staff. One stakeholder identified that this barrier could be reduced, but it was unlikely to be completely removed.

> "There's always going to be that barrier between me and a student. I'm always gonna be the one that's assessing them ultimately … they always going to know that you're the one that's going to determine if they pass or fail. We're never going to be able to breach that. We can reduce it as much as possible, try and have an equal relationship as much as possible, but we will never breach it." (S5)

Some students may be experiencing significant distress due to their inability to escalate issues for fear of this affecting their grades or academic progress (Birks et al., 2018; Courtney-Pratt et al., 2018; Ion et al., 2015). This is concerning, as it may hinder students from accessing support when their psychosocial health is at risk of being impacted. As a result, this situation suggests that providing a mentor or clinical educator who has no influence over the students' grades may be required to ensure students do not experience discomfort resulting from their mentor being responsible for their academic success. External counselling services may also be helpful in situations where students feel conflicted when speaking with staff from their own nursing school; however, the external counselling services (such as Youthline or National Counselling Services, discussed in Section 3.8) may have less knowledge of the specific risks student nurses encounter, and thus their support may be more generalised (New Zealand Telehealth Services, n.d.; Youthline, n.d.). Therefore, accessing external support also has limitations and this means that a range of support options should be provided to students to ensure they can choose the support mechanism that may be most suitable for their situation.

However, implementing new solutions may not solve the intended issues unless students are specifically educated on why accessing such services is essential. This means addressing any potential stigma students may have about accessing support, including the fear of being treated unfairly or differently, and having a perception that the support offered is not a desirable option (Wynaden et al., 2014). As one stakeholder said, “we try to get the message out to them that it's OK to seek help” (S1). This indicates that more education needs to be provided to students on the importance of accessing support and recovery-orientated mental health solutions to change the negative perception that may be preventing students from interacting with the support opportunities available to them (Halter, 2004; Mitchell, 2018). This can include providing students with education on how to access support systems, how such information is communicated, and ensuring that information is updated on an ongoing basis. Otherwise, students may not understand the importance of what is offered to them. As a result of offering students a range of support options and communicating the availability of these effectively, the support should promote an environment in which students feel comfortable disclosing their concerns to nursing school staff thereby allowing for early intervention when required (Safe Work Australia, 2019b).

#### *6.5.4 Culturally Safe Support Systems*

Lastly, a concern regarding accessing support that is often overlooked in the literature is whether psychosocial support mechanisms offered by nursing schools are culturally appropriate for their increasingly diverse student cohorts. The argument for the provision of culturally safe healthcare practices in New Zealand has been ongoing for several decades but is still critically relevant today (Hunter et al., 2021; NZNO, 2016; Ramsden, 2002; Ramsden & Whakaruruhau, 1993). Several policies have been implemented over the recent years that aim to address this; for example, the NZNO Employment Policy Framework highlights that cultural awareness and safety need to be developed in nursing practice (NZNO, 2016). Despite acknowledgement and development of cultural awareness in the workplace, survey answers suggest that this has yet to extend to all nursing students. When asked whether the support provided by their nursing school was culturally appropriate, half of the respondents answered “yes”, while one-third stated that they were unaware of any support options available to them (see Table 40). Meanwhile, a concerning 11% of participants responded with “no” to this question. One Māori participant offered further insight on this question, stating that:

> “As a Māori student nurse I do not feel listened or supported at times and feel that more cultural support is not sufficient enough.”

This suggests that the support offered may be primarily aimed at the dominant New Zealand European culture, which made up 70.2% of the country's population in the most recent census in 2018, while Māori and Pacific peoples made up 16.5% and 8.1% of the population respectively (Stats NZ, 2020). The quote above suggests that the student's success or wellbeing is negatively affected by the lack of culturally appropriate support. However, an additional quote provided by a student identifying as Samoan also indicates that teaching culturally safe nursing practices that cater to New Zealand's diverse population has yet to be successfully and consistently implemented:

> "How do you expect to preach cultural safety and awareness when we're learning this through European lecturers?"

According to Khanna et al. (2009), providing cultural competency training to professionals in the healthcare field can improve the provision of culturally competent healthcare, for example by having a better understanding on systemic discrimination that certain individuals may face and the importance of cultural factors in the provision of healthcare. Therefore, the provision of cultural competency education can ensure that care is provided to patients using a patient-centred approach which is unique to the patients' culture and needs (Abrishami, 2018). The provision of such care should also assist in addressing the health disparities that exist among the various populations in New Zealand (for example, rural Māori are more likely to have higher levels of "obesity, smoking, hypertension, dyslipidaemia, diabetes mellitus type 2 and hyperuriaemia" when compared with urban Māori or non-Māori) (Cameron et al., 2012, p. 1).

Therefore, it is evident from the survey responses provided by minority groups that nursing schools must not only provide cultural competency training in terms of the provision of care to patients, but also culturally safe support systems that adequately assist the diverse student nurse population. This was also identified by researchers Zambas et al. (2020), who stated that support mechanisms that are respectful and appropriate for the variety of cultures the national nurse cohort contains will improve attrition rates. This is particularly important as some groups of students, such as those culturally identifying as Māori, may face various barriers throughout their education, which can decrease their retention (Chittick et al., 2019). One stakeholder identified how part of their role focused on providing support to Māori students:

> “At the moment for the Māori cohort team, we do have people like me, who, you know, a Māori CE- we are at times allocated some additional hours in which we can support Māori students.” (S5)

This demonstrates that specific support options are provided, which cater to some of the cultures within the nursing cohort. However, these do not seem to be consistently implemented across the country; alternatively, some students may not be aware of the available support.

In the following section, the legislation and guidelines relating to the support provided by nursing schools and the organisations where placements occur will be examined. This information is significant for understanding whether nursing schools are upholding their minimum duty of care, which is a legal requirement nursing schools and the organisations and which placements occur must uphold.

### 6.6 Unpaid Internships and Employment Rights

While New Zealand nursing websites do not state how employment law covers nursing students on placement (for example, see Ara Institute of Canterbury (n.d.-a), Auckland University of Technology (n.d.-a), Manukau Institute of Technology (n.d.-b), or The University of Auckland (n.d.-b)), their employment status could be defined as an unpaid internship (Employment New Zealand, 2020). Employment New Zealand defines unpaid internships as situations in which the intern should avoid doing work “that an employee would ordinarily do” and that the “work and hours worked by the intern” should be limited (Employment New Zealand, 2020). While these characteristics of unpaid internships are evident, these are also the requirements under nursing training to gain the qualification, similar to apprenticeships, medical training, and some business courses (New Zealand Government, 2020; Reidy, 2017; The University of Auckland, n.d.-a).

However, if an unpaid internship is exploited by an employer, the Employment New Zealand website states that these working relationships could be considered free labour, instead of being a volunteer position held by an individual (Employment New Zealand, 2020). It is therefore of concern that one of the survey respondents stated that they had been left in charge of wards, which is a role that only qualified employed nurses should be doing:

> “it turns out they went to the debrief without us (LOL) and effectively left us in charge of the ward because there was no one on the floor other than us.”

One of the stakeholders also identified that they were aware of this having previously happened with other students:

> “The situation was there were roughly six clinical students in [Placement], and it's a high care of dementia care, and apparently the caregiver or the health care assistant and the nurse of that ward left the students there to be with the elderly people who had a high risk of dementia, and two of them got grappled by one of the residents. … But from our student perspective, it was unsecured, unsafe and it really disrupted two of the students and they actually left the programme.” (S3)

Given that the data identified under Themes One and Two demonstrated that the student nurses already had identified significant psychosocial concerns linked to their placement training, it is concerning that these quotes above do not appear to support the legal definition of what constitutes unpaid internships. These unpaid internships have been commented on in the media; for example, Reidy (2017) identified that there is no watchdog organisation monitoring this issue, meaning there is little oversight on how companies work with unpaid interns. This is particularly the case as the Employment Relations Act has not provided a legal definition for unpaid internships beyond what was discussed above (Employment New Zealand, 2020). The article by Reidy (2017) also quoted Donald Christie, founder of Catalyst IT, who stated that unpaid interns have a lack of legal protection and thus are at a greater risk of exploitation. These unpaid internships occur in a variety of industries, including nursing and business (Reidy, 2017; Zhang, 2021). Therefore, the grey area of unpaid internships is not restricted to the nursing environment; however, considering the significant number of hours student nurses must complete in comparison to most other tertiary education courses, they may be one of the student groups most affected by this legal grey area (NZNO, 2020b; Reidy, 2017).

Relevant occupational health and safety regulations would still apply to student nurses in terms of the need to be provided with a safe workplace, regardless of whether the students’ role is paid or that of an unpaid intern (Employment New Zealand, 2020). This is

important because health and safety implications arising from this pseudo-employment or apprenticeship situation include putting students under undue stress due to their responsibilities and the high workloads. However, due to unpaid internships being a legal grey area, organisations may not explicitly understand what is required of them (Reidy, 2017). In particular, unpaid internships are not covered by employment law, only the Human Rights Act and the Health and Safety at Work Act 2015 (Employment New Zealand, 2020). This means nursing schools and the organisations at which placements occur may have uncertainty regarding how the relevant legislation covers nursing students gaining work experience. However, WorkSafe does provide some guidance in relation to what occupational health, safety, and wellbeing education and support should be provided by organisations to individuals they are responsible for (WorkSafe, 2020a).

In contrast to the availability of guidance (or lack thereof) regarding unpaid internships and what 'good practice' in this working relationship may look like, apprenticeships in New Zealand have a code of conduct that clarifies the principles which ensure the successful employment of apprentices (Tertiary Education Commission, n.d.). Regarding health and safety, this code stipulates that "A good employer complies with all relevant employment, health and safety, privacy and human rights legislation" and that "A good employer provides an adequate induction into the job, appropriate supervision and a safe working environment for the apprentice" (Tertiary Education Commission, n.d., para. 18). The existence of this guidance is significant because it demonstrates that comprehensive information can be made available to relevant organisations in order to clarify working relationships which may otherwise cause confusion in regard to PCBUs meeting their legal requirements. This is in contrast to the lack of guidance which could otherwise clearly stipulate organisational requirements regarding unpaid internships and educational work experiences, particularly in terms of PCBUs meeting their duty of care (Employment New Zealand, 2020). Therefore, a nationwide code of conduct should also be developed for organisations which provide unpaid internships, to ensure that they too have clear guidelines and principles on how to ensure the success of such working relationships.

### 6.7 Regulatory Requirements and Responsibilities in the Provision of Support

Regulations and legislation apply to nursing schools and the organisations at which placements occur, which highlight the requirements regarding the duty of care provision. As described in Section 3.6, both the placement organisations and the nursing schools would be considered a PCBU, meaning they have the primary duty of care to provide students with

a work environment that does not present risks to them. However, the data collected and discussed in the previous sections suggest that the health and safety of student nurses are not being ensured by all nursing schools as far as is reasonably practicable, or in accordance with the requirements of the Health and Safety at Work Act 2015. Specifically, in section 36 (Health and Safety at Work Act 2015), it states that all individuals who may be exposed to workplace risks should receive training, instruction, and supervision, in order to ensure their protection. However, as discussed in Section 6.2.1.1, which examined students' understanding of the definitions of bullying and aggression, the training and inductions that provide this information to students appear to be limited, indicating a training gap. This was also evident in one of the survey quotes in Section 6.2.1.1:

> "I felt like there was a great lack of information given in regard to certain aspects of being on placement, such as what counts as bullying from nurses and supervisors."

The above quote, in combination with findings discussed so far in this chapter, suggests that students are not consistently being provided with comprehensive and consistent training that is necessary for them to be prepared for the psychosocial risks they will encounter while on placement (Health and Safety at Work Act 2015). This is an occupational health and safety concern because students may have limited awareness of the health, safety, and wellbeing procedures or policies relevant to their role to mitigate psychosocial hazards (Employment New Zealand, n.d.).

No prior research compares the training New Zealand nursing students receive regarding psychosocial and physical hazards between the various nursing schools. However, it is likely that students are better prepared and have the hazard and risk information provided to them in regard to physical injuries (such as needlestick injuries, or trips, slips, and falls). This is because these physical hazards are tangible, occur in a specific context, and are easily defined (Amare et al., 2021; Cheung et al., 2010; Collins et al., 2010; Hughes, 2021). Therefore, the preparation needed to ensure students' safety when interacting with physical hazards can be easily practiced in simulations prior to students going on placement. Nonetheless, a study identified that nursing students were more likely to experience psychosocial hazards than physical hazards (Amare et al., 2021). As a result of these findings, the researchers suggested that more education regarding psychosocial hazards was required to better prepare students for the clinical environment. Other

researchers have suggested that students should rehearse how to interact with psychosocial hazards (such as aggression stemming from patients) and manage their own psychosocial health (for example, by practicing self-care techniques) through simulated environments, in a similar way to how they practise interacting with physical hazards before going on placement (Cantrell et al., 2017; Sinclair et al., 2016). However, the thesis findings appear to indicate that this is not being done to the required standard. It is possible that, due to the lack of clarity around how psychosocial health is best upheld and who holds the responsibility for implementing such mechanisms, organisations remain unsure of their obligations and therefore unknowingly implement fewer successful controls than required. This leads to a discussion of the responsibility of the PCBUs.

### *6.7.1 The Shared Responsibility of the PCBUs*

Providing education on psychosocial support through information and inductions is further complicated when debating which organisation has the responsibility to do this, and who has the primary duty of care while students are on placement. One could argue that this responsibility lies with the nursing schools before students go on placement, while the placement organisations have primary responsibility when students are learning in the placement environment; this needs to be clarified by policies to ensure a clear chain of responsibility for the students' health and safety. However, ultimately, both the nursing schools and the placement organisations (the PCBUs involved in the students' tertiary learning experiences) will have a shared responsibility for the students, as stipulated by the Health and Safety at Work Act 2015.

To ensure the PCBUs' legal requirements are being met regarding the health and safety of their workers and individuals affected by their organisational outcomes, psychosocial health, in combination with individuals' physical and general health, must be considered (Government Health and Safety Lead, 2021). This means organisations have the responsibility to "understand and control the risks of mental or psychosocial harm in their workplace" (Government Health and Safety Lead, 2021, p. 5). In terms of nursing schools and the organisations where placements occur, the focus should be given to investigating how workplace operations can mentally harm student nurses, and a consolidated risk management approach regarding psychosocial health should be implemented. This can ensure that the risks to which student nurses may be exposed are adequately addressed. These legislative requirements are specific to the nursing schools and organisations where placements occur. However, students also play a role in upholding their own mental health, as discussed below.

When considering the current support offered to nursing students, it can be observed that this is primarily individual-focused, meaning that nursing students are responsible for making an effort to research the support mechanisms offered as well as accessing the support themselves. This may suggest to students that their psychosocial health is a personal issue and not a concern of the nursing schools or clinical organisations; this can lead to feelings of guilt by students when they do not meet the expectation of looking after their own mental health (Jenkins et al., 2019). This is due to individually-centred approaches possibly resulting in students feeling that they have the sole responsibility for their mental health, and are therefore to blame if they cannot uphold a good state of psychosocial health (Noblet & Rodwell, 2010). One could question whether the individual focus and responsibility are misplaced and should instead also be shared by the PCBUs involved in the students' training, as mentioned above and within the Health and Safety at Work Act 2015. Additionally, if support remains primarily individual-focused, some individuals may be supported, yet sustainable or fundamental changes within the placement organisations, for example eliminating or reducing individuals' exposure to physical or psychosocial hazards, identifying system failures, and improving students' control and security, are not occurring, particularly because reports of psychosocial hazards are not being investigated (Lovelock, 2019).

### *6.7.2 Investigating Reports of Psychosocial Hazards*

WorkSafe states that in terms of bullying, they "may consider intervening where a PCBU has failed to manage significant work-related mental health risks", which could include "industry-wide or organisation-wide failings" (WorkSafe, 2020b, para. 7). From the data gathered as part of this thesis, it appears that a significant number of students experience psychosocial hazards during their placements, but often do not have adequate support to react to or address such situations appropriately. Therefore, one could question whether WorkSafe should investigate the claims of bullying, aggression, or other psychosocial hazards reported by student nurses, as these appear to be nationwide concerns. However, as discussed in Chapter Three (Section 3.6), investigations by WorkSafe regarding incidents or concerns related to psychosocial health are rarely made (Lane Neave, 2021). One could argue that the data collected for this thesis concerning the psychosocial hazards being reported by student nurses (such as instances of bullying and aggression) would be "significant" enough to meet the stipulated requirements for classification as "industry-wide" failings and therefore requiring investigation.

The dearth of investigations in this field could be due to WorkSafe's lack of time and resources. Instead of WorkSafe investigating reports made regarding psychosocial health hazards, it has been suggested that individuals have the opportunity to address such issues through the employment law jurisdiction if grievances need to be investigated (Lane Neave, 2021). However, Lane Neave (2021) identifies that within the Employment Relations Authority, employees are required to “take on employers themselves”, while prosecution by WorkSafe would involve the District Courts, and the employee can instead “participate through the medium of victim impact statements”; therefore, the outcomes of addressing such issues through the employment law jurisdiction or through WorkSafe are significantly different (Lane Neave, 2021, para. 8).

Either way, a lack of investigations made by WorkSafe means that external investigations of the nursing schools and placement organisations that would ensure adequate control measures are in place to protect students from psychosocial health and safety risks do not occur. Instead, the responsibility of oversight on reports of injuries or incidents resulting from psychosocial hazards is given to the placement workplaces or tertiary institutions, who need to ensure that reports of bullying are followed up on and that a full range of support systems is offered to students. To fully investigate what support systems were provided to students, it would be essential to engage with all of the nursing schools for this research; however, as discussed in the following section and previously in Sections 4.6 and 5.2, this was not achievable given the time and research scope.

### 6.8 Refusal of Nursing Schools and Organisations to Participate in this Research

An important finding resulting from this research involves the significant challenges experienced by the researcher when contacting the nursing schools, resulting in difficulties communicating with potential nursing student survey and interview participants. However, this barrier was seemingly not unusual and was also encountered during similar research recently conducted in New Zealand. Consistent with this research, Minton et al. (2018) stated that although they had requested all nursing schools to forward their research survey to the nursing schools’ students, from the survey responses it was clear that only a few had complied. This was also the case for earlier studies, suggesting that this may, unfortunately, be a common barrier for researchers when attempting to contact New Zealand nursing schools (Clendon & Walker, 2011; Wilson et al., 2011).

However, domestic research has not discussed potential reasons for nursing schools not responding. Nonetheless, a small number of overseas studies offer some insight into the lack of responses from nursing schools. For example, reasons for research non-participation is that individuals have no time or managerial support to do this; alternatively, they may lack the motivation to participate (Roxburgh, 2006). Due to the research topic of this thesis focusing on psychosocial health, it is possible that nursing schools did not want to participate due to reports of negative behaviour potentially impacting their reputation (Cleary et al., 2010). Alternatively, schools may have been concerned about the nature of the research topic being potentially traumatic or upsetting for their students, for example if they had to reflect on prior negative experiences (Fahie, 2014). However, the true reason is unknown due to a lack of communication.

For this thesis, the NZNO was also approached via multiple points of contact, as their insights into the current nursing environment would have been a significant stakeholder viewpoint to include. However, responses from the individuals or groups contacted at this organisation were delayed or non-existent. One reply was received eventually; however, this contact was made too late to engage and include in this research. The stakeholder participants who agreed to be interviewed and responded in time represented a range of nursing schools and one nursing organisation. They were able to provide significant insights into the topics investigated as part of this thesis. Despite this, a greater variety of stakeholders may have assisted in providing additional knowledge and feedback on the topic of this thesis. Limitations regarding response numbers will be further discussed in Section 7.3.

### 6.9 Chapter Summary

This chapter has examined the main themes identified in the survey and interview responses. The most notable findings included that for all of the students who were at least “likely” to drop out in the near future, their psychosocial health was noticeably poor, yet they did not uniformly share experiences of interacting with specific psychosocial hazards. Therefore, psychosocial hazards are unlikely to be the sole cause of students’ decisions to leave their training, especially as student nurses face many stressors and risks throughout their clinical placements that can have varying effects on their decisions about whether or not to complete their programmes. At its core, the issue lies within the fact that student nurses expect their studies to be challenging; however, they often lack the support required from their nursing schools to address psychosocial hazards appropriately and consistently. As such, it is critical that student nurses are provided adequate support and taught coping

skills to ensure they have the greatest chance of success in completing their nursing studies and be well prepared to enter the nursing workforce following graduation (Nelson Marlborough Institute of Technology, 2018). In the following chapter, recommendations will be given in response to the data collected as part of this thesis, which will aim to provide students with more targeted support to address the psychosocial hazards they are likely to encounter while on placement.

# Chapter Seven

# Conclusion and Recommendations

## 7.1 Introduction

This thesis has investigated the psychosocial support mechanisms offered by New Zealand nursing schools to their students and whether these may affect a student's decision to remain in their studies. From the literature review conducted in Chapter Three, it was apparent that more effective support is required to prepare students for the psychosocial hazards they may potentially experience while on placement; however, this has not yet been well researched within a New Zealand context, particularly from the students' perspective (Minton & Birks, 2019; Minton et al., 2018; O'Keeffe et al., 2021; Sinclair et al., 2016; Wilson et al., 2011). This chapter will summarise the key themes and research findings from the survey and interviews conducted for this thesis. Further, this chapter will identify the research limitations of this thesis and the areas in which future research could be beneficial. Additionally, the improvements relevant organisations could make regarding the retention of nursing students will be discussed.

## 7.2 Summary of Main Themes and Key Findings

As stated above, this thesis has researched the provision of psychosocial support mechanisms provided by New Zealand nursing schools and student nurses' opinions of these. The themes identified from the findings in Chapters Five and Six are summarised below.

### *7.2.1 Theme One: Psychosocial Hazards Experienced by Student Nurses*

Theme One discussed the most frequently reported psychosocial hazards students encounter on placement and confirmed that a variety of psychosocial hazards exist in the clinical placement space. These hazards include bullying and aggression from various sources. Students identified that they were more likely to experience bullying and aggression from sources external to their nursing school, as opposed to internal sources. This suggests that more support is needed to target students' experiences of bullying from external sources, such as accessible counselling opportunities and clear escalation procedures (Clarke et al., 2012; Fang et al., 2020).

Further psychosocial hazards identified through the survey included emotional labour, high job demands, and low job control. For example, several students communicated that they experienced emotional distress, strain, and exhaustion as a result of their studies, and that these experiences affected their wellbeing. Meanwhile, although the majority of students also identified that they experienced high job demands, this psychosocial hazard appeared to be an understood and accepted part of the nursing role. Additionally, the survey participants raised relatively few complaints regarding low job control. Students may acknowledge low job control to be another accepted part of their role, as their work as student nurses is heavily guided by the clinical training they receive and the need to meet competencies to pass their studies. These findings indicate that the psychosocial hazards experienced by student nurses are similar to those experienced by professional nurses in the workplace. Therefore, in order to ensure their continued success in a nursing career, it is critical that students are well prepared for the psychosocial hazards they may encounter while on placement as they will experience similar hazards after graduation.

### *7.2.2 Theme Two: Psychosocial Health and Attrition Rates*

Theme Two investigated the psychosocial health status of student nurses. The research findings clearly show that students' psychosocial wellbeing is negatively affected by the stressful nature of their studies, and this was reflected by the majority of survey participants who reported indicators of poor mental health, such as anxiety and depression. The high number of responses indicating poor mental health could be due to the fact that many psychosocial hazards, such as aggressive patients, are not always avoidable while on placement. However, these feelings did not appear to be linked to interactions with specific psychosocial hazards, for example experiences with bullying. Additionally, there was no single psychosocial hazard that stood out as contributing to poor psychosocial health more than the others.

Theme Two also discussed whether poorer psychosocial health outcomes might increase student attrition rates. A notable finding was that all students who answered that they were at least "likely" to discontinue their studies also demonstrated poor psychosocial health indicators, suggesting that a strong correlation exists between these two factors. Students who reported a high likelihood of leaving their studies did not generally indicate they had experienced instances of bullying or aggression, reiterating the fact that singular interactions with such psychosocial hazards do not appear to increase attrition rates.

Instead, it is likely that the combined effect of internal and external hazards and stressors affect students' psychosocial health and therefore their study completion rates.

Therefore, it is vital to develop a better understanding of how nursing students interact with the support systems provided by their nursing school. These support options should assist students to appropriately react to the psychosocial hazards experienced and to promote their recovery from these if required. Further, as the psychosocial hazards will continue to be present in the workplace following students' graduation, students will continue to be exposed to these hazards in the future. Without adequate preparation, the welfare of the future nursing workforce may be negatively impacted, which in turn may negatively affect their decision to remain in this sector, ultimately worsening the current nursing shortage.

### *7.2.3 Theme Three: Psychosocial Support*

By questioning students about their knowledge of the psychosocial support mechanisms available to them through their training institution, it was clear that this understanding varied significantly, even among students from the same nursing school. Due to the high incidence of students having negative experiences during placement, it would be beneficial if nursing schools provided more education to students about the support they can access. Further, as noted in Chapter Three, all students should expect and must receive support as part of the nursing schools' obligations to provide pastoral care and a safe work environment. However, several students could not identify any of the support systems their nursing schools offered, indicating that their availability is not being communicated effectively.

This lack of awareness was particularly noticeable among students who had reported they were at least "likely" to drop out in the near future, indicating that the core issue causing attrition among students may be linked to a lack of students' knowledge regarding the support options available to them. Although this suggests that nursing schools are not communicating the support they provide effectively, it is possible that this also indicates a pre-existing disengagement that specific students have with their nursing course and that this is resulting in these students having a knowledge gap in terms of understanding what support systems are available to them. In comparison, other students could recall several support systems that they could access when required.

Some students could identify that they had received education-based support regarding their psychosocial health prior to going on placement. Examples of these support options included reflective practice on managing stressors, promoting self-care, and being taught stress-relieving exercises. These support options can assist students in handling difficult situations during placement, giving them improved knowledge and confidence; this allows students to better react to and manage challenging situations, while also being less susceptible to burnout (Heckemann et al., 2015; Sultana et al., 2020). As a result, learning these skills may contribute to a lower incidence rate of psychosocial risks escalating and affecting students (Searby et al., 2019). In turn, they may be less likely to need ongoing support following exposure to such a situation. Nonetheless, this study shows that the current support mechanisms preparing students for placement were inconsistent. Similar findings were made regarding the support mechanisms provided to students during placement, as outlined below.

Compared to the support services available to students before placements, students were more uncertain of which options were available to them while on placement. This was surprising, as all schools provided free counselling. Indeed “counselling” had even been included as a specific survey response that students could select, which should have reminded all participants that they are provided with counselling as a form of support while on placement, yet not all students selected this response. Other support options identified by stakeholders and students included debriefing options, meetings with a mentor or staff member, education on how to escalate concerns, and ongoing support from pastoral care groups, lecturers, and EAP services. This demonstrates that although various support options are available to student nurses, their knowledge, awareness, and use of these support systems are inconsistent; for example, students communicated that the support and escalation pathways were not always used when specific psychosocial hazards had been encountered or experienced due to perceived stigma or barriers. The stigma and barriers associated with accessing support must be addressed early in a student’s career to ensure these beliefs do not persist. Students may otherwise be prevented from accessing support in times of need and this could ultimately lead to them leaving the profession. Therefore, access to these support mechanisms needs to be promoted. The findings of this research indicate that the experiences of those students who had chosen to access the support available were varied, as discussed in the following section.

### *7.2.4 Theme Four: The Efficacy of the Support Systems*

Nursing students who had accessed support were questioned on their experiences interacting with these systems. Approximately half of the responses indicated positive outcomes; these frequently referenced support systems such as debriefing options and transparent feedback systems (for example, when students decided to escalate concerns they had experienced). However, as one stakeholder pointed out, such support mechanisms rely on staff having the time and resources to liaise with students frequently. In today's nursing environment, this may not always be possible. In comparison, negative perceptions of the support systems accessed often related to issues not being resolved or being given unhelpful advice.

Of concern were also the reported barriers experienced by students, which affected their ability to access the support offered by their nursing school. On deeper analysis, these barriers often included a distrust of the services offered or of the staff members involved in the support options provided, a lack of knowledge regarding what support systems were offered, and that support services were not available at suitable locations or within convenient timeframes. Additionally, some students indicated that they felt uncomfortable accessing some services; for example, they were hesitant to escalate concerns with their nursing school due to a fear that this would affect their grades. This indicated that alternative support mechanisms that are anonymous are required, or that further education is needed to prevent stigma around the use of services already available.

The effectiveness of support mechanisms examined in this research was analysed based on the students' understanding and perceptions of these, as opposed to a direct measurement of the effectiveness of each support option available. However, the perceived effectiveness and success of the support mechanisms examined often relied on whether nursing schools had been prompt in communicating with students who had escalated concerns and whether resolutions had been provided which were deemed helpful by the students. Only one student, who had stated that they would be at least 'likely' to drop out of their nursing training, provided a written survey response that indicated that they were not satisfied with the outcome of the support they received when they escalated an issue. Of the students who reported they were at most "unlikely" to drop out, or were "unsure" about dropping out, approximately half suggested they had a positive outcome from accessing support services. This did not indicate a strong link between students perceiving a successful outcome when accessing support and their propensity to stay within training; therefore, the perceived success of accessing support does not appear to correlate with

students' attrition rates. As a result, the quality of supportive mechanisms offered by nursing schools is less likely to affect students' decisions to remain in training compared to situations where students have inadequate knowledge of the support available to them, resulting in them not being able to access support when required. This is an interesting contribution to the existing debates regarding nursing education, as it indicates that even the provision alone of support, regardless of whether it assists individuals in achieving positive outcomes, may significantly contribute to student retention.

Therefore, the findings suggest that a lack of consistent support and communication of available support may lead to higher attrition rates. If nursing schools were to identify and intervene early with students who may be showing signs of low engagement, they might be able to provide additional support before they decide to leave their studies. Therefore, the findings of this research can positively contribute to the wider debate on nursing shortages, as it has identified that better communication regarding support mechanisms is required to ensure the ongoing psychosocial safety of students and their retention in the nursing profession. The survey and interview findings also indicated that pastoral care, guidance, and debriefing opportunities were some of the most valued support mechanisms and were also ways for students to raise concerns. Understanding how nursing schools better retain more students in their nursing studies is significant, as this may assist New Zealand healthcare systems in addressing the nursing shortage.

### *7.2.5 Strengths and Relevance of the Research*

This research and its findings will contribute to the extant knowledge and research regarding nursing students' psychosocial health and their opinions of the support systems offered to them, particularly as there has been limited research conducted within a New Zealand context previously (see Section 3.10). The themes explored throughout this thesis have signalled relevant recommendations for New Zealand nursing schools and placement organisations, which they can consider implementing to better support the nursing students in their care. Additionally, some of the recommendations presented at the end of this thesis may be transferrable to international contexts.

A significant strength of this research and its findings is that it aligns with the government's current focus on better psychosocial outcomes. As mentioned by the

Government Health and Safety Lead,[16] mental health has been identified as one of the 'critical sector priorities' in their most recent four-year plan (Government Health and Safety Lead, 2018). This means that new research and mental health and wellbeing initiatives in the public sector (which includes the nursing workforce) are highly relevant to the current occupational health and safety environment in New Zealand. The findings from this thesis contribute to this knowledge as it discusses support systems and mechanisms that student nurses have identified as being helpful and examples of "good practice", in addition to highlighting what the most significant barriers are (such as a lack of knowledge of what is offered).

Further, as this research has been conducted with a focus on occupational health and safety in the context of the health sector, these findings have a unique perspective in comparison to most studies within the field of psychosocial support mechanisms. Additionally, this research was conducted using a validated psychosocial health survey, which sets it apart from many prior studies in this field. As such, the findings have been able to provide new insights, even more so because the data were collected during the COVID-19 pandemic. Nonetheless, some research limitations have emerged, as discussed in the following section.

### 7.3 Limitations

During the research process, several limitations became apparent. These were mitigated or acknowledged as they arose. Firstly, the findings of this thesis are not representative of nursing students across New Zealand as more than half of the current student cohorts did not receive the invitation to participate in the survey because their nursing school chose not to forward it to them. Additionally, self-selection sampling was used for the data collection process, meaning that the survey was open to any students who fitted the participant criteria and that individuals participated if they chose to (dependent on whether students' nursing schools forwarded the information to them) (Bosomworth, 2014; Sharma, 2017; Sills & Song, 2002). This meant that the participant group may not have been a representative sample of the entire New Zealand student nurse cohort, as those who

[16] The Government Health and Safety Lead is a team which sits within the Ministry of Primary Industries, and which provides "practical support to chief executives, senior leaders and the health and safety teams of government agencies to enable their personal leadership of health and safety for the benefit of all New Zealanders" (Government Health and Safety Lead, n.d. para. 2).

chose to complete the survey may have had stronger opinions on the research topic, which motivated them to participate (Sharma, 2017).

An additional limitation of using a self-selecting sample for this research is that the survey may have subliminally encouraged more negative responses. This means that the students who provided significant qualitative data as part of the written survey responses could have had more to say on the topic due to experiencing negative situations. Therefore, it is possible that the qualitative data collected through the survey disproportionally focuses on negative experiences and views held. It is also possible that some students who had negative experiences may not have wanted to recall these situations by answering questions on this topic. However, as there was almost an even split between the survey responses which indicated positive or negative outcomes to the support accessed, and because students were also encouraged to share leading practices they had observed during their studies, it is unlikely that students focused on the negative situations disproportionally.

The survey respondents' age and ethnicity demographic data were compared to similar recent research in this field, as highlighted in Section 5.3.1. The majority of these data were similar to those in the recent survey conducted by the NZNO, although a higher percentage of the NZNO respondents identified as Māori (NZNO, 2019a). It is possible that, had a greater number of survey responses been returned, this demographic data might have been similar. However, the NZNO also identified that their sample of survey respondents might not be truly representative of the entire cohort although they had managed to receive responses from each of the nursing schools, stating that “the results need to be interpreted with caution, due to the representativeness of those who choose to participate and the subjectivity of some of the views expressed” (NZNO, 2019a, p. 3). Similarly, it is likely that the participants of this thesis are not a representative sample of student nurses nationally, particularly due to the small sample size.

Additional factors could have affected the accuracy of the research findings. Various nursing schools may refer to their staff or students on placement using a variety of role titles. It is possible that a misinterpretation of these roles may have occurred when respondents answered the survey questions which in turn might have affected the accuracy of results. Another limitation was that the majority of the data were collected during the 2021 COVID-19 lockdown, during which time students' study experiences were impacted by the pandemic. Therefore, their experiences accessing support are unique compared to experiences they

would have had in a pre- or post-pandemic environment. This means that the replicability of the findings may have been affected and this is a limitation of this study. The fact that the findings do reflect students' opinions and experiences while studying during a pandemic could help nursing schools plan for future pandemics or crises that may affect students' ability to learn.

Lastly, the survey's sample size was small, due to the difficulty of getting nursing schools to forward it to their students. As such, the findings were not representative of students nationally, similar to the studies conducted by Minton et al. (2018) and Wilson et al. (2011), as discussed in Section 4.9.2. Additionally, the number of interviews conducted was smaller than expected due to several organisations or individuals who were invited to participate not responding or refusing to share the participant information with their students, and other options of promoting the request for participants, such as reaching out to New Zealand nursing Facebook groups, were not successful. The interview response goal for this thesis was less than the sample size recommended by the literature; this was not a limitation due to the methodology involving mixed methods and data triangulation, which meant that smaller sample sizes could be used. In addition to acknowledging the limitations that may have affected the findings, it is vital to understand what this thesis has not addressed and what research gaps still exist. These will be discussed in the following section.

### 7.4 What This Thesis Does Not Address

As this survey did not collect data on the frequency or severity of the psychosocial hazards explored, it is difficult to determine the extent to which interactions with these hazards may affect students and ultimately influence their decision to continue training or not.

This thesis focused on those support mechanisms offered by New Zealand nursing schools of which nursing students were cognisant. This means that the findings may not discuss or highlight the full range of support mechanisms actually offered by nursing schools; only those mechanisms mentioned by participants have been discussed. Further, this thesis did not evaluate the actual quality of the support provided beyond the students' perceptions of how helpful and successful these support systems were. However, as noted in previous research, it is extremely difficult to investigate the efficacy of some support mechanisms, for example, those designed to manage aggressive behaviours in the clinical field, due to ethical and logistical barriers (Searby et al., 2019).

Additionally, all support systems discussed in this thesis were individual-centred approaches, for example, the offering of wellbeing training or counselling services, which student nurses can access to improve their own psychosocial health. The data collected as part of this thesis did not therefore focus on what interventions were being implemented at an organisational level. However, in the literature it is suggested that a combination of individual and organisational-focused interventions are required in order to change the workplace environment due to these two types of interventions having differing outcomes (LaMontagne & Keegel, 2010; McVicar et al., 2013). How the individual and organisational-focused interventions combine and affect the New Zealand student nurse workforce could be further researched in the future, as will be discussed next.

### *7.4.1 Areas for Future Research*

The themes focused on throughout this research identified multiple areas in which future investigations could be conducted that would assist in developing further understanding of the psychosocial support offered by nursing schools or determine how these may affect students' psychosocial health and attrition rates. Firstly, the scale and sample size of this research was small. Future studies could repeat the research processes during a period in which a global pandemic and lockdowns are not affecting the stress levels of students and nursing school staff. Ultimately, by having more students and stakeholders who have the time and interest to participate in the research, a larger sample size may be generated. Further, if the study were to be repeated, this could include students studying the newly introduced Te Pūkenga unified nursing courses, which may provide new types of support mechanisms, such as improved education regarding psychosocial risks.

Additionally, a longitudinal study, as opposed to cross-sectional research (which was the case for this thesis), may be able to track students' interactions with psychosocial support mechanisms and psychosocial hazards throughout their studies. In particular, students could be followed throughout their training and into their first few years of being part of the nursing workforce (for example, this timeframe could include the three years of the Bachelor of Nursing, in addition to three years post-graduation). This process could potentially identify at which point students are most likely to drop out due to interactions with stressors. However, research of this kind would require significant funding due to it involving a longitudinal study (Twisk, 2013). The access to interventions or support systems could also be studied, particularly in relation to feedback loops and whether the continued access to support systems is reliant on students' prior interactions with these mechanisms. Further, based on the results and findings of this research, some of the recommendations given in

Section 7.5 could be trialled and monitored for effectiveness to provide an understanding of how feasible and accessible they are in practice.

A further topic that could be explored is how some chronic psychosocial risks (such as high workloads) can be addressed in the clinical placement space, perhaps by using support mechanisms to help reduce workloads or assist students in coping with high levels of stress. This is particularly critical information to evaluate, as being repeatedly exposed to chronic stressors, such as bullying or high workloads, can cause individuals more harm than an acute stressor (Lovelock, 2019). Further aspects to explore in this field include considering the specific duration, frequency, and severity of exposures (as opposed to student nurses' opinions on these hazards) and how different hazards might interact with each other, leading to worsened health outcomes. By contributing to existing research, the many hazards, risks, and available controls within the nursing student environment may be better understood. This knowledge will further assist nursing schools in improving their support mechanisms and processes, aiming to reduce attrition and increase the number of students graduating; in turn, this would assist in reducing the shortage of nurses. However, in the absence of research being conducted, nursing schools could consider implementing the recommendations formed as part of this thesis, as detailed in the following section.

### 7.5 Recommendations

The psychosocial issues experienced by nurses and nursing students have been a long-standing problem and are, therefore, unlikely to be solved quickly or easily. Moreover, due to the nature of the nursing role, eliminating all psychosocial hazards (such as aggressive behaviours from patients) is simply not feasible. Instead, controls should be put in place to reduce exposure to these hazards (LaMontagne et al., 2007). These suggested controls will be presented within this section.

Although several factors across the healthcare sector need to be addressed to improve the nursing shortage, nursing schools and the organisations where placements occur can play their part by supporting students through their studies more effectively. In particular, the implementation of support systems should put greater emphasis on informing students of psychosocial preventive measures they will need so that they can become part of the solution to some of these issues (Minton et al., 2018; Zeller & Levin, 2013).

Therefore, nursing schools should ensure that controls are in place for each psychosocial hazard students are likely to encounter. The recommendations posed by this research can be categorised into primary, secondary, and tertiary practical suggestions to be used by New Zealand nursing schools. A full list of recommendations has been included in Appendix L. The key recommendations will be discussed below. However, it is important to note that some of these measures may already be implemented by nursing schools; despite this, the data collected suggested that these were not consistently offered across nursing schools, or their provision and benefit were not communicated clearly enough to the nursing students.

The first key recommendation is that nursing schools invest more time and resources into communicating the available support systems offered. This means providing improved education and inductions for students prior to each placement to address the knowledge gap that was identified among the sampled students. At a minimum (and as required by the Ministry of Education's pastoral care Code of Practice 2021, as discussed in Section 3.7), all students should be provided with pastoral care opportunities, and students should be distinctly made aware of this being offered (Ministry of Education, 2021a, 2021b).

The second key recommendation is that actions are taken by the nursing schools to address the barriers and stigma which currently prevent some students from accessing the available support mechanisms. Further, these support systems should be monitored on an ongoing basis, for example, by collecting feedback from students to ensure they are effective and accessible. This feedback may identify whether students are experiencing any issues regarding the location of support services offered or whether any students are wary of escalating concerns or accessing support mechanisms due to believing that their grades would be negatively affected; these barriers to accessing support were identified in this research. In order to address this area of concern, nursing schools should consider supplying students with a nursing school contact who has no involvement in the students' grades and who can provide pastoral care support. This would be helpful in instances where students require more tailored support than what anonymous counselling sessions may be able to provide them with. For example, if students have concerns or questions about their placement or studies, they would likely benefit from speaking with someone within their own nursing school. As a result, students would not have to be concerned that raising incidents with this staff member will put their grades at risk.

Thirdly, nursing schools could consider implementing specific interventions such as psychosocial health surveillance and screening for stress-related symptoms (LaMontagne et al., 2007). This could occur anonymously, for example, with the use of an app that students could utilise to check in regarding their wellbeing. Alternatively, if sufficient resources are available, this could also be done with more regular check-ins with nursing school staff. However, as mentioned above, this would need to be done with staff who are not responsible for the students' grades, and where conversations could be confidential. Such conversations or check-ins should be able to identify early if any students are experiencing poor psychosocial health as a result of their placement work or studies.

Fourthly, nursing schools should consider working more closely with placement organisations, to ensure they are providing a more cohesive and unified approach in terms of the support system that is offered to nursing students while they are on placement, so that it is clear for students to whom they should turn for specific concerns or guidance. This should include violence prevention policies to show their commitment to health, safety, and violence prevention (WorkSafe, 2020a). There should also be clear consequences if bullying behaviour persists, regardless of who is the perpetrator. The alignment between organisations, healthcare staff, and students should result in better worker and organisational outcomes.

Finally, an additional, broader recommendation is the removal of the barrier concerning costs relating to studying. Currently, Southern Institute of Technology offers nursing courses with no tuition fees (Southern Institute of Technology, n.d.-a). If more nursing schools had the opportunity to explore this government-supported option, there would be less need for students to work at a part-time job during their clinical placements. Consequently, students would have more time to focus on their studies and self-care activities. In an ideal world, students would not pay tuition fees to carry out unpaid work while on clinical placement. However, this support is currently only offered in Invercargill, and relocation is not feasible for everyone. As such, the government might investigate financially supporting additional nursing schools to attract greater numbers of students who may otherwise perceive costs and expenses as a barrier to studying nursing.

In summary, several support mechanisms are currently implemented at nursing schools in New Zealand; however, these can be improved, or additional support systems

could be added, to better assist student nurses. Ultimately, this should lead to improved retention, which can, in turn, partly assist in addressing the nursing shortage.

### 7.6 Conclusion

It is clear that the shortage of nurses is a global phenomenon and is not restricted to New Zealand. As a result of the ageing population, the demand for healthcare provided through hospitalisations or disability services is growing (Cornwall & Davey, 2004). The COVID-19 pandemic has further exacerbated the nursing shortage and the need for more individuals to be undertaking nursing education (Wiki et al., 2021). It is therefore of critical importance that all avenues that could address the nursing shortage are explored.

It is without a doubt that the New Zealand nursing workforce needs significant government funding and assistance to address the shortage of nurses, for example, in order to decrease the likelihood of nurses or graduates leaving New Zealand for overseas jobs which are higher-paying and have better conditions. However, nursing schools and placement organisations also play a significant role in retaining students and increasing the graduate pipeline. In particular, students should be encouraged to remain in the New Zealand workforce following graduation, and their experiences while in the healthcare setting during their studies are likely to play a significant role in their decision to leave or stay.

As the findings of this study clearly show, all efforts should be taken to provide students with consistent and effective support mechanisms. These systems should assist students in reacting appropriately when encountering psychosocial hazards throughout their placements and ensure they have the appropriate knowledge to understand how to look after their psychosocial health after facing stressors. If students realise they require support or wish to escalate negative experiences they have had, these processes should be clear and accessible to all. It is crucial that students are supported in their pursuit of a career that they are passionate about. Improving students' support experiences should simultaneously promote and reinforce the compassionate cohort that the nursing workforce represents. As such, all efforts should be put into retaining these students in their studies and in the workforce following graduation, with the ultimate goal being to ensure students can continue pursuing their dream of becoming a nurse; as one of the survey participants pointed out:

> "I love being a nurse and I love the work that we do, it is truly my dream career."

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# Appendices

## Appendix A

*Ethics Approval*


### Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
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E: ethics@aut.ac.nz
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20 July 2021

Danae Anderson
Faculty of Business Economics and Law

Dear Danae

Re Ethics Application: **21/194 Do I stay or do I go? The Impact of Psychosocial Support Mechanisms on Student Nurses' Decision to Complete Training**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 20 July 2024.

**Standard Conditions of Approval**

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.

AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through http://www.aut.ac.nz/research/researchethics

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
**Auckland University of Technology Ethics Committee**

Cc: Sophia.weissenstein@gmail.com; Felicity Lamm; rebeccamowat@hotmail.com

**Appendix B**

*Examples of Research Which Has Investigated Psychosocial Support Options for Nursing Students*

| Researcher(s) & Year | Study details | Recommended support systems | Country study was conducted in |
|---|---|---|---|
| (Wilson & Carryer, 2008) | This study questioned nursing educators on nursing students' understanding and development of skills related to emotional competence.<br><br>This study did not discuss students' opinions of support mechanisms, and did not focus on other psychosocial risks. | - Students should be given enough opportunities to prepare and practice meaningful reflections, including for emotional and personal situations. These skills can then be applied to the clinical environment. | New Zealand |
| (Haitana & Bland, 2011) | This study interviewed five registered nurses regarding their role as preceptors for nursing students. The insights collected highlighted the preceptor-student relationship, and the challenges experienced by the preceptor which may impact their ability to provide student support. | - Nursing schools and organisations offering placement opportunities to student nurses should investigate the possibility of rostering the student with the same preceptor throughout the entire placement. This should assist in developing a professional working relationship between both parties, and ensure a more positive, supportive experience for the student. | New Zealand |

| | | | |
|---|---|---|---|
| (Wilson et al., 2011) | This study had New Zealand nursing students who identified as Māori as participants, and focused on their experiences in the nursing program. The research focused on students' interactions with support mechanisms which were important for their culture. | - Nursing schools should ensure they are providing learning opportunities and environments that are culturally safe and inclusive of minority students, for example supporting Indigenous (Māori). This is vital in ensuring the retention of these groups of students.<br>- This requires educators to be flexible in their teaching methods, by conveying their teachings in culturally appropriate ways for each student. This may also include the use of Indigenous learning styles, for example by providing 'whānau groups' through which students can support each other, and create social connections.<br>- Indigenous students should also have the opportunity to frequently interact with Indigenous registered nurses, who are able to provide more specific cultural and social nursing practices to the students. | New Zealand |
| (Clarke et al., 2012) | This study tested the frequencies of bullying behaviours experienced by Canadian student nurses throughout a 4 year-nursing program. This study did not test the effectiveness of the support mechanisms recommended. | - Clinical instructors should be taught more communication skills and theories of teaching specific to the clinical setting, which can aid them in giving improved, ongoing, and helpful constructive criticism to nursing students, while simultaneously supporting them.<br>- Nursing schools should clearly define what bullying experiences students may have, and have succinct procedures on how reports of bullying will be addressed. These procedures and bullying should consistently be discussed during nurses' studies. | Canada |

| | | | |
|---|---|---|---|
| (Carver & O'Malley, 2015) | This study tested the effectiveness of progressive muscle relaxation techniques, and had American nursing students as participants. | - Students should be taught progressive muscle relaxation techniques, as this study showed it could help students decrease their anxiety levels, and result in improved communication and relaxation. | USA |
| (Van der Riet et al., 2015) | This study tested the effects of providing stress management and mindfulness programmes to Australian nursing students.<br><br>Other support mechanisms were not investigated as part of this study. | - Nursing schools should implement stress management and mindfulness programmes, as a link has been made between introducing such programmes and lower levels of stress for students. Further, these programmes can provide a better understanding of how to care for one's own health and wellbeing, both privately and while on placement. | Australia |
| (Kinman & Leggetter, 2016) | This study surveyed English nursing students on their experiences of emotional labour and emotional exhaustion. The support mechanisms students were provided with by their nursing schools were investigated, as well as students' satisfaction with such support.<br><br>This study did not focus on other psychosocial risks. | - Nursing schools should foster social connections between nursing students, as this can be an effective tool for students to manage their own stress. This may include mentoring programmes, supportive relationships amongst peers, and peer coaching opportunities.<br>- Role-playing should be encouraged in the learning environment, for student nurses to have the opportunity to practice and prepare for emotional situations they may encounter while on placement. | England |

| | | | |
|---|---|---|---|
| (Sinclair et al., 2016) | This study investigated New Zealand nursing students' experiences witnessing unethical behaviours in clinical placements, and their distress levels as a result of such situations.<br><br>Although the study identified that a lack of support and supervision was detrimental to students' learning, specific support systems were not examined. | - Educators should be responsible for conveying and demonstrating the ethical behaviours required of nurses, and teach students how to respond when they witness unethical behaviour while on placement, such as bullying. This could be taught through simulations prior to placements, and should be realistic. | New Zealand |
| (Cantrell et al., 2017) | This literature review examined literature which investigated how simulation may affect students' stress and anxiety levels, and students' opinion on the use of simulations.<br><br>Other support mechanisms were not investigated as part of this study. | - Nursing schools should consider implementing stress-relieving exercises, as well as teaching students how to effectively debrief and share feelings of stress. This can be practiced through simulation exercises; even though students have reported simulations to be stressful, it has also been identified as valuable in developing stress-management skills. | N/A – Literature review |
| (Hogan et al., 2018) | This study examined both bullying and aggression experienced by nursing and midwifery students in Australia. Students trialled some new learning resources, and shared their opinions on the effectiveness of these.<br><br>This study looked at the effectiveness of new support systems, but did not examine the effectiveness of pre-existing support mechanisms being implemented in nursing schools. | - Blended learning, meaning the inclusion of interactive and online simulations and modules, including an opportunity to role-play scenarios, can help students' confidence grow as they prepare for challenging situations while on placement, including bullying and aggression. | Australia |

| | | | |
|---|---|---|---|
| (Minton et al., 2018) | This study utilised New Zealand nursing students as participants, and explored their harassment and bullying experiences during their studies. This included understanding whether students reported bullying behaviours they encountered; the findings demonstrated that only a quarter had reported such an experience, with even less stating that they were satisfied with the outcome.<br><br>Other support mechanisms were not investigated as part of this study. | - Nursing schools should convey to their staff and students that bullying is not accepted and should be reported, for example by implementing a zero-bullying policy.<br>- Students should be taught skills that will help them manage their occupational stress and challenging behaviours they may encounter while on placement, such as how to effectively debrief.<br>- Cultural support should be provided to minority groups, including Māori students.<br>- Nursing school faculty, including clinical facilitators, should be taught how to provide students with constructive feedback. They should also be well-versed in how to manage students' reports of bullying or harassment.<br>- Nursing schools should be providing education on communication techniques, as well as conflict resolution, to their nursing students, as this can prevent ineffective communication both on placement and following graduation. | New Zealand |
| (Sidhu & Park, 2018) | This was a literature review that examined research on the topic of nursing students and their experiences with bullying; the aim was to identify concepts that could inform nursing schools' curriculum design.<br><br>This study did not focus on other psychosocial risks, and only included one piece of research from New Zealand. | - The nursing school's approach to bullying should be clear and communicated to students early in their studies. This should include transparent processes and procedures for when bullying is reported, and what support systems are in place for students to access.<br>- Students should have the opportunity to learn and practice communication skills and appropriate responses when experiencing bullying. | N/A (Literature review) |

| | | | |
|---|---|---|---|
| (Chittick et al., 2019) | This study questioned Māori nursing graduates, to understand how Māori students can be better supported throughout their studies. Although the importance in providing culturally safe support was discussed, all the relevant psychosocial risks and how these support mechanisms may address them were not examined. | - Nursing schools should ensure they are providing support and learning programmes which are culturally safe for Māori, including social and emotional support, for example by ensuring whānau support is encouraged throughout the programme. | New Zealand |
| (Karaca et al., 2019) | This study researched Turkish nursing students' stress levels, their coping behaviours, their perceived social support, and their self-esteem. The effectiveness of teaching stress-coping skills was proven to be significant. | - Nursing schools should monitor and manage their students' stress, for example by teaching them skills on how to better cope with stress.<br>- Self-esteem boosting courses could be introduced, which could also benefit students' social support. | Turkey |
| (Minton & Birks, 2019) | This study explored New Zealand nursing students' bullying experiences while on placement, as well as who the perpetrators were. This study did not test the effectiveness of the support mechanisms recommended. | - Nursing schools should provide a supportive learning environment, by encouraging a collaborative approach between nursing students and nursing school staff.<br>- Students should have more opportunities to develop their assertiveness and resilience, for example, they could be taught how to effectively debrief after challenging experiences, and this can be practiced both within a simulation environment and while on placements.<br>- Nursing educators should understand the importance of role modelling a nurturing environment, and how their leadership can increase the confidence of students. | New Zealand |

| | | | |
|---|---|---|---|
| (Searby et al., 2019) | These researchers conducted a systematic literature review to determine whether the provision of aggression management training in nursing courses is feasible. | - The researchers suggest that providing aggression management training to student nurses is critical, and that this education can improve students' verbal de-escalation techniques, as well as their risk assessment skills. Further, the researchers indicate that these skills may prevent the escalation of potentially aggressive incidents, thus minimising the outcomes these have on individuals. | N/A (Literature review) |
| (Watson et al., 2019) | This study tested the effects of providing resilience workshops to New Zealand nursing students.<br>Other support mechanisms were not investigated as part of this study. | - This study trialled a resilience workshop, as well as providing follow-up support to the nursing student participants. The results showed that the students who received this support, reported lower levels of stress and increased resilience, compared to students who did not participate. Therefore, it is recommended that nursing schools provide their students with more training on how they can improve their skills that will help them face challenges on placement. | New Zealand |
| (Eyi & Eyi, 2020) | This study investigated students' knowledge of occupational health and safety risks. The study did not test the effectiveness of the support mechanisms recommended. | - Provide nursing students with occupational health and safety training, both prior and during their clinical placements. This may be in the form of an additional course, focusing on health and safety within the work environment. | Turkey |

| | | | |
|---|---|---|---|
| (Fang et al., 2020) | This study investigated how social support and support for bullying experiences affect Taiwanese nursing students' health status, including their psychological health. Specific support mechanisms were not discussed, and it is unclear whether the suggestions made at the end of the study were support mechanisms that participants were questioned on. | - Accessible counselling services should be provided to nursing students.<br>- Hospitals and nursing schools should collaborate in creating an anti-bullying policy, and demonstrate clear and effective responses immediately when such issues get reported.<br>- This study identified instructors and nursing staff as the primary instigators of bullying in students' placements. To address this, the researchers suggested that instructors and nursing staff who mentor students are provided with training programmes that teach improved communication skills and how to provide meaningful, constructive feedback. This can ensure students are adequately supported when reaching out to staff for support. | Taiwan |
| (Agu et al., 2021) | This reflective article focused on the effects of the COVID-19 pandemic on nursing students in developing countries by examining recent research.<br>This study did not discuss students' opinions of support mechanisms. | - To help students and staff cope with the wellbeing challenges that COVID-19 has created, counselling and information sessions around upholding one's mental health should be provided, in order to reduce levels of anxiety and fear. | N/A (Reflective piece) |
| (O'Keeffe et al., 2021) | This study investigated final-year nursing students and their perceptions of risk, specifically regarding patient aggression scenarios. The findings of this study highlighted that students require better education on how they can ensure their own health and safety, particularly in relation to patient aggression incidents. | - The study suggested that students should receive improved aggression management training. This should be specific to aggressive patient behaviours.<br>- In order to improve students' situational awareness, simulation techniques could be utilised, to promote students' understanding of aggressive scenarios. | Australia |

## Appendix C

*Research Survey*



AUT

### Introduction and Participant Criteria

Participant Criteria. **Research Survey: Psychosocial Support for Student Nurses in New Zealand**

This survey is part of the data collection process for the following research project:
**Project title:** Do I stay or do I go? The Impact of Psychosocial Support Mechanisms on Student Nurses' Decision to Complete Training.
**Project Supervisors:** Dr Danaë Anderson, Dr Felicity Lamm, Dr Rebecca Mowat
**Researcher:** Sophia Weissenstein

Thank you for volunteering to participate in this research.
To continue taking part in this survey, nursing students must apply to the following criteria:

- Students must be 18 years or older
- Students must have already completed at least one clinical placement as part of their nursing studies
- AUT students must not currently be taught by Rebecca Mowat, who is one of the supervisors of this research

Please select the following option to confirm that you apply to this criteria.

☐ I am 18 years or older and have completed at least one clinical placement as part of my nursing studies. Additionally, I am either not an AUT student, or am an AUT student but am not currently being taught by Dr Rebecca Mowat.

**Information and Confidentiality**

Informed Consent.

**Information and Confidentiality**

The purpose of this research is to understand the support mechanisms provided by New Zealand nursing schools to nursing students, and how this support is able to help students uphold their psychosocial health during clinical placements. The information is being collected through this survey, and through semi-structured interviews with stakeholders and students. The benefits of participating in this research is to identify leading practices amongst nursing schools, as well as opportunities for nursing schools to improve.

This information will be published in a thesis and shared with participating nursing schools so they can gain more knowledge on how they can improve their psychosocial support mechanisms that are offered to students.

This survey will take approximately 20-30 minutes. You will be given an opportunity of 4 weeks to complete the survey. It is stressed again that the responses from the survey questionnaire will be anonymous and strictly confidential. At no time will your identity be known by anyone else in the nursing school community, and no identifying factors will be published in the thesis or shared with the nursing schools.

**You are able to skip any of the survey questions that you are not comfortable with answering.**

If at any time you have questions about this research, this survey, or your involvement, please contact the primary researcher at bgw0903@aut.ac.nz, as also stated in the Survey's Participant Information Sheet.

**How to complete this survey**

- The survey should take you approximately 20-30 minutes to complete.
- As you work through the survey, please select one response for each item (i.e. one number per row), unless otherwise stated.
- Some of the questions may appear to be similar or the same. If you are willing to answer these questions, please do not omit any, as each question may have a different focus.
- Please complete the blanks in each section with a brief response if there is anything you would like to explain further.
- In order to ensure anonymity and confidentiality, please avoid recording your name, or any other information that may identify you in this survey.
- Please do not include any identifiable information about patients, the location of your clinical placements, or other sensitive health data.

**What do you do if you have concerns about this research?**

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Danaë Anderson, danae.anderson@aut.ac.nz, 09 921 9999 ext 5601. Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, ethics@aut.ac.nz, 09 921 9999 ext 6038.

Approved by the Auckland University of Technology Ethics Committee on 20th July 2021 (AUTEC Reference number 21/194).

Your participation in this research is voluntary (it is your choice). If you choose to participate or not it will neither advantage nor disadvantage you. If you decide not to continue, then you will be able to withdraw your survey. By completing the survey, this indicates that you consent to participate in this part of the research. It must be stressed that the survey is anonymous; the researcher will not know

who has completed it. You can withdraw from the survey at any point, until your responses have been submitted; once submission has occurred, your data cannot be identified or withdrawn because the survey is anonymous.

Please select all of the following responses, to confirm that you consent to being involved in this research.

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated 10th May 2021.
- ☐ I have had an opportunity to ask questions and to have them answered.
- ☐ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ☐ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been collated, removal of my data may no longer be possible.
- ☐ I agree to take part in this research.

**Section A: General Information**

A.1. What is your age?

- ○ 18-20
- ○ 21-25
- ○ 26-30
- ○ 31-35
- ○ 36-40
- ○ 41+

A.2.
What ethnicity or cultural group do you identify with most?
Note: This question is compulsory. All other questions may be skipped.
(These have been listed in order of most common response when the same question was asked in the National Nursing

Student Survey 2019 by the New Zealand Nurses Organisation).

- ○ NZ European
- ○ NZ Māori
- ○ Indian
- ○ Chinese
- ○ Samoan
- ○ South East Asian
- ○ Tongan
- ○ Fijian
- ○ Cook Island Māori
- ○ Niuean
- ○ Tokelauan
- ○ Other European
- ○ Other Asian
- ○ Other Pacific
- ○ [ ] Other (please specify in the text box below)

A.3.
How many semesters of your nursing degree have you completed?

[ ]

A.4.
When do you plan on graduating with the nursing degree you are currently studying?

- ○ 2021
- ○ 2022
- ○ 2023
- ○ 2024
- ○ [ ] Other (please specify in the text box below)

A.5. How many clinical placements have you already **completed** as part of your nursing studies?

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ [ ] Other (please specify in the text box below)

A.6.
What nursing school do you currently attend?
(This is being asked to identify responses from the same nursing schools. The nursing schools will not be named/identified in the published work, and will instead be allocated a number, for example "Nursing School 1". This means the separate nursing schools' identity will stay confidential in the published research, but experiences shared by participants at the same nursing schools can be compared, analysed, and discussed.)

**Section B: Clinical Placements**

B.1.
**Please respond to all of the remaining questions in this survey by reflecting on all of your previous placement experiences (not only your current or most recent placement), unless otherwise stated.**

The following items concern the amount of control you have during placements.

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| I have a choice in deciding what I do during my placements, for example if there is an area I want to focus on, or a procedure I want more exposure to | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| I have some say over the way I get the placement tasks done | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| I have a say in my own work speed | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

B.2. The following items concern the amount of time pressure you have experienced during placements.

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| I am pressured to work long hours | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| I have unachievable deadlines | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| I have unrealistic time pressures | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| I have to neglect some tasks because I have too much to do | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

B.3. The following items concern the support you receive from your supervisors on placements.

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| I can rely on my supervisors to help me out with a work problem | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| If the work gets difficult, my supervisors will help me | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| I get the help and support I need from my supervisors | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| My supervisors are willing to listen to my work- related problems | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

B.4. The following items concern various aspects of your role on placements.

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| I am clear what is expected of me | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| I know how to go about getting my job done | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| I am clear what my duties and responsibilities are | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| I understand how my work fits into the overall aim of the organisation | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

B.5.
The following items concern the support you receive from your placement teams (the employed nurses on your placements).

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| I can rely on my placement teams to help me out with a work problem | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| If the work gets difficult, my placement teams will help me | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| I get the help and support I need from my placement teams | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| My placement teams are willing to listen to my work-related problems | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

B.6. The following items concern various aspects of your clinical placements.

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| I do things, which are accepted by one person, but not by another | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Different groups on placement demand things from me that are difficult to do at the same time | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Different people on placement expect conflicting things from me | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| I receive incompatible requests from two or more people | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

B.7. The following items concern your relationship with your placement supervisors.

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| I feel that my supervisors value my contributions to the organisations | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| My supervisors give me sufficient credit for my hard work | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| My supervisors encourage me in my work with praise and thanks | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

B.8.

The following items refer to the processes used to respond to task and relationship conflicts in your workgroups (for example the other nurses and students).

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| Processes are applied consistently in your workgroups | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Processes are free from bias in your workgroup | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Everyone in your workgroups are able to express their views and feelings during those processes | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Processes are based on accurate information about your workgroups | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

B.9.

The following items concern various aspects of your placements.

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| Do your placements put you in emotionally disturbing situations? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Is your work emotionally demanding? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Do you get emotionally involved in your work? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

B.10. The following items concern how change is managed by your placement organisations.

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| I am consulted about proposed changes made during my placements | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| When changes are made, I am clear about how they will work out in practice | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| I am clearly informed about the nature of the changes that take place in my placement organisations | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| I can voice concerns about changes that affect my placement role | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

## Section C: Relationships on placement

C.1.
The following items concern relationships with members of your workgroups.

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| Do you and members of your workgroups disagree about the work being done? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Are there conflicts about ideas between you and members of your workgroups? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Is there conflict between you and members of your workgroups about the work you do? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Are there differences of opinion between you and members of your workgroups? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

C.2.
The following items concern relationships with members of your workgroups.

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| Are there bad feelings among members in your workgroups? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Are personality conflicts evident in your workgroups? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Is there tension among members in your workgroups? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Is there emotional conflict among members in your workgroups? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

C.3. Workplace bullying is repeated, unreasonable behaviour directed towards a worker or a group of workers that creates a risk to health and safety. Please respond by selecting the

appropriate point on the scale for the following question. In the past year, have you...

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| Been subjected to workplace bullying in your workgroup? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

C.4.

In the past year, have you been subjected to any of the following behaviours, as part of your nursing studies, from any source?

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| Verbal abuse | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Threats of punishment for no reason | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Ridicule and being put down | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Offensive messages via telephone, writing, or by electronic means | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Sabotage of your work | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Exclusion or isolation from workplace activities | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Persistent and unjustified criticisms | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Humiliation through gestures, sarcasm, criticism, or insults | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Subject of gossip or false, malicious rumours | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

C.5.
If you selected "Never" for all of the responses in question C.4, please progress directly to question C.6.

If you have been subjected to workplace bullying, or experienced one or more of the behaviours listed above, please select the source(s).

- ☐ Supervisor - Placement
- ☐ Supervisor/Educator - University
- ☐ Nurses on placements
- ☐ Other student nurses
- ☐ Patient/client
- ☐ Family/friend of patient/client
- ☐ Member of public

C.6.
In the past year, have you...

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| Witnessed workplace bullying in your workgroups? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

## Section D: Work-related violence and aggression

D.1.
Work-related violence is any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.
In the past year, have you...

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| Been exposed to threats of work-related violence, while on placement? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

D.2.

In the past year, have you been subjected to any of the following behaviours as part of your nursing studies, from any source?

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| Angry or hostile behaviour | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Antagonism and jeering | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Intimidation and insults | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Shouting and swearing | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Verbal threats | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Someone encroaching on your personal space | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Feet stamping | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Banging, kicking or hitting items | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Biting | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Spitting | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Scratching | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Throwing objects | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Pushing, shoving, tripping or grabbing | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Sexual assault | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Physical assault (e.g. punching or kicking) | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Armed robbery | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| Attacked with any type of weapon | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

D.3.
If you selected "Never" for all of the responses in question D.2, please proceed directly to the next page.

If you have been subjected to work-related violence, or experienced one or more of the behaviours listed above, please select the source(s).

- ☐ Supervisor - Placement
- ☐ Supervisor/Educator - University
- ☐ Nurses on placements
- ☐ Other student nurses
- ☐ Patient/client
- ☐ Family/friend of patient/client
- ☐ Member of public

## Section E: Sprain and Strain

E.1.
How often, over the past four weeks, have you had an ache, pain, or discomfort in your...

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| Neck | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Shoulders | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Wrists/hands | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Upper back | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Lower back | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

## Section F: Your psychological health and wellbeing

F.1. In the past 4 weeks...

| | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
|---|---|---|---|---|---|
| About how often did you feel tired out for no good reason? | ○ | ○ | ○ | ○ | ○ |
| About how often did you feel nervous? | ○ | ○ | ○ | ○ | ○ |
| About how often did you feel so nervous that nothing could calm you down? | ○ | ○ | ○ | ○ | ○ |
| About how often did you feel hopeless? | ○ | ○ | ○ | ○ | ○ |
| About how often did you feel restless or fidgety? | ○ | ○ | ○ | ○ | ○ |
| About how often did you feel so restless you could not sit still? | ○ | ○ | ○ | ○ | ○ |
| About how often did you feel that everything was an effort? | ○ | ○ | ○ | ○ | ○ |
| About how often did you feel so sad nothing could cheer you up? | ○ | ○ | ○ | ○ | ○ |
| About how often did you feel worthless? | ○ | ○ | ○ | ○ | ○ |
| About how often did you feel depressed? | ○ | ○ | ○ | ○ | ○ |

F.2. The following statements refer to how often you feel this way about your job.

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| I feel tired | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

| | Never | Rarely | Once in a while | Some of the time | Fairly often | Often | Always |
|---|---|---|---|---|---|---|---|
| I have no energy for going to placement in the morning | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| I feel physically drained | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| I feel fed up | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| I feel like my batteries are dead | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| I feel burned out | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

## Section G: Your Intentions

G.1. Do you seriously believe that, in the near future, you will...

| | Extremely unlikely | Very unlikely | Unlikely | Unsure | Likely | Very likely | Extremely likely |
|---|---|---|---|---|---|---|---|
| Take sick leave for a placement-related, stress-related problem? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Seek medical advice for a placement-related, stress-related problem? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Ask to change placements because of a placement-related, stress-related problem? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Resign ("Drop out") from your studies because of a placement-related, stress-related problem? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

## Section H: Support provided by nursing schools

H.1.1. Do you feel that your nursing school effectively prepared you for clinical placements, that is, were you able to gain sufficient knowledge to complete the tasks required of you?

- ○ Yes
- ○ Somewhat
- ○ No

H.1.2. Optional: If you would like to provide further comments on this question above, please use the text box below. Otherwise, please proceed to the next question.

H.2.1. Do you feel that your nursing school effectively prepared you for clinical placements, in relation to how stressful these situations can be?

- ○ Yes
- ○ Somewhat
- ○ No

H.2.2. Optional: If you would like to provide further comments on this question above, please use the text box below. Otherwise, please proceed to the next question.

H.3.1.

Has your nursing school provided you with information or education around how to effectively manage your mental health while experiencing stressful situations during your clinical placement?

- ○ My nursing school has not provided me with any information or education on how to effectively manage my mental health
- ○ I am unsure whether my nursing school has provided me with any information or education on how to effectively manage my mental health
- ○ My nursing school has provided me with information or education on how to effectively manage my mental health. (Please provide further details in the box directly below)

H.3.2. Optional: If you would like to provide further comments on this question above, please use the text box below. Otherwise, please proceed to the next question.

H.4.1.

Please tick which of the following preventative support mechanisms you are aware of that your nursing school offers:

- ☐ Stress-relieving exercises
- ☐ Stress management workshops
- ☐ Pre- and post-debriefing of stressful situations
- ☐ Regular meetings with a university staff member who has no involvement in your grades/marking of your work
- ☐ Monitoring of stress levels throughout placements, for example through an app or an online form

- [ ] Specific instructions on how to raise concerns you may have during clinical placements, including concerns you may have for peers
- [ ] A link to a mentor, who can guide you through your nursing studies
- [ ] Other preventative measures (Please provide further details in the box directly below)
- [ ] I am unaware of any preventative support mechanisms that my nursing school offers

H.4.2. Optional: If you would like to provide further comments on this question above, please use the text box below. Otherwise, please proceed to the next question.

H.5.1.
Please tick which of the following support mechanisms you are aware of that your nursing school offers for when you have a negative experience while on placement or have high stress levels:

- [ ] Access to free counselling with a specified number of sessions a year
- [ ] Access to unlimited free counselling
- [ ] Access to counselling online or over the phone, 24/7
- [ ] Other (Please provide further details in the box directly below)
- [ ] I am unaware of any support mechanisms that my nursing school offers

H.5.2. Optional: If you would like to provide further comments on this question above, please use the text box below.

Otherwise, please proceed to the next question.

H.6.1.

Are you aware of whether any of these support mechanisms are provided during time slots that suit nursing students working full-time on placements?

- [ ] I am unaware of any support mechanisms that my nursing school offers, or my nursing school does not offer any support mechanisms
- [ ] I am aware support mechanisms exist, although I am unaware of whether they are available during time slots that would suit nursing students working full-time on placements
- [ ] I am aware of support mechanisms provided, but these are not available during time slots that would suit nursing students working full-time on placements
- [ ] I am aware of support mechanisms provided, and these are available during time slots that would suit nursing students working full-time on placements
- [ ] Other (Please provide further details in the box directly below)

H.6.2. Optional: If you would like to provide further comments on this question above, please use the text box below. Otherwise, please proceed to the next question.

H.7.1.

If you have ever had any negative experiences while on placement, were you able to raise this with your supervisor/clinical educator/university staff?

- ○ I have not had any negative experiences that required escalation
- ○ I have had a negative experience, but did not escalate this
- ○ I have had a negative experience, and escalated this

H.7.2. Optional: If you would like to provide further comments on this question above, please use the text box below. Otherwise, please proceed to the next question.

H.8.1. If you have had a negative experience while on placement and escalated this, how did this work out for you? Were you happy with the outcome?

- ○ I have not had any negative experiences that required escalation, or I had a negative experience but did not escalate this
- ○ I have had a negative experience and escalated this (if you feel comfortable doing so, please provide further details in the text box in question H.8.2 below).

H.8.2. Optional: If you would like to provide further comments on this question above, please use the text box below. Otherwise, please proceed to the next question.

H.9.1. Are you aware of any peers that have had negative experiences which required escalation? How did the escalation procedures work, and were they happy with the outcome?

- ○ I am not aware of any peers that have had negative experiences which required escalation, or they did not escalate negative situations that arose.
- ○ I am aware of peers that have had negative experiences and escalated these (if you feel comfortable doing so, please provide further details in the text box in question H.9.2 below).

H.9.2. Optional: If you would like to provide further comments on this question above, please use the text box below. Otherwise, please proceed to the next question.

H.10.1. Do you believe that the support mechanisms offered are suitable considering your culture/ethnicity?

- ○ Yes (if you feel comfortable doing so, please provide further details in the text box below).
- ○ No (if you feel comfortable doing so, please provide further details in the text box below).
- ○ I am unaware of any support mechanisms offered by my nursing school

H.10.2. Optional: If you would like to provide further comments on this question above, please use the text box below. Otherwise, please proceed to the next question.

H.11.1. Have you ever experienced any practices while on placement that stood out to you as being "leading practice" for managing your own and others' mental health and psychosocial wellbeing?

- ○ Yes (if you feel comfortable doing so, please provide further details in the text box below).
- ○ No (if you feel comfortable doing so, please provide further details in the text box below).

H.11.2. Optional: If you would like to provide further comments on this question above, please use the text box below. Otherwise, please proceed to the next question.

**Section I: Additional Placement Activities**

I.1.1.
Do you have assignments or written projects to complete during your clinical placement? If yes, do you have enough time to feasibly complete these, particularly if you are on placement full-time?

- ○ I do not have assignments to complete while on clinical placement

- ○ I do have assignments to complete while on clinical placement. There is enough time given to satisfactorily complete the assignment while also on placement.
- ○ I do have assignments to complete while on clinical placement. There is not enough time given to satisfactorily complete the assignment while also on placement.

I.1.2. Optional: If you would like to provide further comments on this question above, please use the text box below. Otherwise, please proceed to the next question.

I.2.1.
Do you have an additional job that you work to support yourself during your nursing studies?

- ○ Yes, I have an additional job that I work during my nursing studies
- ○ No, I do not have an additional job that I work during my nursing studies

I.2.2. Optional: If you would like to provide further comments on this question above, please use the text box below. Otherwise, please proceed to the next question.

I.3.1.

Do you feel as though you have enough time for self-care activities, such as spending time with family or doing hobbies, while on placement (and potentially also while simultaneously completing assignments and/or working a job to support yourself)?

- ○ Yes
- ○ No

I.3.2. Optional: If you would like to provide further comments on this question above, please use the text box below. Otherwise, please proceed to the next question.

I.4.
Is there any other information or experiences, for example relating to your clinical placements, or support (or absence thereof) provided by your nursing school, that you would like to share with the researcher? If not, please progress to the next page.

End of Survey

Thank you for taking the time to complete this survey.

Your survey responses have now been recorded.

If you would like to receive a copy of the research findings, please click on the URL link below. This will open another tab and take you to a different "survey", where you will be asked to fill in the email address that you would like the research findings to be sent to. This will not be linked with your previous responses, and will instead be added to a pool of email addresses to which the findings will be sent to.

URL for email addresses

Thank you again for your participation in this research.

## Appendix D

*Participant Information Sheet - Survey*


# Participant Information Sheet: Survey

**Date Information Sheet Produced:** 10/05/21

**Project Title**

Do I stay or do I go? The Impact of Psychosocial Support Mechanisms on Student Nurses' Decision to Complete Training.

**An Invitation**

My name is Sophia Weissenstein and I am studying a Master of Business at the Auckland University of Technology (AUT). I would like to invite you to participate in this research on the psychosocial health and wellbeing of student nurses in New Zealand. This research will form the basis of my master's thesis. Your participation in this research is voluntary and you may withdraw from this research at any time, without adverse consequences.

**What is the purpose of this research?**

This research seeks to explore the psychosocial health of student nurses in New Zealand in terms of:

1. The psychosocial experiences of student nurses during their studies, and in particular during their clinical placements.
2. The psychosocial support mechanisms provided by nursing schools to their students.
3. The relevant training student nurses are given in relation to maintaining their own mental health, prior to commencing placements.

These areas will be explored through two phases of data collection: a nationwide survey for student nurses, and Auckland-based interviews with student nurses and stakeholders.

It is anticipated that the findings of this research may be used for academic publications and presentations. The anonymous findings will also be shared with participating nursing schools in New Zealand. Additionally, this research will form the basis of my master's thesis.

This research is not being funded by any organisations which may have a conflict of interest in the findings of the research. Instead, AUT University and HASANZ (Health and Safety Association New Zealand) have provided scholarships to fund the primary researcher as a student, rather than the research itself.

**How were you identified and why are you being invited to participate in this research?**

You have been invited to participate in an anonymous survey on the subject of psychosocial experiences and support mechanisms provided by New Zealand nursing schools because you are a current nursing student. The invitation for the survey stage of this research has been extended to all current nursing students in New Zealand. To fit the participant criteria, you must be at least 18 years old, and have completed at least one clinical placement, so that you are able to reflect on these experiences during the survey. Additionally, any AUT students that are currently taught by Dr Rebecca Mowat in the nursing school will be unable to participate, as she is a supervisor of this research, and there would be a conflict of interest.

**How do you agree to participate in this research?**

You are able to volunteer to participate in the survey stage of this research by opening the survey link, completing the survey, and submitting it. The start of the survey will also have information around consenting to be involved in this research; by submitting the survey, you will consent to participating in the research.

The survey link is: https://aut.au1.qualtrics.com/jfe/form/SV_enRIlgOZ970RuT4

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been collated, removal of your data may no longer be possible.

**What will happen in this research?**

Given your knowledge and experiences in this area, I would like to ask you questions on your clinical placement experiences as part of my research project, using an online survey. This survey can be completed anywhere with an internet connection and should take approximately 20-30 minutes to complete. The nature of the questions will require you to reflect on your classroom and clinical placement experiences, as well as any experience you may have with psychosocial support mechanisms or similar psychosocial interventions provided by your nursing school. All responses you provide in this survey will be anonymous.

The survey is based on the Australian government's "People at Work" survey, which investigates psychological health in the workplace. This has been slightly altered to ensure relevancy, and some additional questions have been added around what support systems the nursing schools have in place (for example, stress management workshops).

**What are the discomforts and risks?**

Minimal discomfort or risk is anticipated for participants. However, the survey may address topics that you disagree with and are concerned about, or you may be asked to reflect on experiences that were emotional for you. This survey can be completed in any safe space of your choice. You will be able to terminate the survey at any time.

**How will these discomforts and risks be alleviated?**

You may at any time decline to answer any of the questions in the survey simply by skipping these or terminating the survey completely.

Additionally, AUT Student Counselling and Mental Health is able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to:

- drop into our centre at WB203 City Campus, email counselling@aut.ac.nz or call 09 921 9998.
- let the receptionist know that you are a research participant and provide the title of my research and my name and contact details as given in this Information Sheet.

You can find out more information about AUT counsellors and counselling on https://www.aut.ac.nz/student-life/student-support/counselling-and-mental-health

**What are the benefits?**

This research will contribute to formulating suggestions that will be provided to New Zealand nursing schools on how they can support student nurses' psychosocial health and wellbeing more effectively, for example by providing psychosocial support mechanisms. Several of New Zealand's health and safety organisations, such as WorkSafe and HASANZ, are also currently focusing on improving psychosocial health and wellbeing of New Zealand citizens. Therefore, this is an opportune time for key stakeholders to have their viewpoints heard, as the finalised information collected throughout this research process will be presented to these organisations.

This research will also contribute to my master's thesis, which is part of the Master of Business requirements.

**How will your privacy be protected?**

The only other people who will be able to access the raw survey data are my supervisors (Associate Professor Dr Felicity Lamm, Dr Danaë Anderson, and Dr Rebecca Mowat). The survey data will be used only for the purpose of this research, the writing of my master's thesis and any academic publications or presentations that may arise from this research. The data will be kept in a secure location for six years and will then be destroyed.

You will not be identified in the research (all your survey responses will be anonymous), and although I will ask you which nursing school you are studying at, you can choose not to answer this question if you prefer, and additionally the nursing schools will be allocated a random number in any publication or presentation that results from this research. This means the separate nursing schools' identities will stay confidential in the published research, but experiences shared by participants at the same nursing schools can be compared, analysed, and discussed. If you include any identifying data in your written question responses, this information will be de-identified (so that your nursing school or your identity cannot be guessed by others).

**What are the costs of participating in this research?**

The only cost of participating in this research is the time you give for the survey.

**What opportunity do you have to consider this invitation?**

You will be invited to participate when your nursing school extends this invitation to you. You will then be able to consider this invitation to complete the survey for up to two months. Throughout this time period, you can get in touch with me at any time to ask questions.

**Will you receive feedback on the results of this research?**

If you wish to receive a final summary of the findings, you can enter your email address at the end of the survey. This is voluntary and will not be linked to your previous answers. This email address will only be used to send you the summary of findings and will then be deleted.

You will also be able to access a summary of the findings through my LinkedIn profile, where a summary will be posted at the completion of the research. This LinkedIn URL is https://www.linkedin.com/in/sophia-weissenstein/

**What do you do if you have concerns about this research?**

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Danaë Anderson, danae.anderson@aut.ac.nz, 09 921 9999 ext 5601.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, *ethics@aut.ac.nz* , 09 921 9999 ext 6038.

**Whom do you contact for further information about this research?**

Please keep this Information Sheet for your future reference. You are also able to contact the research team as follows:

***Researcher Contact Details:***

Sophia Weissenstein. Faculty of Business, AUT University. bgw0903@aut.ac.nz

***Project Supervisor Contact Details:***

Dr Danaë Anderson, Faculty of Business, AUT University. danae.anderson@aut.ac.nz, 09 921 9999 ext 5601

**Approved by the Auckland University of Technology Ethics Committee on 20 July 2021, AUTEC Reference number 21/194.**

## Appendix E

*Participant Sheet – Interviews (Stakeholders)*


# Participant Information Sheet: Interviews (Stakeholders)

**Date Information Sheet Produced:** 10/05/21

**Project Title:** Do I stay or do I go? The Impact of Psychosocial Support Mechanisms on Student Nurses' Decision to Complete Training.

**An Invitation**

My name is Sophia Weissenstein and I am studying a Master of Business at the Auckland University of Technology (AUT). I would like to invite you to participate in this research on the psychosocial health and wellbeing of student nurses in New Zealand. This research will form the basis of my master's thesis. Your participation in this research is voluntary and you may withdraw from this research at any time, without adverse consequences.

**What is the purpose of this research?**

This research seeks to explore the psychosocial health of student nurses in New Zealand in terms of:

1. The psychosocial experiences of student nurses during their studies, and in particular during their clinical placements.
2. The psychosocial support mechanisms provided by nursing schools to their students.
3. The relevant training student nurses are given in relation to maintaining their own mental health, prior to commencing placements.

These areas will be explored through two phases of data collection: a nationwide survey for student nurses, and online or Auckland-based interviews with student nurses and stakeholders.

It is anticipated that the findings of this research may be used for academic publications and presentations. The anonymous findings will also be shared with participating nursing schools in New Zealand. Additionally, this research will form the basis of my master's thesis.

This research is not being funded by any organisations which may have a conflict of interest in the findings of the research. Instead, AUT University and HASANZ (Health and Safety Association New Zealand) have provided scholarships to fund the primary researcher as a student, rather than the research itself.

**How were you identified and why are you being invited to participate in this research?**

You have been invited to participate in an interview about psychosocial experiences and support mechanisms provided by New Zealand nursing schools as you may have expertise in, or unique insights into, this area, perhaps due to working as part of a nursing school or an organisation that frequently interacts with student nurses. Examples of stakeholders that may provide unique insights into the psychosocial experiences of student nurses or the support mechanisms provided by New Zealand nursing schools may include (but are not limited to) clinical educators, registered nurses who frequently mentor or supervise nursing students, nursing union representatives, and nursing school lecturers or other staff members. All participants must be a minimum of 18 years of age.

Additionally, students who have studied nursing but did not complete their studies and would like to provide stakeholder insights on their experiences are also invited to apply to participate. Such students must have completed at minimum one clinical placement and must be at least 18 years old. Additionally, AUT students cannot currently be taught by Dr Rebecca Mowat, as she is a supervisor of this research, and there would be a conflict of interest.

**How do you agree to participate in this research?**

You can volunteer to participate in the interview stage of this research by emailing me, and expressing your interest, or to ask further questions if required (Sophia Weissenstein: bgw0903@aut.ac.nz). When expressing interest to be involved with the interview stage of this research, please identify your role or stakeholder interest in this topic. This is to ensure that if a larger volume of volunteers apply to participate than I have capacity to interview, chosen participants will cover a range of stakeholder roles and insights. Accompanying this Information Sheet is also an Interview Consent Form. I will ask you to sign this form prior to the interview taking place.

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You can withdraw from the study at any time. If you choose to withdraw from the study, you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been collated, removal of your data may no longer be possible.

**What will happen in this research?**

Given your knowledge and experiences in this area, I would like to interview you as part of my research project. The interview will involve approximately 45 minutes of your time, on a date that is convenient to you. You can choose a public place that is convenient to you (for example, this could be one of the Auckland-based nursing schools or a public hospital at which you may work), and I will travel there to meet you. If this is at one of the nursing schools, a campus study room may be used, to ensure confidentiality of the discussions. Alternatively, the interview can be held online through Zoom or Microsoft Teams.

As a stakeholder who interacts frequently with nursing schools or nursing students, you will be asked to share your insights and opinions on topics relevant to your role or experiences, for example the psychosocial health and wellbeing of student nurses, and the effectiveness of support mechanisms provided to student nurses. Additionally, your role or expertise in this field will need to be identified in the published research, to provide context to your comments and opinions. You may also be named in the published research, unless you request for this not to occur.

With your agreement, I would like to make an audio recording of the interview. You may decline to have your interview recorded prior to the commencement of the interview, and you may also ask for the recording to be stopped at any time, without needing to provide a reason. If you choose to withdraw from the research, the recording will be destroyed. All information given as a result of this interview will be transcribed and analysed by me. A copy of the transcript will be provided to each participant to amend or correct within two weeks of the interview taking place. After that time the information will be available as a finished master's thesis.

**What are the discomforts and risks?**

Minimal discomfort or risk is anticipated for participants. However, the interview may address topics that you disagree with and are concerned about, or you may be asked to reflect on experiences that were emotional for you. Despite this, I will make every effort for this to be a calm, reflective experience, through which your insights can help nursing schools provide more effective support mechanisms for future nursing students. You will be able to terminate the interview at any time.

**How will these discomforts and risks be alleviated?**

You may at any time decline to answer any of the questions in the interview, ask me to stop audio recording, or terminate the interview. You also have the right to withdraw any information that you provide, without giving any reason.

Additionally, AUT Student Counselling and Mental Health is able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to:

- drop into our centre at WB203 City Campus, email counselling@aut.ac.nz or call 09 921 9998.

- let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet.

You can find out more information about AUT counsellors and counselling on https://www.aut.ac.nz/student-life/student-support/counselling-and-mental-health

**What are the benefits?**

This research will contribute to formulating suggestions that will be provided to New Zealand nursing schools on how they can support student nurses' psychosocial health and wellbeing more effectively, for example by providing psychosocial support mechanisms. Several of New Zealand's health and safety organisations, such as WorkSafe and HASANZ, are also currently focusing on improving psychosocial health and wellbeing of New Zealand citizens. Therefore, this is an opportune time for nursing students to have their viewpoints heard, as the finalised information collected throughout this research process will be presented to these organisations.

This research will also contribute to my master's thesis, which is part of the Master of Business requirements.

**How will your privacy be protected?**

As a stakeholder, your role or expertise in this field will be identified in the published research, to provide context to your comments and opinions. If your role is linked with a specific nursing school, your information will be de-identified, in order to protect individuals or organisations from any adverse findings; you will be given a generic name, such as "Stakeholder 1", and your role will be referred to using a generic term, so that this will be consistent across all nursing schools, regardless of the name the nursing schools have specifically allocated such roles (for example, "pastoral care" may also cover "counsellors" and similar roles). Your generic position and/or interest in the topic will therefore be identified in the published research, to explain the knowledge you have, or how you are involved with student nurses or nursing schools. If your role or interest is not linked with specific nursing schools, you may have your full role and name identified, if you consent to this. In general, the nursing schools will be allocated a random number, and referred to as such throughout the published research, or any other publication resulting from this research. This means the separate nursing schools' identity will stay confidential in the published research, but experiences shared by participants at the same nursing schools can be compared, analysed, and discussed.

The only other people who will be able to access the raw interview data (i.e., the audio recording and transcription of the recording) are my supervisors (Associate Professor Dr Felicity Lamm, Dr Danaë Anderson, and Dr Rebecca Mowat). The interview data will be used only for the purpose of this research, the writing of my master's thesis and any academic publications or presentations that may arise from this research. The data will kept in a secure location for six years and will then be destroyed.

**What are the costs of participating in this research?**

The only cost of participating in this research is the time you give for the interview. If it is possible to have an in-person interview, I will travel to the Auckland-based public space nominated by you, such as one of the nursing schools or university campuses, to minimise your travel costs.

**How long do you have to consider this invitation?**

You will be invited to participate as a result of my contact with the New Zealand nursing schools, who may extend this invitation to you, or through alternative channels, such as my LinkedIn post or word of mouth. You will have one month to consider accepting this invitation. Throughout this time period, you can contact me to ask questions or to volunteer to participate. Approximately three weeks after you indicate your willingness to participate, I will reply to you to see if you still wish to proceed with the interview. However, if a greater number of potential participants get in contact than I have capacity to interview, I will instead choose a group of participants that reflect the widest range of insights and stakeholder roles. In this case, I will still contact all volunteers and let them know if they were chosen to participate, or if not, thank them for their time and interest.

**Will you receive feedback on the results of this research?**

You will be given the opportunity to review and edit transcripts of your interview recording, if requested, for one month following the interview. You will also be provided with a copy of the finished research if you wish (this will be asked as part of the Consent Form). This will be emailed to an address of your choice.

Additionally, you will be able to access a summary of the findings through my LinkedIn profile, where a summary will be posted at the completion of the research. This LinkedIn URL is https://www.linkedin.com/in/sophia-weissenstein/

**What do you do if you have concerns about this research?**

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Danaë Anderson, danae.anderson@aut.ac.nz, 09 921 9999 ext 5601.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, *ethics@aut.ac.nz*, 09 921 9999 ext 6038.

**Whom do you contact for further information about this research?**

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

***Researcher Contact Details:***

Sophia Weissenstein. Faculty of Business, AUT University. bgw0903@aut.ac.nz

***Project Supervisor Contact Details:***

Dr Danaë Anderson, Faculty of Business, AUT University. danae.anderson@aut.ac.nz, 09 921 9999 ext 5601

**Approved by the Auckland University of Technology Ethics Committee on 20 July 2021, AUTEC Reference number 21/194.**

## Appendix F

*Participant Sheet – Interviews (Nursing Students)*


# Participant Information Sheet: Interviews (Nursing Students)

**Date Information Sheet Produced:** 10/05/21

**Project Title**

Do I stay or do I go? The Impact of Psychosocial Support Mechanisms on Student Nurses' Decision to Complete Training.

**An Invitation**

My name is Sophia Weissenstein and I am studying a Master of Business at the Auckland University of Technology (AUT). I would like to invite you to participate in this research on the psychosocial health and wellbeing of student nurses in New Zealand. This research will form the basis of my master's thesis. Your participation in this research is voluntary and you may withdraw from this research at any time, without adverse consequences.

**What is the purpose of this research?**

This research seeks to explore the psychosocial health of student nurses in New Zealand in terms of:

1. The psychosocial experiences of student nurses during their studies, and in particular during their clinical placements.
2. The psychosocial support mechanisms provided by nursing schools to their students.
3. The relevant training student nurses are given in relation to maintaining their own mental health, prior to commencing placements.

These areas will be explored through two phases of data collection: a nationwide survey for student nurses, and online or Auckland-based interviews with student nurses and stakeholders.

It is anticipated that the findings of this research may be used for academic publications and presentations. The anonymous findings will also be shared with participating nursing schools in New Zealand. Additionally, this research will form the basis of my master's thesis.

This research is not being funded by any organisations which may have a conflict of interest in the findings of the research. Instead, AUT University and HASANZ (Health and Safety Association New Zealand) have provided scholarships to fund the primary researcher as a student, rather than the research itself.

**How were you identified and why are you being invited to participate in this research?**

You have been invited to participate in an interview about psychosocial experiences and support mechanisms provided by New Zealand nursing schools because you are a current nursing student. The invitation for the interview stage of this research has been extended to all New Zealand-based nursing students; however, requirements to participate include that you are at least 18 years old, and have completed at least one clinical placement, so that you are able to reflect on these experiences during the interview. Additionally, any AUT students that are currently taught by Rebecca Mowat in the nursing school will be unable to participate, as she is a supervisor of this research, and there would be a conflict of interest.

**How do you agree to participate in this research?**

You can volunteer to participate in the interview stage of this research by emailing me, and expressing your interest, or to ask further questions if required (Sophia Weissenstein: bgw0903@aut.ac.nz). If possible, please

state the nursing school you currently attend when expressing your interest to participate. This is to ensure that if a larger volume of volunteers apply to participate than I have capacity to interview, chosen participants equally represent the nursing schools. If one nursing school is over-represented, I will select an appropriate number of participants on a 'first come, first served' basis.

Accompanying this Information Sheet is also an Interview Consent Form. I will ask you to sign this form prior to the interview taking place.

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been collated, removal of your data may no longer be possible.

**What will happen in this research?**

Given your knowledge and experiences in this area, I would like to interview you as part of my research project. The interview will involve about an hour of your time, on a date that is convenient to you. You are able to choose which Auckland-based nursing school or university campus is most convenient for yourself to travel to (this can be your own campus if you are comfortable there or can be a more convenient location for yourself), and I will travel there to meet you. A campus study room may be used, to ensure confidentiality of the discussions. Alternatively, the interview can be held online through Zoom or Microsoft Teams.

For nursing students, the nature of the questions will require you to reflect on your classroom and clinical placement experiences, as well as any experiences you may have had with psychosocial support mechanisms or similar psychosocial interventions provided by your nursing school. You will not be identified in the published research, and instead be given an alias. This includes allocating the nursing schools discussed in this research with a random number, to further protect your privacy and the confidentiality of the discussions had.

With your agreement, I would like to make an audio recording of the interview. You may decline to have your interview recorded prior to the commencement of the interview, and you may also ask for the recording to be stopped at any time, without needing to provide a reason. If you choose to withdraw from the research, the recording will be destroyed. All information given as a result of this interview will be transcribed and analysed by me. A copy of the transcript will be provided to each participant to amend or correct within two weeks of the interview taking place. After that time the information will be available as a finished master's thesis.

**What are the discomforts and risks?**

Minimal discomfort or risk is anticipated for participants. However, the interview may address topics that you disagree with and are concerned about, or you may be asked to reflect on experiences that were emotional for you. Despite this, I will make every effort for this to be a calm, reflective experience, through which your insights can help nursing schools provide more effective support mechanisms for future nursing students. You will be able to terminate the interview at any time.

**How will these discomforts and risks be alleviated?**

You may at any time decline to answer any of the questions in the interview, ask me to stop the audio recording, or terminate the interview. You also have the right to withdraw any information that you provide, without giving any reason.

Additionally, AUT Student Counselling and Mental Health is able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to:

- drop into our centre at WB203 City Campus, email counselling@aut.ac.nz or call 09 921 9998.
- let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet.

You can find out more information about AUT counsellors and counselling on https://www.aut.ac.nz/student-life/student-support/counselling-and-mental-health

**What are the benefits?**

This research will contribute to formulating suggestions that will be provided to New Zealand nursing schools on how they can support student nurses' psychosocial health and wellbeing more effectively, for example by providing psychosocial support mechanisms. Several of New Zealand's health and safety organisations, such as WorkSafe and HASANZ, are also currently focusing on improving psychosocial health and wellbeing of New Zealand citizens. Therefore, this is an opportune time for nursing students to have their viewpoints heard, as the finalised information collected throughout this research process will be presented to these organisations.

This research will also contribute to my master's thesis, which is part of the Master of Business requirements.

**How will your privacy be protected?**

You will not be identified in the research, and although I will ask you which nursing school you are studying at (you can choose not to answer this question if you prefer), the nursing schools will be allocated a random number in any publication or presentation that results from this research. This means the separate nursing schools' identities will stay confidential in the published research, but experiences shared by participants at the same nursing schools can be compared, analysed, and discussed. Any information you provide during the interview that would identify yourself or a specific nursing school will be de-identified, to ensure findings cannot be linked to you. The nursing schools themselves will not be able to identify their own students through the published research.

The only other people who will be able to access the raw interview data (i.e., the audio recording and transcription of the recording) are my supervisors (Associate Professor Dr Felicity Lamm, Dr Danaë Anderson, and Dr Rebecca Mowat). The interview data will be used only for the purpose of this research, the writing of my master's thesis and any academic publications or presentations that may arise from this research. The data will kept in a secure location for six years and will then be destroyed.

**What are the costs of participating in this research?**

The only cost of participating in this research is the time you give for the interview (and the survey if you also participate in this stage of the data collection). If it is possible to have an in-person interview, I will travel to the Auckland-based nursing school or university campus that is most convenient to you, to minimise your travel costs.

**How long do you have to consider this invitation?**

You will be invited to participate when your nursing school extends this opportunity to you. You will have one month to consider accepting this invitation. Throughout this time period, you can contact me to ask questions or to volunteer to participate. Approximately three weeks after you indicate your willingness to participate, I will reply to you to see if you still wish to proceed with the interview. However, if any nursing school is over-represented among the pool of interview candidates, I will select an appropriate number of interviewees on a 'first come, first served' basis. In this case, I will still contact all volunteers and let them know if they were selected to participate, or if not, thank them for their time and interest.

**Will you receive feedback on the results of this research?**

You will be given the opportunity to review and edit transcripts of your interview recording, if requested, for one month following the interview. You will also be provided with a copy of the finished research if you wish (this will be asked as part of the Consent Form). This will be emailed to an address of your choice.

Additionally, you will be able to access a summary of the findings through my LinkedIn profile, where a summary will be posted at the completion of the research. This LinkedIn URL is https://www.linkedin.com/in/sophia-weissenstein/

**What do you do if you have concerns about this research?**

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Danaë Anderson, danae.anderson@aut.ac.nz, 09 921 9999 ext 5601.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, *ethics@aut.ac.nz* , 09 921 9999 ext 6038.

**Whom do you contact for further information about this research?**

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

***Researcher Contact Details:***

Sophia Weissenstein. Faculty of Business, AUT University. bgw0903@aut.ac.nz

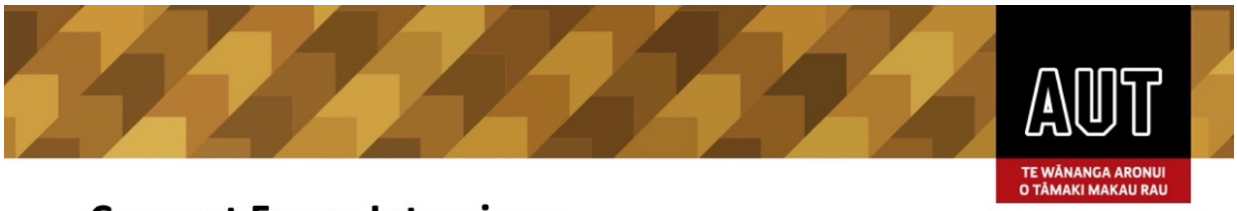
***Project Supervisor Contact Details:***

Dr Danaë Anderson, Faculty of Business, AUT University. danae.anderson@aut.ac.nz, 09 921 9999 ext 5601

**Approved by the Auckland University of Technology Ethics Committee on 20 July 2021, AUTEC Reference number 21/194.**

## Appendix G

*Participant Consent Form*




# Consent Form: Interviews

*Project title:* ***Do I stay or do I go? The Impact of Psychosocial Support Mechanisms on Student Nurses' Decision to Complete Training.***

*Project Supervisors:* **Dr Danaë Anderson, Ass. Prof. Dr Felicity Lamm, Dr Rebecca Mowat**

*Researcher:* **Sophia Weissenstein**

- ○ I have read and understood the information provided about this research project in the 'Information Sheet: Interviews' dated 10 May 2021.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that notes will be taken during the interview, and that an audio recording of the interview will be made and transcribed.
- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been collated, removal of my data may no longer be possible.
- ○ I understand that if I am a current nursing student, any information which may identify me will be removed from the final research products, and if I am a stakeholder, my title and/or interest in this topic will be identified in the final research products, to provide context.
- ○ I agree to take part in this research.
- ○ I wish to receive a summary of the research findings (please tick one). This will be sent to the email address used to contact the researcher, unless otherwise requested: Yes ○ No ○

Participant's signature: .....

Participant's name: .....

Participant's email address (please complete if you indicated above that you would like a summary of the research to be sent to you, following the completion of the research - alternatively this can be left blank):

.....

Date: .....

***Approved by the Auckland University of Technology Ethics Committee on 20 July 2021, AUTEC Reference number 21/194.***

*Note: The Participant should retain a copy of this form.*

**Appendix H**

*Email Sent to Nursing Schools Requesting to Distribute the Research Survey*

Kia ora,

My name is Sophia Weissenstein, and I am a master's student at Auckland University of Technology (AUT). For my thesis, I am researching the psychosocial health of student nurses in New Zealand, and the support mechanisms offered by New Zealand nursing schools to their students, from an occupational health and safety perspective. For my research, I am hoping to reach student nurses' opinions and experiences using a nationwide anonymous survey, in addition to Auckland-based nursing students and stakeholders being interviewed. I have been granted ethics approval for this research by the Auckland University of Technology Ethics Committee (AUTEC): Ethics Application number 21/194, dated 20 July 2021.

I am hoping that the findings of this research will be able to benefit the national student nursing community, as effective support mechanisms will be discussed and analysed, and this research will be shared with the participating nursing schools and participants. All research outputs will have the nursing schools and individual participants anonymised, so that participation will not negatively reflect on any organisation or individual.

As such, I am contacting all nursing schools in New Zealand, and hoping that you would be able to pass on the Participant Information Sheet attached, as well as the online survey link (https://aut.au1.qualtrics.com/jfe/form/SV_enRIIgOZ970RuT4), to your nursing students who fit the following criteria:

1. Are at minimum 18 years of age
2. Have completed at least one clinical placement as part of their studies

The consent form for this step of the data collection process is included as part of the survey. The survey takes approximately 20 minutes to complete, and asks students about their nursing experiences thus far, and their knowledge of, or interaction with, any support mechanisms their nursing school provides.

This information can be shared in a way you deem suitable, for example as an email, or through an online (or physical) noticeboard or group where course information or news is shared.

Please let me know if I require any additional approvals for you to share this with your students, if you would like any more information, or if I should contact someone else in your nursing school. I have also attached a Consent Form for Heads of Organisations, in case this is part of your approval process.

As you are an Auckland-based nursing school, I will shortly be following this email up with information about the interviews with nursing students and stakeholders (stakeholders could include anyone who may be able to provide more information about nursing students' psychosocial experiences, such as lecturers, clinical educators, clinical supervisors, pastoral care or counselling teams, or contacts in the clinical field).

Kind regards,

Sophia Weissenstein

Survey link: https://aut.au1.qualtrics.com/jfe/form/SV_enRIIgOZ970RuT4

**Appendix I**

*Email Sent to Individuals Who May Have Had Interest in Participating as a Stakeholder*

Kia ora,

My name is Sophia, and I'm currently writing a thesis and conducting some research in the field of student nurses' psychosocial health and their occupational health and safety. In particular, I'm investigating what support mechanisms are being provided by nursing schools to their students to help them cope with any psychosocial risks that they might encounter while on placement and following graduation; I'm looking at this primarily through the students' point of view, i.e., what they understand is being provided to them. I'm then also hoping to understand whether their interpretation of the support provided to them may be affecting their retention rates.

I have already conducted a nation-wide survey to collect the data regarding the students' point of views, but I am hoping to extend my understanding on the themes I have identified in the survey by interviewing some stakeholders. I believe that you might be able to provide some critical insights, particularly regarding students' experiences on placement, and their preparedness for these environments. If you have the time (and are interested) to be interviewed, I would be very grateful if I could discuss the following topics with you:

- The current nursing environment that nursing students are experiencing while in the clinical environment.
- How prepared nursing students (as well as nursing graduates) are when they enter their placements, in terms of their psychosocial health and reacting to situations involving psychosocial risks.
- How nursing students could be better supported or prepared for placements, in terms of their psychosocial health, and who should play a role in ensuring this.
- Your knowledge of any "leading practice" support mechanisms or systems that are currently being offered (or have been offered in the past) which ensure students have the support required to help them complete their studies (including while on placement).
- Your knowledge of any barriers or situations that student nurses are experiencing which might prevent them from completing their studies.

I have attached my Information Sheet for Stakeholders to this email, which explains my research in further detail. If you are available to be interviewed, this would be done online

(using Zoom preferably, or we can use Teams), at a time suitable for you. Thanks in advance for considering this!

Kind regards,

Sophia Weissenstein

**Appendix J**

*Indicative Questions for Semi-Structured Interviews for Stakeholder Participants*

Introduction, Information, & Confidentiality (to be verbally explained)

The purpose of this research is to understand the support mechanisms provided by New Zealand nursing schools to nursing students, which help uphold students' psychosocial health during clinical placements. The research includes semi-structured interviews with stakeholders and students and an online survey. The benefits of participating in this research are to identify leading practices amongst nursing schools, as well as opportunities for improvement. This information will be published in a thesis, which will be shared with participating nursing schools so they can learn how to potentially improve the psychosocial support mechanisms they offer.

Your participation in this research is voluntary, and your participation will neither advantage nor disadvantage you. If you decide not to continue, then you will be able to terminate the interview at any time.

As discussed, and your agreement, I would like to make an audio recording of the interview. You may decline to have your interview recorded before the commencement of the interview, and you may also ask for the recording to be stopped at any time without needing to provide a reason. If you choose to withdraw from the research following the interview, the recording will be destroyed. A copy of the transcript will be provided to you to amend or correct within two weeks of the interview taking place if you request this. After that, the information will be available as part of my Master's thesis.

This interview will take approximately 30 minutes. Your identity and responses will be strictly confidential. In my thesis, the nursing schools will be allocated a random number, which means the specific nursing schools will be unidentifiable, while the information collected, for example, experiences shared by participants at the same nursing schools, can still be compared.

This research has had formal ethics approval by the AUT Ethics Committee.

Section A: Understanding the stakeholder's role

- Tell me about your role?
- How do nursing students play a part in your role, or how do you support nursing students through your role?

Section B: Students' psychosocial health and wellbeing

- A significant amount of literature and news articles over recent years have stated that bullying and aggression are psychosocial issues often faced by nursing students while on placement. What is your opinion on the prevalence of these issues that students may experience while on clinical placement?
- How do you see the tasks you perform as part of your role impacting or assisting student nurses in managing situations involving these risks?
- What other situations are the most significant risks to nursing students' psychosocial health and wellbeing?
- When thinking about the challenges students face during clinical placements, who, if anyone, do you think should be responsible for helping the student nurses, for example, by providing strategies and support mechanisms that help them cope better with situations that might affect their psychosocial health?

Section C: Nursing schools and the support systems offered

- What kinds of support or preparation does your nursing school provide nursing students? How is this information communicated to students?
- What is your opinion on these support mechanisms?
    - Do you think they are effective?
    - Are they reasonably accessible, for example, by nursing students if they are required to do shift work while on placement?
    - What is preventing better support mechanisms from being implemented?
- Are you aware of any other support systems available to students external to nursing schools that nursing students could access if needed?
- What is your opinion on how nursing schools nationally are currently supporting their students in terms of their psychosocial health, such as their wellbeing? Do you have any specific knowledge of nursing students' mental health being positively supported or under-supported during placements?
- In your opinion, what are the most successful support mechanisms that either your nursing school or other nursing schools are currently implementing?
- How else do you think nursing schools could more effectively support their students during clinical placements?

Section D: Final comments

- Do you have any other comments or concerns about this topic?

**Appendix K**

*Relevant Information Collected from Nursing Students Who Indicated They Were "Extremely Likely", "Very Likely", Or "Likely" to Drop Out in the Near Future*

| Survey question | Student A | Student B | Student C | Student D | Student E | Student F |
|---|---|---|---|---|---|---|
| Likelihood to drop out (question G.1) | Extremely likely | Very likely | Very likely | Likely | Likely | Likely |
| Tired out for no good reason (question F.1) | Most of the time | Most of the time | All of the time | Some of the time | Some of the time | Some of the time |
| Nervous (question F.1) | Most of the time | Most of the time | All of the time | Some of the time | All of the time | All of the time |
| Worthless (question F.1) | Most of the time | Most of the time | All of the time | All of the time | Most of the time | All of the time |
| Depressed (question F.1) | All of the time | Most of the time | All of the time | Some of the time | Some of the time | All of the time |
| Burned out (question F.2) | Always | Always | Always | Once in a while | Once in a while | Once in a while |
| Been subjected to workplace bullying in your workgroup (question C.3) | Once in a while | Fairly often | Fairly often | Never | Never | Never |
| Been exposed to threats of work-related violence, while on placement (question C.6) | Once in a while | Once in a while | Once in a while | Never | Never | (Did not answer) |
| If you have ever had any negative experiences while on placement, were you able to raise this with your supervisor/clinical educator/university staff? (question H.7.1) | I have had a negative experience, and escalated this | I have had a negative experience, but did not escalate this | I have had a negative experience, but did not escalate this | I have not had any negative experiences that required escalation | I have not had any negative experiences that required escalation | I have had a negative experience, and escalated this |

| | | | | | | |
|---|---|---|---|---|---|---|
| Has your nursing school provided you with information or education around how to effectively manage your mental health while experiencing stressful situations during your clinical placement? (question H.3.1) | My nursing school has provided me with information or education on how to effectively manage my mental health. | My nursing school has not provided me with any information or education on how to effectively manage my mental health | My nursing school has not provided me with any information or education on how to effectively manage my mental health | My nursing school has not provided me with any information or education on how to effectively manage my mental health | My nursing school has not provided me with any information or education on how to effectively manage my mental health | My nursing school has not provided me with any information or education on how to effectively manage my mental health |
| Preventative support mechanisms that your nursing school offers (question H.4.1) | Specific instructions on how to raise concerns you may have during clinical placements, including concerns you may have for peers | Pre- and post-debriefing of stressful situations, Specific instructions on how to raise concerns you may have during clinical placements, including concerns you may have for peers | I am unaware of any preventative support mechanisms that my nursing school offers | Pre- and post-debriefing of stressful situations | I am unaware of any preventative support mechanisms that my nursing school offers | Pre- and post-debriefing of stressful situations |
| Support mechanisms that your nursing school offers for when you have a negative experience while on placement or have high stress levels (question H.5.1) | I am unaware of any support mechanisms that my nursing school offers | I am unaware of any support mechanisms that my nursing school offers | I am unaware of any support mechanisms that my nursing school offers | (Did not answer) | I am unaware of any support mechanisms that my nursing school offers | Access to free counselling with a specified number of sessions a year |
| Additional relevant comments | They tell you to check in with your ALN who isn't even mental health trained.<br><br>They targeted me because I was doing a | we are told to tell out experiences to our teacher but what's the point when we still get treated unwell | I didn't feel as though anyone was approachable enough to talk too and I didn't want it | | | |

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| | resit. I took this higher and the lecturer apologised and admitted to treating me like this out of bias. All I got was an apology after a month of placement where I was harassed, embarrassed, depressed and visually declining. | to affect my chances of getting a good placement in the future. |

**Appendix L**

*Summary of Recommendations for Initiatives Regarding Psychosocial Support Systems for Nursing Students*

| Recommendations | Why is this needed? |
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| **A. General and/or organisational support mechanisms** | |
| A.1 Clearly link psychosocial support mechanisms to specific psychosocial hazards students may encounter. | - All psychosocial hazards should be linked with specific psychosocial support mechanisms, to ensure these are fit for purpose in addressing the hazards and the risks these present to individuals (WorkSafe, 2019). |
| A.2 Educate students on the psychosocial hazards they may encounter on placement. This may include providing students with a risk register. | - As per New Zealand health and safety regulations, nursing schools and the organisations at which placements occur are responsible for identifying any potential hazards that can lead to "reasonably foreseeable work health and safety risks" (WorkSafe, 2019, p. 10). Therefore, nursing schools should clearly define the hazards students may encounter while on placement and communicate these with students to effectively prepare them for the placement environment. For example, nursing schools should define what types of behaviours may be defined as bullying; further, procedures on how reports of bullying must be escalated and addressed should be communicated to students (Clarke et al., 2012). |
| A.3 Ensure all support systems are culturally appropriate for the variety of students that are part of the cohort. | - As suggested by Wilson et al. (2011), nursing schools should ensure they are providing learning opportunities and environments that are culturally safe and inclusive of minority students, for example, supporting Indigenous (Māori). This is vital to ensure the retention of these groups of students.<br>- This requires educators to teach in culturally appropriate ways. Nursing schools could use Indigenous learning styles, for example, by providing 'whānau groups' through which students can support each other and create social connections. Indigenous students should also have the opportunity to frequently interact with Indigenous registered nurses, who can provide more specific cultural and social nursing practices to the students. |

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| A.4 Conduct frequent, detailed reviews of support systems offered to students, in order to monitor effectiveness, and identify barriers or stigmas that prevent students from accessing support. | - Safe Work Australia (2019b) suggests that the support systems provided by nursing schools should be frequently reviewed, to monitor their effectiveness in addressing specific risks and that improvements can be made if required.<br>- Currently, a single, comparable psychometric tool that can measure the negative experiences of nursing students, including bullying, is not used across the sector, resulting in the measurement of bullying over time being difficult (Clarke et al., 2012). As a result, it is also challenging to understand how new support mechanisms may change students' experiences with aggression or bullying.<br>- Feedback from students can indicate concerns regarding support systems, for example, whether there are issues regarding accessibility (for example, identifying if students are prevented from accessing support available due to a lack of suitable locations or times at which support is offered). As a result, the impact of barriers that students may be experiencing when attempting to access these support systems can be identified and minimised if possible. |
| A.5 Ensure nursing school staff have been trained (and receive refresher training) regarding the provision of mentoring and support to student nurses. | - Staff providing support to students will need to be taught how to appropriately interact and mentor students (Seibel, 2014). Further, any individual in a supervisory role, such as nursing supervisors or clinical educators, should have management and clinical supervision training to ensure they understand students' psychosocial health and the risks to their wellbeing; this should also include how staff can recognise early signs of psychosocial ill-health, and how this can be managed once notified (Goodrich et al., 2015; Safe Work Australia, 2019b). |
| A.6 Develop a nation-wide code of conduct for organisations which employ student nurses. | - To ensure the care and support provided to student nurses by organisations at which placements occur is continuously upheld and that the legal requirements of the PCBUs involved in the students' placement experience are clear, a nation-wide code of conduct should be developed. This can establish the guidelines and principles on how to ensure the success of the working relationship between students and the placement organisation, as well as how nursing schools will stay partially responsible for the students' psychosocial health and wellbeing. Alternatively, a code of conduct could also be developed for unpaid internships nationally. |

| B. Primary support mechanisms | |
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| B.1 Provide students with psychosocial support before going on placement. This should include training in regard to the psychosocial hazards they will encounter on placement, before they interact with these. | - Nursing students are likely to encounter several psychosocial hazards while on placement. Therefore, they should receive adequate training before going to placement, which proactively prepares them for potentially interacting with these hazards.<br>- Examples of primary support students could receive include assertiveness training, resiliency training, muscle relaxation techniques, communication skills, conflict resolution, as well as stress management and mindfulness progress (Carver & O'Malley, 2015; Lovelock, 2019; McAllister & McKinnon, 2009; Minton et al., 2018; Van der Riet et al., 2015). Additionally, students could be taught the importance of self-care, and how to uphold one's health and wellbeing when experiencing high levels of emotional labour or work demands.<br>- If students have the appropriate support and are taught how to respond to negative experiences, they are likely to be at lower risk of suffering from burnout (Wei et al., 2021). |
| B.6 Offer aggression management training. | - WorkSafe suggests that organisations should provide training for managing violent situations prior to the exposure of potential hazards; additionally, refresher training should be offered to new workers entering the workforce (WorkSafe, 2020a). This is very applicable to student nurses, who might experience situations of aggression or violence on placement, and therefore require training to understand how this hazard is managed in the workplace.<br>- It is likely that the provision of such training to nursing students prior to their first placement, as well as on an ongoing basis, would be beneficial in helping them address instances of aggression or violence, and therefore they may be less likely to experience poor psychosocial health outcomes as a result of these interactions. |

| C. Secondary support mechanisms | |
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| C.1 Regularly educate students on the support and escalation processes available to them during placement; this education should take place prior to their first placement, as well as on an ongoing basis. | - As per the code of practice regarding pastoral care in the education sector (see Section 3.7.), all students should be provided with pastoral care opportunities. This must include education regarding what is offered, for example, by clearly and consistently communicating the availability of counselling options to students. Additionally, students should understand when to approach their lecturer or a pastoral care staff member, as opposed to accessing counselling services provided by the nursing school (Safe Work Australia, 2019b).<br>- This may also include providing links to a mentor or career counsellor with whom they feel safe sharing their concerns as they arise (Goodrich et al., 2015).<br>- Watson et al. (2019) suggest that educational interventions could be introduced early in nursing studies, and then be reinforced throughout the degree or diploma. |
| C.2 Prioritise actioning students' reports or concerns regarding psychosocial hazards. | - When a student has escalated a concern, a fair resolution should be provided, one which simultaneously ensures that the exposure of other individuals to this hazard is limited. Additionally, actioning students' reports and escalations, and promptly providing students with support throughout this process should be confidential, respectful, and appropriate to the students' culture (Safe Work Australia, 2019b). This process may involve working with the placement organisations to rectify these situations. |
| C.3 Provide escalation pathways to students which do not include channels where a nursing school staff member who is also responsible for the students' grades is involved. | - Currently, students are wary of escalating concerns or accessing support mechanisms, perceiving that their grades will be negatively affected. Therefore, nursing schools must address this stigma by educating students on why this pathway won't affect their grades or future placement opportunities.<br>- There is a need for a nursing school staff member who has no involvement in the students' grades to provide pastoral support to students while they are on placement. As a result, students would not have to be concerned that raising incidents with this staff member will put their grades at risk. |
| C.4 Ensure student nurse educators and healthcare staff on placement prioritise the provision of debriefing opportunities for students to access when required. | - McAllister and McKinnon (2009) suggest that students should have opportunities for reflection on how positive role models in the workforce (who they may encounter while on placement) have strategies to be resilient and grow from challenging situations.<br>- Students should be given enough opportunities to prepare and practice meaningful reflections, including for emotional and personal situations (Wilson & Carryer, 2008). Students should also be taught how to debrief prior to their first placement. |

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| C.5 Ensure the student nurse educators interacting with students on placement are succinctly aware of what other support mechanisms students can access if required. | - Student nurse educators and/or clinical educators should be able to provide students with information regarding meditation, relaxation, and resilience techniques when required, as well as support students in accessing other services such as pastoral care or counselling. |
| C.6 Implement psychosocial health surveillance. | - Nursing schools could consider specific interventions such as psychosocial health surveillance and screening for stress-related symptoms (LaMontagne et al., 2007). This could occur anonymously, for example, with the use of an app that students use to check in regarding their wellbeing. |
| C.7 Encourage placement organisations to take a more active role in supporting and being responsible for students' wellbeing. | - As identified by one of the stakeholders, at least one of New Zealand's large hospitals has a team which can provide students with some support and guidance while they are on placement.<br>- Additional interventions which could be considered by the placement organisations include the implementation of policies; these should include clear guidance and expectations on workplace behaviour, for example, having no tolerance of bullying, and developing early intervention procedures (Lovelock, 2019; Safe Work Australia, 2019b).<br>- WorkSafe suggests that in order to address aggression in the healthcare sector, a violence prevention policy should be introduced by organisations, to show their commitment to health, safety, and violence prevention (WorkSafe, 2020a). This should include performance targets, and it is suggested that reviews occur to monitor progress relating to this (WorkSafe, 2020a).<br>- Students and staff must follow the policies. There are clear consequences if bullying behaviour persists. The alignment between organisations, healthcare staff, and students should result in better worker and organisational outcomes. |
| C.8 Provide training to staff in a supervisory role. | - Any individual in a supervisory role, such as nursing supervisors or clinical educators, should have management and clinical supervision training to ensure they understand students' psychosocial health and the risks to their wellbeing; this should also include how staff can recognise early signs of psychosocial ill-health, and how this can be managed once notified (Goodrich et al., 2015; Safe Work Australia, 2019b). |

| D. Tertiary support mechanisms | |
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| D.1 Ensure tertiary support mechanisms such as counselling are available at appropriate times or in appropriate locations. | - Currently, a significant barrier for students using support is a lack of accessibility. Nursing schools should explore with their students what would be most suitable for them as alternative access options. For example, this may include 24/7 access to counselling over the internet or the phone. Alternatively, nursing students may wish for the provision of counselling services on the weekends in a greater variety of locations; this could include counsellors travelling to satellite locations, to ensure that accessibility is not a barrier for students when wanting to access support mechanisms. |