



‘I didn't realise that it would eat my life’: Nursing students’ accounts of clinical placements and the stressors associated with work-integrated learning

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Abstract

An ongoing concern for higher education providers is employer feedback suggesting graduates are not ‘work-ready’: they may have knowledge and technical proficiency, but they do not always understand the applied complexities of the workplace. In any Bachelor of Nursing (BN) curriculum, the requirement for students to complete a series of clinical placements over the three (and in some jurisdictions, four) year degree is a dominant feature. Numerous studies attest to the benefits for the three main stakeholders: students, academic institutions and the healthcare provider hosting the placement, including enhanced graduate employability, strengthened personal and professional attributes, and an authentic, real-world learning experience. What has perhaps been less well explored is the issue of the stressors students face, potentially impacting on wellbeing, experience, academic outcomes and commitment to completion. This article focuses on the experiences of stress revealed in a mixed method study of final year BN students prior to graduation, which included an online survey followed by a focus group with participants who had volunteered to ‘unpack’ the aggregated survey data. Layering of multiple stressors, results in students feeling overwhelmed and with diminished capacity to cope. Student stress is multifaceted, often stemming from factors beyond institutional control, however the findings emphasise the importance of accessible, culturally responsive, pastoral and academic support throughout the students’ journey. These findings will resonate with others supporting students through stress, from classroom, through placement, and into the world of work and are applicable to disciplines outside of nursing seeking to optimise work integrated learning.

Keywords

nursing, work-integrated learning, work-based learning, clinical placements, students, stress, student wellbeing

Introduction: One student’s story

Well, I lost my first grandfather in the middle of the first year and lost my second grandfather two days after my wedding, at the start of third year. My mum’s an alcoholic, and she fell off the wagon the night before my wedding, and we were living with her at the time – and she endangered my child. So, we had to move out really suddenly, go to my grandfather’s funeral, and move into a rental because our other house was occupied and then the rental had gang members – all around us. The unit we moved to got up to 44

degrees in my daughter's room, and we were trying to put her to bed at night. We also had to rehome our dogs. We lived out of boxes [and] slept on the floor for two months until the tenants moved out of the house we owned, and we could move back in – in the middle of study week. And that's how my third year of study began! It was just a lot. Dealing with grief and having just got married – those should have been happy times, but they were the hardest [...] At the end of my second year, I had my six-month-old, my husband went and worked in the mines, flying out for eight weeks and back for two. I was solo parenting, going on clinical placements, with an infant who had been to hospital, I think, 15 times.

The above verbatim account is from a successful final-year Bachelor of Nursing (BN) student who has since graduated and is now working as a Registered Nurse. We have chosen to start this account with a student's direct voice, to acknowledge their place as the primary stakeholders in this study. The tribulations, and triumphs, of studying to be a nurse certainly impact the lecturers and clinical tutors, preceptors and support services across the wider institution, but it is the students who are living these stories. The narrative is therefore offered to background our study, illustrating the personal burden students may be carrying outside the classroom, all the while having to meet programme and workplace requirements. Naturally individual circumstances differ, but the challenges outlined above are by no means unique. As another student from the same cohort shared in her invited graduation address:

[...] it's nothing short of heroic, what we as students have done. We have managed sick relatives, family needs, financial burdens, time constraints, different shift patterns [...] You manage that alongside your daily life because nursing is a different beast. It's not your standard English degree. I think we've done amazingly. The fact that we've got through it, we're intact.

Success stories are wonderful: but what is the impact of these stressors on the longer-term wellbeing of the students, and what of those who thought about enrolling but were put off by anecdotes of stress, hardship, challenges and barriers? Aotearoa New Zealand, like most westernised nations, has an ageing population; inevitably this rise in longevity will mean a growing demand on health services – a demand we are poorly equipped to meet given the current rates of nursing graduates (Flynn et al., 2025; Ministry of Health, 2020). Education providers therefore need to understand and address whatever stressors for nursing students lie within our control, to ensure enrolment and completion figures for nurses continue to grow.

The purpose of this article is to share with colleagues our findings and insights into students' experiences of combining academic study with clinical placements, including the stressors they face and strategies for addressing them. Also, to recognise the resilience and fortitude of our students, and to remind lecturers, support staff and clinical partners of the individuals behind the student ID numbers. And, lastly, to provide student insights and recommendations for better supporting students' wellbeing through their academic and clinical studies. As Spence et al. (2012, p. 5) note, 'preparing Registered Nurses depends on 'us and us and all of us.'

The article begins with an overview of the literature discussing the relationship between stress and wellbeing, particularly as related to academic learning and outcomes, and the Aotearoa New Zealand context. We then describe the study: the setting and nature of clinical placements, the research design and data collection instruments. Analysis of the data from both the survey and focus group identified the following themes: the causes, prevalence and unexpectedness of stress; the demands of a nursing degree; that the workplace is harder than the classroom; financial pressure and an ongoing debate; and the importance of support and what students thought was or would be helpful for future cohorts.

Understanding stress and the learning interface

According to the World Health Organisation (2023), stress is a natural human response that occurs when the demands of a difficult situation seem to outweigh a person's ability to cope with or manage a challenge or threat. An alternative definition adopted by researchers such as Denovan et al. (2017, p. 121) is 'the extent to which respondents perceive life to be unpredictable, uncontrollable and overloading'. Both descriptions accept that stressors include internal and external factors and are highly personal; a significant source of stress for one person might cause no stress for another. Literature identifies two forms of stress: stress caused by major life events such as relationship breakup, the death of a loved one, the loss of a job, or being diagnosed with a serious illness (Cohen et al., 2019), and stress related to the cumulative effects of everyday pressures, such as the cost of living, transport costs and relationship issues (Haight et al., 2023). Both forms of stress have been consistently associated as impacting wellbeing, with poorer physical and mental health, and earlier mortality (Cohen et al., 2019; Haight et al., 2023).

The relationship between anxiety and stress, and undergraduate students' academic performance continues to be well-studied, with a notable increase in commentary following the global Covid-19 pandemic. Pérez-Jorge et al. (2025) describe the impact of stress as a cycle of negative thoughts, diminished academic performance, self-doubt and burnout, which occurs 'when students face demands perceived as excessive compared to their resources or capabilities' (p. 2). Academic stressors included work overload, complexity of academic tasks, adapting to new teaching and evaluation methods, and the social isolation or peer-disconnect some students experience with a shift to online learning. In addition to these factors, authors such as Alkhalil et al. (2023) identify environmental factors such as financial constraints, living situations, social support, interpersonal relationships, caregiving responsibilities, and community commitments. Given these multiple stressors, it is not surprising that multiple international studies have found stress levels among university students exceed those of the general population, including in the United Kingdom (UK), Sweden, Canada, United States of America (USA) and Australia (Denovan et al., 2017).

The picture in Aotearoa New Zealand is similar: Slykerman and Mitchell's (2021) study with 120 first year medical students found that high levels of stress in tertiary students, especially during the first year of a degree, negatively impacted student academic success and presented a challenge for student retention in higher study. This is certainly true for nursing students, the population discussed in this article. Every two years, the New Zealand Nurses Organisation, Tōpūtanga Tapuhi Kaitiaki o Aotearoa, (NZNO) undertakes a student survey, with the most recent completed by 1406 student nurses, published in 2023 (Bayliss et al., 2024). Results showed that nearly a third (30%) of students do not complete their studies, and that many said they felt moderately or excessively stressed. The biggest stress was financial, and the most acute time was while undertaking their clinical experience, with more than 80% of participants saying they needed more financial support on placements (Bayliss et al., 2024). This finding echoes the conclusions of Zheng et al.'s (2022) systematic review and meta-analysis of 15 international studies which identified a high prevalence (62%) of psychological stress among practicing nursing students. Cited studies concur that the practicum or clinical placement is seen by nursing students as the most stressful aspect of their nursing degree (e.g., Beks et al., 2024; Flynn et al., 2025; Gillett-Swan & Grant-Smith, 2018; Grant-Smith & de Zwaan, 2019; Zegwaard & Adams-Hutcheson, 2025; Zheng et al., 2022). The various stressors associated with the clinical experience explored include the clinical environment, assessment of nursing practice, academic demands, the emotional aspect of caring for patients, and interactions and relationships with both clinical and academic staff, as well as cost-of-living issues such as transport costs and the need for paid employment.

While such studies provide evidence regarding the prevalence of stress among nursing students internationally, the studies lack specific contextual nuances related to students in Aotearoa New Zealand, particularly in light of the attrition documented in the NZNO student survey (Bayliss et al.,

2024). Balancing the complex and interconnected nature of personal lives with the expectations of academic and clinical study is critical for student success, and as Lansdown et al. (2024) remind us, ensuring students have a positive experience while on clinical placement is an integral element of overall satisfaction and intention to complete. Conversely, these authors found exposure to negative experiences while on clinical placement coupled with poor learning opportunities may influence overall outcomes for the student – and undermine the academic programme itself.

The recognised vulnerability of individuals, and institutes, to the stressors accompanying WIL through non-completion has led to an interest in successful interventions (Hay & Fleming, 2025). In this line of inquiry, studies in Aotearoa New Zealand and elsewhere have been investigating the initiatives, supports and strategies that nursing students, and nurse education providers have developed in mitigation. Research conducted by authors such as Flynn et al. (2025) examines measures taken by students to overcome anxiety and seek support, such as religion, acceptance, self-reflection, seeking an emotional outlet, seeking information, addressing any difficulties (including a willingness to discuss mental health), and peer support. Participants in Pérez-Jorge et al.'s (2025) inquiry added disconnecting by engaging in activities they enjoyed, organising study material in advance, and setting small goals to tackle the workload gradually.

Whose job is it to introduce students to adaptive coping strategies to combat stress? As Gillett-Swan and Grant-Smith (2018, p. 134) emphasise, successful work-placement participation is 'typically viewed as the result of a strong tripartite relationship between the student, the 'employer', and the educational institution.' Their proposed framework of shared input to support the WIL elements of a programme echoes long-standing calls reported by Spence et al. (2012) for education and practice to work together to better prepare student nurses transitioning to the workplace. Strategies suggested included pre-placement skill training (e.g., mindfulness, time management and conflict resolution), pre-placement site visits and orientations, preceptor training and consistent work loading models and the expansion of dedicated education units (DEUs) in primary healthcare settings. The involvement of a further stakeholder group, such as students from a previous cohort, has scant mention in the broader literature, but is the subject of a study by Scott et al. (2010) who advocate the deployment of successful graduates:

to identify the capabilities that count most for effective early career practice or to provide feedback on what aspects of their university experience have proven to be most (and least) productive in preparing them for their first 3-5 years of professional practice. (p. 27)

Findings from the current study touch upon many of the themes covered in the literature summarised above. Some of these recurring issues have been studied more frequently in countries with far larger student numbers but less explored in Aotearoa New Zealand. While not a clear-cut gap in the literature, there is certainly a need for more local testing of what our colleagues abroad are finding and suggesting. We hope this exploratory project will contribute to the ongoing conversation about identifying and understanding stressors for nursing students as they near graduation and employment. We hope, too, that the inclusion of individual voice alongside descriptive statistics, and a discussion of our findings in the context of considerable challenges to education and healthcare provision in present day Aotearoa New Zealand, will resonate with colleagues and researchers, in Australasia and beyond.

Methodology

Study design

This research employed a mixed method exploratory (descriptive) design to understand the underpinning concepts more thoroughly, and to investigate a complex and multifaceted field (Swedberg, 2020). Quantitative data (via a survey) came from students' Likert scale self-rankings and closed-question responses related to stress sources, timing, severity, and impact. Qualitative data (via

focus group) added more in-depth data about students lived experiences and is the source of all the direct quotes which intersperse this account. While it is recognised that each year of degree study will come with its own unique stressors, only final year students were selected as participants in this project to avoid additional stress on other students at an already difficult time of their studies. We also considered that when students are at the end of their programme, they may feel more reflective and able to look back over the totality of their three years of study experience.

Setting

Aotearoa New Zealand's higher education sector comprises universities, institutes of technology and polytechnics (ITPs), wānanga (Māori tertiary institutions), and private training providers (PTEs), many of which offer one, or more New Zealand Qualifications Authority approved nursing degrees: the Bachelor of Nursing (BN), Bachelor of Nursing Māori (BN Māori) and Bachelor of Nursing Pacific (BN Pacific). Students who successfully complete a Bachelor of Nursing programme are then eligible to sit the Nursing Council of New Zealand State Final Examination and apply for registration as a Registered Nurse.

The setting for this study is an ITP located in Aotearoa New Zealand. Nursing has been taught at the ITP or over 30 years and the Te Kura Hauora School of Health, as one of the largest faculties within the organisation, is committed to producing culturally competent, confident and work-ready graduates.

Clinical placements

As discussed earlier, worksite placements for WIL are an essential element in undergraduate nurse education and work readiness (Ferns et al., 2025; Lansdown et al., 2024). In Aotearoa New Zealand, clinical placements for BN students occur across a range of public, private and non-government health organisations, and must include acute care, aged care, community health, disability, te ao Māori, and a mental health setting (Nursing Council of New Zealand (NCNZ), 2024). The number of hours of clinical practice learning is currently sitting at a minimum of 1000 hours across the three-year degree (NCNZ, 2024). Students in placement are supported by work-based preceptors and assessed by clinical tutors from the academic institutions against the against the Nursing Council's (NCNZ, 2025) *Standards of competence for registered nurses*, as well completing programme assignments such as research reports and case studies.

Study aim

In line with the BN's commitment to producing work-ready graduates, research – particularly in teaching and learning pedagogy, learning environments and student experience – has an important role in programme development. As educators on the BN programme, the researchers aimed to gain knowledge and understanding about specific stressors for students, with the goal of informing programme design and ensuring appropriate support is available. This research inquiry, therefore, aimed to:

- Identify the causes and prevalence of stress experienced by students while studying for a nursing degree
- Explore students' perceptions of how this stress impacted their academic and clinical success
- Invite students' insights as to the types and timing of support which might have ameliorated the stress and/or improve the study experience for future cohorts.

The original proposal for a survey of final year nursing students on the BN programme was approved by the institute's Ethics and Research Committee in September 2024; the addition of a focus group to allow a deeper interrogation of the data was approved in February 2025 (Full approval: RP 472 – 2025).

Participants and data collection

The sample for this study was students who completed their final year of their BN Degree in 2024. Following ethics approval, a brief PowerPoint presentation outlining the research aims was shown to Year 3 students by a School of Health colleague who was not directly involved in the research. A hard copy of the Participant Information Sheet was provided to students during the presentation, and the same information was subsequently emailed to all final-year students to explain the voluntary study and provide the survey link.

The survey was developed using SurveyMonkey software via an institutional account and piloted with colleagues outside the research team. It was distributed via email following ethics approval, with one reminder sent two weeks later. No IP addresses were collected, ensuring anonymity.

A total of 32 responses were received, representing a 45% response rate. The survey respondents were representative of the 2024 BN cohort where 84% identified as female and 41% were under the age of twenty-five. The student cohort was ethnically diverse, with 15 different nationalities represented: 39% identified as New Zealand European; 15% as Māori (7), Pacific (1) or both Māori and Pacific (3). While this percentage is well below the national data for Māori and Pacific populations enrolled in Bachelor of Nursing courses, having the Bachelor of Nursing Māori and Bachelor of Nursing Pacific available on the same campus as the BN means ākonga who identify as Māori and Pacific have the option, and often a preference to enrol in these programmes, which were not included in this study. In the survey, 42% of respondents came from diverse ethnic backgrounds identifying as Indian, Chinese, Filipino, Korean, Vietnamese and Cambodian). A further 16% identified as other ethnicities including Middle Eastern, Latin American and African. For many of these students, English is written and spoken as an additional language.

When the research aims were shared with the class, significant discussion followed, during which several students expressed willingness to meet with the research team and share personal stories and retrospective reflections. Recognising the value of considering the data from a range of perspectives (nurses, academics, researchers and students) has been advocated by other nursing researchers (Cornish et al., 2013; Smith et al., 2018) and seemed a useful way forward. In response, the research team developed a series of semi-structured interview prompts and obtained additional ethics approval to include a focus group component. Subsequently, four recent graduates from 2024 BN cohort participated in a 90-minute facilitated discussion with a research team member who was new to the organisation and had not taught the cohort. The focus group was recorded, transcribed verbatim and returned to participants for member checking.

Data analysis

Likert-response survey data was exported from the institutional SurveyMonkey account into an Excel spreadsheet for analysis. Due to the relatively small sample size, a separate statistical analysis or inferential statistics to make estimates about the population or correlations between different variables was not feasible. The Likert data is therefore reported using descriptive statistics, or percentages and in a frequency table (Table 1) for ease of interpretation.

A joint thematic analysis of the focus group data was then conducted by the researchers based on a qualitative description approach, which is heavily utilised in nursing research (Doyle et al., 2020). Rather than filtering data through a complex theoretical framework, qualitative description presents data in participants' own words with minimal interpretation (Sandelowski, 2010). In other words, it provides a narrative overview of participant experiences, while staying as close to the data as possible, often utilising participant excerpts verbatim. The analysis was undertaken as a team (drawing on the diversity of professional experience) and approached systematically, question by question. Transcripts were independently analysed using inductive coding informed by Maykut and Morehouse's (1994)

constant comparative method and Braun and Clarke's (2006) six-step process. Final codes and the themes, discussed in the following section were established through discussion and team consensus.

Findings and discussion

The themes presented here are derived from the survey and focus group data, analysed separately and then reviewed for commonalities. The survey asked students about their experience of stressors during their degree and to compare their stress levels during classroom work (theory weeks), and during clinical placement (clinical weeks) for a set series of items (Table 1). The focus group session was a lot more free ranging, offering prompts but allowing participants to tell their own stories as they chose. This focus group data is the source of all italicised quotations included in the article, and in general were selected to represent the tenor of the conversation related to that particular issue.

The causes, prevalence and unexpectedness of stress

You know, you look at stress levels and it's not just one – the layers build, you know, everyone's probably got some of these stressors somewhere, but it might be to a different extent. But you put those layers on top of one another. Your resilience gets low. Your performance is impacted and your ability to stay the course is impacted.

Classroom conversations, face to face support and a review of the literature had both indicated the likelihood that some of the students would have experienced stress at some point during their three years of study. However, the actual incidence of 72% of survey respondents reporting that they had felt significantly stressed (50%) or extremely stressed (22%) has been a very concerning learning for members of the research team who teach on this programme. Further, where many authors (e.g. Flynn et al., 2025; Slykerman & Mitchell, 2021) argue that the first year is the most anxiety-producing for new university students, in our study 23% of respondents said they were significantly or extremely stressed in Year One, while 81% were significantly or extremely stressed in Year Two, and 53% were significantly or extremely stressed in Year Three, their final year of study. The research team recognise that the second year of the three years of the BN includes a significant step up for students as they juggle the complexity of academic demands and immersive clinical learning. For third-year respondents in the survey, however, this was a retrospective assessment; in future research it would be useful to explore and confirm the causes and experience of this stress by canvassing the views of students in each year of their studies.

The various causes of stress were considered by the research team to roughly fall into one of two categories: stressors which could reasonably have been (and perhaps were) anticipated, and stressors which arrived unexpectedly. In the first group, stressors included: speaking/writing English as an additional language (42%); an existing disability (7%) or specific learning differences/neurodiversity (26%); and transport issues – 23% of respondents reported not having a full NZ driving licence, 13% did not have their own transport and 16% relied on public transport or others. This last point is perhaps less impactful when students enrol at an institution but may become considerably more problematic when clinical placements are away from campus requiring long commutes, or even a temporary shift to closer accommodation. This concern is far from hypothetical: the NZNO (Bayliss et al., 2024) biennial student survey reported some students were driving five hours a day for their placements or paying double rent for the duration if they chose to move instead. Unfortunately, due to the requirement to experience a range of placements, and a shortage of providers, it is not uncommon for students to have to travel to long distances across a wide geographical region in order to secure the range of practical experience needed.

Although our organisation does not require this information on enrolment, we understand that a significant number of students each year are parents, with a high proportion being single parents. In our survey, 32% of respondents reported caring for dependent children and 35% indicated they cared for dependents other than children. The stress of taking care of a family, and responding to domestic

illnesses and emergencies, is one aspect of the socialised gender roles which have led some commentators to measure the way different types of stressful events influence women and men (Cohen et al., 2020). While sociocultural norms regarding women in the workplace are changing, there is often a strong expectation that women will prioritise caregiving over study or placement attendance. As nursing continues to be a 'feminised' profession (Hay & Fleming, 2025), and around 80% of any BN cohort at the studied institute is female, it is unsurprising that almost half (42%) of our respondents felt the stress of balancing study with home had had a negative impact on personal/family relationships.

In addition to caregiver duties, 23% of survey participants had cultural commitments: to marae groups, ethnic societies and church. For students from refugee and new migrant backgrounds as well as Māori and Pacific students there may be an increased burden of juggling paid employment, childcare, and the needs of extended whānau (family) and attendance at culturally significant events (Hay & Fleming, 2025; Zambas et al., 2020). It is likely that if future iterations of this study are extended to include students from the BN Māori and BN Pacific programmes, the percentage would be considerably higher.

The second group of stressors included unforeseeable life events:

I think I didn't really look into anything beforehand [...] having already worked and kind of thought I'd be just fine [...] as your study progresses in life things just happen around you [...] not necessarily your fault, but just things that happen out of your control. It changes your trajectory.

Eighty-eight percent of respondents experienced a major life event while studying, including relationship breakups, the death of a loved one or the diagnosis of serious illness. In fact, 52% of respondents reported ongoing or recurrent physical health issues during their degree journey, while 42% of respondents reported ongoing or recurrent mental health challenges. The link between cumulative and/or chronic stress and worsened health has been much measured and studied (e.g., Cohen et al., 2019; Haight et al., 2023; Liepinaitiene et al., 2024). Further, the impact of any type of stressor is exacerbated with the presence of neurodiversity for students whose condition means they may already be experiencing difficulties in absorbing large volumes of information, meeting deadlines, and performing under pressure (Liepinaitiene et al., 2024). Many authors in this field therefore advocate teaching students stress-coping strategies to build emotional resilience (e.g., Lansdown et al., 2024) to support managing the demands of the degree.

The demands of the nursing degree

Do you know what this course is? It's frigging hard. This isn't an easy one that you come in, do a few hours a week and go home.

Academic study already presented challenges for many of our students: as previously mentioned, 42% were speakers of English as an additional language, and 26% identified as neurodiverse and/or having specific learning needs. Sixty-five percent of survey respondents told us that they had accessed the institute's learner support services for help with coursework and assessments as well as language assistance. Feedback from focus group participants indicated that the intensity and pace of the degree had come as a shock for many students.

Liepinaitiene et al. (2024) explain that studying nursing is among the most emotionally and physically demanding fields in the higher education system:

Theoretical training covers a wide range of medical knowledge, from anatomy and physiology to pharmacology and pathology. These take a lot of time and effort to understand and master. In addition, practical training includes clinical sessions where students work directly with patients and apply their knowledge to real situations. This

practical aspect can be particularly stressful, as students often feel underprepared or afraid of making a mistake that could have serious consequences for patients. (p. 2)

In addition, in clinical practice, students may encounter difficult or even traumatic situations that may have a long-term effect on their psychological state (Foxall, 2013), as occurred for one of our participants: ‘at one of my placements it actually triggered one of my trauma responses. I almost dropped out of the programme like that day because I almost didn’t make it through that placement that day.’

In a nursing degree, if you fail to demonstrate competence in a clinical placement, you cannot progress with the programme. The student must demonstrate competence (and provide evidence) of practicing across six domains: Māori health; Cultural safety; Whanaungatanga and communication; Pūkengatanga and evidence-informed nursing practice; Manaakitanga and people-centred care; and Rangatiratanga and leadership (NCNZ, 2025). In addition, placements, particularly the final nine-week-long placement prior to graduation, require students to demonstrate professionalism and work-readiness: attendance, punctuality and shiftwork are mandatory. As discussed, transport, accommodation and childcare issues may arise which make meeting these criteria stressful.

Academic demands and tight scheduling were another stressor for students in our study. Assessments are often due immediately after placements, but with the pressure of a full curriculum and large classes for marking, there is often little flexibility around cut-off dates or extensions. Interestingly, although scheduling was hardly mentioned in the literature, the issue was raised by all focus group participants, as represented by one attendee’s statement:

So sometimes we were on clinical and then something was due only a week after we came off and when we’re on clinical, we are kind of used as full-time staff. I was doing more hours on clinical than what I currently do in my new grad job. So you’re sort of working full time, you’re exhausted and on your days off, you don’t really want to be doing your assignments in the evenings or in the days off because you’re also doing placement paperwork [...] sometimes I’d have to shut myself away from my family who had already not seen me enough.

While the issues above were sources of stress, respondents overwhelming suggested that the weeks off campus undertaking WIL on clinical placement were more stressful than the theory weeks (classroom learning on campus), as explained in the following section.

The workplace is harder than the classroom

Some of them were finishing an eight-hour shift on clinical and then going to a paid shift elsewhere. It’s just not doable.

Survey respondent ratings indicate the stress students felt arising from different issues was almost always worse during their clinical placement in a healthcare setting than during theory weeks undertaken on campus (Table 1).

Table 1: Impact of stressors – comparing theory weeks to clinical weeks

Percentage feeling significantly or extremely stressed	Theory weeks (on campus)	Clinical weeks (on placement)
Financial pressure	26%	55%
Housing issues	16%	36%
Transport issues (cost, reliability, parking)	16%	52%
Managing employment	14%	37%
Family and personal relationships issues	20%	45%
Caring responsibilities	10%	35%

Managing physical wellbeing	9%	39%
Managing mental wellbeing	31%	58%
Managing a disability	3%	6 %
Managing specific learning difficulties	16%	16%
Issues related to English as an additional language	16%	13%
Managing cultural commitments	3%	3%

These findings echo other recent studies in the Aotearoa New Zealand higher education field. Hay and Fleming's (2025) discussion of students' wellbeing while undertaking WIL found that most encountered several stressors as a consequence of being on placement, such as financial, physical health, and disrupted living arrangements. Zegwaard and Adams-Hutcheson (2023) described the impact of stress during placement as a greater likelihood of unhealthy lifestyle choices (e.g., increased smoking and alcohol consumption, less healthy food options). While neither study specifically compared students' perceived levels of stress on campus and in the workplace, overseas reviews, such as that conducted by Colson et al. (2024) and Zheng et al. (2022, p. 22) are clear: 'Clinical placements are an important part of nursing education, but nursing students are often under greater stress during clinical placements due to their dynamic and challenging nature.'

One internal challenge of clinical placement is the preceptor-student relationship. In this model, adopted by many (but not all) BN providers in Aotearoa New Zealand, nursing students work with an experienced nurse as their allocated preceptor who guides and supports the student in their clinical learning. There is some discussion of the role in the literature (e.g., Ferns et al., 2025; Flynn et al., 2025; Foxall, 2013, Lansdown et al., 2024) but this potential stressor is generally mentioned in passing, rather than explored as an issue equivalent in impact to, say, financial hardship, or domestic demands. For this reason, the preceptor-student relationship item was not included in our survey, however it was raised as a significant issue by focus group participants, suggesting further inquiry into training, preferences and how appointments are made in the future might be useful:

You can tell a tick-box nurse from a nurse that actually gives a damn.

[...] they need to want us, they need to be willing to teach us and understand that just because you've been nursing now for 20-30 years, you may have forgotten what it's like to be learning.

I had a friend who literally went in the first day and the preceptor said to them, 'don't want you, didn't want you. But I've got to take you. So that's it. I'll do what I have to do.

Financial pressures and an ongoing debate

Our food in my third year of study, we lived off \$80.00 a week for food, so we dropped down to one meal a day, and we also had a sick baby with lots of allergies, so she needed more resources. All our money went on her needs. We ate a lot of rice!

I know it's rules, regulations, Nursing Council expectations, but [...] Why are students working 5 days and not getting paid? Who then have got extra work to do on top? That is bonkers.

I don't mind working for free when it is an expected part of my study, but [...] You're paying for the petrol or public transport to get to the placement, then you're paying for parking.

Forty-two percent of our respondents reported that they experienced severe hardship during their BN study, to the point where they were unable to pay housing costs, utility bills or buy enough food to eat; 16% were threatened with homelessness at some point during their studies. Unsurprisingly, 84% chose to work part-time, ranging from 5 to 30 hours per week, to cover expenses, but all said they had needed to decrease hours during their clinical placements.

These comments and statistics align with an ongoing debate about how nursing education is supported in this country. NZNO, the nursing union, is calling on the government to address 'placement poverty' (Davis et al., 2025) and to pay students for the work they do during the mandatory 1000 hours – about 10 full weeks of work each year (Radio New Zealand (RNZ), 2024). NZNO notes that the Australian government is introducing a means-tested weekly payment for teaching, midwifery and nursing students; in the USA, a model of paid cooperative education forms a significant component of most degree programmes (Jackson & Collings, 2018). Commentator Megan Budgen (2025), a third-year nursing student herself, writes in *Kaitiaki Nursing New Zealand* (the official journal of NZNO), that students on placement 'are the unpaid workforce propping up an overstretched, understaffed system' (p. 1). Students, she says, are working shiftwork, on the wards, carrying out patient care, assessments and documentation, often at considerable personal cost (transport, parking, uniforms, meals and taking unpaid leave from part-time jobs).

Another argument proffered in favour of paid placements is the issue of equity, with the suggestion that the BN qualification is at risk of becoming the preserve of students from households with higher incomes and family resources (RNZ, 2024). Beks et al. (2024) note that while student loans are available, incurring extensive debt to cover cost-of-living is a contributor to student attrition rates, burn out, and poor academic performance.

The counterargument established by the Nursing Council of New Zealand (NCNZ), the body which oversees nursing registration, and associations such as the Nurses Society of New Zealand (NSNZ) which works in workplace advocacy, is that nursing students are, and should be, students rather than employees. Requiring placement providers to pay students opens the door, they say, to several undesired scenarios: operational needs might supersede educational needs; where they are placed might limit the range of undergraduate experiences of multiple settings, wards and sectors; they may be placed in inappropriate or unsafe conditions; and having them on staff could undermine workforce numbers (NSNZ, 2023). Further, there are already major challenges for nurse education providers finding enough appropriate clinical placements (Lansdown et al., 2024); requiring a host to pay to train students is highly likely to lead to further shrinkage.

Alternative suggestions have been posed in the literature. Beks et al. (2024) moot fully funded bonded training programmes requiring graduates to work with organisations for a few years post-graduation. Jackson and Collings (2018) say that the evidence of whether it is WIL, like placements, or part time employment while studying which leads to better work-readiness is mixed, and therefore nursing education should be developing hybrid models of clinical placements which allow students to maintain existing industry-relevant employment. Zheng et al. (2022) call for greater flexibility of placement models, so the indirect costs of placements are mitigated. Davis et al. (2025) favour stipends, fixed sums of money paid periodically for services or to defray expenses, and therefore reimbursement rather than salary, which would protect students' status as learners and not paid workers during the placement. NSNZ (2023, p. 2) says that the issue is greater than just the student experience: 'Continuing improvements in pay and conditions for nurses, as well as providing sound professional environments and adequate resourcing, are the real solutions in the long term'.

The importance of support and what students thought was, or would be, helpful

All students within the BN programme are supported with regular face-to-face meetings with both an academic tutor (to support and monitor academic progress) and a clinical tutor (to support and assess the student in clinical learning). This appears to be working well. First and foremost, the participants valued understanding, empathy and authentic engagement from teaching staff, with 85% of respondents reporting they felt very or well supported by tutors. Students liked being taught by tutors who had been nurses themselves, they liked lecturers who knew their name, who supported their personal and professional growth, were accessible and helped them find solutions:

[...] being a migrant here [...] I was quite alone so didn't know who to talk to, how to talk to. And I think that's where the tutor played a very big role. One of the tutors did come and had a conversation with me that I wanted, and then I thought, oh, I need to seek help, but before that conversation, I did not wanna go. I did not want to involve college in my personal life or whatever is happening. In India it was very competitive, focused on education and not like engaging with you as a person and overall well-being.

I would ring in, you know, two sick children at home, husband gone to work and I couldn't get to the practical before the exam. I was in floods of tears. And a tutor said, we have you, it's OK.

My concerns were heard. I got 'We will do what we can' and that was enough for me.

Students had practical solutions for budgets too:

Stay at home with parents if you can. As long as you possibly can. Don't go flatting. Don't buy vegetables, grow them.

If you're an older student not living at home, then think about getting a boarder in.

Think about where to buy food cheaper.

While 65% of survey respondents indicated they accessed support during their degree they also acknowledged the perceived stigma of asking for help and that what help was available was not always clear. Learner support services offer tailored academic support with assignments, negotiating extra support for exams, financial and budgeting assistance, vouchers and counselling. However, discussion in the focus group suggests that the range and availability of services that was explained during orientation got lost in the dump of information, and that repeat visits to the classroom from learning advisors and healthcare providers and/or a handbook would help:

Many students won't seek help (from campus services) whether it's pride or shame or embarrassment, or they don't want to be a burden. And that's all around mental health anyway. They need to know that it's OK and they should take more advantage of the services.

That's how they took care of us – offering the services to us. Even the financial services, I didn't access those, but friends of mine did but weren't going to because they felt that others needed it more.

As long as there's ways to help you, I think that's the main thing.

Students also said it would have been helpful to hear from new graduates who had walked the same pathway:

I think a really clear understanding of what's coming [...] it needs to come from the recently graduated [...] to share some honest insights. Tutors exit [...] It needs to be a safe space.

Involving successful graduates can also improve programme delivery and employability by highlighting the personal, interpersonal and cognitive capabilities valued in the workplace (Scott et al., 2010), making this suggestion from student participants a doubly valuable insight for the research team.

Concluding thoughts

I was so close to not getting there [...] But it's also the most empowering experience I have ever had. I am a different person to when I've started, you know, I believe in myself again.

I would learn to take care of myself a whole lot earlier.

Analysis of the findings from this study indicates that from the perspective of final year students who have made it to the end of the programme, not everything is great, but not everything is terrible, either. Many of the most severe stressors are larger than the provider organisation. As the literature suggests, placement poverty is a pervasive problem – because of both extra expenses and lost earnings. Possible solutions are political and contentious (Beks et al., 2024; NSNZ, 2023); alternative, non-traditional WIL experiences can be time-consuming to develop and face sustainability challenges (Colson et al., 2024; Hay & Fleming, 2025). Yet, with the financial burden falling so squarely on the shoulders of our students, now that we have asked, we will need to consider taking a stance and exploring avenues for advocacy.

It is beyond the ability of lecturers, clinical tutors or curricula to protect students from the stress of domestic upheavals, onset of serious illnesses or major life events and bereavements. We know many of our students are second language speakers, many are parents and caregivers, and many are financially and logistically challenged by the need to travel long distances to placements. What we can do, knowing the prevalence of these stressors and taking the voices of our student participants into account, is emphasise self-care and access to existing services – earlier rather than later. Through the face-to-face support the programme offers students, both with academic work and during clinical placements, lecturers and clinical tutors can help students to assemble their own toolkit of strategies to build resilience and support their wellbeing when major events occur. The idea of a self-care leaflet is a good one, as is the suggestion that recent graduates return throughout the degree, and feed back to students about their own experiences of coping – in training and in the workforce. Another item that academic institutes can address is to review courses within the programme to check for any excess of educational tasks, or whether scheduling of assessments has any leeway – and if not, to at least communicate the competing forces at play to students.

While the feedback from students about the teaching staff was positive, on an institutional level, the research team is considering how well the quality systems which monitor student wellbeing as well as academic progress and attainment, and satisfaction are working. Findings highlight the level of student stress is significant and impacts all areas of their life. Students are adapting to the requirements and rigour of tertiary study, while also learning how to learn in the workplace. Many require assistance in academic writing, numeracy, and study skills, while at the same time they are managing the impact of their study on their family's wellbeing. The level of complex learning needs, including students who are neurodivergent, have specific learning needs or experience anxiety or other mental health concerns, necessitates robust, consistent and targeted support. While team members are tasked with overseeing individual achievement and wellbeing through regular meetings, and student representatives facilitate class discussion, these measures do not always have the mandate to introduce change or alleviate structural barriers.

Like most research, this project has highlighted a number of further questions to be answered, such as the impact of stressors on different age groups within the student body, or on different ethnicities. While the BN at our institute has students from a range of cultures, two of the larger demographic groups in Aotearoa New Zealand, Māori and Pacific populations, were under-represented in this sample as many have elected to study in the BN Māori and the BN Pacific. If the survey were repeated in future years, we would hope to include colleagues and students from these programmes to correct this limitation. It might also be useful to focus on distinctive stressors faced by Asian cultures and new migrants and consider whether different cultures might be more or less resilient to the stressors identified as resulting from clinical placements. Another extension could be to broaden the survey and

focus group data collection beyond the bounds of a single institute, and/or geographic region. And as suggested earlier, we could enquire more deeply into preceptor-student relationships – and hear from both parties about the benefits and drawbacks of the role. In addition to a relatively small sample size, a second limitation of this study is its subjectivity and therefore possible self-reporting bias by the students regarding stress levels and impact. Future research could benefit from including additional measures (Braun & Clarke, 2006; Cornish et al., 2013), such as interviews with different stakeholder groups, and focus groups with students from different year levels, different providers, different placement settings and at different times of the year.

Overall, this study has identified some of the causes and prevalence of stress experienced by nursing students and contributes to the ongoing dialogue about the unique challenges faced by nursing students in Aotearoa New Zealand. The findings emphasise the importance of accessible, culturally responsive, pastoral and academic support throughout the educational and clinical, WIL journey. Practical experience in a clinical setting as a fundamental component in the journey of the undergraduate nursing student to the workplace, can bring the theory of nursing alive for students and introduce them to the realities and complexity of the profession they will be entering. Yet, undeniably, clinical placements are also the time of greatest stress for students, with compounding issues to be juggled – for almost all, the greatest of these is financial. While this is not a new finding, viewed in the context of a cost-of-living crisis, and ongoing concerns for the future of the nursing workforce, government and national body inertia is creating a sense of urgency. By incorporating the voices of individual students this article brings to light the real-life experiences that underpin the numbers and underscores the need for continued investment in learner wellbeing and institutional responsiveness. In our own organisation, the findings shared from this research are already prompting discussion about further and improved support we can offer our students. We hope, too, that the insights offered here will resonate with others grappling with supporting students through stress, from classroom, through placement, and into the world of work.

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CRedit authorship contribution statement

Katie Owen: conceptualisation, project administration, methodology, investigation, writing-draft preparation and review; **Shivann Ramaekers:** methodology, writing – review and editing; **Sandra Jones:** methodology, investigation, writing – review; **Tia Minnoch:** investigation and writing review; **Cath Tuohy,** writing, review and editing.

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