Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

Paid Clinical Placements for Nursing Students Policy

Purpose

Tōpūtanga Tapuhi Kaitiaki o Aotearoa New Zealand Nurses Organisation (*NZNO*) supports the establishment of a nationally coordinated paid clinical placement support framework for nursing students in Aotearoa New Zealand. NZNO recognises that compulsory unpaid placements create significant financial hardship for many nursing students and disproportionately affect Tauira Māori, Pacific, rural, and disabled students, mature learners, and students with caregiving responsibilities. NZNO considers placement support will improve equitable access to nursing education and be a long-term workforce investment.

This policy seeks to remove a significant structural inequity in nursing curricula which has perpetuated placement poverty. The experience of financial hardship during nursing education has become normalised over decades, reinforcing gender based inequity. “Addressing placement poverty, therefore, is not simply a matter of financial relief; it is an ethical and political imperative” (Jackson, McCormack, Usher, & Cleary, 2026, p 981).

Strengthening workforce participation, improving programme completion, and supporting the development of a culturally safe and sustainable nursing workforce aligns with NZNOs Maranga Mai! Strategic Plan 2026 – 2027.

Policy Statement

NZNO advocates for a nationally funded universal clinical placement allowance model with equity weighting. This model should preserve the educational focus of clinical placements while reducing placement-related hardship (placement poverty).

NZNO supports:

1. A universal clinical placement allowance is available to all nursing students undertaking compulsory clinical placements.
2. Provision for additional equity-based financial support for Tauira Māori, Pacific, rural, disabled, and students with caregiving responsibilities.
3. Funding arrangements must uphold Te Tiriti o Waitangi obligations and support the development of the Māori nursing workforce.
4. Preserving students’ supernumerary educational status.
5. National consistency in eligibility, funding access, administration, and evaluation.

6. Partnership governance involving Māori nursing leadership, students, tertiary education providers, unions, employers, and regulators.
7. Alignment between clinical placement support policy and broader nursing workforce planning.

Policy Principles

Te Tiriti o Waitangi

Policy development and implementation must uphold Te Tiriti o Waitangi obligations, including:

- Tino rangatiratanga / self-determination
- Pātuitanga / partnership
- Mana taurite / equity
- Whakamarumarutia / active protection, and
- Kōwhiringa / options (Nursing Council of New Zealand, 2026).

Equity

Placement funding must reduce structural barriers affecting participation and success in nursing education.

Educational Integrity

Clinical placements are primarily learning environments and must remain educational rather than employment-based arrangements.

Workforce Sustainability

Supporting nursing students contributes directly to workforce recruitment, retention, and long-term sustainability. Placement funding will also contribute to the sustainability of the wider health workforce. NZNO has developed a role of the midwife policy and expects that placement funding will extend to midwifery students who also need to complete a minimum of 2400 clinical placement hours to complete their qualification (Midwifery Council, 2024).

Cultural Safety

Placement systems should support culturally safe educational experiences and equitable workforce representation (Nursing Council of New Zealand, 2024).

Accessibility

The funding model should be simple, transparent, nationally consistent, and easy to access and navigate.

Context

Clinical placements are mandatory components of nursing programmes accredited by the Nursing Council of New Zealand (NCNZ) Te Kaunihera Tapuhi o Aotearoa. Students must complete a minimum of 1000 hours of quality clinical learning for Bachelor and graduate

entry nursing programmes, and 700 clinical hours for the New Zealand Diploma in Enrolled Nursing programme (Nursing Council, 2024).

While undertaking clinical placements, many students experience significant financial hardship due to reduced capacity to undertake paid employment alongside additional placement-related costs including transport, accommodation, childcare, parking, technology, and food.

Findings from the NZNO National Nursing Student Survey (2025) demonstrate that placement related hardship is widespread and negatively affects student wellbeing, educational participation, and retention.

Survey findings identified that:

- More than 90% of respondents supported payment during clinical placements
- Over 70% of respondents reduced paid employment during placement periods
- Approximately 65% reported always or often struggling to afford essential expenses, such as rent, food and transport
- 53% considered leaving their programme because of financial hardship, and
- 32.6% reported spent over $2000 on required course expenses (e.g. textbooks, uniform, clinical placement costs, travel, with a further 31.61% spending between $1000 - $1999.

The impacts were particularly significant for Tauira Māori, and students with caregiving responsibilities. Research by Watson & Howells (2025) identified that financial pressure contributes to inequitable educational outcomes, psychological stress, and increased attrition risk within nursing education.

Equity and Tauira Māori

NZNO recognises that unpaid placements accentuate structural inequities within tertiary education and the health workforce. Tauira Māori experience disproportionate barriers associated with income inequity, housing insecurity, rural access challenges, caregiving responsibilities, and cumulative educational disadvantage (Wiapo et al., 2023).

These inequities contribute to underrepresentation within the nursing workforce despite longstanding commitments to Māori workforce development. Heyes (2024) workforce analysis further highlights the importance of strengthening pathways into nursing education to support Māori nursing workforce growth and long-term workforce sustainability.

An equitable placement support framework must therefore:

- Be developed in partnership with Māori
- Support tino rangatiratanga and Māori workforce aspirations
- Include dedicated equity-weighted funding for Tauira Māori
- Recognise whānau and community responsibilities
- Support rural placement participation, and
- Align with Pae Ora and Māori workforce development priorities

Strengthening Māori nursing workforce participation is essential to achieving equitable health outcomes and culturally safe health services in Aotearoa New Zealand (Kaiwai et al., 2024).

Nursing Council of New Zealand Programme Standards

Any paid placement framework must align with NCNZ programme standards and competency requirements. Placement support models that preserve the educational purpose of clinical placements and maintain quality clinical learning are critical.

Students undertaking clinical placement must remain supernumerary and must not be used to replace employed staff.

Implementation should therefore:

- Maintain appropriate supervision and preceptorship
- Preserve competency-based educational assessment
- Protect students from workforce substitution
- Avoid coercive employment relationships between students and placement providers, and
- Support safe and culturally responsive learning environments.

Reducing financial hardship is consistent with NCNZ expectations regarding equitable participation, and cultural safety.

Preferred Funding Model

NZNO supports a universal placement allowance model with an equity weighting rather than a wage-equivalent stipend model, an approach informed by Australian Commonwealth Prac payment experience. It is critical that a funding model remains grounded in Te Tiriti o Waitangi and local workforce priorities.

The preferred model recognises clinical placements as mandatory educational activities that create financial hardship, rather than as employment.

Universal Placement Allowance

All nursing students undertaking compulsory clinical placements should receive:

- A nationally funded weekly placement allowance
- Placement-related travel assistance
- Accommodation support where relocation is required, and
- Protection from disadvantage within existing student support systems.

Equity Weighting

Additional targeted funding, over and above the universal payment, should be provided based on defined equity criteria. This funding should prioritise Tauira Māori, Pacific students, those undertaking rural placements, students with caregiving responsibilities, disabled students, and those experiencing significant financial hardship.

Rationale for the Preferred Model

NZNO considers that a universal allowance model:

- Better protects the educational purpose of placements
- Preserves supernumerary status
- Aligns with NCNZ programme standards
- Reduces risk of workforce substitution
- Supports equitable educational participation
- Enables targeted equity mechanisms, and
- Aligns with Te Tiriti o Waitangi obligations and Māori workforce development goals.

Note: NZNO does not support placement funding models that create expectations of workforce productivity or redefine students as employees during placements.

Action and Implementation

NZNO will:

- Advocate for a nationally funded placement allowance framework
- Work in partnership with Māori nursing leadership
- Engage with NCNZ regarding implementation safeguards
- Continue collecting student hardship and workforce participation data
- Advocate through workforce, education, and health sector forums
- Support student advocacy and participation in policy development, and
- Work collaboratively with education providers and clinical placement partners to identify and remove barriers that impact the quality and consistency of clinical learning experiences.

The Government should:

- Ensure Māori partnership within governance and implementation
- Review cross-sector funding models between health and education to improve coordination, eliminate funding inefficiencies, and increase support available to students during clinical placements
- Review the funding model to eliminate the structural inequities resulting in placement poverty
- Implement a universal clinical placement allowance model with equity weighting
- Support rural accommodation and travel assistance, and
- Align placement support with national workforce strategies.

Education providers should:

- Strengthen the identification and support of students at financial risk
- Minimise barriers associated with placement support, and
- Contribute to placement hardship monitoring and evaluation.

Employers and Placement Providers should:

- Maintain safe learning environments
- Protect supernumerary student status, and
- Avoid workforce substitution practices.

Monitoring and Evaluation

Implementation effectiveness should be evaluated through equity-focused workforce and educational indicators including:

- Student retention
- Student wellbeing indicators
- Placement-related attrition
- Placement hardship reporting
- Programme completion rates
- Māori, Pacific and rural student participation, and
- Graduate workforce entry rates

Evaluation processes should include Māori partnership and student participation.

Unintended Consequences and Mitigation

Potential unintended consequences associated with the implementation of paid clinical placements may include workforce substitution, inconsistent implementation across regions and providers, inequitable access or eligibility criteria, increased workload expectations, and additional administrative complexity for education and health providers.

To minimise these unintended consequences, implementation should include strong national oversight and governance, partnership with Māori, alignment with NCNZ programme standards, protection of students' supernumerary status, and transparent, equity-focused funding criteria.

Relationship to Existing NZNO Policy

This policy should be read alongside the NZNO Nursing Education Policy (2024), particularly its commitments to equity, cultural safety, Te Tiriti o Waitangi, workforce sustainability, and high quality nursing education.

Conclusion

Paid clinical placement support is necessary to achieve equitable access to nursing education and strengthen workforce sustainability in Aotearoa New Zealand.

The current reliance on unpaid clinical placement participation creates avoidable barriers to educational success and disproportionately affects Tauira Māori, Pacific, and rural, students with caregiving responsibilities, and those experiencing financial hardship.

NZNO supports urgent implementation of a nationally coordinated universal clinical placement allowance framework with equity weighting. Clinical placements as learning opportunities must be protected, while supporting equitable participation and workforce development.

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