

## **Māori and Pasifika Nurses – New Entry to Practice (NEtP) Programme Report June 1st 2022.**

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**To:** Nursing Pre-Registration Pipeline Working Group

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**Copy to:** Lorraine Hetaraka  
Chief Nursing Officer, Ministry of Health

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### **Contact for discussion**

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## Purpose of report

- There is a dearth of literature available in New Zealand that examines the nature of support and education that best prepares new graduate nurses for practice readiness, clinical competence, and future leadership roles. Further, there were no studies identified in a review of the New Zealand New Entry to Practice (NEtP) literature for Pasifika new graduate nurses (NGNs) and very few Māori NGNs studies.
- The purpose of this report is to explore the experiences, perspectives and insights of Māori and Pasifika nurses who completed the NEtP programme within the last five years to ensure that partnership is embedded in the redesign of nurse graduates entering the workforce.
- The Pae Ora (Healthy Futures) Bill, 1 July 2022, lays the foundation for the transformation of our health system to support all New Zealanders to live longer and have the best possible quality of life. This includes strengthening our whole-of-system workforce view with a focus on our desired future workforce state – agile, responsive, and inclusive - underpinned by Te Tiriti o Waitangi (Te Tiriti), Pae Ora and equitable outcomes. Thus, the timely review of the NEtP programme aligns with the strategic direction of the NZ Health Plan.

## Recommendations

Informed by the focus group findings, the following recommendations outline actions that should be employed to facilitate change.

1. That Te Tiriti be deeply embedded, committed to and acted upon by creating a new NEtP framework for implementation cross-sector that plans for the growth in capacity and capability of the Māori and Pasifika nursing workforce.
2. That this framework includes cross-sector plans for nurturing the mana, health and wellbeing of new graduate nurses individually and collectively. This is inclusive of supporting the local growth of nursing talent among iwi/Māori and Pasifika communities.
3. Equitable recruitment processes that champion Te Tiriti approaches that are inclusive of data sovereignty, iwi/Pasifika community involvement, and ensures the strategic intent of Pae Ora.
4. That the framework is designed to guide a nurse with career pathway planning over a minimum of two years and includes dual competency development such as Ngā Manukura o Āpōpō or ANIVA.
5. To ensure that the framework includes greater support and training options for increasing the visibility of Māori and Pasifika nursing leadership, inclusive of clinical coaches, educators and co-ordinators.
6. Offer a choice of when to commence a postgraduate paper (at a minimum of six months or 'opt out' to start in year two) and choice of paper relevant to clinical practice setting.
7. Ensure mātauranga Māori and Pasifika worldviews, values, and models of health are present in our work, including postgraduate study options.
8. Appropriate resourcing of Māori and Pasifika specific support roles in addition to NEtP coordinator and educator (FTE) roles.

9. Redesign the NEtP specifications and framework so they are fit for purpose in a variety of clinical practice settings – primary care, community and aged care.

## Background

A review of the New Zealand literature about the NEtP programme was completed by the Nursing Pre-registration Pipeline Working Group as part of a strategic review of NEtP, January 2022.

The first year of practice is a challenging time for NGNs as they adjust to a new role and work environment. It is important to consider what quality improvement measures are needed for Māori and Pasifika graduates entering the NEtP programme, to ensure we support, grow and retain the diversity of our nursing workforce. Further, the NEtP programme must integrate the principles of Te Tiriti into practice to promote equity of outcomes for Māori (Health and Disability System Review, 2019; Health Workforce Specifications, 2017; Whakamaua Māori Health Action Plan, 2020-2025, Wai2575 Waitangi Tribunal, 2019).

A qualitative approach provided the best method to examine the cultural, clinical and academic needs of Māori and Pasifika nurse graduates from their own frame of reference. L. Smith (2005)<sup>1</sup> describes qualitative inquiry from a strengths-based approach, especially when it comes to indigenous or minority communities and issues of representation. Although specific ethics approval is not required for this piece of work, we adhered to ethical standards that underpin evaluation.

The purpose of conducting focus groups was to explore the experiences, perspectives and insights of Māori and Pasifika nurses who completed NEtP within the last five years. There was also interest raised from Māori and Pasifika NEtP nurse coordinators, nurse educators, and nurse leaders for a facilitated focus group to discuss the revision of the NEtP programme(s) (Table Two).

Undertaking this qualitative approach is intended to support better health outcomes for Māori and Pasifika peoples by ensuring we strengthen the Māori and Pasifika nursing workforce in our review of NEtP. Consistent with the principles of Te Tiriti, this approach is responsive to the needs of Māori by ensuring that participation, protection and partnership is nurtured so that Māori nurses (and Pasifika) define indigenous knowledge and worldviews in their own way.

## Method

An email invitation in March 2022 was sent via the national NEtP coordinators group and the national Executive Directors of Nursing group to seek the voluntary participation of Māori and Pasifika nurses who completed the NEtP programme in the last five years. At no time were participants directly approached to take part by the focus group facilitator (the facilitator). Rather, a pānui (Appendix One) provided participant information including contact details for the facilitator.

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<sup>1</sup> Smith, L. T. (2005). On tricky ground: Researching the native in the age of uncertainty. In N. Denzin & Y. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 85–107). Sage Publications.

The focus groups were conducted online via zoom. All information about the process was provided to participants and (verbal) informed consent gained<sup>2</sup>. Participants were reminded that their participation was voluntary, and that they could withdraw from the hui at anytime. To maintain anonymity, the participant's identities are only known to the facilitator. Confidentiality was maintained and guaranteed throughout the process to ensure no one would be identifiable in the reporting of the focus group findings.

Two interview guides (see Appendices Two and Three) were prepared with a list of open-ended questions used by the facilitator to elicit meaningful data. One guide was used for nurses who had completed NEtP and the other for NEtP coordinators, nurse educators and nurse leaders. The questions for the interview guides were developed from the main themes identified in the New Zealand literature review. The interview guides were piloted with the Pre-registration Nursing Pipeline NEtP subgroup and two independent academics to identify the effectiveness of questions being asked and to identify any limitations. Verbal and written feedback was provided by these groups and adjustments were made to the interview guides.

Seven focus group hui were held via online zoom to collect data over a three week period<sup>3</sup>. The concept of kanohi ki te kanohi (face-to-face) as a Māori practice recognises the importance of physical presence to strengthen relationships. Karakia (prayer) was performed by the facilitator to commence and close each focus group hui. Following tikanga ensures the integrity of our actions and consistency of strengthening Māori values and beliefs. Karakia allows for a sense of calm and recognises the presence of wairua (spirit) within the hui process. We thank the nurses who so generously shared their time, stories and expertise to support quality improvement for future graduates.

Each focus group hui was recorded using a digital voice recorder only. The interview guides allowed for some structure for each hui, however, there was also flexibility dependent on the responses given by the participants. Interview duration was 60 minutes.

## **Analysis**

Qualitative data from the focus groups were analysed thematically by:

- Identifying themes within the responses to the semi-structured interview questions
- Counting the frequency of each theme and condensing the interview notes recorded for each, noting particularly representative and/or impactful pieces of text
- Reviewing the themes for each interview question considering the frequency information
- Summarising the responses under literature review themes and relevant evaluation questions.

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<sup>2</sup> Voice-recorded focus groups were saved on a Dictaphone with a secure passcode only known to the facilitator. The facilitator listened to each recording, transcribing verbatim and identified recurrent themes. These voice-recordings were deleted once this process was completed.

<sup>3</sup> Online focus group hui dates: March 31st, April 7th, April 12th, April 14th 2022.

## Limitations

There is a risk of interpretation that generalises or oversimplifies Māori realities because it may differ from individual to whānau to hapū and iwi. It is also important to acknowledge that participant knowledge or familiarity with mātauranga Māori or Pasifika cultural norms and practices cannot be assumed. As such, Māori and Pasifika are not homogenous, standardised groups of people, rather, like other indigenous or ethnic minority groups, may range from those who have strong, secure cultural identities, to those who are perhaps less secure and/or culturally uninformed. However, utilising a kaupapa Māori approach in the online zoom hui created a safe space for the facilitator and participants to explore their own cultural aims and desires in a way that strengthens them as Māori and Pasifika nurses.

Other identified limitations include that there was no male nurse participants and very few Pasifika nurses comparative to Māori (Table One). Unfortunately, there were no participants working in the aged care sector. It is hoped that the feedback from this sector is captured in the national NEtP programme online survey, albeit perhaps not Māori or Pasifika nurse specific.

Table One: Focus group participants by workplace setting and ethnicity

<b>PARTICIPANT GROUPS</b>	<b>NUMBER OF NURSES</b>	<b>SECTOR</b>
Māori Nurses who completed NEtP < 5 years ago	19	DHB = 11 PHC = 8 ARC = 0
Pasifika Nurses who completed NEtP < 5 years ago	4	DHB = 4 PHC = 0 ARC = 0
<b>TOTAL NEtP PARTICIPANTS</b>	<b>23</b>	
Māori NEtP Nurse Coordinators/Nurse Educators/Nurse Leaders	13	DHB sector = 9 PHC sector = 1 ARC sector = 0 Education sector = 3
Pasifika NEtP Nurse Coordinators/ Nurse Educators/Nurse Leaders	3	DHB sector = 3 PHC sector = 0 ARC = 0 Education sector = 0
<b>TOTAL FOCUS GROUP PARTICIPANTS</b>	<b>39</b>	

Table Two: Māori and Pasifika NEtP nurse coordinators, nurse educators, nurse leaders focus group participants by workplace setting and ethnicity

PARTICIPANTS	NUMBER
NEtP Programme (Nurse Coordinator, Educator, Cultural Support, Nurse Consultant, Preceptor)	11
Nurse Leader	2
Tertiary Education (Nursing)	4
Māori Participants	14
Pasifika Participants	3
<b>TOTAL PARTICIPANTS</b>	<b>17</b>

## Findings

### ▪ Employment Process

#### Q: What attracted you to apply to your workplace?

##### Pre-registration clinical placements

This theme supports the need to plan, position, and support Māori and Pasifika student nurses in pre-registration clinical placements to ensure employment opportunities are maximised. The following excerpts describe both the benefits of establishing pre-employment relationships during third-year clinical practicum and the challenges with gaining employment in preferred areas of practice when the opportunity is not realised.

*“Transition placements (pre-registration) are an opportunity to build a good rapport with the Clinical Nurse Manager (CNM) and gain references”.*

*“Disadvantage as an undergraduate was not getting a pre-registration placement of choice and then the fear and worry that I would not be successful for Hospital-based roles. Not feeling good enough and having to dig deep to remain positive and get through transition”.*

*“Previously worked as Health Care Assistant (HCA) in the community, ended up there as pre-registration student. In the end I applied via ACE<sup>4</sup> and didn’t get a job offer. I applied for ICU but because I didn’t get a pre-registration placement there I was told it was not likely, so I was a disadvantaged”.*

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<sup>4</sup> Advanced Choice Employment (ACE) is a DHB recruitment process where new graduate registered nurses are algorithmic matched to an employer or go into a talent pool. DHBs access the talent pool for suitable candidates as vacancies arise.

*"Did my student placement there so built trust and it helped both me and them (employer) feel comfortable once I was a RN. I had a supportive orientation and it was a safe space to ask questions, not so daunting".*

*"Need to be strategic about placements in year 3 so you look good on paper".*

*"Too hard to know as an undergraduate about where to work. Sometimes you might only have one acute hospital placement in the 3-year degree programme, it's not enough. So not exposed to settings to inform real area of interest".*

*"Undergraduate degree does not necessarily give you good advice about career planning. Have to be proactive and plan your pre-registration placement and advocate for your choice. I wasn't approached to have a conversation about it".*

Similarly, health workforce experience was seen as an advantage in the ACE employment process affirming that engagement with potential employers enhances success.

*"Working as a HCA prior to and during study was an advantage to becoming employed".*

### Whānau experiences in healthcare

Many of the participants discussed their own experiences within the healthcare system as contributing to their decision to undertake a career in nursing and/or inform their motivation to work in a specific clinical setting. The participants discussed the positive difference that Māori nurses can make to whānau experiences. A desire to care for or help others was also evident, suggesting that the "helping role" within whānau is an intrinsic motivating factor.

*"Clinical practice choice was informed by my whānau experiences in health. Wanting to do better".*

*"It goes back to my upbringing, I'm from a very spiritual whānau so I knew where I wanted to work in end-of-life care. It's a real whānau approach to care and it doesn't stop with just the patient".*

*"I started Nursing because we looked after my nan and I saw lots of rubbish care of my nan and I wanted to go in the medical ward and make sure the care was there. But now I like being in the preventative care".*

### Māori and Pasifika graduates go to the community

A theme that has the potential to threaten the success of Māori and Pasifika new graduates entering the workforce is the negative attitudes towards primary care and community practice settings as being inferior to Hospital-based experiences. The participants described the stigma they experienced with being Māori and Pasifika nursing graduates associated with lower expectations and the narrative of being best placed to work in the community.

*"In our BN Māori we are pushed to go community. Feeling is that Māori and Pasifika are not good enough for the acute hospitals.....I felt like being a BN Māori graduate was not viewed as desirable compared to other Uni's and techs".*

*"I actually had a feeling of not being wanted in clinical practice placements as undergraduate. I was not given any acute hospital exposure at all during the 3 year degree. Not sure if I was given all community placements because I identified as Māori. Feeling of having to prove myself academically, clinically".*

*"Most nurses said they knew where they wanted to be especially community.....but kōrero is that you need to go to the hospital first to gain your stripes before you can go to the community. But at the same time you're told that there are no jobs in primary care".*

*"...incentives for Māori and Pasifika nurses in the workforce but it seems Māori and Pasifika don't always get their first preference so only option is to go to the community".*

## **Q: Did you have a choice for employment?**

### Competitive Process

There was strong participant feedback related to the competitive employment process via ACE. Participants emphasised the need to secure employment as a priority versus seeking a specific clinical specialty.

*"Feel like you have to be perfect. ACE is a lottery". "Just wanted a job knowing it's competitive".*

*"It's competitive and comes down to the algorithm of ACE, you gotta be on top of your game. It's intimidating".*

*"Lecturers encouraged me to put three places on the application and what to expect. How to sell yourself and the documents to have".*

*"No I didn't get my 1st, 2nd, or 3rd preference with no "why" feedback. But I was told that my placement was a "culturally diverse" area and I ended up being the only Māori".*

*"Had to choose 3 areas, so I did three DHBs as I was prepared to move. You have to really think hard about what you would do if you don't get a job locally, it's competitive so I thought I'd have a better chance if I was prepared to move. Not ideal as being close to my whānau was important and financially".*

*"Stressful process, application to ACE is before State exam so the timeframe is small while you're still wrapping up the degree and studying. Also asking and getting references on your pre-registration placement was hard as I never had a primary preceptor, it always changed".*

### Being Vocal

One of the themes related to choice of employment was new graduates having the confidence to verbalise their preference in a competitive market.

*"I'm lucky I'm a vocal Māori to ask for what I want...I was that way as a student and as a new grad".*

*"The younger NEtPs are too scared to speak up. Really keen to learn and don't get given enough awahi".*

*"If you're not confident to speak up you may not survive as Māori or Pasifika, if you're shy and have other whānau commitments like being a solo-mother.....there can be a lack of understanding of Māori and Pasifika nurses needs".*

*"I did pre-transition in ED, was an A+ student, received great senior nurse references from the clinical area, and still did not get my area of choice. I was considered not suitable, I was too scared to speak up in case I was labelled as a "difficult Māori".*

### Employment was luck, a promise, or the job was created

Six Māori participants working in primary care and community settings during their NEtP year were the first new graduate nurses to be employed in their workplace. The employment process was described as being 'luck', that the positions were promised during pre-registration or created once they had passed state examinations.

*"Promised as a student in my pre-registration placement that I would get a job, so it was a seamless process. I put other options in my ACE application just in case".*



*"I knew where I wanted to go but it changed in the end because I live in a small town and was asked to work in a GP practice. I was the first graduate to work there. The DHB NEtP team worked with the practice to set it up. So I found an opportunity and brought it to the table with my transition lecturer and NEtP coordinator. Still did the ACE process etc, funding was discussed with the DHB and practice, and I joined in the DHB NEtP programme".*

*"I wasn't sure about the areas of nursing. But I did a practicum where I am in now but they told me there were no job opportunities at that time. I was then shoulder tapped after I sat State. Not sure how the NEtP place was set up with the DHB".*

*"I wanted to do medical nursing at our DHB as my first choice in ACE. But on the day of interviews I changed my mind. I ended up going community and was the first new graduate in the practice. The staff were all non-Māori but they wanted me and it was with my people. So I jumped on it. I was offered a job before State. I was lucky they turned up on the day of interviews".*

*"So I had to make my own luck. In the end my community manager worked with the DHB to get my NEtP role".*

### Knowing your community

Some participants acknowledged that they were not in a position to relocate to gain employment due to whānau responsibilities and/or cultural obligations within the community. One of the benefits of choosing to work in local communities is the connection to where one belongs, familiarity with one's own people, and being culturally safe. The excerpts describe the distributive action that is promoted when the graduate is positioned in the community in which they interact and engage.

*"Offered a few places, but I wanted to stay in my own hood and look after my own people. I found that really important. My whānau are here, my children have grown up here. This is our community and I wanted to make an impact here especially 'cause I see a lot of our people struggling. I want them to get quality healthcare".*

*"Wanting to work in the community, desire to be amongst my own people".*

*"Desire to work within a te ao Māori space and know how to innately connect with whānau Māori".*

*"I wanted to be in the community. It's great because there are other Māori nurses in the team".*

## ▪ **Supportive Environment**

### **Q: During your transition from student to new graduate nurse, did you feel prepared, that you were work ready?**

Effective support mechanisms ensure a positive transition experience for new graduate nurses into clinical practice. Similar to the findings in the literature, participants placed value in clinical environments that fostered collegial support to grow their confidence and decision-making skills. This was not always consistently met in practice.

*"Being an older graduate there is an assumption you might know stuff".*

*"Everyone is too busy all the time so you don't want to feel like a hōhā".*

*"Need to be proactive and ask for help – be self-directed".*

*"Some patients can kick off so quickly and be unwell very fast especially if you don't know what to do it is really scary. The clinical decision making is not there at the start".*

## **Q: What would have made the transition to practice better for you?**

### Recognition of dual competency

This theme supports the need to develop a health and disability workforce that reflects Māori and Pasifika values and models of practice to improve health outcomes. This is inclusive of recognition and development of dual competency where mana Māori and mātauranga Māori, and Pasifika knowledge, is acknowledged as a professional skill set.

*"You know who you are and where you come from and can relate that to your community, taking our flavours into mainstream Pākehā environments".*

### Elimination of stigma and racism

Addressing racism and discrimination in all its forms is necessary if we are to achieve Pae Ora. This will involve embedding cultural safety and a commitment by all individuals and organisations working across the health and disability system to acknowledge their own biases, attitudes, assumptions, stereotypes, that may affect access to adequate health care and the quality of the care provided. The participants described experiences of racism in their NEtP year and the difficulty to respond as a subordinate.

*"My preceptor was from the UK, been here 4 years and had heaps to say about "those people", people like me, Māori. She would tell me that nobody in this neighbourhood could read or write. I would say "that's a really big statement". Gets in the way of respecting your preceptor, clinically trying to learn and the worry of connecting with staff. Had to hold my tongue and think about my approach but not just accept these racist attitudes".*

*"My preceptor would say did you sit the same exam or is it an easier programme the Māori one?".*

### Consistent Preceptorship

The participants feedback affirms that the preceptorship model requires strengthening. Structural and organisational determinants such as complexity of workload and staffing shortages impact the ability to provide consistent supportive preceptorship to both undergraduate students and newly registered nurses across the health system.

*"What ever nurse is free you hear them say "you take them". There are nurses that have had no preceptor training. You know which nurses are good at teaching graduates. Preceptorship training needs to be improved".*

*"Can't just throw new grads at various nurses and expect it to work".*

*"Consistency of same preceptor. Tried to have same but it's not possible".*

*"Preceptors are nurses that have just finished NEtP".*

*"Struggle to meet each nurses expectations. You need to be safe on the ward".*

*"Some are pushed into preceptorship that can't manage their own nursing workload".*

*"Inconsistency with preceptorship is where it can go wrong for new graduates. They don't liase with each other to know your ability. Never enough time to talk to each other".*

### Isolation

Some participants described experiences of isolation in the clinical environment, specifically as a minority nurse in the workplace. The excerpts emphasised the importance of establishing

whanaungatanga – connectedness of the new graduate to their colleagues and NEtP peer networks so that learning is shared.

*"NEtP was a well structured programme and supported in terms of the paper etc. But with big cohorts it's so hard for coordinators to give their time to all. Like my ward was turbulent....I was the only NEtP graduate in my ward so it was quite isolating and lonely. Not having someone to talk to going through the same experience together. The ward I was working in lacked Pasifika diversity, it was mostly Pākehā so I found it hard to blend in.....and trying to get them to see things through a different cultural lens".*

*"Isolating in primary care because of fewer numbers, like me being the only one. I'd go to NEtP study days and know no-one. The teaching and learning was not always relevant to clinical practice".*

*"Graduates could be grouped, like pre-planning and buddied up so we are not alone. Māori and Pasifika cultural support persons were important and useful".*

*"Stronger connection to the NEtP team, good intentions but lack of structure and support systems, better communication to us in the community".*

### Māori and Pasifika specific support

Participants described the importance of organised Māori and Pasifika specific support that enables the graduates to share a common purpose, to support each other in both learning and critical thinking skills from a culturally specific worldview. This helped to grow a sense of belonging and connectedness.

*"Māori coordinator was helpful and we were a smaller group (Māori and Pasifika) that catered to us, more support, more study days, we were asked about what we wanted to focus on and areas we need help with like PDRP, assessments. I had a choice of being in a Māori and Pasifika NEtP support group and it was the most useful support I had and getting to know each other, it pushed me to think about further study and career planning".*

*"Māori cultural support was awesome, lots of tautoko and good stuff".*

*"NEtP staff are awesome and it's comfortable. Māori nurses in our rohe have a roopu which is a great support network for us coming through as new nurses. I'm understood there as soon as I talk about culture and equity for Māori, point of difference is it just helps".*

### Protected Orientation

Participant feedback identified a need to protect the clinical workload-sharing orientation time for NEtP graduates. This is complicated in primary care and community settings where staffing is limited due to contractual obligations, staff may not be trained in preceptorship, or in many cases the new graduates may be the first in the workplace.

*"In primary care, the 10 weeks clinical orientation was not protected because they'd never had a new graduate or know the needs of new graduates. Also no extra available staff to preceptor".*

*"Nurse Educator was hands on and a great support so I had a good transition, positive experience".*

*"I got 4 weeks orientation and promised no night shifts for the first 6 months. But others (graduates) now get 2 weeks and night shifts because we are so short staffed".*

*"I was the first NEtP so they didn't know how to cater for it at that time".*

## **Q: What supports in the programme worked well?**

### Clinical Coaching Resource

Overwhelmingly, participants that had exposure to clinical coaching support in their NETP year described it as a highly valuable resource. This is a resource that is not available in all DHB NETP programmes.

*"Having clinical coaches really helped especially having Māori and Pasifika specific supports in the programme. Wider understanding of being the only Māori or Pasifika nurse in your work area and having a clinical coach/mentor that looks like you and understands what it's like and how to support you in that way because they've been there as well".*

*"I liked the clinical coach/mentor that visited, it was casual and nice, as in they're not there to test you.....but someone external to talk to and advocate for me if I needed it. This was a DHB NETP person and they visited 4 times over the year or were accessible by text or emails. I also had a Māori coordinator and they were extremely helpful, gave me equipment, networked me to others, and actually have set me up with my career pathway since then".*

## ▪ **Clinical Rotations**

### **Q: What do you think about the length of the programme? Is it long enough?**

For all participants, the length of the one year programme was considered long enough. Many of the participants described the desire to no longer have the 'new graduate' label.

*"It's long enough but you get use to support in the programme – Māori and Pasifika then it stops".*

*"It's long enough and the study days are draining. Especially some of the lectures I have no idea how they help new graduates. Sometimes you dread it and you need to go to pass".*

### **Q: Was there was an opportunity to rotate?**

#### Confidence to move

There were three participants that worked split weeks across different community settings in their first year of practice. All other participants had no rotations. Feedback was divided about the value of having two clinical experiences and the impact to a newly registered nurses' confidence. The three participants who did rotate found the first six months really challenging in terms of role establishment, learning clinical systems, and confidence in decision-making often in isolation.

*"I worked between two different areas – GP and Māori provider. Really hard at first you're learning two computer systems, ways of doing things and getting to know staff. But as time went on it was great to take GP skills out into the community with the people".*

*"I had feelings of not being in one place long enough to get my head around it. Working in a low decile area, even the pay is lower, so I stay for the people".*

*"I've never worked in a hospital so wouldn't know. But in community you can learn both acute and long term case management, a variety of skills".*

*"Rather a 6 month split to get some momentum and build up confidence. But you get an idea of primary care community in it's broader sense not just general practice settings".*

*"NESP do two rotations – community and inpatients. I think it would be a great idea".*

*"After my NETP year I went from a ward to an iwi provider and I was able to connect my patients to the Hospital services because I knew the systems and processes, networks to make things happen".*

*"No. You're just finding your feet and figuring out who you are and what you're up to and you're really busy".*

*"I wouldn't be keen because you are learning to be the nurse and fit into the team dynamic. And I'm the only Māori nurse so it would be stressful".*

## ▪ **Academic Requirements**

### **Q: Is a postgraduate paper compulsory in your NEtP programme? Discuss the timing of starting this paper.**

Most of the participants had completed a compulsory postgraduate paper in their first year of practice. The papers varied, for example: health assessment and diagnostic reasoning, pathophysiology, diabetes specialty paper, ethics, paediatrics, generalist NEtP paper focused on reflective practice.

#### Six months before starting a paper

The participants supported the need for postgraduate papers to commence after six months of initial clinical practice experience and/or an option to delay study until year two of employment.

*"There's a lag of approx 6 months which was good. But Covid caused everything to go online which made it hard".*

*"Helpful to have 6 months of just transitioning into practice first and then do paper later.....otherwise it might be a deterrent to study further".*

*"Need to focus on your clinical practice more than a paper. Balancing shift work, children at home and building confidence".*

*"Need more pastoral support and supervision available during first year of practice versus a PG paper".*

#### Structured support

The participants gave feedback about the need for better support structures beyond the NEtP year for nurses continuing on with postgraduate study. This would ensure nurses had the choice to delay study in the NEtP year and professional development guidance for academic clinical pathways.

*"It's good doing the paper in the first year because you have the support whereas if I tried to navigate by myself I probably wouldn't pick it up and know where to start. So even now I don't have that support".*

*"I want to do more study but not because of the NEtP paper. I think I can use the paper I did going forward? I really don't know".*

*"Having the paper is the reason I applied for the NEtP. To get me started. Need to carry on (study) otherwise I won't do it".*

*"You need choice because some of my friends really struggled and some didn't carry on in their first year, as in their nursing career. So overwhelming. And the support should be supported all the way through and not stop. Overtime I have developed my support people, right back at the Certificate of Health Science, through the degree, and now in my postgraduate studies".*

A theme identified was the value placed on early leadership training, specifically the need for building resilience in the profession.

*"We need a leadership development paper, help with learning skills on how to challenge things or speak up at work and learning to lead. Encouraging leadership early on to develop tools on how to change the dynamics, power imbalances, feel empowered. Being a novice you feel a lot of emotions so empowerment is important because you don't feel like you can change much as new graduate".*

*"Incorporate how to empower nurses in their workplaces .....wish I'd known how to".*

### **Q: Do you have a choice of papers to choose from related to your nursing practice setting?**

NEtP programmes that offer a compulsory paper may not offer a choice of papers specific to clinical practice settings. Participant feedback centred on the pressure to complete a paper but not necessarily understanding the relevance to further postgraduate clinical pathways. Further, there was a recurrent theme that the postgraduate paper was not relevant to practice, especially from a primary care community setting.

*"Be good to have an option about what paper we did especially to be able to use it in a PG pathway. Lumped in with DHB nurses when we work in community settings".*

*"The enforced paper isn't necessarily relevant to your work. I had to do an adults paper as it was the only choice available and it just didn't fit to my job at all. I ended up cross crediting it to a primary care specific paper that was helpful".*

*"I worked in a Hospital, the DHB NEtP did not offer clinical skills training eg: venepuncture, IV line certification (CVL,PICC). Also medical nurses do the medical study days like "stroke day" but not 'surgical' skills like venepuncture. You have to go on a waitlist and do it in your own time".*

*"Relevance was yes and no because I didn't understand the pathway of higher study. I just did the paper because we had to as part of the programme. It's after the NEtP year that I figured out what I wanted to do".*

*"It's just a NEtP programme paper and every graduate must do it where I work and looking back I'm not really sure what it was to be honest".*

### Lack of diversity in healthcare models

The participants identified a lack of Māori and Pasifika health assessment frameworks and models in the teaching and learning of the NEtP programme. There was strong feedback to ensure that future postgraduate papers are committed to co-designing education that meet the needs of Māori and Pasifika nurses and peoples.

*"Only assessment papers are relevant. Te Whare Tapa Wha model needs to be incorporated so it's not just the tasks being focused on".*

*"I did a diabetes paper but there was no cultural content in the paper that related to Māori and Pasifika communities and ways of being".*

*"It's really narrow and tunnel vision and applying it to populations that need it the most, the paper needs Māori and Pasifika health content".*

*"Lacked holistic care models, no acknowledgement of relational care which is important in Māori and Pasifika communities. How can it acknowledge our way of learning and knowing with our way of being?".*

*"NEtP doesn't focus on cultural competencies and how that impacts our patients. The programme is out of touch with Māori and Pasifika nurses...with tikanga and our practices. I didn't feel there was anything to do with Māori in my NEtP".*

## **Q: Did you find the study days and/or vocational skills development valuable to your practice?**

### Volume of Study

Participant feedback related to the volume of study that is expected in the first year of practice inclusive of a postgraduate paper, in-house study days and vocational training. This was emphasised by nurses working in primary care and community settings where vocational training was most important to perform clinical assessments and tasks. For example: immunisation course, cervical smear training, venepuncture and cannulation.

*"I did well over 400-500 hours of training over the year and I had to take annual leave or go in my own time for the NEtP paper study days, plus many of the vocational study days too".*

*"Our PHO tailored NEtP to us..... we did the smear course, venepuncture, immunisation training, computer systems, Te Tiriti training, the funding system, first aid, wound care".*

*"If I couldn't take bloods, do a smear, do immunisations, I couldn't do 75% of my daily job. So I was put through a lot of training in the first 6 months".*

*"There's heaps of other study days in some clinical specialities on top of a postgraduate paper, at least 8-10 in your first year. You get slammed by study days or you just fall into doing the specialty technical care like transplants then actually do the study day 6 months later....steep learning in that first year".*

*"I like the idea of doing a PG paper but our in-house study days are enough especially because you also have to do PDRP".*

*"The study days and classes for the DHB NEtP programme I was linked into was unhelpful to primary care so sometimes it felt pointless..... it wasn't suitable to me. They only catered for the majority so it was hard for me to use that knowledge and feel like I was learning".*

## **Q: If you completed a postgraduate paper, how do you think the course impacts clinical practice and clinical decision making?**

Participants valued postgraduate papers that were focused on clinical assessment and skills-based training to build their knowledge.

*"Pathophysiology paper was really relevant and brought everything together from a long term conditions perspective".*

*"Physical assessment paper absolutely helped so I was able to do a lot of assessments and have opportunities to do it in practice compared to my DHB peers".*

*"The paper was all about reflections and your feelings. You go to an 8 hour class of that and don't feel thrilled or motivated".*

*"You're new in the position and they want you to reflect on your feelings in front of 60 new graduate nurses and you've just seen a cardiac arrest....you're still learning and piecing things together.... so I think in the second year reflection would be better".*

*"Skill based learning gives you confidence on the floor. The paper didn't necessarily give you critical thinking skills, it's not for everyone".*

## Q: Balancing work life/study and support

### It's Survival

One of the themes identified from the data was the difficulty that many participants had balancing working life, whānau commitments and prioritising their NEtP study. As collectivist cultures, maintaining whānau relationships and responsibilities is important for Māori and Pasifika nurses. Making study a priority was not easy for some who had family and community responsibilities.

*"I relied heavily on my village to get through".*

*"Surviving is that what you call it? I'm a solo mum of 5 kids. There's no balance you just make it work. Now my kids see me going to work and their appreciation of what I've achieved. I'm lucky my job is no shift work. We just survive and I've exhausted my wider support network".*

*"Couldn't survive more than a year...really stressful and exhausting"*

*"I had no work life balance, I was always at work and loyal to the needs of the ward. I had a bereavement and had to prove I needed to go to tangihanga. Took me a long time to be okay and if it wasn't for the Māori NEtP coordinator supporting me I probably would have quit".*

*"Without the paper I probably would have coped better. It's the clinical skills your trying to perfect and 40hrs a week. In community you're 40 hrs a week on a contract compared to DHBs. Dropping that paper would have made it easier".*

*"NEtP is a big year. Getting use to shift work is huge. There's a lot to do and essays need to be more relevant. I just left it til I had to do what I had to do and get through it. PDRP mattered more. Needed more support with PDRP and putting it together".*

## ▪ Cultural support

### Q: Did you have access to Māori and/or Pasifika clinical mentors?

Participant feedback identified the inconsistency of Māori and Pasifika NEtP support structures nationally. Only a few DHBs have dedicated Māori and/or Pasifika NEtP cultural support persons available to new graduates which may include a Māori/Pasifika peer support group and/or extra study day allowances. Often the cultural support role is resourced as part-time FTE that may be utilised in both the DHB hospital setting and community. Participants that had completed their undergraduate study in a Bachelor of Māori or Pacific nursing programme found the lack of resource difficult in the transition to practice.

### Advice to seek Te Rūnanga o Aotearoa support

Participants were advised to join Te Rūnanga for cultural support.

*"Needed a tuakana – teina model so we end up trying to do our own. We also linked to Te Rūnanga".*

*"National (Māori student nurses) hui keep you grounded and gives you kaha to carry on".*

*"I made a connection to Te Rūnanga and it linked me to other nurses around the country. It's difficult as a Māori nurse to weave the clinical with cultural needs of whānau in a system that is not set up for Māori eg: space for all whānau to be present. My workplace supports us with funding to go to Hui a Tau. This gives us exposure to Māori NPs where you are inspired towards a career pathway".*

*"I saw someone at the start of my NEtP year and once at the end in the community".*

*"We were each others sounding boards, mentors in our Māori and Pasifika group. A peer network but once NEtP was over it's not the same. It's needed (peer support) because you can't talk about Māori and Pasifika stuff to non-Māori non-Pasifika".*



## **Q: Did you have access to Māori or Pasifika clinical supervision?**

Participant feedback identified that often there is no formal cultural-clinical supervision in the workplace, rather the nurses created their own peer support networks or joined cultural support networks, or had none.

*"Māori Director of Nursing created a cultural support network, if that's supervision?"*

*"I'm surrounded by Māori wāhine at my mahi and I find it uplifting amongst a crew that awahi each other. Feel blessed. Whereas at the GP clinic it is complex and different. It's important as Māori nurses that we have this awahi to get strength from, our natural way of being, connecting with people. I would be gutted if I didn't have it, especially for my mental health in stressful times".*

*"We set up breakfasts together to kōrero. Self-led peer group not part of the NEtP programme".*

*"I know how to get support for my Māori patients and whānau...but I wouldn't know where to get support for me".*

## Unconscious Bias and Racism in the workplace

Participants shared experiences of racism they encountered in the workplace. A recurrent theme of being given 'difficult patients' because of assumptions based on ethnicity and the internalising of racism based on the narrative of having to prove oneself to peers was evidenced.

*"I was given difficult Māori families all the time – gang affiliated cause everyone is scared or they speak te reo.....just because I'm Māori does that not mean I don't also experience fear or that I speak the language. I have to stay calm".*

*"I knew that you would get that whānau on board cause you're Māori." "No it's because I'm a good communicator!". Then my worth is seen and used as a poster person for the organisation as a Māori nurse. I gotta do better than my non-Māori peers to prove I'm worthy. Gives you PTSD later in your career like will I be good enough to be in a senior role".*

*"Māori and Pasifika study days...others would say oh it's just a day off. Actually we would go over stuff like competencies so no-one fell behind and we all carried on with PG study".*

*"When you are seen to be valued it's usually tokenistic because you are Māori, they'll listen to you then if you're asked to help with a Māori whānau or cultural things. It actually devalues your voice. It's hard to stand up and you have to work twice as hard as your peers".*

## **Q: Is there Māori and Pasifika nursing leadership in your workplace?**

The participants from different settings and locations across New Zealand reported that there was a lack of visible Māori and Pasifika senior nursing leadership in their workplaces.

*"All the nurses in management are Pākehā, you don't see representation, so I feel like if you want to challenge yourself or be ambitious you question if you're good enough or capable. Historically it's been this way and created self-doubt, who you are and who you are trying to serve and make a difference".*

*"There's not really any other senior Māori nurses to go to and talk to".*

*"Orientation day we were told there has only ever had one CNM in the organisation....so I thought that's my goal to change it!"*

*"When you have Māori representation in your practice to role model it helps, our non-Māori do the karakia and they understand our high needs community".*

**Q: Where you offered Māori or Pasifika specific leadership development? For example: Ngā Manukura o Āpōpō / ANIVA programme.**

Most of the participants were not aware of Māori and Pasifika leadership programmes during their NEtP experience. Only a few participants knew of the Ngā Manukura o Āpōpō and ANIVA programme as now experienced nurses. Participant feedback was related to a need to develop leadership potential early in a nursing career to make a difference to Māori and Pasifika peoples. It is also an importance consideration for retention of workforce diversity.

*"What does it mean to nurse Māori, there is a point of difference, but you need to find your feet. It's a huge weight on your wairua sometimes".*

*"As the only Māori clinician in my practice I want to make a difference, so it is my own self drive to make a difference".*

*"Leadership is only visible when your given the Māori patient because your the token Māori...they look to you in the ward. It's important to me and I want to grow more Māori in our workforce. I've gotta step up and do it myself to contribute to the cause".*

**Q: What cultural support would you like to see in the NEtP programme?**

The participants shared their whakaaro (thoughts) on what cultural support might look like in a revised NEtP programme:

- Pōwhiri to welcome NEtP nurses into their new workplace
- Resourcing of culturally specific support structures for Māori and Pasifika nurses
- Better planning of pre-registration clinical placements in partnership with 3<sup>rd</sup> year Māori and Pasifika undergraduate students to enable early engagement with potential NEtP employers
- Consider representation of minority nurses in clinical settings to mitigate isolation and support retention
- Māori and Pasifika models of health and worldviews in teaching and learning
- Leadership development and building resilience
- Visible Māori and Pasifika nurses in senior leadership roles to model tuakana/teina aspirations.

▪ **Māori and Pasifika NEtP Nurse Coordinators, Nurse Educators and Nurse Leaders**

The Māori and Pasifika NEtP nurse coordinators, nurse educators, and nurse leaders online focus group proposed the following questions to be considered by the Nursing Pre-registration Pipeline Group for the revision of the NEtP programme:

- What is the strategic aim of NEtP?
- Have we been achieving the purpose and outcomes of including a postgraduate paper in the first year of clinical practice?
- How does the postgraduate paper contribute to Māori and Pasifika nurse graduate practice development and strengthen their dual competency to improve health outcomes?
- Is Professional Development and Recognition Portfolio (PDRP) assessment necessary both at pre-registration and as a requirement to complete NEtP?

- What measurable benefit is the NEtP cultural support fund having for Māori and Pasifika NGNs?

The following themes were identified from the analysis of the qualitative data:

- **Equitable recruitment processes**

This theme was also identified in the analysis of the NEtP nurse focus groups where there is a need to address how and where Māori and Pasifika new graduate nurses are recruited into employment. The impact of racism that creates an uneven playing field is advantaging some groups over others.

*"Need Māori and Pasifika peoples on interview panels for equity...there are battles that go on behind the scenes for where our Māori and Pasifika nurses will be successful, they need to go to places where they want to be. It starts with student placements".*

- **Appropriate resourcing of Māori and Pasifika specific support roles**

Māori and Pasifika nurses working in designated NEtP positions reported that they assume a dual role as both NEtP coordinator and/or educator and cultural support person for minority nurses. There is an expectation that they are invested in the success of Māori and Pasifika graduate nurses and will manage this added responsibility, rather than specified FTE resource.

*"Māori are tangata whenua...we need serious resource...we have only 0.6FTE. How do you grow culturally diverse leadership with little resource and no visibility in an organisation? Primary care is worse".*

*"We don't give the manaaki to all because we are not resourced. It's lip service and we are trying to break the glass ceilings".*

*"Māori nurses will gather with other Māori nurses.....it flourishes because it creates a culture in the working environment. So we need to protect this for NEtP to ensure strong support networks".*

- **Utilisation of cultural support funding**

There is inconsistent access to cultural support for Māori and Pasifika graduates depending on employment setting across New Zealand DHBs. It is not clear how some employers are using the NEtP cultural support funding to benefit Māori and Pasifika new graduates.

*"We (DHB) use the cultural support fund to give our new grads 5 extra days with a cultural support nurse who helps with the academic paper and PDRP. The CNM must allow release for these days".*

*"Māori and Pasifika NEtPs get 2 days a year for cultural support with senior nurses then nothing after NEtP ends".*

*"So much energy is placed on PG papers, rather than resource for pastoral and cultural support/clinical supervision, emphasis is completing a paper on time".*

- **Lack of cultural diversity in senior nursing leadership**

Ethnicity of the workforce is not representative. For the past 30 years, Māori nurses in the workforce have remained static at just 7.7% and Pasifika nurses at 3.8% (NCNZ workforce data, 2021). This is also reflected in the lack of visibility and positioning of Māori and Pasifika senior nurses in key leadership positions in New Zealand.

*"In my 30 years of nursing there has been little representation of Māori or Pasifika in leadership. Makes engagement with our nurses who have been around a while really difficult".*

*"There are only 2 Māori senior nurses in the workplace, like CNMs".*

*"We expect them to survive and stand up as leaders. If we can't build Ngā Manukura into the NEtP year, can we offer it in year 2. Leadership development, inclusion of mātauranga Māori and support has to happen at the front end of the programme".*

- **Offer a choice of when to commence a postgraduate paper and relevant options**

The challenges of the new graduate year observed by the focus group participants included transitional shock, adjusting to shift work, stress of postgraduate study, workforce shortages and managing whānau commitments. This supports the findings in the New Zealand literature review. Furthermore, there is a need to design a programme that offers choice in both timing of postgraduate study, relevance to key priority areas of the New Zealand Health and Disability Strategy, and relevance to clinical practice settings. To future-proof the growth in the diversity of the nursing workforce, NEtP programmes must ensure new graduates are not only recruited, but importantly, retained in the sector.

*"Stress and angst on graduates especially Māori and Pasifika with additional challenges in terms of whānau and community commitments".*

*"Don't want them to be destroyed in year one as impressionable".*

*"New graduates should do a paper but have some choices. But there are others that struggle all the way because we've made everyone do the same with everyone else. We need tailored courses".*

*"Need to plan strategically.....a pathway for clinical practice areas we want to grow".*

*"PG study has a huge impact on graduates. They need 1 year of transition into practice then study....they are dealing with transitional shock and need to just be the nurse. Perhaps 2<sup>nd</sup> year is PG study and a staircase into kaupapa Māori courses or papers to also grow resilience".*

- **Ring-fenced funding for Ngā Manukura o Āpōpō and ANIVA programmes in year two or year three**

A number of the participants had completed the Ngā Manukura o Āpōpō and ANIVA programmes, however this was not cross credited towards a postgraduate qualification. These programmes were considered a key step in a professional development pathway to grow in their 'Rangatira' (leadership) space as dually competent Māori and Pasifika nurses. The NEtP programme needs to capture 'early leader' development and mentoring to ensure equitable representation in leadership of the future nursing workforce.

*"Ngā Manukura gives you confidence to have a voice and that we are good enough to step up into leadership".*

*"As a minority workforce(s) we need to build tools for resilience to deal with the system".*

*"....ongoing support beyond the new graduate year into Ngā Manukura to develop into senior roles. Put Māori and Pasifika leaders in front of them".*

*"....PG paper is not relevant for all, it's very mainstream. Needs to be a strengths-based approach".*

- **Change the NEtP specifications and framework so they are fit for purpose**

This theme relates to the need to design the NEtP specifications and framework to include a range of clinical settings such as secondary care, primary care, aged care, Māori and Pasifika community health providers.

*"NEtP was made for DHBs and extended to primary care which is blanketed over a completely different area of practice with different needs".*

*"The framework is the same when practice settings and organisational structure and support needs are so different".*

*"Pathways can be fragmented....institutions need to explore employment with our Māori and Pasifika providers rather than just on the fly for those Māori and Pasifika nurses needing to secure employment. This is an opportunity to profile positive aspects of nursing and sustain our workforce (community)".*

- **Funding of NEtP specialty programmes in primary care, community settings, and aged care**

This theme emphasises the urgent need for strategic development and funding of specialty pathways for new graduate nurses entering community-based workforces. DHB NEtP programmes have limited people resources to spread across the sector and the current funding model does not meet the needs of community-based providers. This is related to general practice and private provider business models and contract funding that impacts the employment and supportive resources needed for a new graduate (preceptorship, supervision, learning development of a graduate). There is variance in the number of new graduates interested in working in community settings and employers are financially constrained to offer competitive employment relative to DHBs.

*"Working to a contract...Māori providers only staff on contracts so to get off the floor and to be supportive of the graduate is hard, the risk is they (graduate) miss the study days. Also, in general practice there might be no Māori leadership in those settings to support and grow our workforce".*

*"More funding is needed to make them (graduate) supernumerary in the community to consolidate skills and knowledge, but it's the different contracts that make it tricky. Graduates are expected to be like any other RN within a month related to the contract".*

*"GP is a business model".*

*"They (graduates) learn on the fly and it can be unsafe. Not enough numbers around them to buddy them well in isolated settings".*

*"Paper relevance in primary care, Māori and Pasifika providers....the work they do is whānau ora. We need resourcing that is specific for Māori and Pasifika nurses in the community and papers that support them to develop generalist skills, not purely clinical, but leadership and resilience too. Not a one size fits all".*

**ENDS.**

## Appendix One - Pānui

### EMAIL INVITATION TO MĀORI AND PACIFIC NURSES

#### Nau Mai Haere Mai

#### Online Focus Group Participants Wanted!

The Nursing Pipeline Group is a collective of nursing leaders from across Aotearoa, New Zealand. The group was established to support the growth of the nursing workforce, to meet our current and future challenges. One of the pieces of work the pipeline group is focused on is a review of the New Entry to Practice (NEtP) programme.

#### What is the NEtP review about?

We know that the first year of practice is a challenging time for graduate nurses adjusting to a new role and work environment. We want to ensure newly graduated nurses starting their careers feel well-supported, safe, skilled and confident in clinical practice.

The Pipeline Group completed a review of the New Zealand literature on the NEtP programme and identified the need to explore the experiences of Māori and Pacific nurses who have completed NEtP.

One of the aims of the NEtP review is to ensure that the voices of Māori and Pacific nurses are captured, as a commitment to growing the diversity of our health workforce, and to achieve health equity for Māori and Pacific peoples in our care. We want to improve and enable culturally responsive support for new graduate nurses transitioning into practice.

#### We need your help!

We invite you to participate in an online focus group to discuss your experiences as a new graduate nurse and the NEtP programme. We want to know what works well and what could be improved in the near future.

If you choose to participate, your personal identity will remain confidential to the focus group host Nadine Gray<sup>1</sup>, and you will remain anonymous in any written works.

Although there is no financial benefit for your voluntary participation in the focus group, we acknowledge your valuable contribution of time and sharing of your experiences to benefit future Māori and Pacific new graduate nurses and workforce development.

#### When and Where?

If you are interested in taking part in an online focus group **please email Nadine Gray with date and time preferences** listed below. Zoom links will be sent prior to the date(s).

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<sup>1</sup> Nadine Gray is a Māori RN who will be conducting the focus groups. She is an experienced senior expert Nurse, has conducted Māori health research, and currently works at the Ministry of Health. Her role as the focus group host is to complete a thematic analysis of the discussion on behalf of the Nursing Pipeline Group.

## Appendix Two

### NEtP Focus Group – Interview Schedule

The purpose of conducting focus groups is to gain valuable feedback from Māori and Pasifika nurses who have completed a NEtP programme in the last 5 years to inform the redesign of the framework.

#### Employment Process

What attracted you to apply to your workplace? Did you have a choice? Did you get your preferences?

Did you know what practice setting or specialty you wanted to work in?

Where did you gain advice to inform your practice setting/specialty interests?

Describe the recruitment process experience.

What could be improved?

#### Supportive Environment

During your transition from student to new graduate nurse, did you feel prepared enough, that you were work ready?

What would have made the transition to practice better for you?

What went well with your orientation?

Describe the culture of your workplace towards new graduate nurses?

Tell me about your preceptorship experience. What is done well and what could be improved?

Tell me about the supports in the programme that worked well

#### Clinical Rotations

What do you think about the length of the programme? Is it long enough?

Was there was an opportunity to rotate? Discuss

If there was an opportunity to rotate would you be interested in this?

#### Academic Requirements

Is a postgraduate paper compulsory in your NETP programme?

Discuss the timing of starting this paper. Is it appropriate? When is a good time to start?

Would you be interested in this being optional? Why?

Do you have a choice of papers related to your nursing practice setting?

Did you find the study days / vocational skills / topics valuable towards growing your clinical practice?

If you completed a postgraduate paper, how do you think the course impacts clinical practice and clinical decision making?

Balancing work life/study and support required.

**Cultural support**

Did you have access to Māori /Pasifika clinical mentors?

Did you have access to Māori /Pasifika clinical supervision?

Is there Māori /Pasifika nursing leadership in your workplace? Peer support or a network?

Where you offered Māori / Pasifika specific leadership development? For example: NMOA

What cultural support would you like to see in the NEtP programme?



## Appendix Three

### NEtP Co-ordinators Survey Questions

The Nursing Pipeline Workforce Group is a collective of nursing leaders across the sector in New Zealand. The group was established to support the growth of the nursing workforce, to meet our current and future challenges. One of the pieces of work the Nursing Pipeline Workforce Group is focused on is a review of the New Entry to Practice (NEtP) programme.

#### What is the NEtP review about?

We know that the first year of practice is a challenging time for graduate nurses adjusting to a new role and work environment. We want to ensure newly graduated nurses starting their careers feel well-supported, safe, skilled and confident in clinical practice.

The Nursing Pipeline Workforce Group completed a review of the New Zealand literature on the NEtP programme and identified key themes which are outlined below.

The aim of the NEtP review is to improve and enable clinical skill and critical thinking development and culturally responsive support for new graduate nurses transitioning into practice. As NEtP coordinators and nurse educators who work closely with nurse graduates, we value your feedback about what works well and what could be improved. Your feedback will be used to inform the framework of a revised NEtP programme.

Themes	Sub-Themes
Supportive Environment	Preceptorship model Transition to practice Orientation time Peer support Clinical supervision Organisational culture
Employment process	Regional focus – is it equitable? Sharing of resources across the workforce – DHB, ARC, PHC educators and clinical coaches
Clinical Rotation Model	NEtP models in PHC/ARC/acute care settings
Academic Requirements	Timing of postgraduate paper(s) and choice Vocational training Relevance of papers to practice settings National consistency of access to PG study
Māori New Graduate Nurses	Cultural support Leadership development options

	Management of HW funding from DHB to non-DHB settings
Pasifika New Graduate Nurses	Cultural support Leadership development options Delegation and management of HW funding from DHB to non-DHB settings

### **Supportive Environment**

Preceptorship Model - what works well? What are the challenges?

Does your workplace offer clinical supervision or peer support groups for new graduates? (different to preceptorship).

If yes, please provide details on what is working well and/or what changes might be required to enable a strengthened model.

Is the orientation time allocated in the NEtP framework an appropriate timeframe? Discuss.

How is the graduate supernumerary time supported and protected in your workplace?

Does your organisation have access to clinical educators and clinical coaches for NGNs? Are these shared with non-DHB clinical settings? Please describe.

How would you describe your workplace culture towards the new graduate nurse?

### **Employment Process**

How do you work with private providers (ARC, primary care and community providers) to ensure NGNs are employed in these areas? (Esp. if this is the graduate's preference).

What are the challenges or barriers for ARC and primary care providers to recruit nurse graduates?

What changes would enable equitable access to employing NGNs in ARC and primary care / community providers?

Thinking about ACE, is there anything you would change in the way ACE functions to improve graduate employment opportunities?

Thinking about the structure of undergraduate programmes, is there anything you would change to improve nurse graduate's employment opportunities?

How well do you think undergraduate programmes prepare student nurses for future employment in a range of settings, including aged care, primary care, NGO?

Is there anything you would change in the relationship between educational providers and employers to improve employment opportunities?

Any other comments on what is needed to support employment of graduate nurses?

### **Academic Requirements**

Does your organisation offer a postgraduate paper in the NEtP programme? Please describe.

If no, why? Please describe education opportunities (vocational study, in-house study days etc) your nurse graduates are offered and the rationale for such.

Please provide feedback on the timing of a PG paper in the graduate year. Is it appropriate, or not, and why?

Please provide feedback on the choice of paper(s) offered in your NEtP programme. Is it appropriate, or not, and why?

What is your experience with nurse graduates completing PG study and the development of critical thinking skills?

What are your observations related to the nurse graduates balancing work/life and study demands?

### **Clinical Rotations**

Does your organisation offer clinical rotations as part of the NEtP programme?

What is the feasibility of providing clinical rotations in your organisation to assist with workforce planning in 'hard to staff' specialties?

### **Māori and Pasifika NGN cultural support**

Do you have Māori or Pasifika specific clinical supervision or peer support groups for new graduates? Please provide details.

How does your organisation plan and implement the cultural care of Māori and Pasifika NGNs?

How does your organisation plan and implement the leadership development of Māori and Pasifika NGNs?

How does your organisation access HW funding for cultural support of NGNs?

What suggestions do you have for improving this process?