Healthcare student voices on the compounding stressors of unpaid clinical placements in New Zealand

BEX HOWELLS[1]
Te Herenga Waka Victoria University of Wellington, Wellington, New Zealand
KATHRYN HAY
Massey University, Palmerston North, New Zealand

The healthcare workforce in New Zealand faces critical shortages, exacerbated by high attrition rates in training programs requiring extensive clinical placements. With a focus on elevating the voice of nursing, midwifery, and mental health students undertaking degree qualifications, this paper explores the compounding stressors of unpaid placements. Findings highlight systemic inequities, including financial hardship, excessive workloads, and challenging power dynamics, which affect student skill development during placements, wellbeing, program completion, and transition to the workforce. The lack of remuneration for healthcare training, despite paid training in several male-dominated professions, reinforces gendered inequities and devalues healthcare professions. Recommendations include the introduction of a universal stipend for students in programs with compulsory placements and improved placement regulations. Addressing the challenges associated with unpaid placements is essential to address current inequities and ensuring sustainable workforce development.

Keywords: Student voice, equity, quality education, work-integrated learning, unpaid placement, gender

This paper explores the relationship between unpaid training which includes unpaid placements, attrition rates, and staff shortages in healthcare. It identifies compounding stressors that prevented completion of training and makes recommendations for sustainable workforce development.

The healthcare workforce in New Zealand (NZ) is experiencing significant shortages including 1000 psychologists, 1,050 midwives, 1,700 doctors, and 4,800 nurses (NZ Psychological Society et al., 2023; Te Whatu Ora 2023b). Despite pleas across the health sector to address the chronic staffing shortfalls (Payinda, 2022; Spence, 2023), little has been achieved to alleviate the strain on the workloads of health professionals (Te Whatu Ora, 2023b). The NZ government recently adjusted immigration criteria to encourage overseas professionals to move to the country (Immigration New Zealand, 2024), however, with global staff shortages in healthcare, this is not a long-term solution (Boniol et al., 2022; World Health Organisation, 2021). The domestic training of healthcare professionals must therefore be prioritized.

To qualify as a healthcare professional in NZ, students must undertake hundreds of hours of compulsory unpaid clinical placements (Te Whatu Ora 2023a). Clinical placements are a form of work-integrated learning (WIL), an umbrella term for higher education training that integrates academic learning and the application of theory to practice (Zegwaard et al., 2023). A WIL arrangement generally involves three stakeholders: the student, education provider, and a third-party workplace provider. Clinical placement is a term often used to describe health-related WIL and the purpose of these is to ensure students enter their chosen profession with practical and academic occupational skills. Clinical placements are distinguishable from other types of WIL in that they are compulsory for registration with a professional body. For simplicity, throughout this paper, the term 'placement' refers to this compulsory practical experience in clinical environments. 'Training' refers to the qualifying program as a whole including placements, simulation sessions, and academic learning (Te Whatu Ora, 2023c).

[1]Corresponding author: Bex Howells, connect@bexhowells.com

Existing research shows that quality WIL experiences require intrinsic motivation, work-life balance, making a valuable contribution, personal and professional growth, a sense of belonging and mentorship (Drewery et al., 2026). However, reports of bullying and mistreatment are not uncommon which negatively impact student experiences, often leaving them feeling unwelcome, unwanted, and a burden (Cant et al., 2021b; Minton & Birks, 2019). Compounding stressors on personal, professional, family, and financial circumstances also take a toll on WIL students' wellbeing (Bartley et al., 2024; Hulme-Moir et al., 2022). Unsatisfactory training experiences, including placements, has been shown to negatively impact retention of students in qualifying programs (Cant et al., 2021a).

This paper does not focus on the quality of clinical placements, rather it argues for legal protection and financial aid for students to incentivize, and support, completion of training. Healthcare is diverse in terms of professions; therefore, the scope of the research was limited to nursing, midwifery and mental health students.

BACKGROUND

Unpaid training, which includes unpaid placements, has received considerable international attention in the past few years. The following section will briefly detail key issues relating to both training and placements including exploitation and inequities; the gendered nature of unpaid training (and therefore placements); attrition; and regulation.

Unpaid placements can contribute to student exploitation and the perpetuation of inequity. The International Labor Organization (2018), for instance, has raised concerns about exploitation of students undertaking unpaid internships, especially those of an extensive duration. The European Parliament has "repeatedly condemned the practice of unpaid traineeships as a form of exploitation of young workers and a violation of their rights" (Committee on Employment and Social Affairs, 2023, p. 5). In June 2023, the European Parliament voted to ban unpaid internships on the basis they were exploitative and inequitable (European Youth Forum, 2023). They adopted a directive on quality traineeships which states "traineeships that are part of compulsory professional training should have the right to remuneration" (Committee on Employment and Social Affairs, 2023, p. 5).

While some countries, for example Ireland, UK, Australia and Germany, offer a stipend for eligible students in programs with WIL components (Funding Clinic, 2024; Grant-Smith & McDonald, 2024; Healy, 2022; Ziegler, 2018), the majority of healthcare training, including those in the mental health field, are unpaid. The lack of remuneration of any kind, can lead to numerous challenges for students (Davis et al., 2025; Fedele, 2024). Students, for example, need sufficient socio-economic means to cover upfront study-related costs and to sustain themselves financially without a full-time income for three to six years. In addition, compulsory placements require students to be available for periods of time they may otherwise have been able to undertake paid work. This means programs with unpaid placements are accessible primarily to those born into families with financial privilege, those who live in a nuclear family environment where their partner earns enough to support the family on one income, or people willing to take on substantial debt (McBride et al., 2018). These programs may be especially prohibitive for those with families, mortgages, and other responsibilities due to the time and financial commitment required of them (Hulme-Moir et al., 2022). These responsibilities tend to increase with age and life experience, so while mature students are an asset to the workforce, unpaid placements are a significant barrier for them (Heagney & Benson, 2017).

Limited government allowances (in NZ, commonly referred to as Study Link) for mature and post-graduate study also create barriers to training for those entering or returning to study later in life

(StudyLink, n.d.). This is particularly concerning for students enrolled in programs only available at post-graduate level, such as psychotherapy and clinical psychology. For solo parents reliant on their own income, this may be a high-risk endeavor when they are the sole provider for a family (Hulme-Moir et al., 2022). Social inequities exclude people from professions with unpaid placement requirements due to personal circumstances, life-stage, social mobility, and cultural background meaning these professions remain predominately white and privileged (Collins, 2019; McBride et al., 2018). Subsequently, the health workforce is not necessarily reflective of, or equipped to meet, the diverse needs of patients and clients (Curtis et al., 2012).

Carreon (2023) argues that professions with unpaid training, including placements, are complicit in their own devaluation. Encouraging volunteerism in the "spirit of promoting altruism" exacerbates historical devaluation of care work (Carreon, 2023, p.14). Inequality and devaluation of care work becomes embedded because unpaid training or placements depress wages on completion (Carreon, 2023; Eisenbrey, 2012). An oversupply of people willing to work for minimal pay is created which diminishes the perceived value of people's time, importance of training, and professional skillset leading to lower incomes long-term (Carreon, 2023; Eisenbrey, 2012). Further, students accumulate debt to enter low paid professions, a decision which may have significant consequences as they require many years to complete loan repayments (OECD, 2014; Watson & Howells, 2025).

Paid versus unpaid training also contributes to long-term financial, gendered disparities between professions. While training in female-dominated professions such as in nursing, teaching, and social work is usually unpaid, male-dominated professions such as police, prison officers, and the military are paid to train (Bamberry et al., 2022; New Zealand Police, 2024b). Interestingly, all these professions are publicly funded, which raises questions as to why some public service professions are paid to train while others are not. In NZ, police, customs, corrections, and military training involves extensive classroom and practical exercises with all costs, salary, and superannuation covered by the employer for the duration of training, which is typically six months to a year (Department of Corrections, n.d.; New Zealand Customs Service, 2019; New Zealand Police, 2024a). Graduates complete training with no debt, nor do they need to attain a degree level qualification. Meanwhile, students in female-dominated healthcare professions must complete thousands of hours of unpaid training to attain a degree, accruing considerable debt paying for all course-related costs; all while sacrificing a full-time income and superannuation for three to six years. This disparity is inexplicable in relation to qualification level or duration of training.

The idea that university qualifications mean better earning opportunities is also incongruent in the context of unpaid training, instead it creates long-term financial penalty for those who wish to train as healthcare professionals (Watson & Howells, 2025). From the beginning of training, a nurse's cumulative salary takes 14 years to exceed that of a police officer with this rising to twenty-seven years for a midwife (Watson & Howells, 2025). Total superannuation balances after twenty years of commencing work or study are $132k for a midwife, $149k for a nurse, and $467k for a police officer (Watson & Howells, 2025). Given the gendered nature of the healthcare workforce, women are significantly disadvantaged by the current training requirements.

There is also considerable variation between completion of paid versus unpaid training. Attrition rates from unpaid training are as high as 37% in nursing and 42% in midwifery (New Zealand Nurses Organisation (NZNO), 2023; Otago Daily Times, 2023). Meanwhile, the attrition rate from paid police

training has averaged 1.5% over the last five years and 3.5% for corrections officers in the last year[2]. While there may be factors unrelated to finances that contribute to these discrepancies, it does offer a compelling insight into recent completion rates.

In addition to the financial inequities and enrolment challenges associated with unpaid training, healthcare students also have limited legal rights and protections. Currently, there is no legislation in NZ that fully regulates clinical placements or other types of WIL. According to Employment New Zealand (2025), unpaid placements are voluntary and therefore do not constitute employment. As such, students are not entitled to employment rights and protections. Despite the assumption of volunteerism, many placements are a compulsory requirement for registration with a professional body and there are no alternative pathways to entering these professions. These conditions make students vulnerable to exploitation by placement providers with limited opportunity to raise or address issues they experience on placement (International Labor Organization, 2018). Further, they place considerable stress on the wellbeing of students which higher education providers in NZ are now regulated to consider and protect (New Zealand Government, 2021).

WIL offers considerable benefits to students (Jackson & Cook, 2023) and workplaces (Fleming et al., 2023). However, a deeper understanding of the impacts on students of unpaid training, including unpaid placements, offers an opportunity to reflect on current systems and models and consider more sustainable pathways for the future. This paper elevates student voices to better understand their unpaid training and placement experiences. It discusses the compounding stressors students experience when on unpaid placement, the implications this has for them and their families, completion of training, and employment intentions. While the paper focuses on NZ student voices, the insights, implications and recommendations have international relevance.

METHODS

To capture the richness of student perspectives, qualitative methodology was utilized to gain in-depth insights about experiences of unpaid training and placements. The research design was informed by two paradigms: critical realism and intersectional feminism. Critical realism is a stratified approach to challenging assumptions, identifying issues and their drivers in pursuit of better solutions (Kozhevnikov & Vincent, 2019). Intersectional feminism resonated with the research topic in that unpaid training is prevalent in female-dominated professions. 'Women's work' is affected by dominating and oppressive influences which determine its value, leading to inequitable outcomes for women both socially and economically (Watts & Hodgson, 2019). However, issues affecting women cannot be distinctly separated out from other forms of inequality such as class, age, ethnicity, race, and ability and thereby intersect with a feminist perspective (Ashton, 2020).

Ethics approval was granted by the first author's university ethics committee (reference number: 0000031229.)

Participants

Participants were recruited from seven higher education institutions (HEIs) with representation from nursing, midwifery and mental health programs. A total of 18 students with unpaid placement experience were interviewed: seven midwifery, five nursing, and six mental health with an even

[2] Official Information Act 1982 requests received from the NZ Police on 28 February 2024 and NZ Department of Corrections on 18 December 2023 respectively.

distribution across undergraduate and postgraduate programs. Demographic data indicated that 16 participants identified as female, one as male, and one as non-binary. Ethnicity data indicated that 13 participants were Pākehā, two were Pasifika, one was Māori, one was Asian, and one did not disclose. "They/them" pronouns are used to protect the identity of the male and non-binary participants.

The research also included interviews with an academic staff member or supervisor from each sector, but their perspectives are omitted from this paper, to prioritize student voices.

Data Collection

According to Eady et al. (2025), the most common method with the highest potential to capture the student voice is semi-structured interviews. This method was selected for data collection with several topics being canvassed: reasons for choosing the profession and degree program, importance of placements and quality of learning opportunities, challenges students experienced on placement, financial sustainability, and ways to improve the training experience. Questions were oriented to placement experiences but were open ended to allow students to speak freely. Students shared challenges relating to their broader academic experience too, as discussed below.

The interviews were 60-90 minutes long and were audio recorded and transcribed. The coding process was both deductive and inductive. Deductive codes included specific questions which guided answers on issues such as day-to-day placement experiences, supervision, learning objectives, and the highs and lows of placement. The inductive process explored data that extended beyond the interview questions which enhanced the richness of data (Braun & Clarke, 2013). Bullying, witnessing traumatic events, and physical safety were three prominent themes generated from this process. As participants raised unexpected topics in interviews, a complete coding process was undertaken rather than selective coding (Braun & Clarke, 2013).

Data Analysis

The NVivo data software analysis program was utilized to complete the coding process, inputting an initial list of approximately 60 codes. Some codes were data-derived (semantic/observable), for example, when students spoke about placement hours and breaks this was coded under 'placement day structure.' Other codes were researcher-derived (latent/unobservable) (Braun & Clarke, 2013). For example, students' commitment to training and expectation on supervisors to take students on top of already heavy workloads. These were coded under 'reliance on good will.' After the initial coding process some codes were merged (such as time commitment and workload; training pre-requisites and barriers to entry; moving overseas with plans on completion) while other codes were separated out (supervision was separated into safe practice and undertaking menial tasks; placement experience and academic experience). Reflexive thematic analysis was undertaken as it centers researcher subjectivity and "the importance of deep reflection on, and engagement with, the data" (Braun & Clarke, 2019, p. 593). Representative quotes are presented in the following section along with identification of the student's discipline, however HEIs are not named to ensure confidentiality of the participants. Pseudonyms are also used to protect the research participants' identities.

FINDINGS

The research findings presented in this section capture student voices on aspects of their unpaid placement experience(s) and also their unpaid training more generally. While placement was an essential part of their program, there were compounding stressors in placement and other aspects of

the program such as block courses, that made completion challenging. The challenges emphasized by the students included power dynamics and bullying, emotional and physical stressors, workload pressures, and wellbeing impacts. The implications of these challenges in the training programs were recognized in completion rates and future employment aspirations.

Students across all three professions felt placements were an essential part of training. Alana (midwifery) said, "You absolutely could not, like, not be on placement and do this degree…." Similarly, Sandi (nursing) described themselves as a "practical" person and felt placement was "where most of my learning has come from." Kat (mental health) agreed they "really valued the chance to work with different professionals… it was a great intro into how the mental health system works." Being able to apply theory in practice gave context to their learning and an opportunity to work with different demographics, develop their therapeutic skills, and professional networks.

Power Dynamics and Bullying

Despite the positive contribution of placement to their professional development, a common concern was power dynamics between the students and their supervisors. Supervisors were often:

> Under a lot of stress because their patient load was overwhelming so the nurse was overwhelmed and that somehow projected on to us because we added to that load basically so it wasn't a nice [environment] to be in or to learn in. (Sandi, nursing)

This sentiment was shared by other nursing and midwifery students who knew their preceptors (supervisors) frequently did not have time or capacity to take them. "Everyone seems to always be in a rush. Everyone seems to have somewhere to go and they don't have time to teach" (Pria, midwifery). Similarly, Tina (nursing) said "On lots of wards where they're busy they feel like they're forced to take students. That's not their personal preference but they have to." Students were mindful that supervisors did not always want a student, leaving them feeling like a burden. However, students needed to complete their clinical hours and have their learning objectives signed off by supervisors which meant they were inclined to tolerate uncomfortable dynamics to get through the shift without conflict.

Power dynamics sometimes escalated into experiences of bullying such as belittling remarks, exclusion, ridicule, or humiliation. Bullying may also be indirect through unmanageable workloads, meaningless or unpleasant tasks, ignoring a person's views, being shouted at, and making hints or threats to job security. Tina (nursing) said:

> Some students will be… ignored to the point where it is bullying because people will turn away from them when they're having a conversation. Ignoring them to the point where they're having panic attacks in the bathroom, that was a common one. Otherwise being put down in front of other people, being embarrassed… It wasn't uncommon for people to be in tears. For some people it was just because they weren't being included. They were feeling useless and embarrassed.

Charlene (midwifery) conveyed a similar sense of feeling expendable. "As a student sometimes you're made to feel really redundant and really pointless and really useless a lot of the time…" Other students described experiences of bullying including "preceptors making students cry… belittling them when they offer suggestions" (Sandi, nursing), preceptors "criticizing your work" (Faith, nursing), and

"leaving [shift] feeling absolutely shite because you've not been spoken to" (Lara, midwifery). Tui (midwifery) commented, "I get it's stressful but if [the midwife's] yelling at me, I can't do it properly."

Harriet (nursing) voiced their concerns to a charge nurse about unsafe practice on a ward. They said, "I have been told by me doing that… it could be career limiting for me, in a small town, a small hospital but actually it doesn't make it right." Despite a professional responsibility to report malpractice, students were inherently aware of the potential consequences if they challenged, or reported, their preceptors. Working in such a hostile environment does not encourage learning or promote working with integrity if whistleblowing is likely to backfire on the student rather than result in addressing poor practice.

Emotional and Physical Stressors

Emotional and physical stressors were noted as commonplace in healthcare placements and that dealing with stressful incidents were normalized. However, such situations can be especially challenging in an environment that is unsupportive. Prior to placement, many students had not been in situations where they had to deal with crisis, serious injury, significant medical events, or death and so these experiences were particularly shocking or stressful.

Tina (nursing) reflected, "Several students had people die for the first time [when they were on placement], they'd never experienced that before." This was reiterated by Sandi (nursing), "I don't think you can really prepare for it but you know that death comes…it definitely took a bit of a toll on me just because I didn't know how to process it."

Although neither of the students who shared the following events explicitly stated that they were traumatic, they were significant enough to recall in detail:

> [A midwife] had put an IV line in… she'd opened a vein so it was bleeding out and she hit the bell to ring for help and no one came… she asked me to get some gauze… I had no idea where they kept anything so I just went for a walk to try and find it… there was no one around to ask. I walked back passed the room…and she's still there with blood pouring onto the floor and the bell's ringing. It just always feels like no one's coming at the [hospital]. (Lara, midwifery)

Charlene (midwifery) also shared two tumultuous events that happened close together:

> The baby was born… he gave one cry and then stopped breathing immediately. I did the first minute of chest compressions before the actual midwife could come in … one of the midwives called a neonatal Code Blue. This baby after 8 minutes was screaming, crying … maybe a week or two later he was being discharged perfectly healthy … The following day though I went to a birth of a cardiac baby via caesarean and the baby just died right in front of us.

The mental health students did not report experiencing events of this nature, however, they were aware of the impact vicarious trauma could have on their own wellbeing. "You absorb people's pain and distress. You take on really heavy stuff a lot … we're hearing all these really traumatic stories" (Madison, mental health).

Nursing and midwifery students reported concerns for their physical safety travelling to and from hospitals. Many students reported taking precautionary measures when walking to and from their cars and carrying informal weapons as a means of self-protection. "I've got a rape alarm because I'm gonna be finishing at midnight for the next 3-weeks" (Charlene, midwifery). Alana said,

> I have my scissors on me in case of some sort of situation … a friend of mine …she was told on her first day she should carry a cup of hot tea to her car with her to throw on predators.

Students took rudimentary steps to protect themselves in case of attack. Preventative measures such as parking nearby or travelling with others were not always an option due to financial constraints and working different shifts to their peers. Many students reported dealing with a variety of new and complex situations, often without adequate time, support, or resources to process what they were experiencing.

Workload Pressures

Between unpaid placements, completing assignments, preparing for presentations or exams, attending simulation sessions, and paid work, many students reported working well above, if not double, the standard 40-hour work week. Lara (midwifery) said, "I look like I'm hungover because I've done a 70-hour week of midwifery and then done my [20 hours paid] work around it." Charlene (midwifery) was "doing extended placement so I've got an extra 85 hours of placement over two weeks. If I look at an assignment that's due in a month, I'll keel over."

Some students also lived far away from their placement locations. India's (midwifery) commute was a two and a half hour round trip. "I'll do 12-hour shifts just to try and get the hours over and done with." This made their placement days 14.5 hours long. However, given the distance they had to travel, it was understandable that 12-hour shifts were better to reduce their commute time and costs to complete their clinical hours. Nonetheless, lengthy commutes took more unpaid time which added to already significant workloads.

The mental health students also spoke of heavy workloads. River (mental health) said, "it's nearly a full-time job [as a part-time student]." Madison (mental health) acknowledged that the pressures of their degree program were widely recognized within the academic community. "Everyone in the university is like, 'your program sucks. It's so intense.' The supervisors admit that 'it's hell for you guys.'"

Despite a heavy workload, some students spoke about completing hours for the sake of meeting the registration requirements and that this time was not always productive, for instance, undertaking menial tasks:

> I was there for a whole week and the entire week the ward was empty. There was no inpatient, no outpatient. Nothing. I did nothing. I fed fish and I read breast-feeding statistics and I re-stocked rooms for 4 days. (Charlene, midwifery)

Placements did not always offer students the clinical skills they needed to practice, and relevance of tasks undertaken on placement influenced student interest and enjoyment of placement:

> We ended up being stuck in a room by ourselves for hours and hours, days at a time and just told to read books because they didn't have anything for us to do. We were not doing clinical practice. Full stop. There was nothing to do. (Tina, nursing)

> It feels like we're always just working to quantity as opposed to try and get quality learning out of our placements. Sitting on a pod night shift for 3 nights in a row, it's not doing anything for anyone. Half the women are asleep, the other half only need Panadol and you're basically just sitting there. It's literally just a time thing. (Lara, midwifery)

Students were understandably disappointed when tasks did not further their skill development or make them feel like they were having a positive impact, especially given they were not being financially remunerated.

Midwifery students were often on-call during community placements with an independent midwife. While this was important to facilitate enough births for their registration requirements, students would sometimes work between two different midwives to maximize the number of births attended:

> The midwives would have time off … but as a student, you can't really because we can't miss out on what's happening, so you just work between two midwives. I've been on call for about the last 8 weeks without a day off. I have had days where I haven't done anything but you're still on call so you can't do anything. (Jasmine, midwifery)

Being on-call restricted student free time and also made it very difficult to find paid work that was sufficiently flexible. This limited their earning potential even beyond the unpaid placement requirements.

Wellbeing

Students recognized the unpaid placements had considerable negative impacts on all aspects of their wellbeing: financial; mental and emotional wellbeing; spiritual wellbeing; physical wellbeing, and family and social wellbeing.

The students were responsible for covering all course-related costs including uniforms, immunizations, travel, childcare arrangements, supervision, and accommodation for placements away from home. Meanwhile, they were actively discouraged by their HEI to undertake paid work due to the heavy workload. Student allowances and loans barely covered food and rent, or any additional costs associated with placements. Scholarships and grants were rare so many students took on as much paid work as they were able to schedule amongst their full-time placement and study workloads. Students were therefore often working 40-hours a week on placement then had to manage any additional study and paid work commitments. This left minimal time for students to rest, enjoy hobbies, or spend time with loved ones. Bella (nursing) worked three jobs during the course of their study and estimated that between placement, paid work, and assignments they worked 12-hour days, 7 days a week, totaling on average 84 hours per week. They said, "that's just sort of expected right. You have no life while you do your nursing degree when you're on placement." Charlene (midwifery) reflected: "I went 43 days without having a day off at one point." They also discussed the struggle of undertaking basic life administration while dealing with ongoing health issues. "I would love to have had 4-days off this week and spent time actually getting over this [illness]. I haven't had time to do laundry in 3 weeks. I would like to have my hobbies back."

Maintaining a healthy work-life balance is necessary to support learning and integration however, the students reported feeling stressed by juggling so many competing demands. Many students missed out on leisure activities because they did not have capacity to do them: "The nice to dos get kind of thrown out when you're on placement. You don't have that ability to commit to as much … that's probably the hardest part." (India, midwifery). Sandi (nursing) recognized the negative impact of working rather than having time to support her spiritual wellbeing:

> I went to church on Sunday for the first time in the last couple of months because I'm usually working on Sundays. That itself I found quite damaging to my spiritual wellbeing. I definitely felt my faith deteriorate which sucked cos church is such an important thing for me.

Fatigue was also a common issue for the healthcare students with several noting they had to be awake and on shift for extensive periods of time, sometimes barely sleeping within a 24-hour period. "[After a 13-hour labour], I finished at 5pm, I went to sleep. I got woken up at 10pm and had to go in for another birth, so I got home at 2am and had to be up and at clinic at 8am" (Charlene, midwifery). Similarly, Lara (midwifery) indicated it was not unusual to "do 18-hour births." Jasmine (midwifery) also spoke of long hours on shift. "I think the longest day I did on that placement was about 19 hours."

This perpetual state of fatigue had negative effects on family, their own physical health and also increased the potential for mistakes or unsafe clinical practice. Pria (midwifery) said, "I'm so constantly tired, you know, I feel like I'm neglecting my kids by putting them into after school care so I can have a sleep. It's absolutely draining." Bella (nursing) pointed out "the chances of you making a mistake when you're fatigued are higher … you feel like you're a danger to everyone." In some instances, students were driving home tired after a shift and were also aware that their relationships with loved ones suffered as a result of their placement commitments. Jasmine (midwifery) was required to complete numerous placements and block courses away from home as part of their program. "It's weeks away from home and just being so shattered. The stress that that causes for [my kids] and the family. It's definitely been a massive commitment." Harriet (nursing) acknowledged that juggling the program with a family had taken a toll:

> I have really struggled. It's both with the volume of theory work and the balance with clinical and the kids and then financially having to work. It's been too much. It's not sustainable. It hasn't been healthy. For anyone probably at my stage in life, I don't know if I would recommend it.

There was a sense of parental guilt for not being there for their children in the ways they would have liked. "I'm hoping that it won't impact [my children] when they come to, to study that they won't remember that it was a horrible thing that took [their parent] away for a while" (River, mental health).

Completion and the Future Workforce

The structure of the healthcare programs, and in particular, the extensive time required for unpaid placements, was recognized by the students as negatively impacting completion rates. The midwifery students reported the highest dropout rate of all the professions. "We started off in first year with 46 or 47 students and I think we've got about 25 left [in the final year]" (Jasmine). Similarly, India said "So in my year, we started with 10. There's now four." Charlene reported, "We started with about 200 in first year… I think 50-60 of us are expected to graduate at the end of next year."

Students in nursing programs reported similarly high dropout rates. There was one program with a 100% retention rate for their cohort, but this appeared to be the exception. Sandi said that a friend on another nursing course "started off with 100 in their first year and now they're down to 60-something." Tina indicated a similar attrition rate from their program. "I think it went for our year from 60 to 30." Harriet said, "we started with 23, we're now down to 14 at the end of the second year."

Many students did not intend to stay in NZ once they graduated, with Australia viewed as a more attractive place to work. "Everyone's leaving to Australia" (Alana, midwifery). Bella (nursing) said

"I've applied and got an offer from [Australian city]." Sandi (nursing) also said, "We've applied to a few hospitals here in NZ but if we get an offer from [city in Australia], we're quite keen to head out." NZ's unpaid training requirements took their toll on students, leaving them feeling undervalued. "If I go to Australia, which is not off the cards, then [I will earn] more … once we're registered we're fucking off because they don't care about us" (Madison, mental health).

While some of the challenges noted here may also be experienced in paid training or paid placements, having unpaid placements, and unpaid training more broadly, impacted students' abilities to fully participate in their learning, and also maintain a work-life balance, which affected their overall wellbeing. Furthermore, the students' limited desire to remain in NZ presents a risk for the sustainability of healthcare programs and the health workforce in NZ.

DISCUSSION

The Placement Experience

Students felt that much of their best learning happened on placement as it solidified theory in practice (Howells, 2024). It was also where many gained the most satisfaction as they were actively helping patients and clients. High satisfaction during training supports retention of students (Cant et al., 2021a) meaning these positive moments are critical to keeping students engaged in qualifications. Emphasis on positive placement experiences is required to ensure quality graduates and newly qualified professionals who have had sufficiently constructive experiences within the NZ healthcare sector that they want to stay.

However, students frequently reported feeling like a burden on placement. Without any formal regulation of placements, there are no official channels to raise concerns. As such, students were inclined to keep quiet so as to finish and pass placement. Quality interpersonal relationships with supervisors are key to ensuring student support, mentorship, and guidance (Drewery et al., 2026; Eady et al., 2025). Unfortunately, this did not appear to be the norm for the participants, instead reporting bullying cultures that negatively affected their learning, health and wellbeing, and desire to enter or stay in the profession (Capper et al., 2021; Minton & Birks, 2019; Smith et al., 2016).

In spite of this, students dutifully undertook long shifts between being on-call for births and regular placement hours to keep up with the program. Students operated in a perpetual state of fatigue, in many instances barely having a few hours rest between the end of one shift and the beginning of another, risking their safety and patient safety. Students had limited time to facilitate sufficient births or complete placement hours and objectives, encouraging them to do as many hours as possible during this period. Failure to achieve the required standards would have meant re-sitting or failing a paper, resulting in more financial impact.

Despite no legal grounds for enforcement of completion, unpaid placements are compulsory to enter healthcare professions in NZ. As such, there is a heavy reliance on student goodwill to undertake unpaid placements. This seems bound to the notion that students should be grateful for the opportunity rather than recognition and remuneration of the value of their efforts in training (Howells, 2024). Being intrinsically driven by a desire to serve others is a powerful motivator but this should not be relied upon in place of sufficient financial resources to meet basic needs (Duffy et al., 2018).

Compounding Stressors Of Unpaid Training

The challenges on placements were compounded by other stressors which negatively impacted student wellbeing. Students were responsible for covering all financial costs associated with placements despite not receiving adequate sources of income to assist them. Many therefore needed to take on additional paid work on top of an already heavy academic workload and placement requirements, despite being advised against this.

Working while studying has a detrimental impact on academic attainment and mental health (Bartley et al., 2024). Many participants however reported having two or three casual jobs as they needed flexibility around their placements. The irregularity of shift work and on-off nature of placements made undertaking paid work opportunities difficult, contributing to overall fatigue (Beddoe et al., 2023). Furthermore, sleep deprivation can have long-term consequences for health, stress levels, and performance (Jehan et al., 2017) and is yet another compounding stressor students must contend with as part of their unpaid training.

Undertaking placements, paid work, and study, limited time to rest or play which has implications for student wellbeing. Many students miss out on basics such as food, medication, and heating due to the financial hardship they experience (Bartley et al., 2024). Wider consequences for their families also occur as students may be absent from home due to placement requirements, leading to parental guilt and missing quality time with their children (Hulme-Moir et al., 2022).

The workload, financial cost, and wellbeing implications contribute to high attrition rates (up to 37% in nursing and 42% in midwifery (NZNO, 2023; Otago Daily Times, 2023)), as the time commitment and investment required are beyond any reasonable capacity. The barriers to completion of training prevent a steady pipeline of graduates entering the workforce to address chronic workforce shortages. It is difficult to expect people to remain loyal to a system that mistreats them while inflicting debt and financial hardship throughout training (Howells, 2024). Students are expected to treat people with dignity and respect, advocate for equity, independence, and empowerment of others while being expected to tolerate hardship (Howells, 2024). Students are seemingly exempt from receiving the same ethical standards of care as patients or clients. This sets a low bar for the treatment of others within the health professions as demonstrated by reports of bullying. Poor experiences in training do not encourage students to enter their professions. Instead, it may incentivize moving overseas in pursuit of recognition for their training, skill, and experience (Howells, 2024). Better incentives and protections for students are required to support sustainable domestic workforce development.

RECOMMENDATIONS

Healthcare students need a reliable source of income for the duration of training, whether they are on placement or not to ensure they can prioritize completion of training rather than meeting their basic survival needs. An international recommendation is to introduce a universal (non-means tested) stipend for students with compulsory placement requirements (Per Capita, 2024; United Nations, 2024). This would be time-bound for the duration of academic training and would not require an ongoing employment relationship between students and placement providers (Per Capita, 2024). In NZ, the stipend could be administered via StudyLink in the form of student allowance on a fortnightly basis.

At present, regulation of training requirements is overseen by individual registration bodies with no national standards for healthcare placements in NZ. There is scope to implement enforceable regulations to safeguard students and ensure quality placement opportunities. This could be achieved

through a code of practice (Code) that sets out rights and responsibilities of students, education and placement providers. The Code could require education providers to obtain informed consent during initial enrolment to ensure students are fully aware of the course requirements. Total placement hours and anticipated expenses should be stipulated for transparency (Howells, 2024).

The Code should also include entitlement to a stipend, preparation for and orientation on placement, maximum hours on placement per week and rest between shifts, disciplinary procedures, and access to grievance processes. Pastoral care, supervision, mentorship, and feedback processes should also be included (Gateways to the Professions Collaborative Forum, 2013). This could be administered and monitored by the New Zealand Qualifications Authority (NZQA) under the *Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021* (Pastoral Care Code) pursuant to section 534 of the Education and Training Act 2020. Implementation of this Code would include students on placement within education and training law while continuing to exclude them from employment law. It would not provide them with the privileges and protections of employee status, but it could legislate safeguards and financial aid.

Limitations

Eighteen students is a small sample size relative to the total number of students and professionals training and practicing in healthcare fields and so the findings cannot be extrapolated to reflect that of all students. The gender representation of participants reflects the relative percentage of women in these professions and while some diversity of ethnicity was present, future research could target specific cultures or groups. For example, exploring the perspectives of students who had dropped out, disabled students, or students studying other healthcare disciplines would strengthen current research on unpaid WIL and associated training programs.

CONCLUSION

Unpaid training that includes unpaid compulsory placements, creates significant challenges for students and presents a risk to the sustainability of the healthcare workforce. This practice normalizes financial penalty for healthcare students through accumulation of debt, delayed onset of income and superannuation contributions, and lower salaries on completion (Watson & Howells, 2025). The paid training in male-dominated public services which have minimal cost to the individual, long-term financial gains, low attrition rates, and lesser academic requirements, makes a compelling case for paid training in healthcare and other female dominated sectors such as teaching and social work. Introduction of a stipend would alleviate pressures healthcare students currently experience during both their placements and the wider training program.

REFERENCES

Ashton, N. (2020). Relativism in feminist epistemologies. In N. Ashton, M. Kusch, R. McKenna, & K. Sodoma (Eds.), *Social epistemology and relativism* (pp. 87-102). Taylor & Francis Group.

Bamberry, L., Bridges, D., Wulff, E., & Krivokapic-Skoko, B. (2022). Inequality regimes in male-dominated trades: What role do apprenticeship intermediaries (GTOs) play? *The Economic and Labour Relations Review, 33*(3), 547-565. https://doi.org/10.1177/10353046221096270

Bartley, A., Beddoe, L., Hashemi, L., Rahimi, M., & de Fossard, S. (2024). Social work students in Aotearoa New Zealand: The impacts of financial hardship on mental and social wellbeing. *Social Work Education, 44*(3), 485-505. https://doi.org/10.1080/02615479.2024.2326540

Beddoe, L., Baker, M., Cox, K., & Ballantyne, N. (2023). Mental health struggles of social work students: Distress, stigma, and perseverance. *Qualitative Social Work, 23*(5), 813-832. https://doi.org/10.1177/14733250231212413

Boniol, M., Kunjumen, T., Nair, S., Siyam, A., Campbell, J., & Diallo, K. (2022). The global health workforce stock and distribution in 2020 and 2023: A threat to equity and 'universal' health coverage? *BMJ Global Health, 7,* Article e009316. https://doi.org/10.1136/bmjgh-2022-009316

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage Publications.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative research in sport, exercise and health, 11*(4), 589-597. https://doi.org/10.1080/2159676X.2019.1628806

Cant, R., Ryan, C., & Copper, S. (2021a). Nursing students' evaluation of clinical practice placements using the clinical learning environment, supervision and nurse teacher scale – a systematic review. *Nurse Education Today, 104* Article104983. https://doi.org/10.1016/j.nedt.2021.104983

Cant, R., Ryan, C., Hughes, L., Luders, E., & Cooper, S. (2021b). What helps, what hinders? Undergraduate nursing students' perceptions of clinical placements based on a thematic synthesis of literature. *SAGE Open Nursing, 7,* 1-20. https://doi.org/10.1177/23779608211035845

Capper, T., Murrlink, O., & Williamson, M. (2021). Social culture and the bullying of midwifery students whilst on clinical placement: A qualitative descriptive exploration. *Nurse Education in Practice, 52,* Article 103045. https://doi.org/10.1016/j.nepr.2021.103045

Carreon, E. (2023). Expected to work for free: Social work's complicity in its own devaluation. *Affilia: Feminist Inquiry in Social Work, 39*(1), 12-18. https://doi.org/10.1177/08861099231185331

Collins, P. H. (2019). *Intersectionality as critical social theory*. Duke University Press.

Committee on Employment and Social Affairs. (2023). *Report with recommendations to the Commission on quality traineeships in the Union* (Report-A9-0186/2023). European Union. https://www.europarl.europa.eu/doceo/document/A-9-2023-0186_EN.html

Curtis, E., Wikaire, E., Stokes, K., & Reid, P. (2012). Addressing Indigenous health workforce inequities: A literature review exploring 'best' practice for recruitment into tertiary health programmes. *International Journal for Equity in Health, 11,* Article 13. https://doi.org/10.1186/1475-9276-11-13

Davis, K., Stipcevich, M., Cant, R., Ryan, C., & Bogassian, F. (2025). Addressing nursing student clinical placement poverty concerns: A discussion paper. *Nurse Education Today, 144,* Article 106483. https://doi.org/10.1016/j.nedt.2024.106483

Department of Corrections. (n.d). *Āpiha Whare Herehere: Corrections Officer*. https://careers.corrections.govt.nz/roles/corrections-officer/

Drewery, D., Eady, M. J., & Li, W. (2026). Six essential elements of high-quality work-integrated learning experiences: A thematic analysis of students' voices. *Teaching & Learning Inquiry, 14,* 1–16. https://doi.org/10.20343/teachlearninqu.14.11

Duffy, R., Dik, B., Douglass, R., England, J., & Velez, L. (2018). Work as a calling: A theoretical model. *Journal of Counselling Psychology, 65*(4), 423-439. https://doi.org/10.1037/cou0000276

Eady, M. J., Drewer, D., Burney, M., Li, W., & Livingstone, K. (2025). Students' reflections of quality (RoQ) in work-integrated learning (WIL): A systematic review and framework. *Higher Education Skills and Work-Based Learning*, *15*(1), 222-239. https://doi.org/10.1108/HESWBL-03-2024-0078

Eisenbrey, R. (2012, February 7). Unpaid internships: A scourge on the labor market .*Economic Policy Institute Blog.* https://www.epi.org/blog/unpaid-internships-scourge-labor-market/

Employment New Zealand. (2025). *Volunteers, internships and studentships*. https://www.employment.govt.nz/starting-employment/types-of-worker/volunteers-internships-and-studentships

European Youth Forum. (2023, June 14). *European Parliament calls for banning unpaid internships*. https://www.youthforum.org/news/european-parliament-calls-for-banning-unpaid-internships

Fedele, R. (2024). Placement poverty: Why nursing and midwifery students must be paid for clinical placements. *Australian Nursing and Midwifery Journal, 28*(4), 8-12. https://anmj.org.au/placement-poverty-why-nursing-and-midwifery-students-must-be-paid-for-clinical-placements/

Fleming, J., Ferns, S. J., & Zegwaard, K. E. (2023). Benefits of work-integrated learning for host organizations. In K. E. Zegwaard & T. J. Pretti (Eds.), *The Routledge international handbook of work-integrated learning* (3rd ed., pp. 113-131). Routledge. https://doi.org/10.4324/9781003156420-9

Funding Clinic. (2024). *Funding information for studying nursing, midwifery and the allied health professions*. https://www.thefundingclinic.org.uk/undergraduate/

Gateways to the Professions Collaborative Forum. (2013). *Common best practice code for high quality internships.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/251483/bis-13-1085-best-practice-code-high-quality-internships.pdf

Grant-Smith, D., & McDonald, P. (2024, May 6). What does the new Commonwealth Prac Payment mean for students? Will it do enough to end 'placement poverty'? *The Conversation*. https://theconversation.com/what-does-the-new-commonwealth-prac-payment-mean-for-students-will-it-do-enough-to-end-placement-poverty-229280

Heagney, M., & Benson, R. (2017). How mature-age students succeed in higher education: Implications for institutional support. *Journal of Higher Education Policy and Management, 39*(3), 216–234. https://doi.org/10.1080/1360080X.2017.1300986

Healy, C. (2022, December 15). Student nurses and midwives to receive 80% of starting rate during placement. *Trinity News*. https://trinitynews.ie/2022/12/student-nurses-and-midwives-to-receive-80-of-starting-rate-during-placement/

Howells, B. (2024). *'We pay to do free labour.' How unpaid placements affect New Zealand's healthcare students: A proposal for sustainable workforce development* [Master's thesis, Te Herenga Waka-Victoria University of Wellington]. Open Access Te Herenga Waka-Victoria University of Wellington. https://doi.org/10.26686/wgtn.26951671

Hulme-Moir, K., Beddoe, L., Davys, A., & Bartley, A. (2022). Social work education in Aotearoa New Zealand: A difficult journey for student caregivers. *Aotearoa New Zealand Social Work, 34*(4), 33-46. https://doi.org/10.11157/anzswj-vol34iss4id985

Immigration New Zealand. (2024). *Green list roles.* https://www.immigration.govt.nz/new-zealand-visas/preparing-a-visa-application/working-in-nz/qualifications-for-work/green-list-occupations

International Labor Organization. (2018). *The regulation of internships: A comparative study.* (Employment Working Paper No. 240). https://www.ilo.org/publications/regulation-internships-comparative-study

Jackson, D., & Cook, E. J. (2023). Benefits of work-integrated learning for students. In K. E. Zegwaard & T. J. Pretti (Eds.), *The Routledge international handbook of work-integrated learning* (3rd ed., pp. 93-112). Routledge. https://doi.org/10.4324/9781003156420-8

Jehan, S., Zizi, F., Pandi-Perumal, S., Myers, A., Auguste, E., Jean-Louis, G., & McFarlane, S. (2017). Shift work and sleep: Medical implications and management. *Sleep Medicine and Disorders: International Journal, 1*(2), 1-14. https://pmc.ncbi.nlm.nih.gov/articles/PMC5836745/

Kozhevnikov, A., & Vincent, S. (2019). Critical realism. In P. Atkinson, S. Delamont, A. Cernat, J. W. Sakshaug, & R. A. Williams (Eds.), *SAGE Research methods foundations* (pp. 1-14). Sage Publications Ltd. https://doi.org/10.4135/9781526421036782465

McBride, B., Mitra, S., Kondo, V., Elmie, H., & Kamal, M. (2018). Unpaid labour, #MeToo, and young women in global health, *The Lancet, 391*(10136), 2192-2193. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30992-9/fulltext

Minton, C., & Birks, M. (2019). "You can't escape it": Bullying experiences of New Zealand nursing students on clinical placement. *Nurse Education Today, 77*, 12-17. https://doi.org/10.1016/j.nedt.2019.03.002

New Zealand Customs Service. (2019). *Customs officers.* https://careers.customs.govt.nz/c/customs-officer

New Zealand Government. (2021). *Education (pastoral care of tertiary and international learners) Code of practice 2021*. https://www.enz.govt.nz/assets/Education-Pastoral-Care-of-Tertiary-and-International-Learners-Code-of-Practice-2021.pdf

New Zealand Nurses Organisation. (2023, September 8). *NZNO wants more Māori and Pasifika nurses; calls for free training.* https://www.nzno.org.nz/resources/nursing_reports/nursing-shortages/pageid/2

New Zealand Police. (2024a). *FAQs.* https://www.newcops.govt.nz/faqs/1234

New Zealand Police. (2024b). *Pay and benefits.* https://www.newcops.govt.nz/about-the-job/pay-benefits

New Zealand Psychological Society, Le Va, New Zealand Psychologists Board, & New Zealand College of Clinical Psychologists. (2023, August 23). *Urgent call for funding to address the severe shortage of psychologists in Aotearoa*. https://www.psychology.org.nz/application/files/4116/9275/9523/Media_Release-_Urgent_Call_for_Funding_to_Address_the_Severe_Shortage_of_Psychologists_in_Aotearoa.pdf

Organisation for Economic Co-operation and Development. (2014). *Unpaid care work: The missing link in the analysis of gender gaps in labour outcomes*. https://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf

Otago Daily Times. (2023, July 6). *Midwifery students dropping out amid shocking shortfall.* https://www.odt.co.nz/news/national/midwifery-students-dropping-out-amid-shocking-shortfall

Payinda, G. (2022, November 13). Healthcare workers plead for help amid national burnout crisis. *Stuff.* https://stuff.pressreader.com/article/281900187192328

Per Capita. (2024). *A thousand hours for free? Ending unpaid placements in social work education: A policy proposal by Per Capita for the Australian Council of Heads of Social Work Education*. Australian Council of Heads of Social Work Education. https://percapita.org.au/wp-content/uploads/2024/03/A-Thousand-Hours-for-Free-for-screen.pdf

Smith, C., Gillespie, G., Brown, K., & Grubb, P. (2016). Seeing students squirm: Nursing students' experiences of bullying behaviour during clinical rotations. *Journal of Nursing Education, 55*(9), 505-513. https://doi.org/10.3928/01484834-20160816-04

Spence, A. (2023, April 15). 'Exhausted, desperate' hospital workers file 23,000 reports warning of unsafe staffing [Radio broadcast]. *Newstalk ZB.* https://www.newstalkzb.co.nz/news/politics/exhausted-desperate-nz-hospital-workers-file-23-000-reports-warning-of-unsafe-staffing/

StudyLink. (n.d.). *Student loan living costs.* https://www.studylink.govt.nz/products/a-z-products/student-loan/living-costs.html

Te Whatu Ora. (2023a). *Finding a place to learn in health*. Current-state-analysis-of-the-student-placement-system-NZ-July-23-FINAL.pdf

Te Whatu Ora. (2023b). *Health workforce plan 2023/2024.* https://www.tewhatuora.govt.nz/Health-Workforce-Plan_3-July-2023.pdf

Te Whatu Ora. (2023c). *Simulation and skills centre*. https://www.ccdhb.org.nz/for-health-professionals/capability-development/simulation-and-skills-centre/

United Nations. (2024, February 26). *United Nations high-level panel on the teaching profession launches landmark recommendations to end the global teacher shortage and strengthen the profession*. https://www.ei-ie.org/en/item/28339:united-nations-high-level-panel-on-the-teaching-profession-launches-landmark-recommendations-to-end-the-global-teacher-shortage-and-strengthen-the-profession

Watts, L., & Hodgson, D. (2019). *Social justice theory and practice for social work: Critical and philosophical perspectives.* Springer Publications

Watson, L. M., & Howells, B. (2025). Short-term pain for long-term gain? Financial implications of university fees and unpaid placements on workers in healthcare and education industries. *Journal of the Royal Society of New Zealand, 55*(6), 1921-1940. https://doi.org/10.1080/03036758.2025.2460575

World Health Organisation. (2021). *WHO report highlights global shortfall in investment in mental health*. https://www.who.int/news/item/08-10-2021-who-report-highlights-global-shortfall-in-investment-in-mental-health

Zegwaard, K. E., Pretti, T. J., Rowe, A. D., & Ferns, S. J. (2023). Defining work-integrated learning. In K. E. Zegwaard & T. J. Pretti (Eds.), *The Routledge international handbook of work-integrated learning* (3rd ed., pp. 29-48). Routledge.

Ziegler, J. (2018, September 6). Coveted qualifications: how to become a nurse. *Deutschland*. https://www.deutschland.de/en/topic/life/training-as-a-nurse-in-germany-duties-and-salary

International Journal of Work-Integrated Learning
ISSN: 2538-1032
www.ijwil.org

About the Journal

The International Journal of Work-Integrated Learning (IJWIL) publishes double-blind peer-reviewed original research and topical issues related to Work-Integrated Learning (WIL). IJWIL first published in 2000 under the name of Asia-Pacific Journal of Cooperative Education (APJCE).

In this Journal, WIL is defined as:

> *An educational approach involving three parties – the student, educational institution, and an external stakeholder – consisting of authentic work-focused experiences as an intentional component of the curriculum. Students learn through active engagement in purposeful work tasks, which enable the integration of theory with meaningful practice that is relevant to the students' discipline of study and/or professional development* (Zegwaard et al., 2023, p. 38*).

Examples of practice include off-campus workplace immersion activities such as work placements, internships, practicum, service learning, and cooperative education (co-op), and on-campus activities such as work-related projects/competitions, entrepreneurships, student-led enterprise, student consultancies, etc. WIL is related to, and overlaps with, the fields of experiential learning, work-based learning, and vocational education and training.

The Journal's aim is to enable specialists working in WIL to disseminate research findings and share knowledge to the benefit of institutions, students, WIL practitioners, curricular designers, and researchers. The Journal encourages quality research and explorative critical discussion that leads to the advancement of quality practices, development of further understanding of WIL, and promote further research.

The Journal is financially supported by the WILNZ, WACE, WIL Australia, and the University of Waikato.

Types of Manuscripts Sought by the Journal

Types of manuscripts sought by IJWIL are primarily in two forms: 1) *research publications* describing research into aspects of WIL and, 2) *topical discussion and conceptual* articles that review relevant literature and provide critical explorative discussion around a topical issue. The journal will, on occasions, consider good practice submissions.

Research publications should contain; an introduction that describes relevant literature and sets the context of the inquiry. A detailed description and justification for the methodology employed. A description of the research findings - tabulated as appropriate, a discussion of the importance of the findings including their significance to current established literature, implications for practitioners and researchers, whilst remaining mindful of the limitations of the data, and a conclusion including recommendations.

Topical discussion and conceptual articles should contain a clear statement of the topic or issue under discussion, reference to relevant literature, critical and scholarly discussion on the importance of the issues, critical insights into how to advance the issue further, and implications for other researchers and practitioners.

Good practice and program description papers. On occasions, IJWIL seeks manuscripts describing an example of good practice, however, only if it presents a particularly unique or innovative practice or it was situated in an unusual context. There must be a clear contribution of new knowledge to the established literature. Manuscripts describing what is essentially 'typical', 'common' or 'known' practices will be encouraged to rewrite the focus of the manuscript to a significant educational issue or will be encouraged to publish their work via another avenue that seeks such content.

By negotiation with the Editor-in-Chief, the Journal also accepts a small number of *Book Reviews* of relevant and recently published books.

Reference

Zegwaard, K. E., Pretti, T. J., Rowe, A. D., & Ferns, S. J. (2023). Defining work-integrated learning. In K. E. Zegwaard & T. J. Pretti (Eds.), *The Routledge international handbook of work-integrated learning* (3rd ed., pp. 29-48). Routledge. https://doi.org/10.4324/9781003156420-4

Supporters

WILNZ Work-Integrated Learning New Zealand Inc
WACE Advancing cooperative and work-integrated education
WIL Australia
The University of Waikato Te Whare Wānanga o Waikato

International Journal of Work-Integrated Learning
ISSN: 2538-1032
www.ijwil.org

Publisher: Work-Integrated Learning New Zealand (WILNZ)