Principal issues with paying nursing students for clinical placements

Recently, there have been calls from some quarters for nursing students to be paid for clinical placements during their undergraduate degree studies. Paying students for clinical placement would be a retrograde move and is not supported by the Society. There are a range of reasons why paying nursing students for clinical placements would not be viable or desirable.

PAYMENT OPTIONS

What are the potential payment options for undergraduate nursing students? Broadly, these include:

- **Scholarships:** There are a wide variety of these available. Information on these is available from nursing schools and various other bodies. These are not related to clinical placements and are not problematic in any way.
- **Bursaries or grants:** From time to time, various bursaries have been available for nursing students. These usually involved a bond and conditions. It is questionable whether these have assisted with retention. Experience has shown that bonds are frequently broken, especially if recipients are bonded to unpopular locations or clinical areas.
- **Placement allowance:** This would be an allowance for expenses, open to all nursing students while on a clinical placement. This would likely be a set annual amount and paid regardless of setting.
- **Training salary:** The organisation hosting the student would pay a set allowance, stipend or salary. This would essentially be a salary for each placement or placements, presumably in the third year.

WHAT ARE SOME OF THE ISSUES WITH PAYING STUDENTS FOR CLINICAL PLACEMENT?

- Nursing students are, and should be, students rather than employees. If they were to be paid for
 placements, technically and legally they would be employees. Aside from other considerations, if
 they are paid for clinical placements, their educational needs could be undermined by the service
 and operational needs of the organisation in which they are placed.
- Paying students for placements arguably makes them accountable to employers.
- If they were paid for clinical placements, it would risk them becoming an integral part of the
 workforce. Moreover, it would negatively impact on where they are placed in terms of clinical
 areas, sectors and different types of workplaces. Where they are placed, and for how long and the
 nature of the placement, should be determined by the educational needs of the student, not the
 staffing or operational needs of a service.
- Moreover, there are already major challenges in finding appropriate clinical placements for nursing students.

- Students should be supernumerary to the nursing workforce. If they were factored into the staffing equation, it could ultimately be counterproductive to staffing and resourcing an area or service.
- Moreover, if students were considered to be part of the workforce or a staffing resource, there
 is a risk of them being placed in potentially unsafe or otherwise inappropriate situations.
 Likewise, it may undermine the quality of care and services.
- Using students as part of the workforce could undermine staff numbers, because they would be counted in some form, formally or informally, as part of the workforce.
- One of the reasons why hospital-based nursing schools were phased out in the 1970s was
 because students had become a key part of the workforce and services were dependent on
 them. The students were paid employees. Placements occurred partly to meet the staffing
 needs of hospitals and related services, and students were an essential part of the workforce.
 That caused a multitude of problems. Nurses fought hard many decades ago to change this,
 by moving nursing schools to universities and polytechnics.
- If nursing students were paid for clinical placements, then arguably many other students with work or practicum placements should also be paid; for instance, students training for other health professions, or other tertiary students such as student teachers.
- Paying nursing students is not the solution to nursing shortages. Continuing improvements in pay and conditions for nurses, as well as providing sound professional environments and adequate resourcing, are the real solutions in the long term.
- Whilst paying a grant offers some welcome assistance to students with their costs, including
 expenses related to clinical placements, there is no evidence that this helps reduce course
 attrition or nursing shortages. A case can be made for additional bursaries or grants of some
 type for nursing students but, if that were to happen, it should not be linked to clinical
 placements and should not be a salary.

NURSES SOCIETY OF NEW ZEALAND Te Kāhui Tapuhi o Aotearoa & Te Uniana o NSNZ



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