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Don't spend, eat less, save more: Responses to the financial stress experienced by nursing students during unpaid clinical placements

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ABSTRACT

Using an online survey, this study explored the impact of participation in unpaid clinical placements on the financial wellbeing of 160 nursing students attending an Australian university. The research found that the majority of respondents struggle financially during clinical placements, yet are financially adequate or secure outside of semester or during normal periods of study. Increased transport costs and loss of income are the most significant financial stressors during this time, with additional meals, work-appropriate clothing, purchasing additional resources and materials, and childcare costs other causes of financial stress. Most students used savings, budgeting, borrowing, and changed expenditure patterns to cope with the financial impact of unpaid placement. These findings have important implications for the ability of students to successfully complete their nursing degree and draw into question the equity of unpaid clinical placements as a formal degree requirement. However, while participation in unpaid clinical placements can impact financial well-being in the short term, participation does have the potential to increase the financial resilience of students over time, as students learn and grow from these experiences. To achieve this, however, greater attention must be placed on the financial support and personal finance education available for nursing students.

1. Introduction

The completion of periods of practice learning involving the direct care of patients is a requisite for attaining a nursing degree qualification in many countries (ANMAC, 2012; NMBI, 2016; NCNZ, 2017; NMC, 2018). Clinical placements typically require nursing students to complete an intensive block of unpaid workplace learning, which can include weekend and evening work. For example, under the requirements of the Australian Nursing and Midwifery Accreditation Council (2012) studying a nursing degree (registered nurse) requires the completion of a minimum of 800 h of workplace experience, not including simulation activities. The purpose of these clinical placements is to “enable safe and competent nursing practice by program completion” (ANMAC, 2012, p.13). While the pedagogical and developmental importance of clinical placements is well documented (Gale et al., 2016; Papastavrou et al., 2016) there has been an increasing focus on research which attends to addressing student stress within the clinical learning environment (Budden et al., 2017; Chernomas and Shapiro, 2013; Cray, 2013; Graham et al., 2016; Grobecker, 2016; Moscaritolo, 2009; Turner and Lander McCarthy, 2017). However, despite this important recognition of the need to address student nurse wellbeing in a placement context

(Gillett-Swan and Grant-Smith, 2018; Suen et al., 2016), the potential impact of financial stress on nursing students as a result of participation has been comparably under-researched.

The move away from paying nursing students a salary while developing clinical skills (Timmins and Kaliszer, 2002; Glasper, 2016) combined with a lack of financial support and increasing university fees (Hall, 2010; Twycross, 2016) has seen increasing numbers of nursing students relying on income from in-semester employment to cover both study and day-to-day expenses (Devlin et al., 2008; Wray and McCall, 2007). Participation in clinical placement typically prevents students from continuing their paid employment for the duration, which can result in significant financial stress. As a result, increasing numbers of nursing students are experiencing stress during clinical placement due to financial difficulties (Graham et al., 2016) and additional expenses (Ralph et al., 2009) such as increased transport, clothing, and childcare costs (Grant-Smith et al., 2018; Grant-Smith and Gillett-Swan, 2017).

Students' financial circumstances and concerns about finances have the potential to negatively impact their emotional and physical health and general wellbeing (Bemel et al., 2016; Britt et al., 2016; Deasy et al., 2014; Heckman et al., 2014; Watson et al., 2015). Financial hardship can negatively impact academic performance (Joo et al.,

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2008; Northern et al., 2010), and the quality of the placement learning experience can be substantially compromised due to student financial stress (Johnstone et al., 2016; Collins et al., 2008). Indeed, the impact that financial strain can have on student participation in placement, and their life beyond placement, is well documented (Grant-Smith et al., 2017; Lomax-Smith et al., 2011; Wray and McCall, 2007). For example, Andrews and Chong (2011) found that students who indicated they were struggling financially, or who reported having adequate finances, also demonstrated more psychological distress, stress, anxiety, and depression than those who reported secure financial circumstances. Further, student financial hardship is a known source of stress and anxiety for tertiary students (Creedon, 2015; Ross et al., 1999) and a common cause of attrition (Schofield et al., 2009).

This paper considers the financial impacts of clinical placement from the perspective of undergraduate nursing students in a large Australian university. In particular, it highlights the financial hardships and stress created or magnified as a consequence of undertaking a clinical placement and the financial coping strategies students employ to manage these. The paper concludes by reflecting on approaches that universities and accrediting bodies may consider to reduce the financial stresses of participation on nursing students.

2. Method

Consistent with prior research in the area of student experiences of placement (e.g., Kanno and Koesk, 2010) an online survey was used to gather data on perceptions and experiences of placement of students from a large Australian university. The survey included a mix of open and scaled questions. Basic demographic questions were also included to provide context for responses. Of the five hundred and fifty-two (552) students who completed the Qualtrics survey to a satisfactory level to be included in the analysis, more than one-third were enrolled in a nursing qualification (37%, $n = 206$). This paper focuses on the respondents undertaking a Nursing and Midwifery Board of Australia accredited program of study to become a registered nurse (Bachelor of Nursing). This degree requires students to undertake at least 800 h of work experience including a four-week full-time clinical placement prior to the commencement of the final year of studies. The research project received ethics approval from the university in which the researchers are based. Student participation was voluntary and anonymous.

After data cleaning, there were 160 complete responses to the survey. The sample demographics of these respondents are presented in Table 1. Consistent with nursing enrolments and the broader nursing workforce (HealthWorkforce Australia, 2014) the majority of respondents identified as female. The sample was skewed toward a younger age profile with 74% of respondents aged 30 years and younger. In terms of caring responsibilities, most respondents (72%) reported have no caring responsibilities; more than one-quarter (29%) have children at home.

For administrative purposes, a domestic student is an Australian and/or New Zealand citizen, Australian permanent resident, or Australian humanitarian visa holder. Students who do not hold one of these visas or citizenships are an international student. The implication of being an international student is that these places are not subsidised by the government and these students, therefore, pay significantly more for their degree than domestic students.

2.1. Data analysis

A mixed-methods approach was adopted to analyse the data. Descriptive statistics were prepared and a series of univariate analyses were conducted, as well as non-parametric tests. In addition, linear regression was used to assess the significance of certain demographic variables on the impact of placement on personal finance. Descriptive content analysis was used to thematically identify and describe the

Table 1
Survey respondent characteristics.

| | | N | % |
|-------------------------|----------------------------|-----|------|
| Gender | Male | 13 | 8.1 |
| | Female | 139 | 91.4 |
| Age | 21 or under | 42 | 28.2 |
| | 21–30 | 68 | 45.6 |
| | 31–40 | 17 | 11.4 |
| | Over 41 | 22 | 14.8 |
| Language | English | 107 | 75.4 |
| | Other | 35 | 24.6 |
| Classification | Domestic | 126 | 82.9 |
| | International | 26 | 17.1 |
| Caring Responsibilities | Carer for adult | 11 | 7.4 |
| | Carer for Child(ren) | 23 | 15.4 |
| | Carer for both | 7 | 4.7 |
| | No caring responsibilities | 108 | 72.5 |
| Children at home | Yes | 43 | 28.5 |
| | No | 108 | 71.5 |

primary content and meaning within the data obtained from the open-ended survey questions. This resulted in categorising, listing and quantification of themes based on the frequency of occurrence to determine their prominence (Bryman, 2008). Participant quotes are presented in italics and identified by the level of study of the respondent. All respondent quotes are from full-time students unless otherwise indicated. In all cases, valid percent is reported.

3. Findings

The findings are presented around four themes associated with the personal financial impact of participation in clinical placement: (1) changes in personal financial circumstances and stress as a result of placement; (2) additional costs incurred as a result of placement; (3) other factors contributing to financial stress associated with placement; and (4) personal financial coping strategies and support seeking behaviours to manage the financial impact of placement.

3.1. Changes in personal financial circumstances and stress due to clinical placement

Respondents were asked their main source of income. For most of the sample, this was paid work (56.3%). The next highest source of income was family (24.4%), which covered both parents or partner. Although many respondents normally engage in paid employment, students generally have to reduce or temporarily cease paid work commitments during placements in order to maintain the required attendance. Given this strong reliance on paid employment, the negative impact on personal finances as a result of participation is likely to occur (Levett-Jones et al., 2015). Table 2 reports the impact of placement on participants and their other life domains. The most reported impact was on personal finances ($n = 140$), followed by impacts on respondent health and wellbeing ($n = 135$). Respondents were also asked to evaluate the extent of the impact of placement participation on these life domains using a scale from 0 to 100, where 0 was no impact and 100 was an extreme impact. The highest impact, measured by a mean score, was for personal finances (71/100), followed by the related category of paid work (66/100).

These findings are consistent with Graham et al.'s (2016) study of the experiences of second-year nursing students during clinical placement which found that financial difficulties were rated by close to half of the respondents (47.2%) as the most significant stress they experienced.

Table 2
Reported impact of clinical placement on life domains.

| | Life domain impacted by placement | | Extent of impact (mean score) |
|-------------------------------|-----------------------------------|------|-------------------------------|
| | N | % | scale 0-100 |
| Personal finances | 140 | 87.5 | 71 |
| Personal health and wellbeing | 135 | 84.4 | 63 |
| Personal transport | 130 | 81.3 | 63 |
| Family responsibilities | 130 | 81.3 | 51 |
| Paid work | 125 | 78.1 | 66 |
| Other study commitments | 113 | 70.6 | 64 |
| Child care | 45 | 28.1 | 37 |

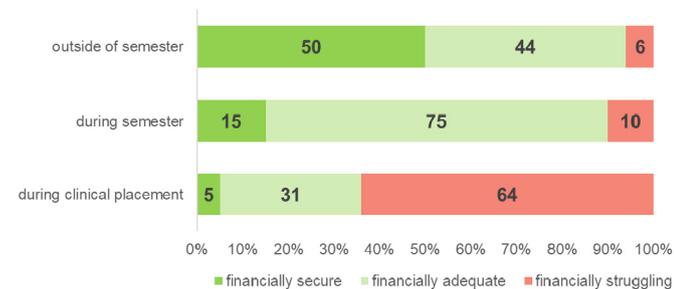


Fig. 1. Self-reported financial position at various times during the academic year.

Financial stress may be experienced as either specific or repeated instances of financial hardship or a continuation of endemic poverty while studying (Lloyd and Turale, 2001). Respondents were asked about their subjective experience of their financial position outside semester, during the academic semester and during clinical placement. Following Andrews and Chong (2011), the subjective self-report measures of financially secure, adequate and struggling were used. Financially secure was defined as being ‘able to pay for what I want’, financially adequate was defined as being ‘able to pay for necessities but not much else’, and financially struggling was defined as ‘struggling to pay for necessities’. As shown in Fig. 1, most students (50%) reported being financially secure outside of semester, most (74%) reported being financially adequate during the academic semester and most reported they were financially struggling (64%) during placement. A chi-square goodness of fit test was performed to determine if these differences were significant. Significant differences were found for all three time periods: outside semester $\chi^2(2, n = 155) = 53.471, p = 0.000$, during semester $\chi^2(2, n = 158) = 122.177, p = 0.000$, and during placement $\chi^2(2, n = 157) = 81.185, p = 0.000$.

3.2. Additional costs incurred as a result of clinical placement

One of the key factors contributing to changes in financial security as a result of undertaking a clinical placement is associated with the additional costs incurred as a result of participation. Indeed, dealing with the day to day financial and logistical practicalities of placement can be a source of stress for nursing students (Levett-Jones et al., 2015). Table 3 shows costs associated with transport were the most reported by respondents with 56.3% (n = 90) reporting incurring additional transport costs. The reasons given for incurring transport costs due to clinical placements were multi-faceted. Many students cited reasons for having to drive: some had to undertake evening placements and felt unsafe on public transport, others found public transport was not available for very early or late shifts, or in other cases needed to have a car for family reasons, which then required them to drive. Associated costs included petrol, general wear and tear on their vehicles, car servicing, road usage tolls, and high costs for parking. One student disclosed parking was \$30 a day at their placement. Even for those

Table 3
Additional costs incurred as a result of participating in clinical placement.

| | N | % |
|---------------------------------------------|----|------|
| Transport costs | 90 | 56.3 |
| Loss of income | 41 | 25.6 |
| Meals | 34 | 21.3 |
| Work appropriate clothing (uniform & shoes) | 28 | 17.5 |
| Child care related costs | 15 | 9.4 |
| Resources & materials | 12 | 7.5 |
| Accommodation | 8 | 5.0 |
| Other placement expenses | 3 | 1.9 |
| No additional costs | 10 | 6.3 |

students who were able to take public transport, this was often a much higher cost than during semester due to the distances travelled, and required using taxis when public transport was not available. Some respondents reported being placed at locations further away than expected. This then involved substantial increases in transport costs or renting accommodation closer to their placement site when they were placed in regional areas or in other states, which in some cases resulted in students paying double rent for the duration of placement.

Childcare was an additional expense that came in many forms. For those who had school-aged children, they required before and after school care, while those with preschool-aged children required more daycare, with one participant costing daycare at \$100 per day. There was also babysitting required for evenings when daycare and other care facilities are closed. In some cases, respondents partners or other family members were required to take leave from their work to help with childcare.

Only ten respondents indicated they incurred no additional expenses whilst on placement. These findings are generally consistent with those of Moore et al. (2012) who found that travel, accommodation, food, clothing, equipment, and loss of income are a major concern for students involved in lengthy placements, particularly where participation requires temporary relocation.

3.3. Other factors contributing to financial stress associated with clinical placement

Based on the experiences of nursing students in Singapore, Suen et al. (2016) found that those experiencing financial difficulties experienced a higher level of overall stress levels when compared to students not experiencing financial difficulties. In order to assess the significance of different demographic variables as a predictor of placement impacting on personal finances for this cohort of nursing students, linear regression was used. For parsimony, only variables that were significantly associated with the score of personal finances were included, which resulted in the following model:

$$\text{FINANCIAL STRESS} = \alpha + \beta_1\text{PAIDWORK} + \beta_2\text{INTL STUDENT} + \beta_3\text{CAREER} + e$$

where FINANCIAL STRESS is the impact of placement on personal finances, measured as a score out of 100; PAIDWORK is a dummy variable indicating whether the student's main source of income was paid work; INTL STUDENT is a dummy variable indicating whether a student was domestic or international; and CAREER indicates whether the student has any caring responsibilities.

Results of the regression indicate that the model is significant at $p = 0.000$, and the model has an adjusted R-squared of 0.16. Whether or not a student's primary source of income came from paid work is a significant predictor of financial stress ($t = 3.407, p = 0.001$), as is whether the student has caring responsibilities ($t = 2.765, p = 0.007$). Both of these are significantly associated with a higher score for financial stress. For paid work, this is most likely due to lost income when students are on placement while caring responsibilities increase

Table 4
Personal finance strategies employed to manage the financial impact of clinical placement.

| | N | % |
|---------------------------------------------------------|----|------|
| Saving (prior to placement) | 49 | 30.6 |
| Work more before placement (paid employment) | 24 | 15.0 |
| Reduce spending on food | 20 | 12.5 |
| Reduce spending on non-essential items | 16 | 10.0 |
| Continue to work during placement (paid employment) | 15 | 9.4 |
| Rely on additional family/partner financial support | 14 | 8.8 |
| Reduce spending generally | 11 | 6.9 |
| Budgeting (during placement) | 8 | 5.0 |
| Take paid leave (paid employment) | 8 | 5.0 |
| Borrow money | 5 | 3.1 |
| Government support/benefit | 4 | 2.5 |
| University financial support (e.g. scholarship/bursary) | 3 | 1.9 |
| Reduce spending on necessities | 1 | 0.1 |
| No personal finance strategies reported | 42 | 26.3 |

costs associated with placement.

Whether or not a student was international was also found to be significant as the 0.05 level ($t = -2.138$ $p = 0.034$). However, this worked in the opposite direction, in that students who were international had a lower score for struggling financially. This is likely due to international students studying overseas having other sources of financial support, such as scholarships or parental support.

3.4. Personal financial coping strategies and support seeking behaviours

Many university students engage in a combination of economising behaviours and seeking both financial and non-monetary support such as food from their family to deal with financial strain experienced while studying (Watson et al., 2016). As shown in Table 4 the most common (31%) strategy for managing the financial impact of placement in this study was through prior saving activity. The next highest reported is working more in paid employment prior to placement (15%), although this strategy relies on saving to be effective. Of particular concern is the 5 students who resorted to borrowing in order to cope financial during placement. These varied from borrowing money from parents, to a bank loan, and relying on credit cards, with one student reporting that they increased their credit card limit. Students, often referred to as vulnerable consumers in this context, are reported to be increasingly suffering from debt (Robson et al., 2017) and have been found to lack the financial literacy necessary to understand the implications of taking on debt (de Zwaan, 2015).

Respondents were also asked if they received financial support from the university as the university attended offers some bursaries and scholarships for students undertaking placements. Of the 160 respondents, only 31 had accessed some form of this support. Responses to an open-ended question provided some insight, with some reporting that they were ineligible or that their request was denied: “I accessed/requested financial support but never received any even though they said I was eligible.”

In many cases, students reported that they did not access support as they felt there were other students who needed it more than they did, with comments such as “Someone else could use this” and “I felt as though there were others more in need of these services” repeatedly found. Other reasons were not having the time to access support, with “having to work extra shifts in the lead up to placement as well as managing other studies”. Others indicated that the process itself was too difficult which put them off accessing support: “The eligibility criteria very strict and a lot of paperwork and jumping through hoops = more stress.”

Consistent with previous studies which have highlighted the reliance of nursing students on family for financial support (e.g. Fenwick et al., 2016) many respondents (46%) in this study reported seeking financial assistance from their family to get through placement, with

several comments around borrowing from parents such as: “Parents have had to lend me money in the past to pay for bills whilst on prac.” Similarly, there were a number of students relying on their partner’s income: “My partner paid our rent and bills during placement. We were unable to gain any government assistance for me being a student because he worked full time, so his pay went into helping me.”

4. Discussion

Compared to medical students, nursing students are relatively under-supported in relation to lost earnings (Schofield et al., 2009). However, the causes of student financial stress, and appropriate institutional support for these students have been under-examined, despite research suggesting that nursing students are more likely to be non-traditional students and to, therefore, experience difficulties juggling work and family commitments with the demands of their studies (Chernomas and Shapiro, 2013; Moscaritolo, 2009). Of the medical, nursing and allied health students surveyed by Schofield et al. (2009), nursing students worked the longest hours prior to clinical placement and were significantly more financially disadvantaged than either medical or allied health students. A combination of work-life-study conflicts and decreased availability of, and ability to access, financial assistance (Crary, 2013; Salamonson et al., 2012) means that financial problems can be a significant stressor for nursing students (Maville et al., 2004) which can be further exacerbated by participation in clinical placement (Timmins and Kaliszzer, 2002).

This research confirms these findings. The majority of respondents reported struggling financially during clinical placements, despite being financially adequate or secure outside of semester or during normal periods of study. Loss of income from paid work and increased transport costs were the most significant financial stressors during this time. Most respondents used savings, budgeting, borrowing, and changed expenditure patterns to cope with the financial impact of unpaid clinical placement. These findings have important implications for the ability of students to successfully complete their nursing degree and may draw into question the equity of extended periods of unpaid clinical placement as a formal degree requirement. We acknowledge that while participation in unpaid clinical placements can impact financial well-being in the short term, participation does have the potential to increase the financial resilience of students over time, as students may learn from these experiences (Riach et al., 2017). However, to achieve this, greater attention must be placed on the financial support and personal finance education available for nursing students.

Although many respondents in this study suggested receiving payment for placement would provide financial support during clinical placement, this level of support is not economically feasible and unlikely to occur. Despite this it must still be recognized that the financial hardship experienced by students undertaking placement “should not be regarded as a problem for students to endure and manage” (Johnstone et al., 2016, p.480). Instead, Johnstone et al. (2016) argue that collaborative effort among multiple stakeholders is required. Strong arguments have been made advocating universities and student groups partnering with charitable organisations to undertake interventions to reduce the need for students to economise to a detrimental degree during their studies (Watson et al., 2016).

It has also been proposed that providing workshops for students which address the most common stressors encountered during placement can assist students to financially prepare for placements (Ross et al., 1999). Our findings indicate that students could benefit from personal finance training in addition to emotional, institutional, and academic supports. Such an initiative could provide the opportunity for students to learn from financial counsellors and “recent graduates who have ‘survived’ or ‘thrived’ through their poverty experiences” (Lloyd and Turale, 2001, p.13). Such a student-centred approach to sharing experiences has been found to be successful in helping nursing students to cope with the demands of clinical placements as many students

believe “that only other nursing students could really understand the experience of being a student nurse” (Chapman and Orb, 2001, p.95).

This approach could also act to increase student knowledge of and access to available financial counselling and budgeting services (Watson et al., 2016) and remove some of the potential stigma associated with seeking assistance. Furthermore, a Financial Anxiety Scale (Archuleta et al., 2013) could be used to identify students who are experiencing increased levels of financial distress to target those who require assistance or referral to an appropriate professional. This would also overcome the eligibility issues identified by our respondents, as well as the ersatz altruistic behaviour demonstrated by some students as being less deserving of assistance than others.

There are also some more practical strategies that could be implemented around placement requirements that could significantly decrease costs for students. Respondents noted that placements often appeared arbitrary, with no regard to their area of residence. Placing students closer to their home where possible would reduce costs associated with travel. Respondents also commented on the late notice for placements and that earlier notification would allow them to make arrangements (such as carpooling) to reduce costs. Respondents with caring responsibilities reported increased costs when shift times were outside of hours, so it is suggested that where possible students with caring responsibilities be given shifts that correspond with school and daycare hours. A final recommendation is to allow more flexibility for placements, in particular offering part-time placement or offering placements outside of normal semesters which would allow students to integrate paid work with placement. Some jurisdictions are beginning to offer opportunity of this kind through the (re)introduction of nursing apprenticeships (e.g., in the UK see NMC, 2018).

A limitation of this study is that it relied on opt-in and self-reporting by students. As there is a strong association between financial hardship and the experience of depression (Butterworth et al., 2009), it is possible that those experiencing the most difficulties combining practicum and their other caring, study and paid work responsibilities may not have participated. Thus, these findings may underestimate the extent of financial stress and hardship experienced by nursing students.

5. Conclusions

There is evidence that nursing completion rates are dropping (Department of Education, 2017). Difficulties associated with clinical placements, including related financial difficulties and the additional costs incurred as a result of placement-related travel, have been found to influence student decisions to leave their healthcare degree (Hampshire et al., 2012). Nursing students experience considerable financial stress caused by the unpaid nature of placements, the additional costs incurred by students, and the reduced ability to participate in paid work during that time. Financial stress impacts on academic performance, student attrition, and student wellbeing. Intensive clinical placements exacerbate financial stress, which is a risk to the performance and health of students. We have proposed a number of measures that if introduced, could help to minimise the impact of unpaid clinical placements on nursing students.

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