

# Skills Matter

KNOWLEDGE, SKILLS, ATTITUDES. WELLNESS, HOPE, RECOVERY

## Student Survey Results for 2017

Evaluation report of courses funded under the Skills Matter programme.

*“Thank you for the opportunity to study and upskill. I really appreciate the government efforts to acknowledge the need for skill development in mental health.” (CBT student)*

**Te Pou o te  
Whakaaro Nui**

*Skills Matter is a workforce development  
programme within Te Pou o te Whakaaro Nui*



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## Acknowledgements

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We would like to thank and acknowledge all the students who completed survey forms and all the course providers for their efforts in ensuring a good response rate to the survey.

The authors of the report include Nicholas Gampell (Research Assistant) and Maggie Jakob-Hoff (Senior Evaluator).



## Introduction

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Skills Matter is a workforce development programme that, on behalf of the Ministry of Health, funds programme providers to deliver post entry clinical vocational training to mental health and addiction clinicians. These programmes contain both clinical and academic components. The Skills Matter programme team within Te Pou o te Whakaaro Nui (Te Pou) manages and administers contracts with programme providers to deliver the training programmes and support to students. Skills Matter also promotes the availability and purpose of the training to the mental health and addiction sectors on its website. The Skills Matter programme has quality assurance processes to ensure that each programme provider is delivering the core components of the Skills Matter programme and that these are functioning as expected.

Students in the Skills Matter programme who are funded through Te Pou are invited to complete an end of year survey about their course experiences. This report contains the overall survey results and analysis for all courses funded through the Skills Matter programme in 2017, namely:

- New Entry to Specialty Practice Mental Health and Addiction Nursing (NESP)
- Post-graduate certificate in Cognitive Behaviour Therapy (CBT)
- Co-existing Substance Use and Mental Health (CEP)
- Clinical Leadership in Nursing Practice (CLNP)
- Core Skills for Infant, Child and Adolescent Mental Health and Addiction (ICAMH)
- New Entry to Specialist Practice Allied Mental Health and Addiction (NESP Allied).

These courses were delivered through the University of Auckland, University of Otago, Massey University of New Zealand, Auckland University of Technology (AUT), Whitireia New Zealand, Canterbury DHB and Waitematā DHB.

The survey covered the following broad topics:

- overall satisfaction with the course
- support received during the course
- challenges to study
- opportunities to apply learning to practice
- career development
- results and benefits from the training
- retention in the workforce
- other general comments.



## Methodology

Two hundred and fifty one out of 311 course participants completed and returned an evaluation form. This provided a response rate of 81 per cent and a very high level of confidence that the views expressed by respondents reflect those of all participants. Returns came via an identical online or paper based version of the survey administered on or after the last day of the courses (see Table 1).

*Table 1. Survey returns per programme and associated response rates*

Course	Programme Provider	Number enrolled	Paper returns	Online Returns	Total Returns	Response rate
CBT	University of Otago	21	0	21	21	100%
CEP	University of Auckland	15	10	1	11	73%
CEP	University of Otago	11	10	1	11	100%
CLNP	Massey University	12	0	9	9	75%
CLNP	University of Auckland	23	0	14	14	61%
CLNP	University of Otago	15	0	9	9	60%
ICAMH	University of Auckland	29	14	15	29	100%
NESP	Canterbury DHB	18	18	0	18	100%
NESP	University of Auckland	85	55	0	55	65%
NESP	Waitematā DHB	18	11	0	11	61%
NESP	Whitireia New Zealand	33	33	0	33	100%
NESP (Allied)	Auckland University of Technology	31	0	20	20	65%
Unknown	Unknown	N/A	5	5	10	N/A
<b>Totals</b>		<b>311</b>	<b>156</b>	<b>95</b>	<b>251</b>	<b>81%</b>

A copy of the survey can be found in Appendix A of this report.

Please note: Some respondents did not identify which course they attended and their courses. In addition, several students studying towards a Master’s degree were only funded for specific papers rather than a whole CLNP course and were confused about which answer to tick. All had their courses and providers coded as ‘Unknown’ in our data set.

The wording in the categories in the relevant multiple-choice question was possibly too long. The questionnaire for 2018 will be amended to mitigate this situation in future.



## Respondent demographics

Seven out of every ten survey respondents were registered nurses, and around one in every ten were either occupational therapists or social workers. Just over six per cent of people indicated they were an alcohol and other drug practitioner. At least thirteen other roles were represented by less than one per cent each of survey respondents (see Table 3).

Four in every 10 survey respondents were under 30 years of age. A similar proportion were between 30 and 49 years old. Those between 50 to 59 years old represented 14% of the sample and four people were 60 years and over (see Table 4).

Over two-thirds of the respondents identified their ethnicity as New Zealand European and almost one in five as Māori. One in ten people identified as Pacific. Eight other ethnicities were mentioned (see Table 5).

When the respondents were asked if they had previously joined the Government's voluntary bonding scheme, over a third indicated they had. Almost half of the respondents had not joined the scheme. Two in every five people in that group were nevertheless interested in doing so (see Table 6).

Respondents came from all 20 District Health Boards (DHBs). Over 15 per cent of them came from Canterbury, 11 per cent came from Auckland, and 10 per cent came from Southern DHBs. The sixteen other DHB districts were represented by less than 10 per cent of respondents. Two people indicated they worked in a Non-Government Organisation (NGO) (see Table 7).

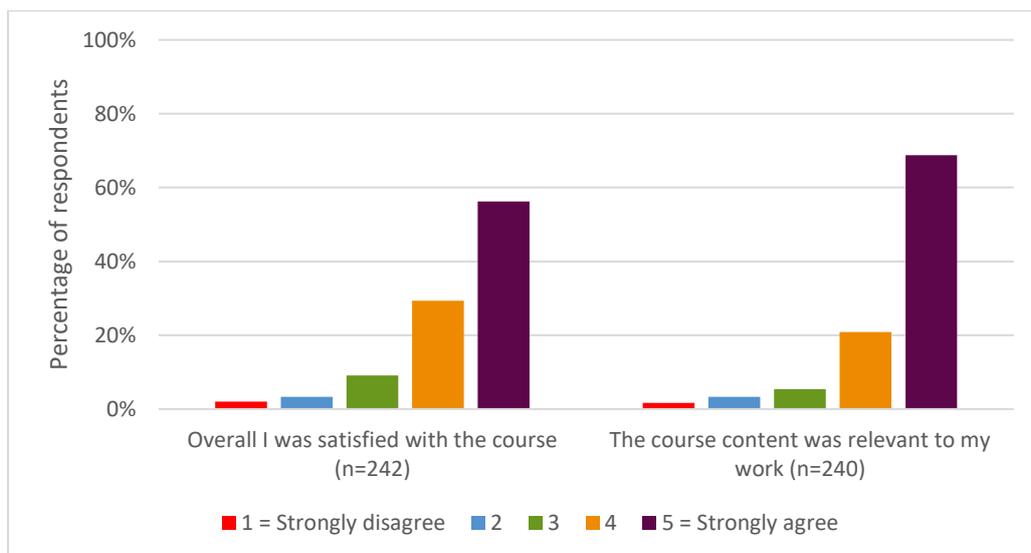


## Findings

The same ratings scale was used for all ratings in the survey form. It was a five-point scale where 1 = Strongly disagree and 5 = Strongly agree.

### Satisfaction with the course

Satisfaction with the Skills Matter funded programmes was extremely high with over 90 per cent of all respondents rating statements about overall satisfaction and relevance to their work as a 5 = Strongly agree or a 4 on the scale used (see Figure 1).



**Figure 1. Overall satisfaction with the course**

### Support received during the course

Over 65 per cent of respondents reported they were supported by their organisation, colleagues, supervisors and had access to sufficient preceptorship. Similar results were produced when respondents were asked if they felt well-supported in their first year of practice and if their academic course co-ordinators had supported their study. However, almost 15 per cent disagreed it was easy to find information about their entitlements and eligibility to apply for the Skills Matter funds (see Figures 2 & 3).



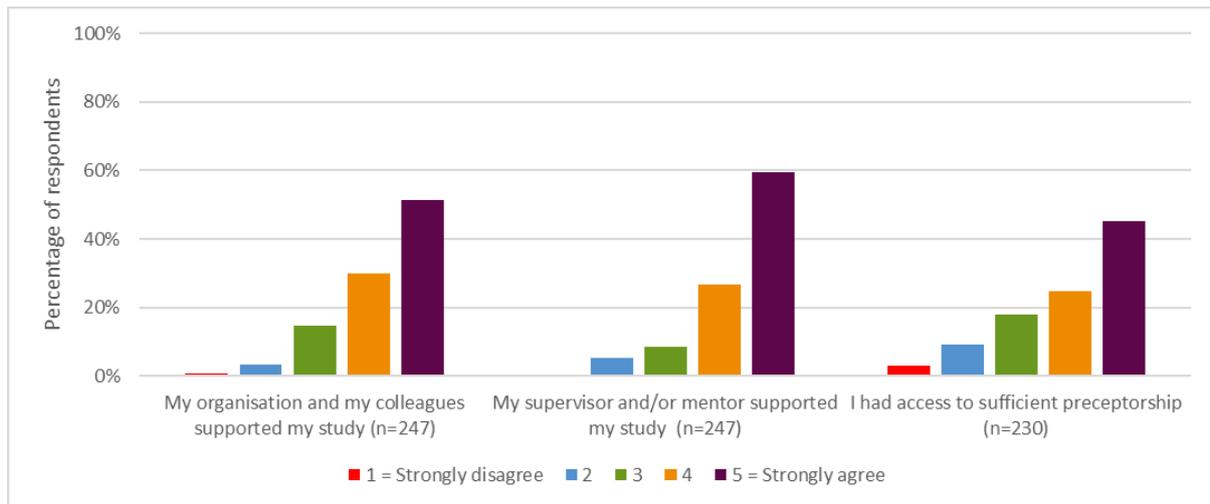


Figure 2. Support received during the course — Part I

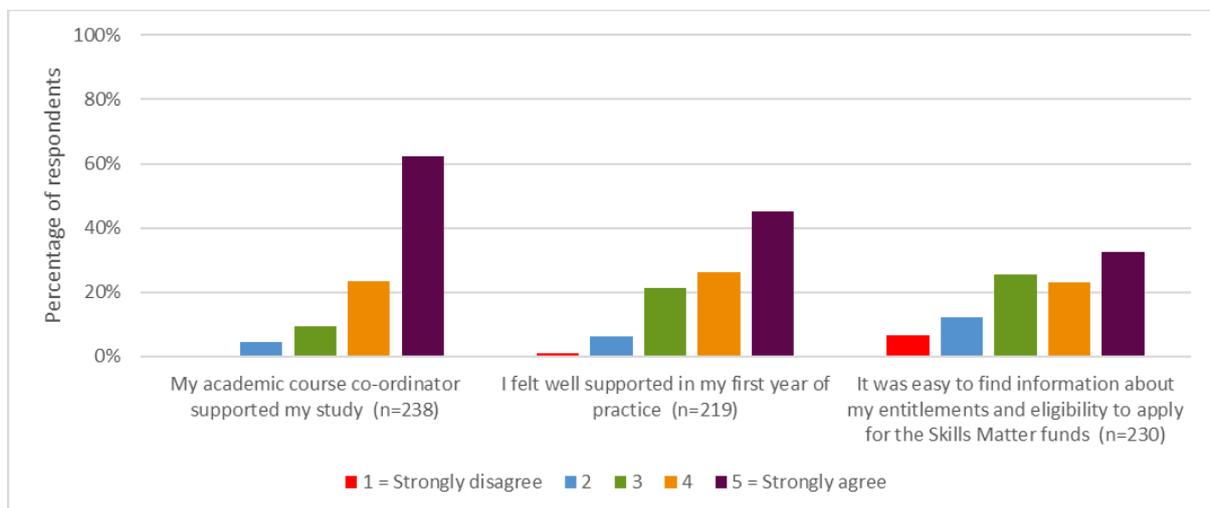


Figure 3. Support received during the course — Part II

## Other factors that helped students complete their studies

Comments in this part of the survey support the above ratings reflecting the factors that helped students complete their studies. Quotes showing the range of comments will be presented in the following categories:

- supportive providers
- supportive organisations
- support from fellow students
- funding
- colleagues
- family and/or friends
- access to resources
- high motivation.



- Flexibility of course delivery
- Personal.

### Supportive providers

*“Excellent tutors. {They were} understanding of work/study demands.” (CEP student)*

*“Overall very happy with the NESP pathway. A lot of support and understanding from our paper leader [NAME] who knew that we were working full time as well as studying. Although I didn’t need an extension, the fact that I could get one if needed was extremely helpful.” (Allied NESP student)*

*“Having access to resources that inform us of evidence based practice etc. including those on work computer systems.” (NESP student)*

### Supportive organisations

*“Support from addiction section Team Leader and mentor/supervision in community alcohol and other drug services.” (CEP student)*

*“Work allowed for study leave to complete the course. However, with our high caseload allocations it was really hard to take this.” (ICAMH student)*

*“Overall fantastic support and quality — great to have the study days paid as work days. My preceptors allowed me two in-work days to complete assignments which greatly reduced my stress levels.” (NESP student)*

### Support from fellow students

*“Peers in class have been amazing.” (NESP student)*

*“Talking with other students to promote ideas, critical or positive feedback.” (NESP student)*



## Funding

*“Support from Te Pou in the way of funding and the opportunity to make it happen. Thank you so much.” (CBT student)*

*“The grant helped pay for costs associated with transport.” (NESP student)*

*“The actual ease of the process from Te Pou seems less hectic than other avenues for study and this is appreciated, could not have undertaken masters without this funding.” (CLNP student)*

## Colleagues

*“Support for time off from work and work colleagues.” (CEP student)*

*“Supportive work colleagues.” (NESP student)*

## Family and/or Friends

*“Encouragement from whānau and friends.” (ICAMH student)*

*“Family and friends.” (NESP student)*

## Access to resources

*“Access to journal articles through the online library.” (NESP student)*

*“Library services were very helpful.” (CLNP student)*

## High motivation

*“The fact the course content turned out to be a vital component of my work encouraged me to complete the course.” (CBT student)*

*“I completed a Pharmacology paper which I really enjoyed. It already has and will continue to enhance my nursing practice going forward. Thank you.” (CLNP student)*

## Flexibility of course delivery

*“Anything online is great for me as a shift worker.” (CBT student)*

## Personal

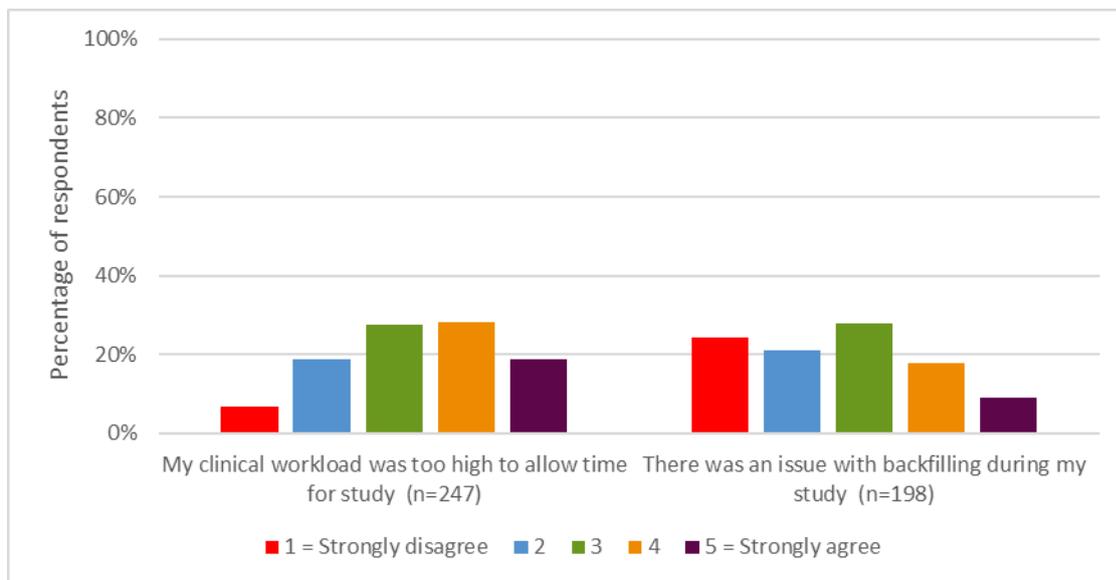
*“Lots of late nights :).” (NESP student)*



*“Not having too many other commitments than work and uni. Having a holiday.” (NESP student)*

## Challenges to study

Four out of every ten respondents agreed their clinical workloads were too high to allow time to study. One in every four people experienced issues with backfilling during their study (see Figure 4).



**Figure 4. Challenges to study**

## Comments about challenges experienced during study

Comments in this part of the survey support the above ratings reflecting the challenges respondents faced during their courses. Quotes showing the range of comments will be presented in the following categories:

- balance between work, study, and life
- high workload
- lack of organisational support
- lack of provider support
- personal.



### Balance between work, study, and life

*“Stressful at times trying to complete assignments while working full time and learning a new profession, was hard to fit in time for my own mental health at times.” (NESP student)*

*“The obvious and normal challenge of keeping up with the demand of a full-time job and study deadlines. I used annual leave to top up on study days.” (CBT student)*

*“It's just been tough balancing work, study and 'life'... our service has been short staffed ...” (ICAMH student)*

### High workload

*“It wasn't practical to back fill my position, so it was challenging to come back and fit in the work load, but it was still very worth doing.” (CLNP student)*

*“Finding time to complete a clinical placement was difficult and resulted in only attending a couple of days in the end.” (NESP student)*

*“I theoretically had time at work to study, but it was hard to justify this over urgent clinical work.” (ICAMH student)*

### Lack of organisational support

*“Let's just say my team leader did not come across as someone who supported me. That's my thoughts on the level of support I received.” (CBT student)*

*“My employer was not at all helpful in my study, they showed disinterest in what I was doing or what I wanted to achieve. When I went to the second study day I had been sick leading up to the course and I was terribly stressed that the manager stated she had revoked my leave I had applied for and was not going to pay my study leave. I had no sick leave available and was not being paid. This stressed me as it put me into financial difficulties.” (CLNP student)*

*“There was no cover available. At times management tried to stop me going on the block courses due to work load.” (NESP Allied student)*



### Lack of provider support

*“Lack of suitable placements and lack of understanding of what was expected of preceptors. I was moved placements as a result of this.” (NESP student)*

*“Needed more face to face time with tutor regarding assignments. I know they are busy like us. But ideally if [they are] more available [it would be] better for my student needs.” (NESP student)*

*“In my community rotation I felt overloaded and inadequately skilled to handle a six-patient case load.” (NESP student)*

### Personal challenges

*“I became pregnant and had really bad sickness.” (NESP student)*

*“Pressure at times with unforeseen issues.” (NESP student)*

### How challenges were overcome

Several strategies were used to address the challenges faced by students. They can be categorised as follows:

- support from providers
- support from organisations
- dealt with personally.

### Support from providers

*“Coordinators Vas, Hiran with support from Reena were very supportive; understanding when I was managing personal issues — much appreciated.” (ICAMH student)*

*“Daniel Sutton and Heather Clarke were always able to give advice and help us overcome challenges. I didn’t face any whilst studying but the fact that I knew the support systems were there was extremely reassuring.” (NESP Allied student)*

*“After a workplace assault, NESP co-ordinators and University of Otago staff provided exemplary support around my study.” (NESP student)*



## Support from organisation

*“Regular supervision provided by Canterbury DHB allowed for support during increased pressure and responsibility.” (CLNP student)*

*“Backfilling my position has provided an opportunity to foster the abilities of other staff. A part time CNS position has been created to cover time away from work and this has given others the opportunity to act in a senior position. Over the last year or so several people acting in this position have gone on to senior positions themselves. This has provided a very valuable growth opportunity for others and this continues today.” (CLNP student)*

*“Employer was great, just allowed me to do whatever suits me best.” (NESP student)*

## Dealt with personally

As can be seen in the following quotes, there were many ways in which students dealt with challenges using their own resources.

- *“Seeing clients outside of work hours. Not achieved without difficulty.”*
- *“Took several Thursdays off to work on my dissertation study.”*
- *“Weekend study.”*
- *“Being assertive and showed the contract we had signed at the start of the year.”*
- *“Protected study time and being supernumerary.”*
- *“Talking to managers themselves.”*
- *“Planned training at the start of rotations.”*
- *“Family and rostering.”*
- *“Utilising annual leave to complete assignments.”*
- *“Taking sick days to be able to be mentally well.”*

## Applying learning to practice

All but a few respondents reported their course included adequate opportunities for practical experience and that they were able to use their training in practice. Almost two thirds of the people indicated that their employers created opportunities for them to use their new learning. Over seven out of every ten people shared new learnings with colleagues (see Figure 5).



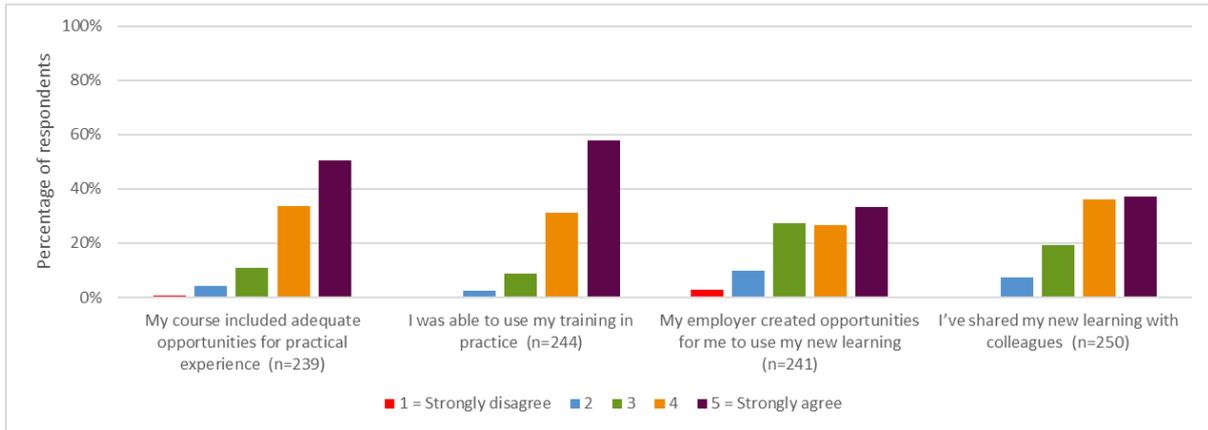


Figure 5. Opportunities to apply learning to practice

## Career development

Most survey respondents indicated they would seek future learning and development opportunities and their study had helped increase their employment opportunities. Over 90 per cent of people indicated the opportunity to study influenced their decision to stay working in the mental health and addiction sector (see Figure 6).

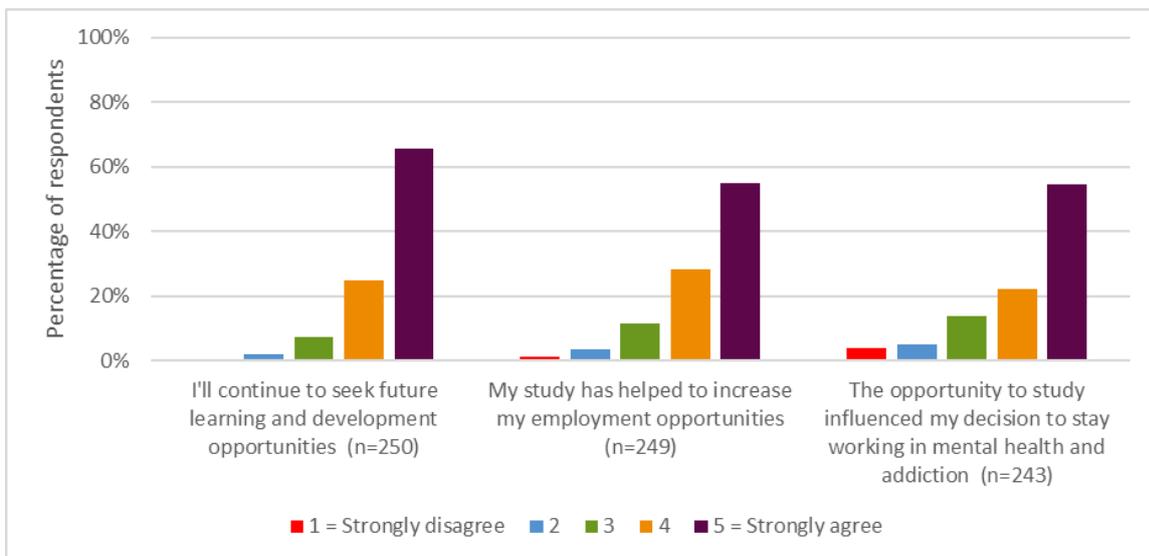


Figure 6. Career development

## Other ways in which the training benefited students' career development

Comments in this part of the survey support the above ratings reflecting the ways training benefited students' career development. The following themes emerged:

- career advancement
- increase in skills



- increase in professional confidence
- better able to understand mental health
- motivation to study further.

### Career advancement

*“I will now have a PGDip in addictive CEP [which is] good on CV. Practically, the development is superb.” (CEP student)*

*“My opportunities for the future are increased and will be far greater (broader) when I have completed my current course of study.” (CLNP student)*

*“I feel that I have the foundation blocks for moving forward. It has highlighted areas for my own personal development within my scope of practice as well. NESP also has a lot of carry over potential for me into Te Pou’s ORYGEN modules for Early Psychosis Intervention which I am making my way through.” (NESP Allied student)*

### Increase in skills

*“Given me a sound foundation in therapy skills.” (CBT student)*

*“New skills = new opportunities. I can now perform assessments and am more confident in treatment in addiction and mental health.” (CEP student)*

*“I have been able to educate others about the latest findings in mood disorder assessment and treatment. I have also been able to interest others in study and best practice.” (CLNP student)*

The following list specifies the large range of skills obtained by respondents as a direct result of the training:

- assessment
- DSM-5
- biomarkers for mood disorders
- talking therapies
- counselling skills
- motivational interviewing
- empathy
- recovery model
- trauma informed care
- physical health in mental health nursing
- management of challenging behaviours.
- reflective practice
- sharing with colleagues
- how to teach others.



### Increase in professional confidence

*“I love working in mental health, the study and the clinical supervisor has been very helpful to me to feel more confident. I learnt so much about mental health assessments DSM-5, how to approach supportive sessions with my clients, transference and counter-transference. Practical things that I can apply to practice.” (CLNP student)*

*“Just feel immense confidence and my passion for the field of ICAMH is not dwindling.” (ICAMH student)*

*“With more education came understanding and an increased confidence to provide intervention.” (NESP student)*

### Better able to understand mental health

*“I have understood evidence-based practice and best practice guidelines for working in mental health. I have learnt about and applied theoretical frames of reference to my work and the recovery paper has enabled me to work in a recovery orientated way and feel confident educating other team members.” (NESP Allied student)*

*“Offering a new perspective to view service user recovery from their point of view (empathise).” (NESP Allied student)*

*“Understanding policies guidelines. Understanding legislations, responsibilities including competency as a mental health nurse.” (NESP student)*

### Motivation to study further

*“The course has encouraged me to pursue further post graduate study in mental health.” (NESP student)*

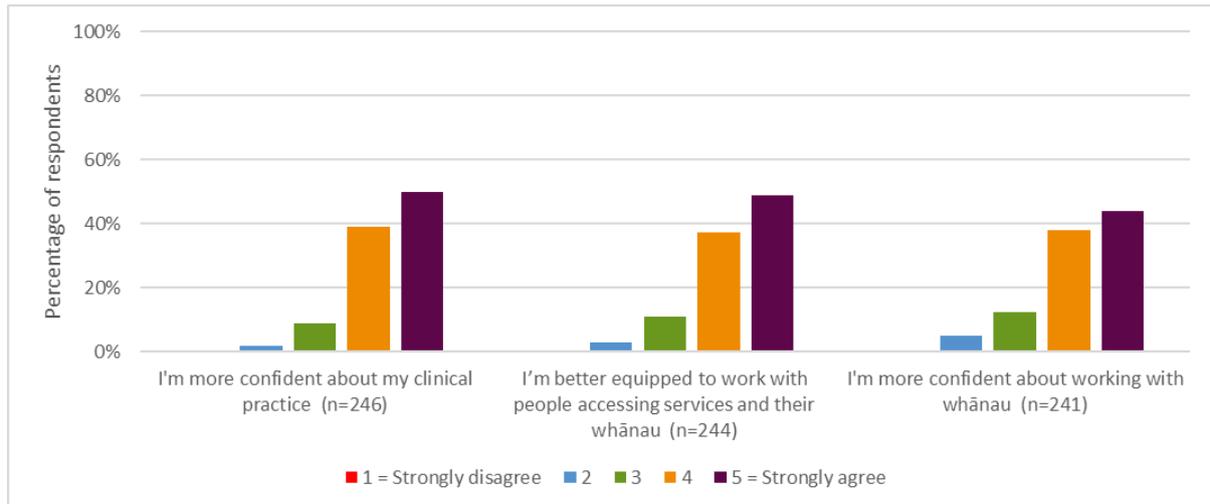
*“It has provided the first step to further post-grad study and has therefore made the idea of obtaining a PGDip and Master’s [degree] more realistic.” (NESP student)*

*“I found that my setting was not where I wanted to be long term but through networking with other NESP’s I was able to discuss other avenues of mental health that would suit me better. This has influenced my reasoning for continuing on in this field.” (NESP student)*

### Benefits of the training

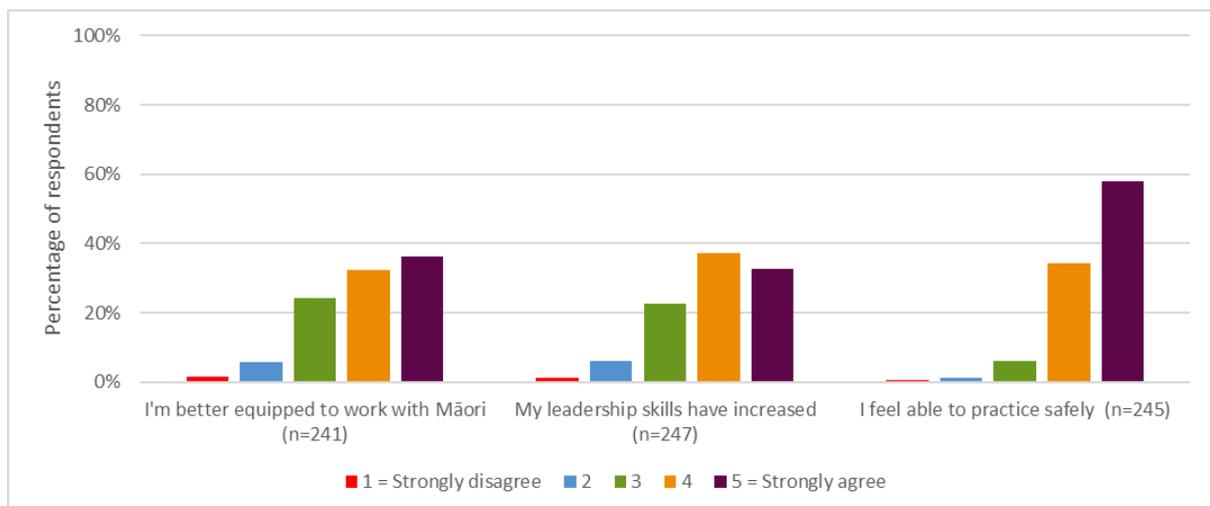
The training had numerous benefits for respondents, most of whom agreed they had increased confidence in their clinical practice, increased confidence in working with whānau and feeling better equipped to work with consumers. (see Figure 7).





**Figure 7. Benefits of the training — Part I**

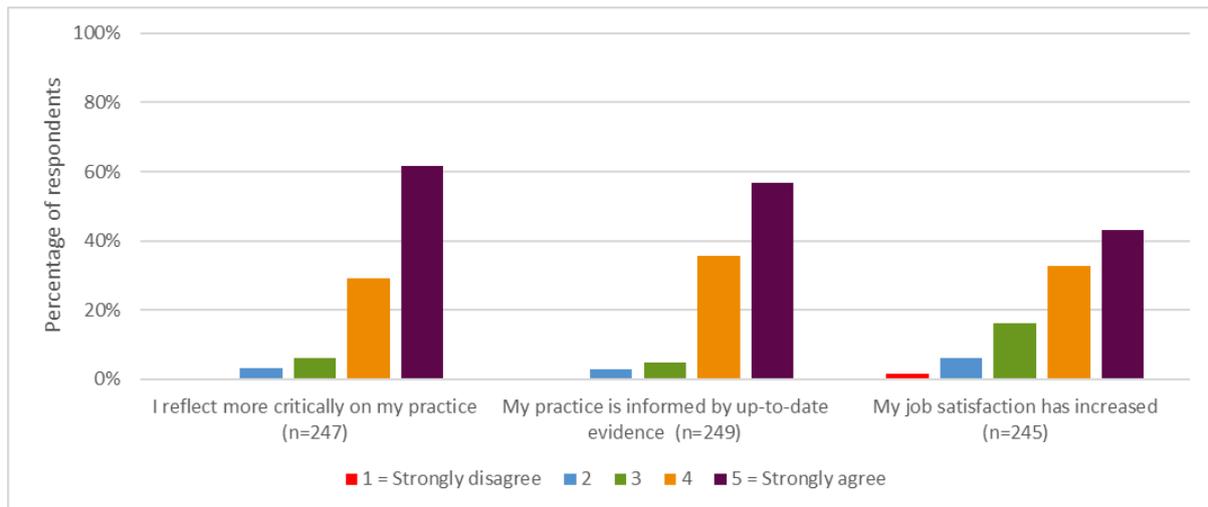
Two thirds of respondents indicated they were better equipped to work with Māori because of their training. Seven out of every 10 people agreed they increased their leadership skills and nine in every 10 reported they were able to practice safely as a result of doing their courses (see Figure 8).



**Figure 8. Benefits of the training — Part II**

Nine out of every 10 respondents agreed they reflected more on their practice after their training. A similar proportion indicated that their practice was now informed by up-to-date evidence. More than one in every seven people agreed that their job satisfaction increased as a result of doing their courses (see Figure 9).





**Figure 9. Benefits of the training — Part III**

### Other benefits of the training

The following is a sample of quotations from respondents showing the range of ways in which their day-to-day work directly benefited from their participation in their respective courses:

*“The course has provided me with recovery orientated assessments, interventions and rehab tools that I have utilised with clients regularly. This has benefited the client group, and given me more satisfaction within my role.” (CEP student)*

*“I have a deeper understanding of wellbeing for Māori children in kura ... The research process of the walking interview has enhanced my assessment skills ... the knowledge and the experience has already enabled me to create better outcomes for child/environment interactions in schools in relation to mental health and wellbeing.” (CLNP student)*

*“Increased confidence in diagnosis, formulation and treatment planning. Am better able to articulate this with the multidisciplinary team, young person and whānau.” (ICAMH student)*

*“I am able to understand therapeutic use of self. I understand that people skills are the core of my work. I can explain theory to patients.” (NESP student)*

Two other comments also highlighted the notion that the theoretical aspects of the course were less useful than the practical aspects.

### Retention in the workforce

When asked how long they intended to remain in the mental health and addiction workforce, over half of the respondents predicted they would be in the sector for 10 years or more. Around ten per cent of respondents indicated they expected to remain in the workforce for between five and nine



years. Fewer than 10 per cent of the respondents signalled their intention to stay in the sector for less than two years. Around one in five people were unsure at this stage (see Table 2).

**Table 2. Retention in the workforce**

Number of years of intention to work in Mental Health and Addiction in the future	Number	Per cent (%)
Less than one year	5	2
1 to 2 years	13	5
3 to 5 years	26	10
6 to 9 years	22	9
10 years or more	131	52
Don't know	51	20
No response	3	1
<b>Total</b>	<b>251</b>	<b>100%</b>

The following quotation is a critical reflection from one respondent about how their course has greatly impacted their decision to remain in the mental health and addiction sector:

*“The course has reignited my motivation and passion to work in mental health — previously to the course I was ambivalent about mental health and felt burnt out and wanted a career change. The course has given me hope of the recovery concepts and ways in which I can inject this in my practice; especially when working in an old school medical model dominated practice setting.” (CEP student)*

## Other comments

Survey respondents were invited to add any other comments or feedback related to their experience of the course. All but a few comments were very positive about the lecturers, tutors, and the courses’ relevance to their work. Other emerging themes included:

- appreciation for the opportunity
- value of the course overall
- suggestions for change or the future.

### Appreciation for the opportunity

*“Thank you for providing funding — SO beneficial and valuable for a first year of practice, and ensuring practice is sustainable and valuable/recovery-focused.” (NESP Allied student)*

*“Course highly recommended. I like the new travel and accommodation process. Much easier than before.” (ICAMH student)*



*“I have found the support of Te Pou to be very important and has swayed me from seeking other opportunities overseas. I am very grateful for the support and appreciative of the great opportunity for increased integration in the field of psychiatry and research. I have found this very interesting and [has] given me a greater sense of purpose in my work and my life.”*  
(CLNP student)

### Value of course overall

*“It’s been a great opportunity and has really enhanced my skills, knowledge and ability to work within my current role. I have and would recommend it to my colleagues.”* (CBT student)

*“Well worth taking this course and it has initiated discussion with my service manager at work and to make changes in my organisation.”* (NESP Allied student)

*“Fantastic, keep it up — can see a difference in the nurses that have had access to this study and financial support.”* (NESP student)

### Suggestions for change or the future

#### Suggestions for Te Pou

- *“Te Pou representative to speak to managers of organisations about how it is best appropriate to support staff with excellent academic opportunities as this course.”* (CBT student)
- *“Bring a Skills Matter course to Tauranga.”* (CEP student)
- *“Consideration of funding the PGDip.”* (ICAMH student)
- *“Funding for further study.”* (NESP student)
- *“Make the availability of funding always available for new grad nurses.”* (NESP student)
- *“Begin NESP after 6 months or 1 year of practice as it is too stressful to start a new job, new course, new colleagues, new roles etc. Became almost impossible to have a work/life/study balance.”* (NESP Allied student)

#### Suggestions for organisations

- *“Study days in addition to university days to allow time to complete assignments would be beneficial.”* (NESP student)
- *“Study days during the working week and to decrease FTE.”* (NESP student)



## Suggestions for providers

- *“Portfolio given at the start of the year.” (NESP student)*
- *“Open all assignment at the start of the year. Not as long a break in the middle as it is very full on at the end of year when building on clinical roll and trying to do assignments.” (NESP student)*
- *“Have last week in class not so close to due date of DHB’s Professional Development Recognition Programme.” (NESP student)*
- *“Assignments more related to practice.” (NESP student)*
- *“Course assignments be more flexible to a variety of learning styles, rather than the student having to adapt to the university style of marking. This would help students [with their own style] excel.” (NESP Allied student)*
- *“More specific practical training e.g. how to actually use some assessment tools, rather than just learning what tools there are and actually learning assessment skills.” (ICAMH student)*



## Conclusions

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Students funded through Te Pou in the Skills Matter programme were invited to complete an end of year survey. This report showed overall survey results and analyses for all courses funded through the Skills Matter programme in 2017, provided across six programme providers throughout the country.

Of the 311 course respondents, 251 returned a version of the survey. This generated a response rate of 81 per cent and a very high level of confidence that the views expressed in the evaluation represent those who attended.

While each demographic appeared to have at least one dominant class, there was a widespread range of respondents of various roles, ages, and ethnicities. There were respondents from all 20 of New Zealand's DHBs with two Non-Government Organisations also represented.

The findings from this student survey demonstrate how valuable students found the courses and the various ways it positively affected their practice and ultimately produced better outcomes for their clients. There was a high level of satisfaction with all courses. Furthermore, participating in the course added to professional qualifications and standing as well as inspiring people to stay in the mental health and addictions workforce in the future.

Findings show that generally students struggled with work-life balance and time to complete studies. However, most received sufficient support to overcome these challenges from their organisations and providers of the Skills Matter programme.

The funding provided through Te Pou was well utilised and greatly appreciated. Many respondents provided very positive feedback though their high ratings of the course overall, while also providing a number of useful suggestions for change or the future.

The final comment is a valuable reflection from one respondent and represents what the Skills Matter programme sets out to achieve for its course participants:

*“The skills matter funding for clinical leadership has significantly supported my academic pathway. I have been able to build on my learning throughout the post-graduate pathway. The addition of supervision helps to maintain focus on the area of study at particular times especially when trying to apply leanings to the clinical environment... It has been useful to reflect on some dynamics that occur in the workplace while undergoing this process.” (CLNP student)*



## Appendix A: Survey Questionnaire

Skills Matter is a workforce development programme within Te Pou o te Whakaaro Nui (Te Pou). Skills Matter funds programme providers to deliver post-entry clinical training to the mental health and addiction nursing and allied health workforces on behalf of the Ministry of Health.

### About this survey

You're invited to complete this survey because Skills Matter provided funding for your post-graduate training programme in 2017. We're interested in finding out more about your experience of the programme and the factors that supported or hindered your training. We're also interested in any benefits you experienced as a result of the training. This information will be used to improve the delivery of the training programmes funded by Skills Matter and will help us evaluate the overall Skills Matter programme. We really welcome and value your feedback. You are under no obligation to complete the survey and you do not have to answer a particular question if you do not wish to do so. All the information you provide will be kept confidential and will only be used for improvement and evaluation. Only summary results will be reported and you will not be personally identifiable in any reports.

### Instructions

Please tick the box that is most relevant to you or write your answer in the space provided. The survey should take about ten minutes to complete. When you have finished please place the survey in the envelope provided and return to your lecturer or course co-ordinator.

Q1 Please tick the location and name of the programme you attended	<input checked="" type="checkbox"/>
Canterbury DHB – <i>New Entry to Speciality Practice Mental Health and Addiction Nursing programme</i>	
Waitematā DHB – <i>New Entry to Speciality Practice Mental Health and Addiction Nursing programme</i>	
Whitireia New Zealand – <i>New Entry to Speciality Practice Mental Health and Addiction Nursing programme</i>	
University of Auckland – <i>New Entry to Speciality Practice Mental Health and Addiction Nursing programme</i>	
Massey University – <i>Clinical Leadership in Nursing Practice</i>	
University of Auckland – <i>Clinical Leadership in Nursing Practice</i>	
University of Otago – <i>Clinical Leadership in Nursing Practice</i>	
University of Auckland – <i>Co-existing Substance Use and Mental Health</i>	
University of Otago – <i>Co-existing Substance Use and Mental Health</i>	
University of Otago – <i>Post-graduate certificate in Cognitive Behaviour Therapy</i>	
Auckland University of Technology (AUT)— <i>New Entry to Specialist Practice Allied Mental Health and Addiction</i>	
University of Auckland – <i>Core Skills for Infant, Child and Adolescent Mental Health and Addiction (PGCert in Health Sciences – Child and Adolescent Mental Health)</i>	

**We'd like to ask you about your training experience. There are no right or wrong answers—please tick or circle the response that is best for you.**



<b>Q2 Satisfaction with training</b>	1 - Strongly disagree	2	3	4	5 - Strongly agree	Not applicable
Overall, I am satisfied with the course	1	2	3	4	5	0
The course content was relevant to my work	1	2	3	4	5	0

**We'd like to know about the factors that supported your study.**

<b>Q3 Support for your study</b>	1 - Strongly disagree	2	3	4	5 - Strongly agree	Not applicable
My organisation and my colleagues supported my study	1	2	3	4	5	0
My supervisor and/or mentor supported my study	1	2	3	4	5	0
I had access to sufficient preceptorship	1	2	3	4	5	0
My academic course co-ordinator supported my study	1	2	3	4	5	0
I felt well supported in my first year of practice	1	2	3	4	5	0
It was easy to find information about my entitlements and eligibility to apply for the Skills Matter funds	1	2	3	4	5	0

**Q4. Were there any other factors that helped you complete your course? (Please specify).**



**We'd like to know about any challenges you faced during your study**

<b>Q5. Challenges during study</b>	1 - Strongly disagree	2	3	4	5 - Strongly agree	Not applicable
My clinical workload was too high to allow time for study	1	2	3	4	5	0
There was an issue with backfilling my job during my study	1	2	3	4	5	0

**Q6. If you experienced any other challenges please describe how they were addressed by your organisation and/or programme provider.**

**We'd like to know if you have had the opportunity to apply your learning**

<b>Q7. Opportunities to apply learning to practice</b>	1 - Strongly disagree	2	3	4	5 - Strongly agree	Not applicable
My course included adequate opportunities for practical experience	1	2	3	4	5	0
I was able to use my training in practice	1	2	3	4	5	0
My employer created opportunities for me to use my new learning	1	2	3	4	5	0
I've shared my new learning with colleagues	1	2	3	4	5	0

**We'd like to know about the links between the training and your career development**

<b>Q8. Career development</b>	1 - Strongly disagree	2	3	4	5 - Strongly agree	Not applicable
I'll continue to seek future learning and development opportunities	1	2	3	4	5	0
My study has helped to increase my employment opportunities	1	2	3	4	5	0
The opportunity to study influenced my decision to stay working in mental health and addiction	1	2	3	4	5	0

**Q9. Please provide any specific examples of ways in which your career development has benefited from your course participation.**



**We are very interested in any benefits from the clinical training programmes**

Q10. Results from your training	1 - Strongly disagree	2	3	4	5 - Strongly agree	Not applicable
I'm more confident about my clinical practice	1	2	3	4	5	0
I'm better equipped to work with people accessing services and their whānau	1	2	3	4	5	0
I'm more confident about working with whānau	1	2	3	4	5	0
I'm better equipped to work with Māori	1	2	3	4	5	0
My leadership skills have increased	1	2	3	4	5	0
I feel able to practice safely	1	2	3	4	5	0
I reflect more critically on my practice	1	2	3	4	5	0
My practice is informed by up-to-date evidence	1	2	3	4	5	0
My job satisfaction has increased	1	2	3	4	5	0

**Q11. Please provide any specific examples of ways in which your day-to-day work has benefited from your course participation.**



Q12. How long do you intend to work in Mental Health and Addiction in the future?	
	<input checked="" type="checkbox"/>
Less than one year	
1 to 2 years	
3 to 5 years	
6 to 9 years	
10 years or more	
Don't know	

Q13. Have you joined the government's voluntary bonding scheme?	
	<input checked="" type="checkbox"/>
Yes	
No	
No, but I am interested in this	
Not applicable	

Q14. What is your current role?	
	<input checked="" type="checkbox"/>
Alcohol and other drug practitioner	
Clinical psychologist	
Occupational therapist	
Registered nurse	
Social worker	
Other (please specify)	

Q15. What DHB district do you work in? (Please tick as many boxes as you need)							
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Auckland		Hawkes Bay		Northland		Waikato	
Bay of Plenty		Hutt Valley		Southern		Wairarapa	
Canterbury		Lakes		South Canterbury		Waitematā	
Capital and Coast		MidCentral		Taranaki		Whanganui	
Counties Manukau		Nelson Marlborough		Hauora Tairāwhiti		West Coast	
Unsure or Other (Please specify)							

**About you**



Q16. Which ethnic group(s) do you belong to? (please tick all that apply)	<input checked="" type="checkbox"/>
New Zealand European	
Māori	
Samoan	
Cook Island Māori	
Tongan	
Niuean	
Chinese	
Indian	
Other (please specify)	

Q17. What is your age range?	<input checked="" type="checkbox"/>
Under 30 years	
30 to 39 years	
40 to 49 years	
50 to 59 years	
60 years and over	

**18. Do you have any other comments or feedback about your experience of the course or this questionnaire?**

**Thank you so much for doing this survey. The findings will be posted on our website early in 2018.**

<https://www.tepou.co.nz>



## Appendix B: Details of student demographics

**Table 3. Respondents' roles**

Role	Number	Per cent (%)
Registered nurse	173	69
Occupational therapist	29	12
Social worker	26	10
Alcohol and other drug practitioner	16	6
Nurse consultant / educator / school based mental health	3	1
Clinical nurse specialist	2	1
Diversional therapist	2	1
Patient safety officer	2	1
Generic counsellor	2	1
Manager / CAMHS case manager	2	1
Mental health (pregnancy and parenting)	1	0.4
Caseworker	1	0.4
Complex support advisor	1	0.4
Crisis worker	1	0.4
CEP	1	0.4
Co-ordinator clinical / Need assessment & service co-ordination	1	0.4
Training in psychotherapy	1	0.4
No response	3	1
<i>NB: Totals do not add to 251 (100%) due to multiple response</i>		

**Table 4. Ages of respondents**

Age range	Number	Per cent (%)
Under 30 years	99	39
30 to 39 years	57	23
40 to 49 years	53	21
50 to 59 years	35	14
60 years and over	3	2
No response	3	1
<b>Total</b>	<b>251</b>	<b>100%</b>



**Table 5. Ethnicity of respondents**

Ethnic group	Number	Per cent (%)
New Zealand European	172	69
Māori	46	18
Pacific Islander	27	11
Asian	10	4
Indian	10	4
British	8	3
Australian	2	1
South African/Zimbabwean	2	1
American	1	1
European	1	1
New Zealander	1	0.4
Other	2	0.4
No response	3	0.4
<i>NB: Total does not add to 251 due to multiple response</i>		

**Table 6. Membership of the government’s voluntary bonding scheme**

Membership of the government’s voluntary bonding scheme	Number	Per cent (%)
Yes	91	36
No	73	29
No, but I’m interested in this	49	20
Not applicable	35	14
No response	3	1
<b>Total</b>	<b>251</b>	<b>100%</b>



**Table 7. DHB district in which respondents worked**

DHB District	Number	Per cent (%)
Canterbury	37	15
Auckland	28	11
Southern	25	10
Counties Manukau	22	9
Capital and Coast	22	9
Bay of Plenty	19	8
Waikato	18	7
Waitematā	18	7
MidCentral	9	4
Nelson / Marlborough	9	4
Hawke's Bay	8	3
Hutt Valley	8	3
Northland	6	2
Lakes	5	2
Whanganui	5	2
Taranaki	4	2
Hauora Tairāwhiti	3	1
Non-government organisation	2	1
South Canterbury	2	1
Wairarapa	2	1
West Coast	1	0.4
No response	6	2
<i>NB: Total does not add to 251 due to multiple response</i>		

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