Trends in nursing education in New Zealand and Australia (2015–2025): a scoping review

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Te Kaunihera Tapuhi o Aotearoa
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Abstract

Background: Nursing education in New Zealand (NZ) and Australia has undergone significant change over the last decade in response to workforce shortages, regulatory expectations, and societal priorities. Understanding recent trends in curriculum reform, simulation, interprofessional learning, cultural safety, and flexible delivery is essential to inform future policy and practice.

Objective: To map trends in nursing education in NZ and Australia between 2015–2025.

Methods: A scoping review was conducted using Arksey and O'Malley's framework, with reporting guided by PRISMA-ScR recommendations. Peer-reviewed and grey literature (2015–2025) were sourced from CINAHL, PubMed, Scopus, PsycINFO, and regulatory/policy websites (NCNZ, ANMAC, AHPRA, Ministry of Health NZ). Data were charted and thematically analysed to identify six key themes.

Results: Six central themes were identified: (1) curriculum reform and competency-based education; (2) simulation and technology-enhanced learning; (3) interprofessional education (IPE); (4) cultural safety and Indigenous health; (5) workforce preparation, clinical learning hours, and transition challenges; and (6) flexible and digital learning. Persistent gaps remain, particularly in longitudinal evaluation of outcomes, inconsistencies in mandated clinical placement hours, uneven digital literacy, and risks of tokenistic approaches to cultural curricula.

Conclusion: Over the past decade, nursing education in NZ and Australia has demonstrated adaptability and innovation. Future work must focus on evaluating the long-term impact of graduate competence, workforce retention, patient safety, and health equity.

Keywords

Nursing education; New Zealand; Australia; simulation; competency-based education; interprofessional education; cultural safety; workforce development

Introduction

Nursing education in New Zealand (NZ) and Australia continues to evolve in response to significant health and workforce challenges. Between 2015 and 2025, nursing shortages, rapid technological advancement, and regulatory reforms have shaped the educational landscape. International bodies, including the World Health Organization (WHO, 2020) and the International Council of Nurses (ICN, 2021, 2025), have described nursing shortages as a public health emergency, underscoring the urgency of scaling education capacity to meet health needs.

In NZ, the Health Practitioners Competence Assurance Act (HPCA Act, 2003) mandates competence-based registration, with the Nursing Council of New Zealand (NCNZ) most recently updating education standards in 2024. In Australia, accreditation is overseen by the Australian Nursing and Midwifery Accreditation Council (ANMAC), guided by national professional standards. While these frameworks differ in structure, both aim to safeguard public health by ensuring nursing competence.

Earlier reforms, such as Carpenter's WHO report (1971), the KPMG Strategic Review (2001), and Cook's (2009) proposals for a training board, provided momentum for the shift from hospital-based to tertiary education. Although outside the timeframe of this review, these foundational reforms contextualise the innovations from 2015–2025.

Globally, the State of the World's Nursing Reports (WHO & ICN, 2020, 2025) highlighted the urgent need for investment in nursing education to address shortages and support sustainable development goals. This was further reaffirmed in the renewing of the definitions of 'nursing' and a 'nurse' (White et al., 2025). This refinement enables the term 'nurse' to focus more specifically on its relevance to issues, such as workforce planning, regulation, and education, which vary across countries, cultures, and time (White et al., 2025). In NZ and Australia, additional pressures have included ageing populations, rising chronic disease, rural workforce maldistribution, and increased demands for culturally safe care.

To meet the regulatory standards for practice for accreditation of education programmes an increase in the caliber of the teaching staff, the teaching/learning methodologies, and the depth

of the course content is necessary to meet the complexity of people/person centered care and health services delivery (White et al., 2025). An example of this advancement in education was the COVID-19 pandemic which accelerated digital delivery, reshaped simulation practices, and required rapid curriculum adaptations to sustain programme continuity during lockdowns.

This scoping review maps trends in nursing education in NZ and Australia during 2015–2025, examining how curricula, pedagogy, and regulation have evolved to meet workforce and societal needs.

Methods

Framework

This review followed Arksey and O'Malley's (2005) scoping review framework, with reporting guided by the PRISMA-ScR checklist (Tricco et al., 2018). The framework involved five stages: identifying the research question, identifying relevant studies, study selection, charting data, and collating and reporting results.

Research question

What are the trends in nursing education in New Zealand and Australia between 2015–2025?

Search strategy

Electronic databases (CINAHL, PubMed, Scopus, PsycINFO) and grey literature (NCNZ, ANMAC, AHPRA, Ministry of Health NZ) were searched for publications between 2015–2025. Search terms included: nursing education, simulation, interprofessional education, competency-based, cultural safety, workforce preparation, blended learning, New Zealand, Australia. Reference lists of included studies were also screened.

Inclusion criteria

- Published between 2015–2025
- NZ or Australian context
- Peer-reviewed or grey literature
- Undergraduate nursing education focus

Data extraction and analysis

Data were extracted into a chart recording author, year, country, study type, educational focus, regulatory alignment, and findings. The included studies are summarised in Appendix One. A thematic analysis approach synthesised patterns across the literature.

Grey literature, including regulatory reports, consultation documents, and education standards, was treated as core evidence due to the regulatory context of nursing education. Pre-2015 sources were excluded from thematic synthesis but referenced in the introduction for context.

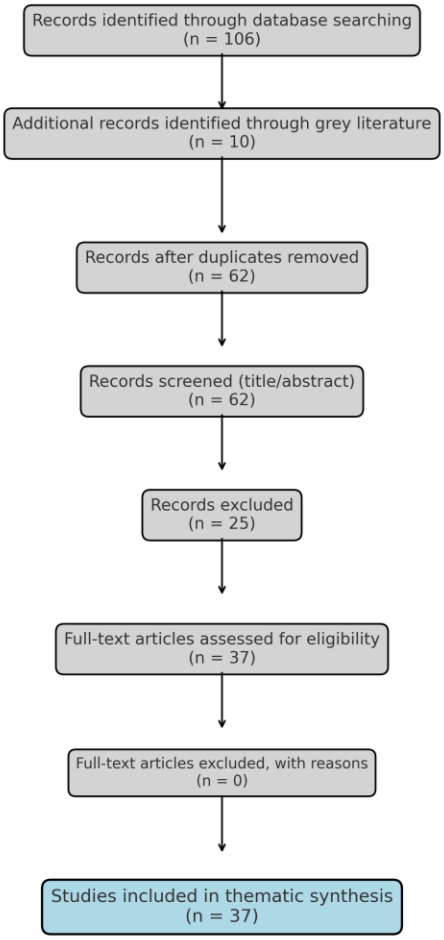

Figure 1. PRISMA-ScR flow diagram of study selection

Results

The review identified six central themes shaping nursing education in NZ and Australia between 2015–2025: (1) curriculum reform and competency-based education; (2) simulation and technology-enhanced learning; (3) interprofessional education (IPE); (4) cultural safety and Indigenous health; (5) workforce preparation, clinical learning hours, and transition challenges; and (6) flexible and digital learning. These themes reflect adaptability and innovation, while also revealing ongoing challenges, including limited longitudinal evaluation of outcomes, inconsistently mandated placement hours, uneven digital literacy, and risks of superficial integration of cultural content.

Curriculum reform and competency-based education

Competency-based curricula have become well established in NZ and Australia (Henderson et al., 2016). The Nursing Council of New Zealand's 2024 Education Standards embed kawa whakaruruhau, Te Tiriti o Waitangi, and cultural safety as central to programme design, emphasising critical thinking, reflective practice, and professional accountability (Henderson et al., 2016; Wepa et al., 2019). These reforms build on decades of transition away from apprenticeship-style models, with current emphasis on regulatory alignment and outcome-based assessment (Nursing Council New Zealand, 2025). In Australia, ANMAC accreditation standards have driven similar changes, embedding Aboriginal and Torres Strait Islander health frameworks (Henderson et al., 2020).

Assessment methods increasingly include Objective Structured Clinical Examinations (OSCEs), portfolios, and workplace-based evaluations, aligning with international practice (Henderson et al., 2016). However, evidence of long-term impact on patient outcomes remains limited (Dawson et al., 2020). Alongside curriculum reform, another key pedagogical development has been the rapid growth of simulation and technology-enhanced learning.

Alongside these regulatory reforms, sustainability and planetary health have also emerged as important curriculum priorities and graduate outcomes. A 2024 Delphi study undertaken in Australia reached international expert consensus on essential knowledge and skills to promote

sustainable healthcare and offered a curriculum framework to enable this (Levett-Jones et al., 2024).

Simulation and technology-enhanced learning

Simulation has become a dominant pedagogy, supporting development of both technical and non-technical skills (Henderson et al., 2018). An integrative review found that simulation improves realism, teamwork, and communication, though resource demands remain high (Bowen-Withington et al., 2020).

Psychological safety has emerged as a critical theme. International standards developed by the International Nursing Association for Clinical Simulation and Learning (INACSL) and the Association of Standardized Patient Educators (ASPE) highlighted the need for safe environments in health simulation (NZASH, 2024; Wordsworth et al., 2023). In Australia, system-level policies address risks in in-situ and translational simulation (Brazil et al., 2022). Nursing-specific approaches, such as MASK-ED™, reduce student anxiety in sensitive care contexts (Reid-Searl & O'Neill, 2017). Grey literature further emphasised strategies for protecting learners' dignity during debriefing (Castelletto et al., 2024).

Curriculum integration has expanded. NZ and Australian programmes are increasingly using simulation (Cameron et al., 2018; Cant & Cooper, 2017). Low-tech, high-impact tabletop simulations prepare students for climate-related emergencies (Levett-Jones et al., 2025). Researchers have also linked simulation to patient safety competencies (Ryan et al., 2023). A 2018 survey reported widespread adoption but identified barriers: faculty workload, uneven suite access, equipment maintenance, and alignment with curriculum outcomes (Bogossian et al., 2018; Bowen-Withington et al., 2020).

Technology use continues to evolve. Virtual Reality (VR) is beginning to emerge as a teaching tool, but robust evidence of its effectiveness in nursing education remains limited. In parallel with the expansion of simulation, interprofessional education (IPE) has also become a growing focus.

Interprofessional education (IPE)

Interprofessional education (IPE) opportunities have expanded. Australian universities have

developed structured IPE simulations and placements (McKenna et al., 2017), while NZ has integrated IPE with a focus on Māori health and equity (Ramsden et al., 2017). Challenges persist, including scheduling, standardised assessment of collaborative competencies, and resource demands. Although evidence linking IPE to patient outcomes is limited, qualitative studies suggest improved teamwork and communication. Evaluation of IPE remains limited not only because of resource constraints but also due to the inherent complexity of assessing collaborative competencies in authentic practice settings. Alongside pedagogical innovations, attention has turned to the integration of cultural safety and Indigenous health.

Cultural Safety and Indigenous health

Integration of cultural safety has deepened. In NZ, Kawa Whakaruruhau and cultural safety are mandatory, requiring reflection on power alongside embedding Te Tiriti into nursing practice (Pitama et al., 2016; Wepa et al., 2019). Recent scholarship applying a cultural lens approach suggested that while Te Tiriti principles are more visible, Māori knowledge remains peripheral in many curricula, raising concerns about depth of integration (Fraser et al., 2022). In Australia, accreditation standards mandate Aboriginal and Torres Strait Islander health content. However, the evaluation of graduate behaviours and impact on health outcomes is limited (Henderson et al., 2020).

Clinical-learning hours, workforce preparation, and transition challenges

Clinical learning hour requirements vary between NZ and Australia. A systematic review found 1000 hours in NZ, 800 in Australia, 2300 in the UK, and 4656 in India, with little evidence underpinning these figures (Kenny et al., 2025). Beyond the issue of mandated hours, qualitative studies have also highlighted transition shock among NZ graduates, particularly in relation to workload management, delegation, and escalation of care (Hegney et al., 2015; Mills et al., 2016). Workforce readiness has been a central concern. Structured transition-to-practice programmes improve competence and retention, particularly in rural and specialty settings (Hegney et al., 2015; Mills et al., 2016).

Flexible and digital learning

Flexible learning accelerated during COVID-19. Informatics integration remains inconsistent, constrained by uneven digital literacy and absent standards (Harerimana et al., 2022). Students reported satisfaction with flexible and digital learning, but links to graduate competence are unclear. Mobile apps show promise, though more rigorous trials are needed (Ryan et al., 2024). Equity issues persist for rural students, and institutional investment in infrastructure and faculty development is variable.

During COVID-19, the Nursing Council of New Zealand and the Australian Nursing and Midwifery Accreditation Council introduced temporary accreditation flexibilities to support programme continuity, such as allowing variation in placement hours and greater use of flexible learning modalities.

Summary

A synthesis of these six themes, including their descriptions and associated challenges, is presented in Table 1. This synthesis highlights both the progress achieved in nursing education across NZ and Australia during 2015–2025 and the areas that require further evaluation and reform to ensure sustainable impact.

Table 1: Synthesis of the six themes.

Theme	Description	Challenges/Gaps
Curriculum Reform & Competency-Based Education	Shift to competency-based curricula aligned with regulatory standards; integration of cultural obligations; diverse assessment strategies (OSCEs, portfolios).	Limited longitudinal evidence linking reforms to patient outcomes; sustainability and planetary health integration are still emerging.
Simulation & Technology-Enhanced Learning	Mainstreamed simulation practices; emphasis on psychological safety; expansion into rural, low-	Resource-intensive; faculty workload; uneven access to simulation

	tech, and climate-related contexts; early VR adoption.	suites; limited evaluation of VR effectiveness.
Interprofessional Education (IPE)	Structured IPE simulations and placements expanding; emphasis on teamwork and communication; integration of equity-focused IPE in NZ.	Assessment tools and scheduling remain barriers; weak evidence of direct patient outcome improvements.
Cultural Safety & Indigenous Health	Cultural safety mandatory in NZ; Indigenous health embedded in AU accreditation; increasing but uneven depth of bicultural/Indigenous content.	Risks of superficial or tokenistic integration; limited evidence on graduate behaviours and health equity impacts.
Workforce Preparation & Clinical Hours	Transition-to-practice programmes strengthen competence and retention; mandated clinical learning hours vary significantly between countries.	Mandated hours are inconsistently evidence-based; transition shock persists among early-career nurses.
Flexible & Digital Learning	COVID-19 accelerated blended and virtual delivery; simulation adapted for remote use; digital tools integrated but uneven literacy and access remain.	Uneven digital literacy; infrastructure gaps; limited evidence linking blended learning to competence; rural equity concerns.

Discussion

This scoping review identified six themes shaping nursing education in NZ and Australia between 2015–2025. Collectively, these trends demonstrate innovation and responsiveness to societal,

workforce, and regulatory demands. However, enduring challenges remain that require critical attention if reforms are to achieve sustainable impact.

Curriculum reform and competency-based education have strengthened regulatory alignment and embedded cultural safety obligations in nursing programmes (NCNZ, 2025; Henderson et al., 2016). Despite these advances, there is limited longitudinal evidence that competency-based curricula lead to improved patient outcomes or sustained workforce retention (Dawson et al., 2020; WHO, 2020). This reflects a wider international challenge in translating competency frameworks into measurable improvements in practice and health system performance. A related development has been growing recognition of psychological safety as critical for learning, consistent with international standards such as INACSL and ASPE (Wordsworth et al., 2023).

Simulation has become a cornerstone of nursing education, with expanding use across rural, community, and high-stakes contexts (Bowen-Withington et al., 2020; Cameron et al., 2018). Simulation is increasingly accepted as a substitute for clinical hours, reflecting global trends, though acceptance varies internationally and supporting evidence remains fragmented (Bogossian et al., 2018). Persistent challenges of faculty workload, infrastructure, and sustainability also limit implementation (Bowen-Withington et al., 2020). Without stronger evaluation, simulation risks being implemented primarily as a pragmatic response to placement shortages rather than as a rigorously validated educational strategy.

Interprofessional education (IPE) has expanded through structured simulations and placements, with positive reports of improved teamwork and communication (McKenna et al., 2017). These findings are consistent with the broader IPE literature, which suggests benefits for collaboration but limited direct evidence of impact on patient outcomes (Reeves et al., 2016). Scheduling constraints, limited resources, and the inherent complexity of assessing collaborative competencies constrain implementation, echoing patterns observed internationally. Embedding IPE in Indigenous and rural health contexts may provide greater alignment with health equity goals.

Cultural safety and Indigenous health integration represent an area of progress but also ongoing concern. In NZ, cultural safety is mandated through nursing education standards (Pitama et al.,

2016; Wepa, 2019), while in Australia Indigenous health is embedded through accreditation requirements (Henderson et al., 2020). Yet scholarship highlights risk of superficial or tokenistic inclusion, with Māori and Aboriginal knowledge often remaining peripheral to dominant curricula (Fraser et al., 2022). This reflects longstanding tensions between policy intent and practice outcomes and raises critical questions about how to ensure cultural curricula translate into measurable improvements in health equity.

Workforce preparation and transition support remain pressing issues. Structured transition-to-practice programmes have been shown to enhance competence and retention (Hegney et al., 2015; Mills et al., 2016). However, significant disparities exist in mandated clinical learning hours: 1000 in NZ, 800 in Australia, 2300 in the United Kingdom, and 4656 in India (Kenny et al., 2025). These inconsistencies lack an evidence base, raising questions about what constitutes sufficient preparation for safe practice. Research in both NZ and Australia demonstrates that transition shock continues to affect new graduates, particularly during the first 6–12 months of practice (Jamieson et al., 2023; Baharum et al., 2023). In NZ, longitudinal tracking of graduate cohorts found persistent personal stress and emotional strain despite structured support (Jamieson et al., 2023), while in Australia, programmes explicitly based on Duchscher's Transition Shock Model improved retention and standardised support experiences (Cusack et al., 2024). These findings underscore that transition shock is not only persistent but also modifiable through targeted programme design.

The COVID-19 pandemic accelerated digital transformation, mainstreaming blended and virtual learning across both countries (Thomson et al., 2021; Lansdown et al., 2024). Innovations such as remote adaptations of MASK-ED™ sustained learner engagement (Reid-Searl et al., 2022), but inequities in access, infrastructure, and digital literacy became more visible (Harerimana et al., 2022). Informatics integration remains inconsistent, leaving graduates variably prepared for increasingly data-driven practice. Emerging technologies such as artificial intelligence, extended reality, and learning analytics offer opportunities for innovation, though evidence of impact is limited and raises questions of cost, scalability, and equity (Cant et al., 2022).

A cross-cutting concern is professional identity formation. Although recognised in earlier literature, this issue remains unresolved in contemporary curricula. Nursing programmes in NZ and Australia continue to underemphasise the history, values, and identity of the profession, which risks undermining resilience and retention (McAllister et al., 2016; Jamieson et al., 2023). Weak identity formation risks undermining resilience and retention at a time of critical workforce shortages. During transition from student to registration it may compound stress for new graduates and diminish the distinct contribution of nursing within interprofessional teams.

In parallel, sustainability and planetary health have emerged as curriculum priorities (Levett-Jones et al., 2024, 2025), though longitudinal evaluation is required to assess whether their integration is sustained and effective.

This review has limitations. By focusing on literature published between 2015–2025 in NZ and Australia, it provides strong contextual relevance but may underrepresent broader international perspectives. The inclusion of grey literature strengthened the regulatory focus but may bias findings toward policy-driven narratives. Finally, as a scoping review, the synthesis is thematic rather than evaluative, which limits the ability to determine the strength of effects or causality.

Conclusion

Over the last decade, nursing education in NZ and Australia has demonstrated agility in responding to workforce, societal, and regulatory demands. Innovations such as competency-based curricula, strengthened interprofessional education, expanded use of simulation, and increased integration of cultural safety have positioned the sector as adaptable and resilient. The COVID-19 pandemic further accelerated digital learning and prompted regulatory flexibility, underscoring the capacity of nursing education systems to respond to disruption.

Yet critical gaps remain. Mandated clinical learning hours continue to vary widely without a strong evidence base (Kenny et al., 2025), raising questions about how competence is defined. Cultural safety integration has advanced, but risks of tokenistic practice persist, limiting impact on health equity (Fraser et al., 2022). Transition shock continues to affect new graduates, though evidence from both NZ and Australia shows it can be mitigated through intentional programme

design (Jamieson et al., 2023; Cusack et al., 2024). Meanwhile, rapid digital expansion and new curriculum priorities such as sustainability and planetary health show promise but require sustained evaluation (Levett-Jones et al., 2024, 2025; Ryan et al., 2024).

This review underscores the importance of moving beyond the adoption of innovations to critically evaluating their outcomes. Future policy, education, and research must focus on translating reforms into measurable improvements in graduate competence, workforce retention, patient safety, and health equity. Sustained investment in these areas will be critical to preparing a resilient, culturally safe, and future-ready nursing workforce.

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Appendix A. Evidence Table of Included Sources

Author(s), Year	Country	Focus	Key Findings
Baharum et al. 2023	Australia & NZ	Identifies timeline of shock onset and success factors in adaptation	Transition shock most commonly occurs within about 4–6 months of practice. Transition programs emphasizing confidence and role values are vital for adaptation and retention
Bowen-Withington et al., 2020	NZ & Australia	High-fidelity simulation integrative review	HFS improves realism and teamwork, but resource intensive.
Brazil, V., et al. (2022)	Australia	Development and implementation of a simulation safety policy in translational and in-situ simulation.	Established structured processes to safeguard staff and learners as well as patients during simulation. Highlighted the need for organisation-wide safety frameworks, reporting mechanisms, and explicit policy to prevent psychological and physical harm.
Cameron et al., 2018	NZ	Simulation in rural/community contexts	Simulation expanded to

			rural/remote practice prep.
Cant & Cooper, 2017	Australia	Simulation-based learning a meta-analysis	Simulation improves competence and decision-making.
Castelletto, J., et al. (2024)	Australia	Conference presentation exploring strategies to maintain psychological safety in interprofessional debriefing	Identified facilitation practices that protect learner dignity and encourage open reflection across disciplines. Highlighted the importance of structured debrief frameworks and faculty training to foster safe learning environments in interprofessional simulation.
Cusack et al., 2024	Australia	Implementation of a theoretically grounded Graduate Nurse Transition Program improves retention and standardises transition experiences	Demonstrates value of structured, theory-based transition programs in reducing shock.
Dawson et al., 2020	Australia	Postgraduate pathways & leadership	Postgraduate pathways strengthen leadership.
Fraser et al., 2022	NZ	Cultural Lens Theory applied to	Te Tiriti increasingly referenced in

		bicultural frameworks in nursing education	curricula, but Māori knowledge often peripheral; structural embedding required to avoid tokenism.
Harerimana et al., 2022	Australia	Nursing informatics curricula	Informatics integration inconsistent, digital gaps.
Hegney et al., 2015	Australia	Transition to practice, workforce retention	Transition programmes enhance competence and retention.
Henderson et al., 2016	Australia	Competency-based curricula & practice environments	Competency-based models improve alignment with practice.
Henderson et al., 2018	Australia	Simulation and clinical reasoning	Simulation strengthens reasoning and confidence.
Henderson et al., 2020	Australia	Curriculum reform – Indigenous health	ANMAC reforms embed Indigenous health frameworks.
Jamieson et al. 2023.	NZ	Longitudinal study tracking graduate nurse experience during first year of practice.	Captures emotional stress and role adjustment across first year (longitudinal).
Kenny et al., 2025	Australia & NZ	Placement hours & workforce planning	Placement hours are arbitrary, poorly evidenced.
Levett-Jones et al., 2024	Australia	Delphi consensus on planetary health and	Consensus on essential knowledge and

		sustainability curriculum	skills for sustainability; provides framework for embedding planetary health.
Levett-Jones, Zehntner, & Ward, 2025	Australia	Tabletop simulation for extreme weather preparedness	Innovative, scalable simulation strategy to prepare nurses for climate-induced extreme weather events.
McAllister et al., 2016	Australia	Competency-based critical thinking	Curricula are increasingly competency-based, reflective.
McKenna et al., 2017	Australia	IPE simulation and placements	IPE improves teamwork & collaboration.
Mills et al., 2016	Australia	Graduate transition and specialty practice	Support programmes improve rural/specialty retention.
Nursing Council New Zealand, 2015	NZ	Best practice in simulation standards	Emphasises structured debriefing & educator training.
Nursing Council New Zealand, 2025	NZ	Historical/ongoing NZ education reviews	Decades of reform underpin current standards.
NZASH. (2024)	NZ	National position statement on best practice in simulation.	Emphasised that simulation must be conducted in psychologically safe environments and embed Te Tiriti o Waitangi and

			cultural safety principles. Provided guidance for educators and regulators on quality and equity in simulation-based learning.
Pitama et al., 2016	NZ	Te Tiriti & Meihana model in education	Mandatory cultural safety, reflective practice.
Ramsden et al., 2017	NZ	IPE with Māori health perspectives	IPE fosters equity and Māori health perspectives.
Reid-Searl & O'Neill, 2017	Australia	Simulation modalities that lack the realism necessary to address the fears, values, and beliefs of nudity and intimate contact with patients	Mask-Ed™ improved student confidence in intimate care scenarios
Reid-Searl et al. 2022	Australia & NZ & USA	Adaptation of MASK-ED™ (educator-in-role simulation) to remote and online formats during the pandemic.	Demonstrated that even with low-tech adaptations, MASK-ED™ maintained learner engagement, supported psychological safety, and allowed educators to continue facilitating affective and cognitive learning outcomes across

			international contexts.
Ryan et al., 2023	Australia	Integrative review of patient safety elements in simulation	Simulation designs often target key patient safety elements; highlights need for explicit mapping to outcomes.
Ryan et al., 2024	Australia	Scoping review of mobile applications in nursing education	Mobile apps generally support knowledge gains, but more robust trials needed to establish long-term outcomes.
Thomson et al., 2021	NZ	Case study of undergraduate nursing programme adaptations during COVID-19 lockdowns.	Regulator-approved collaborative, clinically oriented virtual activities successfully substituted for clinical placement. Demonstrated resilience of NZ nursing programmes and the role of flexible approaches in maintaining progression.
Wepa, 2019	NZ	Cultural safety frameworks	Framework for cultural safety implementation.
White et al., 2025	International	Renewing the definitions of 'nursing' and 'a nurse'	Defines nursing and nurse. Multiple aspects focused on education.

WHO & ICN 2020, 2020, 2025	International	Global framing	Highlights a global workforce and well-being crisis, presenting strategies for investment and support. A refreshed, global articulation of nursing's scope, values, and identity—valuable for framing professional identity discussions.
Wordsworth et al., 2023	NZ	Scoping review of best practice frameworks for mental health simulation in Aotearoa.	Highlighted alignment with international standards (INACSL, ASPE) and stressed safe environments for both simulated participants and learners. Identified need for educator support and training to uphold realism while ensuring psychological safety.