# Factors affecting the progression of first-year student nurses.

by

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# ABSRACT

This study explored the first-year progression of a cohort of degree nursing students. A psychosocial Model of Student Progression (MoSP) was designed based on student nurse attrition literature and three theories: a student development theory by Chickering and Reisser, an identity theory by Erikson and a student departure model by Tinto. The MoSP provided a framework for the research design and a pragmatic, mixed-method approach was used to explore the progression of 59 students. Data collection included questionnaires, semi-structured interviews and first-year assessment results. Data was analysed using descriptive statistics, comparisons with components of the MoSP and thematic analysis. Findings indicated that a number of factors were associated with student progression, including pre-entry attributes and experiences. End-of-year interviews indicated the importance of student preparation for university study, transitional processes related to academic skill development, social integration, levels of support and changes to student identity and purpose. In conclusion, the MoSP was found to provide a suitable framework for exploring student progression; however, further adaptions to the model are needed to reflect the dynamic and personal nature of student progression from before university study to the end of the first year of study and beyond.

# DEDICATION

To my family for their forbearance during the years I've taken to complete my doctoral studies.

# ACKNOWLEDGEMENTS

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# CHAPTER 1: INTRODUCTION

*'**Progression** … a gradual movement or development towards*
*a destination or a more advanced state.'*

Soanes and Hawker (2006, p.813)

**The impact of higher education on students**

The impact of university education on students has frequently been investigated. The focus has often been on why students remain on a course or, perhaps more importantly to those who fund and manage university courses, why they leave. Many researchers have investigated the student experience from this latter perspective with an emphasis on course attrition and non-completion rather than personal development. In particular, researchers have focused on identifying those factors that influence students so that they discontinue their studies or have ongoing difficulties during them. In the initial part of this chapter, I will explore why it is time to move beyond this particular focus on student attrition and adopt a more holistic approach to student progression by examining some of the literature that explores the impact of university education on students.

As far back as 1969, Ryle discussed the impact of university life on students in his book, *Student Casualties* (Ryle, 1969). He suggested that students can be categorised by risk-associated behaviours that are linked with a failure to complete their studies. High-risk takers, along with those that voluntarily depart, are likely to leave, have course intermissions, ongoing academic difficulties and a history of failing assignments. Ryle described the transitional phase students experience when moving from adolescence to adulthood and how this can adversely affect them if it is not successfully negotiated. This transitional phase can

lead to significant mental health problems, including, *in extremis,* thoughts of suicide and self-harm. During this phase, poor coping strategies can manifest themselves (such as drug and alcohol misuse) and progress, course continuation and retention can be affected. For some, university life is, consequently, damaging in the short term and potentially in the longer term. However, at the time of Ryle's writing, the number of people attending university from the total population of adolescents was approximately eight per cent; therefore, the number of 'student casualties' of the higher education system was relatively small. As more people now attend higher education, this problem has maybe expanded with more young adults negatively affected by their experience of university.

Later, Yorke and Longden (2004) also examined the progress of university students. Their study of retention and attrition outlined why students withdraw, citing such reasons as poor subject choice, academic problems and financial difficulties; they also explored the impact of factors related to the institution. However, by concentrating on attrition they may have overlooked aspects of university life that positively impact on students and their course success and personal development.

More recently, in an extensive review of the literature, a comprehensive evaluation of the impact of college [university] on students was performed by Pascarella and Terenzini (2005). Following their 1991 longitudinal study, Pascarella and Terenzini discussed the wide ranging impact of higher education on student development from a broad perspective. In doing so they mentioned the effects of higher education on attitudinal, intellectual, moral, educational and psychosocial development, summarising that students undergo a number of immediate changes when attending college and these can have a long-term impact on student development. Pascarella and Terenzini (and the earlier authors) discussed the effect university

can have on student development and the propensity for students to leave when faced with various challenges but, as the authors focused on the general university population, students on specialist, vocational courses, such as nursing students, may experience different development and progression challenges.

In nurse education, the focus of study has also been on student development from the narrow perspective of retention and, especially, the worryingly high rates of student attrition. For example, Coakley (1997) wrote about attrition, noting that recorded rates have been high for decades and the causes diverse, expressing that there are multifarious reasons for leaving, including such things as feeling homesick, insufficient pay during training and the poor conditions of service experienced by some students. Additionally, Coakley linked academic entry qualifications and personality type with attrition, adding that despite a number of interventions there are wide institutional variations in retention and attrition rates. Furthermore, Coakley noted that the accuracy and therefore comparability of attrition data should be questioned, in part due to the variations in assessment practices, local policies and student support systems between higher education institutions.

These institutional differences were studied by McSherry and Marland (1999). They explored the support that had been provided by institutions for discontinued students. They found wide institutional variations in assessment processes, concluding that the education system overall is not homogenous and useful comparisons between institutions difficult. For example, inequity is evident in such practices as students from different higher education institutions (HEIs) having variable resubmission attempts or the ability, or not, to compensate for failed assignments. Variability between institutions raises concerns about the credibility of the system to ensure all students are assessed equitably and given the same level of opportunity to

qualify as a nurse. It follows that the different attrition rates between institutions may reflect variable assessment standards and not the comparability of student ability, knowledge and motivation to successfully complete their studies. Thus, attrition rates may not uniformly reflect similar patterns of attrition across institutions and institutional comparisons may be unfair.

Linked with this comparability concern, in 2001 the National Audit Office raised concerns about the attrition data for NHS funded nursing students, stating that the data collected was insufficient to make comparisons between institutions. In the following year, the Department of Health (DH) (2002) created a definition for attrition and specified the data that had to be collected by HEIs; this was especially important, as attrition was included in a number of course quality metrics. However, it was acknowledged that attrition is difficult to track and its causes 'complex and difficult to quantify' (ibid, p.2). Nevertheless, despite the apparent difficulties of using the newly defined attrition and the process of recording it, an attrition target of 13 per cent or less was set.

The DH revisited attrition in 2006, making a number of recommendations in their good practice guide. It was explicitly stated that attrition rates would be linked with commissioning and budget allocation decisions. The good practice guide lists a number of factors associated with attrition that should be addressed. However, it could be argued that the evidence cited was somewhat limited, as it was related to anecdotal or small scale research, despite the existence of a wealth of research studies and literature reviews related to student nurse attrition being available at the time that may have offered greater insight into attrition.

Student nurse attrition has been frequently investigated over the years, often with the aim of identifying which attrition-related factors are most prevalent. Reviews have continued to

examine the issue from a range of different perspectives. For example, in 2012, Pitt *et al.* performed an extensive review of the literature, concluding that attrition is linked with demographic, academic, cognitive and personality factors. A few years earlier, Urwin *et al.* (2010) postulated that attrition factors can be viewed from different levels: the individual student, the institutional, the political and professional. Eick, Williamson and Heath (2012) explored placement-related reasons for leaving, noting that placement experiences, professional perceptions and clinical assessments are important influential factors as to whether a student decides to leave or stay – importantly, however, they additionally raised concerns about the methodological rigour of some studies in their review.

Methodological concerns are not new. Glossop (2001) expressed similar methodological concerns to Eick, Williamson and Heath (2012) by questioning the dissimilar nature of research definitions of attrition and variable participant response rates. Glossop, additionally, made an important point that research does not appear to explain why some students leave their studies while other apparently similar students do not, recommending that exploration of wider social factors, such as family and class, was needed.

Increasing interest in how wider social factors affecting student progress may explain why more recent studies have moved away from the narrow focus on attrition towards a focus on the overall student experience; these perspectives consider factors that influence student continuation rather than why students leave. In an example of this new perspective, Wray *et al.* (2012) proposed an approach that explores the multiple factors affecting students, advocating a move away from 'seeing the student as a "problem"' (p.1440) towards a more holistic view that focuses on student progression. They suggest that by focusing on whole cohorts of students, both those that leave and those that continue, it may be possible to create

a predictive model that can be used to support students and ensure their success.

Predictive models have been discussed before. Reason (2009), for example, has produced such a model that explores student persistence. Reason's conceptual framework suggests that multiple forces affect students, including pre-course student characteristics, aspects of the organisation, student peer groups and student experiences, noting that little is known about the influence of the family, parental academic attainment and peers on student persistence. Reason further discusses the importance of terminology, especially retention and persistence, and how the terms used can influence the perspective of the reviewer. Similarly, in this study what is meant by the term progression is regarded as important and it will be explored more fully in the next chapter.

In summary, I am interested in how student nurses are affected by their experience of university education and clinical practice. In the past the focus has been on why students leave; however, a more recent change of focus explores the broader impact of life beyond university experiences with different levels of influence thought to be important. It may be possible now, with a greater awareness of the nature of the student experience, to construct a theoretical framework with which to explore the forces that affect students and, thereby, gain greater insight into what influences student progression.

My aim, therefore, is to explore, more broadly than some of the earlier studies, student nurse progression and its influencing factors. A framework, a Model of Student Progression (MoSP), was designed to underpin and direct the study's research design and the data collection methods with which to explore the experience of a cohort of students during their first year of study. The next section provides an outline of my study.

**Outline of the study**

In Chapter 2 the development of a definition of student progression is discussed. My definition of 'developmental progression' is provided and why student progression is important discussed. Furthermore, the aim of this study and the initial research questions are presented.

As part of my journey exploring student nurse progress, I initially completed a literature review of the factors associated with student nurse attrition. As noted above, many studies have explored attrition. Notable in this area of study is one key theorist, Vincent Tinto, who is renowned for his work in this area (Tinto, 1993). Chapter 3 provides an overview of the initial attrition literature review I completed and its links with Tinto's theory of student 'institutional departure'. Discussions in Chapter 3 highlights the factors linked with why student nurses leave, how these link with Tinto's model and why, ultimately, I chose to explore broader factors associated with student progression.

Chapter 4 further develops my view of student progression. I discuss how, following my literature review, I designed my Model of Student Progression (MoSP) and, in doing so, justify a more holistic approach to exploring student progression informed by several psychological and social theories: Erikson (1968) and identity formation; and Chickering and Reisser (1993) and student development; along with the outcomes of my literature review and Tinto's theory discussed in Chapter 3.

In Chapter 5 the design of my study is presented. In this chapter, I provide the rationale for the study's design and how the MoSP informed some of my decision making. The importance of my research questions and my epistemological stance, along with the chosen pragmatic

design, are outlined. The mixed-methods approach adopted, using questionnaires, interviews and examination board data, along with the use of a purposive, convenience sample, are justified. Ethical issues are also considered.

After designing the study, a small pilot study was performed and this is considered in Chapter 6. Ten students' questionnaires and two student interviews provided an insight into the suitability of my approach and the design of the subsequent main study.

Chapter 7 contains the findings of the main study. The cohort sample provided a range of data. The demographic data obtained from several questionnaires, interviews and the end-of-year examination board are presented. Following this, the qualitative data is presented and linked with the sections from the MoSP. A summary of overall findings is linked with the MoSP component parts.

In Chapter 8 the findings and the MoSP are discussed. Furthermore, using a process, in part informed by 'interpretive description' (Thorne, Kirkham and MacDonald-Emes, 1997), newly emergent themes are identified and discussed. The initial research questions are revisited at this point and the factors affecting student progression identified and their relationships discussed.

In the final chapter, Chapter 9, the key findings are summarised. After considering the limitations of the study, recommendations for further explorative research are outlined and tentative implications for student progression support considered. Finally, the contribution of the study to the wider body of knowledge is appraised.

# CHAPTER 2: STUDENT PROGRESSION

**Student 'developmental progression'**

While student progression can be defined in a number of ways, its ultimate definition and use depend on the perspective adopted and the student outcomes focused on. In this chapter I will explore my conceptualisation of student nurse progression, taking account of the concepts of progression utilised by Higher Education Institutions (HEIs), the Nursing and Midwifery Council (NMC), concluding with my broader view of student progression.

The nursing regulator, the NMC, and HEIs view progression as the student meeting a set of pre-set criteria. The NMC, for example, views progression as the achievement of competence at key stages at the end of years one and two within a three-year nursing course (Nursing and Midwifery Council, 2010) and the progression points relate to pre-set criteria for assessment, mainly in the clinical practice setting. Similarly, from a university perspective, progression can be regarded as the continuation of the student from one stage of a course to another, indicating that the student has reached the minimum pass criteria in their assessments to be eligible for re-enrolment and continuation (Pascarella and Terenzini, 2005).

However, professional and university definitions of progression have a narrow focus on achieving a level of progress against pre-determined academic and clinical criteria. It does not necessarily mean that the student has developed more broadly across a range of areas outside of these criteria. The student may, for example, have met the minimum academic and clinical criteria to continue but without a significant advancement in their skill or knowledge in other key areas. They may have progressed in other areas that they regard as more significant in terms of their personal development that are not measured by the assessment process and

related criteria. Irrespective of these unknown areas of development, as courses are often judged primarily on the numbers of students who progress and finally complete the course, course progression related to completion is regarded very highly, especially as it is seen as one of the main if somewhat crude indicators of course quality.

The link between progression and course quality is important. For the commissioners of student places within the higher education setting (currently the National Health Service's Local Education Training Boards and formerly Strategic Health Authorities) continuation and completion rates are viewed as key barometers of quality, with financial incentives previously given to encourage high rates of continuation (NHS Midlands and East, 2012). Together, commissioners and local NHS service providers focus on completion rates, as they are keen for HEIs to meet their ongoing demand for a steady stream of newly qualified nurses; this has become especially important recently as registered nurse vacancies are anticipated to increase in the coming years following a reduction in commissioned training places and increasing numbers of nurses retiring or leaving to take up alternative careers (Buchan and Seccombe, 2011). However, there may be another perspective or definition of progression that has been mostly ignored and this is the one that goes beyond the foci of the meeting of course and commissioning targets or meeting progression point targets or anticipated continuation and completion rates.

It is this alternative view of progression that I will adopt in this study. My view defines progression as more than the achievement of course milestones. The perspective adopted here will be broader and will align more with the quote at the beginning of Chapter 1. I consider progression to be related to what the student regards as development and their desired outcomes, both personal and course goals. Of course, for many students this may well accord

with the achievement of academic requirements at different stages of the course, aligning with the goals of the HEI, NMC and the commissioners of student places, but progression may include development from a wider perspective, linking with broader aspects of university and non-university life. In part, this may bring into question the purpose of university education and how this relates to student progression. Viewed more broadly, progression can be viewed as nurse education being more than just related to completion targets and the provision of the next generation of nurses, and for university education as more than the attainment of a degree qualification.

Schwartz (2003; 2011) has written about the purpose of higher education and, although acknowledging that it is partly preparation for employment, its broader purpose can be related to individual development (he refers to this as 'individual wisdom'), social mobility and the creation of a more egalitarian society. Progression from this perspective is much more than course progress, continuation or persistence, as it relates also to individual and social advancement. It is from this wider, holistic vantage point that I view progression.

In this study, progression will be regarded as a student's personal, social, professional and academic development and not just their course continuation.  It will be considered to be layered with course persistence being only one layer in what is a nuanced, complex strata of a multitude of interconnected forces that enable students to progress, perhaps with occasional fault lines that temporarily or permanently arrest this development. Key is a concept of personal and professional development and not just personal change or the attainment of some knowledge or skill.

Returning to Pascarella and Terenzini (2005), they discussed the concept of student development in their wide-ranging study *How College Affects Students*. Development, they

suggest, relates to growth toward a psychological or educational or moral destiny. They contrast this with change that 'refers only to alterations over time in students' cognitive skills, affective characteristics attitudes, values or behaviours' (p.17). It is, therefore, quite possible that a student can be changed but not developed by the experience of attending university.

With the aforementioned in mind, the view of progression adopted here is broad and related to development rather than a narrow reference to change or adaptation. Essentially, in this study, students who progress are regarded as those that make some advancement in a number of areas and their progression is viewed more holistically than the prevalent, dominant focus on course persistence and completion.

**Why is 'developmental progression' important?**

As noted earlier, student progression has often been related to retention and, therefore, levels of attrition. This should come as no surprise as, at a basic level, the focus on numbers is often related to the cost of educating the future workforce and the implications of high attrition rates on that workforce. In 2007, the National Audit Office (NAO) outlined the importance of student retention overall in higher education and its financial corollary, noting that retention rates vary widely between courses. Therefore, at one level student progression can be viewed as important when related to student persistence and the associated financial implication of students withdrawing from their courses of study.

Nursing courses have not escaped similar scrutiny of their attrition rates, with an earlier NAO (2001) report stating that student completion rates were a reflection of the quality of course management and its effectiveness. As noted earlier, until recently the commissioners of student nurse places within universities, Strategic Health Authorities and their successor

LETBs, have used attrition and completion-on-time rates as measures of course quality, with rates informing commissioning decisions and payment enhancements (NHS Midlands and East, 2012). Perhaps, not surprisingly, studies in the nursing literature have explored student course retention and progression (Pryjmachuk, Easton and Littlewood, 2009; Orton, 2011; Pitt *et al.,* 2012) with a focus on factors associated with attrition more than retention. For funding bodies, commissioners and HEIs, progression is linked with persistence because the goal is to see as many students graduate as possible and, furthermore, to rate their experience highly through quality review processes, such as the annual National Student Survey. Consequently, for commissioners progression is linked with completion, and for universities, progression is linked with completion and positive student evaluations of their experiences.

However, there is another perspective as to why student progression is important, although this may not always be a popular view for commissioners and those providing courses. This viewpoint returns to the wider purpose of higher education, as noted by Schwartz (2003; 2011). In his view, the aim of university education goes beyond the provision of a workforce as it is also concerned with individual development, involving facets of intellectual, psychological and social development. From this perspective, progress may or may not coincide with the goals of funders and course providers. It may lead, for example, to individual insights about a lack of suitability to become nurse, or complete a degree, or live away from home or participate in unfamiliar social situations. Progression can, therefore, lead to justifiable attrition, as a student may decide to leave or change their programme of study, a decision that may be best for the individual but less obviously so for the institution concerned with nurse education quality reviews or for priorities related to workforce need. Although there are probably few stakeholders who would support the continuation of a student with their studies who showed no aptitude or inclination to complete their studies or enter their

original chosen profession, the current governance and support systems seem less inclined to accept this latter position, as the financial and quality assurance processes seem more biased towards encouraging student continuation and persistence rather than personal student development. Progression, at least from one perspective, may result in being less focused on the student's best interests and more focused, perhaps, on the interests of the commissioners of nurse education and the university's overall profile. This study will, however, explore student progression from an individual developmental position, irrespective of stakeholder pressures and concerns. It is the student and what affects their progression that is at the heart of this study.

**What factors influence student progression?**

Insights from research studies have shown that attrition and persistence have a number of related or associated factors. Some of the literature and research studies have focused on student demographic and pre-course academic factors (Kevern, Ricketts and Webb, 1999; Glossop, 2002; Last and Fulbrook, 2003; Wharrad, Chapple and Price, 2003). Other studies have postulated that intra-course factors are also important, such as levels of student institutional integration (Kotecha, 2002), the degree to which a student feels they belong (Levett-Jones *et al.*, 2009) and the extent of the development of a professional identity (Lounsbury *et al.*, 2005). Furthermore, it has been suggested that a student's stage in the course is influential, particularly the heightened importance of the first-year experience (White, Williams and Green, 1999). The later studies mentioned are suggestive of a view of course progression as being affected by multiple, interactive forces that influence student progress at different times during their studies. This is a further reason that a broader view of progression lies at the heart of this study, as a deeper insight into progression must take

account of the different components that ultimately lead to a student's development and decision making processes.

In summary, student progress has often been seen through the narrow lens of student retention with a focus on non-progression, withdrawal and attrition, probably partly due to workforce and financial imperatives. Studies have focused on pre-course aspects associated with attrition but it has been suggested that attrition may be linked with broader psychosocial influences. This study will focus on exploring the factors that affect students' developmental progression with the premise that understanding what affects a student's development may offer greater insights into the broader factors influencing such things as attrition, retention, academic success and a student's overall psychosocial development.

**The research problem**

To understand student progress more fully, it is time to use a more holistic approach that explores the multiple influences related to pre-course attributes, psychological and social influences and the student experience. This study aims to examine student progress in this broader way, exploring pre-course and intra-course psychosocial factors that influence student persistence and development.  Several studies examined below support adopting this wider view.

In their study of first-year students, Yorke and Longden (2006) identified factors linked to student withdrawal, including course choice, levels of motivation, institutional characteristics, academic progress and finance. However, as not all students who left appeared to have similar experiences or similar factors affecting them, they suggest that student progression should be viewed from a more individualised and personalised perspective. Moreover, it is possible that

there are additional factors linked with persistence and progression that counter-balance those that influence attrition.

Reason (2009), when examining persistence, suggested that there are unknown and poorly researched aspects of persistence, such as the influence of the student's family, peers and the nature of the learning environment, concluding that multiple forces affect each student and it is their interplay that influence continuation.

Harvey, Drew and Smith (2006) focused specifically on the first year of a course, emphasising the importance of this transitional year as often pivotal in relation to retention. They also echo the belief that progression is complex and made up of the various, interconnected forces that influence the outcome for the student but particularly in the first year of study.

These studies contribute to the viewpoint that it is probably the sum of an individual's university and placement experience and how they combine that is important in influencing progress. Despite a student experiencing similar life events or having similar attributes to others, it is their personal experience with its moderators and subtleties that leads ultimately to their development, progress and success (or lack of it). Student progression, if complex and multidimensional cannot, therefore, be viewed from a purely attrition focused or persistence perspectives, as these do not provide sufficient clarity of insight. For this reason, this study will focus on progression in a broader sense and, rather than adopting a narrow definition of progression such as successful completion of a stage of a course, it will adopt a broader developmental perspective, implying the student achieves more than academic credits or completion of specific targets at key formal points of progression. In nurse education, for example, this broader notion of progression may include such things as professional development, personal growth or academic skill enhancement; indeed, as noted earlier, it

could be argued that progression can include gaining insight into one's suitability, or not, for a career in nursing, where leaving, paradoxically, is a sign of success or progress for some students.

It follows then that there are research questions resulting from this initial argument that identifies developmental progression and its influences as being complex and multi-factorial. Principally these questions are:

- What factors affect the developmental progression of student nurses during the first year of their studies?
- Are these factors inter-related and mutually influential with regards to student progression?

However, prior to addressing these questions, I will concentrate on the factors affect student attrition; as noted before, this is the priority for many involved in nurse education and there is extensive research exploring this topic. The following chapter provides an overview of my literature review and its link with Tinto's 1993 work that theorised why students leave. The review provided a starting point for my broader interest into the progression of student nurses and it acted as a catalyst for my more holistic view of development as evidenced in my MoSP.

# CHAPTER 3: A REVIEW OF THE NURSING ATTRITION LITERATURE AND ITS LINK WITH TINTO'S THEORY OF DEPARTURE

This chapter explores the literature that relates to student progression, from the starting point of an initial literature review completed when I first started to think about student progression and which, as noted previously, has often been seen from an attrition perspective. As I read the attrition literature it was apparent that several key documents used attrition literature but with an unclear process of selection. I decided to start by completing my own extended literature review to examine the factors related to student nurse attrition and to compare this with one of the key theorists in this area, as Tinto's name appeared frequently in the attrition literature. Tinto (1993) wrote one of the most notable texts on student departure but this was over 20 years ago and it was aimed at the general, American college population. In planning to use aspects of Tinto's theory, I decided I should first explore what is known about student nurse attrition in the UK and then compare how this is linked with and supportive, or not, of Tinto's theory.

**Student nurse attrition – an initial focus**

As noted in the previous chapter, the main focus for many when considering student progress is persistence and its counter side, attrition. Attrition has been and remains a key area for discussion, as it affects workforce planning and was one of my initial explorations when starting this project, and especially as key policy makers and media reviewers have written about the difficulties it can lead to and the importance, therefore, of understanding what influences it. For example, in 2000 the Department of Health outlined a plan to increase the

number of student nurses (Department of Health, 2000). The NHS Plan forecast that more qualified nurses were needed and, therefore, their intention to train an extra 5,500 nurses a year. However, increasing the commissioned number of student nurses to fill the shortfall of qualified nurses in the future was only going to be effective if people taking up the extra training places successfully completed their training. But the evidence is that this was not so, as significant numbers continued to leave before qualifying (Waters, 2006). It is these discontinuations of student nurses that were the focus of my initial literature review in which those factors affecting attrition were explored.

When I started exploring how students are influenced and affected by university education, I came across an extensive review by Pascarella and Terenzini (2005) that discussed a number of theories and models related to how college affects students. One model was Tinto's (1993) Theory of Student Departure, and this was chosen as this linked to my initial area of interest, student attrition.

Tinto's (1993) model explores why students leave higher education (Figure 3.1). It includes factors such as pre-entry characteristics, academic experiences that are both formal and informal and the external influences of family. However, the model is more than a list of potential influences, as it is concerned with how these factors affect a student's integration into a range of college communities. It is integration, at some level, that is thought to be pivotal as to whether a student decides to remain on a course. Tinto believes that students leave because they do not integrate effectively into an educational system, failing to build meaningful relationships within some aspect of college life. Tinto regards the educational experience as one involving communities, and if a student engages meaningfully with one or more of the many communities within the institutional setting, and their prior experiences

have prepared them for the educational experience sufficiently, they are more likely to persist

with their programme of study when faced with setbacks and challenges.


**Figure 3.1: A longitudinal model of institutional departure**
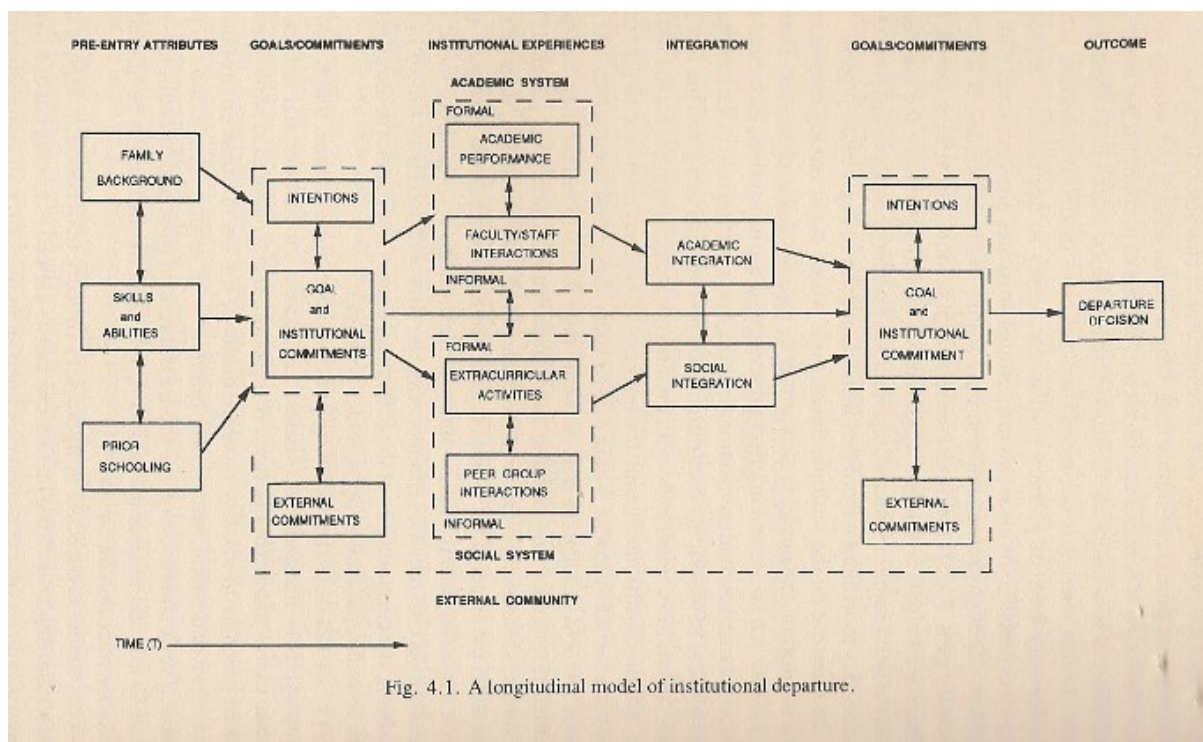


Fig. 4.1. A longitudinal model of institutional departure.

Tinto's 'A Theory of Individual Departure' (1993) is based on Van Gennep's (1960) *The*

*Rites of Passage* (cited in Tinto, 1993, p.92) and Durkheim's 1951 classic, sociological study

*Suicide* (cited in Tinto, 1993, p.100). In its earlier manifestation (Tinto, 1975), the 'Model of

Dropout' used Durkheim's theory to support the thesis that student dropout from college was

similar to Durkheim's theory of suicide, as it related to levels of social integration. As Tinto

put it, Durkheim's theory:

…highlights the ways in which the social and intellectual communities that make up a college come to influence the willingness of students to stay at that college.

(Tinto, 1993, p.104)

In essence, Tinto's original interactionist model stated that dropout was related to the level of integration within social and academic structures and that a lack of integration influences students' commitment to their course, negatively altering student goals and objectives. The revised model in 1993 incorporates discussion of Van Gennep's theory, adding that the level of integration reflects a similar process to that of the *Rites of Passage* in that students experience separation from their original community and transition into their new community where, if successful, they are incorporated (accepted). Students who have difficulties with this transition are less likely to be integrated in to their new social and academic community and, thus, more likely to leave.

**Justification for using Tinto's model**

Berger and Braxton (1998, p.104) have referred to the 'near-paradigmatic status' of Tinto's theory. Furthermore, Guiffrida (2006, p.451) has stated that despite it being the 'most widely cited theory for explaining the student departure process, there are concerns about the theory's lack of cultural sensitivity and related limitations. Brunsden *et al.* (2000) go on to raise concerns about the lack of testing of Tinto's model as, although there are plenty of studies testing aspects of the model, few have tested it as a whole, perhaps, due to a lack of definition of its core concepts. Nevertheless, despite these concerns the model provides a broad framework with which to explore the pre-entry characteristics of students and the interactions during their studies, both academic, peer and wider social interactions.

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**A review of the literature related to student nurse attrition**

A methodical approach was used to locate the literature that explored the factors associated with student nurse attrition from pre-registration courses in the United Kingdom. Identified research was appraised for methodological quality and the findings outlined, although the main aim was to summarise those factors that influence attrition with consideration of their implications for designing and confirming my future research plans. Furthermore, the findings were considered within the context of one theory of student attrition, that of Vincent Tinto (Tinto, 1993). Therefore, the rationale for including Tinto's theory in this study was that it could potentially act as a starting point for the creation of a theoretical framework with which to conceptualise the causes of attrition (Crookes and Davies, 1998); a framework to be used to explore student progress in the first year of a Bachelor of Nursing course, acting as guide to the data collection processes. However, before deciding to use Tinto's theory, it was important to ascertain whether the theory has relevance to nurse education and nurse attrition by exploring the reasons why students leave and then comparing these reasons with Tinto's theory to identify areas of commonality.

A provisional scoping of the literature showed that the reasons for student course withdrawal are diverse and present a challenge to key stakeholders in nurse education. For example, high dropout rates and their associated financial implications have led to a number of regulatory bodies to request that greater efforts be made to reduce attrition by identifying and addressing the causative factors (Department of Health, 2002; Department of Health, 2006; Royal College of Nursing, 2007). However, from my early reading, it was clear that it had been acknowledged that the reasons why students do not complete their courses are often complex (Department of Health, 2002). Nevertheless, several reasons have been suggested as affecting

study and rates of attrition: financial difficulties (Cordell-Smith, 2008); altered relationships (Goodman, 2006); lack of support (Department of Health, 2001); wrong career choice (Department of Health, 2002); and academic failure (Pearce, 2004). Pearce (2004) also mentions personal health problems, difficulties encountered during clinical placements, and poor course communication as reasons why some students leave. Unfortunately, much of the evidence justifying these causative factors was found to be rather anecdotal or based on limited case studies; therefore, the justification for my extended literature review was to explore the primary research that investigates those factors that are influential in student nurse attrition, to reach conclusions based on sound evidence rather than hearsay or weak evidence.

My literature review aimed to explore those factors associated with the attrition of full-time pre-registration nursing students, compare these with Tinto's theory for similarities and, ultimately, address the following questions:

- What factors contribute to the attrition of full-time pre-registration nursing students in the UK?
- Does Tinto's model of student departure reflect these contributory factors?

*Review methodology*

The methodology in my review was that of an extended literature review. An extended literature review is similar to a systematic review but, due to pragmatic constraints of time and resources, is less comprehensive; however, it still follows the principles of a systematic review – a method that Aveyard (2007) has described as a *systematic approach.* In a systematic approach a strict protocol is followed to obtain relevant research, literature is sampled using rigid inclusion and exclusion criteria, appraised as to the quality of the

methodological design, and findings summarised, weighted and discussed to answer research questions (Shuldham *et al.*, 2008).

*Search strategy and inclusion criteria*

The research studies used in the review were found using a planned approach (see Figure 3.2). Four electronic bibliographic databases: Cumulative Index of Nursing and Allied Literature (CINAHL), Education Resources Information Center (ERIC); British Education Index (BEI); and Australian Education Index (AEI) were accessed and searched using selected key words: 'student', 'nurse' and 'attrition'.

Studies were selected if they met the inclusion criteria detailed in Table 3.1. Primary research studies carried out in the UK were included since 1990, as nurse education in Britain underwent a key change around this time under a strategy know as Project 2000; nurse training moved from schools of nursing to education within universities linked with NHS providers (Department of Health, 1999) – earlier research may not then provide information that relates sufficiently to the experiences for more recent students. Similarly, the aim of the research was to explore the experiences of full-time students, as that was also to be the target group for my future research, hence the exclusion of part-time students or those studying via distant learning.

*Critical appraisal*

As noted in Chapter 1, concerns have been raised about the methodological quality of some studies investigating student nurse attrition, so evaluating the literature is an important part of any systematic review, as it enables the value of the studies to be judged based on their significance and worth (McCarthy and O'Sullivan, 2008). Pope, Mays and Popay (2007)

highlight the importance of this process, as the quality of a study may affect its results and conclusions. Consequently, only those studies with robust methods of research should be included in the formulation of ideas and theories following a systematic review process, the conclusions from weaker studies may lack sufficient validity or credibility to enable their findings to be evaluated within the broader educational context. The methodological quality of the located studies was evaluated using a heavily modified checklist formulated originally by Greenhalgh (1997).

**Figure 3.2: An outline of the search strategy, study identification and selection**

| Electronic databases searched using keywords: CINAHL, ERIC, BEI and AEI |
| --- |

| Hand searches of all reference lists of all sourced research articles |
| --- |

| CINAHL: "student AND nurse AND attrition" | ERIC, BEI & AEI: "student AND nurse AND attrition" |
| --- | --- |

| 81 articles found | 97 articles (101 before duplicates removed) |
| --- | --- |

| 8 articles | Titles, abstracts and articles reviewed for | 1 article |
| --- | --- | --- |
| | Hand search of reference lists = 1 | |

| **10 articles included in final review** |
| --- |

**Table 3.1: Study inclusion and exclusion criteria**

| Inclusion | Exclusion |
|---|---|
| • Primary research done in the UK<br>• Literature since 1990<br>• Undergraduate courses<br>• Full-time courses<br>• Peer-review journals<br>• Clear focus on attrition in research design | • Research related to solely part-time courses or distant learning courses<br>• Insufficient depth of focus on attrition – mentioned but not a part of the research data collection and findings |

*Data collection and synthesis*

Data was extracted from the studies by identifying key themes, and these were synthesised across the 10 studies, with similar themes grouped. Synthesised themes were then compared with the components in Tinto's theory.

*Literature review findings*

Ten studies met the inclusion criteria (Table 3.2), with several others excluded as the focus on student nurse attrition was not a significant aspect of the research and they did not meet the inclusion criteria. The studies were grouped by methodological similarity and comments on the main methodological quality observations discussed.

**Table 3.2: An overview of the located studies**

| Author / Title | Design | Sample | Comments |
|---|---|---|---|
| Wharrad, Chapple and Price 2003 Predictors of academic success in a Bachelor of Nursing course. | A longitudinal study of a Bachelor of Nursing course. Entry qualifications compared with academic progress data –quantitative analysis. | 181 students entering a course between Oct. 1990 & Oct. 1995. | Analysis mainly focused on traditional GCSE/A-level students, but 16% entrants had non-traditional qualifications. |

| | | | Single institution, so difficult to apply findings broadly. |
|---|---|---|---|
| Deary, Watson & Hogston 2003 A longitudinal cohort study of burnout and attrition in nursing students. | A longitudinal study of a group of students in Scotland. Completed stress, personality, coping questionnaires. Data of persistent students compares with characteristics of leavers – quantitative analysis. | 123 students' data analysed at intervals thro 3-year period. | Unclear how many left the programme or who did not respond to later questionnaires. |
| Kevern, Ricketts & Webb 1999 Pre-registration diploma students: a quantitative study of entry characteristics and course outcomes. | A study of two groups of students using routinely kept data, inc. entry data and reasons for leaving – quantitative analysis. | 355 second and third year diploma students. | Validity of exit interview info acknowledged. |
| Mulholland et al 2008 Diversity, attrition and transition into nursing. | A longitudinal cohort study of the records of 2530 – quantitative analysis. | 2530 students reduced to analysis of 1808 after exclusions. | Excluded late enrollers, or no registration date, those changed programme, which may have affected results. Assumptions about English language fluency & ethnicity validity acknowledged. |
| Braithwaite, Elzubeir and Stark 1994 Project 2000 student wastage: a case study | A study of cohorts of graduates using records and exit interviews – mixed method data collection and analysis. | 10 cohorts (full time 7) – total number of students not given. | Data lacks transparency. Only 50% of leavers interviewed. Discussion inc. unsupported points & not related closely to findings. |
| Glossop 2002 Student nurse attrition: use of an exit-interview procedure to determine students' leaving reasons. | A longitudinal study of attrition in one institution using records, exit interview, & informal discussions with staff & current students – mixed analysis. | Data from all students leaving between April 1996 & April 1999 (105 students). | Exit interviews, not mentioned how many not done – although 22% leavers no data, so used hearsay. Also, despite many reasons for leaving, one main attributed. Reliability of informal data & relevance of current views? |
| Brodie et al 2004 Perceptions of nursing: confirmation, change and the student experience. | Mixed method study using questionnaires, 7 focus groups interviews, and tel. interviews (30). Qualitative & quantitative analysis. | 2nd & 3rd year and former diploma and degree students at two universities. Questionnaires 2845 (650 returned – 8.1% of 709 ex-students). | Questionnaire return rate poor. Assumption that answers apply to leavers. Limited exploration of attrition factors. |
| Richardson 1996 Why won't you stay? | Cohort study – mixed methods study using questionnaire, tel. | 123 leavers, new students and staff - | Questionnaires not sent if too painful life event or no address. |

| | interviews, focus group interviews with new groups of students, & interviews with staff – qualitative and quantitative analysis. | numbers for latter two not given. | Can new student give true insight into leavers? Researcher part of team & staff bias. Poor results presentation. |
|---|---|---|---|
| White, Williams & Green 1999 Discontinuation, leaving reasons and course evaluation comments of students on the common foundation programme. | Cohorts study with mixed method using records & two questionnaires (exit and student satisfaction) - quantitative analysis | Diploma and degree: 70 leaver responders and 315 students from 4 cohorts of students between 1995 & 1996 (82% completion rate). | Reasons for leaving set in questionnaire – what about others? Reasons on questionnaire from lit review which may promote earlier bias. Sig. diff between actual and considered reasons (problem of sampling) |
| Last & Fulbrook 2003 Why do student nurses leave? Suggestions from a Delphi study. | Delphi study & mixed methods – multi prof. focus groups, and interviews. | 4 educators, managers, doctors and staff nurses. Focus groups 6 volunteer students (years 1-3) and purposive sampling of these for semi-structured interviews and phase 2 Delphi interviews. | Delphi limitations. What do mutli-professionals know about student nurse attrition? Assumption questions from phase 1 suitable for phase 2. Also can students accurately predict reasons for leaving? |

### *Methodological quality of the located literature*

It is beyond the scope of this section to comprehensively present the review of the

methodological quality of each study. Nevertheless, using the adapted appraisal framework,

the focus will be on illustrating those aspects of the studies that most affected or influenced

their quality.

All the studies provide a clear summary of their aims and describe in sufficient depth the

methods used to enable replication. And, to some extent, they were quality assured, as they

had been published in journals with a peer review process (Burns and Grove, 2001). However,

despite peer review, there were concerns common to nearly all the studies regarding the

methods employed, related to overall design, sampling and, therefore, their credibility and the transferability of findings.

The studies were separated into two design categories: those that use a cohort, quantitative approach to data collection and analysis; and those that used a cohort mixed-methods approach.

A range of data collection methods were employed across the studies, including the use of databases, questionnaires and interviews (solo and group), all of which have inherent weaknesses. Databases of student details are cheap to access and generally do not require student consent to access but concerns regarding the accuracy of the data is of concern or the comprehensiveness of the data. For example, in Glossop's (2002) study, 22% of leavers had no exit interview data recorded, raising concerns about the validity of using the recorded information to generalise why students leave when a fifth of the target population is omitted.

Questionnaires were used in many studies. Questionnaires are relatively cheap to use and large numbers of subjects can be accessed easily, although response rates are often poor (Cormack 2000) – as in Brodie *et al.* (2004) where they received only a 22.8% response rate, which is too small a figure from which to generalise. Furthermore, answers in questionnaires cannot always be regarded as truthful (Ackroyd and Hughes, 1992). Also, the data from questionnaires cannot be regarded as a reflection of the real situation of the population group if all subjects are not targeted appropriately; for example, Richardson (1996) did not send questionnaires to leavers who it was thought had had a 'painful experience' or did not have a forwarding address, when these potential subjects may have had very important data to disclose. Finally, data from questionnaires is only as good as the quality of the questions

asked; in Last and Fulbrook's (2003) Delphi study, a restricted list potentially leads subjects to specific answers when other unmentioned factors may be pertinent.

Interviews formed the other main data collection tool in the studies, both individual and with groups. Interviews are fraught with potential problems that are well documented (Denscombe, 2000; Greenfield, 2002). The reliability of the data collection approach when multiple researchers are used is questionable (Crookes and Davies, 1998), especially as the characteristics of the interviewer may influence subject responses (Ackroyd and Hughes, 1992) – the Hawthorne Effect (Cormack, 2000). This in turn can affect the truthfulness of their responses (Greenfield, 2002) and, ultimately, the validity of findings (Denscombe, 2000). Given that the subject of why people leave education is potentially sensitive and if interviewers may be of significance to the interviewee (e.g., their tutor), the validity of the obtained data in some studies could be questionable.

Focus groups and the Delphi technique (consensus answering) are one way of overcoming some of the difficulties with individual interviews: focus groups were used by Richardson (1996), and Last and Fulbrook (2003) used a Delphi technique. However, group approaches have their own limitations: focus groups are best used with non-sensitive topics and, with Delphi processes, participants should be experts in the field being examined – neither of these requirements were fulfilled in the two studies mentioned; for example, 3rd year students who have remained on a course cannot be regarded as experts on why students leave and yet Last and Fulbrook (2003) used them as such.

Convenience sampling was used by most of the studies, as researchers have tended to use participants from single institutions, often where they work or have close links. Convenience sampling has been described as 'the most widely used and least satisfactory method' (Robson,

2002, p. 265). It is least satisfactory as bias is not controlled (Burns and Groves, 2001) and, therefore, findings cannot be generalised (Crookes and Davies, 1998). However, many of the researchers were probably more interested in the causes of attrition in their population of students and, limited by time and resources, could not undertake a broader study.

Of greater concern with regard to sampling bias is that some studies have used sample groups to explore attrition that may not be truly reflective of the students who left. Richardson (1996), Last and Fulbrook (2003) and Brodie *et al.* (2004) all used students who remained on a course, or doctors and managers, to explore why students leave, when evidence from White, Williams and Green (1999) suggests that identified reasons are different or given different weighting if an individual is a leaver compared with someone who remains on a course.

It is also not always who is included but who is excluded from a study that may be problematic. Mulholland *et al.* (2008), for example, excluded students who registered late or had no registration date, and overall excluded 700 students out of 2530 students. Omitting 28% of the potential population may have significant effects on findings and, therefore, the relevance of conclusions.

Data in the studies was analysed quantitatively or using mixed-methods, with concern about quantitative analysis of qualitative data being too reductionist (Pope, Mays and Popay, 2007); however, it is frequently used in the analysis sections of many studies. Mixed-methods of analysis attempts to triangulate findings to increase validity (Crookes and Davies, 1998), although concerns have been raised about mixing paradigms of enquiry (Leninger, 1992). Nevertheless, counting qualitative data and presenting it, can be a useful means to illustrate overall findings.

Given the concerns about the methodological issues noted above, the transferability of findings is questioned. However, the researchers in most of these studies did not claim to be exploring the broader population of student nurses but rather that they wanted to explore their own pool of students. Nevertheless, in my literature review, with sufficient data from a range of studies, similar themes were noted and thus the issue of external validity somewhat reduced.

### *An outline of the findings of the studies*

Four studies used cohort studies and quantitative data: Kevern, Ricketts and Webb (1999); Deary, Watson and Hogston (2003); Wharrad, Chapple and Price (2003); and Mulholland *et al.* (2008). These studies used readily available data from student databases to compare admission traits with student progress. Deary, Watson and Hogston (2003) gathered data using questionnaires about student psychological states (including stress, openness, conscientiousness, and various types of coping) to compare with college attrition data. Wharrad, Chapple and Price (2003) investigated the relationship between academic outcomes and pre-entry qualifications, comparing conventional (e.g., A-levels or Scottish Highers) and non-conventional qualifications over a six year, six cohort period. They found that degree students accessing the course with non-traditional qualifications were more likely to withdraw voluntarily or through academic failure (45.5% compared with 11.9% of conventional students). They also found that 32.4% of the mature students did not complete the course, and neither did 50% of male students. However, their exploration of attrition factors was not well developed, as the main thrust of their paper was the relationship between entry criteria and grade achievement. It would have been possible from their data to compare entry qualifications, age and gender with attrition but these were not explored.

Kevern, Ricketts and Webb (1999) also used routinely collected information about diploma students on admission and afterwards to investigate the link between student biographical characteristics with attrition and academic attainment. They found that most students left the course in the first 18 months during the Common Foundation Period; mature students had greater retention rates; and students accessing the course with lower levels of qualifications were more likely to withdraw – although the latter two points were not statistically significant.

Mulholland *et al.* (2008) explored the relationship between pre-entry factors (including gender, country of birth, ethnicity, age, and qualifications) in their longitudinal cohort study. Reviewing the records of 2,530 students, they found characteristics associated with higher rates of completion: female; older students; and students from overseas English-speaking countries. Interestingly, this study found no relationship between entry qualifications and attrition, except for those already with a degree, who were more likely to withdraw from their programme. Poor attendance was associated with greater rates of failure but with no statistical difference on the overall rate of withdrawal.

Deary, Watson and Hogston (2003) used a different approach in their cohort study. They used a number of questionnaires and some standard college data to explore the link between burnout and attrition. Their focus, on psychological factors and their links with attrition, highlighted that 'agreeableness' and 'conscientiousness' were the only factors significantly related with attrition: the more agreeable and conscientious the student the lower the attrition rate, although statistical significance was not large.

***Studies using mixed-methods***

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The remaining studies used quite similar mixed-methods designs (Braithwaite, Elzubeir and Stark, 1994; Richardson, 1996; White, Williams and Green, 1999; Glossop, 2002; Last and Fulbrook, 2003; Brodie *et al.*, 2004). They used a range of data collection methods, including some or all of the following: focus groups; questionnaires; interviews; and some routine institutional data. Data analysis included mixed qualitative and quantitative methods.

Braithwaite, Elzubeir and Stark (1994) collected data on dropout rates using student files, records and exit interviews. They found there was no statistical difference when considering age, gender, marital status and nationality. Qualitative data elucidated a number of reasons why students leave, including personal events, wrong career choice, too much academic work and too little clinical experience.

Richardson (1996) used a range of data collection methods, including student files, questionnaires, interviews (with staff and students), focus groups, and a leavers' survey. Richardson found attrition was higher in males, those with lower academic qualifications, homesick students and those who felt they lacked of support or that the course was too academic.

White, Williams and Green (1999) used student records, exit and experience questionnaires. They found that leavers were more likely to be male, younger and on the diploma course, and from the child and mental health branches of nursing.

Glossop (2002) reviewed registry attrition rates, student files and exit interviews. Data highlighted that family difficulties, financial, health and career choice concerns influenced attrition rates.

Last and Fulbrook (2003) used multi-professional interviews and student focus groups to investigate the perceived reasons why people leave. These findings were used to compile a questionnaire of attrition factors, with 3rd year nursing students asked to agree a consensus opinion of attrition factors through the use of the Delphi method. They found consensus that the gap between theory and practice influenced attrition, along with lack of staff support and appropriate course organisation. Also, placement experience, external factors and travel were thought to be important factors.

Finally, Brodie *et al.* (2004) investigated perceptions of nursing, using a questionnaire with students and newly qualified staff, followed by focus groups. Part of this study explored perceptions of attrition, in which students and staff themes illustrated concerns about too high an academic level, financial pressures, career choice, theory-practice disparity, and the despondency amongst clinical placement staff, as affecting attrition.

In summary, many of these studies found common themes or factors that influence student attrition (Table 3.2).

*Limitations of this review discussion*

Limited resources, leading to the adoption of a systematic approach in the extended review rather than a full systematic review had an impact on the comprehensiveness of its findings; for example, no grey literature was sought. Also, only one researcher carrying out the review and later analysis may have potentially led to some bias, especially as sole decisions were made to exclude some of the literature, although the use of a methodical approach (set inclusion criteria and clear search strategy) should have reduced this bias (Evans and Brewis, 2008). However, in any research study methodological decisions are made that reflect the

particular perspective of the researcher and, therefore, affect the overall validity of the findings so that it is hard to eliminate research bias completely.

*Literature research questions – were they addressed?*

At the commencement of the attrition literature review I planned to address two questions:

- What factors contribute to the attrition of full-time pre-registration nursing students in the UK?
- Does Tinto's model of student departure reflect these contributory factors?

Searching through the literature, a number of studies were found that explored factors associated with student nurse attrition. These were listed and summarised as including personal events, personal traits and course related factors (Table 3.3).The majority of the research located focused on basic pre-entry criteria and how these relate to the incidence of attrition but many found these aspects were not always statistically significant. Nevertheless, in a number of studies basic comparisons were made between these characteristics and progression that did not seem to get to the crux of the matter as to why these factors impact on some students' persistence on a course and not others.

Other studies seemed to take a broader approach, using mixed-methods and triangulation to explore those factors that affect students once they have started their nurse education. Again, these studies tended to highlight the factors and make the link between them and attrition without theorising why all students do not respond in the same way to personal events and

course events. These studies seemed to focus on factor identification over more complex understanding of their interplay and influence on decision making.

**Table 3.3: Factors that influence student attrition rates (excluding academic failure)**

| Factor that may influence attrition | Studies that identify factors as being influential on attrition rates |
|---|---|
| **Personal events or factors** | |
| Altered family circumstances | Study 1, 2, 4 & 5 |
| Homesickness | Study 3 & 4 |
| Financial difficulties | Study 1, 2 & 5 |
| Ill-health | Study 1, 2, & 4 |
| Wrong choice of career | Study 1, 2, 4 & 5 |
| **Individual qualities** | |
| Personality traits | Study 7 |
| Age | Study 5, 8 & 9 |
| Gender | Study 4, 5 & 9 |
| Level of qualifications on entry | Study 4 & 6 (Study 8 & 9 show no affect) |
| Country of birth and level of English | Study 9 |
| **Course aspects** | |
| Course too limited in clinical experience | Study 1 & 5 |
| Course too theoretical or academic | Study 1, 3, 4, 5 & 10 |
| Travelling to placements | Study 2 & 5 |
| Clinical placement difficulties | Study 2, 3 & 4 |
| Lack of tutor support or poor course org. | Study 3, 4, 5 & 10 |
| Broader neg. perception of nursing & the NHS | Study 3 |

Key to studies:

1       Braithwaite, Elzubeir and Stark (1994)

2       Glossop (2002)

3       Brodie et al (2004)

4       Richardson (1996)

5       White, Williams and Green (1999)

6        Wharrad, Chapple and Price (2003)

7        Deary, Watson and Hogston (2003)

8        Kevern, Ricketts and Webb (1999)

9        Mulholland et al (2008)

10       Last and Fulbrook (2003)

Fewer studies explored those aspects of the individual that make them different in their response to experiences. In part, only Deary, Watson and Hogston (2003) in their study of burnout moved away from simple attributes to more complex psychological factors, such as coping and agreeableness. Again, however, this study did not explain why students with similar attributes respond differently.

Early in this section it was stated that key policy documents and some literature list factors based on limited research evidence. The aim of the review was to obtain evidence of which factors are linked with student nurse attrition in the UK and, despite some reservations about methodological weakness, studies do seem to confirm that there are some common factors. Under the categories of personal events, individual qualities and course related aspects, a range of sub-themes /factors have been linked with attrition. Many of these factors can probably be anticipated as being important, such as significant personal life events (e.g., serious illness) that affect a student's ability to continue. However, the impact of other related factors is less predictable and not found to be significant in all studies; for example, the impact on progress the entry qualifications a student has on starting a course varied. Nevertheless, my review echoes the findings of more recent literature reviews in this area.

In 2010, Cameron *et al.*, in their oddly entitled literature review, 'Why students leave in the UK: an integrative review of the international research literature', explored the literature from several countries into student nurse attrition. Whilst they acknowledge the methodological

difficulties inherent in many studies (and they make the questionable assumption that international studies can give insight into UK student nurse attrition), they did find similar overlapping factors as my review. They used four of the same studies and a further 15 and show attrition can be linked to prediction factors (e.g., age, qualifications, and ethnicity); programme related factors (e.g., academic expectations, and placement issues); personal factors (e.g., finances); and specific themes (e.g., wrong career choice). Although their fundamental premise that international literature can give an insight into the experience of UK students can be challenged, their findings remain broadly in accordance with my own.

Two later literature studies by Eick, Williamson and Heath (2012) and Pitt *et al.* (2012) also examined student nurse attrition from an international perspective. Pitt *et al.* located 44 studies, utilising grey literature (including dissertation material) but with no overlap with my own review. They similarly expressed that a range of demographic factors are linked with attrition but also outlined a range of cognitive and personality related factors associated with persistence and attrition, such as critical thinking skills and willingness to seek support. Interestingly, it is these latter aspects that arouse the greatest interest, as it suggests that attrition is related to factors related to the individual and their preparedness to engage with their studies.

Eick, Williamson and Heath (2012) adopted a clinical placement focus in their literature review, as placements in the UK make up 50% of all nursing courses their impact certainly merits investigation (NMC, 2010). Locating 15 studies (with three from my review included), they found that demographic factors were associated with attrition but also outlined factors related to the strain of balancing academic work, life commitments, finances and illness, against a backdrop of poor support, influence a student's decision to stay or leave their course.

Moreover, they explored the specific placement-related concerns associated with unpleasant experiences, lack of support or acceptance, altered perceptions of nursing and the placement assessment. However, they also returned to the personal attributes of the student and their coping mechanisms and personality type.

More recently, Merkley, in 2016, examined 50 years of attrition literature, identifying many themes that influence student withdrawal. From this literature, three broad categories were identified, relating to the individual student, the learning environment and the clinical placement. For students, their background, academic preparation and performance, sense of purpose, general health, social and economic situation were found to influence progress. The learning environment was also considered a potential factor affecting attrition, along with the quality of the student experience during clinical placement. Merkley's broad themes highlight the potential interrelationship between the student, university and placement experience.

In summary, my review and more recent reviews, related to my first review question, show that common factors have been found and associated with student nurse attrition. These are often related to the demographic background of the student, their ability to cope or personality type, and their ability to integrate into the academic and placement environments successfully, whilst balancing the competing demands of home, university, work and finances. However, my review and those of others do not fully explain why similar students with similar factorial attrition drivers leave or stay. Hence, it is perhaps time to adopt a broader view of student attrition, one that views it from a holistic perspective and explores how multiple factors influence student progression.

A further aim of the literature review was to assess if identified attrition related factors were reflected in Tinto's model of student departure. It seemed that similarities did indeed exist and these will now be discussed.

Tinto's 1993 theory covers categories that overlap with findings in the review, especially pre-entry attributes, institutional experiences of an academic nature, external commitments and to some extent course commitment. But Tinto's theory is much more extensive than this, as it extends into the student's level of integration with their peers and different communities that exist within the higher education domain (Ashar and Skenes, 1993). Tinto's theory goes beyond a list of factors: it is a dynamic exploration of student integration. To answer the second research question would seem to be that yes, Tinto's theory does encompass some of the identified factors in my literature review and that of others but factor identification alone is insufficient to understand the problem. Tinto's theory may offer a broader perspective on individual departure that sees the student not just as a set of pre-existing characteristics but as a responsive being who interacts from a psychosocial perspective, which may partly explain why students who appear very similar in so many ways, respond differently when choosing to stay or leave higher education. However, Tinto's focus is sociological in its orientation and may underplay the personal or individual's response to the social forces that act upon them.

*Implications of my literature review*

Tinto's theory adopts a broader perspective of the student, focusing on integration. The research found in my review tended to have a narrow focus on factor identification, whereas Tinto's theory views the student as being more responsive to those factors, as the level of integration within communities may act to moderate factors that tend toward integration, incongruence (i.e., at odds with the institution) or isolation, affecting departure or enhancing

factors which aid student progress (Ashar and Skenes, 1993). Future research exploring attrition needs to move beyond the approaches so far adopted and look toward methodologies that explore the complexity of the student experience. Tinto's theory may offer one dimension to aid this expanded view, although its social focus may underplay the psychological response of individuals that act to moderate responses at times of stress.

*Literature review conclusion*

My extended review utilised a systematic approach to find research that identifies factors that are associated with student attrition. However, the research found was often methodologically weak but, nevertheless, consistent themes were identified. These themes did, in part, seem to be concordant with the categories in Tinto's theory of departure from higher education. Importantly though, the factors themselves did not appear to offer sufficient insight into why students leave. I concluded after the review that adopting Tinto's broader theory may offer some way forward if used as a framework for future research. However, focusing on a purely attritional focus seemed too narrow, and Tinto's theory led me to adopt a wider view than a focus on attrition and to a broader focus on progression, within which the role of institutional integration should be explored. Furthermore, beyond attrition related factors and categories and institutional factors, I began to consider the role of the individual's psychological input on their progress. I concluded after performing the literature review that it was time to explore the student experience more broadly, as the attrition literature seemed insufficient to explain the student experience and provide sufficient insight into forces influencing student progress.

**Moving beyond the attrition literature**

The majority of studies located in my own review and others focused on basic pre-entry criteria and how these relate to the incidence of attrition, but many found these aspects were not always statistically significant. However, basic comparisons between these characteristics and student progression did not seem to get to the crux of why some students persist on a course and others with similar characteristics do not. Studies have discussed the broader psychosocial aspects linked with attrition but do not seem to explain the differences between students and their progression.

There are some studies, using mixed-methods and triangulation, which take a broader approach, exploring those factors that affect students once they have started their nurse education, such as personal life events or individual insights gained after starting a programme of study. However, these studies are often limited to highlighting the factors and making links between them and attrition without theorising why all students do not respond in the same way to personal events and course events; that is, these studies seem to focus on factor identification instead of a more complex understanding of the interplay of factors on decision making. Few studies have explored those aspects of individuals that make them different in their response to experiences. In part, in my review only Deary, Watson and Hogston (2003), in their study of burnout, moved away from exploring simple attributes to more complex psychological factors, such as coping and agreeableness. Again, however, this study does not explain why students with similar attributes respond differently, but more recent literature may offer new insights as to the forces affecting student progress.

Kukkonen, Suhonen and Salminen (2016) interviewed Finish student nurses and found that discontinuation can be put into four categories: transfer to another school, experiencing a life crisis, experiencing 'busy years' (a personal situation whereby the demands of home life,

work and study at too high), and regarding nursing as the wrong career choice. Interestingly, these categories may indicate how the different social milieu of the student overrides their personal attributes that would, in themselves, predict that the student would be successful on their course. Furthermore, the latter career choice dilemma highlights the potential importance of the initial recruitment process.

Similarly, Hamshire, Willgoss and Wibberley (2013), in their online survey of over a thousand students, found that a student's decision to leave a course was multifactorial. They outlined that adverse personal circumstances, university experiences and placement were potentially influential. However, family and staff support, personal determination and suitable placement experiences were linked with a decision to remain on a course. They concluded that to address attrition, the student experience from recruitment to qualification needs to be considered, along with student expectation and career aspiration. The focus on recruitment has gathered momentum.

A number of authors have made the link between recruitment and retention. In 2010, Rodgers and Stenhouse, in the NHS Education Scotland guide to good practice related to recruitment and retention, linked retention with levels of social integration, personal tutor support and levels of attendance, recommending that further research is needed into why students remain. Later, Rodgers *et al.* (2013) expressed concern, however, that recruitment and retention processes have undergone limited evaluation as to what is effective and also transferable between institutions.

Sabin, Taylor and Tilley (2012) in their paper make several recommendations to improve retention linked with recruitment, including evaluating the interview selection process. In 2014, one of the authors, Taylor, with others, further explored the efficacy of the interview

process (Taylor, Macduff and Stephen, 2014). More recently, this team has investigated the interview process, concluding that staff have varying levels of confidence in the reliability and validity of the interview process as a suitable selection process (Macduff, Stephen and Taylor, 2016). Indeed, Hubbard (2015) has also raised similar concerns about the interview process as an effective way to recruit students.

Nevertheless, despite some concerns about the selection process, the literature has moved from a focus on attrition factors to the importance of recruitment procedures on retention. This link, however, has similar factors for discussion that overlap with those seen within the attrition literature. For example, Brimble (2015) investigated entry route and academic achievement and the difference between traditional and non-traditional courses, finding that some non-traditional students do better than traditional students, whilst others do not. As entry route is part of the selection criteria, this study informs both insights into attrition and recruitment. Similarly, other studies have explored values-based recruitment (Waugh *et al.*, 2014), career choice and motivation (Fillman, 2015), and the impact of those entering with recognition of their prior learning (Northall *et al.*, 2016). The latter study highlights the developing nature of recruitment processes, as applicants join nursing courses at different stages through the programme, which may impact on their progression and levels of attrition (Doggrell and Schaffer, 2016).

Recruitment procedures do not always capture the full picture of a student's predisposition for successful completion of a nursing course. Pitt *et al.* (2014; 2015) have shown that a student's critical thinking skills and personal qualities, such as self-control, can affect progression; whereas Andrew *et al.* (2015) have highlighted the importance of close partnerships on progression. Wray, Aspland and Barrett (2014) found that retention is a complex phenomenon,

with various factors affecting a student's decision to remain on a course, such as levels of support, personal determination, financial hardship, and academic and placement experiences. To understand student progression, it is important that a broad view of progression that draws on the attrition and retention literature is used to inform and conclude what factors are influential.

Due to this potentially multidimensional nature of student progress, my research aim was altered to explore progression and attrition from a developmental rather than categorisation perspective, especially as there appeared to be some evidence to support developmental factors as being significant. For example, in 2009, Levett-Jones *et al.* investigated student learning and commented that a sense of belongingness was engendered through good relationships with clinically supportive staff; similarly, it appeared that appropriate integration into academic institutions is also important (Kotecha, 2002). Furthermore, the formation of a clear professional identity has been found to be related to the socialisation process (Du Tort, 1995), which may at times be difficult for students to develop as they struggle to fit in with the prevailing norms they experience in clinical practice whilst trying to develop a professional identity and maintain their value base (Halaries, 2006).

From my literature review, student attrition and student, retention integration and development were found to be complex processes that required a wider reaching framework for their examination and it was at this juncture that I considered developing a model that could be used to explore the wider concept of progression.

# CHAPTER 4: DEVELEOPING MY MODEL OF STUDENT PROGRESSION

In light of what appeared to be the multifactorial dimension to student progression, one of my newly developed objectives was to explore student identity development and how this relates to progression, along with students' predisposing factors and levels of institutional integration. Wider reading indicated that some evidence from a non-nursing course indicated that a 'Sense of Identity' is related to how well students progress (Lounsbury *et al.,* 2005). Lounsbury *et al.* make the link between their findings and the theory of student development articulated by Chickering and Reisser (1993), as identity formation is a key aspect of this theory. For this reason, and the support for its use by Pascarella and Terenzini (2005) as it being the main psychosocial theory of student development, it provided another part of the support for the theoretical framework I developed.

## Chickering's Theory of Student Development

Chickering in 1967 developed a theory of student development that he later refined with Reisser (Chickering and Reisser, 1993) after studying contemporary data about the student experience. As a model it is an abstraction of the real world (Young, Taylor and McLaughlin-Renpenning, 2001) and as a model it acts as a potential explanation of how and why students progress as they do. And, being related to personal development, it is concerned with the person 'becoming increasingly complex and sophisticated in one's thoughts, feelings and emotions' (Boylan, 1986a, p.9). Therefore, this model may offer some insights into why students progress as they do, based on the personal identities they develop as they study at a higher educational level.

Chickering describes the domains that influence the student experience as vectors, of which there are seven. These are:

1. Developing competence

2. Managing emotions

3. Moving through autonomy toward interdependence

4. Developing mature interpersonal relationships

5. Establishing identity

6. Developing purpose

7. Developing integrity

Chickering uses the term 'vectors', as he felt student development was equivalent to the force of movement of the student in a particular direction that is transformational (Chickering and Reisser, 1993). As Pascarella and Terenzini (2005, p.21) summarise, Chickering's theory of 'development involves differentiation and integration as students encounter increasing complexity in ideas, values, and beliefs'. The vectors can be seen as a number of pathways that individuals move along in order to achieve individuation and the formation of a clear and separate identity. Indeed, the formation of personal identity is thought to be pivotal to personal development, an echo of a former psychologist's viewpoint, Erikson (1968).

Erikson is considered by Chickering to be 'the progenitor of psychosocial models' (Chickering and Reisser, 1993, p.21): a psychosocial model being one that explains development in terms of the relationship between the social experience we have and the individual interpretations of these experiences, leading to an outcome for the individual that is particular to them. Erikson, a follower of Freud – indeed he was taught by and was the analysand of Freud's daughter, Anna (Friedman, 1999) – developed a model made up of eight

stages. An individual travels along these stages in order to develop their *ego* identity, a state between the conscious and the unconscious self that leads to a sense of ongoing self-esteem, self-awareness and personal ease. One of these stages (stage 5), which he believed was the most important phase during adolescence (Pascarella and Terenzini, 2005), is *identity* versus *identity confusion;* Boylan (1986a) referred to this stage as one of mainly 'role confusion'. In this phase the young person experiences a series of crises, the resolutions of which lead to increased personal resources of a psychosocial nature and, ultimately, to personal development (Adams, Berzonsky and Keating, 2006). The following stage (stage 6), *intimacy* versus *isolation*, focuses on the young adult and their ability to negotiate relationships. Stage 5 and 6 may be influential in the development of undergraduate students and, as they relate to the nature of roles and relationships, are significant elements of influence on the undergraduate who has chosen a specific role of student and nurse and who is experiencing the potential to form multiple new relationships.

Robinson (2003) has further added that there is an important distinction between *ego* identity and personal identity, where the latter relates to self-perception and also to an understanding or recognition of others and their influences on oneself, leading to an identity that is both personally (psychological) and socially formed. It is this process of personal identity formation that Chickering advanced in his theory.

Essentially, Chickering's theory (Chickering and Reisser, 1993) explores the development of a student's identity in light of the social experiences and the psychological adaptive processes that ensue. These can be positive, leading to greater self-understanding and control over situational settings, or negative, leading to maladaptive responses and personal disharmony. In terms of nurse education, it is envisaged that these adaptive responses will, in part, offer some

explanation as to the progress, or not, of students studying at university, especially as new students undergo a series of social and personal challenges during their first year.

**Justification for using Chickering's Theory**

Chickering's theory is not the only theory about student development, but many regard it as the most important and influential theory (Boylan, 1986b; Foubert *et al.*, 2005; Pascarella and Terenzini, 2005). Indeed, one of the strengths of the theory is that it focuses exclusively on student development, whilst others, including Erikson's *Identity Theory*, are concerned with life-long development (Thieke, 1994). Also, major personal development is regarded as occurring within the age range of most undergraduates: 18 to 22 years (Robinson, 2003) or, more broadly 18-25 years (Boylan, 1986b), and this is the period that Chickering regards as being pivotal for personal development.

Moreover, despite the existence of numerous theories regarding personal development, Pascarella and Terenzini (2005) in their text, *How College Affects Students,* believe these models of development are more similar than dissimilar as they are, in substance and process terms, based on the same notions of development. In essence, although there may be newer models than Chickering's, the similarities with and between the models justifies the use of (probably) the most ubiquitous model of student development to explore the experience of first-year student nurses.

However, it could be asked: why focus on personal development? One reason is that there is some evidence that greater personal development does lead to greater academic performance and attainment (Boylan, 1986a). It is interesting to consider why two students who may have similar backgrounds have dissimilar undergraduate experiences and, from my observational

experience, factors similar to Chickering's vectors often seem implicated and, thus, personal development may be a significant influence on student attrition, persistence and attainment.

Nursing studies have shown development issues do seem to impact on the ability of student nurses to cope with its demands and allow them to continue with their studies effectively. Evans and Kelly (2004) found that issues related to development, such as emotional coping strategies, determination and self-awareness skills affected student nurses;  an analysis that to some extent overlaps with Chickering's vectors, such as managing emotions and developing purpose and integrity. Robshaw and Smith (2004), when investigating student responses after assignment referral, discovered that individual factors, such as a desire to succeed (developing purpose), were pivotal to ongoing motivation levels and, interestingly, these factors could override financial and personal problems that would lead some students to leave a course. Furthermore, studies have shown that a major influence on progression relates to levels of satisfaction and disillusionment with the course being studied (Kinsella, Williams and Green, 1999; Eaton, Williams and Green, 2000). It would appear that a number of personal response factors influence progression, linked perhaps with Chickering's vectors. Therefore, I set out to explore whether the personal development factors identified by Chickering are implicated in the broader aspects of student satisfaction with their course.

According to Robinson (2003), there is a large body of evidence that suggests that identity influences the persistence of students and their career choices. Again, this resonates with my experience that, especially in relation to a vocational course, student perceptions of their suitability and regard for nursing as a career influences their decision to apply themselves to their studies and clinical placement activities. Interpreting Erikson's (1980) theory, Robinson (2003, p.4) goes on to state:

> [T]he adolescent process … requires the individual to actively entertain the
> choices and make decisions based on prior, future, and current self-
> conceptualizations as well as societal urgings and/or pressures, leading to firm
> ideological and occupational commitments in early adulthood.

Nurse education would seem, from my experience, to require students to think about their career choice in the context of their own social setting, whether this is in their educational, clinical or personal life, and this, inevitably, impacts on their desire to continue with their education and their ongoing levels of motivation.

Robinson (ibid) makes a further point about student persistence that, rather than socioeconomic or cultural influences, the overriding factors are related to aspects of academic and social integration. Chickering's vectors of student development overlap on these two aspects and it will be interesting to explore how much these affect nursing students.

However, Chickering's theory is not without its critics. It has been stated that the vectors are not clearly defined and change within them is not explained sufficiently (Boylan, 1986b). It is not uncommon, though, that theoretical perspectives have some generalisations and imprecision within them; models are, after all, abstract representations of complex social situations and, therefore, "essentially ambiguous and … they are capable of interpretation" (Young, Taylor and McLaughlin-Renpenning, 2001, p.10). Nevertheless, Chickering's model, despite its imprecision, offers a categorisation of student development that can be a template from which a research project can be developed.

It should also be noted that Chickering's theory is based on the experiences of American undergraduates and there may be some concerns about using a theory across the cultural divide that may exist between the experiences of American students and students in the

United Kingdom. However, I consider the theory to be broad enough to utilise in Britain, and it could be argued that, although it has been partly validated in the USA, it is worthwhile exploring its application elsewhere.

It should also be noted that, although Chickering's theory has been validated, to some extent, on a number of occasions (Hood, 1982; Thieke, 1994; Foubert *et al.,* 2005; Lounsbury *et al.*, 2005), questions have been raised about the ordering of the vectors and their sequencing. Overall, it would appear from the literature that it is considered that the vectors do, in some degree, reflect the situation of students entering higher education.

In summary, Chickering's theory of student development provides a suitable theoretical perspective from which to research the experiences of first-year student nurses. Although there are some concerns about the theory, it has been used widely to examine student development, validated on several occasions and it is focused on student development within the age range of the majority of students commonly studying on the course at my university. Importantly, it would appear that factors affecting student progression are thought to be, at least in part, of a psychosocial nature and it is envisaged that Chickering's theory offers a theoretical perspective from which to explore the experience of first-year student nurses.

However, as the focus of the model is the individual's psychological development, it may not offer the holistic approach to progress I wish to adopt, as understanding that progression should also recognise the social dimension of student experience. Consequently, the social perspective is explored with reference to Tinto's (1993) interactionist model discussed in the previous chapter.

**Designing the Model of Student Progression**

The combination of the three aspects of the literature review findings (personal events and factors, individual student qualities, and course related aspects) and the two theories, psychosocial and interactionist, led to the development of the components of the Model of Student Progression (MoSP) (Figure 4.1). These components relate to the prominent aspects from my literature review and key theories, in order to explore progression from a pre-university and an intra-university perspective, with both time periods viewing the initial characteristics of the student and their psychological and social milieu as influential on their personal development and course progression.

**Figure 4.1: A holistic Model of Student Progression (MoSP)**

Based on a literature review and the work of key theorists: Chickering and Reisser (1993), Erikson (1968) and Tinto (1993).

| Before University | During University |
| --- | --- |

BACKGROUND
Family
Education
Expectations

LIFE EVENTS: debt, counselling, medical, family

**STUDENT PROGRESSION**

Measured through continuation rates, grade achievement/ maintenance and personal development.

INTEGRATION

Academic: grades, personal development, self-esteem, enjoyment (subject & study)

Clinical: professional knowledge and skills development

Social: peers, university staff, others

ATTRIBUTES
Gender
Sexuality
Race
Culture
Disability
Academic

IDENTITY FORMATION: crisis experience and resolution, leading to personal development

Competence – Emotions – Autonomy/interdependence – Interpersonal relationships – Purpose – Integrity
VECTORS RELATED TO STUDENT DEVELOPMENT

The pre-university period is made up of student background factors and student attributes. Both Tinto's theory about pre-entry attributes and the findings of my literature review help to guide the compilation of the sub-components of the background and attribute sections, and they are comprised of pre-existing factors that students have on starting their studies.

The notion of progression, central to the MoSP, is based on the original definition I outlined in the Chapter 2. Although it is a view of progression as broader than that of universities and commissioning bodies, it includes components of academic achievement and continuation. However, it also contains personal development as key to its definition. Essentially, although for most students progression is synonymous with continuation and grade achievement it may not be the desirable progression outcome for all, as personal development may include the insight that nursing is not the right course or career option.

The intra-university section includes many aspects of influence, such as life events, integration, identity formation and vectors of development. These components are informed by the findings of the literature review, Chickering's psychosocial development theory (including Erikson's identity component) and Tinto's social interaction theory. Life events were found to be significant in my literature review and interactional components in Tinto's theory. Integration at many levels was evident in Tinto's theory and in the literature that explored why students leave. Identity formation, pivotal to Chickering's theory (and its informing theory by Erikson), is underpinned by the vectors of development and the goal / commitment element of Tinto's theory. In summary, the MoSP is informed by recent literature that explores student nurse attrition, Tinto's theory of social integration and Chickering's theory that development and identity influence progress.

This chapter has outlined the development of aim of the Model of Student Progression from the research evidence and theoretical literature. The next chapter will outline the research framework that will be used to study student progression to address the original research questions.

# CHAPTER 5: RESEARCH DESIGN AND METHODOLOGY

This chapter provides an account of the research design of this study. It will include a discussion of the research questions, the underpinning paradigms and related methodologies. Following this there will be an account of the research methods and sampling, including an outline of the purposive sample, the nature of the data collected, analytical methods and the study's ethical considerations.

**Research paradigm considerations**

Research design has been described as a plan of action that originates with questions that leads to answers (Yin, 1994). How these questions are to be addressed involves a number of decisions that the researcher makes and these are related to several key areas. For example, Robson (2011) discussed key areas in his framework of research design, outlining considerations that centre on the research question, including the purpose of the research, the conceptual framework, research methods and sampling strategy used. It has been suggested, however, that in making decisions about the research design, the researcher is influenced by their broad view of the world (Sale, Lohfield and Brazil, 2002) that is a reflection of the researcher's epistemological and ontological perspective; in essence, how they see the foundations of knowledge and the ongoing reality of the world will influence their research approach.

Research has been described as "a systematic process of collecting and logically analysing information (data) for some purpose" (McMillan and Schumacher, 1989, p.8). This process is influenced by the researcher's underlying beliefs, as these will direct the researcher and their chosen research purpose, including what they will research and how they will set about

researching it. Furthermore, the researcher's beliefs may be part of a structured, coherent belief system: part of a framework of thoughts that orientate the researcher in a specific way toward the research, the researched and the research outcomes. Bettis and Gregson (2001, p. 3) have described these underlying belief systems or frameworks as the 'Paradigms of Inquiry', by which they mean the beliefs, assumptions, values and preferred techniques of the researcher when conducting research (Gelwick, 1977).

It is the paradigms of inquiry of this thesis that will be the focus of part of this initial section. I will explore two paradigms, the methodological qualitative and quantitative paradigms and how they relate to my study. In particular, how the paradigms relate to the purpose of the study, research questions and overall design will be discussed. After outlining my planned study, differences between the paradigms from a philosophical perspective will be explored, notably how this impacts on the purpose of the study from its epistemic foundations and my value-base. Following this, the impact of the two paradigms on the nature of the research questions and related research design will be considered. Finally, some consideration for how qualitative and quantitative paradigms can be mixed in the chosen pragmatic design will be explored.

In my study I knew I wanted to investigate the progress of a group of first-year students who were studying for a degree in nursing. Firstly, I planned that a group of nursing students would be monitored by recording their entry profiles, year one attrition rates and academic progress statistics; also, if possible, students who left the course during their first year would be interviewed. At the end of the students first year, a selection of this same group would be interviewed to review their progress and the factors influential during their first year. Clearly, in planning my research in this way I made choices about how to approach the research topic

and derive information that could be usefully interpreted – choices based on my underlying

paradigmatic preferences, which are a mixture of both qualitative and quantitative influences.

The qualitative and quantitative methodological paradigms are influential in directing a

researcher's approach. One dimension of this is the relationship between research

methodologies and their associated philosophical paradigms (Knox, 2004). Philosophical

belief systems underpin or guide the methodological choices that are made by researchers,

and, therefore, the two are intertwined. The most common linkages are the qualitative

methodological paradigm with the interpretivist paradigm and the quantitative methodological

paradigm with the positivist paradigm (Johnson and Onwuegbuzie, 2004). At a philosophical

level, the paradigm discussion is an ontological and epistemological one: it focuses on the

nature of knowledge and the meaning of 'truth'. The adherents who subscribe to either

positivist or interpretivist perspectives often have a very different view of what 'truth' is and,

consequently, how it can be investigated (Onwuegbuzie and Leech, 2005). For the former, the

positivists, truth is seen to be unchanging, as there is 'a single objective reality' (McMillan

and Schumacher, 1989, p.14). This is a reality that is unchanging, that is fixed and does not

rely on humans to know it or understand it (Bettis and Gregson, 2001). Scott and Usher

(1999, p.12) describe this perspective for positivists as 'an epistemological position that

affirms the facticity of the world' that is discoverable through scientific methods. This single

reality is waiting to be discovered through scientific, empirical or quantifiable approaches,

hence the marriage of positivism with quantitative methodologies. Classically, this has led to

the experimental domain of planned, rigidly structured research, obtaining observable,

measurable data that can then be numerically analysed (Gall, Borg and Gall, 1996); this can

then lead to the confirmation of earlier propositions and prediction of similar outcomes in

similar situations in the future. For interpretivists, life is not so predictable, as 'multiple

realities' are thought to exist (McMillan and Schumacher, 1989, p.14). These realities are bound up closely with the situation being studied and the subjective interpretations that individuals make of them. Consequently, for the researcher the paradigm that is most dominant or influential will generally guide the manner in which they seek the 'truth' in relation to their research topic or problem.

In practice there are those that see the two epistemological viewpoints as being incompatible. If you believe in the positivist view of a single inalienable truth, you are inclined to adopt a methodological approach that seeks to prove 'the' truth, by upholding expectations or hypotheses (Brannen, 2005). Consequently, positivists are more inclined to want a predetermined, structured approach to data collection from which analysis will support or negate a predetermined expectation. However, on the contrary, interpretivists do not anticipate outcomes or seek to prove but rather gather data and create theories or truths that emerge with a mind that these are relative to the situation or the group or the individual being investigated (Pring, 2000). However, for others the incompatibility of the two methodologies is not so entrenched; as Fetterman (1988) states, there is nothing specifically positivistic about research methods, although he acknowledges that there may be difficulties mixing philosophical paradigms. Onwuegbuzie and Leech (2005) echo this viewpoint: that the epistemology should not dictate the approach to data collection and analysis, as there are many similarities between the methodological paradigms that should not preclude their use together, although they have some reservations about mixing methods, dependent on the needs of research questions or overall research purpose. Therefore, the debate about the link between the epistemological and methodological paradigms is ongoing. Clearly there are those that do not regard paradigms as being incompatible at either a philosophical or practical, methodological, level; nevertheless, some adherents to mono-methods do regard the debate as

substantial, real and meaningful (Denzin and Lincoln, 2003) in a debate that centres not so much on methods but what these methods ultimately lead to in terms of knowledge and truths. Consequently, if you believe in a single fixed truth, the methods you use to identify this truth will be very different to that of a researcher who believes that reality is multidimensional, situational and personal to the individual experiencing it. The positivist researcher will attempt to confirm propositions (McCarthy, 2005), whereas the interpretivist will take more of an exploratory stance, seeking to interpret situations or phenomena in new ways (Robson, 1993). Young, Taylor and McLaughlin-Renpenning (2001) go further, expressing the view that, despite attempts at doing so, the reality of a situation can never be fully understood. Simply put, the positivist seeks to prove preconceived ideas about the world, whereas the interpretivist seeks to make sense of it at one moment in time, realising that any interpretation may not capture all of the essence of a particular situation.

Despite my awareness of the paradigm debate and the incompatibility / compatibility considerations, at the outset, in relation to this study, I was aware that my epistemological stance was not entrenched in either camp. The truth I sought in this study I anticipated to be partly predicted and expected, in that there would be some factors that can have a predictably positive or negative impact on student progress, and that there is a direct correlation between some factor and student progress in similar situations. However, although this correlation may exist, I expected that for some students the impact would not be the predicted one, as the situations for individuals in the psychosocial world are diverse and that for some, psychosocial factors will compete with the predicted positive or negative impact factors.

The reasoning for my position is that although I believe that in an experiment interventions can be controlled and the impact of independent variables measured, in social situations there

are so many variables, it is difficult to prove impact; therefore, I have a notion of truth in this study that is partly stable and anticipatable, but it is also a truth that is time bound and linked with the experiences of the individual student – it is the interplay of the these two perspectives that is, therefore, worth exploring. Consequently, the notions of truth related to the paradigms of inquiry do not influence me in favour of one paradigm or another but rather the nature of the research problem I am exploring: that is, what are the factors that influence the developmental progression of students and how are they inter-related?

Alongside notions of the reality of truth that are linked with the associated philosophical and related methodological paradigms, is a debate about the orientation of the researcher to the study, in light of their own underlying objectivity and value-base (Johnson and Onwuegbuzie, 2004). How the researcher orientates themselves to their study will affect its purpose and design. For example, one important facet of this being the belief for positivists that the researcher should be detached from the research (McMillan and Schumacher, 1989) and that the scientific methods employed should reduce or eliminate the potential for bias that can influence the study (Bettis and Gregson, 2001). This is seen to be very important as, if the truth is there to be discovered, then every effort should be made to reduce the contamination of the research findings by any form of bias, including the researcher's beliefs and preconceptions. However, it has been argued that 'value-neutrality' cannot be achieved, as values underlie the choices made throughout the research design (Greenbank, 2003). Nevertheless, value-neutrality is the preferred goal of positivist researchers, even if it cannot be wholly achieved. Conversely, interpretivists are more inclined to accept that the researcher is value-laden and that the research is influenced by these values (Greenbank, 2003). However, Tashakkori and Teddlie (1998) argue that although researcher values do impact upon the conduct and analysis of research it is something that interpretivist, qualitative

researchers should not be too worried by, indeed, as others express, qualitative researchers are said to be so fully 'immersed' in the researched environment of their studies that they are unable to dissociate themselves from it (McMillan and Schumacher, 1989). Moreover, a close understanding of the research situation may be important to understand and comprehend the subtle nuances that influence the responses of the subjects and consequently analyse them. Regardless of this positive aspect of research insight, the influence of preconceptions and prior values can be limited or counteracted through a process of self-reflection (Hammersley, 2005). Indeed, some researchers attempt to acknowledge and set aside what they already know about a subject, a process known as bracketing (Scott, 2000). Against this, it could be argued that researcher self-insight may be limited and thus bracketing an unachievable aim.

From my perspective, the value-base influence debate is considered a false debate, as no researcher can be regarded as totally value free in their orientation to their research (Greenbank, 2003), especially in a complex social world. Johnson and Onwuegbuzie (2004) highlight that despite the gloss of objectivity, subjective decisions are made throughout the research process when considering its purpose and design. Therefore, for me, a lecturer on the course that the students will be taking, I have beliefs and values that relate to the nature of nursing and the student experience and, far from seeing these as negative aspects as positivists would, I regard these as an important guide to what might need exploring, aware that they may blinker me to aspects of the research, but through a process of self-awareness and openness to the data collected, new and unexpected insights may emerge.

Another aspect of the researcher's approach that is important, and relates to the paradigms that influence their research design, is the formulation of appropriate research questions. As Punch (1998, p.19) states: 'Different questions require different methods to answer them'.

Therefore, when considering the methodological paradigms, one must take into account the research questions that need answering. Different philosophical paradigms favour different types of research questions, such that positivist research may favour specific research questions that seek to answer a predetermined expectation, e.g., a hypothesis, which seeks to define the relationship between variables (McMillan and Schumacher, 1989). However, qualitative researchers may opt for more explorative, general questions or aims that seek to understand the situation of the researched. The difference between these two approaches can be great, as quantitative researchers use deductive approaches that formulate questions about relationships, whereas qualitative researchers may adopt an inductive approach (McMillan and Schumacher, 1989). This can lead to a different time span to when the questions are formulated and answered: quantitative designs tend to have questions formulated from the onset, whereas for qualitative researchers, questions may originate as the research develops and new ideas and questions formulated.

For me, the research questions originate from both schools of thought. The emerging questions make statements about factors that influence student progress and how these factors are inter-related. The research questions do not originate from one paradigmatic perspective but are generated from both theoretical perspectives (Young, Taylor and McLaughlin-Renpenning, 2001). It is anticipated, as noted earlier, that progression factors may be both partly predictable and vary depending on the situation of the student. Consequently, as the research questions direct the research methods (Punch, 1998) in this study the research design will be located in both the quantitative and qualitative research domains.

Research design, however, also has to consider philosophical and methodological aspects and predilections of the differing epistemological perspectives. For positivists, the preferred

approach is quantitative with methods favouring data collection techniques that rely on

observation and on structured approaches (Bryman, 1988) leading to data that can be

numerically interpreted and quantified (Punch, 1998). Interpretivists are more closely aligned

with qualitative methods, using data that is less structured and less open to numerical analysis

(Punch, 1998); they use data that is more subjective and reliant on narrative explorations and

presentations of data (McMillan and Schumacher, 1989). However, the alignment between the

main epistemological domains and research methods again is not so clear-cut. Just because

the positivist perspective is more commonly linked with quantitative methodologies and

interpretivist with qualitative, it is not always necessarily so. Onwuegbuzie and Leech (2005)

argue that epistemological viewpoints do not dictate the methodologies used by researchers;

they highlight that similarities exist between the two camps, such as (in some form) data

description, explanation and speculation about research outcomes. Nevertheless, for others,

the terms positivist and quantitative would almost seem to be synonymous and

interchangeable, as would the terms interpretivist and qualitative. However, Greenbank

(2003) believes it is possible to take an interpretivist approach to analysing quantitative data,

so not everyone is so encamped and restrictive in their epistemological and methodological

allegiances.  This debate about compatibility and incompatibility between the two

perspectives is important as it potentially influences research design, analysis and, ultimately,

therefore research outcomes.  As stated earlier, the incompatibility of the different

methodological approaches is based on the different epistemological beliefs of the researchers

(Brannen, 2005). In my study the approach to research design is a combination of data

collection processes that could be argued originate from both the qualitative and quantitative

schools of thought, as information is both numerical and also in the form of words (or

narratives descriptions), with analysis planned to be based on both statistical and textual analysis.

However, the amalgamation of findings needs to be seated within the broader expectations of the research: the generalisability of the findings and their external validity. McMillan and Schumacher (1989) discuss the generalisation of research based on the design features of studies, stating that quantitative researchers tend to aim for broader population generalisations, whereas qualitative researchers adopt more context-bound generalisations. These distinctions are important, as in this study, the expectation is that any generalisation will be restricted to the area within the study takes place, indicating that, despite a mixture of methods used, the expected outcomes are anticipated to be of specific relevance to the locality of the study rather than the broader world of education. This again raises consideration as to the compatibility of the research paradigms.

However, despite the former debate and conflict about paradigms, there is another viewpoint, and it is a viewpoint I have come to subscribe to. It would seem that for some research, researchers could (and perhaps should) adopt a more pragmatic view: using whatever approach is suited to answering research questions most suited to the research problem at hand (Howe, 1988). Howe (1988) advocates the view that, rather than rigidly sticking with one inappropriate perspective, it is better to use whatever works to research the topic of interest. This view is commensurate with my view that the research problem should drive the research design and the overall paradigmatic considerations. In the planned study therefore a mix-methods design for data collection has been chosen: at one level it is quantifiable (attrition rates and progress results) but, as these are rather crude measures, used alone they could potentially lead to important aspects of the topic being overlook (Lockyer, 2006),

skewing my interpretation of the findings towards an epistemological view that does not closely resemble reality. Consequently, the data acquired via interviews is more narrative and qualitative and it will offer another perspective on the student experience.

In summary, I have argued that there are two main schools of thought or broad world views, positivism and interpretivism. The former school views the world as having a reality that can be investigated and discovered with causal relationships that can be identified independently of the values of the researcher (Scheurich, 1997); it is a view supportive of research that identifies facts and follow pre-determined laws (Robson, 2011). On the contrary, interpretivists (or constructivists) view the world as socially constructed (Kelliher, 2005), so that the interpretivist researcher accepts the subjective, values-based and variable nature of social realities (Greenbank, 2003).

The viewpoint that has become more popular, namely the pragmatic perspective, has been adopted in this study.  Pragmatists consider the research question to be paramount and of greater importance than the researcher's worldview or their preferred philosophical perspective (Tashakkori and Teddlie, 1998). The focus for the pragmatic researcher is to seek the best way to address the research problem and answer their research question(s) (Robson, 2011). As Howe (1988, p.10) describes it, the focus on 'what works' is of utmost important to a pragmatist. They challenge the view that the researcher's epistemic viewpoint should dictate or influence the research methods used (Onwuegbuzie and Leech, 2005). Pragmatists focus on the research problem and use whatever approaches seem appropriate to provide insight into the problem (Cresswell, 2003). This has led to the suggestion that pragmatism is often suited to a mixed-methods methodology.

**Methodology – mixed-methods**

Research methodology has been described as the way in which one conducts an enquiry (Cohen and Manion, 1989). It is the link between the research question and the means of gathering data (O'Donoghue, 2007). For the pragmatist, this link is often one that utilises a mixed-methods methodology (Cresswell, 2003) and focuses on the type of data that is collected, using the terms qualitative or quantitative to describe its methods and approaches (Field and Morse, 1985). Robson (2011) describes the use of a mixed-method strategy as a multi-strategy design that uses both qualitative and quantitative approaches. However, as Thomas (2009) advises, mixing-methods can be supported but he cautions that the design assumptions must be considered, as there may be some paradigm implications that lead to a misalignment between the underlying paradigmatic beliefs and the methods used to explore the chosen problem.

In choosing my methods in this study I have had to consider the type of data that would best help answer my research questions. These questions are focused on the factors that affect student progress and how they are related. When looking at my Model of Student Progression, the information required, directed by the progression framework, relates to participants in a number of ways. The model focuses on background biographical data, such as cultural origins and earlier academic achievement; it also explores the social and academic experiences of university life. Consequently, the methods need to be appropriate to accommodate gathering different types of data. However, although this area of enquiry would seem to lend itself to a mixed-methods approach that utilises qualitative and quantitative approaches, I am aware that throughout I have a strongly interpretivist leaning that favours qualitative approaches in seeking insight into the experiences of first-year student nurses. I am also aware that I partly

anticipate, or predict, a correlation between certain factors, such as the pre-course academic history of students and their academic success during the first year of their course. This prediction is indicative of a deductive approach and could make use of basic descriptive statistical comparisons.

My approach in this study can, therefore, be described as a pragmatic approach that uses both qualitative and quantitative approaches of data collection and analysis with an underlying interpretivist viewpoint. This viewpoint is based on the premise that social interaction is the main foundation for knowledge (O'Donoghue, 2007). In light of this, qualitative methods of data collection and analysis will be used to explore those factors that affect the progress of student nurses in their first year, although some quantitative data will be used to explore the broader links between student attributes and course outcomes. As Cresswell (1994) notes, this can be considered to be a 'dominant-less dominant' design, using a range of methods that best address the research problem to address the identified research questions.

**Methods overview**

Data was collected using a range of sources and analysed through a range of methods (Table 5.1), with interpretive description, as described by Thorne, Kirkham and MacDonald-Emes (1997), informing the additional process of them identification. Whilst this approach refers mainly to data analysis, there are a number of guiding principles that helped justify the adopted sampling and data collection methods:

- The identification of a broad framework based on existing knowledge to support the data collection process
- The use of a purposeful sample with similar, shared experiences

- Use of a variety of data collection processes to add rigour to the process

- Analysis avoiding the minutia of complex coding in favour of the identification of new emergent themes

- Researcher bias accepted, explored and acknowledged (through reflection)

**Table 5.1: Data collection and data analysis processes summary**

| Data collection process | Data analysis process |
|---|---|
| 1. Initial questionnaire given to participants at the start if the academic year recording demographic and pre-entry data AND end-of-year examination board data (n.59) | 1. Statistical testing for analysis of variance between groups (ANOVA) and the correlation between student variables (Pearson correlation). |
| 2. Initial questionnaire free text data about reasons for studying nursing and at the chosen university (n.59) | 2. Narrative description |
| 3. Leaver's questionnaire (n.2) free text data | Thematic analysis |
| 4. End-of-year student interviews (n.13) | Thematic analysis |

*Data collection*

Data was collected using self-completed questionnaires, face-to-face semi-structured interviews, and the end-of-year examination board (grade point average and grade ranges, high and low).

Self-completed questionnaires, distributed at the start of the academic year, were chosen for a number of reasons (see Appendix 1). Questionnaires are ubiquitous, as they are used in all

walks of life and generally contain a series of questions that people answer. It is no different in research, as participants answer the questions generally by themselves, self-reporting their thoughts, experiences and opinions (Polit and Hungler, 1999). They are a 'popular way of gathering information' (Munn and Drever, 1995, p.1), partly due to people often being familiar with the questionnaire format. At a practical level, questionnaires are cheap to produce and distribute to a large number of people (Gray, 2009), resulting in a large amount of data being collected (Robson, 2002). Respondents can feel relatively anonymous when completing them as, more often than not, they are not completed face-to-face, which can impact on levels of openness and disclosure (Munn and Drever, 1995). However, with the researcher not being present, response rates can fall (Gray, 2009) and, without the ability to ask questions to clarify questions, answers may be inaccurate or poorly considered (Gray, 2009), especially if respondents cannot recall the experiences they are being asked about (Robson, 2002) or the questionnaire is too long (Robson, 2002). Moreover, as Tomlinson (1989) states, with questionnaires you can never know how or why the answers were constructed. Despite these negative aspects, with the nature of questionnaire questions being standardised (Munn and Drevers, 1995), data analysis and comparison is made easier than with more complex data procurement methods.

Also, questionnaires have also been noted to be good for acquiring descriptive information, such as respondent characteristics (Robson, 2002). This lends itself more to questions of a closed nature that require less interpretation by the respondent (Robson, 2002). This also helps with question construction, as a questionnaire with fewer open questions may be quicker to complete and analyse. The design of the questionnaire is important, as its questions and their order can impact on levels of responder bias (Munn and Drever, 1995) and, thus, the reliability and validity of the answers obtained (Robson, 2002).

Awareness of these strengths and weaknesses led to a design that focused on demographic and background information with a mixture of structured and some free text sections. These sections related to aspects of the model that would enable comparison of entry data with academic and course progress outcomes at the end of the year. .

A questionnaire was also designed for students who left the course during the first year (see Appendix 3). These were sent in the post shortly after students left the course.

The second data collection method I used was a semi-structured, face-to-face interview (see Appendix 2), with the purpose of gaining insight into the interviewee's perspective on particular topics (Scheurich, 1997). This method of data collection was chosen as being suitable as qualitative data was required as the research explores the social experience of the individual – indeed it remains the main method of data collection in phenomenological research (Wimpenny and Gass, 2000). This is because the derived data is reflective of the participant's experience and an exploration of their views of a particular social reality or situation.

Research interviews are commonly done face-to-face, one-to-one. Unlike group interviews, which limit the range of questions that can be asked and have issues related to participant privacy and participant domination (Robson 2002), in one-to-one interviews, where no others are present who may later breach confidentiality, the researcher can confirm confidentiality to encourage disclosure, which is especially important with sensitive topics of discussion. Also, although there are many types of interviews, with qualitative interviews the focus is on the phenomena specific to the participant (Robson, 2002), so that one-to-one interviews allow greater exploration of personal experience, which is especially pertinent to the students' individual experiences that are at the heart of my study.

There are a number of benefits, especially with a semi-structured form, and this may well explain why it is the most common form of data collection in qualitative studies (Mason 2002). It allows the researcher to be more flexible and adaptable (Denscombe, 2000), such that they can change the order of questions, respond to non-verbal cues, probe and prompt for more information (Robson, 2002). However, interviews can be too long (Powney and Watts, 1987) and, as Robson (2002) identifies, interviews can be overly time-consuming, lack sufficient participant anonymity, and depend a lot on the skill of the interviewer, such as using the right language, listening skills and closure skills (Robson, 2002). As with any social encounter, the relationship between the interviewer and the participant can be influential (Ackroyd and Hughes, 1992) and the researcher must manage the interviewer-respondent relationship (Ackroyd and Hughes, 1992). This can be done by being aware of the power differential (Shipman, 1997) and trying to maintain a neutral role (Denzin and Lincoln, 1998). However, this must be done carefully, as the interviewer must be able to build a good rapport with the interviewee (Gray, 2009), trying to appear neutral may make the interviewer appear cold and distant. Part of the relationship building may depend on the quality of the introductory statement (Robson, 2002) and the ability to avoid questions that might be too long, complex, phrased in jargon or leading and biased (Robson, 2002) – all can affect the response of the interviewee.

Despite having a skilled interviewer, problems may arise. Participants may be dishonest or misleading when answering questions (Greenfield, 2002), perhaps because they seek to please the interviewer or want to give socially desirable answers (Ackroyd and Hughes, 1992), which are exacerbated with this method because the participant is not anonymous and, therefore, will be concerned about how they are perceived, especially if they know the researcher (as in this study).

Interviews can also be time consuming, both in their completion, their transcription and later analysis. With the latter, as the analysis is also done out of context, aspects of the analysis may be misleading or wrong (Shipman, 1997). As interviews cannot be replicated (being one off isolated events) (Greenfield, 2002), this can make later verification of findings difficult, although they can be validated with participants to increase their validity (Robson, 2002). Even so, there is no certainty that participants will recall accurately what they said. Involving another researcher to confirm and validate the recordings, transcripts and conclusions is possible, although resource dependent – it was, for this reason, not possible in this study.

Even though they can provide a valuable insight into the lives of others, findings can be difficult to generalise to the broader population. However, there are those who believe that if situations are broadly similar, some application to other similar settings may be justified (O'Donaghue, 2007).  I anticipated that, although my research took place in a specific setting, there were similarities with other nursing educational providers and, even with dissimilar providers, the model of progression may have some applicability.

In the questionnaire and interview schedule, some questions allowed respondents opportunity to expand on their answers, although the questionnaire used mainly closed questions, so as to allow a comparison between entry demographics and end-of-year grade achievements. However, I was mindful that analysis of this type can be rather seductive, as it may lead to premature conclusions or making inappropriate causal links (Robson, 2002). Nevertheless, the questionnaires allowed the collection of mixed data; the closed questions could then be analysed and some level of statistical analysis and comparison, whereas the open questions would allow for qualitative, thematic analysis (O'Donaghue, 2007). Although this appears to be a mixed-method approach, it should be stressed that my underlying beliefs migrate toward

the interpretivist domain, which ultimately put a higher value on the information obtained from the open questions in the questionnaire and the semi-structured interviews.

The third form of data was end-of-year examination board assessment data. As a member of the academic team, I already attend examination boards, but written permission from the Bachelor of Nursing Programme Director was gained before proceeding, after giving assurances regarding anonymity, data collection and storage.

### *Data analysis – quantitative and qualitative analysis*

Data collection processes consisted of quantitative and qualitative methods and, consequently, a range of data analysis processes were employed to reflect the different types of data. Questionnaire, quantitative data was analysed using descriptive statistics, using Statistic Package for the Social Sciences (SPSS) and the analysis of variance and correlation (Field, 2009), with some narrative description of findings of more qualitative data from the initial questionnaire. Qualitative data from face-to-face interviews and written extracts from the leavers' questionnaires was reviewed, with interviews transcribed and, initially, coded against the component parts of the MoSP.

For each student interviewed, or for leavers who completed a leaver's questionnaire, an individual student profile (ISP) was created that included a summary of their questionnaire and interview data. Individual student qualitative data was reviewed and linked with different sections of the MoSP component parts, which enabled the overall findings from all students to be compared with the different sections of MoSP. The ultimate aim was to judge the concordance between the findings with different sections of the model and evaluate the usefulness of the MoSP as a framework to explore student progression.

The initial questionnaire data and the interview summaries for each student were presented in table format, with summaries presented to enable the credibility of the findings to be judged (an alternative to providing extracts from interviews at this stage). Interview transcripts were then further examined and linked with the different sub-sections of MoSP, which included 'before' and 'during university' narrative sections. 'Before university' sections provided a summary of risk factors linked with the quantitative analysis. 'During university' related data was linked with sections of the MoSP, identifying the main themes that related to each section of the MoSP.

Once all the data was presented and reviewed, a summary table was created (Table 7.30) and each student profiled against aspects of the MoSP to provide an overview of the main influential factors affecting progression.

Once all the data was collected, the data was further explored using an approach influenced by 'interpretive description' (Thorne, Kirkham and MacDonald-Emes, 1997). Interpretive description explores qualitative data and is a type of analysis that takes into account what is already known about a topic. Rather than complex coding, interpretive description adopts a broader approach that explores overarching patterns and themes that emerge. Interpretive description is less concerned with the minutiae of thematic analysis but seeks to develop an understanding based on what is known at the start of the study and the insight that evolves as the data is reviewed (Oliver, 2012). The link between existing knowledge and developed knowledge provides an interesting process which, in this study, started with the creation of the model and subsequent knowledge generated through later theme exploration. The comparison of the initial findings with sections of the MoSP, my insider knowledge (as a nurse lecturer with many years awareness of the student experience) and the pilot study outcomes provided

an opportunity to reconsider and reinterpret each interviewed student's experience based on their initial questionnaire data and interview responses (or in the case of leavers, their leaver questionnaire responses) to identify new themes. Thematic analysis allowed new themes relevant to each student to emerge beyond the categories and components of the MoSP.

The aim of the overall analytical process was to combine the quantitative analytical insights, comparisons between the different MoSP sections and the broad themes identified through thematic analysis to gain a greater understanding of the factors that affected progression for this cohort of students.

### *Rigour*

A number of decisions were made during the analytical phase and these potentially affected the quality and rigour of the study. However, processes were adopted to ensure that the data analysis was sufficiently rigorous. Bryman, Becker and Sempik (2008) have written about quality and social research, expressing '*explicitness* and *transparency*' (p.265) aspects that many regard as important quality criteria. Throughout this study, the research design and methods have been explicitly outlined to aid transparency, including the analytical processes adopted. Quantitative data was described and analysed using SPSS for the analysis of variance and correlation (Field, 2009) – a commonly accepted and tested analytical approach. Qualitative data was analysed using a number of processes, establishing the rigour of which is important (Darawsheh, 2014). Levin (2012) has highlighted that the researcher can bring bias to the research process, and this can affect data collection (Walker, Read and Priest, 2013) and its interpretation (Koch *et al.*, 2005). Jootun, McGhee and Marland (2009) suggest that this bias can relate to researcher preconceptions, value judgements and premature predications; adding that to increase research credibility, and to promote rigour, the researcher should

reflect and identify potential bias. Engward and Davis (2015) suggest that researcher reflexivity can assist with this identification process.

Long and Johnson (2000) have written about the importance of rigour in qualitative research, suggesting several processes that can enhance the rigour of a study, including research reflection, member checks, data triangulation, audit trails and prolonged involvement in the area of research. My use of a reflective journal, multiple data sources, comprehensive study outline and long-term involvement in nurse education contributed to the rigour of this study. Moreover, I adopted a number of processes to improve the rigour of my approach and to ascertain the impact of my assumptions during qualitative analysis; in particular, the use of a private research journal, in which I explored my 'internal dialogue with the research process' (Engin, 2011, p.299). The journal enabled me to consider my preconceptions and prior experiences and their influences, affording me the opportunity to challenge my initial interpretations. However, I was mindful that it is not always possible to have sufficient insight into one's own bias (Freshwater, 2005), so discussions with my research supervisor offered further opportunity to re-evaluate my analytical processes and summative conclusions. Furthermore, repeatedly revisiting the various types of data to re-assess my interpretations led to new insights and confirmation of prior conclusions.

Along with rigour, the credibility of research is important and it can be enhanced through a number of processes (Beck, 1993). In this study, the use of the individual student profiles (ISPs) adds to the transparency of the findings. The ISPs offer a novel way of providing a summary of each student's data, enabling readers to see the key aspects of the various data collection methods, with commentary and some brief interview extracts to further underpin my conclusions from the data when discussing the MoSP. Furthermore, the various data

collection methods widened the opportunity to explore students' progress from a number of angles at different time points during the first year.

***Sample***

The sample of first-year, pre-registration students in this study were on a Bachelor of Nursing degree programme. The programme was validated initially against the Standards for Pre-registration Nursing Education (NMC, 2010) and, as such, has currency with current standards for nurse education. Students in first year of the course attend a range of clinical placements across the adult, child and mental health fields of practice, choosing their field of practice at the end of the first year. During the first year, students are split into three equal size sub-groups, attending clinical modules and placements as part of their sub-group, with shared, non-clinical modules attended with the whole cohort.

From this group, a purposive, convenience sample was drawn. The sample was convenient because they were my students and, therefore, easy for me to access; Robson (2011, p.275) has described this as one of the 'least satisfactory methods of sampling'. The sample, however, is purposive because the students were able to provide information about their experience of their first year and address the particular needs of my project (Robson, 2011). There are other methods of sampling but, in line with my pragmatic approach, this type of sampling enables me to explore directly my area of interest. Thorne, Kirkham and MacDonald-Emes (1997) support the use of purposive sampling with interpretative description, as the researcher is generally seeking a sample group with similar and common experiences.

Participants were from a cohort of 106 undergraduate, pre-registration full-time nursing

students. A request for volunteers was made via email (via a course administrator) and 57 students attended to complete a questionnaire and have a review of their progress by using data from the end-of-year examination board. A further purposive sample of a selection of students was planned to be interviewed following selection based on demographic characteristics (with the aim to compare students from different demographic backgrounds), and 13 students attended for interview. All students who left the course during the year were posted a leavers' questionnaire that asked about factors influencing their withdrawal from the course, with two students responding. The overall sample comprised of 59 students.

**Ethical considerations**

The study was approved through the University's ethical approval process. When research involves people, a number of ethical considerations apply (Robson, 2011) and these must be addressed prior to commencing the sample enrolment and data collection.

Common to most research that involves people, the key ethical principles of autonomy, consent that is truly informed, the right to privacy and doing no harm were addressed during the ethical approval process (Le-May and Holmes, 2012). All students signed a consent form after reading the information sheet that clearly outlines the purpose of the study, their involvement and options during the course of the enquiry (see Appendix 4). Participant privacy was maintained by not linking their responses to either their name or student number with master copies of student data kept in a locked cupboard way from other data; future anonymity in publications was also provided.

In terms of maleficence and doing no harm, the questions in both the questionnaire and interview could have elicited responses that the student may have felt uncomfortable about

discussing; consequently students were reassured that they could choose not to disclose information that causes them disquiet. At the end of the completion of the questionnaire and interview, I provided information about available Student Support and Counselling Services and the contact details for the tutor responsible for student welfare.

Additionally, ethical concerns related to the power imbalance between the students and me as their lecturer (Le-May and Holmes, 2012) and the potentially conflicted loyalties that needed to be considered (Bell and Nutt, 2002). Karnielli-Miller, Strier and Pessach (2009) highlight role conflicts that can exist between researcher and participants. However, they acknowledge that there is no 'correct or optimal relationship' (p.280) in qualitative research, as relationships change depending on several factors, such as the content and context of the research. Moreover, Ballamingie and Sherill (2011) state that the researcher is not always the most powerful and, therefore, the power differential cannot always be assumed. Consequently, there can be no easy way to judge the impact of power in my study, although, as Ballamingie and Sherrill (2011) further state, reflexivity can be one way to consider the impact of the research on the researched and the researcher. In my study I was aware to the potential power difference, so I was mindful of this when recruiting students and interviewing them. At each stage of the process I asked myself how I was relating to the participant and what influence it might be having – keeping a research diary helped with this process and this led to some changes to my approach after the initial pilot study. Whilst this reflexive approach cannot be guaranteed to remove the power imbalance, it can go some way to ameliorate its effects. On reflection, I do not feel that my approach was an abuse of my position, as I was very clear to all students prior to each interview that they did not have to participate or respond to any question they felt uncomfortable with. Ultimately, the ethics of a research study must be judged on the degree of risk to the participants, and it has been expressed that we are perhaps

too sensitive about the risks to adult participants who consent to participate in educational research (Johnson, 2003). Nevertheless, the impact on students of their participating in the study was considered, and a sensitive and mindful approach adopted throughout the recruitment and data collection processes.

The University's ethical approval was sought before approaching students. This ethical approval process highlighted concern related to potential coercion if I, as the students' lecturer, approached them to request participation, so students were approached via course administrators rather than directly. On balance, the potential benefit of identifying the factors that affect student nurse progression for future students was considered to outweigh the low-level risk to students of their participation in the study and ethical approval was granted.

### *Summary*

The research approach in this study was a pragmatic design, using mixed methods to address the research questions. A range of data collection methods were used and data analysed using descriptive statistics and interpretive methods. The methodology aligns with a mainly interpretivist approach, although some predictive element was explored with data that could be used for exploring relationships between student related factors and end-of-year outcomes.

The sample group was purposive and convenient with ethical considerations taking account of consent, autonomy and confidentiality issues with the aim of balancing the risks to participants against the potential gains from understanding factors that affect student progress.

# CHAPTER 6: PILOT STUDY

This chapter will provide an account of a pilot study that explored the use of MoSP to underpin the research design of the main study. Whilst it explored a number of research questions, I was mindful of the small number of participants and the consequent implications of this for forming conclusions. In performing this exploration, the MoSP, was tentatively evaluated as a theoretical framework for exploring and understanding student progression. It was also an opportunity to assess the efficacy of the research design, the methods employed to gather data and the planned approach to analysis. Ultimately, the pilot study laid the foundations for investigating student nurse progression from a holistic, psychosocial perspective.

*Research questions – pilot study*

Two questions resulted from an initial exploration of the attrition literature that shows progression as complex and multi-factorial. These were:

- What factors affect the progression of student nurses during the first year of their studies?

- How are these factors related and are they mutually influential?

*Data collection*

Data was collected in the pilot study from a small sample of participants from a cohort of first-year nursing students. Ten students volunteered to complete a questionnaire and three were later invited to attend a face-to-face interview to discuss their experience of the first year of the programme, two of whom attended. Assessment data was also collated from the end-of-

year assessment board about the progress of the ten students. During the first year, three students left the course and it was hoped that they would complete a questionnaire that would provide information as to why they has left but, unfortunately, despite two postal requests none responded.

The content of each questionnaire was later compared with the students' results from the end of academic year assessment board – this data has been combined and presented in the table below (Table 6.1). Although the number of students was small and meaningful statistical analysis was excluded, on an initial review there did appear to be differences between students and their categories. For example, there seemed to be a difference between A-level and alternative qualification entry students and their academic confidence levels and end-of-year grades. A-level students mostly regarded their academic ability as good, whereas all but one alternative entry student rated themselves as acceptable. A-level students tended to achieve higher end-of-year grade averages, having higher low and top grades for their assessed work than other students. Previous studies have suggested correlations between a student's entry route or their GCSE entry grades and their academic grades average, indicating that students with higher entry grades and a more academic entry route had lower attrition rates (Kevern, Ricketts and Webb, 1999; Pryjmachuk, Easton and Littlewood, 2009); however, not all studies support this, as Mulholland *et al.* (2008) noted that prior academic success (e.g., already being a graduate) is linked with higher rather than lower rates of attrition. In the main doctoral study, it was planned to examine these types of differences further when exploring this data alongside more qualitative data obtained from the interviews and open question answers from the questionnaires.

The questionnaires included free text questions related to why the student had chosen to study

nursing and why they had chosen the higher education institution. A summary of responses and the main points that emerged are outlined in the table below (Table 6.2). There appeared to be commonality of experience, with patterns that seem to exist between different students. Despite the small numbers in this pilot, some of the responses were interesting, with possibly implications for student progression based on the decision made by the student prior to starting the course. For example, four students chose nursing as a second choice: two because they did not achieve the grades for medicine and two as they wanted to be paramedics but had been advised to study nursing first. One possible outcome of this could be that the nature of the student's choice may influence their later course commitment and level of motivation, so with larger numbers it would be possible to explore more meaningfully any relationship where nursing was not the primary choice. From exploring the attrition literature, reasons for studying nursing seems to have had limited investigation, although studies have noted that students who regard nursing as the wrong career choice do have higher attrition rates (Braithwaite, Elzubeir and Stark, 1994; Richardson, 1996; White, Williams and Green, 1999; Glossop, 2002). Although these studies are somewhat dated now and university course choice could be influenced by the cost difference in tuition fees and future employment rates between nursing and other courses, as nursing students do not currently pay tuition fees and they have excellent employment rates.

Free text answers also included a number of students who noted that they had chosen nursing as they wanted to help people and, for some, as they wanted to work with children. This aspiration can influence a student's course satisfaction levels, as it is affected by the outcome of the end-of-year field of practice selection process. For example, one of the two students interviewed did not get a place on the child field of practice and the outcome was negative for her that it had an adverse effect on her progress and led to her questioning if she should

withdraw from the course, and this left her feeling less engaged in practice when caring for elderly patients.

The questionnaire also asked why a student had chosen the higher education institution. Responses included course related reasons, such as its reputation, the second year elective placement and the common field of practice first year but some cited more practical, personal reasons for choosing the University, such as distance from home and a locality close to relatives. Institutional choice as factor appears to be missing from the literature about student progression, although related factors (e.g., homesickness) have been noted (Richardson, 1996; Brodie *et al.*, 2004). With larger numbers in the main study it would be possible to explore further the link between institutional choice, withdrawal rates and progress. For example, it would be interesting to explore whether a course location choice related to the presence of local family members impacted positively on levels of day-to-day support.

It was anticipated that greater numbers in the questionnaire data would be more useful, especially as data from the questionnaires and interviews could be triangulated. However, it is the student interviews that gave the greatest narrative data and potential insight into the usefulness of the Model of Student Progression as a framework for exploring progression. Thus, the next section presents the interview data and it then explores how the data was collected, analysed and can potentially be triangulated with the questionnaire and examination board data. It also comments on insights gained into the use of the Model of Student Progression and for the research design.

**Table 6.1: Questionnaire demographic data and end-of-year assessment data**

| Student Number | Age- (years) | Gender | Country / Race | Religion | Disability | Academic skill | Parents & university | School (state or private) | Qualifications | Merit or grades | GCSEs – English / Maths | University age | Nursing age | Year 1 grade average | Mark range (year 1) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 44 | F | UK Br | CoE | | A | 0 | S | Access | Yes | 1 B/na | 40 | 28 | 58% | 46-68 |
| 2 | 21 | M | UK Br | N | | A | 0 | S | BTEC | Yes | 8 C/C | 16 | 18 | 62% | 45-73 |
| 3 | 19 | F | UK Br w | RC | | A | 1 | S | BTEC | Yes | 12 B/C | 14 | 12 | 63% | 40-77 |
| 4 | 21 | F | UK Br w | N | | G | 0 | P | A levels | BBB | 11 B/A | 13 | 18 | 68% | 62-79 |
| 5 | 21 | F | UK Br w | N | | G | 0 | S | A levels | AAB | 11 B/A | 13 | 13 | 66% | 54-85 |
| 6 | 19 | F | UK Br w | N | | G | 0 | S | A levels | ABB | 11 A/A | 12 | 6 | 72% | 60-82 |
| 7 | 21 | F | UK Br | N | | G | 2 | S | A levels | ABB | 11 A/A | 5 | 18 | 58% | 53-68 |
| 8 | 21 | F | UK Br | N | Yes | G | 0 | P | A levels | AAA | 10 A/B | <5 | 16 | 63% | 48-80 |
| 9 | 21 | F | UK Br | N | | G | 0 | S | BTEC | Yes | 11 B/C | 10 | 8 | 55% | 48-66 |
| 10 | 21 | F | UK Br | Ch | | A | 1 | S | A levels | BBCCC | 9 C/B | 12 | 8 | 59% | 44-72 |

Key:

Gender (Female / Male); Country/race (UK, British, white 'w'); Religion (Church of England, None, Roman Catholic, Christian); Academic skill (Acceptable, Good); GCSEs (Number and English / maths grades); School (State or Private); University age (age first thought of going to university); Nursing age (age first thought of studying nursing).

**Table 6.2: Qualitative questionnaire categories and frequencies**

| Why Nursing? | Frequency | Why UoB? | Frequency |
|---|---|---|---|
| Second choice | 4 | Reputation | 6 |
| Help people | 4 | Campus | 4 |
| Work with children | 3 | Like city | 4 |
| Long-term passion | 2 | Elective | 3 |
| Nurse in family | 2 | Foundation year | 3 |
| Career choice and opportunities | 2 | Close to home (less than 1 hour) | 2 |
| Job satisfaction | 1 | Grandparents close by | 2 |
| Work aboard and travel once qualified | 1 | Want to leave home city for somewhere new | 2 |
| Interest in human biology | 1 | Interprofessional learning | 1 |
| | | Could still live at home | 1 |
| | | High standard of placements | 1 |
| | | Open day, friendly staff | 1 |
| | | Clearing offer | 1 |

*Interview data*

Two of the three invited students attended for a face-to-face, one-to-one interview. Student 1 (Table 6.1) was 44 years old at the time of interview and she had previously identified herself in the questionnaire as a member of the Church of England, of acceptable academic ability, whose parents had not attended university, that she was state schooled, had attended an access course and that she had thought about nursing as a career when in her late twenties and university study in her forties. She had achieved an end-of-year grade average of 58% (with a range from 41% to 68%). In her free text questionnaire answers, Student 1 stated that nursing was a long-term passion that would give her good job options and satisfaction on qualifying. She had chosen the University because of its prestige, set holidays, elective and foundation first year.

When interviewed, she made a number of significant comments and the main influential experiences she noted were:

- Good personal tutor support but a lack of praise from University staff for good attendance and practice reports and inconsistent staff guidance with assignments.

- Stress related to the high academic workload and the long travel to placements.

- Success as she was still on the course and personal change from the wider reading in which she now engaged.

- Support was discussed in a number areas but especially the support from her family (husband and parents-in-law) financially and with childcare. She noted some strategic selectivity in choosing friends within her peer group and the overall social isolation she had encountered due to the impact of the high workload.

The other interviewee was Student 9 in the table above (Table 6.1). She was 21 years old at the time of interview and identified herself in the questionnaire as a Christian, of good academic ability with neither parent having attended university. She was also state schooled, but had studied a BTEC course. She had thought about nursing as a career when only eight years old and university study when she was ten. She had achieved an end-of-year grade average of 55% (with a range from 48% to 66%). In her free text comments on choosing nursing, she wrote:

*"I love to work with children and aspire to work at Great Ormond Street Hospital, so I always knew I wanted to work with children – especially those who are extremely ill."*

She also stated that she had chosen the University because she wanted to live away from home but not too far away. She especially liked the campus.

When interviewed, Student 9 made a number of significant comments. The main influential experiences were noted as:

- Not being prepared for university life, especially the difference between nursing and non-nursing student experiences. This led to some social isolation, as she felt unable to participate in extra curricula activities due to the academic demands of the course and shift work when attending clinical placements.

- Her changing social network after starting university during the first few months, as she chose a new circle of friends after the initial settling in period.

- An acknowledgement that she had poor study and time management skills, which affected assessment preparation and completion – admitting that she had not entered the library at all during the first year.

- Not getting her field of choice, children's nursing, at the end of the year but continuing with the course due to the financial implications of leaving and the ongoing encouragement to continue with the course from her parents.

- She noted the support she had received from the Welfare Tutor.

*Discussion of the interview findings*

The questionnaires and interviews show that Student 1 and 9 had very different experiences during the first year of their course. Student 1, a local student, had well-established clinical skills as she had worked as a healthcare assistant before and had a strong, local, pre-existing social network. Student 9, however, was living away from home, and from the offset had very clear expectations about the field of practice in which she wished to work (children's nursing); she had no prior clinical experience and she lacked confidence within her university social networks. Student 9 also lacked confidence when attending placements and completing academic assessments.

The experience of both students during the first year highlighted the importance and influence

of social networks on progress. Student 1 required ongoing support from her immediate family with regards to practical childcare support and financial assistance. Student 9 responded to guidance from her parents when she did not get her field of practice choice and wanted to leave the course, related mainly to the encouragement to continue to avoid the financial implications of leaving early. Both students experienced multiple forces that seemed to overlap that were related to psychological, social and financial influences on their day-to-day experiences. Despite the information provided, several questions remained unanswered, such as: would Student 1 have commenced the course without the support from her in-laws and would Student 9 have left the course if her parents had supported that option?

In summary, both students appear to have set out with a clear purpose to study nursing and at the HEI of choice. However, as time developed, both had some lack of confidence, related to academic work especially, although Student 1 was much more confident with clinical work and clinical assessments, and this seemed to support her view that this was a much more important and valuable part of the course than other assessments. Student 9 also lacked confidence during the first year, especially as she had a clear commitment to work with children, and the inability to get a place on the children's field of practice part of the course led to significant self-doubt, whereas Student 1 was firm in her decision to study adult nursing and commit to a career choice made when she was 28 compared with Student 9's decision at eight years of age.

### *Preliminary considerations of the type of data obtained in the pilot study data*

Although the pilot study used data from just two student interviews, there seemed to be some useful data obtained. The original research questions in this pilot study related to exploring the factors that influence student progression and how these factors are mutually influential.

From the questionnaires and the interviews, it appeared that several factors affected each student's progress. These related to pre-course support and guidance, initial support when starting the course, ongoing support during the first year and key outcomes towards the end of the year.

Managing student expectations seemed to be a potentially important consideration. Students start the course expecting a certain approach and level of support, probably based on their immediate prior experience at school or college but what they experience can be somewhat different. This was certainly the experience of the two students in the pilot study with Student 1 expecting more feedback and encouragement, and Student 9 expecting more of what she regarded as a traditional student experience related to her social life and extra-curricular activity. These expectations seemed linked to prior social and educational experiences.

Further to the course expectations, both students discussed their social situations. It was apparent that they engaged in some strategic alliances with others, with both reporting that they changed their course peer groups during the first year. Student 1 benefited economically, socially and psychologically from the support provided by her spouse, in-laws and long-term local friend. Student 9, on the other hand, although part of a social group, seemed uncomfortable with the regular drinking and watching television routines in which she was now engaged, and she missed the organised activities she participated in before starting the course and the family routine she participated in. Students 1 and Student 9, despite doubts about continuing with the course, relied on others for encouragement to continue; for Student 1 it was a best friend who encouraged her persistence and for Student 9 it was her family's discussion of the cost implications of leaving that helped her decide to continue.

Both students navigated the challenges they experienced related to their expectations and

levels of support, with both expressing some course achievement, although this was much more forceful for Student 1. This may have been related to levels of motivation and course outcomes, as Student 1 had a strong motivation to become a nurse, whereas Student 9 was unsure about nursing as a career. However, both students regarded still being on the course as their main achievement. Student 1 was surprised about her grades and very comfortable and confident with her clinical competence, whereas Student 9 knew she had weak academic study skills and some difficulty settling into her placements.

During the year, both students went through a series of transitional phases related to managing expectations, experiencing changing social support groups and realising some level of successful outcome. O'Donnell (2011) investigated student expectations and voluntary attrition in a group of nursing students. He found that expectations were related to pre-entry factors, in particular life events, family influences and information sources, suggesting that managing expectations at a pre-entry stage was important. However, O'Donnell only interviewed ex-students and his study does not give insight into those students that stayed. The interviewees in this pilot study experienced dissonance between their expectations and experiences but, unlike O'Donnell's students, both continued with their studies. It is possible, therefore, to explore expectation management from the perspective of those that progress with their studies as well as those that leave. It may well be that types of support, levels of motivation and small, perceived successes counter-balance negative experiences and expectation discord.

With the small numbers in the pilot study, it was not appropriate to make inferences about factors that may generally influence student progression. Nevertheless, it was anticipated that the larger, doctoral study, with similar findings, would provide insight into the factors that

affect the progression of a cohort of student nurses and lead to practice recommendations. For example, the students in this pilot study discussed their expectations and support structures, which if evident in the main study would lead to recommendations that suggest managing expectations and increasing support. For example, O'Donnell (2011) has mentioned pre-entry initiatives to manage expectations, and Watts (2011) has discussed the support role of the personal tutor. Other recommendations may be forthcoming, including highlighting those at risk of poor progression or greater risk of attrition (Kevern, Ricketts and Webb, 1999) and assisting those who require more help with integrating into university life (Kotecha, 2002).

**Implications for the main study following the pilot study**

The pilot study gave a useful insight into the research design, including the data collection and analysis methods, and the use of the Model of Student Progression (MoSP). One of the aims of the pilot study was to explore the factors that affect student progression and how these are related. In designing the MoSP, a further aim was to see if a psychosocial-development model would act as a framework with which to explore the experiences of first-year nursing students. The outcomes from this pilot study suggested that this was the case.

When viewed from the perspective of the MoSP, the questionnaire and the interview schedule enabled key aspects of the each student's experience to be explored, with information gathered in the questionnaire that could then be compared with the interview data obtained over a year later. For example, when considering both students' pre-entry information, neither had parents who had been to university, they attended Access and BTEC courses rather than traditional A-levels, and they both had lower GCSE grades than some of their course peers. This information, combined with their interview answers, illustrated that they had followed less traditional academic routes prior to starting the course and they lacked some confidence with

academic work. This was further evident in the interviews when Student 1 stated that she expected much greater support and detailed feedback from academic staff, and when Student 9 expressed doubts about her ability to complete academic work successfully.

When analysing data the interpretive descriptive technique described by Thorne (2008) was, in part, used to identify new themes. This approach supports the use of a range of data sources and methods of data collection (Oliver 2012), with the researcher attempting to avoid using data analysis that focuses on restrictive, premature coding of small elements of data (Thorne, Kirkham and MacDonald-Emes, 1997). Instead, the author selects data that seeks best to address the research question – in this study, data which illustrates what affects the progression of student nurses during the first year of their course. Consequently, in the main study, along with the interview data, the questionnaire data would be analysed for relevant, meaningful content. For example, in this pilot study Student 9 indicated that she wanted to work with children, so the lack of success in gaining the chosen field of practice was to be anticipated as a meaningful factor in terms of her progression, which was apparent when she was interviewed. Similarly, it may also be evident that students who have less confidence in their academic ability, have a lower entry tariff or academic background, and do less well in academic work, view their academic position less confidently at the end of the year. It is the triangulation of the data, and the multiple methods, that can add weight to the final analysis.

Despite the former comments about the appropriateness of interpretive description, there are a number of key aspects that have been learnt during the completion of this pilot study that informed the main study. These changes related to aspects of data collection and analysis, and also the usefulness of the Model of Student Progression.

During the data collection process, it was apparent that some of the questions in the

questionnaire and interview schedule could have been altered. This was probably due to the phrasing and ordering of some of the questions. Consequently, some relatively slight rephrasing and question revision was made prior to the main study, although the questions remained essentially the same.

Data analysis was also influenced by the pilot study. During the interpretive description process, emphasis should be made of the reflexive process of the researcher (Thorne, Kirkham and MacDonald-Emes, 1997), especially as this is the main approach to reduce 'insider bias' (Oliver, 2012, p. 412). This was further addressed during the main study by reflecting more carefully on what influences and experiences may have impacted on the data collection processes and the analysis of the data. The greater use of a private research journal and a consideration of the impact of foreknowledge on interview questioning were planned.

Overall, the pilot study enabled the design of the research and its methods to be evaluated and their use to answer the research questions explored. As rich data was to be obtained from the questionnaires and interviews, the methods were deemed appropriate, although the pilot study led to minor changes in the design of the main study questions. It was provisionally concluded that student progress is a more dynamic process than initially considered. For the two students interviewed, it appeared that progression was staged and each stage influenced the student's progress. Both students had arrived at university with a set of skills, experiences and expectations, and during the first year they experienced different things that influenced them. Initially they sought to control their social network, they then dealt with the conflict between their expectations and the course experience, and later they dealt with the outcomes of practice and university assessment and selection processes. At each stage they could have been so disappointed or unhappy that they may have resolved to leave but each student dealt

with each stage and continued, often through the intervention of a third party (a family member, friend, or academic member of staff). This line of discussion and insight appeared to go beyond the existing literature and offer a new way of viewing progress as being  more dynamic a process, and so it was planned to explore this further in the main study.

### *Conclusions from the pilot study*

The small pilot study aimed to explore the factors that affect student progress by using a newly designed Model of Student Progression and a mixed-method design. The study indicated that the data collection and analysis processes, despite some requirement for minor modifications, did appear to result in suitable data that could be interpreted using an approach to theme identification informed by the interpretive description process outlined by Thorne (2008). Using a similar approach, modified in the light of its use here, it was envisaged that the main study would offer insight into the factors and how they interact to influence student progress during the first year of their nursing course and, in the future, to review the support and guidance students can receive to keep them on track.

However, a lack of leaver responses was disappointing. For the main study, ways of encouraging responses were to be considered, including repeat requests and revised covering letters that were hand signed and included a picture of the researcher. It was hoped that by personalising the request it would encourage and increase response rates.

# CHAPTER 7: FINDINGS

This chapter is in three parts. The first part provides an overview of the participants in the study and, in addition to providing a descriptive summary of their personal characteristics; it provides an analysis of the relationship between characteristics on entry to the course and their end-of-year Grade Point Average (GPA). The second part is a set of case studies based on interview and questionnaire data from the students who agreed to be interviewed. The final part utilises the Model of Student Progression to identify and consider the themes emerging from the case studies and the earlier quantitative analysis by presenting a summary of students' responses linked to the MoSP sections.

**The cohort**

Fifty nine nursing students (57 interviewed students and two leavers who completed questionnaires) from a cohort of 106 students took part in the study. Their ages ranged from 18 to 47 years with the majority (76%) in the 18 to 23 years range (see Figure 7.1).

From Tables 7.1, 7.2 and 7.3 it can be seen that the cohort was mainly female (92%), state-schooled (93%) and white (75%). A small number were originally from outside the UK (10%) and 12% indicated they had some form of disability. The majority stated they were of good or average academic ability (95%). Religious affiliation and entry qualifications varied.

**Figure 7.1: The age range of the sample group**
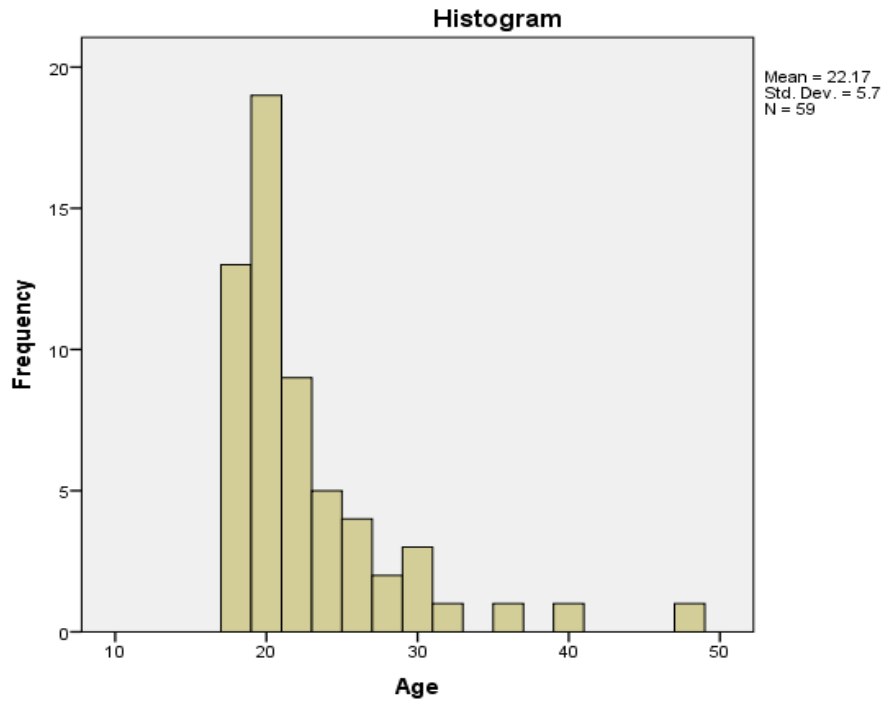


**Table 7.1: Categories and number of students**

| Category | Student numbers |
|---|---|
| Gender | 54 female; 5 male |
| Country of origin | 53 UK; 6 non-UK |
| Disability | 52 no disability; 7 disability declared |
| Academic skill | 25 good ability; 30 average; 3 poor; 1 answer missing |
| Parents' university | 10 both parents attended; 16 one parent; 32 neither; 1 missing |
| School type | 55 state; 1 private; 3 mixed state / private |
| Qualifications | 37 traditional; 21 non-traditional; 1 missing |

**Table 7.2: Students' race and religion**

**Race * Religion Crosstabulation**

Count

| | | Religion | | | | | Total |
|---|---|---|---|---|---|---|---|
| | | None | Atheist | Christian | Muslim | Other | |
| Race | White | 18 | 5 | 18 | 0 | 2 | 43 |
| | Black | 1 | 1 | 2 | 1 | 0 | 5 |
| | Asian | 0 | 0 | 0 | 3 | 2 | 5 |
| | Mixed-race | 1 | 1 | 1 | 0 | 0 | 3 |
| Total | | 20 | 7 | 21 | 4 | 4 | 56 |

**Table 7.3: Students' entry qualifications**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| | | | | | |
| Valid | Degree | 8 | 13.6 | 13.8 | 13.8 |
| | Masters | 1 | 1.7 | 1.7 | 15.5 |
| | A levels | 28 | 47.5 | 48.3 | 63.8 |
| | Access | 11 | 18.6 | 19.0 | 82.8 |
| | BTEC | 10 | 16.9 | 17.2 | 100.0 |
| | Total | 58 | 98.3 | 100.0 | |
| Missing | -9 | 1 | 1.7 | | |
| Total | | 59 | 100.0 | | |

**Questionnaire quantitative data**

A one-way ANOVA test was used to compare the mean ordinal and interval data of a number of categories and a Pearson's test to compare correlations between scale data. Both analysis types compared entry characteristics with end-of-year examination board results. Each category was compared with the students' Grade Point Average (GPA), and, when significant, comparison with the lowest and highest grades achieved was also checked for some categories.

*Categories showing no significant relationship with GPA*

A number of categories were checked for relationships between the category (independent variable) and the GPA (dependent variable) at the end of the year. Using the one-way ANOVA the null hypothesis was tested and statistical significance calculated. Despite some difference in the basic mean values between some of the independent variables and the GPA, a number of categories were found not to be statistically significant and, therefore, there was no relationship found between the category examined and the student GPA. The categories found to have no statistically significant relationship were:

- Gender – no significant effect of student gender on GPA (df 1, F = .095, p = .759); female (n49) mean 60.22, male (n5) mean 58.80.

- Country of origin – no significant effect of the student country of origin (UK versus non-UK) on GPA (df 1, F = 2.694, p = .107); UK (n50) mean 60.70, non-UK (n4) mean 52.50.

- Disability –no significant effect of student disability on GPA (df 1, F = .730, p = .397); no disability (n47) mean 60.53, disability (n7) mean 57.14.

- Parental university attendance – whether parents had attended university or not was not significant (df 2, F = 2.793, p = .071); both parents (n9) mean 61.67, one parent (n15) mean 64.47, no parents (n29) mean 57.48.

- Type of school attended – type of school attended had no significant effect on GPA (df 2, F = 1.862, p = .1666); state school (n50) mean 59.38, private (n1) mean 70.00, mixed state / private (n3) mean 68.37.

- A-level entry tariff – no significant effect between A-level entry grades and GPA (df 5, F = 1.216, p = .329); entry tariff 140 (n1) mean 55.00, 280 (n2) 64.50, 300 (n10) mean 66.50, 320 (n8) mean 61.63, 340 (n4) mean 70.50, 360 (n7) mean 63.57.

However, the size difference between the numbers in the different groups in all of the above categories was large (except A-level entry tariff); for example, there were 53 students originating from the UK and six from outside the UK. A test of homogeneity of variance was, therefore, carried out on all the above with the outcome of the Levene's test indicating that the assumption of homogeneity of variance was correct and analysis outcomes acceptable.

Age and GPA was compared using a Pearson's correlation coefficient two-tailed test. No correlation between age and end-of-year grade average was found (r = -.21, p = .880). There was also no correlation between the age the student considered entering university or studying

nursing and GPA: university age and GPA (r = -.113, p = .419); nursing and GPA (r = -.146, p = .293).

### *Categories showing a significant relationship with GPA*

A number of categories did show a significant statistical relationship with GPA. Where numbers in each group were small, some groups were combined to aid further comparison, e.g., ethnicity was recombined into white and non-white, as the number of non-white students was small. Where a significant outcome was obtained and it was deemed appropriate, a further one-way ANOVA tests was performed to examine the relationship with the lowest and highest assessment results obtained during the first year of the course.

### *Ethnicity and GPA*

Student ethnicity had an impact on GPA (see Figure 7.2) and was statistically significant (df 1, F = 4.236, p = .010); mean values were white (n42) 62.19, black (n5) 54.60, Asian (n4) 51.50, and mixed-race (n1) 42.00. This was further evident when ethnicity was re-coded into two groups, white and non-white, which highlighted a greater significance (df 1, F = 10.967, p = .002). When analysed by recoded race against lowest and highest scores both were also found to be significant (race and lowest score F = 9.647, p = .003; race and highest score F = 5.245, p = .026).

The findings indicate that ethnicity is associated with different levels of academic progression. Non-white students did less well than their white counter-parts in their academic assessments, achieving a lower GPA and reduced lowest and highest assessment scores.

*Religion and GPA*

The religious affiliation of the student was linked with varying GPAs and this was statistically significant (df 4, F = 3.543, p = .013); mean values were no religion (n20) 63.85, atheist (n6) 60.17, Christian (n20) 60.15, Muslim (n3) 44.67 and 'other' (n4) 54.00. From the boxplot (see Figure 7.3), there does not appear to be a difference between the first three groups (no religion, atheist, and Christian); however, Muslim and 'other' categories appear to have lower GPA; statistical analysis indicates that this difference is significant (df 1, F = 10.053, p = .003), especially for Muslim students when compared to all other groups in the category (df 1, F = 9.139, p = .004).

Religious affiliation is associated with different levels of academic progression for some student groups. Muslim students especially achieved lower end-of-year GPA scores. However, it should be noted from Table 7.2 that race and religion appear to be connected with, for example, all Muslim students being non-white. It may, therefore, be that religious difference is capturing racial differences.

*Academic skill and GPA*

A student's judgment of their academic skill was found have a significant effect on GPA (df 2, F = 7.074, p = .002); mean academic skill GPA values were 'Good' (n24) 65.04, 'Average' (n27) 56.52, and 'Poor' (n3) 52.67. This category was re-coded as the number in the 'Poor' section was small and the comparison effect between the 'Good' group and the 'Average' and 'Poor' group together was greater in effect (df 1, F = 13.761, p = .001), and also evident when examining the lowest grades (F = 8.647, p = .005) and the highest (F = 10.817, p = .002).

Overall, students who rated themselves as 'Good' academically had higher end-of-year GPA scores, higher single lowest and highest assessment scores.

**Figure 7.2: Race and GPA**
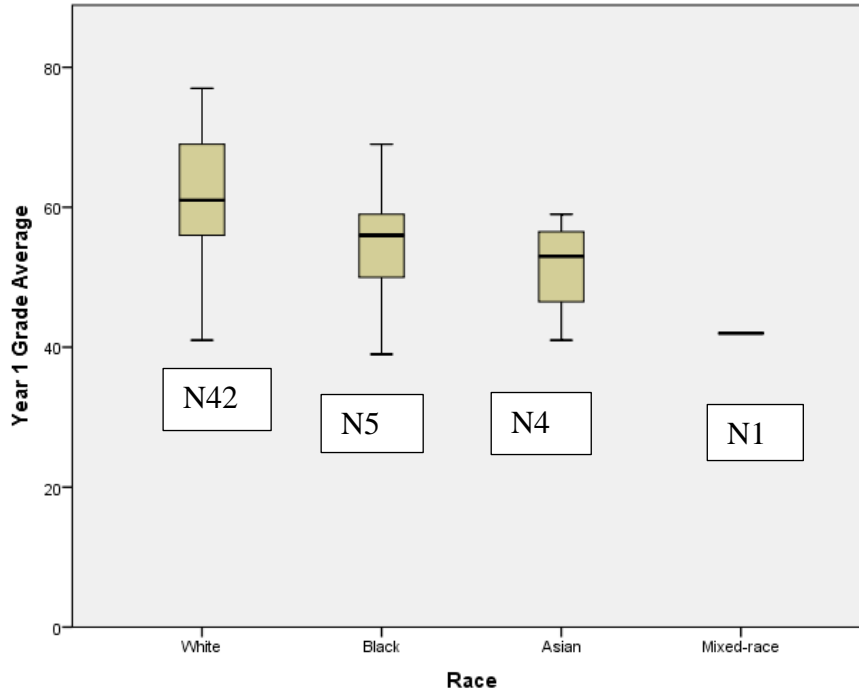


**Figure 7.3: Religion and GPA**
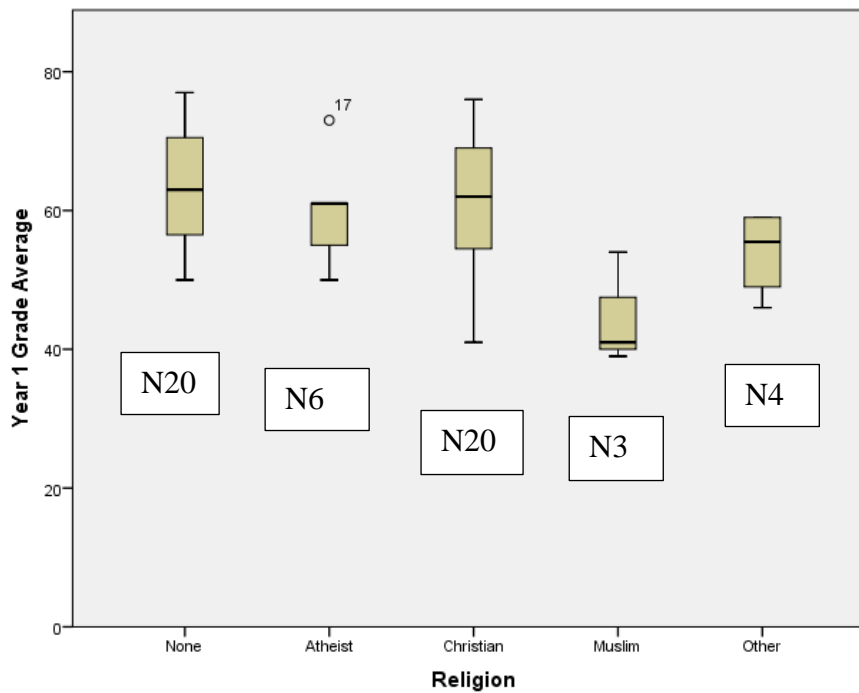
## Qualification type and GPA

The boxplot (Figure 7.4) would seem to indicate a difference between the type of qualification on entry and GPA. There is a significant effect of qualification type on GPA overall (df 4, F = 7.401, p = .000), especially when traditional qualifications are compared with non-traditional qualifications (df 1, F = 29.004, p = .000); mean GPA values were degree (n8) 66.38, masters (n1) 65.00, A levels (n25) 63.96, Access (n10) 54.00, and BTEC (n9) 50.94. This effect exists when traditional and non-traditional qualifications are compared with students' lowest and highest end-of-year grades (lowest: F = 12.052, p = .001; highest: F = 31.294, p = .000).

**Figure 7.4: Qualification type and GPA**
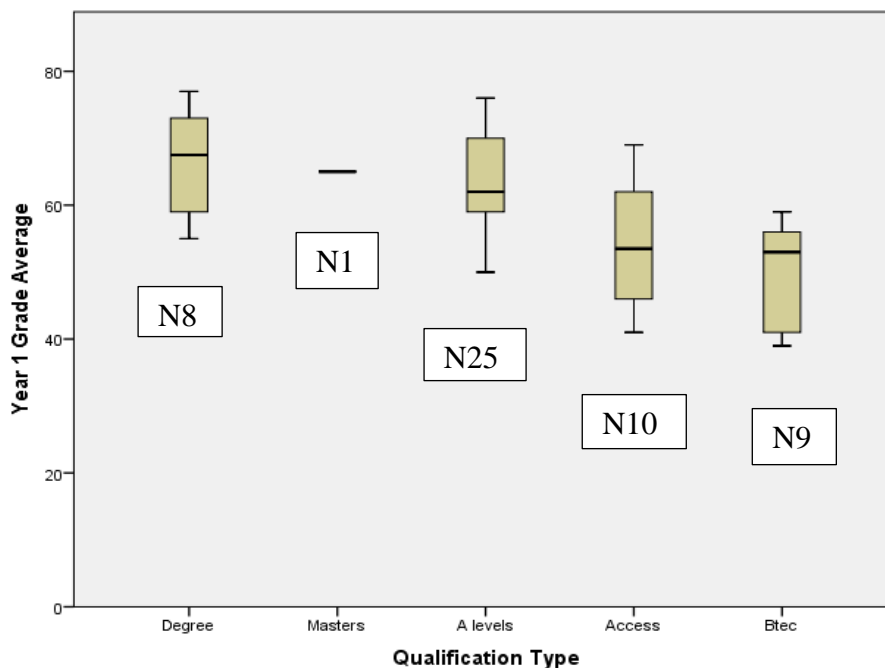


## Academic skill self-perception and qualification type

Tables 7.4 shows that there is a link between students' academic skill self-perception and their type of entry qualification. Students with traditional entry qualifications were significantly

more likely to rate themselves as having 'good' academic skills than students with a non-traditional entry qualification.

**Table 7.4: Qualification Type * Academic Skill Cross tabulation**

Count

| | | Academic Skill | | | Total |
|---|---|---|---|---|---|
| | | Good | Average | Poor | |
| Qualification Type | Degree | 6 | 2 | 0 | 8 |
| | Masters | 1 | 0 | 0 | 1 |
| | A levels | 15 | 11 | 1 | 27 |
| | Access | 1 | 9 | 1 | 11 |
| | BTEC | 1 | 8 | 1 | 10 |
| Total | | 24 | 30 | 3 | 57 |

*GCSEs and GPA*

The number of GCSEs correlates positively with the GPA (see Figure 7.5) ($r = .350$, two-tailed $p < .05$; one-tailed $p < .01$) and also with the highest grade obtained ($r = .316$, two-tailed $p < .05$) but not the lowest grade obtained ($r = .253$, two-tailed $p > .05$).

**Figure 7.5: Correlation between the number of GCSEs a student has and GPA**
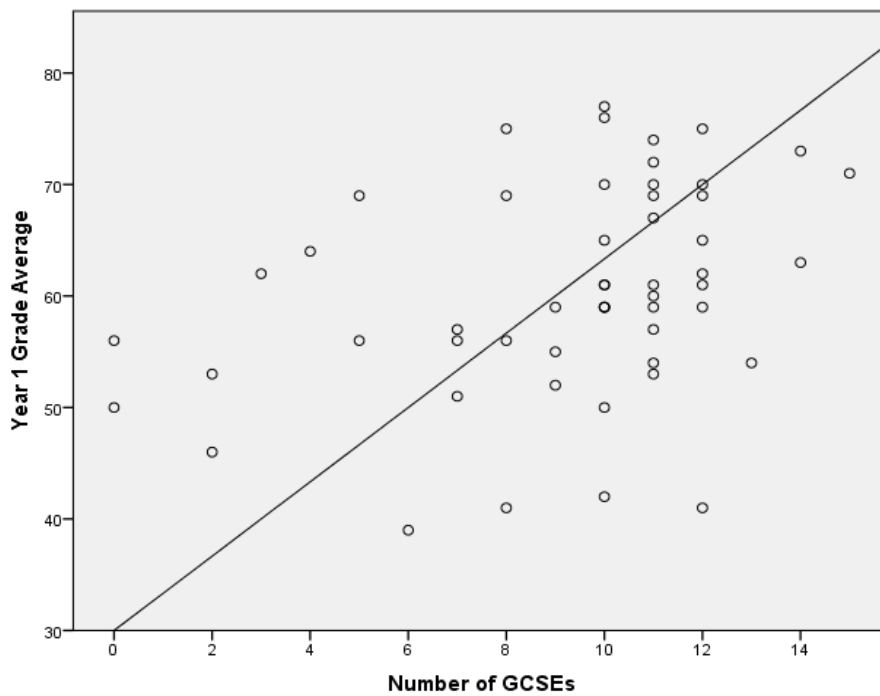
*GCSE English and mathematics and GPA*

The boxplots (Figure 7.6 and Figure 7.7) would seem to indicate a link between the GCSE grades in English and mathematics and student GPA. There is a significant effect of GCSE English grade on GPA (df 4, F = 5.032, p = .002) and GCSE mathematics on GPA (df 4, F = 8.686, p = .000). Mean GPA values for English were: A* (n7) 63.96, A (n17) 65.76, B (n18) 58.94, C (n9) 52.44, D (n2) 48.50. Mean GPA values for mathematics were: A* (n8) 68.25, A (n11) 64.00, B (n17) 62.53, C (n13) 51.54, D (n3) 49.33. The impact of GCSE grade has a significant effect on lowest and highest end-of-year grades for GCSE English (lowest: F = 3.633, p = .012; highest: F = 4.419, p = .004) and GCSE mathematics (lowest: F = 5.665, p = .001; highest: F = 5.771, p = .001).

**Figure 7.6: GCSE English and GPA**
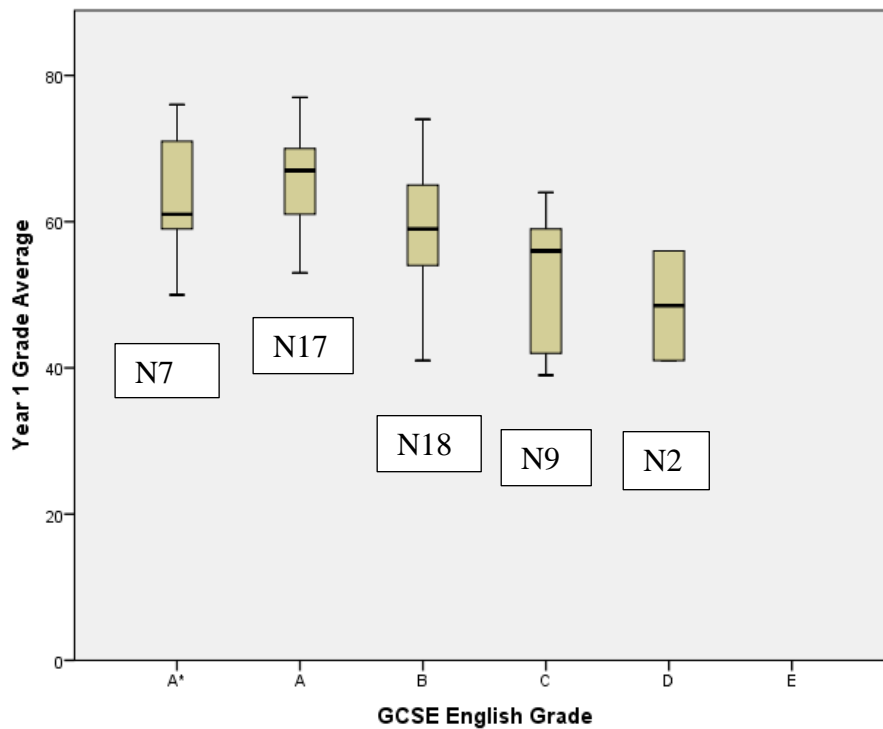
**Figure 7.7: GCSE mathematics and GPA**
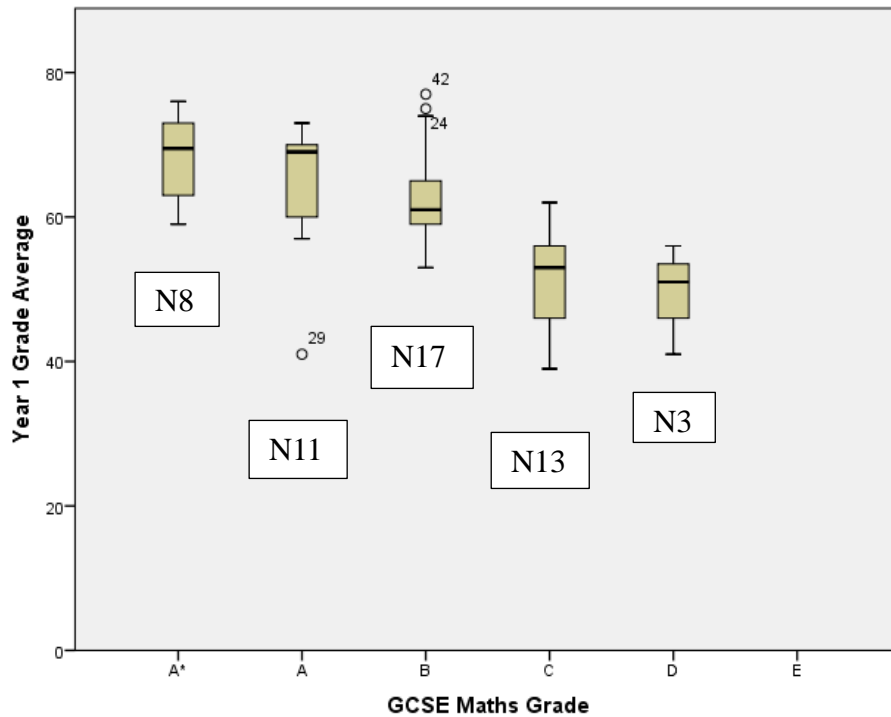
*Summary*

A number of variables were found not to be significantly related to academic progression as measured by end-of-year GPA. These categories were gender, age, country of origin, disability, parent's university attendance, type of school attended and A-level entry tariff. Age when the student considered going to university and when nursing as a career was first considered also had no significant effect on academic progress.

However, several variables were found to be significant, having an effect on GPA and single end-of-year lowest and highest assessment scores. Student racial origin and religious background potentially affected academic progression with white students tending to achieve better GPAs than non-white students, Muslim and 'other' students doing less well than their peers. Higher self-perception of academic ability was linked with higher GPA, as was having

a traditional university entry qualification over alternative access qualifications; similarly, having a greater number of GCSEs and higher grades in English and mathematics was associated with a better end-of-year GPA and lowest / highest grade scores.

**Questionnaire qualitative statements**

In addition to demographic information, the initial questionnaire asked students to explain why they had chosen to study nursing and why at the chosen university (Table: 7.5).

The majority had chosen to study nursing partly for altruistic reasons, to help people and make a difference. Personal qualities and experience were also influential, as was the type of work (practical and related to biology) and future career opportunities.

The specific university was chosen by the students overwhelmingly because of its reputation, campus and location. Course organisation, such as a common first year and the opportunity to have an elective placement, were also seen as important.

A number of students highlighted individual personal reasons for choosing to study nursing at the university. For example, five students chose to study nursing as a second choice (some of whom wanted ultimately to study medicine) and two chose location of the university as they had grandparents close by, implying some degree of strategic thinking related to future career prospects and support whilst at university.

**Table 7.5: Student answers to why they chose to study nursing and at the chosen university**

| Why Nursing? | Frequency | Why the chosen university? | Frequency |
|---|---|---|---|
| Help people | 39 | Reputation | 48 |
| Job satisfaction / make a difference | 15 | Close to home | 33 |
| Prior personal experiences | 14 | Foundation year | 19 |
| Type of work, including practical focus | 13 | Campus and facilities | 17 |
| Course content, including , interest in human biology | 12 | Like city | 13 |
| Career choice and opportunities, including working aboard, career options and travel once qualified | 11 | Elective placement | 6 |
| Previous care experience | 7 | Course content and support | 6 |
| Personality suited to the type of work | 7 | Placements close by | 4 |
| Second choice, including medicine in the future | 5 | Recommended by family / others | 4 |
| Work with children | 3 | Open day, friendly staff | 3 |
| Nurse in family | 3 | Could still live at home | 3 |
| Long-term passion, career choice | 2 | High standard of placements | 2 |
| Career change, shortage of nurses | 2 | Good social side to the University | 2 |
| Life-long learning | 1 | Grandparents close by | 2 |
| Personal development | 1 | Want to leave home city for somewhere new | 2 |
| | | Employment prospects | 2 |
| | | Inter-professional learning | 1 |
| | | Clearing offer | 1 |
| | | Research-led university | 1 |

**Individual student profiles (ISPs): interviewed and leaver student data**

Of the 57 initial volunteers, 13 were invited to attend an interview and all agreed to attend. The following individual student profiles (ISPs) outline each student's main responses linked with their initial questionnaire answers. A further two students who left the course replied to a request to complete a leaver's questionnaire, and their replies are also linked with their initial questionnaire data.

*ISP 1: Student 12*

| Student | Age | Gender | Country / Race | Religion | Disability | Academic Skill | Parents University |
|---|---|---|---|---|---|---|---|
| 12 | 36 years | Female | Zimbabwe / African | Christian | None | Acceptable | None |
| **School** | **Entry Qualifications** | **Merit or Grades** | **GCSEs Eng / Maths** | **University Age** | **Nursing Age** | **Year 1 GPA** | **Year 1 Mark Range** |
| State | Access | Merit | 5 – B / B | 20 | 25 | 69% | 60-85% |
| **Why Nursing?** | | Have always enjoyed looking after people. I once looked after my grandmother who had chronic illness – cancer. That's when I thought I would be a good nurse. | | | | | |
| **Why UoB?** | | It is the best university, and the learning is so intense which would enhance my skills. | | | | | |
| | | | | | | | |
| **Interview Summary** | | | | | | | |
| Anticipated high standards and initial fear of not coping due to family and financial commitments.<br>Resilient thoughts, seeking support, early academic success increased self-esteem and confidence.<br>Family role change and part-time work pressures.<br>Placement preparation and experience varied.<br>Changing university friendship groups to be with similar mature students with the same interests.<br>Importance of the course to increased social status despite financial hardship.<br>Becoming a better person, a better listener.<br>Family support, especially husband, and personal tutor. Not enough university support when on a placement. Student group overall not supportive.<br>Changes: reading more widely; broader view of nursing; increased confidence.<br>Plan – specialist HIV nurse. | | | | | | | |

**Table 7.6: questionnaire and interview data provided by Student 12 with end-of-year GPA and grade range.**

*The MoSP and Student 12*

*A. Before university categories and GPA*

For Student 12 a number of categories were linked with a low GPA, including her ethnicity, non-traditional entry qualification, low academic self-judgement and limited number of GCSEs. There were significant categories for this student associated with a high GPA, including GCSE English and mathematics grades and her religion.

## B. Integration

### 1. Academic

Initially, Student 12 initially felt unable to cope with balancing the academic demands of the course with her family and work commitments. In the second week of the course she considered leaving, thinking 'Should I drop out? Shall I go back home or shall I continue?' Encouragement from her husband and a sense of personal resilience (gained during her time on her access course) sustained her through this stage. Furthermore, seeking support and getting higher grades encouraged her to persist despite family pressure from her children and ongoing financial concerns.

### 2. Clinical

Student 12 was positive about placement experiences and mentor support. Although she felt prepared for most placements, she expressed concern that one placement preparation was insufficient, 'I didn't get that much information, just the information from the preparatory lecture'. Another concern was that placement mentors varied in what they would allow her to do, giving the example that she was allowed to assist with medication rounds in some areas but not in others. During this time, however, despite the differences with regard to placement preparation and placement experience, the student expressed that she had gained in confidence.

### 3. Social

Family support was important during her first year, especially from her husband. Friendships with her peers developed over the year; she said, 'The first day I came it was a bit hard as I

didn't know anyone, but I started making friends. But the friends I made the first day are not the friends I have now', as during the year she made friends with more mature students with similar interests.

## C. Vectors – significant for this student

### Developing competence

Student 12 made good academic and clinical progress, developing intellectual and practical skills that helped raise her self-esteem and confidence. Achievement of good grades was a significant factor for Student 12 and said that she now read more widely and critically, thinking holistically about patient care. She spent more time studying than before, as 'University work is a bit more challenging than college work'.

Socially, Student 12 said she had changed and this had been noticed by her friends. She felt she was 'actually a better person than before', mainly because she was a better communicator and listener with a greater level of confidence.

### Managing emotions

Despite some initial anxiety, Student 12 developed confidence about her academic, clinical and social skills.

### Moving through autonomy toward interdependence and developing mature interpersonal relationships

Although Student 12 had developed her independent study skills, support from a range of people was important. Her husband helped with academic work (mainly proof reading) and

financial support and her personal tutor helped with academic guidance. Placement mentors provided support in practice but she would have liked more support from University staff with more clinical visits. As a cohort, she felt supported by her immediate friends but not by the wider cohort.

### *Establishing identity, developing purpose and integrity*

Despite ongoing financial pressures and part-time work, Student 12 never seriously considered leaving the course, as she 'knew I had to continue studying, as I looked at the benefits'. By benefits, she referred to the better social status of being a qualified nurse and the improved financial situation it would provide. Social status was important, as she stated, 'I don't want people to look down on me'.

### D. Life events

There were no significant life events for Student 12, although financial, family and part-time work pressures existed throughout the first year.

### E. Progression indicators

Student 12 had a good GPA and grade range profile with overall positive views of her personal and professional development during the first year despite ongoing financial and work constraints.

*ISP 2: Student 28*

| Student | Age | Gender | Country / Race | Religion | Disability | Academic Skill | Parents University |
|---|---|---|---|---|---|---|---|
| 28 | 30 years | Female | UK / white | C of E | None | Average | None |
| School | Entry Qualifications | Merit or Grades | GCSEs Eng / Maths | University Age | Nursing Age | Year 1 GPA | Year 1 Mark Range |
| State | Access | Merit | ? D / D | 14 | 7 | 56% | 37-60% |
| Why Nursing? | | I've always found the idea of nursing to be an exciting profession. After seeing family members suffer with poor health, I knew I wanted to help people when they were most in need. | | | | | |
| Why UoB? | | I found the campus to be inviting when I attended the open day and the prestige of studying here is one high achievement. | | | | | |
| | | | | | | | |
| Interview Summary | | | | | | | |
| Academic difficulties initially as felt unprepared and questioned whether could do the course. Lack of support with academic work so relied on students for support who were thought to be appropriate. Questioned continuation but only route to qualified nurse status. Personal view that not academic and learns more practically. Had many years away from education. Wants to learn more practically. Positive placement experiences. Mixes with peers but sees only a few socially, especially one student who she has known for many years. They did access course and applied together. Finances satisfactory but form completion a challenge for bursary and other benefits. Parental support with children, without which could not do the course. Achievement – passing academic assessments. Failed one piece of work resubmitted despite not needing to. Found academic work a challenge, mainly finding the time to study alongside family commitments. Has to plan time carefully. Wanted more support in the first year. Changed – thinks through more, as less vocal and more considerate, and more aware of what people think. Confidence has improved in some areas. Improved study skills. Plans – thinking about working with mothers with mental health problems, but needs flexible hours due to childcare. | | | | | | | |

**Table 7.7: questionnaire and interview data provided by Student 28 with end-of-year GPA and grade range.**

## *MoSP and Student 28*

## *A. Before university categories and GPA*

A number of demographic factors were linked with a lower end-of-year GPA for this student: her non-traditional entry qualification, academic self-judgement and GCSEs grades. Her ethnicity and religion were associated with a higher GPA.

## *B. Integration*

### *1. Academic integration*

Student 28 saw herself as very much a practical person with limited academic skills, although making some academic progress and developing intellectual and practical skills, which had raised her self-esteem and confidence.

*2. Clinical integration*

She enjoyed learning in practice: 'You have to learn very quickly on placement but then again I love that and that sort of challenge'. She was especially pleased with her placement progress, stating that 'I felt so comfortable. I felt as though I made a difference to the team'.

*3. Social integration*

Student 28 said she was positive about mixing with members of her group, although she did not see many peers outside the University setting, except one student who she had known for many years and had decided to study nursing and attended the access course together. She described that they were 'like sisters' and 'we'd never go more than 48 hours without seeing each other outside university', saying that they studied together and helped each other with assignments.

*C. Vectors – significant for this student*

*Developing competence*

The difference between the academic expectations of the student's access course and university study was difficult for this student. She felt that the access course 'was more relaxed' with regards to such things as referencing and assignment structure, whereas at the University 'you have to get it right'. This caused the student to panic and question whether she was doing things correctly. At times she questioned, 'Is it worth it?' but she was aware that this was the only route to achieve her goal to become a qualified nurse, although she was unsure of her academic ability, stating that 'I'm not an academic person' who had many years

out of education. However, she said that she had changed her approach to study, was now able to identify the main aspects of presentations and understand the main themes more easily.

Student 28 was confident with the practical aspects of the course having earlier worked as a healthcare assistant. She expressed confidence with practical learning but not book learning: 'I'm very much, show me what to do and I'll replicate it over and over again. Ask me to do something by reading instructions and it just throws me'. This confidence with her practical skills was echoed in the student's expression that there could be more practical teaching in the university setting: 'I think we could have done with more, not more lectures, but more practical sessions'.

### Managing emotions

Student 28 seemed to experience a range of emotions during the first year. She was anxious about her lack of academic skill but positive about her clinical abilities. A close and supportive relationship with her friend and peer appeared important to help her cope with the emotionally difficult periods in the first year.

### Moving through autonomy toward interdependence and developing mature interpersonal relationships

Student 28 mentioned that she did not get support from University staff, 'At this level you don't get someone to hold your hand'. Instead, she turned to her peers for support and she strategically sought out those students who she considered would give her good advice. She stated, 'You've got to work quite quickly to build that relationship … but also see which ones do know what they're doing'. The student suggested there should be more support in the first year and noted that 'It was like it was kept being said, "We can't hold your hand. You've got

to do it yourself". I understood what was being said but it was like, please help me, I'm struggling'.

As a single parent with a disabled child, Student 28 received a lot of support from her parents, about whom she said that 'I wouldn't be able to do it without my mom'.

### *Establishing identity, developing purpose and integrity*

Student 28 said that she had changed since starting the course. She believed that she had greater empathy, 'I think about things more and from everybody's point of view, rather than just my own'. She was also less quick to speak and more considered in her responses and felt these changes came about because of the influence of some of the course content. She also said that she thought more about how people regarded her. Although she felt she lacked confidence at times, she was more confident since starting the course in some areas, especially speaking in public.

Student 28 had a number of plans for the future but was aware that any future work options would need to be flexible and meet her childcare needs.

### D. Life events

Financially, Student 28 received a bursary, student loan and benefits. However, she found the funding application forms a challenge to complete, as 'It's the forms and information that's confusing, as to what we can have, how to access it, and that's thrown quite a few of us'.

### E. Progression indicators

Student 28 had a satisfactory GPA with a range of low / high grades, although she had at least one failed grade. She was positive about her overall development during the first year despite ongoing academic concerns and personal care commitments at home. Although she questioned if she should continue on the course, a close friend and a clear goal or sense of purpose seemed influential to her continuation.

*ISP 3: Student 37*

| Student | Age | Gender | Country / Race | Religion | Disability | Academic Skill | Parents University |
|---|---|---|---|---|---|---|---|
| 37 | 19 | Female | UK / white | Agnostic | None | Good | One |
| **School** | **Entry Qualifications** | **Merit or Grades** | **GCSEs Eng / Maths** | **University Age** | **Nursing Age** | **Year 1 GPA** | **Year 1 Mark Range** |
| State | A-levels | A*BB | 14 A*A / A | 11 | 16 | 73% | 39-89% |
| **Why Nursing?** | | I wanted to combine academic ideas such as a science and psychology with practical and vocational skills. | | | | | |
| **Why UoB?** | | I have wanted to study at XXXX [name removed] since a visit in year 7. To me it had the best teaching and campus facilities. It also had the best geographic location for hospitals. | | | | | |
| | | | | | | | |
| **Interview Summary** | | | | | | | |
| Content of lectures challenging, course structure and lecturers knowledgeable. First placement positive and influence career plans. Learning to be more organised, as more independent. Good social network and friends who provide emotional and academic support. Financial concerns as father made redundant and parents provided a lot of support. Achievement – developing academic writing and coping with first clinical placement. Personal problem (depression) and got support from Welfare Tutor, Student Support services and friends. Personal Tutor provided academic rather than pastoral support. Placement mentors were supportive also. Confidence increased and social activity. Broader view of nursing. Developed study skills and self-directed study activity. Plans – masters study and work in A&E. Main factor affecting progress was level of support from university and friends. | | | | | | | |

**Table 7.8: questionnaire and interview data provided by Student 37 with end-of-year GPA and grade range.**

*MoSP and Student 37*

## A. Before university categories and GPA

There were no demographic significant factors linked with a lower end-of-year GPA for this student. A number of categories, however, were linked with a higher GPA: ethnicity, religion, academic skill self-judgement, entry qualifications, and the number of GCSEs and grades in English and mathematics.

## B. Integration

### 1. Academic integration

Student 37 said she liked the content of the course, the mixture of practice and theory learning. She felt that lectures, 'have been enough to challenge me and test me as to how much I know', and that lecturing staff were knowledgeable and helpful.

## *2. Clinical integration*

The first placement experience was good and it helped her decide the field of practice in which to specialise. She said, 'I was thrown in at the deep end and I was doing proper nursing, which was really good to experience with all the fundamental care we'd been learning about. I think that really influenced where I want to go in my nursing career'. When qualified, she planned to work in A&E.

## *3. Social integration*

Student 37 said she took some time to learn how to organise herself with regards to her social life and extra curricula activity, as she had not had to do so before when she lived at home with her parents. However, she had developed a good social network, 'I think I've developed a really good support network with a close group of friends' and this support included emotional support when her father was made redundant. She believed that a good level of support from University staff and friends was the main thing that had affected her progress during the first year.

## <u>C. Vectors – significant for this student</u>

## *Developing competence*

Student 37 had developed her approach to her studies, 'I definitely take a lot more time. I'm getting used to the idea of self-directed study and I've developed new techniques to remember

things', stating that she would like to do further study in the future, such as 'a masters or possibly research in nursing'. This student felt her main achievement was with writing essays, as she was from a science background. She stated that she had developed over the first year and was getting good grades by the end. She was especially pleased when she got 93% in one assessment.

*Managing emotions*

See 'Life events' below.

*Moving through autonomy toward interdependence and developing mature interpersonal relationships*

Student 37 had developed a good, supportive social network with some members of her peer group.

*Establishing identity, developing purpose and integrity*

This student thought she had changed whilst on the course, that she was more confident socially and with her clinical skills.

She now viewed nursing differently, as being more of a responsible job with greater accountability and a wider skills range.

**D. Life events**

Student 37 had a history of depressive episodes and had sought support from a number of services within the University, including the Welfare Tutor and Student Support Services but

not her personal tutor, as when they met 'it was more of an academic and social meeting instead of support, because I went to the Welfare Tutor for that'.

Financially, Student 37 was supported by her parents and felt some guilt as they were still supporting her despite her father's redundancy during the year. The sense of guilt was exacerbated by comments from her parents about their financial support with such comments as 'I always hear the "I'm putting you through uni" kind of thing'. She did not qualify for a bursary so was working in the holidays to help with living costs.

## *E. Progression indicators*

Student 37 had a very high GPA and high grade score, although she had at least one failed grade. She was positive about her overall development during the first year despite ongoing personal concerns about her own mental health and the financial implications of her father's redundancy.

*ISP 4: Student 42*

| Student | Age | Gender | Country / Race | Religion | Disability | Academic Skill | Parents University |
|---|---|---|---|---|---|---|---|
| 42 | 19 | Male | Somalia / African | Islam | None | Average | None |
| **School** | **Entry Qualifications** | **Merit or Grades** | **GCSEs Eng / Maths** | **University Age** | **Nursing Age** | **Year 1 GPA** | **Year 1 Mark Range** |
| State | BTEC | Merit | 6 C / C | 11 | 16 | 39% | 20-61% |
| **Why Nursing?** | | Past experience where as a child I was treated by nurses. Hence why I felt I need to give back to society. | | | | | |
| **Why UoB?** | | Course allowed me to do general nursing in the 1st year then specialise. | | | | | |
| | | | | | | | |
| **Interview Summary** | | | | | | | |
| University education daunting. Felt unprepared by college and BTEC course.<br>Staff supportive but personal tutor not understanding of feeling overwhelmed. Wants more informal approach, extended guidance and ongoing monitoring.<br>Transition from college environment to university one difficult, as less support and increased standards.<br>Placements not met expectations and information lacking.<br>Changed person – more confident and talkative.<br>Finances difficult. Lives at home with parents. Long train travel to university and placements.<br>Achievement – developing academic skills, speaking and writing more confidently and becoming more analytical.<br>Placement experience – focusing on placement document completion.<br>Student support – limited peer group support but would like more.<br>Family support is good, as ask about progress and if doing work.<br>Changed – more aware of things intellectually.<br>Plan – get better grades and work hard by gaining more support from lecturers. | | | | | | | |

**Table 7.9: Questionnaire and interview details provided by Student 42 and end-of-year GPA and grade range.**

*MoSP and Student 42*

## A. Before university categories and GPA

A number of demographic factors were linked with a risk of a lower end-of-year GPA for student 42: ethnicity, religion, non-traditional entry qualification, number of GCSE grades and academic self-perception were all correlated or linked with a lower GPA. There were no factors associated with a higher GPA for this student.

## B. Integration

### 1. Academic integration

Student 42 experienced some difficulties integrating academically, clinically and socially. He felt unprepared for university education by the BTEC course he had attended prior to starting

the course. He expressed that: 'It was like a massive step forward' and that 'college didn't prepare me as much as it should have'. He anticipated greater support from the University, especially his personal tutor. He felt there was a lack of understanding of his preparedness and the transition from a more 'a place where everybody, even the lecturers at college, were more lenient'. He valued the extra support given during his previous course and wanted more support with assignments, as he was used to attending assignment workshops where he would complete the assignment with guidance during the workshop. Also, there was less of a requirement on the BTEC course to provide evidence to support your discussion in your assignments, whereas in the University it is 'more critiquing things. It's more discussion [and] referencing'. He found the change in the level of work and the different expectations difficult.

## 2. Clinical integration

Clinically, Student 42 had attended a number of placements and he had enjoyed most of them, apart from his nursery placement. However, he wanted placement organisation to be improved, 'it seemed that the University administration with regards to the placements had no idea about what is going on in the placements'. In particular, he expressed that the online placement information was out of date and this meant he had trouble contacting his allocated placement team, and when he arrived at one placement the team had not organised his mentor and work allocations, which increased his placement anxiety and initial levels of confidence. He also felt unsupported during his placements and the focus was too much on the clinical placement document which detracted from his broad skills development, 'If you focus on the booklet then you lose the focus on your skills'.

*3. Social integration*

Socially, this student wanted more support from his personal tutor, 'I want to feel when I go to my personal tutor that they are able to identify my problems, identify where I am going wrong'. Rather than a formal system of booking appointments he wanted more of a seminar approach with other students where he would feel welcome and the meetings less formal. He wanted his personal tutor to monitor his progress more and contact him if he had submitted an assignment late or requested an extension.

Student 42 did feel supported by his peers, although not academically. His group contacted each other via email and phone but he stated, 'We don't have this very big student thing … but personally, with the group I am more affiliated with … we do care about each other's welfare. Academically speaking, we kind of do our own thing'. His family, however, provided a lot of support, especially with encouragement to complete course work.

## *C. Vectors – significant for this student*

### *Developing competence*

Student 42 regarded his academic development as his main achievement. Along with new confidence with public speaking, he had improved his academic writing, 'my grammar became a lot better' and way of thinking, 'I look at things in detail and analyse things and critique things'. Despite this change, his academic grades had been lower than he expected, so he planned to seek more support from lecturers in the future to raise his grades.

### *Managing emotions*

Student 42 did not discuss his emotions when responding.

*Moving through autonomy toward interdependence and developing mature interpersonal relationships*

Student 42 struggled with independent study. He wanted more support with his academic work from academic staff and his peers, basing his expectations on his experiences at college.

*Establishing identity, developing purpose and integrity*

Student 42 said he had changed since starting the course. He said that 'If anything, the main thing I am going to be most happy about when I leave the University, if I do leave the University, is being appreciative that the University has changed me as a person rather than given me a degree'. He discussed his changed levels of confidence, especially with speaking and being more talkative, which meant he was less socially isolated.

### D. Life events

Financially, Student 42 had found it difficult. He lived with his parents and relied on them for money as he did not have a student loan. He travelled to university from another local city and this meant he had to leave very early to get to university and placements.

### E. Progression indicators

Student 42 had a low GPA and low grade scores. However, he was positive about how he had changed since starting the course but concerned about his academic performance.

*ISP 5: Student 50*

| Student | Age | Gender | Country / Race | Religion | Disability | Academic Skill | Parents University |
|---------|-----|--------|----------------|----------|------------|----------------|--------------------|
| 50 | 23 | Male | UK / white | Christian | None | Average | None |
| **School** | **Entry Qualifications** | **Merit or Grades** | **GCSEs Eng / Maths** | **University Age** | **Nursing Age** | **Year 1 GPA** | **Year 1 Mark Range** |
| State | Access | Merit | ? C / C | 16 | 17 | 53% | 47-77% |
| **Why Nursing?** | | | Care for a family member also voluntary experience in hospital and operating theatres. | | | | |
| **Why UoB?** | | | Local good travel, excellent university status, local placements. | | | | |

| Interview Summary |
|---|
| Prior care experience sparked interest in nursing – looked after grandparent. |
| Course more difficult than anticipated as no biology or nursing content in the Access course. Felt college could have prepared him for university study more, such as referencing skills. |
| Content of the course – would have liked more biology and anatomy. |
| Placement experiences have been variable but learnt from less good experiences. |
| Socially has made many friends but mixes mainly with mature students. Lives locally. |
| Financial difficulties. |
| Achievement – choosing to do nursing himself after doing many other things. |
| Academic progress – disheartened by one grade and feels could do better. |
| Enjoys positive feedback when working in practice. |
| Personal tutor – did not see them as they were off sick and did not meet replacement. Aware of other support options. |
| Placement support – mentors, practice placement managers, clinical link tutors. |
| Changed as a person – analyses more and is more patient. |
| View of nursing changed – has observed that nurses do not always provided the best possible care. |
| Confidence increased, although previously confident, but more so with public speaking. |
| Study skills – aware that needs to be more organised and use time better. |
| Plan – graduate and develop academic skills. |
| Main influence – seeing friends leave the course and the importance of not getting behind with studies. |

**Table 7.10: Questionnaire and interview details provided by Student 50 and end-of-year GPA and grade range.**

*MoSP and Student 50*

<u>*A. Before university categories and GPA*</u>

There were a number of demographic factors linked with a risk of a lower end-of-year GPA for this student: non-traditional entry qualification, number of GCSEs and grades and academic self-perception. Linked with a higher GPA were his ethnicity and religion.

<u>*B. Integration*</u>

*1. Academic integration*

Student 50 found that there was a big difference between his access course and university education. He would have liked to have been prepared better for higher education with such

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things as referencing. Lacking previous study of biology and anatomy, he would have liked more of this in his first year on the course.

*2. Clinical integration*

This student have found his placement experiences very variable but valuable, stating, 'Even if I haven't enjoyed them …I've learnt what I want from my own practice and how not to practice'.

*3. Social integration*

Socially, Student 50 said he found it easy to make friends but as the cohort had a broad age range he mixed with the more mature students rather than the 18 year olds, stating that 'you naturally fall into groups'. Living locally and not in university accommodation he did not feel he was missing out socially.

Student 50 was aware of the support available in the university and placement settings. Although he had not seen his personal tutor, as he had been off sick, he was not concerned by this and was aware of the alternative support available if required.

## C. Vectors – significant for this student

*Developing competence*

He was disheartened by one assessment grade but hoped to learn from it, stating, 'You read your feedback and then you hope to improve on future assignments'. He was, however, pleased by his placement feedback.

*Managing emotions*

Student 50 did not refer to his emotional experiences during the first year, apart from feeling disheartened by one low grade he was awarded.

*Moving through autonomy toward interdependence and developing mature interpersonal relationships*

Although Student 50 had made friends with some of the mature students in his group, he did not mention studying together or learning with others outside the classroom setting. His learning appeared to be self-directed, as he did not discuss seeking guidance from his tutors or peers.

*Establishing identity, developing purpose and integrity*

This student felt he had changed during the course. He now regarded himself as being less judgmental, more patient and analytical, questioning what people say and judging their credibility. He also felt his confidence had increased, especially with regards to speaking in public. His approach to study had changed with a greater level of organisation, preparation and planning.

This student regarded his main achievement as choosing to study nursing after experiencing a number of other jobs and courses.

The student's view of nursing had changed, stating about nurses he had observed that 'care is not always given to the best of their ability' and that he was 'going to make sure my practice is never like that'.

Student 50 believed that the greatest impact on his progress had been 'seeing people dropout' and not wanting to be in that situation by getting behind with his studies. His aims, therefore, were to graduate and continue to develop his academic skills.

## *D. Life events*

Financially, Student 50 said it had been difficult even though he received a bursary.

## *E. Progression indicators*

Student 50 had 53% GPA and a high grade in at least one assessment. He was positive about how he had changed since starting the course and had developed a keen level of motivation to complete the course.

*ISP 6: Student 57*

| Student | Age | Gender | Country / Race | Religion | Disability | Academic Skill | Parents University |
|---------|-----|--------|----------------|----------|------------|----------------|--------------------|
| 57 | 19 | Female | UK / white | Christian | None | Average | None |
| **School** | **Entry Qualifications** | **Merit or Grades** | **GCSEs Eng / Maths** | **University Age** | **Nursing Age** | **Year 1 GPA** | **Year 1 Mark Range** |
| State | BTEC | Merit | 12 B / A | 17 | 16 | 41% | 30-49% |
| **Why Nursing?** | | Sounded interesting. Wanted to help others. | | | | | |
| **Why UoB?** | | Course sounded interest[ing], got to do three different types of placements and elective in 2<sup>nd</sup> year. | | | | | |
| | | | | | | | |
| | | | **Interview Summary** | | | | |
| Settling in – alright once made friends and got used to the university. | | | | | | | |

Settling in – alright once made friends and got used to the university.
Prior learning did not prepare for course – BTEC lacked anatomy and science content.
Placement experience – good but lacked range of experiences and has ongoing concerns about this.
Social – made friends and keeps in contact with friends from back home, many of whom are doing nursing (compares experiences and prefers own course).
Finances – parents provide financial support.
Achievement – passing biology exams and making friends.
Academic – passed all but feels that focused on anatomy too much at the expense of others. Had not done exams in BTEC course and found it difficult to revise (had not revised for GCSEs). Friends provided guidance before exams.
Support – family and friends. Mentioned tutor but had not seen them.
Placement support – mentor.
Changed – does more work now and uses the library (had not done so before). More confident with communicating with patients and families.
Broader view of nursing – different sectors and roles.
Plans – travel and work abroad as a nurse.

**Table 7.11: Questionnaire and interview details provided by Student 57 and end-of-year GPA and grade range.**

### *MoSP and Student 57*

## *A. Before university categories and GPA*

For Student 57 there were a number of categories that were linked with GPA. Linked to a low GPA was the student's average perception of her academic ability and her non-traditional entry qualification. However, her ethnicity, religion and GCSEs (number and grades) were linked with a higher predicted GPA.

## *B. Integration*

### *1. Academic*

Student 57 found the transition from her BTEC course to the nursing course difficult.

Although she said the BTEC course 'helped in the ways of referencing', she said she did not

'know a lot of science' and she had not sat examinations in that course and had not revised for her GCSEs. To compensate for a lack of anatomy knowledge and because of a fear of failing, she independently studied an anatomy book and one of her peers helped her to revise for her exams. She regarded passing her biology exam as one of main achievements and expressed positively her new approach to studying, which included using the library and keeping more comprehensive notes; she said, 'I use the library. I'd never been into the library before university'.

## *2. Clinical*

Student 57 was concerned about her lack of placement experience, as she had not 'been on a ward yet' and had not given basic care to patients, stating, 'I didn't do any bed baths, moving and handling or the basic stuff'. She rated her concerns out of ten at five or six, with ten being really concerned.

## *3. Social*

Student 57 had made friends with students within her group and kept in touch with friends from her home town. Living away from home and making new friends was another key achievement for her.

## *C. Vectors – significant for this student*

## *Developing competence*

Student 57 was aware of the need to develop her academic skills and had taken action which resulted in her passing her biology examination; however, her GPA was only 41% and she had failed at least one assessment and her highest grade was only 49%. She was also concerned

about her limited clinical skills and knowledge development due to the types of placements she had been allocated. With interpersonal competence though, she had made good progress and made significant friendships.

### *Managing emotions*

Student 57 was concerned and anxious about her academic and clinical development; nevertheless, she seemed to have managed her concerns and taken action to develop academically and thought through her placement concerns to reduce her anxiety, stating, 'I'm not worried. I would have liked to have seen more, earlier'. She expressed ongoing enjoyment with the course, stating, 'I enjoy it all …There's nothing I don't really like'.

### *Moving through autonomy toward interdependence and developing mature interpersonal relationships*

Student 57 had a mixture of independence and reliance on others. She was able to independently develop her study skills but had not utilised any of the available University support systems, including her personal tutor. She did use support from her family, peers and friends throughout the year, and said that her confidence when communicating with others had developed, including with medical staff. She had developed supportive interpersonal relationships with friends, peers and family.

### *Establishing identity, developing purpose and integrity*

Student 57 spoke about her future plans that involved nursing abroad, so becoming a nurse was part of her early course identity despite her academic and clinical development concerns.

### D. Life events

There were no significant life events mentioned by this student. The student, however, said she did not get a full bursary and relied financially on her father for money without which she would not have been able to do the course, stating, '[W]ithout my dad I don't know what I would do'.

### E. Progression indicators

Student 57 had made some progress. She was pleased with her development of her knowledge of biology, and had developed good interpersonal relationships and new study skills. However, her overall academic progress was weak and she had ongoing concerns about clinical development.

*ISP 7: Student 71*

| Student | Age | Gender | Country / Race | Religion | Disability | Academic Skill | Parents University |
|---|---|---|---|---|---|---|---|
| 71 | 18 | Female | UK / Pakistani | Muslim | None | Good | None |
| **School** | **Entry Qualifications** | **Merit or Grades** | **GCSEs Eng / Maths** | **University Age** | **Nursing Age** | **Year 1 GPA** | **Year 1 Mark Range** |
| State | A-levels | BBB | 11 AA / B | 16 | 17 | 54% | 0-68% |
| **Why Nursing?** | | Personal experiences with a close family relative in the healthcare environment inspired me to go into nursing. It made me want to be there for someone else and give something back. | | | | | |
| **Why UoB?** | | I chose the University of XXXXX [name removed] because it is one of the best universities in the country, however, I never thought I would actually be offered a place. | | | | | |
| | | | | | | | |
| **Interview Summary** | | | | | | | |
| Expectations – course harder than anticipated in terms of effort and time compared with previous course. Thought about transferring to a less intensive course and could have a social life but motivation to be a nurse was strong. Placements – enjoyed ones related to chosen field of practice more. Socially – sees original local friends more than university friends as lives off campus. Finances – lives with parents and does not pay rent and they provide money. Achievements – passing all despite not being used to referencing in college. Developed clinical knowledge and skills. Placements – learning a lot in practice and staff supportive. Varying levels of support from mentors and felt unsupported at times, especially as some mentors do not want students to support. Support – personal tutor showed limited interest but would have liked more but did not want to hassle them. Uses friends for support and contacts them via Facebook and thinks this is more useful than seeing a tutor. Would contact someone who was regularly contacting students rather than personal tutor. Parents supportive but not academically. Changed – feels more grown up. View of nursing changed – a lot harder work than anticipated. Study skills changed – at college everything was provided. University more self-directed and lectures not useful. Continued with course as does not like to give up. | | | | | | | |

**Table 7.12: Questionnaire and interview details provided by Student 71 and end-of-year GPA and grade range.**

*MOSP and Student 71*

## A. Before university categories and GPA

Student 71 had a number of categories linked with GPA. The student's ethnicity and religion were linked with a low GPA while her academic self-perception, traditional entry qualifications and GCSEs (number and grades) were associated with a high GPA.

## B. Integration

### 1. Academic

Student 71 found the transition from studying A-levels to a nursing degree difficult, not the academic level of the work but the workload and time involved studying and attending

placements. 'It was harder than I thought it was going to be. Hard, not as in academic terms but hard as in it requires a lot of effort and time, and I didn't think it would be that intense,' she said. She described the former college course as having 'a set time do everything' and the nursing course as being 'all at once' adding to her concerns about time management and general levels of stress and worry. At times, she considered that it was 'too much and maybe I can go to another course where it will be a bit more laid back'. However, her motivation to become a nurse stopped her seeking out an alternative course.

## 2. Clinical

Student 71 thought her clinical placements were varied. She acknowledged that, as she was originally interested in the adult field of practice, the adult placement was more interesting to her than other placements, 'I found that when I was there it interested me more and I seemed to enjoy it more'. Also, a negative child field of practice placement, due to a lack of support, put her off that field choice.

## 3. Social

Student 71 was originally from the local area and saw her local friends more than her university friends and thought this was because she did not live on campus. However, she did not regard this situation negatively, stating, 'I don't think it impacts because if there is anything I need to get support with or I need to turn to uni friends for I can'.

## C. Vectors – significant for this student

### Developing competence

Student 71 was satisfied with her academic progress, stating, 'I've managed to pass everything … I've learnt how do things more academically', mentioning referencing as one thing she was unaccustomed to doing on her A-level course but she could do now. She was pleased with her clinical knowledge and skills development saying, 'I knew nothing before and now I know so much'.

*Managing emotions*

Student 71 discussed the stress created by the demands of the course, stating, 'I did find it a lot of pressure and sometimes I found myself stressed because there are so many things I have to worry about'. She did not discuss how she controlled or dealt with her stress but was sanguine about it when she said that, 'If this is that I have to do to get there [become a nurse], then this is what I have to do'.

*Moving through autonomy toward interdependence and developing mature interpersonal relationships*

Student 71 had a mixture of independence and reliance on others. She was aware of the University support systems, including her personal tutor, but had not accessed the available support systems as she did not feel she needed to, although she said of her personal tutor that she would have liked them to have taken more of an interest in her but said, 'I don't want to hassle him but I think I would have turned to friends [if she needed support], as someone will always know the answer' – she said her peers used a Facebook page to do this. In clinical practice she mentioned support from clinical mentors, although in some placements this support varied depending on, for example, if her mentor worked full or part-time or they wanted to

mentor a student or not. She felt well supported by her family, who encourage her with studies despite them not having been to university.

*Establishing identity, developing purpose and integrity*

Student 71 spoke about her motivation to be a nurse, how she had changed during the course with her approach to study and being more mature and desire to complete the course. She explained that she was more independent and strategic in her studies than when at college, where she felt 'everything was given to you'. For student 71, the desire to complete her studies and not give up was very strong, as she compared herself to her local friends, many of whom had dropped out of college. She said that 'no matter how many times I think I can't be bothered I still always end up completing something and being successful'.

## D. Life events

There were no significant life events mentioned by this student. The student, however, said she relied on her family for money without which she thought she would be unable 'to cope' financially.

## E. Progression indicators

Student 71 had made progress. She was pleased with her academic and clinical development. However, her overall academic progress was mixed with a mid-range GPA and at least one high grade and one fail assessment mark.

*ISP 8: Student 77*

| Student | Age | Gender | Country / Race | Religion | Disability | Academic Skill | Parents University |
|---------|-----|--------|----------------|----------|------------|----------------|---------------------|
| 77 | 19 | Female | UK / white | None | None | Good | None |
| **School** | **Entry Qualifications** | **Merit or Grades** | **GCSEs Eng / Maths** | **University Age** | **Nursing Age** | **Year 1 GPA** | **Year 1 Mark Range** |
| State | BTEC | Merit | 7 A / C | 18 | 17 | 57% | 50-67% |
| **Why Nursing?** | | I wanted to make a difference on the community. | | | | | |
| **Why UoB?** | | Because it was local and the best uni around. | | | | | |
| | | | | | | | |
| **Interview Summary** | | | | | | | |
| Nursing course workload and attendance hard, especially when compared to non-nursing university friends. Difficulty choosing field of practice, initially wanted to do child but changed to adult, although no child placement experience. Socially – good circle of friends, especially one friend made on the first day. Lives locally to save money – did not want to move away to go to university. Finances satisfactory, despite delayed bursary payment. Achievement – passing everything. Does not think positively about academic ability and feels as though should not be at the University. Had a gap year as needed to retake mathematics GCSE. Chose to do BTEC to avoid having to do exams. Placement – enjoyed adult placement and developed knowledge and skills so feels less anxious. Support – Programme Director has provided information. Everyone in practice has been helpful, especially one mentor. Peer group supportive via Facebook. Has seen personal tutor at the start of the year as part of a group but does not know them that well so would not see them if she had a problem – feels the personal tutor role is not personal enough. Family supportive and proud as she is the first person in the family to attend university. Changed – more confident and organised, especially with academic work. Plans – adult field of practice. | | | | | | | |

**Table 7.13: Questionnaire and interview details provided by Student 77 and end-of-year GPA and grade range.**

*MoSP and Student 77*

<u>*A. Before university categories and GPA*</u>

For Student 77 there were a few categories linked with GPA. Linked to a low GPA was non-traditional entry qualification. However, her ethnicity, religion and academic skill self-perception and GCSE English grade were linked with a higher predicted GPA.

<u>*B. Integration*</u>

*1. Academic integration*

This student found the academic aspects of the course hard but enjoyable. Comparisons with friends studying other degree courses emphasised the longer length of a nursing academic

year, stating, 'I suppose it's more jealousy because I'm more, oh god we're still going'. Nevertheless, she had enjoyed the first year, saying that she had 'learnt a lot actually'.

## 2. Clinical integration

Student 77 said she had had good clinical placement experiences and had been well supported by her mentors.

## 3. Social integration

Student 77 said she had a 'nice little circle of friends' and that '[e]veryone on the course was really nice'.

## C. Vectors – significant for this student

### Developing competence

Student 77 was positive about her academic development, as she considered 'passing everything' as her main achievement. She thought she had developed her clinical knowledge and skills and appeared from her descriptions to be socially confident with her peers and clinical staff.

### Managing emotions

This student did not mention any significant emotional difficulties during the first year, apart from confidence development.

### Moving through autonomy toward interdependence and developing mature interpersonal relationships

Student 77 had developed good relationships in all areas. She regarded herself as having been supported by her clinical mentors, peers and university staff. However, she had not accessed her personal tutor, as she did not feel that she had built a personal enough relationship, partly as the initial meeting was a group meeting and, if she had problems, she anticipated that she would first seek support from other members of staff. With her peers, they supported each other via Facebook.

*Establishing identity, developing purpose and integrity*

Student 77 had taken some time to adjust to being at university, as when she first arrived she was 'literally waiting for someone to say you are not meant to be here' and regarded herself as very weak when sitting examinations. However, her confidence improved during the year and said that, 'I don't give myself enough credit, as I don't think I can do it'.

This student experienced a number of changes. Originally she had planned to study paediatric nursing in the second and third year, but she was unsuccessful in her request to study children's nursing so was allocated to the adult field of practice. She also regarded herself as more confident and organised since starting the course.

## D. Life events

Student 77 did not mention any life events that affected her during the first year. As she lived locally and with her parents, she had no financial difficulties.

## E. Progression indicators

Student 77 had made good academic, clinical and social progress. Although her GPA was only 57% she had no low marks and had developed her academic confidence.

| Student | Age | Gender | Country / Race | Religion | Disability | Academic Skill | Parents University |
|---|---|---|---|---|---|---|---|
| 82 | 23 | Female | UK / white | None | None | Good | One |
| School | Entry Qualifications | Merit or Grades | GCSEs Eng / Maths | University Age | Nursing Age | Year 1 GPA | Year 1 Mark Range |
| State & private | Degree 2:1 | BBB | 10 AA / B | 15 | 21 | 77% | 61-90% |
| Why Nursing? | | Because I wanted to enter a caring profession that is 'people' centred while using my academic skills. After working at a nursing home for a year I knew this was the career for me. | | | | | |
| Why UoB? | | As it is local so I can live at home, excellent reputation, research-led. | | | | | |
| Interview Summary | | | | | | | |
| Course – done a degree before but course challenging as had two year gap. Did bio-sciences and sometimes frustrated that lectures have to aim content at students with less knowledge. Reads a lot to make broader connections and feels course could be structured to help with this.<br>Placements – good placement experiences and mentors.<br>Socially – good group of friends, all home students with similar background. Has not gone out socially and did not attend Freshers' Week (as attended before). Treating university as a job.<br>Finances – difficult, as no bursary, but has supportive parents and uses savings. Uses own car for some placements.<br>Nursing – initially wanted to do medicine but did not get the grades so studied bio-sciences. Applied to do medicine afterwards but did not get in. Did care work and then thought of nursing and thinks this is better as considers that she would have struggled with doing medicine.<br>Achievement – please with assessments mark and placement mentor feedback.<br>Support – parental support, non-university and university friends. Only seen personal tutor once but changed during the year and not seen new tutor. Mentor support during practice.<br>Confidence – increased since starting the course, especially in placements. Quietly confident.<br>Views on nursing not changed. Worried about the NHS though.<br>Study – more organised than for first degree. Likes structured lectures.<br>Plans – adult field of practice and later specialist nurse (respected colorectal nurse).<br>Key experience – meeting a couple of students and building supportive relationships. Stay in touch by texting. | | | | | | | |

**Table 7.14: Questionnaire and interview details provided by Student 82 and end-of-year GPA and grade range.**

*MoSP and Student 82*

## A. Before university categories and GPA

Student 82 had a number of categories that were linked with high GPA: race, religion, academic skill self-perception, entry qualification and GCSEs (number and grades). She had no categories linked with a low GPA.

## B. Integration

### 1. Academic integration

Student 82 found the academic aspects enjoyable and good, after having initial reservations as she had been out of education for two years since studying for her earlier degree.

Subsequently she sometimes wished that the depth of early content could have been extended, and said, 'you get a snippet of something … so it felt a little bit like it sometimes it didn't all come together' but acknowledged that this may reflect the different starting levels of knowledge of the cohort.

## 2. Clinical integration

This student had good placement experiences and supportive mentors.

## 3. Social integration

Student 82 made friends with peers who were in a similar situation. 'We're all similar background. We all live at home, and some of us have done previous degrees … I managed to find friends with the same sort of background', she said. This student said she 'didn't do fresher's week or anything like that' as she had done that before and was not interested this time.

## C. Vectors – significant for this student

### Developing competence

Student 82 had a proven track record of ability, having completed a degree already and she had a year's experience of working as a healthcare assistant, so already felt competent academically and clinically. She was pleased with her course marks, clinical development and social integration.

### Managing emotions

Student 82 did not discuss any significant emotional aspects.

*Moving through autonomy toward interdependence and developing mature interpersonal relationships*

Student 82 was very much an independent learner, as she explained that she did her 'own reading to try and bring things together' and 'I think that only by your own learning can you link a lot of things and make sense [of it] yourself'. She discussed support in practice and the university setting, highlighting clinical mentor support, clinical link tutor support and peer support, stating that she had not felt out on her own. Within her small group of friends, she discussed how they were very supportive and kept in touch by text when not in university.

*Establishing identity, developing purpose and integrity*

This student had originally wanted to study medicine for her first degree but did not get the A-level grades. After completing her first degree and working as a healthcare assistant in a nursing home she thought nursing was right for her. She said, 'I think nursing is more for me because I do struggle academically'. However, she did feel she was more confident since starting the course, especially when on a placement, although she said she had already done her 'growing up before' and that this course was her career now and she was 'treating it like a job'.

**D. Life events**

Student 82 had no major events during the first year. She did, however, rely financially on her parents and lived at home with them, acknowledging that 'it's difficult as I've only a limited amount of money'.

**E. Progression indicators**

Student 82 was making very good progress academically and clinically. She had a high GPA and mark range, was enjoying clinical practice and was secure in her friendships and career choice.

*ISP 10: Student 83*

| Student | Age | Gender | Country / Race | Religion | Disability | Academic Skill | Parents University |
|---|---|---|---|---|---|---|---|
| 83 | 18 | Female | Nepal / | Kirati | None | Average | None |
| **School** | **Entry Qualifications** | **Merit or Grades** | **GCSEs Eng / Maths** | **University Age** | **Nursing Age** | **Year 1 GPA** | **Year 1 Mark Range** |
| State | BTEC | Merit | 9 B / C | 12 | 15 | 52% | 39-70% |
| **Why Nursing?** | | | It is a very rewarding course and I feel happy to contribute to my knowledge & skills in doing something good. | | | | |
| **Why UoB?** | | | Because it had an excellent facilities & elective placement during 2nd year appealed to me a lot. | | | | |
| | | | | | | | |
| **Interview Themes** | | | | | | | |
| Course – felt overwhelmed initially as very different to prior course at college. Was not prepared for university study, e.g. referencing correctly. Much harder than expected. Placements – learnt a lot during placements. Developed confidence. Socially – nursing course and not socialising. Lives with girls who do not do nursing. Finances – hard living on own and not working. Difficult to pay monthly rent. Looking for work. Parents help and couldn't cope without this. Achievements – clinical development, researching for essays and balancing everything. Academic grades – acceptable but wants to do as well as others when comparing results. Feels is lazy and does everything last minute. Support – did not know where to go. Did not meet personal tutor, as forgot, and then wishes tutor had shown more interest and concern by contacting her. Family lack insight regarding the course so cannot provide support. Students provide support in practice and give you advice. Also mentor and healthcare assistants. Changed – developed knowledge, and skills and other things. Study differently, did not bother at college, gained insight and revises more. Plan – theatre nurse but unsure how to get a suitable position. Progress – gaining insight that need to work harder. | | | | | | | |

**Table 7.15: Questionnaire and interview details provided by Student 83 and end-of-year GPA and grade range.**

## *MoSP and Student 83*

## *A. Before university categories and GPA*

For Student 83 there were a number of categories linked with GPA. Linked to a low GPA was the student's average perception of her academic ability and non-traditional entry qualification. However, ethnicity, religion and GCSEs (number) were linked with a higher predicted GPA.

## *B. Integration*

## *1. Academic integration*

Student 83 found the transition from her BTEC course to the nursing course difficult. She felt unprepared and lacking essential academic skills, such as sourcing information and referencing skills.

## 2. Clinical integration

This student was positive about her clinical experiences, saying, 'You kind of like build yourself, your confidence and knowledge as well'.

## 3. Social integration

Student 83 described her social situation as 'not bad', although she said, 'People say you don't really have a social life when you do a nursing'. She shared with non-nursing students during the first year, which she preferred, and said, 'you need to know when to do your work and when to socialise with friends'.

## C. Vectors – significant for this student

### Developing competence

Student 83 described herself as 'a bit lazy. I do everything last minute'. She at no point discussed being pleased with her academic progress but did show she was comparing her results with others. She had developed her confidence in practice but not as much as she would have liked.

### Managing emotions

Student 83 did not mention any significant emotional aspects that she had experienced during the first year.

*Moving through autonomy toward interdependence and developing mature interpersonal relationships*

With regards to support, student 83 said, 'I didn't really know where to go when I started'. She had not seen her tutor, as she forgot the appointment and was not contacted afterwards; she would have liked if her tutor had shown that she was concerned about her. She felt supported by students on practice, as 'they give you tips', and her mentors. Although she said, 'You have to ask for support really'. She wanted to do well in the second year of the course.

*Establishing identity, developing purpose and integrity*

Student 83 described the first year as 'you try it out and see what it is like and if it is not for you then you don't do it'. She was planning her future in theatre nursing and felt she had progressed by developing her knowledge and skills and 'everything in general'.

## D. Life events

Student 83 had no major life events, although she said it had been hard living on her own for the first time. Financially, she said it had been difficult to manage and she relied on money from her parents, without which she thought she would not have coped.

## E. Progression indicators

Student 83 made had a mid-range GPA and at least one high grade assessment result, although she had failed one assessment. She expressed some positive comments about her personal development.

*ISP 11: Student 92*

| Student | Age | Gender | Country / Race | Religion | Disability | Academic Skill | Parents University |
|---|---|---|---|---|---|---|---|
| 92 | 31 | Female | UK / white | None | None | Good | ? |
| School | Entry Qualifications | Merit or Grades | GCSEs Eng / Maths | University Age | Nursing Age | Year 1 GPA | Year 1 Mark Range |
| State | ? | ? | 7 C / C | 10 | 28 | 56% | 20-81% |
| Why Nursing? | | Previous experience within the health care sector & personal experiences led to me to consider studying nursing. | | | | | |
| Why UoB? | | The university programme included a placement abroad & module helping the student transition from university to the employment setting. | | | | | |
| | | | | | | | |
| Interview Summary | | | | | | | |
| Course – concerned as a new discipline and a mature student. Difficult at first, especially intensive timetable and long lectures. Out of education for four years – previous degree in forensic science. Placements – positive placements with good mentors. Socially – no social life compared to first university experience, as home-based. Socialises on campus but then has other commitments caring for grandparents. Finances – uses savings but is struggling with finances and is looking for a part-time job. Parents help financially and would not cope financially without their support. Achievements – passing assessments and attending placements. Academic – grades lower than expected. Used feedback and has improved. Support – would access personal tutor support and online guidance if needed. Peers provide support by discussing things and help with revision. Mentors mostly supportive in practice, except one placement where no mentor allocated and felt unsupported. Sometimes mentors have too many students to support. Family help review essays and discuss assessments. Changed – more focused and motivated. View of nursing – remained the same: a caring profession that is hard work. Confidence – increased, especially with communication with doctors in practice. Study – completes work and questions after lectures. Plan – theatre nursing. Progress – a more holistic support system would help. | | | | | | | |

**Table 7.16: Questionnaire and interview details provided by Student 92 and end-of-year GPA and grade range.**

*MoSP and Student 92*

## A. Before university categories and GPA

For Student 92 there were a number of categories that were linked with GPA. Linked to a low GPA was the student's entry grades and GCSEs (grades) while ethnicity, religion and academic skill self-perception were linked with a higher predicted GPA.

## B. Integration

### 1. Academic integration

Student 92 had done a degree before but as a mature student took some time to resettle into education, as she said, she 'kind of like found my own way'. She found the content good for her and the guidance provided.

*2. Clinical integration*

This student enjoyed her placements and was well supported by her mentors.

*3. Social integration*

Student 92 described herself as not having a social life. Being home-based and a carer for her grandparents meant she tended only to socialise with her peers on campus.

**<u>C. Vectors – significant for this student</u>**

*Developing competence*

This student said her main achievement was passing her assessments. However, she said her results were initially lower than expected and she had responded to assignment feedback and improved her grades. Clinically she said that she had 'definitely improved' her clinical knowledge and skills.

*Managing emotions*

Student 92 did not mention any major emotional difficulties experienced during the first year.

*Moving through autonomy toward interdependence and developing mature interpersonal relationships*

For this student, several people helped her during the first year. She mentioned her personal tutor, peers (to bounce ideas off), and mother and sister (who reviewed her essays). However, she expressed some lack of mentor support during one placement and the impact of too many students on placements at any one time.

*Establishing identity, developing purpose and integrity*

Student 92 thought she had changed and become more focused, 'more driven'. She planned to become a theatre nurse.

**D. Life events**

Student 92 mentioned no life events but expressed some difficulties with finances. She relied on her parents, with whom she lived, to allow her to forgo rent at times and their assistance with such things as petrol money, without which she thought she would not have been able to cope.

**E. Progression indicators**

Student 92 felt she had made some progress academically and clinically. However, her GPA was only 56% and she had failed at least one assignment, although her highest score was 80%.

*ISP 12: Student 95*

| Student | Age | Gender | Country / Race | Religion | Disability | Academic Skill | Parents University |
|---------|-----|--------|----------------|----------|------------|----------------|--------------------|
| 95 | 26 | Male | UK / white | None | None | Good | One |
| **School** | **Entry Qualifications** | **Merit or Grades** | **GCSEs Eng / Maths** | **University Age** | **Nursing Age** | **Year 1 GPA** | **Year 1 Mark Range** |
| State & private | Degree 2:1 | BBBC | 11 B / B | Early teens | 24 | 74% | 54-89% |
| **Why Nursing?** | | | Experience of working with individuals who had mental health issues. | | | | |
| **Why UoB?** | | | Reputation of university. Location. | | | | |
| | | | | | | | |
| **Interview Summary** | | | | | | | |

Course – enjoyed the course and found the academic work manageable, as completed a degree before and found the assessments manageable.

Placements – positive experiences, learnt a lot and had good mentors. Changed initial field of practice choice because of experiences and altered expectations.

Socially –worked before so replaced work relationships with new university friendships. Lives at home with parents and has continuing social network.

Finances – using savings from when working. Applied to do part-time work. Lives with parents and they help out and without their help would not do the course.

Achievements – passing the first year, good feedback from placement staff and developed clinical skills (quite confident now).

Academic – disappointed with some grades but pleased with others. Not as confident as anticipated. Quality of feedback varies.

Support – personal tutor (seen three times) and aware of other support systems. Placement mentors, others staff and students provide support, including practice placement managers and clinical link staff. Small number of students provide most support. Family also supportive – mother is a registered nurse.

**Table 7.17: Questionnaire and interview details provided by Student 95 and end-of-year GPA and grade range.**

*MoSP and Student 95*

<u>*A. Before university categories and GPA*</u>

Student 95 had a number of categories that were linked with high GPA including perception of his academic ability, entry qualification, ethnicity, religion and GCSEs (number and grades). No categories were linked with a low GPA.

<u>*B. Integration*</u>

*1. Academic integration*

Having done a degree before, student 95 found the academic aspects of the course very 'manageable', as he was used to more assessments in his earlier degree.

*2. Clinical integration*

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This student enjoyed his placements and found them positive experiences, especially his adult, hospital-based placement, which re-focused his field of practice choice away from mental health to adult nursing.

*3. Social integration*

Student 95 said he had not changed his social life outside university, as he still lived at home. He did, however, mention attending university had 'meant replacing his relationships in his old job with new ones' in university.

## C. Vectors – significant for this student

*Developing competence*

Although Student 95 found the academic aspects of the course manageable, he was disappointed with some first-year marks but pleased with others. He said that assignment feedback varied and he was still unsure why some essays had received high marks and not others. He also said, 'I'm not as confident as I was', implying that he had entered the course more confident with his academic ability.

Clinically, Student 95 was pleased with his good feedback and was more confident working in the clinical environment. He said, 'I haven't found much of the stuff done in uni as useful as practising'.

*Managing emotions*

This student mentioned no major emotional difficulties or changes experienced during the first year.

*Moving through autonomy toward interdependence and developing mature interpersonal relationships*

Student 95 had seen his personal tutor three times during the first year. He was also aware that other support mechanisms were available if needed, stating that he was happy with the levels of support offered but he had not needed to use it.

*Establishing identity, developing purpose and integrity*

This student had changed his views on nursing and his choice of field of nursing. He felt he was normally quite confident and had not changed much, although he was confident clinically. He said he had given up a lot to do the course and said the course was 'like my job'. He found nursing more rewarding than his former work. He had not formed firm plans, as he was taking stock now but thought he would do further academic post-graduate study.

## D. Life events

Student 95 had no major life events during the year. He lived with his parents and used savings from his previous job but was looking for part-time work. He acknowledged that without parental support he would not have been able to attend the course.

## E. Progression indicators

Student 95 had made good progress academically and clinically. His GPA and mark range were both good. He was enjoying his new career and considered he was developing clinically.

*ISP 13: Student 102*

| Student | Age | Gender | Country / Race | Religion | Disability | Academic Skill | Parents University |
|---|---|---|---|---|---|---|---|
| 102 | 18 | Female | UK / white | Atheist | None | Good | Two |
| School | Entry Qualifications | Merit or Grades | GCSEs Eng / Maths | University Age | Nursing Age | Year 1 GPA | Year 1 Mark Range |
| State | A-levels | A*BCE | 11 A / B | 17 | 20 | 61% | 39-74% |
| Why Nursing? | | Would like to apply for medicine in future. Felt that nursing would give me excellent experience in hospitals & health care centres and would confirm my desire to study medicine at a later dates. Also would build on interpersonal skills & communication skills essential for studying as a professional. | | | | | |
| Why UoB? | | Facilities are fantastic. Nursing course is very academic, placements are close by. Reputation of uni is nationally ranked and reputable. Good sports facilities. | | | | | |
| | | | | | | | |
| Interview Themes | | | | | | | |
| Course – expected it to be difficult but not so difficult. Need to have good time management skills. At school the day was more structure for you and at university you have to direct yourself. Course content – enjoyed it but frustrated as wants to know more and a greater depth to that of a medical student. Not liked some modules. Placements – positive experiences, although some learning not structured enough. Mentors vary and the opportunities they organise or provide. One mentor outstanding. Socially – friendships changed throughout the year. Does not live with nursing students. Finances – difficult, especially when the bursary payments are delayed, causing stress and fear of going overdrawn and impacting in future credit ratings. Uses savings and gets help from parents. Achievement – won customer care award. Academic – good grades, helped by A-level subjects studied. Support – believes it is underestimated by most students but it is there if you seek it out. University nursing staff very supportive. Practice support varies, as visited by some clinical link tutors and practice placement managers but not by all and difficult to contact some when you need them. Students not very supportive of each other outside of lectures. Family support very good and encouraging. Changed – more independent. Wanted to go home during the first six weeks as missing family but wanted to please parents and wanted to succeed. Confidence grown and now feels is doing the right thing (after first placement). Nursing view – needs to be graduate level. Many opportunities. Study – very motivated and prepares for lectures and does further research after lectures. Plan – study medicine but might want to be a nurse. Main influence on progress – inspiring lecturers. | | | | | | | |

**Table 7.18: Questionnaire and interview details provided by Student 102 and end-of-year GPA and grade range.**

*MoSP and Student 102*

## A. Before university categories and GPA

Student 102 had a number of categories that were linked with high GPA including perception of his academic ability, entry qualification, ethnicity, religion and GCSEs (number and grades). No categories were liked with a low GPA for this student.

## B. Integration

### 1. Academic integration

Student 102 found the course difficult, as she had not anticipated it being 'quite so full on'. She reinforced the importance of time management to cope with the academic demands of the course as, during her A-levels, she had a structured day with free periods for work.

She was also frustrated by wanting to learn more in some subjects, beyond what was taught in the lectures and modules and also reported not liking some modules.

*2. Clinical integration*

This student had found her placements very positive, although learning was not always sufficiently structured and appropriate to her learning needs. She felt that her mentors controlled the learning activities allowed in practice too much.

*3. Social integration*

Student 102 said her friendships had 'changed quite a lot'. She mixed with friends who were not student nurses during the first but stated that these friendships were 'constantly changing' as you meet new people and have things in common.

*C. Vectors – significant for this student*

*Developing competence*

Student 102 was satisfied with academic progress but surprised by some results. Clinically, she was pleased, as for her 'things stick because it is so hands on and you understand it'.

*Managing emotions*

Student 102 experienced a range of emotions during the year. She was homesick early on but very pleased when she won a hospital customer care award. She was anxious about her finances at points throughout the year.

*Moving through autonomy toward interdependence and developing mature interpersonal relationships*

Student 102 changed her friendships and stated that the students were not very supportive of each other. However, she thought wider University support was 'underestimated by a lot of people, as it is there if you go looking for it'. She described the University staff as 'brilliant' but other schools within the University as less helpful.

Her family were very supportive and she missed them a lot in the first few months and wanted to go home. She stayed, however, as she wanted to make her parents proud of her.

*Establishing identity, developing purpose and integrity*

Student 102 planned to study medicine later but had not done so earlier as she did not feel mature enough – her brother was a medical student. She did say, however, that she might want to be a nurse.

**D. Life events**

Student 102 had not had any major negative life events, although she described her finances as 'horrendous', especially due to the late payment of her bursary. Her parents had helped financially and she had used savings during the year.

**E. Progression indicators**

Student 102 had achieved a good GPA during the year but had failed at least one assignment. Clinically, she was confident with her development, although frustrated at the lack of control over her own learning. Socially, she missed home and had changing friendships.

*ISP 14: Student 99 (Leaver 1)*

| Student | Age | Gender | Country / Race | Religion | Disability | Academic Skill | Parents University |
|---|---|---|---|---|---|---|---|
| 99 | 19 | Female | UK / Mixed race | None | None | Average | One |
| School | Entry Qualifications | Merit or Grades | GCSEs Eng / Maths | University Age | Nursing Age | Year 1 GPA | Year 1 Mark Range |
| State | BTEC | Merit | 11 A / A | 12 | 11 | N/A | N/A |
| Why Nursing? | | Earlier in childhood was interested in nursing. Re-thought it was right career in year 10. 'However, I should have researched more on what being a nurse was back then.' | | | | | |
| Why UoB? | | Liked the campus. | | | | | |
| | | | | | | | |
| **Leaver Questionnaire Responses** | | | | | | | |
| Positive aspects of the course:<br>Practical sessions related to taught theory.<br><br>Least liked about studying nursing at university:<br>'The large amount of pressure put on you in the first few lectures. They told us what type of person we HAVE to be, which they described, and I was deterred straight away.'<br><br>Factors contributing to leaving:<br>'I hung with a group of adults from 25+ which all lived in XXXXX [name removed] already. So when I wasn't in lecture, I was constantly walking around on my own. Even my roommates at halls were all foreign.'<br><br>What would have changed about the course:<br>'More support classes for those who've come straight from a laid back college course. However, I know it was my own fault as I wasn't prepared for this course. I'm too immature to study at the rate they wanted me to. By the end I lacked enthusiasm.' | | | | | | | |

**Table 7.19: Questionnaire and interview details provided by Student 99 and end-of-year GPA and grade range.**

From her leaver's questionnaire, Student 99 made a number of points about the course and why she left. She liked the link between the theoretical and practical aspects, although she did not like the message projected in early lectures that you had to be a certain type of person to be a nurse. Socially she felt isolated as she mixed with more mature local students and did not see them outside lecture times and her roommates were foreign students. She felt more support for students who had come from 'laid-back colleges' would have enhanced the course but acknowledged that she should have researched her chosen course more and that she was not prepared for the course as she felt she was too immature.

**_The MOSP and Student 99 (Leaver 1)_**

*Before university:* There were a number of significant demographic factors linked with risk of a lower end-of-year GPA for this student. Her non-traditional entry qualification, mixed-race status, average academic self-perception were all correlated or linked with a lower GPA;

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however, she had a number of demographic factors linked with a good GPA, including the number of GSCE and good grades in English and mathematics.

***During university:*** Application of the MOSP indicates that Student 99 had key significant factors linked with vectors of development, levels of integration and progression. She felt unprepared for the transition from the BTEC course to university study. She was socially isolated and mentioned that more support should have been available for students who entered via her entry route.

With regard to the vectors related to interpersonal relationships, emotions, purpose and identity were key factors. She had not developed meaningful relationships early, regarded herself as too immature and questioned her career choice. Ultimately, she questioned her identity as a nurse and this affected her motivation and sense of purpose.

***Progression indicators:*** The student's insight into her lack of enthusiasm for a career in nursing was positive.

*ISP 15: Student 106 (Leaver 2)*

| Student | Age | Gender | Country / Race | Religion | Disability | Academic Skill | Parents University |
|---|---|---|---|---|---|---|---|
| 106 | 18 | Female | UK / white | Christian | None | Good | None |
| **School** | **Entry Qualifications** | **Merit or Grades** | **GCSEs Eng / Maths** | **University Age** | **Nursing Age** | **Year 1 GPA** | **Year 1 Mark Range** |
| State | A-levels | A*AD | 10 AB / A* | 17 | 17 | N/A | N/A |
| **Why Nursing?** | | Wanted a caring role and had the right caring nature to do nursing. | | | | | |
| **Why UoB?** | | Reputation, excellent nursing course and choice of branch at the end of the first year. | | | | | |
| | | | | | | | |
| **Leaver Questionnaire Responses** | | | | | | | |
| **Positive aspects of the course:** Welcoming staff. Nice campus. 'The course seemed good but not for me.' Least liked about studying nursing at university: 'It wasn't that I didn't like it; it was the fact I felt I had picked the wrong course for me.' Factors contributing to leaving: Rushed 'into university and picked the wrong course. Support from family and friends made leaving easier.' What would have changed about the course: 'I don't know if I would change the course except that it is quite full on. However, I understand that nursing is a difficult and time consuming course.' | | | | | | | |

**Table 7.20: Questionnaire and interview details provided by Student 106 and end-of-year GPA and grade range.**

From her leaver's questionnaire, Student 106 made a key main point as to why she left: this student felt she had chosen the wrong course.

## The MOSP and Student 106 (Leaver 2)

*Before university:* This student had a number of demographic factors that indicated a low risk for a low GPA at the end of the year: 'good' academic self-perception, a traditional A-level entry course and a high number of GCSEs with good grades in English and mathematics. .

*During university:* Application of the MOSP indicates that Student 106 had two key significant factors linked with the vectors of development: she did not identify herself as a nurse and this impacted on her sense of purpose. She was also supported by her family and friends in her decision to leave the course.

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***Progression indicators:*** The student's insight into her suitability for a career in nursing was positive.

**A summary of student responses and their link with the MoSP**

A review of the components of the MoSP and the students interviewed or leavers was conducted to gain an overview of how the MoSP components related to the interviewed students and to also see if there was a similarity between student outcomes and influential factors. For each student, where sufficient information was available, categories were viewed as either positive, negative or of no discernible influence for the student (category left blank). Table 7.21 shows a summary for each of the 13 students interviewed and the two leavers in relation to the factors in the MoSP. For the categories of the MoSP, it indicates items that were deemed to have positive or negative relationship with student progression. A few provisional summary findings are:

- When a student had blank or positive categories they had a higher grade point average (GPA) at the end of the first year. Students 37, 82 and 95 had positive (or blank) categories and achieved grade point averages above 70% at the end of the year.
- For students with fewer positive and more negative classifications, their GPAs were more variable, although always lower than the group of students above.
- When a student had negative categorizations throughout, such as Student 42 and 57, their GPA was much lower overall – 39% and 41% respectively.

When the vectors of development were reviewed a number were seen to be more frequently associated with students and their responses than others: identity, competence, autonomy, and purpose.

No student had a major life event, although three students spoke about key aspects of their first-year experience. One spoke of her ongoing depression (Student 37), another of financial

concerns due to a delayed bursary (Student 102) and one the difficulty of the travelling distance to university and placements due to staying at home with his parents as he was ineligible for an NHS bursary (Student 42).

**Table 7.21: Students interviewed and leavers and links with the Module of Student Progression and variables / factors that may have been influential on progression during the student's first year on the nursing course.**

| ISP (Student) | Before University | | | | During University | | | Vectors of Development | Life Events | GPA |
|---|---|---|---|---|---|---|---|---|---|---|
| | Background | | Attributes | | Integration | | | | | |
| | Education | Expectation | Ethnicity / Religion | Academic | Academic | Clinical | Social | | | |
| 1 (12) | - | | +/- | +/- | + | + | +/- | Identity - Purpose | | 69% |
| 2 (28) | - | | + | - | | + | + | Identity - Competence - Autonomy | | 56% |
| 3 (37) | + | | + | + | + | + | + | Identity - Competence - Emotions | √ | 73% |
| 4 (42) | - | - | - | - | +/- | +/- | +/- | Identity - Competence - Autonomy | √ | 39% |
| 5 (50) | - | - | + | - | - | +/- | + | Identity - Purpose - Integrity | | 53% |
| 6 (57) | - | - | + | + | + | +/- | + | Competence - Purpose - Emotions | | 41% |
| 7 (71) | + | - | - | + | - | +/- | + / - | Competence - Purpose - Emotions | | 54% |
| 8 (77) | - | - | + | + | - | + | + | Identity - Competence - Purpose | | 57% |
| 9 (82) | + | | + | + | + | + | + | Identity – Purpose | | 77% |
| 10 (83) | - | - | + | + | - | + | | Autonomy - Purpose | | 52% |
| 11(92) | | | + | - | | + | - | Competence - Purpose | | 56% |
| 12 (95) | + | | + | + | + | + | | Purpose | | 74% |
| 13 (102) | + | - | + | + | - | + | - | Purpose - Emotions | √ | 61% |
| 14 Leaver (99) | - | - | - | + | - | | - | Identity - Purpose | | NA |
| 15 Leaver (105) | + | | + | + | | | | Identity - Purpose | | NA |

Key: A negative impact of the variable or factor is indicated by a - sign. A positive impact / experience is indicated by a + sign. NA = not applicable

# CHAPTER 8: DISCUSSION

## *Introduction*

This chapter will focus on the findings of the study presented in the former chapter and it will discuss how they relate to the Model of Student Progression (MoSP), its component parts and other emerging themes. Firstly, the findings derived from the initial questionnaire will be examined alongside the Model's 'Before University' categories. Following this, the data obtained from one-to-one interviews at the end of the year will be considered as to how they link with the progression of the students in the components of the MoSP. The wider findings in the literature will add a further dimension and highlight, to some extent, the different experiences and outcomes found in other studies that have similarly explored student attrition and progress. Furthermore, the thematic analysis identified new emergent themes that did not appear to be in the MoSP and these will be discussed. The final section of this chapter will consider the original research questions and to what extent these have been answered.

## Model of Student Progression – Before University

The MoSP has a number of pre-university elements that are associated with the background of the students and their personal attributes.

## *The Family Background of the Student*

The element directly examined in this study was the potential influence of parental attendance at university and its correlation with student progression when viewed against grade-point average (GPA). Having a parent who had studied at university was not found to be significant.

The impact of parental education background on student outcomes has been rarely investigated. Pascarella and Terenzini (2005) uncovered only one study and that this was linked with parental influence and race. This remains an area of further study, although the impact of parents generally on student persistence (Reason, 2009) and transition (Wintre and Yaffe, 2000) is documented, the impact of the parents' educational background remains unclear.

### Student Prior Education

Students on the nursing course attended a range of schools, including state and private, with a small number of students experiencing both. However, there was not a significant difference between the type of school attended and end-of-year student GPA. However, the number attending non-state schools in this study was small. Again, there would seem to be a dearth of literature in this area of nursing educational research.

### Student Expectations

The expectation of the students was investigated in this study from a number of associated perspectives: the age when the student first thought they would attend university or study nursing; their self-perception about their academic ability; and their reasons for studying nursing. Different levels of expectation were also evident when interviewing the students.

There was no correlation between the age when a student first thought about attending university or studying nursing and GPA. A review of the literature did not highlight any that linked progression with the age when a student first considered attending university or studying nursing. However, Student 99 who left the course indicated in her free text section of her questionnaire that she had thought about nursing as career as a child and re-thought about it as a choice of career later on in year 10, stating that she should have 'researched

more on what being a nurse was'. Does this student highlight that decisions about attending university and studying nursing are based on limited understanding of what university study and nursing as a career entail?

A student's perceived level of academic skill was found to be significant in my study. This does appear to link with entry route and prior academic attainment, with traditional entry students reporting higher levels of academic confidence than non-traditional students – however, there were exceptions. For example, Student 104 reported that she was of average academic ability, despite entering the course with high A-level grades of A*BB and good GCSEs (11 with A's in English and mathematics) and her GPA was 69% (grade range 67-87%). This raises the question as to why such a student, with a proven academic record, would rate her skill as only average, and what impact does this self-perception have on levels of motivation and progress? However, some students do appear to rate their skill accurately and more accurately than their academic track record would predict; for example, Student 1 rated herself as 'poor', despite A-levels ABB and 11 GCSEs, and her end of GPA was only 53% (range 31-75), with notably at least one failed assignment. The literature exploring this area of potential influence again is lacking. Pascarella and Terennzini (2005) stated that student self-concept during their higher education was poorly researched and merited further exploration, and this would seem to apply to students entering the first year of their nursing studies.

In the qualitative questionnaire students were asked what were their reasons for studying nursing and why at the chosen university. Numerous reasons were cited for studying nursing and at the chosen university, and these included altruistic reasons, job-related factors, personal qualities and experiences, family influences, and the University's reputation, location and campus. How these factors relate to student progression is not easy to discern,

although some factors clearly influenced some later decisions, notably selecting the wrong course and career: for example, Student 106, who left the course, stated this as the main reason for her leaving. My attrition literature review highlighted four studies that indicated that wrong career choice was a reason for leaving a course (Braithwaite, Elzubeir and Stark, 1994; Richardson, 1996; White, Williams and Green, 1999; Glossop, 2002), and Christie, Munro and Fisher (2004) and O'Donnell (2011) found that poor choice of course is a factor affecting progression. O'Donnell also the states that choice of university and the influence of family members are both important; family members are influential, especially if they are a nurse but not always in a helpful manner, as, for example, they may not provide an insight into contemporary nursing, giving the student a false impression of what contemporary nursing practice entails.

The literature has also explored whether nursing is the first choice of course for the student. Five students in this study, out of the 59 respondents, recorded that nursing was their second choice (and four out of ten in the earlier pilot study). A review of their progress did not highlight any notable difference when comparing their entry profiles and end-of-year GPAs. However, Salamonson *et al*. (2014) found that students are more likely to complete their studies if nursing is their first choice of course. Worthington *et al*. (2013) echo this, adding that both previous experience of health care and also nursing being the first choice results in students developing a stronger professional identity, which is related to greater course persistence. One student, Student 102, was interviewed and she mentioned that nursing was a pre-cursor to studying medicine for her, and for this student the desire remained at the end of the first year when interviewed, highlighting that a year of nursing had not changed this student's plans. The longer term outcome for Student 102 would be interesting to know, especially the impact of choosing a nursing course as a means to gain access to a later course and how this affects motivation and progress during the nursing course.

Many students mentioned the location of the university as influencing their choice of course, and being influenced by their personal care experiences. Wray *et al*. (2012) found that local students were more likely to progress than those that lived outside of the area during non-term time, and, similarly, those with an experience of caring were likely to persist with their studies. My attrition literature found that homesickness was a factor in two studies for why students leave (Richardson, 1996; Brodie *et al*., 2002).

During the interviews several students discussed their expectations and preparedness for the course. Several students mentioned that the course was different to their expectations. For example, Student 50 said that there was a big academic difference between what he expected and actual academic level of the course. For Student 71 the course was more intense than anticipated to the point where she considered leaving the course. Student 95, a graduate, found the course 'manageable' and Student 82, also a graduate, wanted lectures to explore topics in more depth. All of these students had very different expectations prior to starting the course and, similarly, O'Donnell (2011) found in his case study of 15 students that those who voluntarily left a course often did so due to unrealistic course expectations and a lack of preparedness.

Lack of preparedness for university study was mentioned by many students and would seem to be a key emerging theme. Several BTEC student raised such concerns: Student 42 described it as a 'massive step' and that staff did not understand this; Student 52 and 57 said that it was more difficult than their BTEC course, especially as they were not prepared for the science components of the course; and Student 83 said she lacked essential academic skills. However, it was not just BTEC students who raised concerns, A-level students did so as well: Student 71 said that the workload was much greater than her A-level studies, and Student 102

described the course as 'full on' and that her prior A-level course was easier as she had more of a structured school day.

Preparedness for university study has been discussed by several authors. Andrew *et al*. (2008) found that many students felt unprepared in a range of areas when starting their courses, with discontinuers stating that they were unprepared for science elements of the course, the theoretical nature of nursing and the financial burden. Cameron *et al*. (2011) found that non-traditional students were less likely to feel prepared for the academic demand of the course. Similarly, O'Donnell (2011) found that some students had difficulty coping with the independent study requirements of their course as they had not been adequately prepared for their degree studies by their former course. However, Hinsliff-Smith, Gates and Leducq (2012) described how some students on Access courses developed coping strategies during their time on the Access course that then helped when they commenced their university studies.

### *Student Attributes*

#### *Age*

In this study age was not found to be significant when viewed against end-of-year grades. However, my attrition literature review found that for three studies age was significant (Kevern, Ricketts and Webb, 1999; White, Williams and Green, 1999; Mullholland *et al.,* 2008). Several studies have shown older students are more likely to complete (Houltram, 1996; Pryjmachuk, Easton and Littlewood*,* 2008; Salamonson *et al*., 2014; Wray *et al*., 2012). However, McCary *et al*. (2007) found a mixed response when exploring academic performance, with older students doing better but only significantly in one assignment. Pitt *et al.*'s (2012) literature review showed variable outcomes when comparing academic

performance with age. Again, the findings within the literature are mixed but studies showing any significance tend to show that older students do better academically than younger students. Furthermore, Pitt *et al*. (2012) raised this concern about the definition of the older student and how old is the 'older student'. Consequently, for appropriate comparisons between studies to be made there needs to be more agreement about the definition of the older students, which would help when comparing truly mature students with younger students

*Gender*

Although in this study the gender of the student was not a significant factor associated with academic progress when end-of-year results were considered, some of the literature does indicated that gender is a significant factor affecting progression and attrition.  Three studies in my literature review on attrition showed that gender was associated with males having a greater risk of leaving than females (Richardson, 1996; White, Williams and Green, 1999; Mullholland *et al.,* 2008); similarly, Salamonson *et al*. (2014) found that females had a greater completion rate. However, academic performance related to gender can vary depending on the mode of assessment, with females doing better in assignments and males exams (McCarey, Barr and Rattray, 2007). Pitt *et al.*'s (2012) review of the international literature review showed gender had a variable impact on grades, clinical performances and attrition. The relationship between gender and progression, therefore, remains unclear as studies have shown mixed outcomes, although when significant, it is generally male students who do less well.

*Ethnicity and culture (religion and country of origin)*

Ethnicity (race) and religion were found to have a significant impact on GPA in this study.

Both variables appear to have similar effects, especially for some students, which may highlight the link between ethnicity and religion. This study found that non-white students did less well in their academic assessments, with students who were not in the Christina or non-believers categories, also doing less well, which was especially evident for black, Muslim students. Pitt *et al*. (2012) noted in their review of the literature that no study they located looked purely at attrition related to ethnicity, although some studies linked attrition with English language speaking. It may be that competence with written English may be a factor for some non-white students, but further research is needed to explore this possibility.

The student's country of origin was not found to be a significant factor in my study when compared with their end-of-year GPA**.** However, my earlier attrition literature review showed one study where country of origin was a factor related to attrition (Last and Fulbrook, 2003). There appears to be limited research in this area, perhaps because in the UK only home students are eligible to complete pre-registration nursing courses and students have often been resident in the country for some time before they commence their studies.

*Disability*

In my study the link between student disability and GPA was not found to be significant. Similar to country of origin, there seems to be data lacking in the nursing literature about the impact of disability on progression. Perhaps this might be because of the physical nature of nursing, so that the less physically able potential student would not pass the occupational health requirements for the course. Nevertheless, in my study several students indicated that they had a disability, such as dyslexia, but it may be that not all disclosed if they had disability of another nature, such as ongoing mental health problems or a history of self-harm. Unfortunately, no students were interviewed who declared they had a disability and both leavers did not declare they had a disability, so the exploration of disability as a factor of

influence is limited in my study. However, one student (Student 37) mentioned that she had a history of depression but she did not record herself as having a disability, raising a number of questions that remain unanswered, such as, are some students dealing with disability-related problems but unwilling to disclose them, and are some disabilities more acceptable to disclose than others? The answers to these questions may show that some students are more likely to seek support than others, potentially affecting their levels of support and progress.

Fuller *et al*. (2004) found in their study of disabled students from one university that dyslexia and unseen illness make up approximately 70% of all students with a disability. From my own experience, I am aware that every year at my university the cohort of students has a significant number of students with a disability statement. Since 2001 and the advent of the Special Education Needs and Disability Act the focus on the needs of disabled students in higher education has increased. However, as Fuller *et al*. (2004) found, students continue to experience barriers to their learning in both the university and non-university settings, including at the point of assessment. Morris *et al*. (2007) examined nurse education and noted that the numbers of students diagnosed with dyslexia was increasing, and the impact of this was not well evaluated in academic and clinical settings, especially as some students may not disclose their disability as they may have concerns about being rejected or stigmatized because of their disability. It may well be that this latter point could have influenced the students in this study and their willingness to disclose that they had a disability and the impact of any disability on their progress during the first year.

### *Academic – entry route and qualifications*

There was no significant difference between the GPA of students with different A-level entry tariffs. However, Wharrad, Chapple and Price (2003) did find a correlation between A-level tariff and grades, but the A-level point range was quite large in their study, reflecting a wider

entry starting point. Due to the high course entry criteria in my sample studied, the range of entry tariffs was quite narrow, and perhaps exploring a wider range experienced in less selective HEIs might highlight a difference between students with a low GPA and those with a high score.

Qualification entry route had a significant impact on end of grades, especially the difference between students with traditional and non-traditional entry qualifications: Access and BTEC students generally did less well in their academic assessments. This is particularly evident when comparing students who averaged over 70% with those who averaged less than 49%. All students (n. 11) who averaged over 70% entered the course via a traditional entry route (A-levels or a degree) and all students who averaged below 49% (n. 6) entered via an Access or BTEC course route. Incidentally, all students who average over 70% had no failed assignments and were white; all students averaging 49% had a least one failed assignment and three students were non-white and three were white. There was also a strong correlation between GCSEs, the number attained and also the grades obtained in English and mathematics.

My attrition literature review highlighted that the literature has mixed outcomes with regards to qualifications and attrition, but with this study, qualifications (type and GCSEs) do appear to impact on the academic progress of students across the first year. Some of the literature would seem to support my findings however. Wharrad, Chapple and Price (2003) found that BTEC and Access students did less well in academic work in their study compared with students with A-levels, and they had similar findings with GCSEs, but, interestingly, for the latter a GCSE A grade was a better predictor of success than a student's A-level tariff. Donaldson, McCallum and Lafferty (2010) and McCarey, Barr and Rattray (2007) also found that entry academic grades correlated with academic progress.

**Model of Student Progression – During University**

The MoSP includes several sections that may be linked with the progression of students and their vectors of development. The main sections in the model are identity formation, life events and integration. The latter section is further sub-divided into academic, clinical and social integration. Along with these main sections of the model, the vectors of development provide a further element of exploration.

Following the gathering of data via the initial questionnaire (that explored student entry and background data), leavers' questionnaires and transcripts from the interviews with the students at the end of the academic year indicated that students had had a range of first-year experiences. These experiences will now be linked with the components of the MoSP 'During University' sections. Firstly the integration sections – academic, clinical and social – will be examined. Identity formation will then be explored, followed by the vectors of development. The students' responses will be compared with the vectors of development, with groupings of vectors as used in the findings section; for example, the associated vectors of establishing identity, developing purpose and integrity will be discussed together, as Chickering and Reisser associate these vectors when stating, 'Developing integrity is closely related to establishing identity and clarifying purposes' (Chickering and Reisser, 1993, p.235). Finally, the influence of life events will be considered.

*Integration*

As mentioned above, integration is a section of the MoSP and it is comprised of academic, cultural and social elements. Tinto (1993) believed that for many for students to successfully continue with their studies they had to balance many commitments, including balancing

academic and social challenges. In nurse education there is the added dimension of clinical practice.

*Academic integration*

The findings of this study highlight that there are some common themes related to the students' perception of their academic integration, and these can be summarised as a demanding workload, difficult transition from an earlier course and a lack of preparation.

Several of the interviewed students raised concerns about the workload of the nursing course or their preparedness for the level of study they were now at. Students felt this was due to either multiple commitments (Student 12) or a lack of a structured day like they had experienced before (Students 71 and 102). However, students who had completed a degree previously expressed a more positive view of the workload as being manageable. Interestingly, Student 77's view of her workload was partly informed by her comparisons with her friends on other non-nursing courses, as she felt their workload was much less. Seven of the eight students in this study raised concerns about their preparedness for university study. The majority of these students had studied non-traditional courses (mostly BTEC), although one student has studied A-levels, and they felt they lacked sufficient academic skills, often adding that they had had much greater levels of support previously.

Evidence from the literature indicates that the students' experiences in this study are not unusual. My literature review found that five studies had found that students who left their studies said that their nursing course was too theoretical or academic (Braithwaite, Elzubeir and Stark, 1994; Richardson, 1996; White, Williams and Green, 1999; Last and Fulbrook, 2003; Brodie *et al*., 2004). O'Donnell's (2011) study found that many student nurses had difficulty adjusting to the academic demands of their course, and he expressed concern at the

poor preparation for university study of earlier programmes of study. Andrews *et al.* (2008) found that this lack of preparedness could be related to specific aspects of preparation, especially the science component of the course (which was interestingly echoed by some students in my study). Eick, Williamson and Heath (2012) found that the academic difficulties experienced by students were a significant factor in their decision to leave their studies. Moreover, Cameron *et al.* (2011) found that a feeling of being unable to cope with the academic demands of a course was more likely to be experienced by non-traditional students. Tinto (1993) when designing his model acknowledged that the variety of pre-educational experiences was a contributory factor linked with student attrition.

However, it should be noted that although students in my study expressed concerns about their preparedness for university study, early successes with academic assessments boosted their confidence, self-esteem and transition. Furthermore, students who had done a degree previously were not concerned about academic workload or level of study, except one student who wanted it to be more challenging (Student 82).

### *Clinical integration*

To set the context, all students on a pre-registration nursing course are required to spend 2,300 hours in clinical practice over three years (Nursing and Midwifery Council, 2010). However, the students in this study have a clinical experience that is in some ways different from students on other nursing courses in parts of the UK. The students in this study have a generic first year, so instead of going straight into their field of practice they experience placements in the adult hospital, community, nursery and mental health settings, whereas many courses in the UK put students directly into their adult, child, mental health or learning disability field of practice. Also, students in this study have a relatively small placement area

(13 mile radius from the University) with good public transport services, unlike students at other establishments who have to travel much further into less well serviced rural areas.

Overall the majority of students interviewed in this study made positive comments about their placement experiences and levels of support. Some students, however, stated that their experiences were variable, with one student expressing some concerns about her limited range of experiences (Student 57), another about the limits put on her learning by her placement mentor (Student 102), and Student 42 expressed his dissatisfaction with the organisation of placements and the insufficient information about his placements. Student 50 said his placements were variable but he was able to learn from the less good experiences as well, whilst another student said she was able to learn much more from her clinical experiences than university ones (Student 28).

My attrition literature review noted that several studies have identified placement problems associated with why students leave their courses. Travel to placements was noted in two studies as a factor for why students leave (White, Williams and Green, 1999; Glossop, 2002) but this was not a factor in this study, perhaps because as noted in the context paragraph above, students have a relatively small distance to travel compared to other nursing students in the UK. Limited course clinical experience was found to be a factor in two studies (Braithwaite, Elzubeir and Stark, 1994; White, Williams and Green, 1999), and one of these other studies, one student did raise concerns about the range of her experiences but contemporary courses require students to achieve a set numbers of clinical hours and a range of clinical competencies to achieve, so this may be less of factor that in earlier decades. Placement difficulties were noted as a reason for why students leave in three studies in my review (Richardson, 1996; Glossop, 2002; Brodie *et al*., 2004) but for the students in this study placement difficulties did not seem a major influence, except placement organisation,

with many students feeling that they had achieved a lot as part of the clinical teams during their placements. Placement organisation has been found to be important and influential for some students at times (Hamshire *et al.*, 2012). Moreover, Levett-Jones *et al.* (2009) have highlighted the importance of a sense of belonging as a factor in how students progress in practice, and that being made welcome, included and valued is important – this may have not been the case for all students in this study at all times but generally they were able to view their placement experiences positively. Overall though, students in this study were mostly positive about their placement experiences with it appearing less of a stressor for many than their academic experiences, a view supported by Timmins and Kalizer (2002), who found clinical stress to be less than academic and financial stress for student nurses in their study.

### *Social Integration*

Social integration is the extent of one's social network, the ability to make friendships and connections with likeminded people, and seek suitable course support in the university setting when required (Wilcox, Winn and Fyvie-Gauld, 2005). For the students in this study these networks appear to be diverse and to be both internal and external to the university, and networks of different sizes.

Several students talked about the development of their peer relationships and how they migrated towards students who were similar to them (Students 82 and 50). However, some students had problems with establishing or maintaining relationships; for example, Student 92 said she had no social life as she was a carer for grandparents, and Student 102 said she had relationships that were constantly changing as she developed things more in common with other students, both nursing and non-nursing students. For one student in particular, Student 99, the inability to meet with others who she felt were similar to her contributed to her decision to leave the course. Whereas other students were less interested in meeting socially

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outside of the university setting with their peers, as they either had a close one-to-one relationship with a friend (Student 28), or they were a local student with pre-existing local friends (Student 71). Student 37 found it difficult to organise her social life, in part due to the nature of her nursing course, echoing the sentiments of a student in the pilot study who felt nursing courses, due to the nature of the placements and long university days, were not conducive to good peer interactions. Family was especially important for support, either to guide the student with their studies (Student 28) or to support their decision to leave (Student 106).

Tinto (1993) has written about the importance and influence of social interaction. Social interaction can occur with different people but Tinto discusses the significance of those outside of the university setting and how they can have a positive or a negative influence on persistence. From my study, family seem often influential, especially when a student is considering leaving. Student 106 expressed the support from her parents to leave, whereas, conversely, one of the students in the pilot study was actively encouraged to continue by her parents. Peer interactions and the role of academic staff were discussed by Tinto (1993), with greater interaction leading to greater course commitment and continuation. Tinto notes that 'absence of interaction almost always enhances the likelihood of departure' (1993, p.117), with social isolation nearly always leading to departure, matching the experience of Student 99, who said she could not make friendships with those in her halls of residence. Interestingly, Tinto writes about 'multiple communities' and how good social networks can 'counterbalance' poor academic engagement, perhaps because developed relationships support continuation (1993, p.131). It would appear from this study that students do indeed have variable and differing social networks, with some students focusing on their university peer relationships, or their family relationships, or established local friendships or a combination.

Wilcox, Winn and Fyvie-Gauld (2005) have discussed the anxiety experienced by some students related to their anticipated university social life. O'Donnell (2011) further discusses the general student expectation of an active social life but how for nursing students this can be a challenge as it is more like a job. Indeed, several of the students who had a degree already in this study expressed their view of the course in this way, that they viewed the course as their employment. The students' expectations of their social experiences and interactions was mentioned by several students in the study and the earlier pilot study, which may impact on their course satisfaction and ultimately their progress.

Wilcox, Winn and Fyvie-Gauld (2005) also discuss how there can be different levels of support from the student's various social networks. For example, Wintre and Yaffe (2000) discuss how a student's parents' approach and support can impact on their progress: again this is evidenced in this study and the earlier pilot between two students, one who was supported to leave the course by her parents (Student 106) and one who was persuaded to stay (pilot study student). Studies have shown that the level of support may relate to your social situation and background; for example, non-traditional students often regard their spouses as their most important support (Rudel, 2006) and they may have family commitments (Andrew *et al*., 2008) and, at times, role conflicts (Hinsliff-Smith, Gates and Leducq, 2012). This was evident in this study, as students mentioned multiple roles, including parental and caring roles; however, as noted by Wray *et al*., (2012), this may not always have a negative effect, as they found in their cohort study that students with dependents were more likely to finish.

Support from academic staff is often discussed in the literature and was a factor mentioned by several students interviewed. Watts (2011) found that first years want higher levels of support and McEnroe-Petitte (2011) found that tutors should appear caring. Even so, students may not

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access support as they may not want appear a pest (Gidman *et al*., 2011) or a failure (Cameron *et al*., 2011); although Cameron *et al.* found that those not seeking early help appreciated it when it was volunteered by their tutor. A number of students in this study discussed tutor support, with Student 42 especially wanting a greater level of support and ongoing monitoring by his tutor. My earlier literature review indicated that a lack of tutor support was one factor associated with student attrition.

Several students in this study mentioned the support received from their mentors when they were on clinical placement, and this is one area of support that has been found that students valued (Gidman *et al*., 2011). However, in this study it was not a major theme discussed by students, with peer and tutor support appearing to be more significant in their discussions, although Student 92 did say that there was a lack of mentor support due to there being too many students in practice.

**Vectors of Development**

The vectors of development were created by Chickering and Resisser (1993) to help explain how students develop in the college setting and how through this understanding it could be developed and encouraged. In this section, the vectors have been grouped together, as there would seem to be natural links between some vectors, as exemplified by the students' comments during the interviews in this study. These vector groupings will now be discussed.

***Developing competence and managing emotions***

Chickering and Reisser (1993) discuss three types of competence that students develop and these include intellectual, manual and interpersonal competence. These types of competence have relevance to nursing students, as a nursing degree course has an academic component, clinical placement and ongoing interpersonal interactions in both the university and clinical

settings. Emotional competence relates to how the student manages the variable emotions, both negative and positive, experienced during their studies.

Many of the students interviewed mentioned their development of academic and clinical skills. Several students discussed how their academic success had increased their confidence; for example, Student 12 spoke about her initial anxiety on starting the course and how her academic and clinical development had increased her self-esteem and confidence. For many students their prior experiences often had an impact on their confidence levels in both the academic and clinical settings. Students entering via non-traditional routes often experienced some anxiety related to their academic studies, with Student 28 describing her initial feeling as 'panic'. However, early successes help many students feel more confident and appease early anxieties about their potential academic performance, with two students regarding their academic performance as their main achievement since starting the course (Student 42 and 92), although, interestingly, Student 42 was having difficulties with his academic development. Student 95 however found the academic aspects of the course manageable, having done a degree before, but he had lost some confidence with his academic work due to unexpected low grades and less positive feedback. Similarly, Student 50 was disheartened by a low grade in one assignment, but he expressed that he could learn from the experience.

Students, when referring to clinical practice, did not mention any significant problems with their development, except Student 57 who felt the narrow range of placements was affecting her competence and skills acquisition; although she did not express that she was unduly anxious about this. Students who had worked as healthcare assistants were often confident when in their practical placements, such as Student 82 who had completed a degree before and had also worked as a healthcare assistant. Interpersonal competence will be discussed in the next section.

Interestingly, several studies in my earlier literature reviewed highlighted that considering the course to be too academic or theoretical was a factor associated with attrition. O'Donnell (2011) found that lack of adjustment to the academic demands of university study was associated with a greater chance of leaving, as did Bowden (2008).

***Moving through autonomy toward interdependence and developing mature interpersonal relationships***

In essence, these three vectors for Chickering and Reisser (1993) are related to how a student learns to function more autonomously whilst retaining meaningful relationships. Students will begin to make their own decisions, whilst accepting the decisions and independence of those around them, with a greater selectivity of their social circles for their own benefit, in terms of reciprocal benefits and helpful relationships.

The students interviewed discussed a range of experiences, although there appeared to be some common experiences. The students who had studied degrees before seemed more confident with independent study. Conversely, students entering the course via non-traditional routes expressed difficulties with independent study, wanting greater formal guidance and support (Student 28 and 42). Interestingly, students in this situation might, where possible, seek other avenues of support: Student 28 was strategic in her choice of contacts with peers based, in part, on whether they would give good advice. Even though the majority of students expressed they were able to study independently, many mentioned support they received from family, friends and peers. And for one student in particular, the choice of social network presented a challenge (Student 102), as she acknowledged that she had changed her friendship group frequently. For Student 99 the inability to meet and build meaningful interpersonal relationships was a main reason for leaving the course.  Overall, students appeared to have varying degrees of autonomous behaviours, with at times this being

imposed rather than chosen. Interpersonal relationships were very variable and seemed influenced by the social situation of the student and if they were a local student or not. Nevertheless, in line with Chickering and Reisser's theory (1993), students do appear to have some conscious selectivity about their choice of support contacts and varying degrees of preparedness for independent study mostly based on their prior experiences.

Several studies have noted the importance of social integration and support helping students to remain on track. Bowden's (2008) study associated access to support from others as enabling students to remain on a course. Hinsliff-Smith, Gates and Leducq (2012) found that for students entering education via the Access course route, that coping strategies involving family support were crucial. O'Donnell (2011) found that a student's decision to leave a course was, in part, based on their expectations of the social life they would experience at university, with Wilcox, Winn and Fyvie-Gauld (2005) finding that making compatible friends was important, especially when students were negotiating the change from their old life to their new one at university.

### *Establishing identity, developing purpose and integrity*

Chickering and Reisser (1993) focus their model very much on identity and associate a sense of purpose and integrity with this. Students who were interviewed discussed many aspects that could be linked in some way to their personal identity. For the two students (Students 99 and 106) who had left the course, they lacked the motivation to be a nurse either because they did not identify with being nurse (Student 106) or they had expressed that they lacked sufficient enthusiasm for nursing (Student 99). For both of these students, despite applying for a nursing course, they developed insight into the level of interest in becoming a nurse. Conversely, Students 82 and 95 said that the course was like a job for them, expressing a clear commitment to a career in nursing. Student 95 had done a degree before and had made

some sacrifices to commence a second degree. Interestingly, Student 82 had chosen study nursing because she did not feel academically competent to study medicine, although this had been an earlier consideration. Similarly, Student 77 said that she was always waiting from someone to approach her to say she was not meant to be at the university, implying that she felt at some level she was perhaps not suitable to attend what she regarded as a prestigious university. For these students, a commitment to nursing and the extent with which they identified with a career in nursing impacted on their progress, but for Student 77, despite a commitment to nursing, a sense of feeling like an imposter with the university was significant.

Evidence from the literature supports the importance of student identity with continuation. Worthington *et al*. (2013) found in their survey of first-year nursing students that the student's professional identity scores correlated with end-of-year dropout rates. They also found that for those students for whom nursing was their first choice they were, not surprisingly perhaps, less likely to discontinue their studies at the end of the first year. Salamonson *et al*. (2014) also found that first choice was a predicting factor for course continuation and ultimately course completion. Urwin *et al*. (2010), however, state that realising you are not suited to a career in nursing should not be seen as a negative outcome for all students, but rather that it should be regarded as a positive outcome, as insight into ones suitability for nursing is an important development. Christie, Munro and Fisher (2004) also found that wrong choice of course was a reason for students to leave, adding that also the choice of university was associated with some students' decision to leave, and this is perhaps partly the experience of Student 77 who did not feel comfortable or settled in her chosen university and one wonders at the ongoing impact of this type of sentiment on a student's progression.

A strong sense of purpose and personal integrity seemed pertinent to some students. Student 71, despite some difficulties with the academic aspects of the course, expressed that she would continue as it was the only way to be a nurse. However, Student 102 said that she wanted to study medicine and that nursing was her path to do enable her to do that. Whereas Student 37 was already aware that she wanted to continue with her nursing studies and complete a master's level course. Whilst for other students the course was influenced by other goals: Student 50 saw students leave the course and this stimulated him to work harder, as he wanted to prove that he could do it, and for Student 12, she did not want others to look down on her and being a nurse would provide a level of social esteem.

Knight *et al*. (2012) in their study found that at a desire to complete (a strong sense of purpose perhaps) helped students be more resilient when faced with difficulties during the course. In Crombie *et al*. (2013) study, students without a strong sense of purpose and desire to complete were, not surprisingly, more likely to leave the course, but, additionally, they found that some students felt that they lost part of their prior identity during their nursing course, or at least had to suppress it.

As Chickering and Reisser (1993) state, identity, purpose and integrity are in intertwined. It would appear that for the students in this study, a strong desire to be a nurse, with a clear sense of purpose and goals, provided some motivation even when they experienced difficulties. Furthermore, personal integrity (not wanting to give up or associating nursing with a higher social status) provided a further motivation to continue.

### *Life events*

The final section of the Model of Student Progression refers to life events. My attrition literature review indicated that several studies associated attrition with life events, such as

altered family circumstances, financial difficulties and ill-health. Although many of the students in this study mentioned that they their finances were difficult, none spoke about leaving because of this. However, they often relied on their parents for financial support, or in the case of the graduate entry students, accommodation, without which several students said they would be unable to cope.

Only one student spoke about altered family circumstances and ill-health (Student 37). This student's father was made redundant during the first year of the course and it was clear that she was uncomfortable about relying on her parents for financial support. Furthermore, she had a history of an ongoing mental health problem but suitable support had enabled her to cope with this during the first year of the course.

As a lecturer in nursing, my experience of students over the years is that illness can be a significant factor for why students interrupt or leave their studies, depending on the nature of their illness. Finances, however, have rarely been the major reason for why students leave, and, as evidence by the student in the pilot study, it can sometimes be a reason for why students continue, as they make a financial commitment at the start of the course and at the end of each subsequent year, which makes leaving more difficult.

**Progression indicators**

This study has shown that students make different levels of progress. The grade point average (GPA) and grade range indicate student academic progress, but they do not provide a complete picture of students' progression. Interviews with students have shown that some students are positive about their academic progress, despite relatively weak academic GPAs or low grades in individual pieces or work. Conversely, students with high GPA do not always regard their academic progress positively (e.g., graduate-entry Student 95).

Furthermore, students have spoken positively about personal change and development unrelated to academic and clinical progress, citing significant examples of personal change, which was especially significant for Student 42 who was less positive about many other aspects of the course and their development. And for one student in particular, progress was the realisation and personal insight that they were not suited to a career in nursing and therefore they chose to leave the course (Student 106).

**Newly emergent themes**

Following the initial data analysis of the questionnaire and interview data, a further review of the data, using an approach informed by Thorne's (2008) 'interpretive description' technique, identified new themes. These emergent themes were: preparation, expectation, transition, support and, to a much lesser degree, motivation and resilience.

Preparation was a major theme for several students, especially their levels of preparation for university study and university life. Harvey, Drew and Smith (2006, p.37) describe preparation as 'being informed, making the right choices, having realistic expectations and being motivated'. Notably, it seems that many of those students who had studied non-traditional qualifications expressed that they felt unprepared for the academic requirements of the course, with the science content of the course, referencing and the use of supporting literature being particular areas of concern (Appendix 5); for example, students said:

> I think the Access course didn't prepare us. (Student 28)
> I think there is a lot that college could make you a little bit more aware of and what to expect.
> (Student 50)
> They didn't teach us how to reference properly, and when I came when I came here, it was a bit like, 'So where do I start?' (Student 83)

However, it was not just non-traditional students who expressed concern about the academic demands of the course, as some traditional students seemed unprepared for the self-directedness of university study and the workload of a vocational course, citing that she had had a much more structure day during her prior educational experience (Student 102).

Preparedness links with the attributes and skills the student arrives at university with, several of the MoSP components of the pre-university phase will have a bearing on a student's preparedness, as noted above, their academic skills and experiences. O'Donnell (2011) found in his case study that several students cited poor academic preparation by their former courses. Andrew *et al*. (2008) describe students in their study also expressing concerns about their lack of preparation related to the academic work and workload of their nursing course, citing the science elements of their course in particular being a challenging area of study.

Associated with preparation, students seemed to commence the course with expectations about the level of support they would receive from university and placement staff, the social experience university life would give them, level of work expected that their ability to cope (Appendix 5); for example, students said:

> Am I going to be able to cope? (Student 12)
> From the university side, I don't think it [support] is sufficient. I think there could be more visits when you are on placement or more seminars where you could discuss issues.
>
> (Student 12)
>
> It was harder than I thought it was going to be. Hard, not as in academic terms, but hard in that it requires a lot of time and effort and I didn't think it would be that intense. (Student 71)
> When in college I was only in a few lessons a week. This is practically full-time. (Student 71)
> Honestly, I don't have a social life! (Student 93)
> I expected it to be difficult but not so full on. (Student 102)

Expectation was a category in my MoSP but from the students within this study it seems to occupy a much greater significance than was anticipated. Going to university is the normal

expectation for many students (Whittaker, 2008); however, nursing students come from a wide spectrum of backgrounds and entry routes, which, evidenced by the discussions of some of the students in this study, highlights that they can feel uncomfortable in the university setting. Reay, Crozier and Clayton (2009) have discussed, for example, how working class students in more prestigious universities feel like outsiders, which was certainly the case for one student in this study (Student 77), and this may be one aspect of a student's progress that, especially for first generation students. The literature does seem to support a difference in expectation between those students that expect a university education as the norm, as evidenced in Whittaker's (2008) study and first generation students who feel a lack of entitlement that may have a negative effect on levels of participation and self-confidence (Thomas and Quinn, 2007). Moreover, Coakley (1999) found that students could arrive with unrealistic expectations about the role of the nurse and that this could affect student progression. Furthermore, Bowden (2008) discusses that student expectations can clash with those of their tutors with regards to the levels of support anticipated. Students' expectations can influence several aspects of their initial experience during the first year of the course, including student anticipations about their academic, clinical and social experiences and support. This was evidenced in particular when interviewing Student 42, who arrived with clear expectations about levels of tutor support, placement organisation and social interactions, which, when interviewed at the end of the first year, had not been fulfilled.

Transition was another theme that seemed to reflect the experience of students in this study. Students frequently mentioned how they had changed, in the ways that they studied, socialised and communicated (Appendix 5); for example, students said:

> I'm actually a better person than before, in my communication. I'm a better listener.
> (Student 12)
> Generally I've shocked myself that I actually did it [passed assignments]. (Student 28)

Over the first year I developed even more and more to get really good grades by the end of the year. … I think that I am definitely more confident than I ever was before. (Student 37)

Once I made friends and got used to the way of university, I enjoyed it and liked it.

(Student 57)

I kind of like found my way. (Student 92)

The first year of a course has been described by Andrews *et al.* (2008) as a transitional year in which students learn to assimilate their new student and nursing roles and identities. Wilcox, Winn and Fyvie-Gauld (2005) have described this as the transition from the old way of living prior to university to the new, which was exemplified by Student 102 who missed her family and felt very homesick. Transition has been described by Leducq *et al.* (2012, p.779) 'as an event or series of closely related events (either anticipated or unexpected) that results in change from one state to another', and this is often linked with expectations. Students in this study were often experience a wide range of events, educational, clinical and social, requiring them to react, interpret and often makes changes. In light of Chickering and Resisser's theory of development (1993), and therefore the MoSP that relates to this, it can be anticipated that this transition relates to individual development, as successful transition will involve, perhaps, changes to identity, competence, relationships and so on. However, for all students this transition is not a smooth one; for example, transition requires students to engage professional socialisation (Del Prato *et al.,* 2011), but students do not always have positive experiences during this transitional process. Student 50, for example, stated that even when he had negative experiences he was able to learn from them, but for other students the discord between their expectations and the reality of real nursing may make this transition more difficult. However, as the stress of transition may be lessened by good support measures, support is an important part of the student first-year experience.

Support is a theme that almost all students mentioned in this study. However, the focus on the type of support and its importance seemed to vary (Appendix 5); for example, students said:

> All my placements were fine because the mentors I had were very supportive. (Student 12)
>
> The first day I came it was a bit hard … but I started making friends. But the friends I made the first day are not the friends I have now. (Student 12)
>
> You have to build that relationship [with other students] quickly so you can say to them, 'I'm struggling. I don't know what I am doing. Can you help me?' (Student 28)
>
> My dad gives me money to come to uni, so without my dad I don't know what I would do.
>
> (Student 50)
>
> He [personal tutor] hasn't shown much interest. (Student 71)
>
> In practice, students support you the most. (Student 83)
>
> Without parental support, I wouldn't be here to be honest. (Student 95)

Support can be provided from inside and outside the university setting. Inside the university it can be provided by university staff, peer group members and university support services. Outside of the university setting, support might originate from inside the family unit or non-university friendship groups. In this study students mentioned many types of support from both inside and outside of the university setting. Many students mentioned peer support as being important, which echoes the finding of Rudel (2006) in her study of nursing students that peer support was important for student course persistence. However, Rudel found that for non-traditional students it was family support that was more important. In my study the students can categorised into local and non-local students, traditional and non-traditional students. It would seem that non-traditional students are often local students and put an important emphasis on family and local friendship support. In terms of the MoSP, the pre-existing relationships are as important as the integration into the social side of university life. Indeed, for some students the support offered was pivotal to their being able to attend the course; for example, both graduate entry students (Student 82 and Student 95), relied on wider family resources to enable them to cope with the economic demands of the course

(specifically accommodation). For mature students, it was often the support and encouragement from their partners, e.g., Student 12 and her husband's ongoing support. For Student 106, the decision to leave was supported by her parents, whereas for one student in the pilot study, parental input encouraged her to remain on the course. Consequently, in terms of course progression, parental input can be supportive or negative, depending on the individual circumstances, as can broader family support and guidance.

For non-local students, peer relationships were important. Tinto (1993) stressed the importance of social integration in his model, which is incorporated into the MoSP. As noted by Whittaker (2008), students can have high expectations about their social life at university. Student 99, for example, left the course citing a lack of meaningful peer relations as a reason for leaving, which, as Tinto expressed, can lead a feeling of discontent and contribute to the student leaving. On the contrary, students with good integration can overcome academic disappointments if their social networks are well established and supportive (Tinto 1993). Many students in this study mentioned the importance of peer support during the first year of the course.

Chickering and Reisser (1993) also focus on the importance of interpersonal relationships and the development of insight into importance of shared learning opportunities and interdependence. Interestingly, students in this study discussed being strategic in their choice of peer affiliations, expressing that these had changed (Student 12 and Student 105). Student 105 seemed unable to make ongoing meaningful relationships with her peers in her nursing group, choosing to make friends with students on other courses; however, this student ultimately wanted to study medicine and it is unclear how this impacted on her choice of friendships; it may have been that she did not identify with her peer group sufficiently to build strong relationships. It would seem, furthermore, that for local students the importance

of peer support is less important, probably because they have support networks already established, or family commitments that exclude them from engaging in aspects university social life. Nevertheless, peer support appeared to be a significant factor for students during the first year of the course, with most students referring to it during their interviews.

Student integration related to support from academic staff, such as personal tutors, seemed to be very variable. For example, Student 42 wanted much more support from his personal tutor, whereas several students had minimal contact with their personal tutors and did not seem concerned about this. However, for one student in particular, Student 37, support from university staff was noted as important, and this student had a history of mental illness prior to the course and utilised the support available regularly. Academic support, however, was not a theme seen as meaningful for most students, except, perhaps, that they would have liked more support. Clinical support, from mentors, also seemed to occupy a similar position, with some students mentioning support, some wanting more, and some students not raising it as a concern.

Overall, students interviewed in this study mentioned support by a significant other at some level. On balance, it would seem that local, non-traditional students rely on family and pre-established friendships more than traditional students, who rely more on peer relationships. Academic and clinical support seems to occupy a lower profile, but is this a reflection of the reduced contact and duration of these avenues of support, which tend to be less of a day-to-day occurrence? It would seem that social integration is desirable and that support by a significant other is very important for most students during the first year of the course.

There were additional themes that were less easy to isolate from the interviews but they appear important related to levels of motivation and resilience (Appendix 5); for example, students said:

> Come on … get moving! I said I would do it. (Student 12)
>
> I don't like to give up … I want to show I can do it. (Student 71)
>
> I want to make my parents proud. Do absolutely the best I can. (Student 102)

These themes can be linked with Chickering's development vectors, of developing identity purpose, integrity (Chickering and Reisser, 1993) and Tinto's (1993) goal/commitment development. Several students talked about their confidence being boosted by academic and/or clinical achievements, and elements of personal change. For example, Student 12 was encouraged to continue when she received good grades in her early assessments. Motivation to achieve may, therefore, be enhanced by positive attainments in key areas of the course. However, conversely, negative experiences seem also to be used by a few students in a positive way; Student 50 expressed that he was able to learn from negative clinical experiences, and this may hint at how student resilience can be based on the positive perspective some students adopt when viewing what could be considered to be a negative experience. Resilience has been described as the ability to recover from a negative experience and return to an earlier state (Stephens, 2013) or the ability to cope with setbacks (Hart, Brannan and De Chesnay, 2014). In part, this ability may be due to personality traits; for example, Jones and Johnston (1997) found in their study of student nurses that despite similar levels of stress, some students responded differently and appeared more resilient. However, Stephens (2013) links resilience with stress coping strategies and the importance of social support. It is beyond this study to explore this aspect of student progression, although Erikson's (1980) concept of identity crisis could be applied to resilience, as could Tinto's (1993) integration theory, perhaps, as to how you judge yourself. Your strengths, weaknesses and aspirations may militate against adverse events, and levels of integration may offer a further buffer of support.

**Research questions revisited**

The original research questions were:

1. What factors affect the developmental progression of student nurses during the first year of their studies?

2. Are these factors inter-related and mutually influential with regards to student progression?

In this study a number of factors were linked with student progression during the first year of the students nursing programme. Using the MoSP as an underpinning framework, factors before and during university were explored. Influential pre-university factors included the student's level of academic self-perception, ethnicity, religion, entry qualification (traditional or non-traditional), number of GCSEs and grades in English and mathematics. 'During university' factors that had an impact on a progression, to varying degrees for each student, were related to academic and social integration, and development of interpersonal relations, autonomous study, nursing identity and vocational purpose. Preparedness for university life and nursing practice impacted on levels of academic and clinical competence, and they were partly moderated and influenced by prior expectations and levels of support. Chosen or experienced levels of support overall varied from student to student and often depended on the individual student's personal circumstances, with local students relying more on family support and non-local on peer support, with some students wanting more support from academic and clinical staff. Emerging themes related to preparedness, more emphasis on student expectation, the transitional process between 'before university' and 'during university' time periods, with support (at some level) moderating student progression in a positive or negative manner.

With regards to the second question and how factors are inter-related, it would seem that this is a dynamic and personalised process. Students arrive at university with a background, history and skill-set that is very peculiar to them. This foundation determines their preparedness for university (and informs their expectations) that then enables them to navigate the transition from their life before university to their new university experience. This transitional period is a time when their skill-set can further develop across a range of areas, or competencies, including academic, clinical and social; although again, this transition process is dynamic and students not only arrive prepared (or not) but their responsiveness is variable, personal and individualised, as they develop across a range of areas. The transitional development, however, is further influenced by external forces that come to bear on them. These external forces vary and depend on the social situation of the student, so that, for example, local, older, non-traditional students will have a very different experience to younger students with traditional entry qualifications who are living away from home. In essence, student progression in the first year is a personalised process influenced by past experiences, internal developments and external forces. It is a combination of historical, psychological and sociological forces that coalesce to push the student in either a forward trajectory or retard student ongoing development (be it academic, clinical or social).

**An evaluation of the MoSP**

The MoSP provided a starting point from which to explore the progress of students across the first year of their course. The different components related to 'before university' and 'during university', including the identity theory of Chickering and Reisser (1993) and integration theory of Tinto (1993), provided a baseline for the initial exploration of the student experience; however, the interplay between the different components was perhaps understated, as evidenced by the emerging themes: preparedness, expectations, transition, and

support. Changes to the model need to take more account of the dynamic between what the student arrives with and how they develop and are influenced across their time at university. Revising the MoSP (to incorporate the new themes of preparation and expectation within the 'Before university' phase, and the themes of transition, expectation management, and support in the 'During University' phase) should go some way to reflect how these sub-categories come together during these two distinct time periods to influence student progress. For example, a student's preparation and level of expectation may be a product of their type of prior education and level of support; similarly, a student's transition will probably be a product of their level of integration, identity formation, life events, and support needed at different times by different people, which all culminate to influence the overall student's response and level of progression. Nevertheless, despite the need for revisions, insightful and usable data was derived using the model as a framework to underpin the data collection methods, i.e., the questions in the questionnaires and interviews.

### *Summary of the chapter*

In this chapter the findings from the study have been used to explore the sections of the Model of Student Progression (MoSP). A number of factors that seem to affect student progression have been explored and how these linked with the different components of the MoSP. The MoSP appears to provide a suitable template with which to study student progression; however, despite a number of key findings being similar to findings in other research studies, additional themes emerged through the interpretative descriptive process. Moreover, the MoSP seemed limited in its reflection that student progression is a continuous and dynamic process, acted on by multiple forces, forces that are different for each student. Further development of the model to reflect the new emerging themes, especially preparation before entering university, transition phases and support throughout may be possible.

# CHAPTER 9: CONCLUSION

## *Introduction*

This chapter will present a summary of this study, its broad outcomes and implications for future practice and research. The limitations of the study will be discussed. Finally, an evaluation of this study's contribution to existing knowledge will be considered, with key outcomes and recommendations considered.

## Study summary

This study started with a focus on student nurse attrition, the wider interest in student nurse progression, and the development of a psychosocial model of progression based on the nurse attrition literature and the work of three theorists (Erikson, 1968; Chickering and Reisser, 1993; and Tinto, 1993). The model provided a suitable framework with which to explore student developmental progression, initially in a pilot study (to test the research design), and in the main study. Using a range of data collection methods across the first year of a nursing course, 59 students (13 interviewed) provided information that supported the component elements of the MoSP as reflecting factors that influence student progression. However, using an approach, broadly similar to that advocated by Thorne (2008), new themes emerged. These themes seem to indicate that student progression is a dynamic process, involving many of the elements within the MoSP, but one that is very much an individual student phenomenon. Moreover, this process of progression spans a wide time period starting before university, throughout the first year and probably beyond, with students experiencing many transitional periods and influential forces.

**Study limitations**

This study is not without its limitations and some caution should be applied when considering its findings. It is therefore important to acknowledge these limitations (Price and Murnan, 2004). The use of a single cohort of nursing students from one university inevitably raises limits on the transferability of the findings to other institutions and student groups. Similarly, as a lone researcher (who is also a lecturer within the same university), the interpretations within this study are my own and a different researcher may have come to different conclusions. Furthermore, the aim of this study was not to provide an insight into the experiences of all students, nursing or not, as that would have been unrealistic, given the diverse nature of nursing cohorts, institutions and clinical settings. Nevertheless, triangulating a range of data through interviews, questionnaires and examination board data, and providing rich descriptions of the data (in this study, ISPs) will raise the validity and credibility of the findings (Cresswell and Miller, 2000). Also, through a process of reflexivity, I have explored my own preconceptions and how these may have influenced my approach throughout different stages of the research process (Clancy, 2013), being mindful though that you can never really know how you fully influence the research (Finlay, 2002). Ultimately, the rigour and transparency of the research design and data presentation should allow others to judge the interpretations I have made.

**Study findings and original contributions**

In this study I have created a new student progression model and used this to explore the progression of a cohort of students. The main findings relate to the usefulness of the model to investigate student progression and the identification of those key factors that influence progression – although new overarching themes have emerged that are not reflected in the present model.

The MoSP, nevertheless, provides a framework with which to holistically explore student progression. Earlier models, such as those that informed the MoSP (Erikson, 1968; Tinto, 1993; Chickering and Reisser, 1993), often adopt a mainly psychological or sociological perspective, whereas the MoSP views progression holistically. The MoSP takes into account not only the personal attributes of the individual student but also the wider social forces that affect their progression. Furthermore, the MoSP examines progression across the timespan from before a student starts university through the university experience. It is the breadth of the components of the MoSP that enables it to explore student progression broadly, enabling a deeper insight into the multiple factors that affect student progression across time.

This study has, through the use of the model, also identified prominent and significant factors that for one cohort of students influenced them through the first year of their studies. This insight could be used as a starting point from which to consider how to identify students at risk of poor progression in future cohorts. Moreover, the model, with some further development, could go beyond the dangers of simple factor identification by reflecting more the new emergent themes (preparedness, expectation management, transition and support) to view progression as a complex outcome of multiple and variable forces that come together to influence a student across a continuum that includes the student's experiences before university and their time during it.

Indeed, factor identification alone could lead to dubious student recruitment and support practices. For example, through the recruitment and admissions processes, preparedness for university study could be partly ensured and encouraged. However, it has been suggested that students should take entrance tests as results can predict completion rates (Donaldson, McCallum and Lafferty, 2010), but this requires resources to manage the process. Wilson *et al*. (2011) recommended that students have previous nursing experience, but this is perhaps a

challenge to arrange for 17 year olds. Rodgers *et al*. (2013) suggested that perhaps a more realistic presentation at open days of what to expect at university would help manage unrealistic expectations; however, it is difficult to imagine staff at open days presenting their courses 'warts and all' as student recruitment could be regarded as a competitive process between universities, each trying to encourage student applications to their institution. More controversially, O'Donnell (2011) suggests recruiting only A-level students, but this would go against the widening participation agenda, and may further disadvantage already disadvantaged applicants.

A more appropriate approach perhaps may be to recruit students and identify on application those at risk by known progression factors, and, as suggested by Cameron *et al*. (2011), target resources at those at risk. This study has highlighted potential high-risk factors for poor progression and the areas where students want more support during the transitional phase of their university experience. If student needs vary (McSherry and Marland, 1999), it is time to explore more bespoke support systems that recognise that one size does not fit all with regards to student support. Indeed, Hinsliff-Smith, Gates and Leducq (2012) found that with Access students support needs depend on student circumstances, but this is probably so for all students. If we are to support students effectively, we must have a greater understanding of their personal situation and development needs. Wray *et al*. (2012) advocate getting to know your students more to enable better earmarked support. This will involve more resources, perhaps, for such things as enhanced personal tutoring systems, which have been found to be particularly important during the first year (Watts, 2011).

**Study research implications and recommendations**

This study has found a number of factors that are linked with student progression through the use of the MoSP. However, it has also been found that students respond differently to similar

experiences at university and factor identification alone does not provide a way forward to support student progression. There is a large volume of research related to student attrition and progression, and it is perhaps time to further explore what interventions support student progression, as the system of support needs to become more individualised, and to address those areas where progression remains unclear. For example, it was unclear in this study why a student's ethnicity and religion impacted on their academic results. Similarly, as Glossop (2001) noted, social class (along with other social forces) is another aspect of the student's background that merits examination, but this was not a factor initially identified when creating the MoSP through my literature review and the works of those theorists that informed the design of the model, although this could be another avenue worthy of investigation.

My recommendations from the findings in this study are:

1.      Develop and utilise a model of student progression that takes into account the multiple factors that affect student progression. With the addition of the new emergent themes, the MoSP is a model that would enable progression to be investigated in a holistic way, taking into account the dynamic nature of the student experience.

2.      Exploring the experience beyond the first year may elucidate different progression influences. Harvey, Drew and Smith (2006) have highlighted the importance of the transitional first year, but understanding later experiences would provide a more comprehensive view of the course experience of pre-registration student nurses.

3.      However, rather than researching the factors associated with progression (or, as more frequently investigated, attrition), it is perhaps time to research more how these factors are related and mutually influential. This study has shown that some factors can be more influential than others for this cohort of students. However, isolated factors do not, in themselves, predict student progress. It is often the sum of multiple forces that influence

progression, both positively and negatively, and it is the relationship between these forces that merits further exploration. Using the MoSP as a framework to underpin the design of a study can make this possible, as shown in this study.

4.      Moreover, rather than research into what is affecting student progression, exploring what interventions can positively influence students to help them achieve their potential within the university setting is now needed. The MoSP can help indicate the areas that can be focused on, from recruitment through induction to stable integration within the university and the wider social setting, against a backdrop of personal development and motivation. The MoSP can therefore act as both a framework to explore and understand progression and also as a potential framework to investigate interventions that may support student progression.

**Contribution to the wider body of knowledge**

Student progression has been an important focus in nurse education for many years. It is not uncommon for nearly 50% of students to consider leaving their course at some point (RCN, 2008) and, of course, it would be inappropriate to expect no students to leave a course (DoH, 2008). However, with an increasing demand for nurses and the cost implications of student attrition (Willis, 2012), it is time to explore student progression beyond simple factor identification. As Thomas and Quinn (2007) state, there is often more than one reason why students withdraw from a course, and, therefore, there is probably more than one factor implicated in student success. This study has shown that student nurses often come from diverse backgrounds, and it is not always easy to make comparisons between them (Osborne, Leopold and Ferrie, 1997). However, the overriding message from this study should be that students experience multiple forces that influence their progression and it is time to move to a much more holistic approach that sees students as having individual psychological, social and developmental needs. Furthermore, to help students progress we need to clarify what we

mean by progression and to develop new ways of providing support in a tailored, timely, resourced and supportive manner.  To do so, we need a model of progression that reflects the complexity of day-to-day student life and one that does not over simplify the complex world of the student. This study has, to some extent, gone some way to help create such a model for the future.

# APPENDICES

**Appendix 1: Research questionnaire**

# Questionnaire

**Thank you for volunteering to complete this questionnaire. There are 15 questions for you to answer. It is helpful if you can answer all of the questions; however, if you do not want to answer a question then please leave it blank. For questions marked with an *, circle the answer that applies to you.**

**Student's Research Number**:

_____

1. Age (in years):

_____

2. Gender:  Male / Female*

3. Country of origin:

_____

4. Race or ethnic group:

_____

5. Religion:

_____

6a. Do you have a disability that affects your learning? Yes / No*

6b. If you do have a disability, have you had an educational assessment of your disability? Yes / No *

6c. If you have a disability, do you require extra support to learn effectively? Yes / No*

6d. If you do require extra support, what support do you need?

_____

_____

_____

7. How do you rate your academic skills? Good  / Average / Poor*

8. Did either of your parents go to university? No / One of them / Both*

9. What type of school did you attend? State / Private*

10a. What qualifications have you got so far? 'A' levels / Access Course / Other (please state)*

_____

_____

10b. If 'A' levels, what grades did you get?

_____

10c. If you have 'Access Course' or 'Other' qualifications, did you get a commendation, merit, or distinction (or similar award)? Yes / No*

11a. How many GCSEs do you have at grades A-C?

_____

11b. What GCSE grades did you achieve in English and Maths? English _____; Maths _____

12. At what age were you when you first thought you would go to university?

_____

13. At what age were you when you first thought you would like to become a nurse?

_____

14. Why did you choose to study nursing?

_____

_____

_____

_____

_____

_____

_____

_____

15. Why did you decide to study at the University of XXXXXX [Name removed]?

_____

**Appendix 2: Research interview schedule**

**Progress Interview Schedule**
**Student's Research Number**: _____
**Section 1: University and Placement Experiences**
1.  Could you start by telling me about your experience of studying nursing at university?
    **Explorative questions:**
    a.      What are your thoughts about the content of your course so far?
    1.      You have attended a number of clinical placements, what has your experience of these placements been like?
    b.      Can you tell me a little about your social experiences since starting university – for example, your friendship networks and so on?
    c.      How have you managed financially since beginning the course?
    **Section 2: Personal Achievements**
2.  Can you tell me what you consider are your main achievements since starting your nursing course?
    **Explorative questions:**
    a.      Have your academic grades been what you expected?
    1.      [If no] How have they been different from you expectations?
    b.      Can you tell me more about your development of clinical knowledge and skills?
    c.      Is there anything that you have done or achieved so far since starting the course that especially pleases you?
    **Section 3: Levels of Support**
3.  Please tell me about the levels of support that have been available to you.
    **Explorative questions:**
    a.      What do you think of the levels of support from university staff during you time on the course?
    b.      When on a clinical placement, who provides you with support?
    c.      In your student group, how do you support each other?
    d.      Can you tell me a little about your family and their support?
    **Section 4: Viewpoints and Personal Change**
4.  How do you feel you have changed since starting the course?
    **Explorative questions:**
    a.      Have you changed your views on nursing?
    1.      [If yes] How?
    2.      [If no] What are your views on nursing?
    b.      Has your confidence changed at all?
    1.      [If yes] How has your confidence changed?
    2.      [If no] How confident are you?
    c.      Have you changed how you study since being on a university course?
    1.      [If yes] In what ways has your approach to studying changed?
    2.      [If no] Can you tell me about some of the ways in which you organise yourself with regards to your studies?
    d.      What are your plans for the future?
    1.      Have these changed since starting the course?
    **Section 5: Additional Comments**
5.  That's all of my questions; do you have anything you would like to add about your experiences on the course that you haven't mentioned earlier?

**Appendix 3: Research leaver's questionnaire**

# Leaver's Questionnaire

**Student's Research Number**:

_____

1. Please outline the main positive aspects of your experience of studying nursing at university?

   _____
   _____
   _____
   _____
   _____
   _____

2. What did you least like about studying nursing at university?

   _____
   _____
   _____
   _____
   _____
   _____

3. What factors contributed to you leaving the course?

   _____
   _____
   _____
   _____
   _____
   _____

4. If you could have changed your nursing course for the better, what would you have changed and why?

   _____
   _____
   _____
   _____
   _____
   _____

**Appendix 4: Project information sheet**

**Project Information Sheet**

You have been invited to take part in a research study for my doctoral dissertation at the University of XXXXXX [name removed]. Before you decide whether to take part or not, it is important that you understand why I am doing this research and what it will involve. Please take some time to read the following information carefully.

Whether you decide to participate or not in the research study after reading this information will have no impact on your marks, assessments or future studies. If you take part, you will be asked to sign a consent form to indicate that you have read and understood this information sheet.

**Who is organising and funding the research?**
I am conducting this research as a student at the School of XXXXXX [name removed], University of XXXXXX [name removed]. This research is funded by myself and is not connected with any other institutional study, audit or evaluation, or with the assessment of your course.

**Purpose of the study**
I hope this study will provide an insight into the things that influence the progress of students during their nursing course. I particularly want to understand the kinds of factors that help students make good progress in their course work and those factors that provide an obstacle to progress or where extra support or improvements in the way the course is delivered might help students. These factors may relate to your experience of the academic or clinical aspects of the course, or factors that relate to your personal life or personal development.

**Your participation**
I have randomly selected your name from a list of students in your cohort who have expressed a preparedness to participate in my study. Your participation in the research is absolutely voluntary and it is entirely up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and will be asked to sign a consent form. However, you are free to withdraw at any time, in which case any recorded information will be destroyed at that time.

**What will happen to you if you take part?**
If you do decide to take part in the research, you will first fill out a questionnaire that will collect some information about your background and entry qualifications. This questionnaire does not require you to put your name on it and it will not be stored with any information that could identify you by name or student number. If you do not wish to answer any question you can simply miss it out. This background information will be used to compile numerical /statistical data only and not to assess you as an individual.

I will ask two students to attend an interview, which should take about 30 minutes. In the interview I will ask you a series of questions about your experiences since starting the course, with a focus on your clinical, academic and personal progress. I would like to record the interview, as this will help me to take more accurate notes of your responses, and once the recordings have been transcribed they will not be kept. If you do not want to answer a question during the interview just tell me and I will miss that question out. I will ensure that information that would identify you is removed from any quotations I may use in my report. You will also have the opportunity to review the transcript of your interview and withdraw anything you do not wish to disclose.

If you participate in the study, I will also collect some information about you at the end of academic year Assessment Board. This information will be compared with data you have provided in your questionnaire and interview to help get a sense of what has influenced your progress during the time you have been a student on your nursing course. Again, to maintain your anonymity any data kept will not be stored with your name or student number on it, as you will be allocated a student research number that will be used instead.

If you should, unfortunately, leave the course during the academic year 20XX/XX [year removed], I will contact you to ask that you complete a questionnaire or attend a short interview. The questionnaire and interview will explore your reasons for leaving.

If you are willing to take part in the study you will be asked to sign a consent form to indicate that you have read and understood this information sheet. If you do not want to take part in the study, you do not need to do anything else. Either way, please be reassured that your decision to participate in the study, or not, will not affect your future progress on the course, either in assessments or how staff support and regard you as a student.

Many thanks for taking the time to consider this request. If you should have any questions, please contact me.
**Richard Breakwell**
Tel: xxx xxx 8608
Email: R.L.Breakwell@xxxxx.ac.uk

**Project Consent Form: Research pilot study by Richard Breakwell into factors affecting student progress**

I, _____ [name], have read the Project Information Sheet of the study being carried out by Richard Breakwell. I confirm that I understand the purposes of the project and the implications of participating in the research. I consent to completing a questionnaire and being interviewed about aspects of my progress whilst being on a nursing course at the University of XXXXXX [name removed]. I also consent to the academic information about me being presented at the end of the academic year Assessment Board being reviewed and stored by the researcher. I understand that all research information about me will be safely stored to maintain my confidentiality.

Signature _____        Date _____

**Appendix 5: Newly Emergent Themes – Example Quotes**

### 'Preparation' example quotes

| Student | Quote |
|---|---|
| 28 | I think the Access course didn't prepare us. |
| 42 | I did a BTEC course. … It was like a massive step forward. |
| 50 | I think there is a lot that college could make you a little bit more aware of and what to expect. |
| 57 | I didn't do any biology before I came here. … I didn't know a lot of science. I didn't have any exams … it was hard to adjust to how much time revise' |
| 83 | They didn't teach us how to reference properly, and when I came here … it was bit like, 'So where do I start?' |

### 'Expectation' example quotes

| Student | Expectation topic | Quote |
|---|---|---|
| 12 | Initial thoughts | Am I going to be able to cope? |
| | University support | From the university side, I don't think it is sufficient. I think there could be more visits when you are on placement or more seminars where you could discuss issues. |
| 71 | Workload | It was harder than I thought it was going to. Hard not as in academic terms but hard in that it requires a lot of time and effort, and I didn't think it would be that intense. |
| | Personal tutor support | He hasn't shown much interest. |
| | Lectures | Lectures were not useful. At college everything was given to you. |
| | Attendance | When in college I was only in a few lessons a week. This is practically full-time. |
| 77 | Feeling out of place | When I first came here last year I was literally waiting for someone to say you are not meant to be here. |
| | Comparison with other courses | Comparing our course with theirs because they've finished now for the summer and we are still going. |
| 82 | Prior degree | I think because I've done a degree before I knew what to expect. |
| | Self-directed learning | I think that only by your own learning can you link a lot of things and make sense yourself. |
| 93 | Poor social life | Honestly, I don't have a social life! |
| 102 | Workload | I expected it to be difficult but not so full on. |

## 'Transition' example quotes

| Student | Transition topic | Quote |
|---|---|---|
| 12 | Getting good results impact | Oh, I can do it! |
| | Becoming a better person | I'm actually a better person than before, in my communication. I'm a better listener … And people have come to like me more than before. |
| 28 | Academic skills development | Some aspects were quite difficult, especially the academic writing and referencing … it took me a while for me to get my head round it. |
| | | Generally I've shocked myself that I actually did it [passed assignments]. |
| | Thinking differently | I think about things more and from everybody's point of view. |
| 37 | Academic writing | Over the first year I developed even more and more to get really good grades by the end of year. … I think that I am definitely more confident that I ever was before. |
| 50 | Thinking differently | It's changed me as a person. I am less judgemental. I analyse things and then make a decision. |
| 57 | Making friends | Once I made friends and got used to the way of the university, I enjoyed it and liked it. |
| | Studying more | I actually do work now, whereas in my GCSEs I didn't … The level goes up you and you have to do more work to cope. |
| 71 | Maturing | I've had to grow up a lot. |
| 82 | Seeing others mature | I've done my growing up before university. I see the change in people who are younger. |
| 83 | Fending for yourself | It's been hard because I've never lived on my own. |
| 92 | Finding your way | I kind of like found my own way. |
| 95 | Past degree studies help with stress | I don't think I've found it very stressful … Having done a degree previously it has been quite manageable. |
| 105 | Homesick | In the first six weeks I wanted to go home. |

## 'Support' example quotes

| Student | Support topic | Quote |
|---|---|---|
| 12 | Module leader support | Getting support from my module leader helped. |
| | Placement mentor support | All my placements were fine because the mentors I had were very supportive. |

| | Changing friendships | The first day I came it was a bit hard as I didn't know anyone, but I started making friends. But the friends I made the first day are not the friends I have now. |
|---|---|---|
| | Student group / peers | Yes, it is [supportive] but not very much. People have small groups and you find that another group doesn't talk to another group. |
| | Personal tutor support | Yes, I used to see my personal tutor quite often. He was very supportive. |
| 28 | Lack of University support | Staff said, 'We can't hold your hand'. |
| | Seeking peer support | You have to build that relationship [with others students] quickly so you can say to them, 'I'm struggling. I don't know what I am doing. Can you help me?' |
| | A key friendship | There's one person I've known since I was seven. We went through the Access course together. |
| | Parental support | I wouldn't be able to do it without my mom. … She helps care for my disabled daughter and children when assignments are due. |
| 37 | A network of support | I think I've developed a really good support network with a close group of friends. |
| 42 | Wanting more personal tutor support | One of the things I want to feel when I go my personal tutor is that they are able to identify my problems, identify where I am going wrong. |
| 50 | Group formation | We naturally fall into [age] groups. |
| 57 | Parental support | My dad gives me money to come to uni, so without my dad I don't know what I would do. |
| 71 | Existing friendships | I find I see my original friends a lot more than my university friends, because I don't live on campus. |
| | Lack of personal tutor support | He [personal tutor] hasn't shown much interest. |
| 77 | Making friends | So just by luck I sat by someone and I am still best friends with her now. |
| | Social media | Facebook … everyone types now what to do. |
| | Personal tutor – lack of awareness | I wouldn't go to her if I had a problem because I don't know her that well. |
| 82 | Making friends who are similar | Socially I've got a good group of friends now and we're all home students … with the same sort of background. |
| | Making a key friendship | If I hadn't met you I wouldn't had stayed! |
| 83 | Lack of personal tutor contact | In the first year I didn't meet my tutor; I forgot. She never contacted me and I never contacted here. |

| | Student support in practice | In practice students support you the most. |
|---|---|---|
| 93 | Parental support | I'm dependent on my parents. |
| 95 | Parental support | Without parental support, I wouldn't be here to be honest. |
| 102 | Changing friendships | They [friendships] have changed quite a lot. |
| | University support systems | Underestimated by a lot of people but it's there if you go looking for it. |
| | Family encouragement | Brilliant support. 'Go on, keep going' they say. |

## 'Motivation and Resilience' example quotes

| Student | Expectation topic | Quote |
|---|---|---|
| 12 | Self-encouragement | Come on … get moving! I said I would do it. |
| | Status motivation | When I qualify I will be a better positon, so my social class, my class in society, will change… It's very important, because I don't want people to look down on me. |
| 71 | Not giving up | I don't like to give up … I want to show I can do it. |
| | Nursing aspiration | It [continuation] was because I was really interested in nursing and I really want to do nursing. |
| 77 | Feeling out of place | When I first came here last year I was literally waiting for someone to say you are not meant to be here. |
| | Comparison with other courses | Comparing our course with theirs because they've finished now for the summer and we are still going. |
| 82 | Treating it like a job | I said to my parents that this is me treating it like a job. |
| 102 | Pleasing parents | I want to make my parents proud. Do absolutely the best I can. |

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