Becoming a successful student in pre-registration nurse education: A qualitative multiple case study

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Abstract

Student success in pre-registration nurse education is becoming increasingly important in order to reduce student attrition and meet workforce needs in the United Kingdom (UK). Extensive quantitative research exists on student attrition and the predictive power of factors such as entry qualifications, age and gender, however there are few studies that have explored students' accounts of their own success.

The aim of this study was to identify and explain the significance of factors that enable high-achieving student nurses to become successful on their programme and to develop a model of student success in pre-registration nurse education. Traditionally, success has been defined as programme completion however this study has considered success in terms of high academic achievement i.e. those students attaining the highest average academic marks in the 2nd year of a pre-registration nursing programme.

A qualitative multiple case study was designed involving three cases of high-achieving students located in two UK universities. Transcripts from in-depth interviews with 37 third-year student nurses (adult field) and 23 lecturers were analysed using thematic analysis. Key educational documents were analysed to explore contextual factors influencing the learning environment. Adult learning and social learning theories were used as a theoretical framework for this study.

High-achieving nursing students identified that the most significant factors contributing to their success were: being highly motivated to become a good nurse, being actively engaged in learning and having effective support systems. High-achieving students have the attributes of adult learners: they are self-directed, independent and actively engaged in learning. Lecturers identified motivation and attitudes to learning as important factors in success but also considered high entry qualifications to be significant although this was not supported by the data in this study. Adult learning attributes contribute positively to success but experiences in the learning environment also influence student achievement. A model of student success in pre-registration nurse education has been developed that can be utilised by students, education providers and clinical mentors to understand and promote student success.

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Abbreviations

A level	Advanced General Certificate of Education
BTEC	Business and Technology Education Council
DC test	Direct entry educational test used to enter nursing programmes in place of GCSEs – now obsolete. Named after its creator Professor Dennis Child. It was psychometric in nature and included maths, English and IQ components.
DfES	Department for Education and Skills
DIUS	Department of Innovation, Universities and Skills (previously DfES)
EBL	Enquiry Based Learning
EHEA	European Higher Education Area
FE	Further Education
GCSE	General Certificate of Education
HEE	Health Education England
HEFCE	Higher Education Funding Council for England
IPL	Inter-Professional Learning
LETB	Local Education and Training Board
MDHU	Military Defence Hospital Unit
NCLEX-RN	National Council Licensure Examination- Registered Nurse
NMC	Nursing and Midwifery Council
NVQ	National Vocational Qualification
PPM	Practice Placement Manager
QAA	Quality Assurance Agency
RCN	Royal College of Nursing
SCT	Social Cognitive Theory
SDT	Self-Determination Theory
SLT	Social Learning Theory
SPA	Supporting Professionalism in Admissions
UCAS	Universities and Colleges Admissions Service
UKCC	United Kingdom Central Council for Nursing, Midwifery and health Visiting.

Glossary

Attrition	Attrition refers to students who withdraw (voluntarily or involuntarily) from a nursing programme before completion. It is usually measured as a percentage of one intake or a group of intakes.
Bologna Declaration 1999	The Bologna Declaration initiated the Bologna Process which was designed to introduce a converging system of academic degrees that were easily recognised and comparable, promote the mobility of students/teachers/researchers, ensure high quality teaching, and incorporate a European dimension into Higher Education.
Commissioners	Organisations that contract with programme providers and fund pre-registration nursing education programmes
Complex	Complex refers to the dynamic and multiple factors, and their inter relationships, that contribute to student success.
European Higher Education Area	The EHEA comprises 46 European countries that are participating in the Bologna Process. This allows students to choose from a wide and transparent range of high quality courses while benefiting from smooth recognition procedures
Inter-Professional Learning	An interactive process of learning which is undertaken with students or registered professionals from a range of health and social care professions who learn with and from each other.
Learning outcomes	Statements of learning developed by programme providers which students must achieve to demonstrate that all programme competencies and requirements have been met.
Model	An organising framework for examining the multi-dimensional factors contributing to student nurse success.
Multiple case study	Multiple case study which is characterised by the study of several cases understand the similarities and differences between cases through a proc within case and cross-case analysis.
Pre-registration nurse education	Describes the education programme undertaken by nursing students to acquire the competencies needed to meet the criteria for registration with the NMC. NMC registration is required to practise as a nurse in the UK.
Student success	In this study, student success is defined as high academic performance in Year 2 of a 3-year diploma or degree programme.
Tuning Project 2005	A common European educational framework was established for nursing programmes

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Chapter 1

Introduction

This thesis is an inquiry into the factors that enable student nurses to be successful in pre-registration nurse education. The aim was to conduct a rigorous and in-depth study to identify and explain the significance of factors that enable students to become successful during their professional education, and subsequently to develop a model for student success in pre-registration nurse education. Whilst extensive research already exists on student attrition and the predictive power of factors such as entry qualifications, age, and gender, the complexity of factors involved in student success has not been fully explained. This qualitative study offers a qualitative perspective on student success by exploring the concept of student success from the perspectives of successful nursing students and lecturers. Traditionally, research in this field has defined the term 'student success' as programme completion however success in this study is explored from a new perspective by examining the factors that have influenced the performance of high-achieving students rather than students who have simply completed the programme. The identification of factors that promote student success is instrumental for the recruitment of nursing students and the design and development of pre-registration nursing programmes in order to ensure the best outcomes for the student, the education provider, the commissioners of nurse education and the nursing workforce in the UK.

1.1 The context of pre-registration nursing education

This study is set in the context of significant change within pre-registration nurse education and wider healthcare provision in the UK. This section provides an overview of key changes and in particular, highlights the significance of these changes in relation to student nurse selection, retention and attrition, and student nurse success.

There have been a number of major changes to pre-registration nurse education in the UK within the last thirty years. In 1999, the Bologna Declaration created convergence of academic awards across most European countries and was considered the most

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significant reform of higher education to take place in Europe in the last thirty years (Davies 2008). Following this agreement, a common European educational framework was established for nursing programmes in the '*European Tuning Project'* (2009) which included the intellectual, professional, academic and practical competencies that nursing graduates must acquire, increasing the mobility of registered nurses in Europe. Accordingly, nursing programmes must be a specific length, providing the hours specified in Directive 2005/36/EC and be at least equal to a qualification of the European Higher Education Area (EHEA). The institution that offers the programme makes the academic award, determines the title of the degree and may decide to offer programmes at a higher academic level. This restructuring has some bearing on the synthesis and transferability of research findings from European studies carried out on cohorts of students undertaking programmes prior to these educational reforms.

More recently in 2007, health reports identified that the future nursing workforce would have to be more flexible, with increasing specialist and advanced roles and a merging of professional boundaries (Darzi 2007, Macleod-Clark 2007, NMC 2007). Consequently, following a period of consultation between 2007 and 2008, the NMC announced that all pre-registration nurse education the UK would be delivered at a minimum of degree level by September 2013 (NMC 2010a). This is one of the most significant changes to pre-registration nurse education in the UK since it moved into higher education sector in response to Project 2000 in the 1990s (NMC 2010b, RCN 2010). It is likely that the entry requirements for degree programmes will continue to increase with increased demand for places in the context of declining funded training places as part of NHS cost containment (RCN 2012) and that the demographics of applicants for nursing will change in comparison with those applying for previous Diploma in Higher Education programmes although the full impact of this change will not be apparent until UCAS data for the 2013-14 application year becomes available. The funding arrangements for pre-registration degree programmes has changed significantly since the withdrawal of diploma programmes and currently compares favourably with other non-health subjects in Higher Education as places are fully funded by the Department of Health with students eligible for an annual grant of £1000, a means-tested bursary and a maintenance loan. Future changes to the funding of nursing programmes may have a significant influence on the

number of applicants for pre-registration nurse education. In addition to nurses prepared at undergraduate level, the rapidly changing context of healthcare is likely to require increasing numbers of nurses to be trained at master and doctoral levels based on the drive to improve the quality of care through evidence based practice and research (Thorne 2006).

Since 2012, there have also been significant changes to the process of commissioning of health education in the UK. The Government's policy for a new system for planning commissioning education and training was set out in the policy document 'Liberating the NHS: Developing the Healthcare Workforce, From Design to Delivery' (DH 2012) and was the driving force for reform of the education and training system to improve care and outcomes for patients. In 2012, Health Education England (HEE) was established as a transitional Special Health Authority for health education commissioning and then in April 2013 took full operational responsibility for providing leadership for the new education and training system (HEE 2013). Its strategic objectives are to 'ensure that the shape and skills of the future health and public health workforce evolve to sustain high quality outcomes for patients in the face of demographic and technological change' (HEE 2013). HEE aims to support healthcare providers and clinicians to take greater responsibility for planning and commissioning education and training through Local Education and Training Boards (LETBs), which are statutory committees of HEE. There has been a decline in the commissioning of student nurse training places in recent years reflecting the reduced Department of Health funding for non-medical pre-registration education, decreasing attrition rates from nursing programmes and transition of services from acute to community care. Commissioned training places for nursing have decreased from approximately 24,800 places across the UK in 2010/11 to 22,640 places in 2011/12, with a further reduction to 21,380 in 2012/13 (RCN 2012), representing an overall loss of approximately 4,500 places (16.9%) since 2008 (Snow 2012). This decline training places together with the increased net outflow of qualified nurses abroad to Australia, Canada, New Zealand and the UAS is likely to have a negative impact on the supply of nurses to the UK workforce (RCN 2012).

In terms of recruitment and retention, there is currently a global shortage of nurses which is predicted to worsen over the next decade (Buchan 2007, Buchan and Seccombe 2008, Lacey and Wright 2009, National Health Workforce Taskforce 2009, Pryjmachuk et al 2008). In the UK, factors that have been identified as contributing to this shortage include: an ageing workforce, increasing healthcare provision, inadequate recruitment rates, increased competition for nursing expertise from other countries, financial difficulties affecting commissioning of nurse education and the failure of students to complete their nursing programme (Longley et al 2007, RCN 2012).

The report of the Willis Commission (2012), an independent inquiry into nurse education commissioned by the RCN, highlighted the relationship between delivering high quality patient-centred care and excellence in nurse education. In particular, the report identified the need for well-educated graduate nurses to practise and lead nursing in a variety of roles, emphasising the importance of knowledge and its application to safe practice in order to keep pace with technological advancements in healthcare. The report also called for all pre-registration nursing curricula to embed the values of patient-centred care and compassion throughout nursing and midwifery programmes and to select students with academic ability and a range of valued attributes such as interpersonal skills, aptitude and motivation for their chosen career.

Recently, the publication of the Francis Report (Mid Staffordshire Inquiry Report 2013) exposed significant failings in the standards of nursing care in this Trust and called for changes to the training of Healthcare Assistants, a minimum of three months of care experience as a precondition to nurse training, and more patient-focussed nursing care although these recommendations are yet to be implemented. This report also raised questions about levels of staffing which has prompted a call by Members of Parliament on the Health Select Committee, General Practitioners and NHS England for the urgent publication of the ratio of nursing staff to patients daily in the UK and the establishment of appropriate staffing levels to ensure the quality of fundamental nursing care. The Francis report also recommended that student nurses should spend time working directly with patients before taking up their degree programme to emphasise the importance of professional attitudes, values and behaviours and to re-focus nurse

training on delivering compassionate care. Students on Health Education England's (HEE) pioneering pre-nursing experience pilot programme have evaluated this experience positively because it offered real experience of nursing and life as a student, and made them feel more confident in their role. It is likely that on-going assessment of the recommendations of the Francis Report will have a significant impact on the future on nurse education and nursing practice in the UK.

1.1.1 Student nurse selection

The focus for this study was initially identified through my work as a university nurse lecturer and admissions officer for a school of nursing and midwifery. The primary responsibility of this admissions role was to ensure that robust admission policies and procedures were in place to meet commissioned targets for pre-registration nursing places whilst also encouraging the selection of the most suitable applicants i.e. those applicants that would successfully complete a pre-registration nursing programme leading to professional registration with the NMC and the relevant academic award (Diploma in Higher Education or Bachelor of Science), and then go on to be employed as Registered Nurses. The ability to identify those individuals with the most potential at the point of entry is challenging but important in order to: meet commissioned student targets, select the applicants most likely to complete the programme, reduce attrition rates and promote progression, and assist in the reduction of nurse shortages in the nursing workforce. It could also be argued that universities and nurse educators have a responsibility and moral obligation to the individual applicant to select only those individuals most likely to be successful in their chosen path of study and not give false hope to those who are unlikely to complete the programme. This view is supported by the Swartz Review (DfES 2004a:7), an independent review of the admissions in Higher Education commissioned by the Government, that clearly states that the '*ability to complete the course must be an essential criterion for admission*' to any programme of study. This principle remains embedded in current admissions standards set out by the Quality Assurance Agency (QAA) for Higher Education Quality (2013) Code of practice for admissions in Higher Education and the Supporting Professionalism in Admissions (SPA) (2014) programme commissioned by the Department of Innovation, Universities and Skills

(DIUS) to review and develop the principles of fair admissions originally set out in the Swartz Report.

The providers of pre-registration nurse education and nurse educators have a responsibility to local stakeholders to ensure that the quality assurance standards for student retention and progression are being met. Nurse education needs to prepare nurses to work in an increasingly sophisticated healthcare environment and equip them for high levels of autonomy on registration (Longley et al 2007). Modern healthcare requires nurses with sophisticated skills, knowledge and diagnostic expertise and as such, McCarey et al (2007) proposed that pre-registration programmes must be high in calibre and provide a sound foundation for advanced practice roles. Similarly, Pryjmachuk et al (2008) identified the need for nurse educators to select and retain students who are capable of handling the changing role of the nurse and the constant expansion of nursing knowledge, skills, and abilities demanded by current and future healthcare services. However, this goal has been difficult to achieve because nursing has historically recruited from a wide population in terms of ethnicity, age and academic ability and continues to do so in response to the Government's policy on *'Widening Participation in Higher Education'* (DfES 2003), the Higher Education Funding Council for England's (HEFCE) *'National Strategy for access and student success in higher education'* (HEFCE 2014) and the National Health Service's (NHS 2010) discussion document on widening participation in pre-registration nursing programmes.

In the past, the United Kingdom Central Council (UKCC) for Nursing, Midwifery and Health Visiting (UKCC 1986) attempted to stabilise the entry gate into pre-registration nursing programmes at the level of five General Certificates of Secondary Education (GCSE), however the advent of vocational qualifications and the 'DC Test' (direct entry educational test – now obsolete) widened the gate further. The implementation of Project 2000 was designed to make pre-registration programmes education led rather than service led thereby enhancing the professions' academic profile (Longley et al 2007). Concurrently, the Government's policy on widening participation in higher education also encouraged universities to ensure that their admissions procedures offered equal opportunities to all applicants including those from under-represented social groups

reflecting the variety of academic, social classes, ethnic, and age groups that represent the UK and regional population as a whole (DfES 2003).

Higher education in England is currently characterised by diversity and mass participation despite the recent introduction of tuition fees. Secondary and Further Education offer a wider range of opportunities than ever before. Learners have greater choice and progress to university by studying both academic and vocational subjects aimed at access to Higher Education. Mature learners have the additional options of Access courses developed during the 1970-80s to promote specific subject based knowledge and study skills required at higher-level learning, a range of vocational academic qualifications such as the level 3 Advanced Diploma and National BTEC awards, and Accreditation of Prior Learning (APL). Credits within Access to HE courses are now graded: pass, merit and distinction to identify equivalence with A levels and the International Baccalaureate in order to meet the entry requirements for degree level nursing programmes (QAA 2009). Admissions teams need to ensure that they can respond appropriately to a system of mass participation by a diverse pool of applicants entering nursing from a variety of routes especially as the Government remains committed to expanding the provision of vocational learning pathways and to increasing and widening participation. Recent recruitment drives in nursing have aimed to widen the base of applicants to ensure that the workforce reflects the service users of the health service and provide a route to Higher Education for a broader range of groups (Longley et al 2007).

In 2010 nursing was the most popular of all university courses with over 194, 000 applications: seven applications per place offered (UCAS 2013). Most recently admissions to pre-registration nursing programmes have been influenced by a number of changes including changes to funding of university and nursing courses, a reduction in nursing places commissioned by Local Education and Training Boards (LETBs previously Strategic Health Authorities), and the discontinuation of pre-registration diploma programmes (Longley et al 2007). Universities are likely to continue to raise the entry requirements (tariff) further with pressure on them to enhance their academic reputation and performance in university and subject league tables. With the introduction of higher university tuition fees, nursing courses are likely to become increasingly attractive as the

fees are paid by the Department of Health for eligible students. With increasing demand for places on nursing courses and the need to select the most suitable applicants for the future workforce, nurse educators and other healthcare professional educators need to make decisions about admissions criteria based on sound evidence using effective selection procedures. The Willis Commission (RCN 2010) recommends that recruitment campaigns for nursing should target a wide range of applicants including graduates, healthcare assistants, and mature people as well as school leavers, who have the potential to develop the right combination of critical judgement, practical skills and values. Ultimately, the selection of the most suitable individuals to enter the nursing profession has the potential to meet commissions for student nurse places and to enhance the quality of patient care.

1.1.2 Attrition

The majority of existing nursing research considers 'student success' to be synonymous with completion of the programme. The terms 'retention' and sometimes 'persistence' are also widely used in nursing and other disciplines in higher education research to refer to the continuous enrolment of a student on a programme. Attrition is considered to be the opposite of retention and generally refers to the number or percentage of students who fail to complete a nursing programme although in the UK, the Department of Health calculates attrition rates by programme using a more detailed formula (DH 2006). Many studies have focussed on failing students and the reasons for attrition rather than on the reasons for success (Coakley 1997, Hall 2001, DH 2006, Hill 2007, Fowler and Norrie 2009, Pryjmachuk et al 2008, Urwin et al 2010, Eick et al 2012, Harris et al 2014). Extensive research into the factors associated with attrition already exists and has been valuable to nurse educators in terms of identifying the need for adequate student support, careers advice, financial advice and support, and collaborative working between relevant stakeholders. Findings have also enabled predictive risk assessment tools to be developed however they have failed to explain why some students judged to be 'at risk' of attrition go on to complete the programme of study and students who are deemed as not 'at risk' do not (Wray et al 2012).

Despite this extensive body of research, rates of student nurse attrition have remained undesirably high over the last five decades (Urwin et al 2010) although rates appear to have decreased in recent years. In the UK, the national attrition rate for all courses in Higher Education was around 15% (National Audit Office 2007), which compared favourably to most other developed countries e.g. 65% Italy, 37% United States of America (USA) (Hall 2001). The attrition rates for nursing in the UK's constituent countries vary widely: Scotland 22.9%, England 18%, Wales 9.2%, and Northern Ireland 6% (Buchan & Seccombe 2006, Nursing Standard 2006) but were estimated to be around 25-26% in 2008 at an estimated cost of £99 million to the UK taxpayer (Waters 2008). The Royal College of Nursing (RCN) have also reported the national attrition rate for nursing (all branches/fields) at 25% with a variance of 3% to 65% between universities (Nursing Standard 2006). The consequences of recent changes introduced by the Department of Health ensure that education providers who fail to maintain acceptable attrition rates are likely to face a loss of revenue from the NHS commissioners of student places. Subsequently, the most recent figures from the Department of Health published in the Nursing Times (2011) suggested that attrition from pre-registration nursing programmes had possibly fallen to 12.4% in 2008-09 and 8.3% in 2009-10. Universities have attributed this fall in dropout rate to better selection of applicants, improved support for students, counselling, and financial advice (Nursing Times 2011).

Although most nursing literature considers student success to be the opposite of student attrition some of the factors involved may be linked. It is anticipated that the analysis of data obtained from interviews with high-achieving nursing students and their lecturers will reveal new perspectives on the factors and their inter-relationships that contribute to student success and therefore may assist in reducing attrition rates further on nursing programmes and also the potential to inform other pre-registration health programmes.

1.1.3 Theoretical perspectives in this study

Student success and retention in pre-registration nurse education is a complex, dynamic and multi-dimensional phenomenon influenced by the interaction of personal, academic and environmental factors (Jeffreys 2004, 2012). As a professional discipline, nursing students are required to be successful in both academic work and in clinical practice.

Several models of student retention in higher education exist to explain the process that leads students to persist on a programme including: Tinto 1975, Bean and Metzner 1985, and Bean and Eaton 2000, however these models primarily explain reasons for withdrawal and why students remain rather than explain why they performed well on their programme of study. In addition, these models do not consider the specific discipline issues related to pre-registration nurse education such as: career aspirations, professional socialization and integration, clinical placement learning, the need to develop professional attributes, funding arrangements, the length and intensity of the programme and the associated student stressors and their resilience. Only a few models of student retention exist within the discipline of nursing and these have focussed on: non-traditional or minority nursing students (Jeffreys 2004, Shelton 2012,) performance in pathophysiology (Salamonson et al 2009) and an epidemiological approach to addressing student attrition (Wells 2003).

Based on a series of empirical studies on non-traditional nursing students (Jeffreys 1998, 2001) developed the Non-traditional Undergraduate Retention and Success (NURS) model but later adapted this model to include traditional nursing students renaming it the Nursing Undergraduate Retention and Success (NURS) (Jeffreys 2004, updated 2012). Despite being relatively new and un-tested, the NURS model provides a valuable theoretical framework to study student retention. The limitations of the NURS model (Jeffreys 2012) includes its focus on student retention, its definition of success as programme completion rather than student performance above the minimum standard required, and the limited transferability of findings to the UK context as the model was developed from empirical data collected from students on North American nursing programmes. In the absence of a model of student success in pre-registration nurse education that explains the factors that contribute to high performance rather than just completion, other educational theories have been used to provide a theoretical framework for this study.

Educational theories grounded in psychology and sociology offer theoretical perspectives to explain the factors contributing to student success and performance. High academic achievement in American high-school students has been associated with the use of self-

regulated learning strategies (Zimmerman 2002) and therefore adult learning theories may explain why some students are more successful in pre-registration nurse education than others. Knowles' (1984) adult learning theory suggests that adult learners are independent, self-directed and motivated by intrinsic factors (Knowles 1984, Knowles et al 2011) and these characteristics have been linked with student success in pre-registration nurse education. For example, Newton et al (2009), in the USA, correlated high levels of student intrinsic motivation with successful outcomes in coping with the demands of a nursing programme and higher academic performance. Intrinsic motivation is associated with high levels self-efficacy (self-belief) which may also influence student success. Although nursing students are classed as adult learners, not all students may exhibit the characteristics of adult learners and this may be detrimental to their learning and ability to complete the programme. Knowles' (1984) adult learning theory offers a valuable framework to explore student-related factors associated with student succeed in pre-registration nurse education however it has been criticised by Merriam et al (2007) for excluding social influences on learning and the impact of the learning environment which are highly relevant in professional education (Durning and Artino 2011). For this reason, Social Cognitive Theory (SCT) has been used in conjunction with adult learning theory to discuss and explain the factors that contribute to student in this study (refer to Discussion Chapter).

Social cognitive theory focuses on the role of motivation and self-regulatory factors of learning, and acknowledges that learning and performance are influenced by the dynamic interaction of personal factors (beliefs, expectations, attitudes, and prior knowledge), behaviours (individual actions and choices), and the social and physical environment (resources, consequences of actions, other people and physical settings) (Bandura 1989). Studies in higher education have demonstrated higher rates of student retention when students are socially and academically integrated into the educational institution (Tinto 1993, Bean and Eaton 2000). By considering contextual and environmental factors, social cognitive theory may explain why some students are more diligent and determined to complete a career directed goal such as pre-registration nursing over time (Gyurko 2011).

Knowles' (1984) adult learning theory and Bandura's (1989) social cognitive theory are used in this study to explain the personal, academic and environmental factors that may contribute to student pre-registration nurse education.

1.2 The anticipated contribution to knowledge

Considerable research evidence exists in the UK and internationally in relation to the predictive power of variables such as entry qualifications, age, and gender in relation to student success however most of these studies have used a quantitative approach and specifically refer to success as simply completion of the programme. In addition, these studies do not identify the complex range of factors that influence student success in pre-registration nurse education or explain the significance of these factors from the perspectives of students or lecturers. I wanted to explore student success from a more positive angle than understanding student failure; to understand in depth the complexity of student success including the individual's personal attributes *and* the influence of the programme and learning environment if any, so that this knowledge could be harnessed and used to help all students reach their full potential in pre-registration nurse education.

During the current global recession, it is imperative to promote student success and reduce numbers of students who leave pre-registration nursing programmes in order to increase the numbers of well qualified registered nurses joining the workforce and reduce attrition. This study aims to explore the factors that enable students to perform well on a pre-registration nursing programme from the perspectives of students and lecturers.

The findings of this study have the potential to:

1) inform the process of selecting applicants who are most likely to successfully complete the programme and become employed as a Registered Nurse,

2) inform teaching and learning, assessment and student support strategies used in pre-registration nurse education,

3) facilitate the development of a model of student success in pre-registration nurse education, and

4) inform the selection and educational strategies of other pre-registration health education programmes.

Although some of the students in this study completed their programme at Diploma level (8/37 students), with some of these students commencing the programme with low entry qualifications e.g. NVQ level 3 qualification in Accounting, the findings of this study remain relevant to the current provision of pre-registration nurse education because universities continue to accept applicants with a wide range of entry qualifications for pre-registration nursing degree programmes across the UK (UCAS 2013). In addition, previous research has established that no single factor or combination of factors guarantees either student success or failure (Pitt et al 2012, Pryjmachuk et al 2008) and therefore, this study examines the breadth and inter-relationship of factors that contribute to student success from the perspectives of high-achieving students and lecturers rather than testing isolated variables that may predict student success.

1.3 Reflexivity and my role in the research process

In qualitative research, the researcher and the subject being studied are considered interdependent in the social process of research (Kvale and Brinkmann 2009). The qualitative researcher can be a valuable resource that generates new insights into the subject of inquiry (Hammersley and Atkinson 1995) however as the researcher is the 'instrument of data collection' within qualitative research (Mason 2002: 188), it is vital that the influence of the researcher on data generation and analysis is made explicit to ensure the trustworthiness of research findings (Pearson 2004). Therefore, my role as researcher and the influence I may have exerted on this study are discussed throughout this thesis.

Reflexivity takes account of the researcher's involvement in the research process and is defined as 'the process of reflecting critically on the self as researcher' (Lincoln and Guba 2000:183). The process of reflexivity requires the researcher to be critically aware of the ways in which their own values and assumptions have affected the methodological design and processes, the interpretation of data and the conclusions (Patton 2002). Reflexivity was used in this study to enhance the quality of the research findings in terms of trustworthiness and transferability (Lincoln and Guba 1985). As described by Reinharz (1997), I have made explicit the multiple identities underlying my role as researcher: the research-based self, brought self (social, historical, personal), and the situation-created self, and discussed the influence of these distinct voices on the research process.

Reflexivity can be enhanced by using multiple researchers to encourage discussion about beliefs, values, perspectives, assumptions during the research process (Patton 2002). Whilst there have not been multiple researchers in this study, I have regularly engaged with my supervisory panel, other experienced researchers and post-graduate research students to openly share this research work and to receive their views and comments about any aspect of the project including my role and position. Koch and Harrington (1998:888) refer to this process as the 'critical gaze turned towards the self', examining personal position, identity and self. In order to create a transparent audit trail of decisions made throughout this study, I have maintained a reflexive diary throughout the research process recording a range activities such as fieldwork notes and schedules, tutorials, areas of concern and interest, and the rationale for any decisions as advocated by Koch and Harrington (1998). My multiple roles in this research process have included: researcher, nurse lecturer, nurse, and military officer, and my previous roles as a clinical mentor and successful student nurse must also be acknowledged. Consequently, my own characteristics, experience, skills, understandings, values and motivation have influenced this study. In particular, I was aware of my 'insider' researcher status as an employee within Case 1 and my 'insider/outsider' role as a previous lecturer and military officer within Cases 2 and 3. My influence on different aspects of the study is discussed in the various sections throughout this thesis.

I qualified as a Registered General Nurse (RGN) in 1988 having completed a four degree in nursing studies at the University of Surrey; working initially in general surgery and then specialising in intensive care nursing in various hospitals in Canada and the UK. Since 1993 I have maintained my skills in clinical practice but have mainly worked as a nurse lecturer for the past twenty years in three different universities in the UK including a four-year Commission in the Royal Air Force (RAF). In 2003, I commenced a specific lecturer's role as Director of Admissions for a School of Nursing with responsibility for the selection of the most suitable applicants to meet commissions for pre-registration nursing programme. In the process of reviewing the School's admissions criteria, I became interested in understanding why some students performed so well on the programme with the aim of selecting students with the most desirable attributes and skills, and enhancing the learning environment to facilitate student success.

Researcher motivation is a vital part of the research process (Alvesson and Stoldberg 2000). Although a relatively inexperienced researcher, I have been highly motivated to undertake this research and have brought specific skills and knowledge that have strengthened my role as the researcher. As stated in the introduction, the initial idea for this research originated from my experience as Director of Admissions for a School of Nursing with responsibility for recruitment and selection policies. I also had responsibility for contributing to the school attrition plan by ensuring that potential students were likely to successfully complete the programme and not withdraw due to the wrong career choice. Although originally driven by issues relating to the selection of nursing students and the reduction of attrition rates, it became apparent early in the research process that the findings would not be limited to aspects of admissions work, but would offer new insight into many other aspects of the pre-registration nurse education such as approaches to teaching and student feedback.

In addition to a high level of motivation, I am a highly organised person who completes tasks thoroughly with a high degree of integrity. This ability to manage complex tasks, manage large volumes of data, and act with honesty and integrity has stood me in good stead to complete this project to a high standard. This capacity has allowed the project to include three cases in two geographically separate locations generating a large volume of

detailed data and adding a comparative element to this cases study and enhancing the transferability of the findings.

My previous experience has assisted my role as the researcher in this study in many ways but I was also conscious of the potential for my prior knowledge and values to influence the research process in a negative way. Prior to data collection, I considered my own opinions relating to student success before interviewing took place and recorded these in my fieldwork diary for reflection during the data collection and analysis. I was also aware that I might inappropriately steer the interview conversation in a particular direction to satisfy my own interest. To address this, a semi-structured interview schedule was chosen to allow the interview conversation to cover some areas in greater depth and dismiss others according to the participant responses.

From my own experience as a student nurse, students in my intake entered nursing with very different backgrounds, qualifications, personal characteristics and learning styles, but nevertheless shared the same ambition and determination to become a good nurse. On reflection, we learned and managed the demands of our training and education in different ways; some of us needing more support from tutors than others, some putting in more hours of reading, and others finding clinical practice more difficult to deal with emotionally. We adapted our learning and coping strategies to our individual needs and supported one another in our peer groups according to our different strengths and weaknesses. Despite our differences, we all achieved a good honours degree, qualified as a nurse and secured our desired job. More recently as a nurse lecturer and admissions officer, I have observed a similar trend of students entering nursing with a wide variety of qualifications (including some with comparatively low qualifications), personal characteristics and care experience. Regardless of their entry profile, the most successful students i.e. those that achieve above expectations or a higher degree classification, appear to share some common traits such as a strong work ethic, the ability to use constructive criticism effectively, and the ambition to qualify as a registered nurse. Through these observations, I became interested in understanding more about the process of becoming successful on a pre-registration nursing programme and what 'student success' actually meant to nursing students.

My experience as a student nurse, clinical mentor, nurse lecturer, and military officer has shaped my values and assumptions about student success and as such I consider myself an 'insider' researcher with respect to this study. My insider researcher status has influenced this study in a variety of ways and these are discussed throughout the thesis and summarised in Chapter 6: section 6.6.3. I have written the reflective elements of this thesis in the first person as advocated by Webb (1992) and Hamill (1999) with the aim of making my values, influence and role as a researcher within this qualitative research process transparent.

1.4 Overview of the thesis

This thesis is an account of the conceptualisation, design and findings of a study that examines student success in pre-registration nurse education. A qualitative case study situated in the constructivist paradigm was used to underpin this research. A comprehensive review of the literature related to student success and attrition in pre-registration nurse education led to the exploration of student success from the relatively unexplored perspectives of high-achieving students and lecturers. The findings are discussed in relation to Knowles (1984) adult learning theory and Bandura's (1989) social cognitive learning theories. In-depth contextual information from this study can enhance understanding of the process of student success in pre-registration nurse education and therefore a model of student success in pre-registration has been developed that can be utilised by students, education providers and clinical mentors to understand and promote student success.

The thesis comprises eight chapters which organise and present the main stages of this study. The chapters discuss the conceptualisation and methodological design, and present the findings derived from the study data. Following reflection on the research process, these findings are discussed in relation to existing knowledge and form the basis for recommendations for nurse educators, students, clinical mentors and further research.

Rationalisation for this study:

Chapter 1 (this chapter) provides an introduction to the study including the aims of the study, the rationale for the study and relevant background information including national policies relating to the context of pre-registration nurse education within the wider provision of higher education in the UK. Chapter 2 provides a comprehensive analysis of relevant literature published since 1990, focussing on the concepts student success, retention, attrition, resilience, disability and career aspirations. A synthesis of findings from this literature review identified the gaps in current knowledge and led to the development of the research aim and questions for this study.

Methodological Design:

Chapter 3 addresses the methodological and philosophical issues underpinning the research design of this study. This chapter proposes and justifies the use of a qualitative multiple case study approach to address the research aim and questions. Chapter 4 provides a reflexive account of the practical details of the research method including: a detailed overview of the study method, the type of case study used, the boundaries of the cases, sampling strategy, ethical considerations, recruitment strategy, data collection methods, the process of analysis, and ensuring quality in the research process.

Findings:

Due to the large volume of data gathered in this study, the findings from each of the three individual cases are presented in Appendix 17. The findings from each case are presented sequentially using the same format including sections on 1) a profile of the case 2) perceptions of student success and 3) the factors that enabled students to become successful on a pre-registration nursing programmes presented as themes and sub-themes. Chapter 5 presents the findings of cross-case analysis of the findings from all three cases as themes and sub-themes.

Discussion, Limitations, Recommendations and Conclusion

Chapter 6 discusses the findings of this study in relation to existing research and considers how these findings contribute to understanding student success in nursing. The role of the researcher in the research process is explored and the limitations of this study

discussed. Chapter 7 presents the recommendations for nurse education, students, clinical mentors, and future research. Finally, Chapter 8 concludes the study, providing an overview of the thesis, a summary of the key findings and their implications.

Chapter 2

Literature Review

Chapter 1 provided an overview of the context to this study including; the national and international political issues that have affected pre-registration nurse education, key drivers that are currently influencing nurse education and the profession, and the concept of student success and its relationship with the selection and retention of student nurses on pre-registration nursing programmes in the UK. In order to develop the case study frame, a comprehensive critical review of existing literature was carried out to establish what was already known about pre-registration student nurse success; to identify key themes and viewpoints, methodologies employed, and any gaps in knowledge (Hamilton and Corbett-Whittier 2013). This chapter provides a detailed account of the literature search and review processes, and a discussion of the review finding which led to the development of this study's research aim and questions.

2.1 Literature search process

The aim of the review was to identify and examine existing literature relating to pre-registration student nurse success in order to gain a comprehensive understanding of the concept of student nurse success and existing research. The review focussed on the breadth of related issues in existing research in this field including other health professional education particularly medicine, occupational therapy, physiotherapy, the historical context of student nurse success, the methodologies and research techniques employed, and the identification of areas requiring further research.

The initial literature search for this study was undertaken to develop the research aim and questions for this study and was submitted as a research proposal for ethical approval in December 2007. Since this time, literature relevant to this study has been reviewed on a continual basis and where appropriate included in this review and informed the research process at every stage. In order to ensure that this literature

review is both contemporary and complete, this literature review includes papers that have been published between 1990 - April 2014.

Published literature was searched via the electronic search engine: EbscoH and the following databases: CINAHL, Embase, Google Scholar, MEDLINE, and PsycINFO. These databases were searched separately to identify literature relating to pre-registration nurse education and other pre-registration health education initially using the keywords: 'student AND nurse AND success*' using the '*' truncation to capture other related words e.g. successful, succeeding, and the Boolean operator word 'AND' to combine these words together. An initial basic sensitivity search was performed to gauge the breadth of literature in this field and other related terms. As a basic search generated a large number of hits (>18,000), so inclusion criteria were developed to select the most relevant papers for review using an advanced search process. The advanced electronic searches were limited by year of publication, type of paper, language, and review status (see inclusion criteria below). The year of publication was limited from 1990 to ensure that papers related to pre-registration nurse education programmes at undergraduate level which were widely implemented during the 1990s as part of Project 2000. The inclusion criteria were:

- Peer-reviewed research papers
- Published since 1990
- Published in the English language
- All research methodologies
- Student success related to performance or completion on a pre-registration undergraduate programme (nursing or other health professions) with focus on factors associated with, influencing or predicting student success.

An advanced search of the four databases excluding Google Scholar yielded a total of 285 citations including duplicates. The advanced Google Scholar search facility did not offer as many options to limit the search therefore it produced significantly more hits (>2173). Currently, a concept analysis of 'student success' does not exist, therefore an initial screening of all the titles and/or abstracts of these papers was required to identify other terms used in relation to student nurse success such as 'academic achievement',

'progression', 'academic or clinical performance', academic success', 'predictors of success', 'academic or course outcomes'. Using these additional terms in various combinations in further advanced searches generated a further 123 papers. The search was expanded to include papers relating to other pre-registration profession education, generating a further 15 papers.

In total, the electronic search process generated a total of 300 papers that met the inclusion criteria. Additional papers were selected from reference lists of these papers and included in this review. Further review of the literature for specificity was lengthy and involved reading abstracts and full-text to determine the relevance for inclusion. The following exclusion criteria were applied by reading the titles/abstracts/full-text to select the most relevant papers to be included in the review:

- Papers that were not concerned with initial pre-registration nurse education or other pre-registration health education

- Papers whose focus was on performance in only one subject such as mathematical calculations or physiology

- Papers that did not discuss student success. This excluded many papers focussing solely on attrition.

The literature search also generated grey literature which was accessed if deemed relevant for the general purpose of gaining a more comprehensive understanding of student nurse success but this literature has not been included in the literature review.

Following the application of the inclusion and exclusion criteria, a total of 37 papers were selected for review. Due to the volume and breadth of focus of literature in this field, the process of selecting papers for inclusion in this review was challenging. A significant proportion of the literature focusses on factors that are associated with attrition or withdrawal from a programme and while there is commonality of these factors with student success, it is arguably a separate field of research. Papers were selected if their main focus was on factors that contributed to better performance or programme

completion however this was a time-consuming process often involving reading the entire paper and using personal judgement. The results of the literature search are summarised in Table 1.

Search Terms	Database	Abstracts only	Full text	Papers selected for review
Key words used: 'student AND nurse AND success*' 'achievement' 'progression' 'performance' 'academic success' 'predictors of success' 'academic outcome' 'course outcomes' 'completion'	CINAHL	15	89	23
	Embase	3	11	3
	Google Scholar	584	1589	5
	MEDLINE	23	38	4
	PsycINFO	53	53	2

Table 1: Numbers of papers generated and selected for review by database.

2.2 Critical appraisal process

Papers selected for this review were critically evaluated using the systematic tools for the relevant methodology from the Critical Appraisal Skills Programme (CASP) website (CASP 2013). In addition, qualitative papers were also evaluated using the Quality Assessment and Review Instrument (QARI) as recommended by Pearson (2004:55) which emphasises the 'congruity' of the qualitative research process within studies. Table 2 summarises the country of origin and methodological approaches used in the 37 papers selected. The following methodologies were used in these research papers: quantitative (26) including 2 systematic reviews and 1 meta-analysis, mixed methods (8) and qualitative approaches

(2). Of the 26 papers that used quantitative methodologies most used a combination of descriptive, interferential and regression statistical analysis techniques (23) on either one or more cohorts of students. The papers using mixed methods included a study that applied a phenomenological approach incorporating semi-structured interviews and the Entwistle (1983) 'Approaches to Study Inventories' (ASI), and other reviews: mixed method surveys (2), integrative review (3) and systematic reviews (2). The three qualitative studies included a study using action research methodology and focus groups/interviews with thematic analysis.

Country of origin	Quantitative	Qualitative	Mixed methods	Total
UK	11	2	4	17
North American	9		3	12
Australia	2	1	1	4
Thailand	1			1
Pakistan	1			1
Hong Kong	1			1
Italy	1			1
	26	**3**	**8**	**37**

Table 2: Papers by country of origin and methodological design

Table 3 provides an overview of the papers selected for review and includes information on the: author/s, year of publication, country of origin, research aims, design, main findings, comments, limitations and areas for further research. The papers are organised alphabetically by author to assist the reader locate each paper discussed in the Section 2.3: Findings of the Literature Review.

Authors	Year/ Country	Aims	Design	Sample	Findings	Comments/Limitations/ Areas for further research
Arathuzik & Aber	1998 USA	Identify the factors associated with NCLEX-RN success in a public college of nursing.	Descriptive correlational design	79 nursing students with diverse entry profiles.	NCLEX-RN success associated with programme GPA scores, English as a first language, lack of family demands, lack of emotional distress, fatigue, and financial and work burdens.	Look at academic and non-academic variables in a diverse student population. Looks at challenges for students and ways that the programme can support students. Limitations: small sample size, lack of generalisability.
Artino et al	2010 USA	Examined the relations between medical students' motivational beliefs, achievement emotions and academic achievement.	Longitudinal study using surveys at end 1st & 2nd semester, and course exam grades.	2nd year medical students (n=136)	Medical students' motivational beliefs and achievement are important contributors to academic achievement.	Cannot infer causality because data correlational. Small homogenous sample limits generalisability. Further research: impact of educational interventions on various affective constructs.
Ali and Naylor	2010 Pakistan	To determine an association between academic and non-academic factors and academic success.	Correlational design using multi-linear regression models	544 student nurse Year 1 records, 500 Year2 records and 343 Year 3 records.	Pre-admission qualifications & academic performance & academic performance in Year 1 and 2, & type of school were associated with academic success. Non-academic factors: gender and place of domicile were also associated with academic success.	Limitations: Lack of generalisability due to study location. Also incomplete records were excluded which may have influenced results. Further research: explore impact of type of school. Also qualitative studies to explore the impact of critical thinking abilities, time management, financial status, personal commitments on success.

Table 3: Aim, methodological design and findings of papers reviewed (continued overleaf).

Authors	Year/ Country	Aims	Design	Sample	Findings	Comments/Limitations/ Areas for further research
Cameron et al	2011 UK	To identify student characteristics and strategies in research studies investigating retention in nursing and midwifery.	Integrative literature review	15 papers reviewed using CASP tools.	Personal commitment and good support were identified as reasons why students stay on nursing and midwifery programmes. Support needs to be more clearly defined.	Papers on progression rather than completion were excluded. Data quality was problematic due to small samples and incomplete data. Lack of generalisability. Further research: identify when students are most vulnerable & which interventions are most effective.
Campbell & Dickson	1996 USA	10 year review of studies relating to: predicting student nurse success	Integrative review and meta-analysis	47 papers 1981 – 1990 4 papers from corpus were meta-analysed.	Integrative review: GPAs are most significant predictors of success & parental education & age. Findings are similar to other previous studies i.e. the inability to consistently identify student characteristics predictive of successful retention, graduation or NCLEX success.	Highlights need for consistency in design, collaboration amongst institutional research and more refined sampling. Recommends qualitative studies to identify non-cognitive variables that predict success. Lacks generalisability due to descriptive designs with small samples of convenience within single organisations.
Cheung and Au	2011 Hong Kong	To examine how mood states affect nursing students' performance on a treatment procedure.	Experimental design using video induced anxiety/calm.	30 nursing students in 3rd and 4th year.	Students were less proficient in performing the procedure after anxious-mood induction than after calm-mood induction.	Limitations: study conducted in simulated environment not real clinical setting. Small sample size. Lack of generalisability. Further research: examine impact of anxiety on clinical performance in real clinical settings, and support interventions.

Table 3: Aim, methodological design and findings of papers reviewed (continued overleaf).

Authors	Year/ Country	Aims	Design	Sample	Findings	Comments/Limitations/ Areas for further research
Dante et al	2013 Italy	To examine the factors associated with academic success or failing students in European scientific literature produced after the Bologna Declaration.	Systematic review of observational studies only.	5 studies included.	Discordant results for predictors of success or failure. Some factors were relevant at a local level but findings were not generalisable across Europe.	Further research: interventions strategies that HEIs have implemented to avoid student failure.
Dearnley & Matthew	2007 UK	To explore the factors that contribute to undergraduate student success on a nursing professional development programme.	Mixed methods – phenomenological and Entwistle's Approaches to Study Inventories (ASI)	18 – 16 women and 2 men.	Success drove success. Motivation came from success. Becoming reflective and an independent learner was vital to success	EN Conversion course not initial 3 or 4 year pre-reg. Course. Extracts from in-depth narratives from students included in paper. Looks at process of becoming successful over a 2 year part-time programme.
Donaldson et al	2010 UK Scotland	To investigate the potential of an interview score sheet to predict academic performance in the CFP on a Dip HE/BSc programmes.	Questionnaire (Interview Score Sheet – ISS) scores were correlated with module pass rates and attrition.	638 first year nursing students in 5 cohorts in a single university.	The total score on the ISS was not found to be a predictor of success on the CFP. The most reliable predictor was age.	Success was defined as passing all modules in Year 1. Limitations: Lack of generalisability as evaluated the prediction power of a local questionnaire. Further research: focus on other student characteristics such as socio-economic factors. Also need to undertake multi-centre studies that track students over 3 years.

Table 3: Aim, methodological design and findings of papers reviewed (continued overleaf).

Authors	Year/ Country	Aims	Design	Sample	Findings	Comments/Limitations/ Areas for further research
Ferguson et al	2002 UK	To review of factors associated with success in medical school.	Systematic review of quantitative and qualitative papers.	Not clear – medical students.	Academic qualification on entry was a moderate predictor of success.	Highlights the importance of learning styles and personality. More research required into personal statements, references, learning styles and interviews.
Ferguson et al	2003 UK	To compare the power of A levels, personal statements, references & personality to predict performance over a 5 year medical degree.	Cohort study over five years.	Intake of 1995 – 176 medical students.	References did not predict clinical performance. A levels, personal statements and personality domain of conscientiousness did predict performance although less so for clinical performance.	A levels, conscientiousness and personality linked with performance although less so with clinical performance component which requires problem-solving. Small sample size limits generalisability.
Freitas and Leonard	2011 USA	To identify the factors that contribute to student nurse success on an associate nursing programme.	Survey using questionnaires incorporating Maslow's Hierarchy of Needs	205 nursing students.	Students identified psychological and physiological needs during the programme but were not always able to meet them.	Limitations: lack of generalisability of findings. Highlights importance of educators being aware of factors that impact on success throughout the programme.
Fergy et al	2008 UK	To evaluate the impact of a pre-entry study skills initiative on the first year student experience.	Focus groups and semi-structured interviews.	59 nursing students & 23 lecturers focus groups.	The pre-entry study skills programme was effective in preparing the students for their first year experience and revealed insights into students' experiences during Year 1.	Highlighted anxiety, self-confidence and self-belief issues in relation to performance. Also highlights need for student support and guidance. Sample and local focus limits generalisability.

Table 3: Aim, methodological design and findings of papers reviewed (continued overleaf).

Authors	Year/ Country	Aims	Design	Sample	Findings	Comments/Limitations/ Areas for further research
Gilmore	2008 USA	To identify predictors of success in an associate degree nursing programme for use in admissions.	Retrospective correlational study	218 nursing students (176 completed & 42 failed)	Pre-entry performance in reading comprehension was predictive of NCLEX-RN success.	Limitations: Findings are specific to USA qualifications and nursing exams. Lack of generalisability.
Grossbach and Kuncel	2011 USA	To examine the predictive power of key admission and nursing school variables to predict NCLEX-RN success.	Meta-analysis	31 samples across 7,159 participants	SAT and ACT admissions tests were predictors of performance. GPA was predictive but to a lesser extent. Grades during the programme especially year 2 were strong predictors of success	Further research: more studies that predict student nurse success.
Haldane et al	2012 UK	Examined factors that predict success of graduate entry medical (GEM) students	Retrospective cohort study using SPSS statistical analysis	285 medical students	No single variables were associated with success. Grades AAB or higher in A levels predict better performance. 2:1 degree as entry qualification for this course is not disadvantageous.	Demographic information was limited to that available in student files. Number of students with a higher degree was small. Cannot be generalised to traditional medical UG courses. Further research: compare UKCAT scores with success.
Hamshire et al	2013 UK	To identify the factors that prompted students to consider leaving their programme and to make recs regarding attrition strategies	Mixed methods online survey	1080 students based in 9 universities in NW England (response rate 11%)	465 students (47% of sample) had considered leaving due to: dissatisfaction with academic workload, support, clinical placements and personal concerns. Reasons were usually multifactorial.	55 students commented on why they stayed: support from family, personal determination, enjoyable placements, & support from staff. Emphasised importance of: lifecycle from admission to graduation, student expectations, career aspiration.

Table 3: Aim, methodological design and findings of papers reviewed (continued overleaf).

Authors	Year/ Country	Aims	Design	Sample	Findings	Comments/Limitations/ Areas for further research
Houltram	1996 UK	To explore the relationship between entry age, entry qualifications and academic performance on the CFP.	Quasi-experimental. Correlational analysis.	258 diploma nursing students in first 18months of 3 yr programme 3 cohorts.	Mature students performed better although those mature students with best qualifications performed best. Students with unconventional qualifications fared worst.	First UK study. Non-random sampling. Single college studied. Scoring could be criticised for its arbitrariness and subjectivity. Need to focus on support as wide entry gate does not allow selection by qualifications.
Howard and Jerosch-Herold	2000 UK	Examine the relationship between entry qualifications & fieldwork/academic & final scores.	Descriptive and interferential statistical analysis.	168 records of occupational therapy and physiotherapy student 1993-1998.	Physiotherapy students had higher entry qualifications than OT students but fieldwork and degree scores were the same.	A levels are a weak predictor of fieldwork and degree performance. Limitations: difficult to assess clinical performance. Did not consider other factors that affect performance.
Jeffreys	2007 USA	Assess the entry, progression, graduation and licensure characteristics of associate degree nursing students.	Retrospective evaluation study using descriptive and interferential statistical analysis.	112 associate degree nursing students.	Entry qualifications and continuous registration on the course was associated with success.	Looks at various types of retention and attrition categories. Limits – associate student nurses, small study of one cohort, lacks generalisability, USA has different definitions of attrition compared to UK.
Kenny et al	2011 Australia	To consider issues for mature age nursing students in the Australian context.	Action research using questionnaires and focus groups.	10 universities responded to the questionnaire.	Mature students bring experience, skills and knowledge to the nursing profession but need specific support.	Limitations: Sample information limited. Findings lack generalisability.

Table 3: Aim, methodological design and findings of papers reviewed (continued overleaf).

Authors	Year/ Country	Aims	Design	Sample	Findings	Comments/Limitations/ Areas for further research
Kevern et al	1999 UK	To establish if there were significant relationships between the characteristics of pre-reg diploma entrants and their academic achievement or completion rates.	Multi-factorial tree-based technique using CFP and branch mean marks.	355 students – 4 cohorts. Wide age range and experience in care.	Entrants with 2 A levels and mature students did well. Younger students with poorer qualifications s did less well. Organisational and course characteristics influence course outcomes.	Raises questions about why mature students do well (? motivation and access support), culture of the organisation& role of academic adviser with students from non-traditional backgrounds. Highlights need for qualitative research into the social experiences of non-traditional students.
McCarey et al	2007 UK	To explore the predictive relationship between entry qualifications, age, gender, attendance, and academic performance.	Quantitative statistical analysis using mean year marks.	154 students from one diploma nursing cohort.	Students with higher qualifications at the point of entry performed consistently better than those with lower qualifications. Students over 26 achieved better marks in coursework and exams. Poor attendance and year one performance predicted year 3 performance.	Highlights attendance as an important issue in academic performance. Limited to one cohort and did not include withdrawals. Highlights need for research into motivation, self-efficacy and success.
McLaughlin et al	2008 UK Northern Ireland	To examine the role of personality and self-efficacy in predicting academic performance and attrition in nursing students.	Longitudinal design using questionnaires.	384 nursing students in early 1st Year and final year marks/attrition rates for 350 students.	Students who scored high on the psychoticism scale were more likely to withdraw. Occupational self-efficacy was a predictor of better final marks. Extraversion was shown to negatively predict academic performance.	Did not address the complexity of factors that contribute to retention. Findings lack generalisability as focussed on one university Qualitative research needed to understand personal reasons why students leave and gain educators' perspective.

Table 3: Aim, methodological design and findings of papers reviewed (continued overleaf).

Authors	Year/ Country	Aims	Design	Sample	Findings	Comments/Limitations/ Areas for further research
Morris and Farmer	1998 UK	Investigate the predictive strength of academic entry scores on academic and clinical performance.	Correlational, Chi-square, and discriminant function analysis	101 physiotherapy students in 3 cohorts.	No entry criteria predicted performance across all 3 years. Age and gender were poor predictors of performance.	Need for further research into non-cognitive attributes and learning styles. Students graded in practice. Small sample, one cohort – lacks generalisability.
Newton et al	2007 USA	Explore whether scholastic aptitude and nursing aptitude are predictive of early academic achievement in a nursing degree.	Exploratory descriptive design using regression statistical analysis.	164 sophomore (2nd year) nursing students	Scholastic and nursing aptitude predicts academic achievement in semester 1 of the second year.	Focuses on performance in the first part of year 2. Includes nursing aptitude assessment. Limitations: Small sample, lacks generalisability.
Ofori & Charlton	2002 UK	To build and test a model describing some of the psychological processes underlying nursing students' academic performance.	Path analysis performed on data from questionnaires and university records. Mean module marks for course.	315 students undertaking a nursing diploma.	Support seeking was more predictive of student performance that entry qualifications.	Quals not the most useful predictors. Looks at student support/academic motivation. Limited to one module: explanations of results may not be generalisable. Other factors were not tested in the model but may be equally relevant.
Pimparyon et al	2000 Thailand	Examine the relationship among students' approaches to learning, their perception of the learning environment & academic achievement.	Questionnaires: Approaches to Studying Questionnaire and Medical Education Environment Measure.	256 Thai nursing students on a 4 year degree in 1997.	Students cope with learning in years 1 & 2 by adopting surface learning. Students who view their learning environment more positively are more likely to be successful.	Highlights influence of learning environment on student learning approaches and achievement. Implications for supporting students and teaching/learning strategies. Thai culture specific.

Table 3: Aim, methodological design and findings of papers reviewed (continued overleaf).

Authors	Year/ Country	Aims	Design	Sample	Findings	Comments/Limitations/ Areas for further research
Pitt et al	2012 Australia	To identify factors that influence academic performance, clinical performance and attrition in pre-registration nurse education.	Integrative review using Whittemore and Knafl's framework.	44 papers published between 1999 to 2011: 2 qualitative, 1 mixed, 41 quantitative.	Most studies focus on academic performance not clinical. Significant factors that affected performance were: English as a second language, employment, personality & self-efficacy.	Heterogeneity of evidence in sample populations of studies reviewed. Findings have limited generalisability. Further research needed to identify factors that affect clinical performance.
Raman	2013 USA	To examine the factors influencing the academic success of associate nursing degree students.	Survey instrument used to obtain qualitative and quantitative data.	104 2nd year student nurses	Faculty support, self-efficacy, affective commitment, pre-nursing GPA and math self-concept played key roles in academic success.	Limitations: Lack of generalisability. Further research: improved survey instruments and investigating unique factors involved in individual success.
Salamonson & Andrew	2006 Australia	Examine the influence of age, ethnicity, & part-time employment on academic performance.	Prospective quantitative survey over 2 years 2001-02. 2nd year marks in physiology and nursing practice.	267 nursing students -3 yr degree	Students doing>16 hours in paid employment had lower academic achievement in pathophysiology& nursing practice. Age has a +ve effect and ethnicity a -ve effect on achievement.	Only focussed on second year students and acknowledged that other factors affect academic achievement.
Salamonson et al	2012 Australia	To assess the impact of nursing as a first choice for study on programme completion.	Longitudinal cohort design	352 nursing students	Students who selected nursing as their first choice of career were twice as likely to complete. These students were older and had prior experience of a nursing-related job.	Male students and those working >16 hours per week were less likely to complete.

Table 3: Aim, methodological design and findings of papers reviewed (continued overleaf).

Authors	Year/ Country	Aims	Design	Sample	Findings	Comments/Limitations/ Areas for further research
Scarborough	2013 USA	To investigate the complex relationship between students' trust in faculty and educational performance.	Quantitative, cross-sectional, descriptive and correlational design.	216 nursing students on a baccalaureate programme	Anger and frustration increased throughout the programme. Mood and cognitive function are related.	Lack of generalisability due to cohort effect and homogenous sample. Further research: faculty-student trust and success.
Todres et al	2012 UK	To detect factors that final year UG medical students believe affect their academic performance.	Exploratory study using semi-structured interviews and thematic content analysis.	10 high-achieving and 8 re-sitting students in final 2 years of studies.	Identified attitudes, behaviours and motivations contribute to success or failure.	Limitations: response rate low, small sample size. Findings cannot be generalised. Further research: investigate effective ways to train medical teachers to mentor and appraise students.
Uyehara et al	2007 USA Hawaii	Identify the predictors of program success and withdrawal 3 phases of the program: admission, within program & at exit.	Descriptive, correlational, and regression statistical analysis.	280 degree nursing students on a 3 year programme.	Changes to the curriculum increased NCLEX pass rates.	Highlights need for the programme/learning environment to facilitate success, provide support. Limitations – small study on one programme, evaluates programme changes, specific ethnicity issues, lacks generalisability.

Table 3: Aim, methodological design and findings of papers reviewed (continued overleaf).

Authors	Year/ Country	Aims	Design	Sample	Findings	Comments/Limitations/ Areas for further research
Wood et al	2009 USA	To gain a deeper understanding of the perceptions of locus of control and academic success of baccalaureate nursing students.	Descriptive study using quantitative and qualitative methods.	106 nursing students who had completed the 2nd semester.	Students with a lower perceived locus of control were more likely to have lower grades. Filipino and other Asian groups, and students for whom English was a second language were also more likely to attain lower grades.	Highlights that good study strategies, persistence and supportive social connections contribute to student success. Limitations: Lack of generalisability due to instrument, sample and design. Further research: impact of locus of control.
Wray et al	2012 UK	To examine factors connected to progression and attrition by mapping student characteristics against year 1 progression data.	Retrospective cohort design using quantitative data and multinominal logistic regression.	695 student nurses in 5 cohorts in a single university.	Older students, students with dependents and those with care experience are more likely to progress. Students who lived away from local area were less likely to progress.	Limitations: Findings not generalisable to a more diverse student body. Further research: focus on students that stay on the programme using predictive models.

Table 3: Aim, methodological design and findings papers reviewed.

2.3 Findings of the literature review

2.3.1 Definitions of student nurse success

Previous studies have used a variety of ways to define and measure student success in pre-registration nurse education. Success has been most frequently referred to in terms of completion of the programme as measured by completion rates and/or in terms of academic achievement as measured by course marks at various stages of the programme (Pitt et al 2012). Occasionally, papers have explored success in terms of: clinical performance in nursing (Cheung and Au 2011), clinical performance in physiotherapy, occupational therapy and medical students (Morris and Farmer 1998, Howard and Jerosch-Herold 2000, Ferguson et al 2002) and motivation to study (Dearnley and Matthew 2007), however these outcome measures have posed methodological challenges as they are more difficult to reliably quantify. Most North American studies consider a pass grade of the National Council Licensure Examination - Registered Nurse (NCLEX-RN) as the most important outcome measure of student success although some studies also examine student progression throughout the programme using Grade Point Averages (GPAs) (Campbell and Dickson 1996). The NCLEX-RN exam is taken in the final year of a nursing degree programme and can be re-taken if necessary. American studies also place particular emphasis on student success being defined as those students who pass the NCLEX-RN exam at first attempt as delayed programme completion due to intercalation and repeated attempts at passing the NCLEX-RN create financial and workforce tension in the USA and Canada. The terms most commonly used in association with student success are: 'academic performance', 'NCLEX-RN success', 'academic achievement', 'academic success', 'clinical performance', and 'fieldwork success'.

To summarise, there is no single definition or outcome measure of student nurse success in the literature and a concept analysis of student nurse success has not been published to date. Studies carried out in the USA predominantly consider passing the NCLEX –RN at first attempt the most important outcome measure of success in pre-registration nurse education. Studies carried out in the UK have also considered completion rates and academic performance at various stages of the nursing programme.

2.3.2 Retention and attrition

Student success is linked to research that examines student nurse retention and attrition, sometimes referred to as 'wastage' on pre-registration programmes, by the outcome measures of completion and non-completion of the programme. Despite difficulties in the past with agreement on a single definition of attrition (Cameron et al 2011), most studies examining attrition have specifically focussed on students who have failed to complete the programme whether the failure is due to voluntarily withdrawal or involuntarily withdrawal due to academic failure or professional unsuitability (Kotecha 2002, Pryjmachuk et al 2008, Urwin et al 2010, Orton 2011, Eick et al 2012). A considerable body of research focussing on attrition exists in both the USA and UK based literature, however most of this specifically examines the reasons why students fail rather than why students succeed on the programme. Factors that predict attrition are not necessarily linked with factors that predict programme completion (Pryjmachuk et al 2008, Pitt et al 2012) and for that reason papers focussing solely on attrition were not included in this literature review.

Occasionally, research papers whose main focus is attrition have considered both reasons for leaving *and* staying on the programme (Cameron et al 2011, Wray et al 2012, Hamshire et al 2013) and these have been included in this review. While some of these studies have used a qualitative approach in order to understand the complexities of attrition, the data for some these studies was gathered from exit interviews undertaken at the time when the student withdrew from the programme or shortly afterwards. The collection of data at the point of withdrawal or shortly afterwards is problematic as information tends to come from only a minority that choose to speak or from lecturers guessing reasons for withdrawal. This data may not be accurate or complete and this is recognised as a limitation in these studies (Donaldson et al 2010, Hall 2001, Glossop 2001, Pryjmachuk et al 2008). In order to address this problem, Cameron et al (2011:1374) advocate the need for future research to focus on larger groups of students who remain on the programme as they have the advantage of offering 'live' data that can be collected prospectively and may highlight issues relating to the programme.

2.3.3 Student nurse success

In contrast to research on failing students, there are relatively fewer studies that have explored the factors associated with student success in pre-registration nurse education, particularly in the UK. Most research in this area has used quantitative research methodologies to identify specific variables as predictors of student success such as highest qualification, age, gender and ethnicity with the exception of one study by Dearnley and Matthew (2007) that has used mixed methods. Existing research both in North America, UK/Europe and worldwide has placed significant emphasis on determining predictors of academic success or academic achievement using empirical techniques where student success has been defined and measured by completion rates (Campbell and Dickson 1996, Houltram 1996, Kevern et al 1999, Ofori and Charlton 2002, Wharrad et al 2003, van Rooyen et al 2006, McCarey et al 2007, McLaughlin et al 2008, Cameron et al 2011). These studies amongst others relating to medicine and the allied health professions (Morris and Farmer 1998, Howard and Jerosch-Herold 2000, Ferguson et al 2002 and 2003, Haldane et al 2012) have focussed on testing the predictive strength of entry qualifications and biographical factors on clinical and academic achievement rather than qualitative aspects of the student's comments/experience or educator's viewpoints.

The research literature on predictors of success in pre-registration nurse education has been divided into two groups according to their country of origin: 1) North America and worldwide, and 2) UK and Europe, as this division broadly reflects the differences in educational qualifications, entry qualifications and nursing curricula. As most studies in this field have explored the multiple factors involved in student success, it would be impractical to organise the presentation of this review by individual factors associated with student success. Instead, the selected papers are discussed in chronological order to reflect the historical development of research in this area highlighting the changes in focus that have occurred.

Literature from North America (USA and Canada) and worldwide:

The vast majority of research in this field consists of studies that were carried out in the 1990s in North America due to concerns with declining applications for nursing, increasing attrition and increasing workforce demands (Gilmore 2008) although Webber (2009) argues that nursing in the USA has now entered a new phase characterised by hiring freezes, layoffs and hospital closures. These studies focussed on predictors of academic success measured by retention, graduation and performance in the NCLEX-RN in baccalaureate-degree nursing programmes. The majority of these studies used a quantitative design using a number of predictive variables which were then subjected to various form of statistical analysis.

Studies during the 1990s have applied multiple variables including non-academic variables in an attempt to create a model for the prediction of success in pre-registration nurse education (McClelland et al 1992, Byrd et al 1999, Wong & Wong 1999). Findings from these studies have varied although most previous studies between 1980 and early 1990s established that prior academic qualifications, predominantly Grade Point Averages (GPA) from High School, reliably predict academic success (Higgs 1984, Glick et al 1986, Allen et al 1988, Kroll 1990). In 1996, Campbell and Dickson completed a 10-year integrative review and meta-analysis of nursing research relating to predicting student success published in the USA between 1981 and 1990. Inclusion criteria for the papers were that the author/s included at least one nurse and was published in a USA journal or dissertation from a USA university. Of the 47 papers reviewed, four studies from the corpus were included in a meta-analysis. The majority (94%) of the studies were descriptive using convenience samples (>100) and quantitative outcome measures such as GPA. This review concluded that GPA in pre-nursing courses and during the nursing degree programme were the most significant predictor of NCLEX-RN success, and that parental education and age were the most significant non-academic predictors of graduation and NCLEX-RN student success. Pre-entry qualifications in science were also found to be predicators of student success and highlighted the need for more longitudinal intervention studies using an experimental design to identify programmes that have successfully increased student retention, graduation and NCLEX-RN performance. The need for studies using a qualitative approach was also recognised in order to identify and

explore other variables influencing student retention and success particularly, the non-academic variables such as: motivation, self-efficacy, social support.

Arathuzik and Aber (1998) carried out a descriptive correlational study involving 79 student nurses studying in a public college of nursing. These students were particularly characterised by their diversity in terms of entry qualifications, age, social backgrounds, first language and financial circumstances. The findings of this study indicated that NCLEX-RN success was associated with programme GPA scores, English as a first language, lack of family responsibilities or demands, lack of emotional distress, fatigue, and financial and work burdens. This study is significant because it considered both academic and non-academic variables, and the impact of a diverse student population on success rates; an issue highly relevant to pre-registration nurse education in the UK. This study also examined the specific challenges that students face during a pre-registration nursing programmes and the effect of these challenges on the likelihood of successfully completing of the course. Due to the small sample size used in this study, these findings lack generalisability to other programmes to some extent; however the findings highlight the need for adequate student support systems to enable them to succeed.

In Thailand, Pimparyon et al (2000) also investigated non-academic variables such as students' approaches to learning, students' perceptions of the learning environment and academic achievement using a sample of 256 Thai nursing students on a 4-year degree programme. They found that nursing students used surface learning strategies (rote learning) to cope with the demands of learning in years 1 and 2 (dominated by the sciences: anatomy, physiology, biochemistry, sociology) and that students who viewed the programme more positively were more likely to be successful in completing the programme. Although specific to Thai culture, this study highlighted the influence of teaching and learning strategies and the learning environment on student achievement and completion rates.

Some studies have established entry qualifications as a moderate predictive variable of NCLEX-RN success (Gallagher et al 2001, Potolsky et al 2003, Sayles et al 2003, Seldom-ridge and DiBartolo 2004, Newton et al 2007, Uyehara et al 2007). A study by Uyehara et

al (2007) used the descriptive, correlational and regression statistical analysis of student data to evaluate the effects of curriculum changes on academic progression and NCLEX-RN success in student nurses in Hawaii, USA. Limited by a relatively small sample and the cultural/programme specific issues, this study still has value in identifying the impact of the curriculum and learning environment on student success in terms of programme marks and programme completion. In another study, Newton et al (2007) using a sample of 164 second year nursing students, explored both scholarly and nursing aptitude as predictors of academic achievement in the first semester of Year 2 of a pre-registration nursing programme. The results of this study demonstrated that scholarly aptitude and nursing aptitude, as assessed by four available tests in the USA, were significant predictors of early academic achievement on the programme. These nursing aptitude tests appear to focus on ability in maths, reading, science and English rather than on non-cognitive variables such as personal attitudes, problem-solving ability, learning style preferences or personality traits. Another paper published at this time was a retrospective evaluation study carried out by Jeffreys (2007) to determine the profile characteristics of nursing students on entry, progression, graduation and NCLEX-RN licensure. Data was collected from a sample of 112 associate nursing students from culturally diverse backgrounds. Associate degrees in the USA and Canada typically attract larger numbers of non-traditional students i.e. more males, older students, parents of dependent students, first generation college students, part-time students, recent immigrants, non-native English speakers, non-traditional entry qualifications. The findings of this study indicated that performance on a pre-nursing programme; consistent programme attendance and no assessment failure during the programme were predictors of graduation and NCLEX-RN success. The need for a system to identify 'at-risk' students early and provide interventional support was recommended to enhance the likelihood of student success. Jeffreys (2007:417) concluded that 'not all students travel the same road yet may still achieve academic success and licensure' given the necessary support.

Additional studies published in the USA, Canada, Pakistan and Australia have established links between student success and the following factors: English as a second language (Olson 2012), loneliness and being homesick in international students (Greene Ryan and Dogbey 2012), critical thinking (Scarborough 2013), academic engagement in relation to

pathophysiology performance only (Salamonson et al 2009), supporting minority students (Jeffreys 2004, Loftin et al 2012), mature age students (Kenny et al 2011), pre-entry qualifications (Gilmore 2008, Ali and Naylor 2010, Grossbach and Kuncel 2011), selecting nursing as a first choice of career (Salamonson et al 2012), and students' physiological and psychological needs (Freitas and Leonard 2011). The influence of age, ethnicity and part-time employment on the academic achievement of second year nursing students in Australia has been explored by Salamonson and Andrew (2006). Students undertaking >16 hours per week of paid employment had lower academic achievement in pathophysiology and nursing practice in year 2 of the programme. It was suggested that part-time employment even in nursing-related work for >16 hours left too little time for study and also impinged on time in the student nurse role which could lead to academic disengagement. Students with a non-English speaking background and younger students were also more likely to have lower academic achievement in year 2 although these variables were less predictive than working >16 hours per week.

Other studies have focussed on the importance of coping and resilience in relation to academic success amongst nursing students. In a concept of analysis of resilience Dyer and McGuiness (1996:276) describe resilience as 'a process whereby people bounce back from adversity and go on with their lives'. Tusaie (2004:3) has suggested that an individual's resilience is a dynamic balance between 'risk factors' that increase the likelihood of not coping and 'protective factors' that may be related to personal or family and/or environmental factors. In contrast to this theory, Jacelon (1997) notes that resilience may also be viewed as a trait or characteristic inherent in an individual rather than a process. Resilient individuals often have other personal resources such as being self-reliant, independent, above average intelligence, actively engaged in activities, having a strong sense of self and a positive outlook (Jacelon 1997). Within nursing literature, resilience is also referred to as 'toughness', 'hardiness', 'strength' and is often linked to the ability to cope or deal successfully with adversity or stress. In an American study by Beauvais et al (2013) a descriptive correlational study set in a private Catholic University sampled 124 undergraduate and graduate nursing students and found spiritual well-being, psychological empowerment and resilience were linked with academic success (programme completion). Although overall emotional intelligence was not correlated with

academic success, the ability to manage emotions was significant. The spiritual support offered by this institution and the student sample studied may not be reflective of other institutions or the general student nurse population and therefore the transferability of these findings may be limited. Other studies have explored the value of resilience within the nursing workforce particularly for newly qualified nurses and recommended that resilience, particularly emotional resilience, confidence and coping skills be fostered through self-reflection in pre-registration nurse education to improve student well-being, identification with becoming/being a nurse, and the retention of qualified staff (Steel et al 2005, Hodges et al 2008, McAllister and McKinnon 2009, Chen 2011).

Possibly one of the most significant papers to be published recently is an Australian study using an integrative review of both quantitative and qualitative research papers published between 1999 and 2011 to identify factors that influence pre-registration nursing students' academic performance, clinical performance and attrition (Pitt et al 2012). Of the studies reviewed, 41 used quantitative methods, 2 qualitative and 1 mixed methods. This study concluded that few studies have explored factors that impact on students' clinical performance due to difficulties associated with reliable assessment techniques. Factors influencing academic achievement positively were: higher entry qualifications, critical thinking skills, and high self-efficacy, and factors influencing academic achievement negatively were: gender (male) and working part-time work >16 hours per week. Other factors that were linked with academic success were: high engagement, personality, age, and English as a second language but these factors are identified as requiring further investigation. Limitations of this study include the heterogeneity of samples, qualifications, programmes and socio-cultural differences between countries in the papers reviewed which limits the transferability of these findings to pre-registration nursing programmes in the UK.

The influence of career choice on student success is relatively unexplored in the literature although it would seem likely that students who select nursing as their first choice because of their career aspirations to be a nurse will be more likely to complete their nursing studies (Salamonson et al 2014). In an Australian study, Salamonson et al (2014) assessed the impact of nursing as a first choice on attrition and completion in a

baccalaureate programme using a longitudinal cohort designed study involving 352 nursing students over a six year period. In contrast to previous findings (Lai et al 2008, Cho et al 2010), the findings demonstrated that students who selected nursing as their first choice for study (83%) were nearly twice as likely to complete their programme compared to those who did not. These students were also more likely to be older (mean 26 years versus 20 years) and employed in nursing-related work (35% versus 2%). Male students and those working >16 hours per week during semester were less likely to complete than their counterparts. Interestingly, the majority of students who had not chosen nursing as their first choice dropped out of the programme in the first semester, a finding consistent with a qualitative study by Andrew et al (2008). Understanding individual's motivation to be a nurse is important to support them during the programme and for developing more targeted strategies for recruitment (Salamonson et al 2014). These authors acknowledge that this study only used one item to establish if nursing was their first choice (application form) and that individual students may display varying degrees of motivation to pursue their ambition of becoming a nurse (Spouse 2000).

The value of the findings from these papers published in the USA and other non-European countries is limited in terms of their transferability to pre-registration nursing students in the UK for a number of reasons. Firstly, the findings have consistently failed to reliably identify any student characteristics or single variable predictive of successful retention, graduation and NCLEX-RN success although entry qualifications are considered moderately predictive (Campbell and Dickson 1996, Jeffreys 2007). Secondly, these studies have reviewed pre-entry qualifications and socio-cultural factors that are specific to North America. Thirdly, the funding arrangements, design and length of nursing programmes are different from those in the UK. In particular, assessment strategies used in pre-registration nursing programmes in the UK are significantly different from nursing programmes in the USA. In the USA, students must pass a final examination (NCLEX-RN) in order to complete the programme and in the UK programmes use a range of continuous and terminal assessments.

Literature from the UK and Europe:

Literature from the UK and Europe represents a relatively smaller but expanding body of research that focusses on student nurse success mostly in terms of the predictive value of entry criteria and academic success in nurse pre-registration education within the UK, with Houltram (1996) being the first British study to explore student nurse success. Using a quasi-experimental design, Houltram reviewed the relationship between entry characteristics (age and qualifications) of nursing students on a diploma programme and their academic performance on a Project 2000, Common Foundation Programme (CFP) (first 18 months of 3 year programme). A significant relationship between age and academic success was identified; however the evidence to support a relationship between pre-entry qualifications and academic success was less significant. The most successful students were mature females (>21 years old) with conventional qualifications (two A levels). Young students (17-21 years old) with modest academic qualifications performed less well and were more likely to leave the programme. Houltram suggested that such findings have implications for recruitment and retention strategies, and recommended a replication of this study elsewhere to validate the reliability of these findings. Other limitations of this study include the small sample size for DC Test (direct entry educational test; now obsolete) entry route group (n=5), the arbitrary scoring of entry qualifications, and its focus on the CFP only. This study was undertaken and published prior to the Bologna Declaration (1999) and as such the findings may not be directly transferable to contemporary curricula, however as the first study in the UK, this work represents an important milestone in the historical development of research into factors that influence student success in UK based pre-registration nurse education.

Since Houltram's (1996) research, several other studies conducted within the UK have investigated various aspects of entry qualifications and academic success in pre-registration nurse education (Hutton 1998, Kevern et al 1999, Ofori 2000, Ofori and Charlton 2002, Wharrad et al 2003, Dearnley and Matthew 2007, McCarey et al 2007) and in Europe (Lancia et al 2013). Kevern et al (1999) used a quantitative, multi-factorial tree-based technique to statistically analyse the data from four cohorts of diploma nursing students (355). Findings were similar to those of Houltram (1996): educational qualifications and age predicted academic performance; students with higher entry

qualifications and mature women with recent study experience achieved the best results. In a longitudinal study, Wharrad et al (2003) used a multi-linear regression analysis to determine which pre-entry qualifications best explained the variation in course marks on a 4-year Bachelor of Nursing (BN) course (181 from 5 cohorts between Oct 1990-Oct 1995). The results were consistent with those of Houltram (1996) and Kevern et al (1999); however this study also highlighted two other interesting perspectives relating to this field of study. Firstly, the findings emphasised the importance of entry qualifications in predicting performance in the early part of a degree course (years 1 and 2). This observation has also been reported in other health professional pre-registration educational programmes such as physiotherapy, occupational therapy and medicine (Montague & Odds 1990, Richardson et al 1998, Howard & Jerosch-Herold 2000, James & Chilvers 2001, Ferguson et al 2002). The second observation relates to the significance of GSCE A and A* grades in predicting academic success on the BN course. The authors suggest that a range of GCSE A grades are more significant predictors of academic success than GCSE number or number of A levels because they reflect a high or exceptional standard of ability over a broader range of subjects than A levels which tend to reflect in-depth knowledge in a narrow range of subjects. Wong and Wong (1999), in a North American study, identified that high grades in school sciences (Chemistry and Biology) significantly predicted baccalaureate nursing students' academic success. Similarly, James and Chilvers (2003) found that grade A at O level/GCSE, particularly in Chemistry and Biology, predicted success in all examinations on a medical course. Prior educational attainment data has demonstrated that 'A' level results remain the best single indicator of success at undergraduate level generally and continues to be central to the admissions process (DfES 2004b). As found with previous studies, Wharrad et al (2003) ascertained that those students entering with non-conventional qualifications (BTEC, GNVQ, Access Course) were found to achieve slightly lower marks throughout the course and had a higher rate of attrition. Cantwell et al (2001) also found a marginal disadvantage in academic performance for those students entering non-nursing courses via non-traditional means but a positive effect for mature aged students on entry.

Ofori (2000) explored the effects of age and 'type' of entry qualifications in psychology, sociology and biology on student performance in 'the psychological, sociological and

biological perspectives in nursing' module assessments using data from 222 diploma nursing students. No significant difference in performance was found between those students with GCSEs, an Access Course or any type of qualification in psychology, sociology or biology (domain specific). However, student age significantly predicted performance across the modules. Non-mature students (<20 years) were identified as being at risk in terms of academic performance whilst the 'very mature' students (>34 years) were found to predict better overall performance. These findings are consistent with other studies by Jeffreys (1998) and Hutton (1998) that have suggested that domain specific entry qualifications should not be relied upon as predictors of academic performance when selecting student nurses. Further research studies are required to substantiate these findings and to determine whether high grades in any specific subject such as Biology improve the predictive value of pre-entry qualifications.

In a Scottish study, Donaldson et al (2010) explored predictive characteristics of diploma/degree successful students on a Common Foundation Programme (CFP) using statistical analysis of the scores generated by an Interview Selection Score schedule (638) completed at the time of the recruitment interview and year 1 marks, retention and attrition rates at the end of the CFP. The results suggested that the interview schedule was a poor predictor of success and that none of the variables (including age, entry qualifications, care experience, insight into the role of the nurse, communication skills at interview, references, personal statement, and written work score) were significant predictors of CFP success except age and to a lesser extent written work scores at selection.

Some UK studies have considered other non-cognitive variables and one such study by Ofori and Charlton (2002) used a path analysis technique to build and test a model describing some of the psychological processes underlying nursing students' academic performance on a diploma programme. Data was obtained from university records and questionnaires sent to 315 students in two intakes at one university. Student motivation and seeking support were found to be more predictive of performance than entry qualifications although this study only examines student performance in one module: Psychological Perspectives in Nursing. McCarey et al (2007) explored the predictive

relationship between entry qualifications, age, gender, attendance and academic performance in one cohort of students on a diploma programme, and students who achieved the highest marks in Year 3 of the programme had higher entry qualifications, were >26 years old, had high attendance, and attained the highest year 1 marks. This study identified the importance of attendance as a key factor relating to student success and recommends further research into the relationship of motivation and self-efficacy with student success.

These quantitative studies provide some evidence to support the predictive power of specific cognitive and non-cognitive variables in relation to academic performance however, the value of these findings is limited in terms of reliability and generalisability as most of them have used small convenience samples located within one institution rather than randomised controlled samples from multiple similar institutions. In addition, most of these studies focus on specific entry qualifications and age in relation to achievement and completion rates, rather than wider contextual factors that may influence success, which may conflict with admission strategies for nursing programmes in the UK which continue to focus on recruitment from a wide entry gate in terms of age and educational background in order to meet legal requirements relating to age discrimination and diversity, widening participation directives, and recruitment targets.

A study by Dearnley and Matthew (2007) represents the only UK-based study found in the literature search that used qualitative interviews as part of the research design to gain insight into the lived experience of student nurses and determine factors that led to a successful outcome. Successful outcome was defined as 'the development of the skills, knowledge and motivation required for independent learning and autonomous professional practice' (Dearnley and Matthew 2007:388). However, this paper focuses on students completing a two-year, part-time Open Learning Enrolled Nurse Conversion Course to upgrade to a first level Registered Nurse rather than a full-time 3-year pre-registration diploma or degree programme. Employing a mixed methods approach within the phenomenological paradigm consisting of semi-structured interviews and the Entwistle (1983) Approaches to Study Inventories (ASI) to assess skill development, this study collected data from 18 students at five stages over a two-year period. Key findings

were that success drove success through a process of increased self-esteem, confidence and motivation (Dearnley and Matthew 2007). These findings also lack generalisability as they relate to students who were qualified level 2 nurses with experience in clinical practice on a specific pre-registration programme that no longer exists, however there are similarities between these students and third year students on a full-time pre-registration programme in terms of the level of skills and knowledge acquisition, and professional development.

There have been no published studies that have focussed on the factors associated with student success on a pre-registration nursing programme from the perspectives of high-achieving student nurses and lecturers per se. However, a few recent UK and European studies have considered the influence of cognitive and some non-cognitive factors on student success. For example, Fergy et al (2008) evaluated the impact of a pre-entry study skills training programme on students' first year experience on nursing, midwifery, radiography and social work programmes. Using a qualitative case study approach involving a mixture of focus groups and individual interviews with students and lecturers, the findings of this study suggested that students benefited from the pre-entry study skills programme in terms of their academic skills and emotional preparation for studying in higher education including reduced anxiety and increased self-confidence. Also, the role of personality and self-efficacy in the selection and retention of successful nursing students was examined by McLaughlin et al (2008) using a longitudinal study of 384 students. Occupational self-efficacy was found to be the most significant predictor of final marks with the characteristics of extraversion and psychoticism associated with withdrawal from the programme. The authors highlight the need for further research in this area and the potential contribution of psychological profiling to the selection process.

More recently, a number of studies have taken a different approach to traditional studies examining attrition by attempting to identify the characteristics of successful students i.e. those that stayed on the programme. An integrative literature review by Cameron et al (2011) used qualitative content analysis to analyse 15 papers from countries worldwide and despite methodological limitations of the papers reviewed and recommendations for larger scale studies, the findings indicated that personal commitment and good support

were essential for students to remain on programmes. Further studies into the reasons why students choose to stay and the type of support needed by students were advocated. Wray et al (2013) examined factors connected to progression, why students stay and attrition by mapping student characteristics against year 1 progression data. Factors that were associated with progression were: age, higher entry qualifications, students who lived locally, students with dependents, and students with previous care experience although none of these characteristics were statistically significant except age. This study highlights the need to understand why older students are more likely to succeed. Gender, ethnicity and disability were found not to be statistically significant although these findings may be specific to the social mix of the student population included in the study.

Hamshire et al (2013) used an online survey predominantly to identify the factors that prompted students to consider leaving their programme but also noted reasons that persuaded students to stay and complete their programme. Of the 1080 nursing students in the North West of England that completed the survey, 55 offered reasons for staying despite considering leaving due to dissatisfaction with academic workload and support, clinical placements and personal concerns/challenges. Thematic analysis of this survey data identified four main reasons why students decided to stay: support from family, personal determination, interesting and enjoyable placements, and support from staff. Of these, personal resolve and determination to have a career in healthcare was most frequently reported reason for staying and finishing the programme. There is evidence that students who experience dissonance between expectations and experiences are more at risk of withdrawing from higher education programmes and that successful academic and social integration of students positively influences student retention (Tinto 1993). Currently, there is a growing interest in student expectations reflecting the cultural change within HE in the UK by adopting a more customer focussed approach motivated by tuition fees (the paying customer), the impact of student satisfaction surveys, and the financial/quality indicator penalties for attrition (O'Donnell 2011). Student expectations are often influenced by prior educational and life experiences (Ozga and Sukhnandan 1998) and images of nurses/nursing in society (Karaoz 2004). As such, many students entering nursing are unaware of the academic workload involved and limited perception

of the complexity of the nursing role (Karaoz 2004) causing some students to voluntarily withdraw from the programme (Kevern et al 1999, Glossop 2001, Last and Fulbrook 2003, Day et al 2005, O'Donnell 2011). There is only limited evidence to demonstrate that choosing nursing as a first career choice makes a difference to programme completion in the UK (Spouse 2000, O'Donnell 2011) and therefore further research is needed to explore this as a factor contributing to student success.

Crombie et al (2013) also explored the reasons that nursing students decide to stay on their programme of study using an ethnographic case study based in two large NHS Acute Trust hospitals in London. Factors identified as impacting on retention and decisions to continue with the programme included student's identifying with their organisation, fostering resilience, and the quality of clinical placements and mentors. Resilience, coping and the ability to manage stress in relation to pre-registration nurse education performance has been examined in a number of UK-based papers. It is widely accepted that personal issues and academic stress can affect student performance (Ofori and Charlton 2002), their self-esteem (Lo 2002), and their ability to cope (Shipton 2002). Stress associated with the clinical learning environment and professional socialisation may also impact on students' health and their performance (Higginson 2006, Montes-Berges and Augusto 2007, Thomas et al 2012, Hamshire et al 2013). Using a quasi-experimental design study, Gammon and Morgan-Samuel (2005) found that structured support reduced student nurse stress, promoted self-esteem and facilitated more effective coping. More recently, a systematic view and meta-synthesis of qualitative literature by Thomas et al (2013) explored the experiences of student nurses in adult hospital settings and found that whilst the majority of students experienced positive clinical learning environments and staff relationships, some did not. Students also found other everyday aspects of clinical practice difficult to deal with such as social problems, death and patients in pain. Consistent with other studies including Crombie et al (2013) and Hamshire et al (2013), Thomas et al (2013) advocate the development of emotional resilience in student nurses during their pre-registration education studies to facilitate identification with the realities of becoming a nurse.

For students with a disability, the stress of studying a healthcare programme at university can exacerbate their existing difficulties particularly if they have non-standard entry qualifications such as BTEC, Baccalaureate or Access courses (Crozier et al 2008). An estimated 8-10% of students entering higher education in the UK have a disability with the most common reported being specific learning difficulties (SpLD) including dyslexia, dyscalculia, dyspraxia (Cowen 2010). It is not known how many students have a disability in pre-registration nurse education as this information is not accurately collated, but 13% of the nursing workforce may have a disability (RCN 2011). The Nursing and Midwifery Council's Standards for pre-registration nursing education (NMC 2010a) require programmes to address key aspects of equality and diversity and comply with current legislation including the Equality Act (2010) for Great Britain, and the Disability Discrimination Act (1995) for Northern Ireland. Since 2011, the Equality Act (2010) has required the Department of Health to recruit more people from lower socio-economic groups in the health professions including nursing (NMC 2011) and within a context of widening access to nursing programmes, the numbers of students entering nursing programmes with a disability is likely to continue to rise (McLaughlin et al (2008). Education providers are required under The Disability Discrimination Act (2006) to ensure that support for disabled students is fair and equitable to that provided for other students, and that where necessary, reasonable adjustments are made without compromising safety (NMC 2010). Programme providers are also required to meet the standards for students with a disability set out in the Quality Assurance Agency's (QAA) *The UK Quality Code for Higher Education* (the Quality Code) (2012) which is used to assure the standards and quality of higher education in the UK. Supporting the disabled student and the student with a SpLD to succeed in pre-registration nurse education is a legal, moral and ethical obligation, but it may be complex and challenging at times as nurses are still required to be competent and demonstrate the requisite proficiencies determined by the NMC at the point of registration (Tee et al 2010).

Students with SpLD may experience difficulties including information processing, note-taking, essay writing, organisation and planning, reading and writing in front of others, lack of confidence, documentation, organising workloads, numeracy, and liaison. Wray et al (2012, 2013) found that providing specialist additional study skills sessions to students

with SpLD increased the likelihood of progression to rates comparable to their peers and assisted with early identification of support needs. However, coping strategies developed for academic study may not be transferable to clinical practice (Wray et al 2013). The quality of the placement supervision, the skills of the clinical mentor and their understanding of the student's individual learning needs are all likely to impact on student success, especially when the student's disability requires reasonable adjustments to be made (Tee et al 2010). In addition, the role of the Student Practice Learning Advisor (SPLA) was identified as being essential to ensuring opportunities for disabled students to succeed were maximised (Griffiths et al 2010, Tee et al 2010). In a further paper by Tee and Cowen (2012), findings from an evaluation of interactive resources used to prepare clinical mentors suggest that the successful implementation of reasonable adjustments in practice requires a close working partnership between HEIs and mentors to understand the coping strategies needed to overcome disabilities. A literature review by Storr et al (2011) identified that few papers have evaluated the effectiveness of support strategies and recommends that further research considers how effective and appropriate adjustments in university and clinical settings are for disabled student nurses.

To complete this section of papers, an Italian study by Dante et al (2013) involved a systematic review of European literature produced after the Bologna Declaration to evaluate factors associated with academic success of nursing students however, due to discordant results and low external validity it was not possible to identify any predictors of student success in literature published over the last 10 years. This paper acknowledges the complexities of student success and the challenges of comparing research findings from disparate methodologies. Student retention was found to be a product of complex interactions between individual student factors, organisational, political and professional factors. These findings were consistent with other studies that have examined attrition and persistence (Kotecha 2002, Urwin et al 2010).

Student success in non-nursing health-related pre-registration education:
Morris and Farmer (1998) investigated the predictive strength of academic entry scores and biographic factors on academic and clinical performance of physiotherapy students. Correlational, Chi-square, and discriminant function analysis of data from 101 students in

three cohorts demonstrated that entry criteria and biographical factors were weak predictors of academic and clinical performance. Similarly, Howard and Jerosch-Herold (2000) examined the relationship between entry qualifications, fieldwork/academic scores and final scores using data from 168 records of occupational therapy and physiotherapy students. Physiotherapy students had higher entry qualifications than occupational therapy students however their fieldwork scores during the programmes and final degree classifications were the same. Accordingly, 'A' levels were found to be a weak predictor of fieldwork and degree performance. In contrast to these studies, a systematic review and partial meta-analysis of previous research findings in this area carried out by Ferguson et al (2002) found academic entry qualifications to be a moderate predictor of student success in medical school. This study also highlighted the importance learning styles and personality, and called for more research into the value of personal statements, references, learning styles and interviews in the selection of prospective successful medical students. Ferguson et al (2003) went on to compare the predictive the power of 'A' levels, personal statements, character references and personality to predict performance in 176 medical students in a cohort study over a 5 year medical degree. References did not predict clinical performance, however 'A' levels, personal statements and the personality domain of conscientiousness did predict performance although less so for clinical performance possibly due to the problem-solving and reasoning skills required for this particular element of the programme.

While there have been no recent studies in this field in occupational or physiotherapy education, several recent research studies have examined the relationship between academic and non-academic factors and student success in medical education. A study by Haldane et al (2012) examined the factors associated with student success on a 4-year Graduate Entry Medical (GEM) programme in the UK. Originally these programmes were set up to diversify admissions to medical school; attracting more mature learners and embracing life experience. Whilst previous studies have shown that A level grades predict success in final examinations on a traditional 5-year programme (Ferguson et al 2002, James & Chilvers 2001, Lambe & Bristow 2011), this study found that A level grades did not predict success in final examinations or performance in clinical exams on a GEM programme and that an upper second class honours degree was an acceptable alternative

to A levels as a pre-entry qualification for this programme. The study also demonstrated that students who had performed consistently at the highest level in A levels and at undergraduate degree level were likely to achieve honours on the GEM programme.

A longitudinal study by Artino et al (2010) in the USA found that medical students' achievement was influenced by non-cognitive factors: motivational beliefs and achievement emotions. In a UK based study, Todres et al (2012) also explored the medical students' perceptions of the factors that influenced their academic performance using a qualitative methodology involving in-depth interviews with high-achieving medical students (10) and students re-sitting exams in the final two years of their training (8). Thematic content analysis of interview transcripts was conducted to compare the findings of these two groups. High-achieving students were found to be more aware of useful learning approaches and coping strategies than re-sitting students. High-achieving students were also more socially engaged with their peers. This study offers a unique insight into the attitudes and behaviours of associated with success from the perspectives of medical students.

2.3.4 Summary of review

Research in this field has focussed primarily on factors that impact on programme completion and attrition, with some papers exploring factors that influence academic performance (Pryjmachuk et al 2009, Dante et al 2011, Pitt et al 2012). Very few studies have examined the impact of factors on clinical performance (Pitt et al 2012). There are a number of issues and limitations associated with previous research in this field:

- There are various ways of defining and measuring the outcomes of student success in the literature including: course marks (academic and fieldwork/clinical where available), completion rates, NCLEX-RN success, and degree classification, making it difficult to generalise findings.

- Within the scope of papers reviewed, there are very few studies that have examined the factors influencing student success in the clinical component of a programme because assessment of student performance in clinical practice is often not graded and tends to lack reliability and validity.

- There is an abundance of research examining student nurse attrition which helps to explain why some students do not complete the programme, but it does not necessarily explain why students complete or perform well. For this reason, recent research studies examining attrition have focussed on why students stay on the programme as well as why they leave.

- The majority of existing research in this field is North American applying quantitative methodologies to determine the predictive strength of academic and some non-academic variables and student success. These studies have limited value for several reasons: 1) lack generalisability due to small, convenience, cohort samples, 2) the socio-cultural differences, 3) different educational system and qualifications, and 4) the differences in curricula and assessment strategies between the USA and UK.

- Retrospective studies have used pre-determined data sets and the cause of outcome is not known. This approach may identify factors contributing to student success but cannot explain how or why their influence is significant.

- Most UK studies have also used quantitative approaches to determine the predictive strength of academic and some non-academic variables and student success lack generalisability due to small, convenience or cohort samples. Only three studies have used qualitative methodologies to examine student success and these have focussed on specific samples: mature nursing students (Australia), medical students (UK) and pre-entry healthcare students (UK).

- The findings of quantitative research carried out in the UK and USA suggest that higher entry qualifications and age >26 years predict student success.

- Most studies acknowledge that student success is complex involving multiple factors, the combination of which may be unique to the individual student. Cognitive and non-cognitive factors that have been considered in research: include: entry qualifications, age, gender, ethnicity and race, language, prior work experience, attendance, finance, employment hours, living arrangements, self-efficacy and motivation, learning styles, achievement emotions, learning environment, curricula, student support, aspects of personality, and social factors.

- Factors influencing academic achievement positively were: higher entry qualifications, critical thinking skills, and high self-efficacy, and factors influencing academic achievement negatively were: gender (male) and working part-time work >16 hours per week. Other factors that were linked with academic success were: high engagement, personality, and age, but these factors are identified as requiring further investigation.

- Within the papers reviewed, it appears that a model that identifies and demonstrates the inter-relationships between factors that contribute to student nurse success in terms of high performance rather than completion in pre-registration nurse education does not currently exist although Ofori and Charlton (2002) have attempted to build a path model to explain the relationships between some variables and Jeffreys (2012) offers a model of nursing student retention (USA).

2.4 Gaps in the literature

Following an extensive search and review of existing literature (published 1990-April 2014), there appears to be no existing research that has explored the factors influencing the success of high achieving students on a full-time pre-registration nursing programme from the perspectives of students and lecturers. Previous studies have identified some of the cognitive and non-cognitive variables associated with student nurse completion but have not considered factors associated with success in terms of high achievements, have

not considered the perspectives of high-achieving students and their lecturers, or offered explanations as to why certain factors are associated with success. In addition, there is no coherent theoretical framework or model of factors that contribute to student success in terms of high performance in pre-registration nurse education. The perspectives of high-achieving students present an opportunity to gain new insight and an in-depth understanding of the uniqueness of the student as an individual, their learning experience and the factors that have enabled them to succeed. A qualitative approach may reveal unique and shared patterns of meaning and student experience that have been hidden until now. The views of lecturers offer another perspective on the concept of student success and may further enhance our understanding of factors and their inter-relationships associated with and contribute to the achievement and progression of successful students.

2.5 Research aim and questions

The following research aim and questions were developed for this study from the critical review of literature in this chapter:

Research aim:

The aim of this study was to identify and explain the significance of factors that enable high-achieving student nurses to become successful on their programme and to develop a model of student success in pre-registration nurse education.

Research questions:

1. According to students, *why* have they been successful on their pre-registration nursing programme?
2. According to lecturers, *why* are students successful on the pre-registration nursing programme?
3. *How,* if at all*,* do wider contextual factors influence the success of pre-registration nursing students?

Chapter 3

Methodology

This chapter focuses on the methodology; the systematic approach used to conduct this study (Silverman 2006). The discussion will address the choice of theoretical framework, the philosophical position and the methodological strategy adopted in this study. The use of case study as a research approach will be discussed with reference to: the origins and historical development of case study, the place of case study within qualitative research, the philosophical foundations of case study, and the perspective of case study within this study.

3.1 Research approach

In order to effectively design a research project, it is imperative to consider the purpose of the study (Patton 2002). This study aimed to identify and explain the complexity of factors that enable students to become successful during their professional education and subsequently to develop a model of student success in pre-registration nurse education from the perspectives of students and lecturers. The aims and research questions were developed from a review of the literature (Chapter 2). As previously discussed, existing literature has highlighted a range of factors that influence the success of pre-registration nursing students however most of this research has defined success in pre-registration nursing as simply completing the programme of study rather than considering factors that influence high achievement on the programme. In addition, the majority of previous studies relating to student success (as completion) are quantitative in nature employing correlational or quasi-experimental research designs to study causality and the relationships between specific variables, notably student characteristics such as: age, gender, highest entry qualification, and programme completion in order to identify predictors of student success e.g. Campbell and Dickson (1996), Houltram (1996), Kevern et al (1999), Ofori and Charlton (2002), Wharrad et al (2003), van Rooyen et al (2006), McCarey et al (2007), McLaughlin et al (2008), Cameron et al (2011). While some of these

studies have identified statistically significant characteristics, most of these studies have also discussed the limitations of using a quantitative approach to study the complex nature of student success. Consequently, some of these studies have identified the need for qualitative data to enhance our understanding of student success in nursing. For example, Wharrad et al (2003) and Van Rooyen et al (2006) both advocate the need for a qualitative research approach to explore social factors other than age, gender and entry qualifications, and Kevern et al (1999) and Dearnley and Matthew (2007) recommend the use of a qualitative research approach to understand why mature students are often successful and also, to consider the organisational culture and the social experience of the student.

A qualitative approach was chosen for this study to uncover new understandings and knowledge relating to the factors that influence student success in pre-registration nurse education that may not have been previously identified or fully explained. In contrast to previous research, this study views student success from a different perspective; it aims to explain the factors that have contributed to the performance of high achieving nursing students (rather than just students that complete the programme) from the perspectives of students and lecturers involved in the organisation and delivery of their pre-registration programme. The study seeks to gain an in-depth understanding of students' and lecturers' perceptions of success whilst also considering the impact (if any) of the learning environment including the political, social and cultural influences on the organisation and provision of pre-registration nurse education in the UK.

3.2 Qualitative research

Denscombe (2007) describes qualitative research as an umbrella term that includes many social research approaches, but it is also a distinct field of inquiry in its own right that has been employed in a wide range of different disciplines including education, social science, psychology, history, medical science, anthropology, and organisational studies (Denzin and Lincoln 2005). Qualitative inquiry is defined more by central characteristics than by an explicit bounded definition (Denzin and Lincoln 2005). These characteristics include:

face-to-face research conducted in naturalistic settings, a focus on in-depth description and the understanding of participants' points of view or meanings, the researcher as the primary data collection instrument, inductive or deductive data analysis, an emergent and flexible design, purposeful sample selection, and a holistic approach to understanding meaning achieved through collection and analysis of multiple sources of data and perspectives (Bogdan and Biklen 2007, Creswell 2007, Corbin and Strauss 2008, Merriam 2009 and Stake 2010). In contrast, quantitative methodology is founded on an objectivist approach to social science and generally uses experimental methods to control for bias in order to establish objective facts and causes of behaviour (Denscombe 2007). Patton (2002) suggests that the research methodology should be selected according to the purpose of the individual research study and therefore qualitative, quantitative and mixed methods (both qualitative and quantitative) can be appropriate for different research projects.

A qualitative design is useful when researching a complex social or human phenomenon that cannot be reduced to a few isolated variables. The holistic approach synonymous with qualitative methodology aims to establish a better understanding of the people or events in their social setting (Denzin and Lincoln 2005). The importance of the individual experience is embraced by the philosophy and characteristics of qualitative research as it attempts to make sense of and interpret phenomena in terms of the meanings that people give to them within their social setting (Denzin & Lincoln 2005). It enables the researcher to make sense of complex contexts, to appreciate how participants construct their worlds, to gain detailed descriptions of cultural situations, to help empower individuals to share their stories, and to generate theory where little exists (Creswell 2007). Qualitative researchers aim to gather an in-depth understanding of human behaviour and to offer explanations that influence behaviour, and meaning is constructed in the researcher-participant interaction in the natural environment (Guba and Lincoln 1994). As such, the qualitative researcher is required to have the commitment to remain open-minded, to take risks, be flexible, and able to see things from multiple perspectives (Merriam 2009). Qualitative approaches to research tend to answer the research questions that focus on the *why* and *how* and not just *what, where, when*.

A qualitative approach was chosen for this study because the underpinning philosophy of qualitative inquiry is congruent with the aims of this research project. A holistic approach is often used in qualitative research to refer to the connections between the philosophical framework and method used (Nagy Hesse-Biber and Leavy 2011). The parts of phenomenon being studied are viewed by the researcher as something intimately interconnected and can only be explained by considering the whole context of the phenomenon. A holistic approach to the study design was deemed the most appropriate methodology to understand the complexities of why some students are highly successful in pre-registration nurse education as viewed from the perspectives of individual students and lecturers whilst also considering the political, social and cultural context in which pre-registration nurse education is delivered and learning takes place.

3.3 Case study

There are many forms and variations of qualitative research such as ethnography, grounded theory, phenomenology, life history, action research and case study, amongst many others (Patton 2002). Although these types of qualitative research share core characteristics as described in Section 3.1, each of these research strategies also has its own characteristics in terms of the theoretical and methodological assumptions, aims and methods. Case study has 'different meanings for different people in different disciplines' (Simons 2009:19) but despite the variety of definitions, it is generally agreed that case study is concerned with the in-depth study of a particular case (often a social phenomenon) in its real-life (natural) context through various methods (triangulation) that may generate qualitative and/or quantitative data (Thomas 2011). Creswell (2007:73) captures these characteristics in his definition of case study: 'an exploration of a bounded system or case (or multiple cases) over time through detailed, in-depth data collection involving multiple sources of information rich in context'. The bounded system refers to any of the following: an individual, a group, a system, an organisation or an intervention (Creswell 2007).

Case study has been referred to as a research design rather than a research method. A research design could be defined as an action plan that guides research from the

questions to the conclusions and includes steps for collecting, analysing, and interpreting evidence (Yin 2009). Yin supports a methodological notion of a defined series of steps guiding the case study process however the case study plan must be tailored to suit the needs of the individual project (Patton 2002). This flexibility must be managed carefully in order to maintain methodological rigour and integrity (Ragin and Becker 1992). As such the researcher is required to establish and document clear and appropriate procedural steps that are appropriate to the aims of the study (Bergen and While 2000, Yin 2009).

3.3.1 Origins and historical development of case study

The origins of case study are possibly attributable to the professional training of lawyers at the Harvard Law School, USA, in the nineteenth century (White 1992) although many others are also linked with the original development of this systematic approach to looking at single cases. For example, in Europe Le Play pioneered the case study approach to undertake family case studies in the early nineteenth century. During the 19th and 20th centuries, a variety of disciplines influenced the development of case study, most notably the social sciences and humanities. Case study was closely associated with the Department of Sociology at the University of Chicago, USA from the early 1900's until 1935, during which time case study was used in the social sciences to research various aspects of poverty, unemployment, and other issues resulting from mass immigration into the USA (Hamel et al 1993). However, after the Second World War the dominant philosophy of positivism in the social sciences criticised case study for lacking scientific rigour and subsequently its use in the social sciences went through a period of decline following 1935 (Tellis 1997).

During the 1960s and 1970s, the use of case study re-emerged and developed rapidly in the UK and USA within the fields of educational research and programme/policy evaluation (Simons 2009). Traditional models of evaluation such as the systems analysis model and quasi-experimental research methods had failed to provide evidence to further develop programmes and to adequately explain the complexities of success or failure. Case study offered an alternative approach that valued participants' perspectives and the dynamics of implementation and interpretation of events within social-political contexts.

More recently, many disciplines have heavily influenced the development of case study including anthropology and sociology (Hammersley 1989, Ragin 1992, Hamel et al 1993, Hamilton 2002), education (Simons 1980, Ball 1983, Burgess 1985, Hammersley 1986, Stake 1995, Merriam 1998), and experimental psychology (Barlow and Hersen 1984, Robson 1993, Yin 2009). Case study is increasingly the method of choice in research related to health policy (Pearson et al 2010, Pinnock et al 2008, Robertson et al 2010), health care (Hellström et al 2005), nursing (Walshe et al 2004, Luck et al 2006) and social science research as an appropriate and flexible approach to research design.

3.3.2 The philosophical positions of case study

Case study has been viewed as a 'bridge across the paradigms' because it is not assigned to any one ontological, epistemological or methodological position (Luck et al 2006:1). Furthermore, Sandelowski (2011) argues that case study does not merely bridge paradigms but that it transcends ontological and epistemological paradigms and the qualitative/quantitative divide. This may be attributed to the variety of applications and definitions of case study that have developed in different disciplines. Case study is grounded in the constructivist paradigm which views truth as relative and dependent on one's perspective although the notion of objectivity is not entirely rejected (Stake 1995, Merriam 1998, Patton 2002, Flyvberg 2006). This paradigm recognises the importance of the subjective creation of meaning and is built on the premise of a social construction of reality (Searle 1995). One of the advantages of this approach is the close collaboration between the researcher and the participant, while enabling participants to tell their stories (Crabtree and Miller 1999). However, case study can be conducted within other paradigms such as the positivist paradigm (Ragin 1993) and the critical theory paradigm (Horkheimer 1976). VanWynsberghe and Kahn (2007:9) argue that case study is not confined to one paradigm but rather describe it as a 'transparadigmatic heuristic' strategy which allows flexibility of research design according to the research aim/questions and the selected case. They acknowledge that finding the focus of a case study is a complex undertaking but that identifying the unit of analysis is vital to uncovering or constructing the essence of the case. As such, one of the strengths of case study is that it offers a flexible approach that allows the researcher to deal with a variety of evidence and select

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a mixture of research methods to collect and analyse data from multiple sources appropriate to the aims of the research, and the context and complexity of the case (Merriam 1998, Yin 2009). Whist this transparadigmatic flexibility makes case study suitable for many research studies, it could also be viewed as a risk. Luck et al (2006) assert that in order to counteract this potential risk, the case study researcher must demonstrate coherence between their philosophical and theoretical position, the research question and design, and include a coherent argument for the inclusion of selected methods of data collection and analysis. In this way, case study offers a flexible, pragmatic and rigorous approach to research.

3.3.3 Three perspectives of case study

This study has been influenced by the work of three leading proponents of case study: Yin (2009), Stake (1995, 2005, 2008) and Merriam (1998, 2009), who each offer slightly differing perspectives regarding case study:

Robert Yin (2009), a consultant in policy research, transferred experimental logic into the field of naturalistic inquiry, combining quantitative and qualitative methods, and proposed that case study was an approach for many paradigms. Yin (2009:13) presented a detailed methodological view of case study:

> *'A case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident'*.

He provided a comprehensive and systematic process for undertaking the design and conduct of a case study proposing that case study strategy has five components or steps: 1) the study's questions, 2) propositions which reflect on a theoretical issue, 3) units of analysis, 4) the logic linking the data to the propositions, and 5) the criteria for interpreting the findings (Yin 2009). As case study explores many variables of interest using multiple sources of evidence, he advised the prior development of theoretical propositions to guide the collection of data and focus attention on certain data during analysis. He suggested that rival explanations must be considered and that a descriptive framework for organising the case study must be developed. He used specific analytical

techniques that include pattern-matching (building patterns and explanations for them), using time-series analysis (the ability to trace changes over time), and logic models using a deductive process. Yin (2009) emphasised the importance of the skills of the researcher in the research process; the ability to ask questions, to listen actively, to adapt to unforeseen circumstances, to grasp the issues being addressed, and to identify personal influence. Yin (2009) contended that all research strategies have advantages and disadvantages, and that case study was the preferred strategy when 'how' and 'why' questions were being posed, when the researcher has little control over events, and when the focus is on a contemporary phenomenon within some real-life context.

In contrast, Robert Stake, an American lecturer and researcher working within the field of educational programme evaluation, described case study as a highly interpretive endeavour, emphasising the complexity and personal experience of programme evaluation (Stake 1995). According to Stake (1995: xi), case study is the 'study of the particularity and complexity of a single case'. It is most commonly used when the phenomenon of interest is complex and highly contextualised, with multiple variables unsuitable for control. Stake's perspective is drawn from elements of naturalistic, holistic, ethnographical, phenomenological and biographic research, rejecting the quantitative case study approaches traditionally used in law and business. Stake (1995, 2005) emphasises the importance of the purpose of the research and the tradition of the discipline being studied. He believes that the role of the case study researcher is that of interpreter, not as the discoverer of an external reality, but as a builder of a clearer view of the phenomenon under study through explanation and descriptions. It is worth noting at this point that although case study developed as an effective strategy to overcome some of the challenges associated with educational programme and policy evaluation, some differences exist between case study (and research in general) and programme evaluation in terms of the aims of the project and some of the processes employed (Scriven 1991). Firstly, research aims to produce new knowledge within a field but programme evaluation usually aims to determine the merit or value of the findings by comparing these with pre-determined criteria, benchmarks or standards (Scriven 1991). Secondly, whilst there are similarities in the processes used by both researchers and evaluators, evaluators use additional steps in the process when making judgements about

how the data compares with previously determined criteria or standards. These additional steps are undertaken to determine the worth of the programme and ultimately to make recommendations about how to improve the programme or policy being studied.

Stake (1995) contends that quantitative researchers reach most of their interpretations through understanding measurements and models but that qualitative researchers reach most of their interpretations through experiential understanding of action and context. In other words, interpretations are shaped by what we have experienced. This is sometimes referred to as 'Verstehen', the German word meaning 'personal understanding'. Stake (1995) supports Geertz (1973) in his recommendations that qualitative researchers should: describe the situation well, have empathetic understanding, and compare present interpretations with those in the research literature. Grounded within the constructivist paradigm, Stake (2005) continued to focus on the importance of the researcher as interpreter but also advocated that the case must have 'boundaries' with certain features inside those boundaries. Emphasising the art of crafting meaning, Stake advises that the researcher must be 'ever- reflective', considering the meaning of experiences and observations within a bounded context (case boundaries are discussed further later in this chapter and in Chapter 4, Section 4.2.1).

Similarly, an American educational researcher, Sharan Merriam (1998:16) also emphasised the importance of the qualitative approach in educational research while highlighting the importance of the practicalities of conducting a qualitative case study:

> '*The qualitative case study can be defined as an intensive, holistic description and analysis of a single entity, phenomenon or social unit. Case studies are particularistic, descriptive, and heuristic and rely heavily on inductive reasoning in handling multiple data sources*'.

According to Merriam (1998:7), the most defining characteristic of case study 'lies in delimiting the object of study: the case' and therefore the researcher must clearly articulate the boundaries of the case to determine what will be studied. Merriam characterised case studies according to their purpose but also by the nature of how they are reported i.e. descriptive, interpretative, and evaluative. She advocated that data

should be systematically recorded and managed referring to Yin's (2009:32) 'database' and Patton's (2002) case report as useful ways to organise information. Data analysis includes the construction themes and categories via a highly intuitive process of thinking and theorising about the data. In this way, Merriam supports case study within qualitative inquiry whilst at the same time offering a pragmatic approach to the conducting case study in the field.

These three different definitions of case study illustrate the differing emphases placed by these experts in the field of case study. Yin (2009) distinguishes case study strategy from qualitative research by acknowledging that case study could include quantitative evidence. Therefore, he maintains that case study is a methodology or research strategy rather than a research paradigm or method. While acknowledging that both qualitative and quantitative research could be undertaken through case study, Stake (2008) and Merriam (2009) offer a perspective of case study that is grounded in the constructivist paradigm. Despite their philosophical differences, Yin, Merriam and Stake agree on the same fundamental characteristics of case study as an approach that facilitates the in-depth study of a phenomenon within its real-life context using a variety of data sources (Stake 2008, Merriam 2009, Yin 2009).

3.3.4 Qualitative case study

Qualitative case study focuses on one or a few instances of a phenomenon in order to provide an in-depth description and interpretation of events, relationships, experiences or processes occurring in that particular instance (Stake 2008). Many of the characteristics associated with case study are also found in other qualitative research approaches such as: the in-depth study of the particular in its real-life context/setting, a focus on processes and relationships, taking a holistic view of the case which includes examination of the complexities of the context, and using multiple sources of data (Patton 2002, Stake 2005). Arguably, one of the most important elements of case study is identifying the case and its boundaries in order to clarify the scope of what is to be studied and what is not (Ragin and Becker 1992, Stake 1995, Merriam 1998). A review of previous literature, prior knowledge and experience of the theoretical issues and settings, and the research questions should be considered in defining the case to be studied (Stake

1995). Miles and Huberman (1994:25) acknowledge that this can be the most challenging aspect of case study for the researcher but that the case or 'unit of analysis' is crucially the 'heart' of the study. This essential aspect of case study is discussed in more detail in Chapter 4, Section 4.2.1.

Qualitative case study is commonly used, particularly in educational research, when it is difficult to control all of the variables that are of interest to the researcher. The aim of case study is to gain an 'invaluable and deep understanding' and an 'insightful appreciation' of the cases resulting in 'new learning about real-world behaviour and its meaning' (Yin 2012:4), often answering 'why' and how' research questions. The end product of case study is sometimes a better understanding of the case itself but more often the case is used in an instrumental way to study a broader phenomenon (Stake 2005). As previously stated, there is no standard methodological package used in case study or qualitative case study. Stake (2005: 443) suggests that 'case study is not a methodological choice but a choice of what is to be studied'. Case study is not a research method because it does not provide a theory of how research should proceed using a prescribed conceptual map of methods and procedures for data collection or analysis. Whilst there are commonly used methods of data collection in case study such as: interviews, participant observations, document analysis, none of these methods are compulsory. However, one of the core characteristics of case study is the use of multiple data collections methods and researchers must select the most appropriate method to study the case in relation to the research question/s.

Following extensive use of case study in education, Simons (2009:21) offers a contemporary and comprehensive definition of case study that also emphasises the importance of particularity, complexity and the real-life circumstances within which the research occurs:

> '*Case study is an in-depth exploration from multiple perspectives of the complexity and uniqueness of a particular project, policy, institution, programme or system in a 'real-life' context. It is research-based, inclusive of different methods and is evidence –led*'.

Both Stake (2008) and Simons (2009) agree that case study is concerned with studying the complexity of real-life situations and that it is not defined by methods.

3.4 The case study perspective used within this study

The philosophical position of this study is aligned with the constructivist paradigm and therefore emphasises the importance of understanding meanings, contexts and processes relating to success as perceived by the perspectives of students and lecturers. As such, this qualitative multiple case study (discussed further in Chapter 4: Section 4.1) can be considered an 'interpretive case study' as described by Merriam (1998) as it describes and interprets the data generated following an inductive process to develop a model of success in pre-registration nurse education.

Success in pre-registration nurse education takes place in social settings that are influenced by wider contextual factors such as culture, organisational processes and politics. Social and educational environments are complicated and the nature of student success cannot be fully understood without consideration of the contextual factors that influence the learning environment (Lincoln & Guba 1985). As such, the phenomenon being studied in this project is likely to be influenced by multiple factors that may be inter-related and therefore needs to be explored from a holistic perspective. A qualitative multiple case study approach was chosen for this project to study this phenomenon in its real-life context i.e. the concept of success as experienced by high achieving students undertaking a pre-registration nursing programme and their lecturers. This qualitative case study draws on multiple sources of evidence to facilitate the: in-depth description of the findings in each case, interpretation of the meaning of these findings, and comparison of the similarities and differences between cases. It was anticipated that this approach would enable data to be collected that would lead to the development of an in-depth understanding of student success from the perspectives of students and lecturers answering the study's 'why' and 'how' questions.

3.5 Summary

This chapter has discussed the rationale for the methodological approach used to undertake this study. The methodology is congruent with the aims of this study: to develop a model of success in pre-registration nurse education from the perspectives of students and lecturers. The importance of the student's individual experience is embraced by the philosophy and characteristics of qualitative inquiry and therefore, it is argued that a qualitative approach grounded in the constructivist paradigm is justified to uncover new understandings and knowledge relating to the factors that influence student success that may add to existing knowledge. The holistic approach afforded by a qualitative multiple case study design was chosen to enable data to be collected that would lead to the development of an in-depth understanding of the complexities of student success from the perspectives of students and lecturers whilst considering the social, cultural, organisational and political influences on the student learning.

Chapter 4

Research Design and Method

The previous chapter discussed the rationale for selecting a qualitative case study approach for this study. This chapter provides the details of the research study design and method. The study design refers to the type of case study and the methods used to gather, analyse and interpret data in order to inform the research questions being asked in this study. This includes the sampling strategy, selection of participants, ethical considerations, data collection methods, analytic procedures, and maintaining the quality of the research study. In order to enhance the quality of this research, this chapter aims to provide an unambiguous and transparent account of the research design and method used in this study.

4.1 Design overview – a qualitative multiple case study

This study was designed to gather qualitative data relating specifically to success in pre-registration nurse education from the perspectives of lecturers and high-achieving students (refer to section 4.2.2 for sampling strategy). A qualitative case multiple study design consisting of three cases was chosen to examine the similarities and differences between the cases through a process of within case and cross-case analysis in order to inform the research questions.

Success in pre-registration nurse education is a complex phenomenon involving multiple inter-related factors where the boundary between the phenomenon and the context in which it takes place is not clearly evident (Dearnley and Matthew 2007). Accordingly, this study has been designed assuming that the context is significant to the phenomenon being studied in this project. A qualitative multiple case study approach facilitated the study of success in pre-registration nurse education from the perspectives of the individual students and lecturers whilst simultaneously examining contextual factors such as the curriculum, the staff, the organisation and the influences on pre-registration nurse

education in the UK. Each of the three cases represents an example of student success in pre-registration nurse education within a particular context: locally and nationally. This is summarised in Figure 1.

The Context
National level: Pre-registration nurse education in the United Kingdom

Higher Education Institute level: Pre-registration nursing programme

School of Nursing A

Case 1

Success in pre-registration nurse education

Research questions

1. According to students, *why* have they been successful on their pre-registration nursing programme?
2. According to lecturers, *why* are students successful on the pre-registration nursing programme?
3. *How,* if at all*,* do wider contextual factors influence the success of pre-registration nursing students?

School of Nursing B

Case 2

Success in pre-registration nurse education

Case 3

Success in pre-registration nurse education

Figure 1: A qualitative multiple case study design.

It is acknowledged that several different types of case study are described in the literature. This is further complicated by authors using different ways to categorise and name various types of case study according to the research aim, purpose, approach and process including the methods used. For example, Stake (1995) referred to three main types of case study: 'intrinsic' where a case is studied to learn about the case itself and/or a unique phenomenon; 'instrumental' where the case is chosen to explore and gain a deeper understanding of a research issue in order to build or refine theory; and 'collective' case studies where several cases are simultaneously or sequentially studied to form a broader understanding of a research issue across cases. These are not mutually exclusive categories as collective cases studies may include both intrinsic and instrumental case studies.

Further types of case study are described by Merriam (1998) who referred to: 'descriptive' case study which presents a detailed account of the phenomenon under study, 'interpretive' or analytical' when the case study is used to develop theory or support/challenge existing theory, and 'evaluative' when case study is used to evaluate a policy or an educational programme. Merriam's (1998) types of case study are also not mutually exclusive and can be a combination of description and interpretation or description and evaluation. Alternatively, Yin (2009) described 'explanatory', 'descriptive', and 'exploratory' case studies suggesting that 'explanatory' cases studies are the most important as they explain causal links in real-life interventions that are too complex for the survey or experimental strategies. An 'exploratory' case study may be undertaken prior to the definition of research questions and serve a pilot project to develop the final study, while a 'descriptive' case study obtains detailed information on the particular features of an issue but requires a theory to steer the data collection. Also, in the context of education, Bassey (1999) classified case studies as 'theory-seeking', 'theory-testing', 'story-telling', 'picture-drawing', and 'evaluative' according to the aim of the research and the processes adopted. Finally, in the context of social science, de Vaus (2001) referred to 'descriptive' or explanatory' cases studies as well as 'testing or building a theory', 'single or multiple', 'holistic', 'embedded', 'parallel' or 'sequential', 'retrospective' or 'prospective' case studies depending on purpose, approach or the process used.

Stake (2005) suggested that cases should be selected for the potential opportunity for learning to take place. The three cases selected for this study are predominantly instrumental and were chosen in order to achieve the purpose of this study i.e. to build a model of student success in pre-registration nurse education. Each case is instrumental because it is an example of student success in pre-registration nurse education, the central focus of this study (Miles and Huberman 1994). Case 3 could also be classified as an intrinsic case as it is represents a unique group of nursing students in the UK (Stake 1995). The cases were chosen for their similarities i.e. they are all cases of successful students, and for their contrasting features such as: student numbers, age, gender, ethnicity, diversity, culture, organisational and contextual factors relating to the school/university, whilst considering the practical issues of access and resources. Within each case, the narratives from individual students and lecturers also form 'embedded' cases (Yin 2004).

Why a *multiple* case study?

A qualitative multiple case study approach involving three cases was chosen for this study using in-depth interviews to gather data from students and lecturers together with documentary analysis. Each case has intrinsic value to the study due to its own unique features however collectively the cases also have the potential to illuminate factors that are found in others cases or settings that are not part of this study increasing the transferability of the findings. Therefore, this study could also be called a collective case study as the three instrumental cases are being explored to gain a fuller understanding of the research issue (Stake 1995). Yin (2009) referred to this type of case study as a multiple case study which is characterised by the study of several cases to understand the similarities and differences between cases through a process of within case and cross-case analysis.

To summarise, the study uses documentary analysis and in-depth interviews with high-achieving students and lecturers to gather data whilst simultaneously considering the social and educational issues involved in pre-registration nurse education across three cases. The study aims to provide a detailed description of the factors that contribute to student success from the perspectives of high-achieving students and their lecturers

within each case and across cases, to interpret these findings, and to offer a model of student success in pre-registration nurse education in the UK.

4.2 Sampling strategy

In qualitative research, sample selection has a significant effect on the quality of the research and should be judged according to the purpose of the study (Patton 2002). Purposive sampling was used in this study to ensure that the participants had experience of the phenomenon being studied (Creswell 2007); accordingly, three cases were selected strategically and purposefully with consideration of the aim of the study and available resources.

4.2.1 Case boundaries and the selection of cases

Defining the case is a vital step in case study (Stake 1995). The review of existing literature and an appreciation of related issues and case settings helped to define the case in this study (Stake 1995). Case studies require defined boundaries in order to identify the complex phenomenon being studied also known as 'the unit of analysis' (Stake 1995). They need to be self-contained with distinct boundaries in order to identify what is the extent of the research; what is contained within the case (and therefore included in the study) and what is outside the case (and therefore excluded from the study). The boundary also clarifies the time period covered by the case study. A case can be an individual unit such as a person, a group, an organisation or geographical area of interest including factors in relation to context, the types of data to be collected, and the priorities for data collection and analysis (Yin 2009). Wieviorka (1992: 159) proposed that a case consists of two elements: a 'subject' and an 'object'. The subject of the inquiry is described by Wieviorka as a 'practical or historical unity' and the object or 'analytical frame' as the theoretical, scientific basis of the case. The analytical frame allows the subject to be interpreted and placed in context. Without an analytical frame the subject is not a case. In this study, the object or analytical frame is student success in pre-registration nurse education and the subject or 'case' is a group of successful nursing students located in a university during a set period of time.

Three cases were selected for this study each consisting of a group of the twelve most successful students within one pre-registration cohort of nursing (adult field) within an individual educational environment (Table 4). As the only group of military nursing students in the UK, Case 3 was selected as it is an unusual case. It has a different selection process and a unique learning culture that provides a broader and potentially alternative perspective on student success in pre-registration nurse education (Creswell 2007). Each case is bounded by the characteristics of that particular student group, the learning environment, the location (the place of study) and time (the period of data collection), and is influenced by organisational and political factors. The complexity of these three individual social, cultural, and educational settings is studied as a whole or 'case' in order to understand the context in which student success occurs. The individual context of student success is explored in each case using multiple sources of data: in-depth interviews with selected students from a single cohort, in-depth interviews with selected lecturers including lecturer-practitioners where available, and the analysis of relevant educational documents. The cases do not include data from non-selected students, non-selected lecturers, clinical staff or patients.

CASE 1	CASE 2	CASE 3
University A	University B	
School of Nursing A	School of Nursing B	
N/A	N/A	School of military studies
• Participants: students and lecturers • Documents	• Participants: students and lecturers • Documents	• Participants: military students/lecturers • Documents

Table 4: Boundaries of the cases.

Why three cases rather than two?

Case 1 is a clearly bounded case as it focused on one group of students within one School of Nursing within one university. However, the boundaries of Cases 2 and 3 are more complex because the two groups of students chosen for this study (non-military and military) were both studying on the same pre-registration nursing programme at the same time in the same School of Nursing (although military students also belonged to a separate military health school) within the same university. Arguably, Cases 2 and 3 could have been studied as one case rather than two separate cases, with two embedded cases or sub-units of analysis and this was my original research plan. However, during the processes of gaining access to participants, participant recruitment, data collection and the early stages of analysis, it became apparent that these two groups of students had significant differences between one another that were associated with their status as either non-military students or military students that justified studying them as two separate cases. For the purposes of clarity in the research process and the case report, I decided to study these groups of students as two separate cases enabling the case report to clearly identify the similarities and differences in the student and contextual issues associated with student success in pre-registration nurse education for each of these groups of students. The individual case findings and the similarities and differences

between cases will be addressed through the processes of 'within case' and 'cross-case' analysis as discussed in detail in Section 4.7.3.

4.2.2 Selecting participants in each case

Individuals with key roles within each case were selected as participants for the study as they were deemed to have insight and understanding of student success in pre-registration nurse education (Simons 2009).

Student participants:

In this study, purposive sampling was used to select the most successful pre-registration student nurses for interview within each case. Success in this study was defined as the students with the highest average second year marks in academic assessments for the cohort. It was intended that a minimum of twelve students would be interviewed in each case to ensure that key concepts identified from the collected data reached a 'data saturation' point. Data saturation is the point when no new data is obtained (Parahoo 2006) and therefore there is no further benefit to be gained from continuing to collect data. Students from both the Diploma in Higher Education (Dip HE) and the Bachelor of Science (BSc) pre-registration programmes were included as students on both programmes shared the same curriculum for the first two years in all three cases. Only adult field students were studied because the other fields of nursing were relatively small cohorts of students and were not available at one of the case locations at the time of data collection.

Second year academic marks were aggregated and averaged as they tend to be a reliable indicator of future performance in year 3 (Grossbach and Kuncel 2011). However, to meet the inclusion criteria, students must have passed both year one and two year assessments at first attempt. The NMC (2010b) requires all pre-registration programmes to have a balance of learning and assessment in the ratio of 50% theory and 50% practice ensuring that success in pre-registration nursing education requires satisfactory achievement in theory and practice in equal proportions. Therefore, I felt that it was vital to also consider and value the student's performance in their clinical practice assessments as well as the academic assessments. At the time of this study, Case 1 was phasing out the grading of

the assessment of practice as there was evidence within the School that it was unreliable. Cases 2 and 3 did not grade practice therefore one of the inclusion criteria was that students must also have passed all year one and year two practice assessments at first attempt. Whilst not able to identify objectively how well the student had performed in practice from pass/fail assessment marks, I planned to ask the students about their performance in practice during the interview.

The inclusion criteria for student participants were:

- The student was currently registered on a selected cohort of the Diploma in Higher Education or Bachelor of Science pre-registration nursing programme (Adult field),
- The student had attained an average mark for second year academic assessments that ranked in the top twelve students for that cohort,
- The student had passed all academic assessments throughout year one and year two at first attempt,
- The student had passed all clinical assessments throughout year one and year two at first attempt and
- The student consented to participate in the study.

Student selection process

Individual electronic student records relating to assessment scores were used to calculate the average mark for second year academic assessments for all students and subsequently to rank the students in each cohort according to average second year academic marks (Example: Case 1 - Appendix 1). To illustrate the complexity of this task, the individual student assessment data for theory (academic) and practice for the entire cohort in Case 1 is displayed in Appendix 2. This table displays all the theoretical (T) (academic) and practice (P) assessment marks for the BSc and Dip HE programmes for each student in that cohort. It should be noted that the third year marks were not available at the time of data collection as the students had only just entered the third

year of the programme however these were added to this table following data collection once the students completed their programme. For the purposes of gaining further data for this study, I ranked all the students according to aggregated and averaged marks for all the academic assessments over the three years (M-T in blue) in order to compare these rankings with those based on the second year marks only practice marks were also aggregated and averaged (M-P in green) (Appendix 2).

One student who was ranked in the top twelve by marks was subsequently excluded in Case 1 as the student had failed one of the practice assessments at first attempt. Consequently, the next student in the rankings who met all inclusion criteria was selected for the study. The assessment marks for the students in Cases 2 and 3 are not included in the appendices due to the volume and complexity of data for the 700+ students in this cohort.

I undertook the process of calculating the average second year theory marks for students in Case 1. The relevant course directors undertook this process respectively for the Diploma in Higher Education and Bachelor of Science programmes students in Cases 2 and 3. The course directors carried out the substantial task of ranking for Cases 2 and 3 because of the complexity of assessments, assessment weighting factors, and the very large number of students involved (>700), however I was given copies of the spread sheets to check the calculations after the process was completed. Once the students were ranked it was easy to identify the names of the top twelve students in each case who met all the inclusion criteria. Twelve students were identified in each case and invited to participate in the study i.e. a total of thirty-six students. All students were interviewed during the first four months of the third year of their programme.

Lecturer participants:

Purposive sampling was used to select lecturers for interview that were directly involved in the student participants' programme of study. As advocated by Simon (2009), these lecturers were viewed as having valuable insight into student success and therefore their perspective was sought as an integral part of this study. The lecturers interviewed included: the personal tutors to the student participants, the relevant course director,

admissions officers, the military welfare officer, and where available lecturer-practitioners (Case 2 only as Cases 1 and 3 did not employ lecturer-practitioners). Personal tutors were identified from the university electronic student record system. Lecturers were required to give their consent to participate in the study.

It was intended that a minimum of six lecturers would be interviewed in each case to ensure that key concepts identified from the collected data had reached data saturation point. I identified a list of lecturers to be invited to participate in Case 1 as I was familiar with staff roles and then checked that this selection was appropriate for the research project with the assistance of the relevant course director for the programme. The course directors for the programmes in Cases 2 and 3, and the Commanding Officer in the military school (located within the university's school of nursing), each identified a list of key staff and their roles. Twenty-nine lecturers were invited, even though this was more than planned, in anticipation that some staff either not wanting to or not be able to participate.

4.2.3 Sample size

There is debate in research literature regarding sampling and sample size in qualitative research (Patton 2002). The sample size must be large enough to achieve data saturation and yet small enough to allow in-depth analysis, the hallmark of qualitative research (Sandelowski 1986). Patton (2002) suggests that the most appropriate sample size is achieved through judgement and experience, considering the purpose and scope of the study, the quality of the data to be collected, the study design, and the availability of resources.

The study was designed to interview twelve students and six lecturers in each case. In total, it was planned that thirty-six students and eighteen lecturers would be interviewed generating fifty four interview transcripts (Table 5). It was anticipated that this would generate the required data to address the study's research questions although it was also acknowledged that there would need to be some flexibility to increase or decrease numbers according to the needs of the study. This flexibility in participant numbers for

the purpose of reaching data saturation point was requested and approved by the university's ethics committee (Section 4.3).

	Students	Lecturers	Total
Case 1	12	6	18
Case 2	12	6	18
Case 3	12	6	18
Total	36	18	54

Table 5: Planned sample size for student and lecturer participants.

4.3 Ethical considerations

All students undertaking research at the University of East Anglia which involves human participants must obtain ethical approval from the relevant School Ethics Committee before they begin their research. The University's Research Ethics Framework (REF) aims to ensure that all research involving human subjects and/or their data is conducted in such a way as to minimise risk to participants and researchers, and that best practice is followed at all times. In accordance with the University's REF, ethical procedures for this study were discussed with my supervisory team before an ethics application was submitted. A research ethics application form was completed and approved by my supervisors prior to submission to the relevant ethics committee. As this study did not involve patients or NHS staff the study did not require review by the NHS National Research Ethics Service.

4.3.1 Ethical approval

This research project was approved by the Ethics Committee for the School of Education & Lifelong Learning, University of East Anglia in December 2007 (Appendix 4). The research committee used earlier versions of the Economic and Social Research Council's

(ESRC) 'Framework for Research Ethics' (revised 2012) and the British Educational Research Association (BERA) 'Ethical Guidelines for Educational Research' (2011) to evaluate the research ethics application.

There were a number of ethical issues that needed consideration in this study which were addressed in the research proposal/application including: availability of information about the research project and informed consent, anonymity and confidentiality, the secure storage of data, and participant and researcher safety. The Ethics Committee was satisfied that these issues had been appropriately addressed within the research proposal/application with the exception of two minor amendments that were requested:

1. Information Sheet - the '*guarantee of confidentiality*' was changed to a more realistic phrase.
2. A third party lecturer was used to invite participants in Case 1 to avoid any potential duress of non-participation due to my role as a lecturer in this location.

Availability of information about the research project and informed consent:
The information sheet for participants was designed to provide accurate, concise, useful information for participants in a style of writing that would be easy to understand and unambiguous. I was careful about what information was included in the sheet, ensuring that it was useful to the potential recruit including the risks involved and the process for withdrawal. The sheet outlined my experience as a researcher, the potential value of the study in terms of its practical application of the findings, and the value of the study to the participant as recommended by Patton (2002). The Ethics Committee initially suggested having a separate information sheet for participants Case 1 in order to emphasise the separation of my dual roles as lecturer and researcher, however following the required changes to this sheet, the Chair of the Committee approved the use of this sheet for all participants in the study (Appendix 5). A consent form was designed for participants (Appendix 6) and it was agreed in the proposal that if participants did not reply to the initial invitation to participate in the study, that they would only be contacted by email

once more to respect their right not to participate. Participants were informed of their right to withdraw from the study at any point.

Anonymity and confidentiality:

The information sheet also addressed issues of anonymity and confidentiality. It was declared that the data collected would only be used for the purpose of this study thus complying with the Data Protection Act (1998). The participants' identity was kept confidential to research supervisors and to me in my role as the researcher. Interviews were planned to take place discretely at the convenience of the participant. Only my research supervisors and I had access to the taped/digitally recorded information that was stored under codes, not names, to maintain confidentiality. The audio tapes and digital files were coded by number and listed. The list was stored with the participant's name in a locked drawer at my home address to maintain confidentiality. Participants were assured that within the thesis and any subsequent publications that participants would be referred to using pseudonyms. As agreed in my approved ethics proposal, I adhered to procedures in order to maintain the confidentiality of those participating and those who elected not to participate. However, it became apparent during the collection of data that some participants could be identified by the nature of the information offered in their narratives e.g. the Course Director and so where the identity of the participant was likely to be recognised, this was highlighted to the individual concerned before they gave their consent to participate. It was also apparent that the schools of nursing that were used in the cases could also be identified in this study and so during the process of access to these organisations this issue was discussed. The relevant Heads of School, Directors of Research, and Commanding Officer agreed to the possibility that the schools could be implicitly identified even though the names of the schools/universities concerned would not be mentioned in the case report or any publications.

Secure storage of data:

The coded tapes were kept in a locked drawer at my home address and the computer audio files were stored on my computer at work protected by a password. I transcribed interview data verbatim with the assistance of a research transcriptionist who signed a confidentiality agreement. Files were sent to the transcriptionist under codes not names.

It was agreed that the tapes and audio files would be destroyed one year following completion of the study.

Participant and researcher safety:

This study was considered to be a low risk to the safety of participants and the researcher. There were no particular safety issues identified other than providing a copy of my indemnity insurance for the university where I was not employed. In addition, it was not anticipated that interviews would cause psychological stress to the participants due to the nature of the study's topic however I was prepared to debrief participants and offer them support from other members of staff if needed.

4.3.2 Access

The three gatekeepers, the relevant Heads of School (Cases 1 and 2) and Commanding Officer (Case 3) were approached by telephone to request for a face-to-face appointment to discuss the research project in further detail. In Cases 2 and 3, this meeting also included the two relevant Course Directors at their request. I gave a brief presentation (20 minutes) about the project to the gatekeepers as requested. The Head of School, Commanding Officer and Course Directors were given written information about the study including: an Information Sheet (Appendix 5) on the aims and scope of the project, a Consent Form (Appendix 6), the Interview Guides for students and lecturers (Appendices 7 and 8), and a list of documents/electronic records that I required access to. Access was confirmed in all three cases (Appendices 9, 10 and 11) and the Course Directors acted as my point of contact to organise the recruitment of participants and data collection separate meeting was conducted with the Director of Research in Cases 2 and 3 at her request and I provided her with written confirmation of indemnity insurance from my employer for the period of time covering data collection at the location for Case 2 and 3 (Appendix 12).

The process of gaining access to the requested data and participants in all three cases was affected by my role as a nurse lecturer within Case 1 (2003-2014) and my previous employment (2001-2003) as a lecturer and military Nursing Officer based at the location of Cases 2 and 3. I was known to the two Heads of School and the Commanding Officer

who all acknowledged that they considered me to be a reliable and trustworthy lecturer who would uphold professional and ethical standards throughout the research study. However, it is important to highlight that the cases were selected for their potential for learning in relation to the aims of the study rather than the likelihood of accessibility.

4.4 Recruitment of participants

At the time of data collection, I worked as a lecturer within Case 1, and therefore both students and staff 'knew me' and had contact with me on a daily basis. I was aware of exploiting relationships within my workplace in relation to coercion to take part in the study and the possibility that students and staff may have believed that non-participation could have been detrimental to their position in the School. I respected the participants' right not to participate in the study and to withdraw their participation at any stage of the study. Verbal and written information was used to assist in full disclosure of the aims, purpose and scope of the study. Individual participants were given a written information sheet at least two weeks prior to interview to assist their understanding of the nature, purpose, benefits and risks of the study as part of the consent process. Written informed consent was obtained from each participant at the beginning of each interview; the consent form was sent with the invitation email to allow the participant time to read this well before the interview took place.

4.4.1 Recruitment of students

Students were given an introduction to the study in the form of an oral presentation which outlined the aims of the research project. The presentation emphasised that participation was voluntary, anonymous and that students could withdraw from the study at any stage. The presentation session also included the opportunity for students and staff to ask questions. The inclusion criteria were clearly explained to students and the lecturers present. There was a 'buzz' in the cohorts during these presentations and I could sense that students felt that it was a 'success' in itself to be invited to take part in the study. It was clear that some students would be disappointed at not being invited and I tried to explain why I had chosen to only interview the students with the top twelve average second year marks and how this related to the limitations of the study. I

apologised that other students would be very close to these marks but could not be interviewed. We also discussed the nature of success in pre-registration nurse education; how this can take many forms of which academic marks were only one perspective and that other students may have excelled in clinical practice rather than theory or have significantly improved their academic ability since starting the programme but not reached the top twelve in the second year This is discussed further in the study limitations (refer to Chapter 6: Section 6.6.2).

Students were contacted individually by email (Appendix 13) and invited to participate in the study. The invitation email included the information sheet about the study and a consent form as attachments. As I was employed as a lecturer and a member of the School's Senior Management Team as the Director of Admissions in Case 1, students may have felt obliged to participate in the study especially if they were my personal advisees, therefore a third party lecturer invited them to participate so that they could easily decline if they wanted to without any perception of duress, coercion or repercussion. Accordingly, in Case 1 the invitation email was sent by a co-opted lecturer who had been fully briefed about the study and would be able to answer any queries that students might raise. I sent the invitation emails for Cases 2 and 3 as I was not employed in this location at the time of data collection. If any participants did not respond to the first invitation email within two weeks then they were followed up with one more email only. Participants who wanted to take part were offered appointments and a text reminder service of the appointment date and time.

4.4.2 Recruitment of lecturers

An invitation to participate email (Appendix 14) was sent to all staff on the selected list. Again, this was done by a third party lecturer for Case 1 for the same reasons outlined above. The invitation email included an information sheet and a consent form as attachments. The same process was used as for students although only a few of the lecturers had attended the cohort presentation. As such, lecturers were invited to ask for further information via email or a face-to-face meeting before agreeing to participate if they desired. The recruitment process for student and lecturer participants is summarised in Figure 2.

Oral presentation to cohort and discussion

Invitation email - consent form and information sheet attached

One follow-up email only if no response

Appointment for interview booked via email

Text reminder service for appointment offered
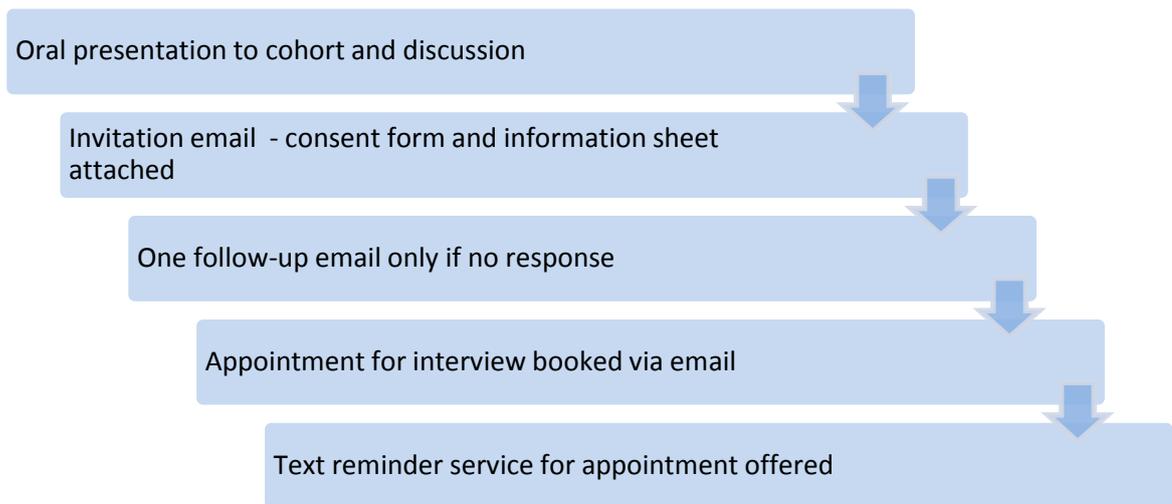
Figure 2: The process of recruiting participants.

4.5 Data Collection Methods

Data was collected for this study using documents and semi-structured interviews. Student success in pre-registration nurse education is a relatively unexplored subject in research literature, especially the student's perspective on success. Interviews would allow the participant to share their views of their experience in considerable depth, informing existing knowledge in this topic and uncovering new knowledge. Documents were used prior to interviewing to gain understanding of the national and local context of each case. Formal observation was considered as a data collection method for this study but was rejected as I did not believe that observation of students would generate data relating to the research questions that could not be achieved by interviews and documents. However, informal observation occurred during the research process from the moment that I entered the research field until I left (Simons 2009). I made field notes of my observations and used these to interpret the culture of the environment and the meaning of data in the analysis process.

4.5.1 Documents

According to Merriam (1998), documents in case study to written materials that contain information relevant to the issue being studied. Yin (2009) emphasises that there are

many different types of documents that may contain useful information for research depending on the aims of the project. Although documents cannot speak, a critical review of relevant documents can confirm, expand or give further insight into the issues being mentioned in other methods of data collection (Simons 2009). However, documentary sources of data should not necessarily be accepted at face value as many factors influence the way in which documents are written e.g. the purpose of the document, the intended audience. The use of documents as sources of research data is subject to the judgement and skills of the researcher during the selection of documents, gaining access to documents, during the interpretation of contents, and in reporting (Yin 2009). I acknowledge that the documents selected in this study were not written with the intention of answering the research questions in this study, therefore I used the questions outlined by Cohen et al (2006) to carefully consider which documents would provide useful data in relation to student success and the context of the cases whilst also considering their original purpose and the intended audience (Appendix 15).

Lincoln and Guba (1985) distinguish between documents and records on the basis of their formality; records usually being more difficult to access due to laws relating to privacy and confidentiality. The only records used in this study were electronically held student records which were used for two purposes: 1) to identify student participants that met the inclusion criteria and 2) to provide descriptive information relating to student age, gender, and highest qualification on entry. In this study, documents refer to a range of documents including; national policies and papers, quality assurance reports, and educational reports/other written materials produced by the individual school of nursing.

Prior to undertaking the interviews, I considered the range of documents that would be relevant this study and whether they would be accessible. Documents were purposively selected to provide data relating to the research questions: the national policies and frameworks influencing pre-registration nurse education and the identification of significant contextual features in each of the cases that might influence student success such as: the characteristics of the School and University, organisational strategy and philosophy, geographical location, the recruitment pool, the geographical area used for placements, staff: student ratios, the profile of the courses offered, admissions criteria

and procedures, attrition rates, curriculum design, the culture and context of the learning environment including the quality of educational provision, values relating to teaching and learning, teaching and learning methods, the assessment strategy, and student support services.

A range of documents, electronic student records and learning support platforms were selected to gather data relevant to the research questions as summarised in Table 6. Inclusion criteria for documents were that they contained information relevant to: 1) the context of pre-registration nurse education in the UK such as national and local policy documents and/or 2) the nursing programme that the students were enrolled on such as curriculum documents, handbooks and quality assessments documents. Electronic student records were accessed for biographical and assessment data to rank participants, and to identify their personal adviser. The learning support platform for each case was also accessed to provide information about the programme and communication between the organisation and the student. All websites, electronic records documents including university annual reports, curriculum documents and student handbooks were the versions relevant to the academic year and/or the specific intakes of the participants in this study. Following discussion with the Commanding Officer (Case 3), I decided that the only specific military documents that related to the research questions other than those already accessed for Case 2 were those relating to the admission requirements and recruitment processes for each of the Armed Forces: The Royal Navy, The Army, and the Royal Air Force. Documents were either available to download and/or print from internet sites or the School intranet, or were available as hard copies within the School. Most documents were collated during the period of one day in each case location and stored in box folders as hard copies so that I could read the document easily whilst making notes and adding coloured markers on the pages of interest during the analysis phase.

Education Documents/Records	Dates collected/accessed		
National policy documents	2007-2013		
RCN (2002) Quality Education for Quality Care: A position statement for Nursing Education.	October 2004		
NMC (2004) Standards of Proficiency for Pre-Registration Nurse Education.	October 2004		
DH (2006): Modernising Nursing Careers – setting the direction.	February 2007		
Nursing: Towards 2015 (2007)	December 2007		
Creating the nurses of the future. Unison (2008)	April 2008		
RCN: Review of pre-registration nurse education. (2007)	December 2008		
NMC Standards for Nurse Education 2010	July 2010		
Case specific documents	**Case 1**	**Case 2**	**Case 3**
QAA Subject Review document Feb 2006	April 2008	Feb 2010	
NMC Annual Report 2008-09	July 2009	Feb 2010	
Individual Electronic Student Records	April 2008	Feb 2010	
Admissions policy, web pages, university annual reports, and marketing materials	April 2008	Feb 2010	Feb 2010
Curriculum documents 2001	April 2008	Feb 2010	
Student Programme Handbook	April 2008	Feb 2010	
Student Core Handbook	April 2008	Feb 2010	
Skills Development Profile	April 2008	Feb 2010	
Computerised Learning Support Platform	April 2008	Feb 2010	

Table 6: Summary of documents/electronic records accessed in the study.

It was essential to read these documents before the interviews took place in order to understand the context in which the students were learning and to highlight any particular issues to explore at interview. For example, participants frequently referred to specific modules or assessments which would have been difficult to understand without prior insight of the course/school/university. Individually and collectively, these documents provided valuable insight into the context of each case and the study as a whole prior to interpretation of interview data. Following analysis of the documents and electronically held information, I met with each Course Director to specifically discuss the programme structure and processes in order to clarify my understanding of programme related information. Although I took field notes at this meeting, I did not count this meeting as an interview as the focus was different from the digitally recorded interview which took place some weeks later which focussed on issues to do with student success as per the staff interview schedule.

4.5.2 Interviews

One to one, in-depth semi-structured interviews were used in this study because they have the potential to uncover the interviewee's perspective on a topic. Patton (1980:196) describes this as 'to find out what is in and on someone else's mind'. The process of in-depth one to one interviewing enables the researcher to actively engage with the data, and commence identifying and analysing issues (Simons 2009). The concept of success in nurse education is relatively unexplored and therefore I wanted a data collection method that would allow relevant issues to become evident from the participants' stories of success. This approach offered the flexibility to explore established and new issues in greater depth.

Yin (2009:106) states that 'one of the most important sources of case study information is the interview'. Kvale and Brinkmann (2009:2) regard the interview as an 'inter-view', an exchange of views between two or more people on a topic, which values human interaction for the generation of knowledge and socially situated research data. Interviews enable participants to discuss their interpretation of situations from their own point of view, one of the aims of this study. However, interviews can be conducted in research in several different ways depending on the purpose of the interview (Rubin and

Rubin 1995, Thomas 2011) and the degree of control over the interview schedule. Semi-structured interviews were considered to be the most appropriate type of interview as this approach allowed an informal conversational style interview which allowed the participant to speak freely, whilst ensuring that approximately the same lines of enquiry were pursued with each participant through the use of an interview guide. Having chosen this style of interview, I was conscious that that the quality of the information gathered during the interview would be largely dependent on my skills as the interviewer (Patton 2002). Structured interviews were rejected because they usually involve tight control over the format of the questions and answers offering few advantages over using a questionnaire (Thomas 2011) and would not have allowed the students and lecturers to speak freely enough about their views of success. At the other end of the continuum, the 'unstructured' interview was also rejected for its almost complete lack of structure. In my experience, it can be difficult for a participant to talk freely about a subject that they have not really given any in-depth thought to without any prompts from the interviewer. I anticipated that most students would not have considered the reasons behind their success before being invited to take part in this study and therefore would find it difficult to speak freely about their success without some prompts. Unstructured interviews tend to work best in conjunction with participant observation fieldwork particularly if the researcher is able to gather multiple interviews in the setting. Semi-structured interviews can get the best of both worlds: the researcher brings a schedule or list of issues (not questions) that are relevant to the project's aims and the interviewee has the freedom to respond to these points and to introduce new issues.

The interview guides were developed from information and ideas gathered during the review of literature for this study and from my experience as a lecturer (Appendix 7: Student and Appendix 8: Lecturer). The interview guide was intended to be used flexibly according to participant responses rather than being used as a rigid list of areas to be explored. It was anticipated that participants might discuss new issues not previously discussed in the literature review or place different degrees of importance on known issues. The researcher's role is to actively listen (Rubin and Rubin 1995) and facilitate the interview through the use of probing questions and non-verbal gestures e.g. nod of the head, a smile, or the tilt of the head. This takes the form of a guided conversation (Kvale

and Brinkmann 2009) to encourage engagement and active dialogue, and requires that the researcher have an effective rapport with the interviewee (Silverman 2006).

Preliminary interviews took place with two student participants and one lecturer within Case 1 before the main interviews were undertaken in order to assess or check the effectiveness of the interview guides and my interview skills as a researcher in relation to the research questions being asked in this study. This preliminary work informed and refined the interview process and interview guides used in the main study. During these preliminary interviews, I had used tape recording equipment for these interviews which resulted in poor sound quality recordings that were time-consuming to transcribe. I decided to record subsequent interviews using high specification digital equipment which produced audio files that were much easier to store, transcribe and manage. Also, the preliminary work confirmed that it was very useful to take my own notes during the interview to supplement the recorded dialogue and then to use these notes to summarise the key points that had been made by the interviewee (as I had perceived them). This gave the participant the opportunity to reflect on the points that they had made, to change their mind or amend their comments in some way. I also asked the participant to give an indication as to the importance or ranking of the main factors they felt had contributed or influenced success. These were techniques that I went on to use in all the interviews for this study. The data from these preliminary interviews was subsequently included in the findings of this study.

It was planned that a minimum of twelve students and six lecturers would be interviewed in each case, however ethical approval permitted more interviews to be conducted to ensure that key concepts identified from the collected data reached saturation point. Due to the variety of lecturer roles (Practice Placement Managers, Admissions Officers) and the very positive response to invitations to participate in the study within Case 2, slightly more interviews were carried out in practice. I conducted all of the interviews in both cases with most interviews lasting approximately one hour depending on the participant's responses. In total, sixty interviews were conducted across all three case studies. The actual numbers of students and lecturers interviewed are summarised in Table 7.

	Students invited	Students interviewed	Lecturers invited	Lecturers interviewed	Interviewed Total
Case 1	12	12	8	6	**18**
Case 2	12	13	15	11	**24**
Case 3	12	12	6	6	**18**
Total	**36**	**37**	**29**	**23**	**60**

Table 7: Numbers of students and lecturers invited and interviewed.

In total, thirty-six students were invited across the three cases and thirty-seven were interviewed. All students that were invited to take part in the study accepted the offer and were interviewed. An addition student in Case 2 requested to be interviewed even though she had not been invited. As her mark was <1% lower than other participants and her ranking thirteenth for that cohort, I agreed to interview her as she was so keen to be part of the study and I had ethical approval to increase the number of interviews. In addition, I felt that this might be prudent in case another student dropped out.

Twenty-nine lecturers were invited across the three cases and twenty-three were interviewed. Eight lecturers were invited to be interviewed in Case 1, six accepted and were interviewed. Fifteen lecturers were invited to participate in the study in Case 2, eleven accepted and were interviewed. Six lecturers were invited to participate in the study in Case 3, six accepted and were interviewed. Lecturers declined to be interviewed for various reasons, most because they were not available during the data collection period and the others did not offer a reason. Some lecturers specifically enquired about confidentiality and anonymity procedures.

The interview process:

Interviews were conducted in a meeting room within each school of nursing building. The room was arranged so that the interviewer and interviewee were sitting facing one another. A table was placed to one side so that I could make notes during the interview and to position the audio equipment to promote an effective recording. Audio recording ensures accuracy and veracity of the interview report (Simons 2009). It also allowed me

the freedom to concentrate on the words and body language of the participant; to fully engage in an interpersonal interview process. Digital audio recording also has the advantage of being able to be stored data as computer files that can be easily accessed for transcription and analysis. I chose to combine digital audio recording with note taking partly as a belt and braces measure in case of equipment failure, but also because I wanted to signpost anything that immediately stood out as particularly unusual or interesting, or to note my own thoughts on what was being said. Note-taking helped to focus my mind on the participant's responses and to develop probing questions to explore issues more deeply or to check meaning where relevant. It also enabled me to summarise the key issues at the end of the interview and to check that these issues were indeed important to the participant. Participants were also asked to rank these issues in order of importance. My experience agrees with the belief that note-taking breaks the eye contact between the interviewer and the interviewee allowing the participant to concentrate on their responses and to feel comfortable during breaks in conversation (Simons 2009). After the interview had finished, I immediately reflected on my notes and added any thoughts or ideas relating to the meaning of the data gathered. I also reflected on the interview process to note anything that might have influenced the authenticity of the data gathered or the rigour of the study that would need to be highlighted in the final report. This was facilitated by leaving a one hour space between interviews; enough time for reflection and a short break before the next interview. From previous experience of interviewing all day, I decided to interview a maximum of four or five participants per day to ensure that I was fully alert and actively listening during each interview. The process of collecting data via interviews was predominantly the same in each case although some of the practical issues varied slightly for Cases 2 and 3 in comparison with Case 1, for example, booking interview rooms and familiarising myself with some of the university facilities such as the library and learning support centre.

Reflexivity:

I am an experienced interviewer having been involved in recruitment interviews throughout my career as a nurse and nurse lecturer for past 25 years. As the Director of Admissions, I have completed advanced interview training and led staff development training in this area. My experience in the two locations as a previous employee and my

extensive experience as an interviewer allowed a rapid familiarity with the buildings and staff, and confidence in organising the fieldwork needed in this study. I was readily able to organise and book appropriate interview rooms, access documents, contact staff and students, and organise accommodation and travel arrangements. I was able to prepare the interview room appropriately proving beneficial in terms of not being disturbed, getting a good quality recording, and making the student feel at ease. Following on from the pilot interviews undertaken in Case 1, I was able to reflect on my skills as the research interviewer, the interview schedule, and the methods used for recording interview data. For example, I did not feel that I knew my interview schedule well enough during the pilot interviews; when the student stopped talking I did not always know what I wanted to say next so there would be a pause while I scanned my interview schedule. Also, at the time, I did not feel that the first student was very articulate although on reading the transcript I realised that she had made some very interesting points. I may have felt that it had not gone well due the pressure of wanting to collect quality data and not actively listening to the participant. With further interview practice I felt more tuned in to responses and was better able to use the recording equipment, converse at ease with the participant and take notes simultaneously so that it become a fluent process.

As a confident and organised interviewer, I was able to quickly build a trusting relationship with the participant and put them at ease giving them the time and opportunity to express their views. Consistent with the interpretivist perspective of Kvale and Brinkmann (2009), the interview was based on the interaction between me as the researcher and the participant. I was conscious of my influence on this interaction; that I might be more interested in some aspects of their comments more than others and that this could lead the interview in a certain direction. In order to ensure that the participant had the freedom to respond without adverse influence, the interview schedule started with some factual questions about their views on success as a concept and then asked the broad question: What factors do you think have contributed to your success? The semi-structured schedule allowed the participants to freely identify and discuss their responses while I remained vigilant of the potential for me to steer the conversation in an artificial direction. Although I asked about all of the areas on the schedule, if any of these areas were not considered important by the participant then we moved quickly to the next

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important factor as identified by the participant. In addition, I sought confirmation of my interpretations of interview data throughout the interview and at the end of the interview when I summarised key points and asked participants to rank their key influencing factors. As this is a largely unexplored area in published literature, I did not have any firm preconceived ideas regarding the responses that were likely to be offered which enabled me to be open-minded to issues raised and to probe for further information in order to fully understand how each factor that was identified was significant for the participant.

Bonner and Tolhurst (2002) describe an 'insider researcher' as one who is part of the social group they are studying. Being an insider researcher can have several advantages such as: greater understanding of the culture being studied, not altering the flow of social interaction unnaturally, promoting rapport with participants, access and ethics, knowing who to ask and where to gather data, and having empathy for the participants perspective (McEvoy 2001), however there may be some less advantageous aspects to this role that have potential to impact on the trustworthiness of the findings. For example, as an 'insider researcher' in Case 1, I was aware that students and staff may respond to me in my other roles as 'colleague' to participants who were lecturers and as 'lecturer' to student participants. During interviews, some lecturers asked for encouragement that they were saying the 'right things' and I had to offer them reassurance that I was not looking for a particular answer, only their opinions on the subject matter. Lecturers looked uncomfortable during pauses and expressed their desire to help me as much as possible in obtaining adequate data. My relationship with students was different again. I was conscious during the pilot interviews that the interview could potentially become orientated more towards a programme evaluation session or a reflective end of year progression meeting, so I avoided this by using the interview schedule and my judgement to maintain the focus of the conversation on the research topic.

Students and lecturers frequently said '*you know*' in their responses as they knew I was a nurse lecturer and ex-military nursing officer. Gerrish (1997) highlights the problem of assuming understanding in this situation of familiarity in the research field. The frequency

of this phrase was especially apparent when I reviewed the verbatim transcripts. McEvoy (2001) points out the problems associated with the taken for granted perspective and difficulties with critically examining something that can appear self-evident. I was aware of the need to counteract any assumptions made on my behalf, so I responded to this comment by asking the participant to explain what they meant. I was conscious of trying to view the students' responses as objectively as possible by not assuming understanding, questioning phrases and comments, interpreting the comments actively and thinking about all possible meanings. In addition, I made a conscious decision to leave time between interviews to reflect on each interview, making memos in my field diary about my personal thoughts and ideas.

In Cases 2 and 3, I was partly an insider researcher by virtue of my roles as a lecturer and retired military officer, and an outsider researcher as I was employed in a different university and not known to any of the participants. This insider/outsider role was helpful as it allowed the benefits of insider status but the boundaries of the researcher-participant relationship were easier to maintain. In this situation, participants would probably not have perceived any internal threat to revealing detailed information about the organisation even if this was negative. I was able to concentrate on being predominantly a researcher in this environment as I did not have responsibility as a lecturer in Cases 2 and 3.

Data collection schedule:

Data from the three cases was collected over a two year period (Table 8). This was due to a combination of issues: my part-time status as a research student, timing of permission to access data, my workload as a lecturer/Director of Admissions, the logistics of travelling and staying at another university, and coordinating data collection with a cohort of students who were just starting the third year of their programme.

	Case 1	Case 2	Case 3
Time period	February – October 2008	February –May 2010	February – May 2010
Order of data collection	Electronic records Documents Interviews	Electronic records Documents Interviews	Electronic records Documents Interviews

Table 8: Data collection schedule.

4.6 Preparing the data for analysis

Data from documents and interviews with students and lecturers formed the main core of data collected or the 'data corpus' in this study (Braun and Clarke 2006:79). As data was collected, I developed three data bases or data sets involving secure computer files and box files (Braun and Clarke 2007), one for each case to organise and manage the large volume of data anticipated. Each data set included data from documents, interviews and electronic records as per Figure 3. Documents were collected first instance including some documents relating to national policies, reviews and frameworks for pre-registration nurse education, and then electronic records were accessed, followed by the interviews. Documents and electronic records were revisited during the data collection process as necessary. My field notes and transcripts including my memos and notes were added to the data sets as they were completed.

The management of this large volume of data was very challenging at times, particularly managing the secure storage of very large computer files and using these files during the analysis process. This was a very time consuming process that required enormous attention to detail in terms of filing and management to ensure that data was stored securely and safely. A detailed time management plan was devised to meet deadlines however the whole process of data management proved very stressful at times due to technical difficulties with computers.

Case 1	Case 2	Case 3
Documents Electronic student records	Documents Electronic student records	Documents Electronic student records
6 interviews with lecturers	11 interviews with lecturers	6 interviews with lecturers
12 interviews with students	13 interviews with students	12 interviews with students
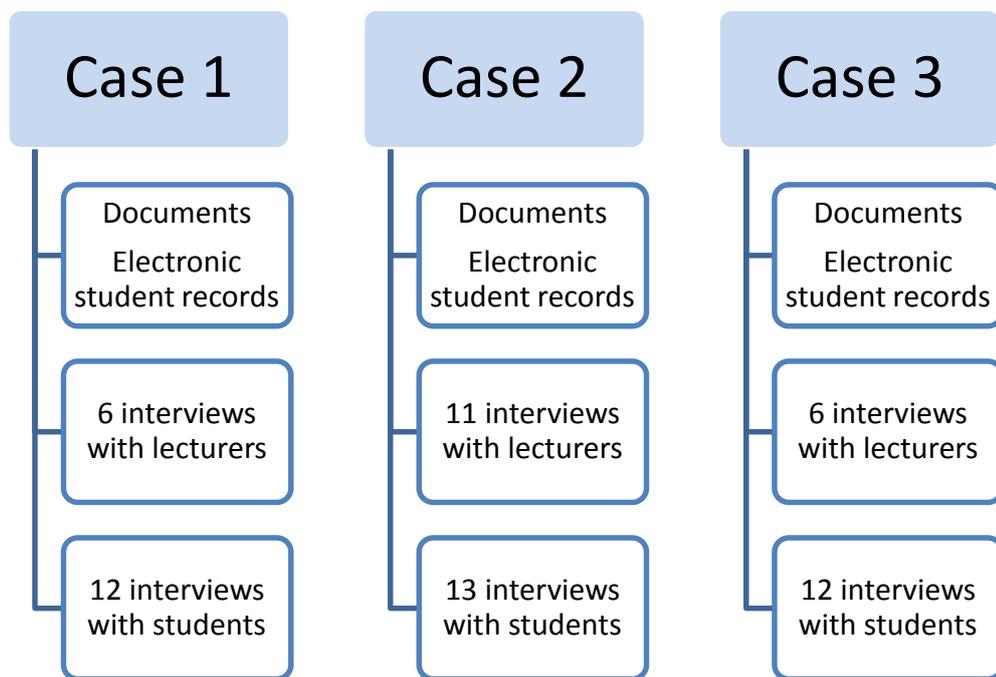
Figure 3: Data sets for each case.

Interviews were recorded by tape (3 interviews) and digital recording equipment (57 interviews), the latter being stored as computer audio files. The recordings were transcribed verbatim as part of the preparation process for within case and cross-case analysis. Transcription is the process of transforming the oral interview conversation to written text (Kvale and Brinkmann 2009). The form of verbatim transcription used in this study included pauses, audible emotions, utterances, repetitions, and highlighted areas of inaudible recording. I felt that this level of detail was necessary during this preparatory phase of analysis in order to capture the essence of the interactional conversation and meaning of the comments made during the interview as much as possible. The transcript

identified the interviewer as 'I' and the interviewee as 'R' for respondent followed by a number to maintain anonymity of participants. Furthermore, the names of all individuals and organisations were removed and indicated as [name] in the transcript. Each transcript included line numbers for quick reference and a two inch margin on the right hand side of the page to allow space for memos and notes during the analysis process. The presentational format of each transcript is illustrated by an extract from a transcript in Appendix 16.

Patton (2002) describes transcription as a transition phase between fieldwork and analysis, and suggests that it provides an important opportunity to become immersed in the data in order to gain insight into the cumulative data as it is collected. My technique for transcribing involved actively listening to the whole tape without interruption and then reviewing my field notes which helped by highlighting the participants body language, attitude, and intonation. On second listening, the transcript was produced using foot-controlled transcribing equipment that rewound the recording back to a set point to allow re-listening and ensure accuracy. The three preliminary interviews recorded by tape recorder proved difficult to hear and transcribe due to the poor quality of the recordings. Subsequent interviews were recorded using digital audio recording equipment which provided high quality audio recordings for the processes of transcribing and analysis. Digital recordings were much clearer to listen to and also allowed me to move forward and backward through the recording easily to listen to particular aspects of the interview as necessary. However, the transcribing process was still very time-consuming, taking a day to transcribe one interview i.e. three or four hours per one hour of talk. In an ideal situation, I would have transcribed all the interviews myself on an on-going basis in order to fully engage in the analysis process throughout data collection, however due to the volume of recorded data and the time limitations of this study, a research transcriptionist was employed to assist with transcription. I transcribed one third of interviews in each of the cases taking a cross-section of students and lecturers. Familiarity with the data was still achieved as I carefully checked all transcripts against the original recording making corrections in accuracy, terminology, punctuation and spelling where appropriate. This was particularly important as the transcriptionist was not medically trained and occasionally left highlighted blanks in the transcript when he could

not decipher a word, sometimes a specific educational or medical term. Figure 4 illustrates an extract from a verbatim transcript produced by the transcriptionist and then my amendments of the transcript after listening to the audio file:

Transcript produced by research transcriptionist
'I started um the first day of placement is, is oh nerve racking I think, you know, being passed a piece of paper, *** *** *** and hand ***** and just that whole information overload of gobblygook is, is, well, sort of beyond what you could imagine. I was nervous but not, you know, I'm, I'm quite a confident person so it's, it's not going to, it is, it's going to be nervous for anybody I think but and I remember with like the first day or first couple of days, you know, helping to wash a patient or, or *** *** or change a patient who's soiled themselves and, and having to roll them *** so, so that nurse could sort of change them and clean them up, I remember thinking, stood there thinking oh my god this is so surreal this is like nothing I've ever done before.' (Student, Case 2)
Transcript after checking and amendments
*'I started um the first day of placement is, is oh nerve racking I think, you know, being passed a piece of paper, **medical terms**, and **hand over** and just that whole information overload of gobblygook is, is, well, sort of beyond what you could imagine. I was nervous but not, you know, I'm, I'm quite a confident person so it's, it's not going to, it is, it's going to be nervous for anybody I think but and I remember with like the first day or first couple of days, you know, helping to wash a patient or, or **toilet** or change a patient who's soiled themselves and, and having to roll them **over** so, so that nurse could sort of change them and clean them up, I remember thinking, stood there thinking oh my god this is so surreal this is like nothing I've ever done before.'* (Student, Case 2)

Figure 4: Checking transcripts for accuracy.

After checking, each transcript was stored anonymously as a 'Word' file on my work computer and hard copies of each transcript stored in a secure office for analysis.

4.7 Analysis

Within the context of qualitative research, the researcher analyses or makes sense of the data by sifting, organising and interpreting information in order to produce findings and an overall understanding of the case (Simons 2009). In this study, the analytical approach chosen was guided by the aims of the study and the research questions being asked. The

analysis aimed to explore, organise, account for, and explain the data collected in relation to the reasons *why* students had been successful on their pre-registration nursing programme and *how,* if at all*,* did wider contextual factors influence their success.

A very large amount of data was collected forming the corpus however only data that was relevant to the research questions was included in the analysis forming the data set for each case. The process of analysing data and selecting relevant information to the study was a very time-consuming and challenging process that is described in the following sections. The data set for each case included all instances that related to the topic of success in pre-registration nurse education. The data corpus that was used for analysis is summarised in Table 9.

Data Corpus
• 37 interviews with students: tapes, audio files and transcripts
• 23 interviews with lecturers – tapes, audio files and transcripts
• 35 Documents
• Electronic student records: assessment marks, age, gender, highest entry qualification
• Researcher's field notes

Table 9: Data corpus.

Thematic analysis was used to analyse the interview data, and documentary analysis and reflection on field notes and informal observations were used to assist with the interpretation of data from interviews. One of the advantages of thematic analysis is that it is not bound to one theoretical position like interpretive phenomenological analysis or grounded theory (Braun and Clarke 2006) and therefore, it is argued that it has the flexibility to provide the detailed yet complex account of data required in qualitative research. However, an approach without a clear framework for analysis would undermine the rigour of the research (Patton 2002). The use of thematic analysis is congruent with the values and assumptions of the constructivist paradigm which underpins this study.

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Reflexivity is considered central to this analytical approach and as such my role as researcher is active in decision-making throughout the research process (Stake 1995) and is discussed further Section 6.6.3.

Themes were not viewed as 'emerging' from the data but rather interpreted and actively constructed by the researcher in relation to the research questions in this study. Themes were driven by the data and not a pre-existing coding framework with the intention that they would be strongly linked to the data (Patton 2002), sharing some similarity with a grounded theory approach. The themes were categorised, noting patterns and irregularities, in order to uncover similarities and differences between students and lecturers. The analytical process begun during the data collection stage; data collected in Case 1 was analysed and this informed the on-going data collection process for Cases 2 and 3. Initially, data was analysed within each case and then subsequently cross-case analysis was undertaken. Theory was derived from the data using an inductive process in order enhance existing knowledge on student success and to generate new knowledge in this area as a pre-existing model of student success for pre-registration nurse education does not currently exist.

4.7.1 Analysis of documents

Document analysis involves the location of documents, interpretation, analysis or 'reading between the lines' and the drawing of conclusions about the evidence (Fitzerald 2007:279). Document analysis was used in this study to add depth and context to the analysis of interview data through a process of triangulation. Yin (2009:103) affirms that 'for case studies, the most important use of documents is to corroborate and augment evidence from other sources. The selected documents were analysed prior to interviews via an iterative process of careful reading, re-reading and annotations to ensure that any conclusions drawn were sound and relevant to the aims of the study. For example, the Student Handbook was reviewed carefully to familiarise myself with the programme before interviewing. Key points about the curriculum were noted in my fieldwork diary for each case such as the range of modules and their content, the pattern and types of clinical placements, the pattern and types of assessment, and the types of teaching and learning strategies used. This helped me to understand the comments made by

participants during interviews although I still had to seek clarification on points quite frequently. The language used in the Handbooks and the range of information given to the student also allowed me to gain a sense of the organisation's expectations of the students. Other documents such as the QAA reviews were reviewed to identify areas of the programmes that had been commended or identified as needing improvement, and subsequently to compare these with comments made by participants. Some of the documents were used predominantly for their information in order to build a profile of the case e.g. University Annual Reports, however these reports also offered information about the culture and social context of the learning environment for each case.

4.7.2 Analysis of interview data

Recorded interview data was examined and interpreted using thematic analysis. Thematic analysis is widely used in qualitative research but may take many different forms. The approach used in this study is based on thematic analysis method described by Braun and Clarke (2006). Although their paper discusses thematic analysis methodology as applied within the field of psychology, they also acknowledge its value within other disciplines. This approach to thematic analysis is theoretically and methodologically sound for identifying, analysing and reporting patterns (themes) within and across a unit of analysis in qualitative case study and has many similarities to the process described by Miles and Huberman (1994) who refer to data reduction, data display, and the drawing and verifying conclusions.

The method described by Braun and Clarke (2006) involves a six phase process to thematic analysis (Figure 5). This process was applied flexibly to this study's research questions as recommended by the authors. The process started during the early phase of data collection by actively looking for issues relating to the research questions in the data, thinking about the patterns of meaning, and through a process of reflection on the experience of collecting the data (interviews, documents, electronic records). The endpoint of this process of analysis was the reporting of the final themes. The analysis phase involved an iterative process of constantly moving back and forward between the data set of analysis, data items and the coded extracts of data. The 'data item' is defined as the individual piece of data collected such as a transcript, and the 'data extract' as an

individually coded chunk of data extracted from a data item e.g. a quotation from a transcript. Only a selection of extracts from the data set that best represent that theme appear in the final analysis and findings reports rather than all the extracts identified in the process of analysis. Writing was an integral part of the analysis process as it facilitated the development and refinement of themes through the taking of field notes, tutorial notes, theoretical memos and coding. I made a conscious decision not to identify refined themes too early in the collection period or to engage with related literature at an early stage although this would have been tempting after data collection was completed for Case 1. I wanted to remain true to the inductive process and stay open-minded to the data in Case 2 although it was inevitable that I had formed some analysis of data collected for Case 1 before data collection commenced at a later date for logistical reasons in Case 2. The analysis process took place throughout the entire data collection process and beyond until final reporting; this was approximately over a two-year period.

1	• Familiarisation with the data
2	• Generating initial codes
3	• Searching for themes
4	• Reviewing themes
5	• Defining and naming themes
6	• Producing the reports
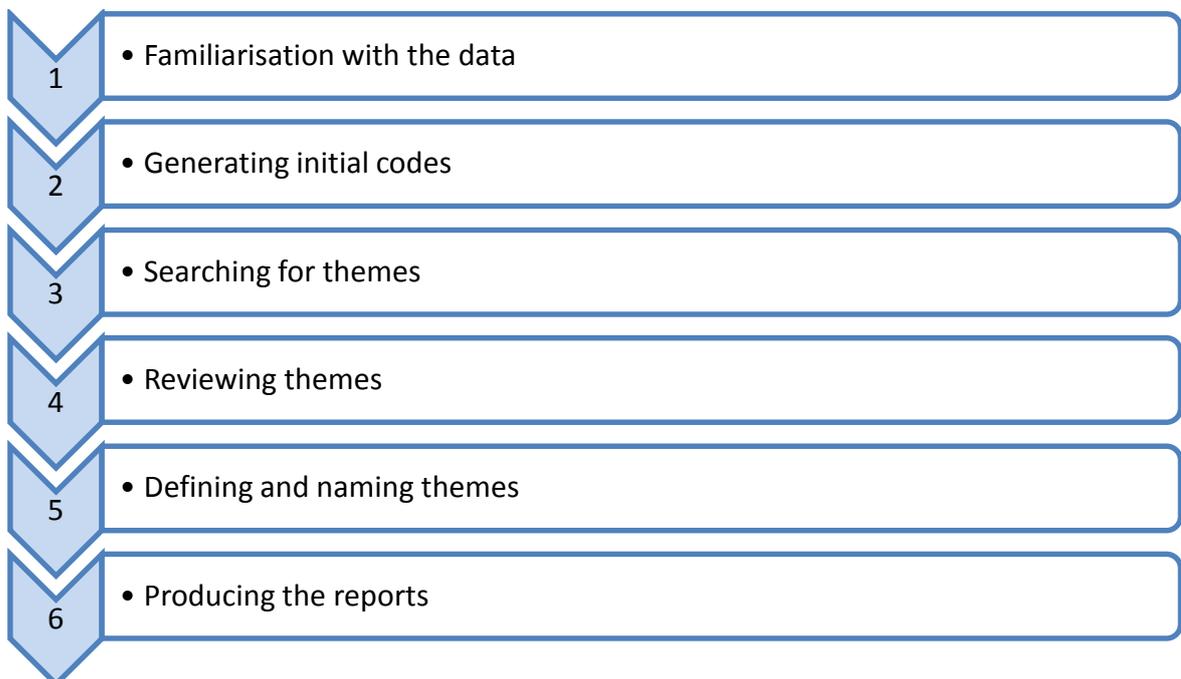
Figure 5: Phases of thematic analysis (Braun and Clarke 2006)

Familiarising myself with the data:

Having conducted all the interviews myself, I familiarised myself with the breadth and depth of data from the beginning of the data collection phase. Interviews were transcribed whilst other interviews were taking place therefore I was able to actively analyse previous transcripts through reading and re-reading process before undertaking further interviews. I transcribed one third of the transcripts in each case/sub-case which allowed me become familiar with the data (Riessman 1993) whilst also addressing the practical requirements of ensuring that the study progressed according to required deadlines. I listened to every interview and then read the transcript before making notes on the transcript. Notes were made directly on the transcript in the right hand margin and certain sections of the transcript marked with a highlighter pen (Figure 6). Field notes made during the interview were also referred to during the analysis of each transcript. This was a time consuming but essential part of early analysis that spanned over a considerable period of the study. A sample of transcripts were also analysed independently by my supervisors.

Extract from student interview:	Notes/memos
'I think um I know this may sound stupid but I think being a mature student has helped, because you're married, and you know you've got a husband at home so no distractions for, you know, boys and all that because I, I, I have friends they are like twenty and twenty one, I had them for year one and year two and then come to year three I got so tired we just had to separate because what they want is completely different what I want, for them forty's fine, for me it's not, I need an A, I don't know why, I'm just like that, and for them it's like boys and clubbing, I don't do that, I don't go clubbing, I don't drink alcohol, just nothing, I don't do anything like that and for them that's all they do, like, you know, even if it's a weekday they'll still get drunk and then come to uni the next day and then like, "how did you manage to do that?" you know? I do go out with my friends, you know, for a meal and stuff but not very often, and I don't drink, I don't go clubbing so all that time the only time I get to study is at night once the kids have gone to bed so I sit down from eight 'o clock and, you know, by the time it's twelve my eyes are literally dropping then but that's the time I get to study and if I'm out all the time you can imagine how it impacts on my studies, so, that has helped, being a mature student, kids, you know, husband, there's no distraction there.	Maturity Focussed Social disassociation with peers Driven Motivation Focussed Commitment

Figure 6: Familiarising myself with the data and generating the initial codes.

Generation of the initial codes

Initial codes were formed by thinking about the ideas from notes/memos made on transcripts. The codes identified a feature of the data that appeared interesting or

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relevant to the study topic. Boyatzis (1998:63) refers to this as the 'most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon. An example of this initial coding phase for a section of one transcript is displayed in Figure 6.

Coding involved organising the data into meaningful groups and was considered an integral part of the analysis (Miles and Huberman 1994). Codes are often specific compared to themes which usually have a broader remit. I was conscious of trying to give equal attention to all aspects of each transcript and not to exclude data that could be relevant but did not occur commonly, appeared contradictory or fit into a particular code or pattern, and therefore I returned to each transcript on more than more occasion over a period of weeks in order to view the transcript with a 'fresh pair of eyes', a very time-consuming process I considered the use of software such as NVivo and Atlas.Ti to assist with this process but after investigation decided that I would prefer to code the data manually. Codes were transferred to separate computer files in Microsoft Word and unchanged verbatim extracts from the transcripts arranged under the appropriate codes. An example of this is demonstrated in Figure 7. Sometimes the same extract was added under more than one code as relevant. The extracts were fairly large at this stage in order to maintain their context for further analysis (Bryman 2001). Extracts that were contradictory to the main patterns were also included at this stage.

Code 1: Maturity (Case 2)
'I think there must be something there that I grasp things quite well. It's not sort of environmental, it's something that's inbuilt that's part of me because I'm older. I could never have done this when I was younger. I think life experience plays a big part in how well you do and your attitude to how you work.' (Student, Case 2))
'I moved from the nursing home into the hospital as soon as I was eighteen and just worked as an auxiliary for a couple of years. I applied to do my nursing then and I was seconded to this university. I dropped out after about six months. I think, to be honest, it was age. I think I was more interested in going out and I loved the uni life where you could sit in the bar and see your friends. The academic side just wasn't important to me, it wasn't important to get a diploma and I was being seconded so I had all this money every month at nineteen and that was brilliant. I could see my friends and, you know, work just fell behind and then as it snow balls you get more and more under pressure and you don't perform as well and it just became a bit too much.' (Student, Case 2)*
'Even when something isn't going so well, like..now that I'm older I'd would look at the negative side and think okay well what can I get from that?' (Student, Case 2)
'I see quite a few eighteen year olds when they're starting and they seemed a little bit immature especially when they're on placement and they didn't really have the experience that if you've been out into work or something you gain quite a lot of experience from that and learn how to deal with people. I've seen quite a few of the younger students talking quite rudely, not in a correct way to patients and being quite silly on wards between themselves standing in corners laughing and joking. So I do think the experience I had before when I started did bode well for me, even mentors have said that they prefer a student who's a little bit older so you do get some good students like straight out of college so but you can tell when you've had a few years' experience beforehand.' (Student, Case 2)

Figure 7: Organising selected extracts according to initial codes.

The search for themes:

Further analysis of the codes led to the development of broader themes across the data set for each case. This involved re-visiting the list of codes for the data set in each case and then combining or re-defining the codes to form themes. At this stage, I started to think about the relationship between codes, between themes and different levels of themes and sub-themes using a thematic map (Figure 8). This produced an initial collection of themes and sub-themes for further analysis. All themes were considered equally important at this stage. Themes were not necessarily developed on prevalence i.e. the number of times a theme re-occurred in the data set, but rather on whether it captured something I judged to be important in relation to the research questions. However, the development of the themes and the case report in the findings chapters gives some indication of the prevalence of themes by using terms such as 'the majority of participants', or 'some participants'. As previously stated, the themes were developed in relation to the research questions rather than any propositions or pre-determined theoretical framework.
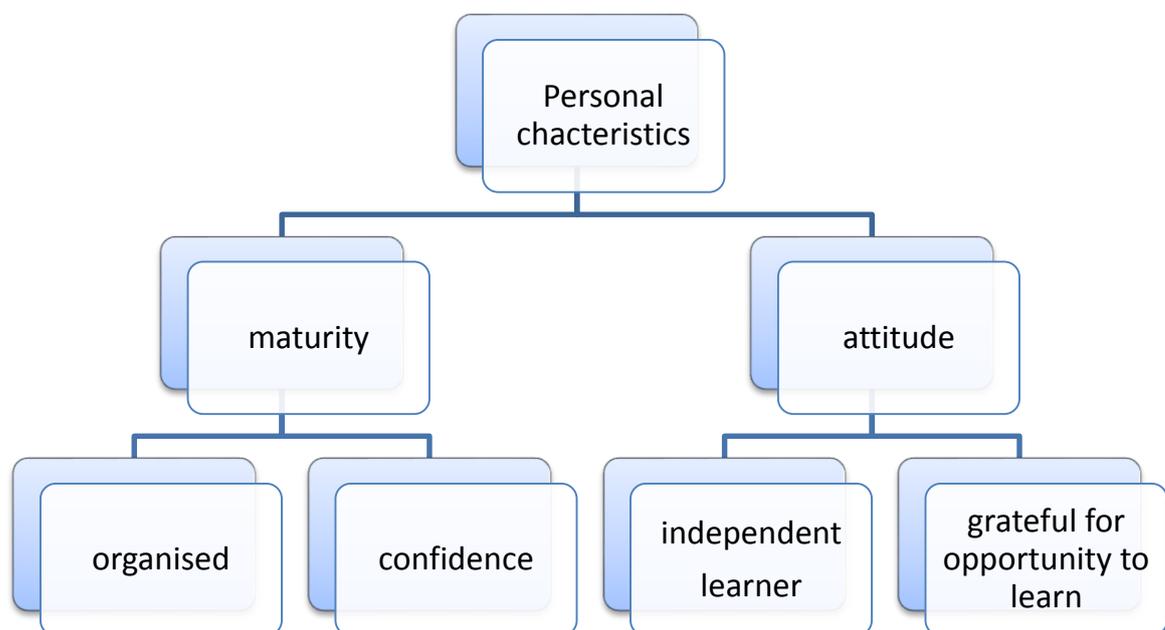
Figure 8: Initial thematic map (later revised).

Revising the themes:

The initial themes and sub-themes were refined via a process of reviewing both the coded data extracts and the whole unit of analysis. Initially the themes were reviewed against the coded data extracts. Some themes were not really themes as there was insufficient data to support them so these were re-considered as sub-themes or totally revised. This helped to avoid what Bryman (1988) refers to as 'anecdotalism' where a few instances of a phenomenon are considered a pattern or theme when they are actually idiosyncratic and therefore do not represent a broad theme. Other themes were expanded, separated or renamed to reflect the data and the relationships between data. Patton (2002) suggests that the criteria of 'internal homogeneity' and 'external heterogeneity' can be useful in determining whether the themes are appropriate. For example, data within a theme should be coherent in meaning whereas the differences between themes should be clear and identifiable. The final themes and thematic map were considered in relation to the whole data set to ensure that they reflected the meanings evident. The process of developing the themes was both iterative and reflective. The themes were refined over a long period of time, re-engagement with the data at various intervals, further analysis, and peer validation during research supervision. The refining process was deliberately stopped when I felt that no further analysis was able to generate more meaningful themes.

Defining and naming themes:

This phase developed the final themes and their inter-connections. It consisted of identifying the essence of each theme and then collating these to form an internally coherent and consistent account of the data using narrative to explain the selected extracts. In order to think beyond the surface of each theme, I considered the following questions:

- 'What is the meaning of this theme?'

- 'What are the assumptions underpinning it?'

- 'What are the implications of this theme?'

- 'What conditions are likely to have given rise to it?'

- 'Why do people talk about this thing in this particular way?'

- 'What is the overall story the different themes reveal about the topic?'

Braun and Clarke (2006:94)

A detailed analysis was written for each theme and for the relationship between themes and the overall story of the data set for each case. The themes were structured to reflect their content and the hierarchy of meaning within the data and their relation to success in pre-registration nurse education. The themes and sub-themes were named concisely to encapsulate their core meaning.

Reflexivity:

Mulhall et al (1999) proposed that knowledge is socially constructed and affected by one's own philosophy and values. The interpretation of data was influenced by the connections made between the data within each individual case and across cases, and involved comparing data for similarities and identifying differences or negative cases. The differences were subtle and sometimes difficult to extract but illustrated important points in the findings. For example, the military students sometimes represented extreme cases of the views expressed by students in Cases 1 and 2. While most students did not feel successful until Year 3 of the programme, some military students considered themselves successful much earlier than this, some in Year 1 of the programme and this appeared to be connected to their previous successes in academic work and sporting achievements. Military students were also distinct in their independence of academic support and in their intensely cohesive peer support associated with the military ethos of camaraderie and teamwork. I was aware that as a researcher, I had a role to be highly responsive to subtle aspects of data and to make these explicit, to adapt to collecting data in different environments in my different roles, to have a holistic view of each case and the study as a whole, and to explore negative cases to gain a higher level of understanding. The

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challenging of initial assumptions and the development of early themes during the process of analysis is essential (Lincoln and Guba 1985, Silverman 2006). This systematic approach to reading, re-reading and critically exploring the data for similarities and differences was undertaken over a several months before the final themes were identified. It was anticipated that a large amount of data would be gathered from in-depth interviews with thirty-seven students and twenty-three lecturers and documentary analysis however there was no guarantee that this would capture the complexity of factors involved in student success in pre-registration nurse education. However, the detailed and individual data relating to the students' personal journeys of success combined with the views of lecturers and data from documents have provided new insights into the process of becoming a successful student allowing conclusions to be made about the factors that contribute to becoming a successful student in pre-registration nurse education.

4.7.3 Producing the case reports

This was the final stage of analysis and consisted of writing the case reports which consisted of the individual case findings (Appendices 17-19) and then the cross-case findings (Chapter 5). The reports aimed to interpret the data, capture the diversity and scope of the themes, tell its complex story and its meaning in relation to the research questions in an organised manner that is convincing to the reader and adheres to criteria by which the rigour of qualitative research will be assessed (refer to Section 4.8 for a discussion of these criteria). The report narrative aimed to be a detailed, coherent, non-repetitive and interesting account of the data within each case and across cases. The account of the whole data set in the cross-case report is particularly important as this study focuses on an under-researched area and works with participants whose views are not known (Braun and Clarke 2006). Quotations are used in the report in a considered and balanced manner to illustrate the key issues being discussed. The quotations used in the findings chapters have been cleaned or condensed to remove irrelevant repetitions or pauses with care taken to ensure that this did not change the meaning of the quotation. An example of a condensed quotation is illustrated in Figure 9.

Original extract	Condensed quotation
'I think um I know this may sound stupid but I think being a mature student has helped, because you're married, and you know you've got a husband at home so no distractions for, you know, boys and all that because I, I, I have friends they are like twenty and twenty one, I had them for year one and year two and then come to year three I got so tired we just had to separate because what they want is completely different what I want, for them forty's fine, for me it's not, I need an A, I don't know why, I'm just like that.'	*'I know this may sound stupid but I think being a mature student has helped because you're married so there are no distractions. I have friends, they are like twenty and twenty one, I had them for year one and year two and then come to year three I got so tired we just had to separate because what they want is completely different from what I want. For them forty's fine, for me it's not, I need an A. I don't know why, I'm just like that.'*

Figure 9: A condensed quotation.

Following a process of 'within-case analysis' (Ayres et al 2003), the findings of this study are presented as individual cases where each case has been analysed as a standalone entity. Due the large volume of data generated, the individual case reports are presented in Appendices 17-19 of this thesis. Each case is presented sequentially in the same format (Table 10). The findings are generated from the analysis of data from interviews with students and lecturers, and the analysis of documents/electronic records.

	Sub-sections of each case report	Details
1	Profile of the case.	A description of the university, faculty, school of nursing and programme using data from documentary analysis and field notes.
2	Profile of the participants.	A descriptive profile of students and lecturers. Student profiles are summarised as a table using data generated from electronic student records, interview transcripts and field notes.
3	Definitions of student success.	Presented as a theme using data generated from interview transcripts and field notes.
4	The main themes contributing to student success.	Presented as themes using data from interview transcripts, documents and field notes.

Table 10: The presentation of individual case findings.

Quotations taken from participants' interview transcripts were used as examples to define the meaning of success and to illustrate the themes and sub-themes relating to the factors that contribute to student success in each case. The quotations were coded using pseudonyms to locate this information to the individual participant. For example, as most participants were students a quotation by a student is followed by a code name only: (Daniel), and a quotation by a lecturer is coded as: (Sarah, lecturer). Quotations are indicated by the use of speech marks and are presented in italics. Longer quotations have been indented as a separate paragraph. Data from field notes are also used generally to support aspects of themes and sub-themes generated by interview data where appropriate. In order to clarify the process of theme and sub-theme development and to demonstrate the significance of the findings, the narrative is complemented by indicating the prevalence of themes with the use of verbal counting terms such as 'most participants', 'some participants', or 'a few participants' as discussed in Section 4.7.3, whilst being careful not to over-count, mislead or count out of context (Sandelowski 2001). The report for Case 1 (Appendix 17) is slightly longer than the other two cases as more detail has been provided to illustrate key themes. The same themes were found in Case 2 (Appendix 18) and Case 3 (Appendix 19), and therefore they are not explained in

the same amount of detail as this would be have been repetitive, however any differences have been reported in detail. The report for Case 3 is slightly shorter in length as the university profile has been omitted as this is already described in Case 2.

Chapter 5 presents the comparative findings from the process of cross-case analysis of the findings from the three individual cases. Cross-case analysis refers to the process of searching for patterns in data across cases (Ayres et al 2003). The themes from the individual case analysis were re-examined in the different contexts of these cases in order to identify consistent and contrary themes across cases. Quotations used in this chapter following the same conventions as the individual case reports but also refer to the relevant 'Case' following the participant's name. The process of cross-case analysis generated themes and general propositions that are grounded in these cases and discussed in Chapter 6: Discussion and Limitations.

4.8 Ensuring quality in the research process

It is essential to demonstrate the quality and integrity of a research project if it is to have any value. Qualitative research is often criticised for lacking scientific rigour, most notably that it; merely consists of anecdotal evidence, is biased by the researcher, and that it lacks generalisability (Mays and Pope 2000). In the health field, in contrast to traditional biomedical research, qualitative research produces a large amount of detail about a small number of settings. However, these criticisms assume that quantitative and qualitative approaches to research should be judged by the same criteria of ensuring the validity and reliability of their findings despite their different philosophical position. Silverman (2000) argues that the quality of research should be judged by appropriate criteria and that the perception of credibility comes from those judgements. Therefore qualitative inquiry should be designed and judged by criteria appropriate to the underpinning philosophical and theoretical framework used. As such, the criteria will vary with differing paradigmatic approaches such as phenomenology, ethnography, grounded theory and feminist inquiry. Within the field of social science, the modern constructivist and interpretivist perspectives produced new terminology to determine quality in qualitative research. The

term rigour denoting quality in the research process was replaced by the term 'trustworthiness' for judging 'naturalistic inquiry' (Guba and Lincoln 1985). It is widely accepted among qualitative researchers that the use of clear and explicit evaluative criteria facilitates transparency of the research process, the critical thought processes undertaken, and the values of the researcher (Patton 2002). It also allows the researcher to highlight the key strengths and limitations of the research. In keeping with the views of Guba and Lincoln (1985), this study establishes trustworthiness through the concepts of 'credibility' (synonymous with internal validity), 'dependability' (reliability), 'confirmability' (objectivity or reliability) and 'transferability' (external validity) as defined in Table 11.

Credibility	confidence in the 'truth' of the findings
Dependability	showing that the findings are consistent and could be repeated
Confirmability	the extent to which the findings of a study are shaped by the respondents and not the researcher's motivation or interest
Transferability	showing that the findings have applicability in other contexts

Table 11: Criteria for assessing quality of naturalistic inquiry (Guba & Lincoln 1985)

Lincoln and Guba (1985) describe a series of practical techniques that can be used selectively by the researcher to establish these criteria and enhance the trustworthiness of qualitative research. These criteria and associated techniques have been used in the design of this study with the intention of providing confidence that this research has accurately recorded and interpreted the data as discussed in each of the following sub-sections.

4.8.1 Credibility

Credibility refers to the 'confidence in the truth in the findings' and is arguably one of most important factors in establishing trustworthiness (Lincoln and Guba 1985).

Hammersley (1995:57) defines credibility as 'the extent to which an account accurately represents the social phenomena to which it refers'. Credibility is offered as an alternative criterion to that of 'validity' which refers to the degree to which research truly measures what it was meant to measure within the tradition science paradigm. Validity is based upon the assumption that the phenomenon being investigated possesses reality or truth in an undisputed objective sense. This view of reality is not shared by qualitative researchers who consider the social world to involve subjective interpretations by both participants and researchers. Accordingly, validity was not considered an appropriate criterion to judge the rigour of this study and instead the criterion of credibility was used in relation to three main elements identified by Patton (2002):

1. Rigorous fieldwork methods were used that to generate and analyse data that was relevant to the aims of the study.
2. The researcher had appropriate experience and training to undertake this research study. The presentation of 'self' is acknowledged and discussed through the process of reflexivity.
3. This study is underpinned by the philosophical values of qualitative inquiry: methods that embrace social interaction and interpretation of meaning, purposive sampling, inductive analysis and holistic thinking.

Thick description is linked with determining credibility in qualitative research (Creswell and Miller 2000). Stake utilised the term 'thick description', first described by the anthropologist Clifford Geertz (1993 cited in Stake 1995), to stress the importance of thinking about and questioning theory. He argued that whilst rich description of a phenomenon provides detailed accounts of the case including possible cultural complexity, thick description goes beyond this by making the accounts have a direct connection to theory and knowledge through the process of applying meanings and interpretation. The case report in this study, intended to create a sense of verisimilitude; the account of the findings is detailed so that the reader is able to feel that they have experienced, or could experience, the events being described in study (Denzin and Lincoln 2005), thereby establishing credibility through the lens of reader.

According to Lincoln and Guba (1985) credibility of research can also be enhanced through the use of member checks, prolonged engagement in the field, observation, triangulation using multiple sources of data, peer de-briefing, and negative (contrary) case analysis. These procedures are discussed in turn in relation to this study:

Member checks:

Guba and Lincoln (1985) recommend the use of 'member checks' as one of the most important strategies establishing credibility. This involves participants being given their interview transcripts and the research reports so they can agree/disagree with the researcher's findings. However, this technique has been criticised by Angen (2000) and Sandelowski (1986) for a number of reasons. For example, member checking relies on the assumption that there is a fixed truth of reality that can be recorded by a researcher and authenticated by a participant. However, from an interpretive perspective reality is co-created rather than an absolute truth or reality to which the results of a study can be compared. Participants may disagree with researcher's interpretations creating conflict yet both are stakeholders in the research process and have different perspectives and stories to tell. With time and new experiences participants may read the data and change their mind about an issue leading to confusion and may also have difficulty appreciating an abstract synthesis. Members may participate in checking only to be good respondents and agree with an account in order to please the researcher.

During previous experience of qualitative research, I have returned transcripts to participants who all agreed that the transcript was an accurate record of their interview and added no further comment. When questioned about this, participants responded by saying that they trusted me implicitly to accurately record the interview otherwise they would not have taken part in the research in the first place and that they could not remember exactly what they had said anyway. This process did not add anything of particular value to the research and can be logistically difficult in terms of accessing participants after the lengthy process of transcription is complete. In this study, the verbatim transcripts were not returned to the participants for checking because the students would have completed their programme of study by the time interviews were transcribed making it very difficult to access the participants. Rather than returning

interview transcripts to participants, I used an alternative approach to member checking. By using my notes and interpretation of the interview to summarise the key points made by the participant (as I had perceived them) at the end of each interview and with the interview still being recorded, I offered the participant the opportunity to agree/disagree and/or comment further. I then asked the participant to rank the issues in order of importance. Again, I summarised my perception of the participant's key issues and their ranking, and again the participant had the opportunity to agree/disagree and/or comment further. This process helped to clarify the key issues in the mind of the participant and to come to a mutually agreed interpretation of their comments and perspective. This proved to be an efficient and effective method of checking the accuracy of the interview record and my interpretation of what had been said whilst considering available resources and access to the participants.

Asking participants to check the findings of the study is a useful investment of time and essential to verifying the credibility of the findings (Guba and Lincoln 1985). Although not able to access the students who took part in this study as they had completed their programme, during September 2013 I shared the cross-case findings with a small group (6) of current non-participant third year student nurses (adult field) who were high-achievers within their cohort (commenced September 2011 – due to complete September 2014). Their comments supported the findings and offered contemporary confirmation of the findings of this study.

I have also shared the findings of this study with some participant and other non-participant lecturers. Again, my interpretations of the findings were supported by these lecturers although lecturers although this process confirmed that individual lecturers can have quite differing views and opinions about the factors that contribute to student success and indeed about the definition of success itself.

Prolonged engagement, observation and triangulation:
Credibility was built up through prolonged engagement in the field, observation and triangulation of data. Guba and Lincoln (1985:304) define the purpose of prolonged engagement to 'render the inquirer open to the multiple influences - the mutual shapers

and contextual factors - that impinge upon the phenomenon being studied', enabling the scope of contextual influences to be explored and documented. My engagement with each of the cases varied; my engagement in Case 1, my usual permanent place of work, was much longer (9 months) than in Cases 2 or 3 (4 months).

Formal participant observation was not used a specific method of data collection in this study however, during fieldwork I did spend considerable time as a researcher observing and engaging within various settings, speaking to different groups of people and developing relationships and rapport with people in the culture of each of the cases studied. In this sense, I have undertaken some informal and limited observation of the context of the study's environment and participants. I spent sufficient time in the field to appreciate and learn something about the culture of the social setting, and documented my observations as field notes. From participant and non-participant staff feedback I was aware that this prolonged engagement, during which time I had invested personal contact time with potential participants and key members of staff, established my presence in each of the cases as a familiar sight and also as a trusted researcher. I felt a sense that participants were comfortable to contact me by email or phone, or stop me in the corridor if they needed to change an interview appointment, and they appeared at ease during interviews.

Triangulation using multiple data sources can produce new understanding and offer an alternative perspective on data generated by other data collection methods (Denzin and Lincoln 2005). For this reason, I did not only interview successful students, but purposefully decided to interview lecturers and analyse documents. In qualitative inquiry triangulation is viewed as a technique to ensure that an account is comprehensive and well-developed (Patton 2002). Using multiple methods of data collection can help to develop a deeper understanding of the case from multiple perspectives (Simons 2009), and Yin (2009) suggests that triangulation through the use of multiple of sources of evidence is the hallmark of case study. The study also used triangulation within the analysis process itself as a sample of transcripts taken from across the cases have been analysed independently by two research supervisors. Their analyses have corresponded

closely with my interpretations of the data. This process has also been used to check interpretations of data within the whole cases and across the cases.

Peer de-briefing:

Guba and Lincoln (1985: 308) define peer debriefing as 'a process of exposing oneself to a disinterested peer in a manner paralleling an analytical sessions and for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer's mind'. A de-briefer can help uncover taken for granted issues, perspectives and assumptions on the researcher's part and in turn helps the researcher to become aware of his/her position towards the data and analysis through a process of catharsis. This is an opportunity to share and defend the interpretation of findings to see if they seem reasonable and plausible to an external audience. The findings of this study were reviewed by other experienced researchers enabling me to contemplate and defend the findings of this study. This has been a useful, interesting and re-assuring process in the research project.

Negative or contrary case analysis:

Negative or contrary themes and embedded cases (individual participants) were conscientiously included in the findings of this study (refer to Chapter 5: Cross-case Findings) for comparison and to ensure a holistic representation of the cases. This involved searching for and discussing with my supervisors and participants elements of the data that did not support or appeared to contradict patterns or explanations during data analysis. Analysis of negative or contrary themes and embedded cases helped to revise and confirm the patterns in the data analysis process adding further credibility to the study.

4.8.2 Dependability

Dependability was addressed through an audit trail that can be scrutinised by the reader. The audit trail included the documentation of methods, analysis of data, and decisions about the research. It was intended to be a transparent description of the research steps taken from the start of a research project to the development and reporting of findings. Dependability was enhanced through the development of an audit trail using Halpern's

(1983) categories for reporting information (Table 12). The case reports aimed to provide clear accounts of the decisions made and the rationale for the research process including: the research design, selection of cases, case boundaries, sampling, data collection decisions, and the steps taken to manage, analyse and report data.

Category	Audit trail
Raw data	Tapes, audio files, transcripts, documents, field notes and copies of electronic records have been stored securely and are available for examination. All interview data was anonymised before storage.
Data reduction and analysis products	The process of coding individual transcripts and the collated findings are stored as hard copies and electronically as Word documents, and are available for examination.
Data reconstruction and synthesis products	The development of themes and their inter-related connections with each other and existing literature, within-case findings and across-case findings are all stored electronically as Word documents, and are available for examination.
Notes relating to methods and procedures	Decisions I have made in this study are recorded in the form of field notes, my supervision record and this thesis.
Materials relating to intentions	The research proposal is available for examination on request and copy is held by the School of Education and Lifelong Learning Ethics Committee that approved this study. Copies of written confirmation of access and indemnity insurance are included in the appendices.
Instrument development information	All forms and guides used in this study are included in the appendices.

Table 12: Audit trail of key information

4.8.3 Confirmability

Confirmability refers to the extent to which the findings of a study are shaped by the respondents and not the researcher's motivation or interest. My role as researcher and my influence on the findings has been made more transparent through a process of reflexivity. For example, I have offered the rationale for decisions made in relation the methodological design and the procedures used in this research.

Reflexivity:

To ensure the trustworthiness of findings in this study, the multiple roles of the researcher have been made explicit and discussed in relation to their impact on the research process (Mason 2002). The position of researcher as an 'insider' researcher in Case 1 and as an 'insider/outsider' researcher in Cases 2 and 3 is acknowledged and discussed with reference to their influence on particular stages of the research process. Various strategies have been used to ensure that the role of the researcher enhanced the quality of this research study including: the maintenance of a reflective diary, an appropriately detailed methodological account, regular critical discussion with a supervisory panel and other post-graduate researchers, and validation of the findings including negative case analysis

4.8.4 Transferability

Transferability replaces the concept of generalisability or external validity. Instead of aiming for random sampling and probability reasoning, qualitative researchers need to provide a detailed description of the setting in which the research is conducted to give the reader enough information for them to judge the applicability of the findings to other settings (Guba and Lincoln 1985). Case studies have been criticised for their lack of transferability, as by definition the uniqueness of the case is often bounded by location and time, but also because a small sample cannot represent a whole population. Stake (1995) supports this view and refers to naturalistic generalisation which implies that the findings from a case study can be applied to one that is similar rather than from a case study to a population. However, a unique case can also be a single example of a broader class of things according to Ragin and Becker (1992) and Yin (2009). Simons (1996:4) values this paradox in case study, claiming that the researcher studies the 'uniqueness of

the particular but through this study is able to understand the universal'. Yin (2009) argues that whilst the findings of case study cannot be statistically generalised (the traditional view of generalisation), they can be *analytically* generalised to a theory of the phenomenon being studied, a theory that may have much wider applicability than the particular case studied, a point supported by Flyberg (2006).

The traditional view of generalisation may not be achievable or appropriate in case study, however it remains important to demonstrate how the findings of case studies may be transferable to other contexts and used by others by providing a detailed report of the case so that readers can recognise the similarities of cases and then apply it to their own case. I have used the following approaches to address the issue of transferability:

1. I have provided a detailed account of each case so that the reader can develop their own understanding of the findings (Merriam 1998).

2. I have used purposive sampling to select cases with comparable *and* contrasting contextual issues to provide a wide perspective of issues that may be relevant to student success.

3. I have selected three cases to provide data for the purpose of within case and cross-case analysis. This will facilitate information relating the specifics of each case and identify interesting and possibly contrasting relationships between cases (Stake 2006).

4.9 Summary

This chapter has provided an overview of the research study design including the specific type of case study used, the sampling strategy, ethical considerations, recruitment and participant inclusion criteria, data collection methods, analytic procedures and the criteria used to judge the quality of the research process. This case study design has been specifically chosen and planned to examine student success in its real-life context using

multiple sources of data. The design enabled qualitative data to be collected relating specifically to success in pre-registration nurse education from the perspectives of high-achieving successful students and their lecturers. Data from documents and interviews with students and lecturers formed the main core of data collected in this study. The rationale for the design and methods used in this study have been discussed in detail with examples to illustrate key processes and issues in order to provide a transparent, comprehensive audit trail and to enhance the quality of this research.

Chapter 5

Cross-Case Findings

Due to the volume of data collected and the subsequent comprehensive process of 'within case' analysis, the detailed findings of the three individual cases are presented in Appendices 17 (Case 1), 18 (Case 2) and 19 (Case 3). This chapter presents the comparative findings from the process of cross-case analysis of findings from the three individual cases. The themes from the individual case analysis were re-examined in the different contexts of these cases in order to identify consistent and contrary themes across cases. The process of cross-case analysis has been described in Chapter 4: Section 4.7.3. The cross-case findings are organised and presented as follows:

- Case profiles
- Characteristics of the participants
- Key differences between case profiles
- Definitions of student success
- Factors that contribute to student success

5.1 Case profiles

This section discusses the comparative profiles of each case providing contextual information about the structure and culture of the organisations in this study including relevant policies.

The universities:

Table 13 presents the comparative data relating to the profiles of the universities in each case. The university in Case 1 was a relatively small research intensive university with approximately half the total number of university students compared to the university in Case 2/3. In comparison, the university in Case 2/3 had a larger number of local part-time students mostly from the local area. Subsequently, this university had much higher

proportion of students and staff from BME groups. The university in Case 1 had a higher proportion of international students, most of whom were Chinese. The Faculty of Health in Case 1 included a medical school but was smaller in terms of total student numbers with an emphasis on Enquiry Based Learning (EBL) and Inter-Professional Learning (IPL). In contrast, the Faculty of Health in Case 2/3 was much larger, included Social Work courses but not medicine, and had teaching and learning expertise in simulated practice techniques. All three cases had robust university student support services, however the military students had additional support from military staff: Course Director, lecturers, a Welfare Officer and Divisional Support Officers. At the time of this study, the university in Case 1 was ranked considerably higher in the league tables partly due to its research activity.

Characteristics of the university	Case 1	Case 2	Case 3
Location	East of England	Central England	
University group membership	'94 Group'	'Million+ Group'	
Number of courses offered	>300	>470	
Total number of students	14 500	25 000	
Number of UG students	12 000	21 500	
Number of PG students	2 500	3 500	
% International students	20%	9%	
% Ethnicity of students (BME)	20%	41%	
% Female students	59%	64%	
Number of academic staff	1 000	1416	
Ethnicity of staff	5.4%	17%	
Times Good University Guide 2010 league positi	20th	59th	
Numbers of students in Health Faculty	1 800	7 000	
Guardian University Guide 2010: Nursing & Paramedical studies league position	6th	50th	
Key teaching and learning approaches	EBL, IPL	Simulated Practice	

Table 13: Comparative data relating to the profiles of cases

Recruitment profiles:

The recruitment profiles for each case are presented in Table 14 (Diploma HE Adult Nursing programme) and Table 15 (BSc Adult Nursing programme).

Diploma HE Adult Nursing:

There were no military students recruited from the diploma course in Case 3 due to the very low numbers (< 6) of military students on this programme. Case 1 had a smaller intake of students in comparison to the intake in Case 2. The number of applications per place was relatively low in both cases. The proportion of mature students was lower in Case 1 (16%) and much higher in Case 2 (47%).The proportion of males on the programme was slightly higher in Case 2. In terms of highest entry qualifications, almost 50% of students in Cases 1 and 2 entered the programme based on their 5 GCSEs. Case 2 was the only intake that accepted the NVQ qualification in any subject and had a relatively large proportion of students with this qualification.

Recruitment profile	Case 1	Case 2
Numbers recruited per intake	55	400
Number of applications per place	3	3
Mature students (≥21 years)	16%	47%
Females	90%	78%
Highest entry qualification:		
5 GCSEs	48%	43%
3 A levels	15%	11%
Degree	10%	2%
Access to Higher Education course	6%	16%
BTEC National diploma	14%	5%
NVQ level 2 or 3	0%	20%
Other	7%	3%

Table 14: Diploma HE Adult Nursing programme: cross-case recruitment profiles.

BSc Adult Nursing:

The recruitment profiles for the degree programmes for each case are summarised in Table 15. Case 1 only had two students at the time of this study because of the difference in funding arrangement between the diploma and degree programmes with better funding offered for the diploma programme. Many students on the diploma programme had the entry qualifications for the degree but chose the diploma for financial reasons. This also accounts for the small number of applications for this programme (2). In contrast, Case 2 had 100 students in its intake with the military students in Case 3 forming a small sub-group of students (25%). Military students were considered distinct within this intake by all students and staff because they were bound by military rules relating to attendance, dress and behaviour; this made them stand out from non-military students even though they did not wear military uniform in class. The number of applications per place was relatively low in Case 1 and 2, but high in Case 3 allowing Case 3 to be much more selective during recruitment. The proportion of mature students was lowest in Case 2 and high in Cases 1 and 3. In Case 3, this was due to the lengthy application process (1-2 years) although the average age of students was much lower (22-23 years) compared to non-military students in Cases 1 and 2. The proportion of males on the programme was higher in Case 3 than in both Cases 1 and 2, as male participants in Case 3 were attracted to the military nursing role and wider opportunities in the Services. In terms of highest entry qualifications, 60% of students in Cases 1 and 46% of students in Case 2 entered the programme based on 3 A levels grades A-E. Highest qualification data was not available for the whole military intake, however military students participating in the study had very high entry qualifications including: 5 A levels (Isobel), 4 A levels (Ella), 3 A levels (Sophie, Chloe, Julie, Grace, Laura), Access to HE course (Nina and Kath), and BTEC National Diploma (Harry, Liz, Maggie) plus at least 9-11 GCESs.

	Case 1	Case 2	Case 3
Numbers recruited per intake	2	100	25
Number of applications per place	2	4	>10
Mature students (≥21 years)	100%	42%	96%
Females	100%	85%	78%
Highest entry qualification:			
5 GCSEs	N/A	4%	0%
3 A levels	100%	46%	*
Degree	0%	11%	*
Access to Higher Education course (Science)	0%	19%	*
BTEC National diploma	0%	7%	*
Other	0%	13%	*

Table 15: BSc Adult Nursing programme: cross-case recruitment profiles.

*Specific information not available for whole intake.

5.2 Participant profiles

The cross-case profiles of participants are summarised in Table 16 (students) and Table 17 (lecturers).

Students:

In total 37 students participated in the study and were ranked 1-12 in their intakes (one student in Case 2 'Suzy' was ranked 13th exceptionally). The additional student was interviewed as she requested to be part of the study and would have completed the sample if another student had been unavailable. The military students were ranked in the top twelve of their own military group and were also ranked within the top 23 of the main intake of non-military students in Case 2. The average Year 2 mark was 13% higher for Diploma students in Case 2 than in Case 1. The average Year 2 mark was highest for degree students in Case 1 however this mark was based on one student in that intake. Despite

both diploma and degree students' Year 2 work being assessed at level 5 (diploma equivalent), the average diploma marks were higher than the degree marks. All three cases had similar percentages of mature students (~90%) however the average age of student was lowest in Case 3 at 23 years. The proportion of mature students who were eligible for inclusion in this study was much higher (90%) than the proportion of mature students in the main intakes (~60%). The highest entry qualification was similar in the three cases; for the diploma programmes this was mostly commonly GCSEs and for the degree programme this was mostly 3 A levels. There was only one student in Case 1 who had exceptionally high qualifications: 4 A levels all grade A (Emily) and generally, the military students in Case 3 achieved higher grades in their A levels than students in Case 2.

Characteristics of student participants	Case 1	Case 2	Case 3
Number of student participants	12	13	12
Rank in intake by average Year 2 theory mark	1-13	1-13	4-23
Rank in military group by average Year 2 theory Mark	N/A	N/A	1-12
Average Year 2 theory mark Diploma	67%	80%	N/A
Average Year 2 theory mark BSc	*80%	71%	68%
% Female	87%	77%	91%
Age range in years	19-46	19-32	20-29
Average age in years	35	26	23
% Mature students (≥21 years)	92%	85%	91%
Highest entry qualification Diploma	5-7 GCSEs	5-9 GCSEs	N/A
Highest entry qualification BSc	*4 A levels grades A	3 A levels grades B-D	3 A levels grades A-C

Table 16: Cross-case student profiles

*data relates to one student only

Lecturers:

In total 23 lecturers participated in the study and nearly all were involved in teaching on the programmes and were personal tutors (Academic Advisers) to at least one of the student participants. One lecturer (Sharon) had a specific military role as a Welfare Officer providing personal student support but did not teach or provide academic student support. Four lecturers were also Course Directors for the programmes and some lecturers had additional roles as: Disability Officer (1) and Admissions Officer (2). Two lecturers in Case 2 were Practice Placement Managers who were jointly employed by the Trust and university and they were involved primarily in supporting students and mentors in practice although they also taught in the university classrooms. Case 1 did not have Practice Placement Mangers.

Roles of lecturer participants	Case 1	Case 2	Case 3
Total number of lecturers interviewed	6	11	6
Lecturers	4	5	4
Lecturers - Admissions Officers	0	2	*
Lecturers – Disability Officer	1	0	0
Course Directors	1	2	1
Practice Placement Managers	0	2	0
Welfare Officer	0	0	1

Table 17: The roles of lecturer participants across all three cases.

*admissions role undertaken by Course Director

5.3 Key differences between case profiles

There were some differing features that were potentially connected to student success as summarised in Table 18. The effects of these differences on student success are discussed in Section 5.5.

	Case 1	Case 2	Case 3
Large class sizes		✓	✓
Culturally diverse student and staff population		✓	✓
Breadth of entry qualifications	✓	✓	
High entry qualifications			✓
Lengthy and rigorous selection process			✓
Culture of team-work and camaraderie amongst peers			✓
Support from family	✓	✓	
Students with more self-confidence in Year 1			✓
Strong organisation expectation that all students would be successful			✓
Effective and robust support network for students who failed			✓
Enquiry based learning key feature of programme	✓		
Simulated skills teaching key feature of programme		✓	✓

Table 18: The key differences between case profiles.

5.4 Definitions of student success

Students and lecturers identified particular goals and personal attributes that characterised success. Success was not attained by any single achievement on the programme but viewed as a broader concept involving a process of personal and professional development over the three year programme. Both students and lecturers agreed that success as a student nurse consisted of ability in both theory and practice.

According to high-achieving students in all three cases, success was composed of the different elements illustrated in Figure 10. For students, success consisted of two main sub-themes: 'being a good student' and 'being a good nurse' which stemmed from students primarily wanting to achieve good marks in assessments and perform well in clinical practice. These main themes consisted of further sub-themes relating to: the students' perception of their own success, self- confidence, performing well in clinical practice and future ambitions.
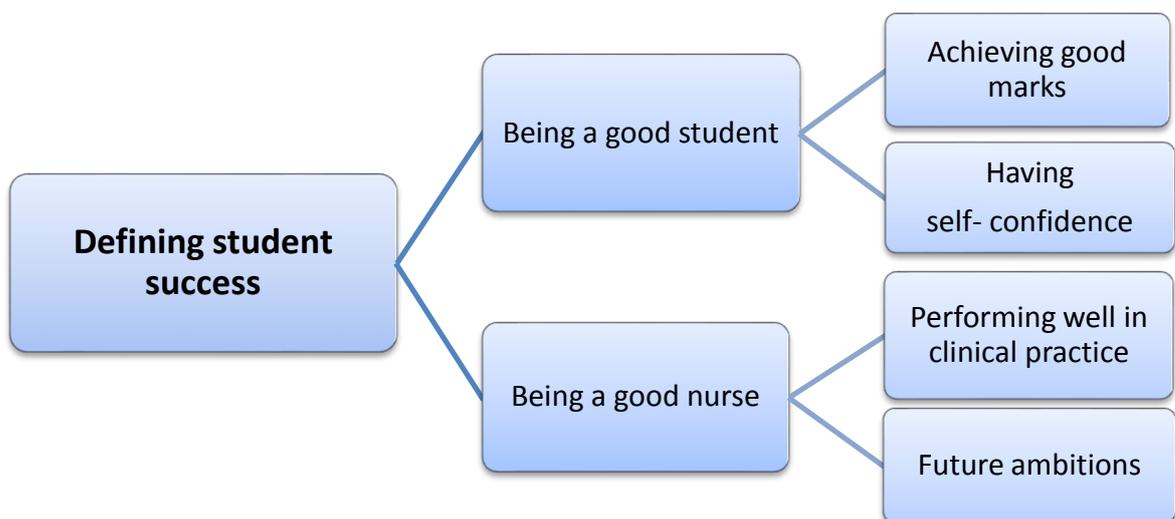
Figure 10: Key cross-case findings relating to defining student success

Lecturers had a broader of view of student success that encompassed individual progression and achievement as '*distance travelled*' (Nicola, BSc Course Director: Case 2)

even if the student was not ranked in the top twelve of the class. The study's definition of student success was described by some lecturers as synonymous with the view of traditional academic success that identified '*high flying students, the 'A stars', the merits, distinctions, firsts and two-ones*' (Kerry, lecturer: Case 1). Lecturers voiced some concerns that some students perform very well academically but less well in clinical practice. There was only limited evidence to support this view during participant recruitment for this study as only *one* student ranked in the top twelve of the intake had to be excluded from the study as they had failed the assessment of practice at first attempt during one of their second year placements. Nicola (BSc Course Director: Case 2) felt that student success was '*complex*' and acknowledged the difficulties with the '*consistency and validity*' of grading performance in practice when there were '*such large numbers of students involved*'. Recollecting past experience of grading practice, she noted that '*module marks were hugely inflated by feedback from placement because there seemed to be this thing where in practice where nobody is average; that to be described as average seems to be viewed in a negative way*'.

Other types of success were also mentioned by a few lecturers. For example, achieving personal goals was viewed as success even if the student did not attain the highest marks in the intake. Success in education was viewed broadly by one particular lecturer:

> '*You might have someone who is a mature student whose worked as a health care assistant for a while or they may have not been employed for a while, someone whose done an Access course who doesn't have traditional academic qualifications like GCSEs, but they still do very well. They are highly motivated, they transfer to the degree programme at the end of their third year, and they may not fall into that top twelve, but I think their personal and professional development is a form of success especially as they may have come across negative attitudes within the education system at school*' (Jane, Course Director: Case 1).

Some students and lecturers voiced some concern that success was '*different things to different people*' (Aiden, lecturer: Case 2) and highlighted the importance of student progression from their personal starting point regardless of their position within the intake especially if they had few formal qualifications before entering the programme. Some lecturers referred to this as the '*added value factor*' (Nicola, John, Aiden, Lecturers: Case 2).

Aiden identified a number of personal skills and attributes that students developed throughout the programme such as: *'communication and interpersonal skills'*, *'confidence'*, *'social skills'*, and 'assertiveness' but that *'you're never going to capture that just looking at people's marks'*. Both lecturers and students also considered other non-participating students to be successful in clinical practice but not necessarily so successful in academic assessments. Lecturers emphasised the point that *'clever students don't necessarily make the most successful nurses'* (Cathy, lecturer: Case 2). Most lecturers pointed out that students needed to have effective communication and interpersonal skills in order to succeed as a student nurse.

Sub-theme 1: Being a good student

Being a good student comprised achieving good marks and having self-confidence.

Achieving good marks:

Achieving good marks in academic assessments was associated with wanting a good degree classification. Most students were intrinsically driven to achieve high academic marks whilst others described external motivations including competition with siblings and wanting to make their parents and/or family proud. Motivation is discussed further later in this chapter. Students judged their performance against their own high standards/goals rather than by the programme pass mark; this sometimes resulted in negative perceptions of their success particularly in the first year of the programme. Most of the students interviewed initially viewed success as *'passing the course and getting a qualification'* (Alex: Case 1). Achieving the pass mark of 40% was seen as the most important goal for students particularly in year 1 of the programme. These early worries about being good enough were associated with low self-confidence, low expectations and low aspirations particularly at the beginning of the programme: *'I don't see that in myself but I am always being told by lecturers and mentors how well I'm doing. Even on placement I mark myself down compared to my mentor's marks. That's just me'* (Alex: Case 1). Students described worrying the most about failing assessments; achieving good grades was seen as a bonus rather than a goal in year one of the programme.

Having self-confidence:

Most students did not view themselves as successful during the first two years of the programme but were starting to feel confident in the third year. Self-confidence contributed to success on the programme particularly in academic work in years two and three of the programme. While many of the students expressed confidence in their clinical ability describing themselves as '*a safe, good nurse*' (Lilly: Case 1), some students still felt that they lacked confidence but that they had become more self-aware and better able to deal with it by setting themselves more realistic goals. Rachel (Case 1) expressed this growing confidence: '*I think the course has helped me to be more sensible about things. Now when I go on placement I know I won't have a good first two or three weeks because I am so hard on myself and my expectations aren't always realistic, but now I can accept that and be more realistic in my expectations.*

In particular, the students who were non-school leavers stated that they lacked self-confidence at the beginning of the programme, not believing that they would even pass. Some of this perception stemmed from not doing very well at school and also from not studying for many years before more recently undertaking an Access to Higher Education course or Open University course to get onto the nursing programme. These students perceived studying at university to be difficult, something that they might not successfully achieve despite their best efforts. This was seen as a positive attribute by some lecturers: '*they go the extra mile to make up for what they perceive are deficits and they've usually got a lot of work experience to draw on too*' (Jane, Course Director: Case 2). This increase in self-confidence came from positive feedback from lecturers and clinical staff during the first year of the programme: '*Because I was a more mature student I was worried that I was not going to be able to do it and I think that the feedback over the last two years has made me feel much more confident. I am really chuffed that I have managed to achieve it. I wasn't sure if I could or not*' (Katie: Case 1).

Most students had not consciously thought about being successful before my presentation and email inviting them to take part in this study. They had not considered themselves successful and appeared to be embarrassed yet pleasantly surprised at their achievements when I informed them of their average second year mark and ranking within their intake:

'I knew that I had done well in my placements and I have done well in my marks as well, so I knew I was doing ok, but I didn't think that I was in the top twelve for marks or consider myself to be really, really successful. No I haven't really thought about it. When I was invited I thought about it then and felt quite excited! I knew as I went along I had hit all my targets with good grades' (Lilly: Case 1).

Some students viewed success as having self-confidence and also *'appearing confident to others'*. Most of the students experienced feeling a lack of self-confidence during the first year of the programme but gradually self-confidence increased with their unexpected success on the programme:

'I don't see myself as successful. It's a lot easier to see it in others though, isn't it? I think it's about confidence, but I've had that etched away from me. When I look back, I don't ever see myself as successful. Before starting the course I didn't think I could ever be successful just because I left school without any qualifications' (Matthew: Case 2).

Some students felt less confident in their ability to achieve good marks in theory due to not fully understanding what was expected of them and expressed self-doubt in searching for the '*right*' literature and translating the guidelines correctly.

Contrary view:

Some students considered themselves to be successful and self-confident from the start of the programme. They attributed this to achievements prior to starting the nursing programme. Approximately half of the students in Case 3 viewed themselves as successful at this stage of the programme (Year 3), more than students in Cases 1 and 2, but the other half did not consider themselves successful and were surprised at their ranking within the main student cohort. Some students specifically mentioned their confidence in clinical ability describing themselves as '*happiest in practice'* (Fran: Case 2) and '*knowing*' that they are '*a good nurse*' (Sarah: Case 2). For military students, there was an expectation by their employer and military staff that they would be successful in terms of not only passing but achieving good marks and performing well in clinical practice compared to non-military students. Those that did consider themselves to be successful were already aware of their average mark but not of the ranking in the cohort. These students were very confident and

had very clear goals about what they wanted to achieve on the programme and in their careers. These students described themselves as '*naturally academic* (Sophie: Case 3), able to *'intuitively grasp information'* (Harry: Case 3) and *'someone who enjoys studying'* (Isobel: Case 3). Some students specifically mentioned that their confidence in their clinical ability developed at an earlier stage than their confidence in academic work. Students felt *'naturally more able'* (Laura: Case 3) and *'instinctive'* (Harry: Case 3) in practice. Some of these students felt less confident in their ability to achieve good marks in academic work due to not being able to write well and not always understanding what was expected of them *'half the battle is guessing what markers are looking for'* (Nina: Case 3). Conversely, Sue and Sarah did consider themselves successful:

> *Yes, I do see myself as a successful student. I think I've put a lot of hard work into the course and in placements. I do a lot of preparation. I take feedback on board and I try to improve so I think I see myself as successful'* (Sue: Case 2).

> *I've wanted to be successful from day one. With my previous degree I was very close to getting a first but I only excelled in my third year whereas with this course I've had a few years out doing various other things and I've felt that I've been on the right track from day one. I haven't had to go overboard in terms of stressing myself like I felt I did in my first degree, I was not going out, I was just working my dissertation all the time. I felt I've got a better balance with this course, it suits me better and I've matured and I've learned how to teach myself and also my learning method is a bit better'* (Sarah: Case 2).

Sub-Theme 2: Being a good nurse

Being a good nurse consisted of performing well in clinical practice and future aspirations of working within a certain clinical speciality. Both students and lecturers commented on the importance of not only passing the assessment of practice at first attempt, but also about providing high quality care for patients, getting the work done effectively and fitting into the clinical team.

Performing well in clinical practice:

Performing well in practice was associated with becoming a good nurse and working towards their future ambitions. Performance in clinical practice was viewed as equally

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important as academic achievement if not more important by all participants despite several students and lecturers commenting that '*placement marks are unreliable because they very subjective*' (Emily: Case 1). Performance in clinical practice was seen as an essential component of success on a nursing programme and the lack of a reliable tool for measuring/grading performance in clinical practice was viewed as a weakness of both the programme itself and the study's definition. Charlotte (Case 2) felt that '*performance in clinical practice was more important than marks in theory*' and although she acknowledged the importance of underpinning nursing knowledge she felt that '*many of the theoretical assignments were irrelevant to being a good nurse*'. Alison (Case 2) suggested that '*Link Tutors should be part of a three-way assessment of practice*' that involved grading students on each placement. Some students wanted to be graded in practice and viewed this as more important to them than their theory marks.

Most degree and diploma students considered their ability in clinical practice to be more important than their academic marks although they appreciated that it was difficult to accurately measure their clinical performance. Students assessed their own ability in clinical practice by being able to: '*pay attention to detail, not to miss anything regardless of whether it's administering a drug or phoning a relative to update them*' (Penny: Case 1). '*communicate effectively with staff and patients and making the right decisions' (*Matthew: Case 1*)*, '*having rapport with patients*' (Charlotte: Case 2), and '*having an effective nurse-patient relationship, patient advocacy and patient dignity. Like the RCN say it should be at the heart of everything we do*' (Ellie: Case 1). Ellie was also '*worried*' about students who only aimed for and achieved marks of 40% for academic assignments because '*they don't know 60% of what they should know*' and that this was likely to affect the standard of nursing care they provided to patients. Other students expressed a similar concern about low marks and standards of care. The ability and desire to make time to care despite the busyness of the practice environment was also described as a key element of being a good nurse. Clare recalled an example of making time to care in practice when an elderly gentleman had asked to

'I kept saying "in a minute, in a minute". Eventually, I had to do one job and then I said I would be back. I kept my word and we had a little chat. He just talked about his time in the war. He was so interesting to listen to. When I came in on the Monday he had died over the weekend and I thought to myself that I was so glad that I spoke to him just for 5 minutes. He was so happy that I had spoken to him for a few minutes. That will always stay with me. Now I always try and make some time somewhere just to speak to patients. I think it's so important' (Clare: Case 1).

Military students and lecturers in Case 3 talked extensively about the importance of teamwork for nursing and the military. Being a good '*team player*' (Harry, Nina and Kim, military Course Director: all Case 3) was considered one of the most important aspects of being a successful military student nurse.

Lecturers noted that some students do well academically but lack the interpersonal skills to be as successful in clinical practice. These students were described as very capable of applying scientific knowledge to nursing practice and carrying out nursing skills, but less able to work effectively in a team or manage a team effectively. These deficits did not become obvious until year 3 when students gained experience of managing small groups of patients or even as late as taking up their first post as a qualified nurse. Common sense and problem-solving were also identified as attributes that students might not display despite being academically very able as summarised by the programme's Course Director: '*It's about nursing at the end of the day, sometimes being academically able doesn't always equate to a successful nursing career*' (Jane, Course Director: Case 1). Conversely, other students who could perform well in clinical practice due to their problem-solving skills, their ability to prioritise tasks and work well in teams, struggled with the underpinning science, numeracy and academic writing skills. Lecturers emphasised the point that '*clever students don't necessarily make the most successful nurses*' (Cathy, lecturer: Case 2). Most lecturers pointed out that students needed to have effective communication and interpersonal skills in order to be successful in practice but these skills were not necessarily assessed in academic assignments.

Future ambitions

Many of the students expressed a desire to work within a chosen clinical speciality on qualification or after some experience as a staff nurse. For some this was the Accident and Emergency Department and for others palliative care, cardiology, sexual health, intensive care or day surgery. The need to consolidate knowledge and skills was recognised by most of the students who talked about gaining some experience in an acute clinical practice area before being ready to specialise. The need to secure employment was the most important goal on qualification but these students also had definite career plans in mind even at the beginning of the third year of their programme. Individual placement rotations influenced the experiences and therefore the choices students made about their future ambitions:

> *'I know I've got get a few years practice under my belt but I'd like to be a specialist nurse in palliative care. That's my goal but whether I get there or not is another matter. I've worked on XXXX ward which is an oncology ward for a couple of weeks and oncology at BUPA, and I've done a lot of home care which I really enjoyed. It doesn't seem right to say that I've enjoyed palliative care but so much happens within that speciality and it's so rewarding even if things don't always turn out well. I know that's where I want to go in the future'* (Diana: Case 1).

Some of the military students expressed a desire to work within a chosen clinical speciality or war role on qualification. For most this was a critical care area such as Intensive Care or Accident and Emergency Care relating to their Service role. Laura was considering a future career in midwifery after a few years in the military. The choice of speciality was often linked to good experiences in these specialities during placements. All students had enjoyed the acute and critical care module and their critical care placement, perceiving this to be the single most important and relevant area of acute nursing care to their Service role. Students were not concerned about employment as they were guaranteed roles within MDHUs upon qualification although some students had decided on particular career pathways such as commissioning as an Officer or joining specialist/elite teams which meant that they needed to achieve a specific degree classification.

Summary: Defining student success

Students described success in a range of different ways that can be summarised in two main themes: 'being a good student' and 'being a good nurse', with sub-themes relating to:

achieving good marks, self- confidence, performing well in clinical practice and future ambitions. Students described how they started the programme with low self-esteem and self-confidence but this developed gradually over the first two years of the programme. Students judged their performance against their own standards/goals rather than by the programme pass mark; this often resulted in negative perceptions of their success particularly in the first year of the programme. As such, most students did not view themselves as successful in the first year of the programme. Increased self-confidence and self-esteem contributed to success in the academic work and clinical placement performance in years two and three of the programme. A few students, mostly military, did view themselves as successful and were self-confident. They attributed this self-confidence to achievements prior to starting the nursing programme. Lecturers has a broader view of student success that included individual student progression. Lecturers distinguished between students who were good at academic work and those that were good in practice, and generally valued clinical performance as more important.

5.5 Factors that contribute to student success

The comparative findings across the three cases relating to the factors that contributed to student success are represented as six main themes and their sub-themes (Figure 11) and discussed in detail under theme headings throughout the rest of this chapter.

Being highly motivated
- Intrinsic factors (personal)
- Extrinsic factors (others)

Having a mature attitude towards learning
- Becoming an independent learner
- Developing effective learning strategies

Being determined
- Wanting to be a good nurse
- Having a hard work ethic
- Wanting to do one's best

Receiving and using support
- Personal support
- Programme related support

Receiving and using feedback
- Feedback from academic staff
- Feedback from clinical staff

Experiencing helpful learning opportunities
- The organisation
- Teaching and learning
- Curriculum
- Pre-programme experience

Figure 11: Factors that contribute to student success across cases

5.5.1. Theme 1: Being highly motivated

The most significant factor contributing to student success across all three cases related to the student being highly motivated. Within this theme, students were motivated mostly by their own (intrinsic) ambition to obtain a good degree classification and to become a good nurse (Figure 12). Students were also motivated by external factors such as wanting to make their family and/or partner proud of their success. Student's motivation to succeed increased during the programme through positive feedback from lecturers and clinical staff, particularly mentors. Motivation was linked with being determined to do well on the programme and students had an internal drive to work hard and achieve their best regardless of the performance of other students or the pass mark of the programme. This determination appeared to stem from their personal desire to be successful but also from their upbringing and expectations of their parents. The military students had an added expectation to be successful imposed by their employer via military staff. All the students were driven most by the desire to be a good nurse upon qualification; to give patients the standard of nursing care that they deserved and in Case 3, to uphold/improve the standard of nursing within the NHS and military.
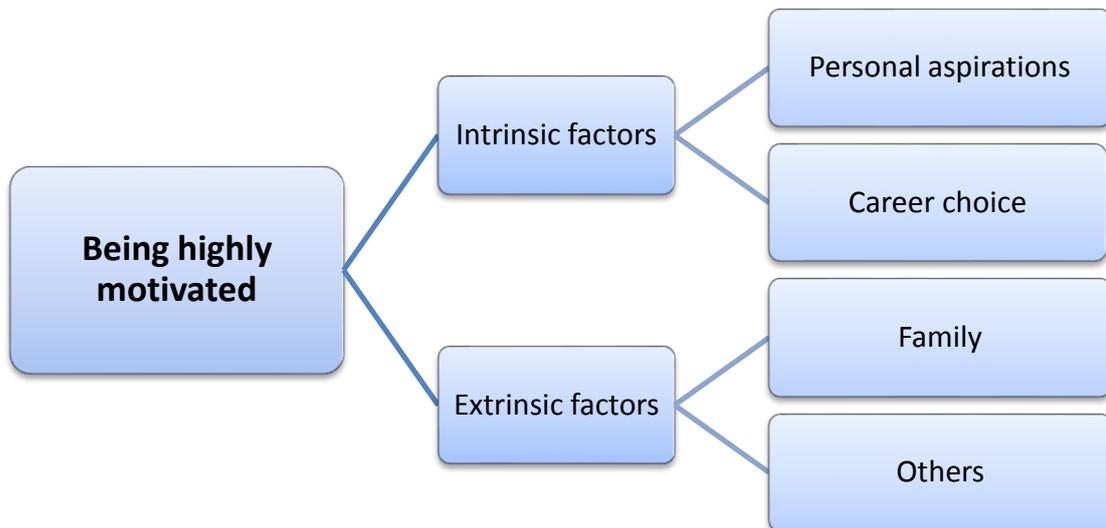
Figure 12: Themes and sub-themes relating to 'Being highly motivated'

Sub-theme 1: Intrinsic factors

Personal aspirations:

Most of the students stated that they '*simply wanted to do really, really well*' (Diana: Case 1) and achieve the highest classification possible, preferably a First or Distinction (Fran, Charlotte, Sarah, Evie, Sally: Case 2). Others were '*going to excel*' (Laura: Case 3) and '*make the most of the opportunity*' (Kath: Case 3). Diploma students were frustrated that their award was not classified and commented that they were disappointed as they were unable to show how well they had done on the course. Diploma students who wanted to transfer to the degree programme but were unable to because they could not afford to live on the reduced bursary also felt frustrated. Some of the students were driven by attaining a good university degree in order to the first person in their family to have gone to university, to have completed a professional training or to have letters after their name. One student referred to her upbringing and the impact that this had on her drive to become independent:

> '*I think it's just part of my personality and that goes back to growing up. My mum used to say "Oh I can't wait for you to grow up and leave home", so I grew up and left home as quickly as I could. I became independent very early and I think that contributed to me having to be successful in things. I got a job as a waitress and wanted to make a success of my life as I was the only person that was responsible for it. I think that has contributed to my success and that's what carried me through everything. By chance I had that independence and that strength to do things and it just carried on throughout my whole life and every job that I have ever had. And then as soon as I came into nursing I used all that history and applied it to my nursing studies*' (Alex: Case 1).

For others the incentive to get a job was paramount. For Adam (Case 2) the programme was a means to getting a '*stable job*' that he would '*enjoy and find satisfying*'. In particular, students who were also single parents were viewed by lecturers as being highly driven and needing to succeed because of their home situation and the need to support the family. Lecturers described successful students as having a clear sense of wanting to be a nurse and what that meant. A '*realistic vision of nursing as a job and a career*' (Jane, Course Director: Case 1) was seen by lecturers as essential for achieving success in clinical practice and ultimately in getting a job as a nurse. Successful students

were recognised by lecturers as having particular personal characteristics that included a certain work ethic and commitment. One lecturer suggested that these personal characteristics were nurtured and developed over the period of the programme and that success comes with this personal and professional development. Another lecturer said that successful students had more insight into the career choice and were fully aware of the journey that they would need to take to become a successful nurse.

Career choice:

Being highly motivated was clearly evident in the way that students enthused about their aspirations and ambitions. The enjoyment of nursing was described as highly motivating '*I get a huge buzz from helping others, I really enjoy it'* (Emily: Case 1).

Students were particularly '*passionate*' about being a student nurse, becoming a qualified nurse and '*making a difference'*. Students talked about wanting to be a good nurse as the most influential factor in relation to student success. Ellie expressed this love of nursing as follows:

> '*I would have been devastated if I couldn't have done nursing. Nursing is my dream. I love nursing. I wouldn't give it up for anything even if I win the Lottery; I'd still go in one day a week! I love the fact that you can make a difference and that you can support the family. You can't change people's diagnosis, like with neurology, you know, MS or Motor Neurone Disease but you can make a difference and that's why I love it. I love the rollercoaster journey of learning and supporting patients'* (Ellie: Case 2).

It was apparent that the students were also competitive in terms of their desire to not only get a good classification and a job as a nurse in the Trust where they wanted to work, but additionally to secure a job in the speciality that they wanted. These students also overtly displayed this competitiveness: '*I tend to get what I want on the whole. I think anything I set out to do, I usually get it'* (Clare: Case 1). Students clearly articulated that they aspired specifically to be a '*good nurse*': *This is what I want do and I've always wanted to do it. I think just that desire in my mind to become a good nurse drives me and motivates me to keep going to do the best that I can'* (Penny: Case 2). The desire to look after patients well was a key motivating factor for all of the students across the cases.

Patients were described as *'deserving the best quality of care from nurses who were committed to giving their best to the delivery of compassionate and safe care'* (Lilly: Case 1). The way to achieve being a good nurse was through hard work, having a passion for nursing, *'doing things properly and not cutting corners'* (Heather: Case 1). Lilly typified this passion for nursing and the course: *'I love what I do on placement and when I'm learning in class and writing my essays, I really enjoy it all. I think I'm doing well because I love it'*. Being a good nurse was seen as achievable if you worked hard as a student and in that sense working hard was viewed as the path to being a successful student and nurse.

The aspiration to be good nurse originated from a variety of sources for students. Some had always wanted to be a nurse from early childhood and others had been inspired by an experience later in life. Most students did not have a family member working in healthcare but they had all experienced a personal health crisis or care situations related to their family or work. Some students had family members who had been nurses and this had inspired them. These students were motivated by the achievements of their relative including: how they had specialised in a particular clinical area, reached the role of Ward Sister, and travelled all around the world. The experience of living with someone close who worked shifts allowed these students to have an appreciation of the career they were entering. Daniel (Case 1) had been inspired to do nursing after his son was taken into hospital with a ruptured appendix during which time he spent hours by his son's bedside. He watched the nurses on the ward each day and realised that there were a lot of similarities such as *'the teamwork and camaraderie'* as with his previous job in the Royal Air force. For Daniel, nursing offered a new challenge, a chance to still work in a team and to work in many different areas of clinical practice.

The experience of voluntary work prior to starting the programme had inspired some students to do a *'meaningful job'* (Alex: Case 1) to *'give something worthwhile back to society'* (Emily: Case 1). Katie talked about the lengthy preparation that she had undertaken to get into nursing: researching the career, undertaking a computer course, doing an Access to Higher Education course and a GCSE in Maths, preparing for the selection interview, and organising family commitments. Many of the mature students said that they had invested considerable time and effort researching nursing as a career

and trying to meet the entry requirements. Due to family commitments these mature students were unable to move out of the local area and were prepared to work hard to achieve the comparatively high entry requirements of the local university.

Previous care experience enabled some of the students to decide that nursing was the right career choice for them: '*I went into Health Care Assistant work and loved it and here we are. I just really loved it and I just knew then that was it, that's what I wanted to do, but I had a lot of enjoyment being a Health Care Assistant. It's taken a long time in my life to find what I really wanted to do'* (Katie: Case 1)*.* It was during work as a Health Care Assistant that some students were encouraged to do nurse training by their manager which gave students more confidence in themselves. For the older students, this care experience was compared favourably to previous less satisfying jobs such as waitressing or working in an office. In contrast, Clare (Case 1) was 14 or 15 when she was making career choices but already knew that she wanted to be a nurse. Because there were nurses in her family, she felt she had good insight into what would be involved in studying and working as a nurse, and so rather than going straight into nursing she chose to gain further qualifications (A levels) and then had a break from studying in order to earn money until she felt ready to go to university. Other students had known from even earlier ages of 5, 7 and 8 years that they had wanted to be a nurse although no particular event had triggered this. Penny (Case 1) described this knowing as a *'burning deep inside that has always been there'.*

Jane (Course Director: Case 1) suggested that *'bright students have quite a clear game plan'.* Jane considered more successful students to have a long-term career plan rather than viewing the course as a means to an end; a view commonly shared by other lecturers. This was also associated with '*confidence*' and '*having a right to be here'* (Jane, Course Director: Case 3)*.* Some students had set their future aspirations on working overseas in third world countries whilst other students wanted to join the NHS in the UK and work in a speciality or as a specialist nurse.

Military students were also passionate about being in their chosen Service and their related Service role as a nurse. Students clearly articulated that they aspired specifically

to be a *'good nurse'* and a *'good soldier'* (or equivalent in the Navy and RAF). They also commented that Service nursing was *'challenging'* (Harry: Case 3)) and gave them a *'sense of achievement'* (Laura: Case 3). A significant part of the enjoyment of nursing was *'working with people'* (Julie: Case 3), *'caring for people'* (Ella: case 3), *'having all that responsibility* (Harry: Case 3), and *'helping them'* (Maggie: Case 3). For Liz (Case 3), nursing had been a *'natural career option'*, one that *'did not phase or scare her'* not even on her first placement. Other students also talked about nursing being the *'natural'* choice for them.

Students talked about their motivation to join the Armed Services. For most, the Service of choice had been clear right from the point of wanting to do nursing, but for a minority it was a choice between two of the Services depending on where they were accepted first. Some of the students had a parent or close relative in the Armed Services and most students were attracted to the life style, variety of work and opportunities offered by the Armed Services. While the salary was viewed as helpful, it was not considered a reason to join the Services to do nurse training by any of the students.

Military lecturers felt that all the military students were successful because they were *'self-selecting'* (Kim, Course Director: Case 3). The entrance criteria and the lengthy application selection process inevitably only selected the most dedicated individuals. Lecturers thought that the most successful students were the ones who were most dedicated to becoming good nurses and that most of these had previous experience of caring or had experienced family illness of some kind. Kim (Course Director: Case 3) believed that:

> *'Most of our students have been very enthusiastic and desperate to be in the Service, desperate to do well and I think that comes down to their personality. They want to do well, want to achieve, it's just a natural attitude that most of them have towards academia and the Service'* (Kim: Case 3).

All the military lecturers thought that the main source of motivation for students was their own personality, ambition and drive and not a military created motivation. They

commented about students having high standards in relation to their studies and nursing, and that these high standards were also expected in the military. As such, there was a '*natural match*' (Kim, Course Director: Case 3) for these individuals to combine nursing with an Armed Forces nursing role.

Sub-theme 2: Extrinsic factors

Family:

Students who were parents were motivated by wanting to be a good role model to their children: '*Making them see that you can work hard and get something out of life. Not letting anyone down is very important to me'* (Alex: Case 1). Others felt a degree of pressure from their family to do well because they had made some sacrifices in order to help them succeed or because they had been successful in previous jobs. Lilly (Case 1) felt that her parents had always encouraged her to work hard and '*do your best*', but her parents also had high expectations of her, and to some extent she felt the need to do well to please them. Some students felt a degree of pressure from their families to do well and therefore wanted to make their parents proud. Chloe (Case 3) was in competition with her two sisters who had already done well at university:

> *I think I've got that slight competition with my sisters as well because they've both been to university and they've both come away with a 2:1. If I get a first that'd be great. It's like, "yeah, I'm kind of smarter than you". It's just banter between us... I think my parents would be proud either way'* (Chloe).

Alison was motivated to do well because her parents were financially supporting her and because she wanted to make them proud. Several students also wanted to make their family proud and one student wanted to show her father-in-law that she could succeed in nursing because he did not have faith in her ability (Fran: Case 2). Charlotte (Case 2) was motivated by wanting to get a better degree classification than her sister but ultimately wanted to do her best for herself and to '*learn as much as I can before I start work as a nurse'.* Ellie (Case 2) was planning to move to Australia on qualification with her partner who was supporting her financially through the course. She knew that Australia would

only select the best UK nurses during the immigration process and therefore felt an obligation to her partner to do well for their future together.

Other motivating factors:

Alex (Case 1) was being seconded by her employer and experienced motivation '*in not wanting to let her employer down*' because they had invested money in her training and had believed in her ability to become a qualified nurse. As with other mature students, she said: 'I *feel lucky at my age to be able to do nurse training'. I was very lucky to have this opportunity in life'.* A few students recognised the financial investment that the military had made in selecting them. They felt obliged to '*do well in return for being giving the opportunity'* (Liz: Case 3).

Military lecturers considered the extra-curricular activities that the military students engaged in to be motivating. These activities included charity work, military training exercises, leadership exercises, fitness programme and various social activities. These were considered motivating because they promoted cohesiveness in the group and provided constant challenges in terms of personal and professional development particularly in problem-solving, leadership skills and confidence. Lecturers also identified military expectations and standards as a significant motivating factor for students. Students were expected to be able to lead a team and make decisions as part of their military role and therefore they were taught this as an extra-curricular activity. They were also expected to cope with the '*demands of military operations'* (Sharon, Welfare Officer: Case 3) and military life which '*could be hard at times'* (Gabby: Case 3). Lecturers described the preparation of students for their military role as '*tough love'* and '*being hard on them at times'* (Kim, Course Director: Case 3). There was an expectation that all students would '*do their best'* whatever that was '*even if they did not achieve a First or 2:1'* (Kim)*.* Lecturers also mentioned internal competition within the military groups and for the end of programme prize for the best academic achievement.

5.5.2 Theme 2: Having a mature attitude towards learning

Students and lecturers talked about '*having a mature attitude towards learning'* (Figure 13). This 'mature attitude' was associated with 'becoming an independent learner' and 'developing effective learning strategies' to get the most out of learning opportunities. The sub-theme of 'becoming an independent learner' comprised further sub-themes including: being organised, being independent including taking responsibility and having academic skills, and having confidence. The sub-theme 'developing effective learning strategies' comprised further sub-themes of: engaging with learning opportunities, coping with multiple tasks, getting the most from learning experiences and overcoming challenges.
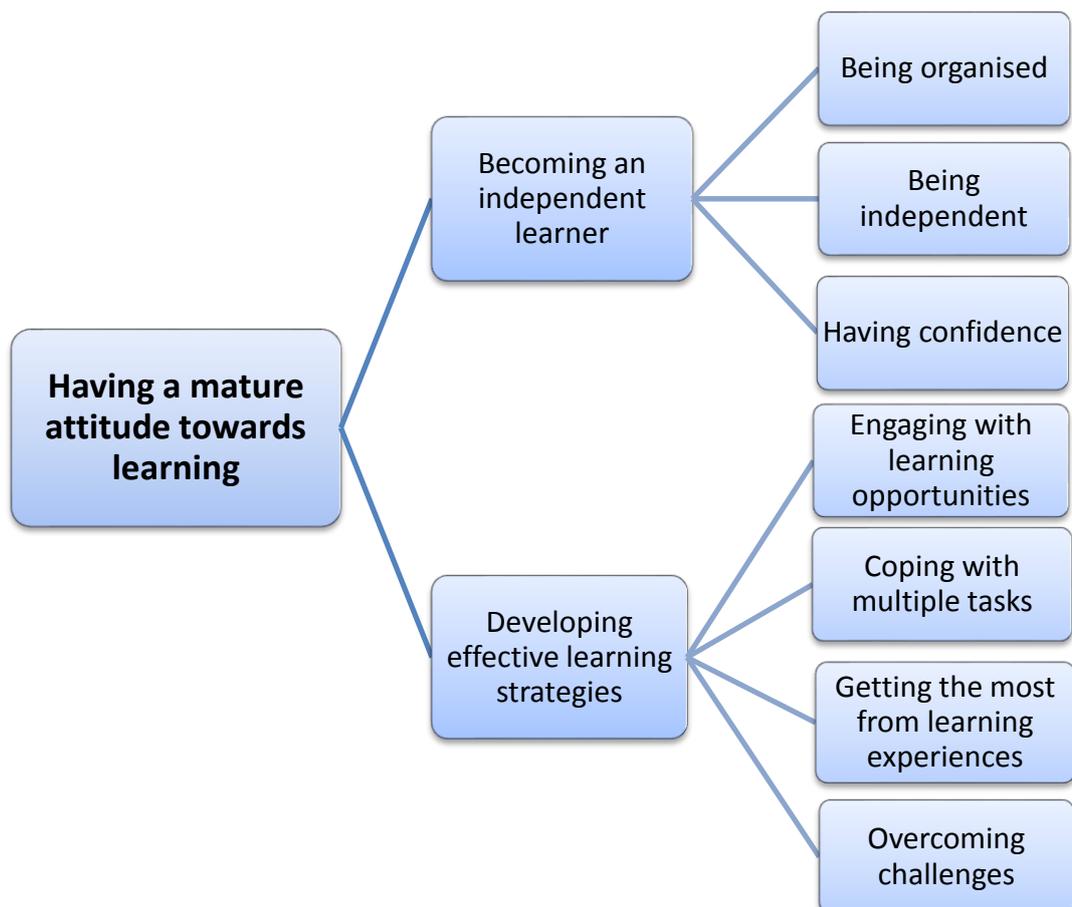
Figure 13: Themes and sub-themes relating to 'Having a mature attitude towards learning'

According to students and lecturers in all three cases, the second most important factor contributing to student success was students' mature attitude towards learning. Students who had previous work experience or were slightly older tended to have a more mature attitude towards learning. Successful students were independent learners who developed effective strategies for getting the most out of learning opportunities even when the learning opportunities were less than ideal. Being independent as a learner involved being organised, taking responsibility of their own learning and having confidence to engage with peers, lecturers, patients and clinical staff. Students in all three cases developed effective strategies in order to learn such as: pro-actively using resources, arriving early to sit at the front of lectures, preparing for placements, engaging with their mentors, going the extra mile with reading, and being fully engaged with all aspects of the programme.

Sub-theme 1: Becoming an independent learner

Being organised:

Most of the students spoke about being organised in order to effectively manage the commitments of the programme as summarised by Dillon: '*Without a doubt you need to be disciplined and have good time management skills because of the nature of this course'*. Being organised related to specific aspects of the programme. For example, students viewed time management skills as very important in ensuring that academic work was produced for lessons or submitted on time. In particular, this required detailed planning of submission deadlines in relation to shifts in clinical placement and personal commitments. Military students viewed having the '*personal discipline'* (Sophie) and time management skills as not only very important but '*not optional*', to ensure that academic work was produced for lessons, coursework was submitted on time and their other military commitments were fulfilled. Lecturers observed that single mums were often the most organised students because they had the most commitments.

Students in all three cases viewed themselves as highly organised in relation to clinical practice placements as they valued this aspect of the course. Military students in particular considered this their '*forte*' (Sophie: Case 3) and said that mentors often thought that this aspect of their ability as a student nurse distinguished them from some

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of the non-military students. They described these organisational skills in practice as '*an ability to take initiative*' (Ella: Case 3), '*to get on with the tasks that need doing*' (Nina: Case 3), '*prioritising care*' (Kath: Case 3), '*managing things efficiently*', '*planning ahead*' (Sophie: Case 3)*,* and '*letting patients and others in the team know what's happening*' (Isobel: Case 3).

Some theoretical work required on-going attention such as the portfolio and students planned time to work on this each week rather than leaving it until the submission deadline. Most students planned their assignments in advance:

> '*I think I'm quite good at the research side, I will look things up. I might leave writing the assignment until may be two to three weeks before its due in, but I would have done all the reading around it and have a good idea what I am going to write and have things written down on paper, my plan of what I am going to do. I do a little spider diagram so basically when I get to that point it's just writing it down on paper. I enjoy the reading side of it all, looking at all the information. I think it's just a bit of a natural ability that I'm quite good at being able to put it down on paper fairly quickly*' (Diana: Case 1).

Students with children emphasised the need to be '*highly organised*' in order to '*keep everything going smoothly*'. This meant that they planned their assignments well ahead of time, at least a month, involving collecting books and articles, and reading them and making notes in preparation for assignments. Students avoided leaving work to the last minute as this caused them and their family '*added stress*' which they wanted to avoid. It annoyed some students that other students did not put any effort into the quality of their work or into submitting work on time. Students (Case 2) disagreed with the school policy of allowing multiple attempts to pass assignments although the mark would be capped at 40%. Students felt that this encouraged other students to be '*lazy*' and '*less committed*' to the programme.

Students in Case 1 also identified the need to be organised specifically in relation to enquiry-based learning (EBL). This was seen as a different learning style compared to lectures; one that required conscious effort and self-discipline in order to maximise learning. Daniel suggested that:

'EBL allows for students to do the minimum amount that is required. You need to be disciplined to make sure that you go and learn what you need to learn. Time management is essential because you are given a lot of self-study time. Now you can use that to go and sit on the beach or can you use it to actually try and improve your knowledge so at the end of the day you are going to be a better nurse. Some people do and I think that is probably reflected in their marks, and some people don't (Daniel: Case 1).

Other students recognised their ability to readily adapt to different learning and teaching styles particularly more self-directed approaches like EBL. Emily (Case 1) suggested that some students had chosen to study at this school of nursing because the EBL component of the curriculum *'suited students that liked learning for themselves'*. She described herself as an *'an independent learner from about the age of 12. I am very organised'* and attributed this to her own personality but also to having attended private schools where the philosophy of learning and the set structure encouraged the habit of being organised and working independently. Many students had enjoyed the style of learning that EBL offered and enjoyed independently researching a topic but also being part of a team. Although presenting in EBL was initially viewed as stressful and to some extent pointless, students soon became familiar with presenting to their peers and started to enjoy this way of learning. Students also said that they could see the relevance of learning presentation skills as they had progressed through the course in terms of teaching patients and their families, and teaching other students and staff in placements once qualified.

Contrary view:

Although military students were organised and aware of deadlines, most left their assignments to the last minute before submission. They prepared the resources for assignments a few weeks in advance but left the writing until the last week. Some students even left the writing until the last day, writing through the night before submission as they *'needed the pressure of submission in order to write'* (Isobel: Case 3) and *'perform better under pressure'* (Harry: Case 3). Some admitted to just *'being lazy'* (Harry: Case 3) and leaving it to the last minute although this did not make them feel

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anxious. Most felt that they had a natural ability to study, absorb verbal information quickly, and produce written work of a reasonable standard quickly. The exception to this pattern was Laura (Case 3) who planned and wrote her assignments in advance as she did not enjoy last minute pressure. Due to the demanding nature and frequency of extra-curricular military commitments, lecturers felt that students were '*conditioned*' (Dave) into being organised and having good study skills; that students '*worked hard and played hard'* (Dave).

Being independent:

Students in all three cases were independent learners. Katie (Case 1) described this as '*doing things for yourself rather than relying on somebody else to help you through it or needing guidance all the time'.* Students actively sought advice from lecturers and their academic advisers, however these students deemed this as guidance rather than a set of rules and students were able to make their own decisions with the advice given. In addition, these students were less concerned about what other people on the course were doing and although competitive, they were more focussed on meeting their own standards than on being better than anyone else.

Students talked about being proactive in organising themselves and seeking out the information that they needed in order to complete assignments. Adam (Case 2) believed that '*this was his choice'* and therefore he was responsible for doing well. Charlotte (Case 2) commented that it was '*not like school where everything is given to you. Lecturers provide the essentials but it's up to you to find the information you need because no-one else is going to do that for you '.* Sue (Case 2) thought that her school had taught her good study skills including time management and searching for information which helped her to become an independent learner before she went to university. Most of the students considered themselves independent learners although others recognised that they needed regular support from peers and lecturers. Military student also felt that being independent included findings resources for themselves, taking responsibility for their learning, and managing problems themselves before asking for help. Most students had not accessed the university's support services or the military support services as they had not needed them, but most had sought support from their personal tutor. Sophie (Case 3)

and Laura (Case 3) had enrolled on a library session to improve their skills in searching for literature. Military students in Case 3 accessed the module leaders for advice about assignments (as this was the normal practice in this university) and often shared this with their peers in informal group tutorials in their accommodation in order to save other students from having *'separate appointments with lecturers which wasted everyone's time'* (Nina: Case 3).

This independence was also recognised by lecturers who felt that successful students actively sought support from a variety of sources as the student thought appropriate and then took responsibility for their own learning and the decisions that they made. Military lecturers felt confident that students were aware of the support services available to them and that they would seek support independently if they needed it. Michelle (lecturer: Case 1) noticed that successful students were more likely to independently access resources on module/lesson reading lists. Most lecturers thought that successful students used the library more than other students did, and that they used books and hard copies of journals rather than relying solely electronic sources of information particularly websites designed for the lay person. In contrast, lecturers viewed less successful students as '*needy*'; students who were accessing academic advice often and then blaming lecturers when they failed an assignment or failed to get a '*good mark*' (Jane, Course Director: Case 1). They also identified that some students found it difficult to make the cultural transition from school where teachers '*chase*' students to complete work, to university where students are expected to be more independent.

Having confidence:

Students had developed confidence during the programme and now felt in control of their own learning and were proactive in terms of using resources. They recognised the need to do extra reading or to ask if they had not fully understood something in class or on placement. They felt confident in their academic and clinical ability at this stage of the programme and that they had made the right career choice. Clare (Case 1) described herself as a confident person: '*I will voice my opinion; I'm not a shy person. I'll ask a question as that helps me in lectures or in practice if there's something I don't understand. On my last placement I asked my mentor a lot of questions which she seemed pleased*

about'. Emily (Case 1) also identified that her confidence enabled her to talk to patients easily and she linked confidence with being assertive and working in a pro-active manner. For example, in practice this equated to finding jobs to do rather than waiting to be asked and in class-based learning this meant doing extra reading or preparation or *'going the extra mile'* (Emily: Case 1). Students said that their confidence came from being a mature student and having *'life skills'* (Daniel: Case 1). Being a mature student was not always about being older but more about having life experience. Life skills were identified as: having respect for others, being polite and punctual, appreciating the opportunity to learn, putting others before yourself, having experience of making life choices, taking responsibility for own actions, using criticism in a positive way, and being able to see beyond the present – the *'bigger picture'* (Alex: Case 1). Having worked abroad, Sue (Case 2) felt that she had more confidence than some other students in communicating in class and in practice. Other students said that their confidence came from having previous experience in care work (Theme 6). Students recognised the transferable skills they had acquired through other life experiences and were able to apply these to being a student nurse. Having experience of making choices in life was connected to having made the decision to switch to nursing having been in a different career.

Students in Cases 1 and 2, and to a lesser extent Case 3, commented that their confidence had increased on the programme through the experience of engaging in classroom discussions and doing presentations, interacting with staff and patients in clinical practice, and having to do handovers and making decisions in clinical practice. In particular, several students mentioned the importance of being confident as a nurse in order to be the patient's advocate. Increased confidence in clinical ability also came from positive feedback from patients and mentors.

Lecturers considered confident students to be more effective communicators in class and in clinical practice. Lecturers felt that mature students in particular were confident about their plans to become a qualified nurse because they had sacrificed other things to gain a place on the programme e.g. income, time with their family, and sometimes their pride in going back to college to gain the entry qualifications. Michelle (lecturer: Case 1) described them as *'socially comfortable'*; able to make relationships easily with their academic

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adviser, mentors and peers. Mark (lecturer: Case 1) recalled an incident where one of his advisees had managed a difficult situation by having the confidence to discuss the problem with her mentor in order to resolve the issue in a professional manner without apportioning blame to anyone. Confident students were able to '*see the bigger picture*' and '*did not take criticism too personally*' (Nicky, lecturer: Case 1).

Lecturers felt that successful students were generally more respectful than other students towards staff and their peers. They were described by lecturers as having the '*old fashioned values*' of '*politeness and respect for others*'. Lecturers also commented on successful students' ability to generate and engage in interesting discussion in the classroom; that they had the ability to respect others' opinions but also challenge them in a non-threatening manner. Nicola (Course Director: Case 2) suggested that this confidence and respect for others came with maturity and life experience. Mark (lecturer: Case 1) summarised this as:

It's not about age but it is about maturity of attitude. It would be easier to say an older student has those characteristics but I don't necessarily think that that's the case. I think you find that successful students, even though they may not have much care experience at all, they seem to have that greater depth of understanding of where they're going and what it's going to take them to get there. And they're very motivated' (Mark: Case 1).

Contrary view:

Whilst students in Case 1 and 2 described becoming more confident during the programme, nearly all the military students had felt confident from the first day of their course. Military students felt confident in their academic and clinical ability and that they had made the right career choice. Students described themselves as happy to '*get stuck in*' (Harry: Case 3) and '*crack on*' (Grace: Case 3) without too much encouragement, whether it be in class or in clinical practice. They were naturally confident in their own ability and recognised the transferable skills they had already acquired through other life experiences and were able to apply these to being a student nurse. Non-military students observed that mentors considered military students to be more confident in their ability than civilian students. Non-military lecturers also recognised the confidence of military

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students in class and practice, '*highly impressive'* (Barbara, non-military lecturer: Case 2) and had a *'distinct can do attitude'* (Nicola, Course Director, non-military: Case 2).

Sub-theme 2: Developing effective learning strategies

Engaging with learning opportunities:

Students stressed the importance of attending lectures as part of success and attending lectures was viewed as essential to becoming a good nurse not only to learn factual information but to understand broader aspects of healthcare such as: living with chronic conditions, developing communication techniques and learning to cope with difficult situations. Sarah (Case 2) recounted a lecture involving a service user that had helped her to understand the holistic aspects of living with Multiple Sclerosis and Charlotte (Case 2) remembered a lecture that had helped to cope with breaking bad news to patients and their families. Students expressed their annoyance at other students who regularly missed lectures as they felt they were less committed to nursing and their peers as they were not contributing to class discussions and presentations. Mark (Case 2) explained that he had started a Diploma in nursing previously via secondment from an auxiliary role. At this time, he had not engaged with the programme preferring to spend time in the bar and out with his friends, and eventually withdrew from the programme. On reflection, he realised that the timing was wrong for him and that he had not been mature enough to cope with the requirements of the programme. He now felt ready and eager to learn and valued his place on the course.

Lecturers commented that successful students were fully engaged with the programme and had minimal sickness and absence, even if they had experienced personal crisis events. Students confirmed that they had had virtually no sickness or absence from the course and that any absences which had occurred had been unavoidable (this was verified by student records). Students did not take '*sickies*' (Diana: Case 1) i.e. unnecessary days off or miss lectures even if they predicted that it would be uninteresting or poor quality. This was seen by lecturers as a sign of commitment to the course and not wanting to miss learning opportunities. Sarah (lecturer: Case 1) recounted a story about a successful student who had unfortunately developed cancer during the programme but through determination had still managed to organise her intercalation period well and return to the programme achieving a first class degree. Successful students appeared to have a different attitude towards sickness and absence on the programme; '*When some students get the '16 day absence letter' they are absolutely mortified that they've got 16*

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days absence and try to sort it immediately, but others are like 'well it's only 16 days'; a totally different attitude towards the same issue' (Sarah, lecturer: Case 1). Jane, considered engagement with the programme as pivotal to student success:

> *'Successful students use the system more. I look at Student Council, who's sitting there around the table and you could guess who's going to be there from each intake, they are the successful students. They know all the systems, they know the regulations, the special factors, answer all the surveys. Struggling students don't engage with the school until it's sometimes too late, they don't read student handbooks or emails. They compound their failure by not using what's available to them. There are some very good students who will take themselves off to DOS (Dean of Students) and do extra maths lessons when they don't need to, they're not the ones that should be getting extra support. Some of the successful students may take stock of their lives and are empowered by the course* (Jane, Course Director: Case 1).

Contrary view:

Military students stressed the importance of attending lecturers partly because they wanted to but also because it was a military requirement. As employees, military students were expected to attend 100% of the programme and all extra-curricular military activities. Attendance was recorded and monitored by the military staff and absence due to sickness was reported via a strict military procedure which students '*avoided at all costs even if they felt unwell'* (Harry: Case 3). However, attending lecturers was mostly viewed as important in terms of factual information relevant to nursing. Some taught sessions and modules were not valued but were attended because of the military requirement. Students confirmed that they had had virtually no sickness from the course and this was verified by their records. Lecturers also commented that military students were required to attend 100% of the time and felt that students wanted to attend most lectures but appreciated that some sessions were more valued by student than others. Non-military lecturers noted that the military students were more '*attentive'* (Aiden, lecturer: Case 2) in class and tutorials than other students. The military staff explained that there was an expectation that students would '*put themselves forward in class', 'put their hand up' and 'fully engage with the learning process'* (Kim, Course Director: Case 3).

Coping with multiple tasks:

The ability to juggle undertaking clinical placements whilst writing a portfolio, producing written evidence to support the practice learning outcomes, getting the skills signed off and producing a theoretical assignment simultaneously was viewed as one of the most difficult aspects of the programme requiring careful organisation and prioritisation of tasks by all students. Emily (Case 1) highlighted the difficulty of dealing with the emotional stressors of working in clinical practice and also having to produce an essay by a deadline during placement:

> *'If you're on placement and you see something really horrible like you're been in resus or someone you've nursed for a long time has died, you've got so many pressures like working full-time, doing essays and doing the placement portfolio and it's really hard to fit all that in. I think that's where most people struggle, just to get it all in …it's really, really difficult' and you have to be so organised'* (Emily: Case 1).

This was particularly difficult during Year 1 placements when students were not used to organising multiple tasks and it was particularly hard if students had to juggle placements and coursework with other personal commitments such as childcare and/or additional paid work.

Getting the most from learning experiences:

Students talked about the strategies they developed during the programme to get the most out of learning opportunities, particularly clinical learning experiences. All the students said that all their placements had been good and in order to get the most out of mentors and placements students used the following strategies: '*you have to throw yourself in*' (Emily: Case 1), '*you have to be assertive*' (Lilly: Case 1), '*you have to be enthusiastic*' (Alex: Case 1), '*you have to be assertive especially if your mentor isn't helping you*' (Fran: Case 2) '*you have to put yourself forward for things and go find out what's happening*' (Rachel: Case 1), '*you have to be helpful and contribute to the work otherwise you're just a nuisance*' (Mark: Case 2), '*you have to get stuck in*' (Penny: Case 1), '*you need to be involved in everything*' (Emily: Case 1), '*you have to build a relationship with your mentor and other people you're working with*' (Heather: Case 1) and '*you have to get on with all kinds of people, work out the right approach*' (Clare: Case 1). Students felt that

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these strategies made mentors and other clinical staff more likely to want to work with them and to help them to learn. Students were aware that being proactive and enthusiastic would make them more popular with clinical staff and their mentors. Fran summarised this view: *'I'm always determined to get the best out of my mentor. I'm sure all mentors are happy to have students who are motivated and who want to help them because it's reducing their work load. If you meet them half way, it does help them and then they're willing to help you'* (Fran: Case 2)*.* Students were not negatively influenced by rumours or reports from other students about certain wards or clinical placements as they felt they could *'make the best of it'* by being proactive and enthusiastic as a student. Students tended to judge placements by the quality of their mentor but found other ways of learning if they failed to engage with their mentor. Most of these students talked about being *'naturally enthusiastic in clinical practice'* (Chloe: Case 3) and *'happy to get stuck in'* (Sophie: Case 3). The students did not perceive this enthusiasm as a strategy but rather *'just the way I am because I'm interested in nursing and learning as much as I can'* (Chloe: Case 3). Military students were particularly aware that their instinctive enthusiasm, pro-active nature, initiative, leadership skills were popular with clinical staff because it helped to *'get the work done efficiently'* (Nina: Case 3).

Mark (Case 2) viewed dealing with occasional *'personality clashes'* with clinical staff as part of his professional development as a student nurse and consciously tried to work through any interpersonal issues independently before asking a Practice Placement Manager or Link Tutor to intervene. The two Practice Placement Managers (Case 2) agreed that the more successful students managed difficult situations independently and only called for assistance when their own efforts had been unsuccessful. Katie (PPM: Case 2) described successful students as able to *'make the best of the situation that they are placed in. They evaluate placements positively because they've achieved what they set out to achieve, learned the skills that they wanted to, and made the most of the learning opportunities available to them'.*

Some students studied the handover report at the beginning of a shift to see what jobs/activities would be happening and then proactively asked their mentor if they could be involved in particularly tasks or work with a particular member of staff. Some student

talked about *'getting the auxiliaries and HCAs on my side'* (Alex; Case 1) in order to get the most from the placement which was achieved by *'getting on with the essential jobs like washes and obs* (Rachel: Case 1), generally being helping staff as much as possible and *'not slowing staff down'* (Alex: Case 1). Some students also mentioned actively finding out about the medical teams in their placement area and asking to be involved in medical rounds, communicating with doctors and attending multidisciplinary meetings. The notion of proactively putting yourself forward as a student was encapsulated by the following student statement:

> *'It's a question of learning how the hospital system works, how the hierarchy works and fitting yourself into it as a student. My priority on placement is to really take most of the opportunity so I can to learn as much as I can. Generally it's been good but I think a lot of that has been down to the fact that I put myself forward for things like asking to go out with the diabetes nurse for the day or asking to watch a procedure. Some students don't do that'* (Dillon: Case 1).

This *'getting stuck in'* attitude was also evident in class-room based learning as well and lecturers said that students were not afraid to engage with the scenarios during EBL sessions; they were *'imaginative, open-minded and actively solved problems'* (Kerry, lecturer: Case 1). Most students enjoyed the challenge of researching a topic independently and presenting it back to the class in a creative manner. Students actively listened to their peers because they wanted to learn about the topics and expand their knowledge base. Lecturers said that students took responsibility for their learning including extra reading, were genuinely interested in the subject matter, and made the connection between classroom learning and being a good nurse. When a lecturer did not arrive for a lesson, students said that they would use the time to do some reading or complete coursework whereas other students would go home or go to the cafe. Nicky (Lecturer: Case 1) suggested that students had clear insight into what they wanted to achieve and that this would require *'time and effort'* and not simply *'using a few internet sites, clicking a few buttons and then going out down the pub'*:

'There's a sense of maturity or understanding that if they expose themselves to different ways of obtaining knowledge, knowing where resources can be found and utilising those resources, and exposing themselves to it, they'll find a much greater depth of knowledge and understanding of the issues that they need to understand. That takes a sense of maturity. There's an acknowledgement that it takes time and effort because the nursing course has elements that other courses don't. It means forgoing some of the social side of the course but they understand the value of that and accept that as part of the journey' (Nicky, lecturer: Case 1).

Overcoming challenges:

Lecturers and students spoke about the ability to overcome problems or challenges during the programme and these included: a lack of academic skills such as searching for literature and academic writing, lack of computer skills, moving from one placement to another and the associated challenges of fitting in with a new team and getting to know a new routine, not having the time or quiet space at home to study, and dealing with personal/family illness during the programme. Sarah (Case 1) managed commitments at home by '*I do my work at night time. I'm on the computer quite late especially weekends. I can work with the kids around to be honest with you although I'll say to them I'm working so don't disturb me too much. I tend to work when they are not around though. I can survive on minimum sleep*' (Sarah: Case 1). Military student did not say much about over-coming challenges other than usually being independent at problem-solving whether it was a personal or programme related issue. Students were aware of the support services were available but always tried to resolve problems for themselves before involving other members of staff. Students felt that it was a part of military culture that expected them to take responsibility for their own learning and to resolve problems. Students said that it helped that they were self-confident and quite assertive as they were '*not afraid to tackle issues*' (Ella: Case 3) or '*challenge someone*' (Isobel: Case 3). Students felt '*ok about making mistakes*' (Sophie: Case 3) and perceived these to be valuable lessons rather than negative events that affected their confidence.

Lecturers commented that successful students used survival strategies to deal with difficult or challenging situations. Lecturers suggested that these students have personal

attributes that enable them to transform negative situations into positive learning opportunities and that further coping skills are developed during the programme. This ability was viewed by lecturers as being associated with a positive attitude; seeing the *'glass half full'* rather than *'half empty'* (Jane, Course Director: Case 1). Another example of this was the students' ability to deal effectively with unhelpful mentors. Kerry (lecturer: Case 1) noticed that successful students had the ability to manage their mentor and placement related problems without relying on the link lecturer to resolve conflict. Jane (Course Director: Case 1) described successful students as *'robust'* individuals who cope well with change; they *'survive the academic world and the clinical area'* and are not fazed by new challenges. Conversely, Jane thought that failing students behaved more like *'victims. You see students who have a series of quite major life events and they still succeed, and then there are others who have relatively minor life events become victims and then start to fail. They're fatalistic. It's about how you manage things yourself* (Jane, Course Director: Case 1).

Lecturers identified successful students as those with problem-solving skills, effective coping skills and *'sheer determination to succeed'* (Nicola, lecturer: Case 2). Lecturers noted that some of their personal advisees had dealt with significant personal circumstances whilst still being highly successful on the programme. Examples of these personal issues were: living in severely deprived areas of the city that have high level of gun crime, being a single mother, being the victim of domestic violence, having cancer, and partners leaving the relationship. Successful students developed survival strategies to deal effectively with difficult or challenging situations and lecturers suggested that these students have personal attributes that enable them to transform negative situations into more positive learning opportunities. This ability was viewed by lecturers as being associated with a positive attitude even in difficult situations. Tom (lecturer: Case 2) suggested that students who had the attribute of *'flexibility'* were able to readily adapt to the student role and other new situations such as the varied placements encountered on the programme and successful students *'fully engaged with learning'* rather than *'just carrying out the tasks and assignments'*.

Summary: Having a mature (adult) attitude towards learning

Successful students have a *'mature attitude towards learning'*. This mature attitude was associated with becoming an independent learner and developing effective learning strategies to get the most out of learning opportunities even if they were not ideal. The sub-theme of 'becoming an independent learner' comprised further sub-themes: being organised, being independent including taking responsibility and having academic skills, and having confidence. The sub-theme 'developing effective learning strategies' comprised further sub-themes of: engaging with learning opportunities, coping with multiple tasks, getting the most from learning experiences and overcoming challenges. Military students were confident from the start of their programme in contrast to their non-military students most of whom developed confidence during the programme. In addition, military students were also learning in a unique military environment that promoted and *expected* engagement with learning opportunities.

5.5.3 Theme 3: Being determined

High-achieving students all talked about being '*hard working*' and '*determined*' to fulfil the ambition of becoming a qualified nurse (Figure 14). This determination was associated with a '*work ethic*' often instilled into them as a child by their parents or a close relative, or related to their motivation to do well for themselves.

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                                          ┌──────────────────┐
                                          │ Being hard working │
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┌──────────────────┐                      ┌──────────────────┐
│ Being  determined │ ───────────────────  │ Wanting to do one's │
└──────────────────┘                      │       best        │
                                          └──────────────────┘
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                                          │ Wanting to be a  │
                                          │   good nurse     │
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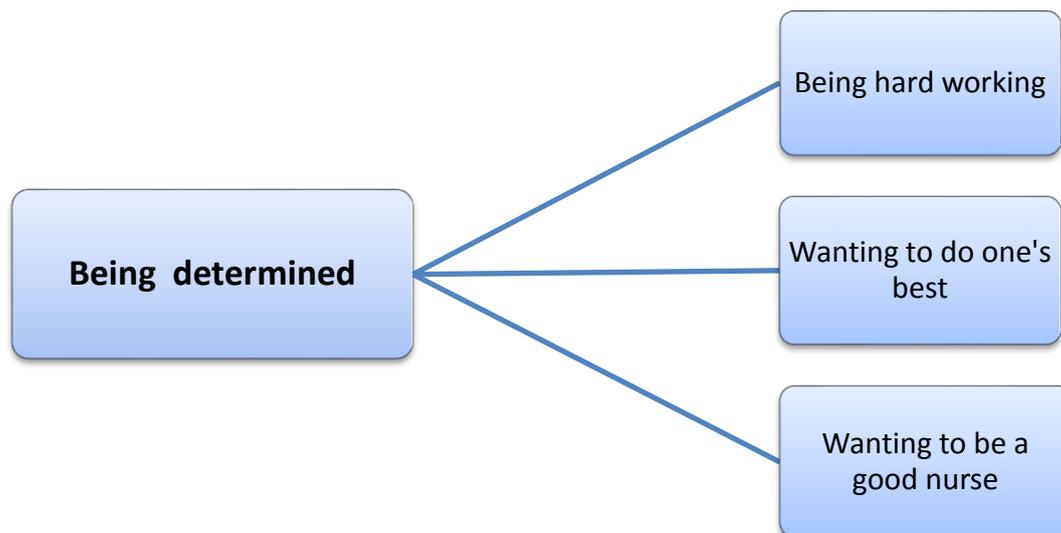
Figure 14: Themes and sub-themes relating to 'Being determined'

Sub-theme 1: Being hard working

All the students interviewed recognised how determined they were to succeed both academically and as a nurse and talked about not having natural intelligence or ability but rather about their '*hard work ethic'* (Rachel: Case 1l) and '*time and effort*' (Emily: Case 1). Several students really valued their place on the programme and the chance to study at university to become a nurse (Fran, Mark, Suzy, Matthew, Adam: all Case 2). Alex (Case 1) recounted her parents always working hard and bringing her up to be independent. She was used to doing chores around the house from an early age because both her parents worked and doing a job on a Saturday to earn her pocket money. In a similar way, Penny had watched her (single) mother work full-time to provide for her and her brother and saw her mum as a role model for achieving through hard work and commitment. Other students had been influenced by previous life failures or bullying at school and were consequently determined to '*make up for lost time*' (Alex: Case 1) or to pursue the career

they had always wanted to do but had been unable to in the past. Students wanted to do well for themselves, to achieve personal goals and meet their own high expectations. Students also recognised that success drove success; the better the mark, they were more driven to get achieve an even higher mark next time '*I am really driven to do well and the better I do, the more driven I've become*' (Rachel: Case 1)*.* Students had confidence in their ability at this stage of the programme and did not expect to fail any assessments. Some military students admitted that they had not worked hard as they could in Year 1 as they knew that marks did not count towards their degree classification. All of the students said that they started to work harder in Year 2 because the marks counted but also because they had matured both personally and professionally and wanted to make the most of learning opportunities. Some students talked about having natural academic ability and not having to as hard as other students to get good marks.

Lecturers also recognised successful students as being self-driven, hard-working, doing extra work and sharing the knowledge with their peers. Lecturers also commented on the extra amount of effort that successful students put into their work and their determination to succeed despite any obstacles to their goal.

> *There's something about effort, definitely. Some students have really had some serious knocks but they just keep going. I really admire them for that. It's a kind of ………"I get knocked down but I get up again"…..attitude, just grit and determination to do well for themselves and their families'* (Nicola, lecturer: Case 2).

Sub-theme 2: Wanting to do one's best

Students thought that wanting to work hard and to do their best was related to their personality and talked about '*not quitting*' (Katie: Case 1), '*putting in the work*' (Penny: Case 1), '*going into detail about everything*' (Lilly: case 1) and '*giving it everything*' (Heather: Case 1) in order to achieve good marks and get the most out of their experience. Some students referred to '*you get out what you put in*' (Sophie: Case 3) and felt that this was certainly the case on the programme. Although students were aware that employers were not concerned with the grades achieved, students still wanted the satisfaction of

knowing that they had *'done their best'* (Heather: Case 1). This competitiveness was focussed on their own ambitions rather than comparing themselves with their peers' achievements. Students were very aware of their past marks and identified specific marks/averages that they were aiming to achieve during their final year and had calculated their current average mark and the marks needed to achieve an upper second or first class classification. Students also wanted to achieve a better mark with each assessment as they progressed through the course and viewed a lower mark as a failure unless the assessment was viewed as one that *'everyone does badly on'* (Rachel: Case 1). Students had confidence in their ability at this stage of the programme and did not expect to fail any assessments. The students compared themselves to other students who were less hard working and less concerned with the marks, and Matthew (Case 2) thought that other students viewed successful students negatively and thought they were *'overly competitive'* but he did not share this view. Rather successful students did not see themselves in competition with their peers, only their own expectations.

Contrary view:

Military students thought that wanting to work hard and to do their best was partly related to their personality and this had attracted them to the Armed Services. These students did compare themselves to other non-military students who they considered were less hard working and less concerned with their marks. Military students did feel in competition with themselves and their peers.

Sub-theme 3: Wanting to be a good nurse

Students worked hard and were determined to do well in order to achieve good marks and were not content with passing assessments well but also wanted to *'to excel as a nurse'* (Isobel: Case 3) as judged by clinical staff and patients. Alison (Case 2) wanted to *'excel in my career. I don't just want to be a staff nurse. I want to be a really good staff nurse, to specialise and to have a good degree so that I have the right knowledge'*. The desire to be a good nurse appeared to be equally important or more important that achieving good marks, however some students felt that some of their peers were good nurses despite not achieving the top grades in their intake. Sophie (Case 3) described setting her own high standards and being disappointed at times but she remained

determined to achieve her own goals in order to give patients the best possible care. Students commented that military ethos expected a high standard in everything but students said that they wanted to achieve this for themselves and that being a good nurse was the most important aspect of their success.

Nicola (lecturer: Case2) commented that the most successful students had a '*longer term vision of what they want to do*' and that they got involved in all aspects of the programme and the school e.g. student council, evaluation projects, quality monitoring events, and recruitment events and suggested that these students '*embraced the notion of professionalism'*, wanted to improve nursing standards and were more likely to be involved in professional groups such as the Royal College of Nursing, Union groups, and Trust events.

Summary: Being determined

All the students talked about being '*hard working*' and '*determined*' to fulfil the ambition of becoming a qualified nurse. This determination was associated with a '*work ethic*' often instilled into them as a child by their parents or a close relative, or related to their motivation to do well for themselves and become a '*good nurse'*. Military students were also aware that the military had invested in them and that there was an expectation that they would uphold the expectations and reputation of the Services

5.5.4 Theme 4: Receiving and using support

Receiving and effectively using supportive from various sources was perceived by students as vitally important in contributing to their success (Figure 15). Students with family and financial support felt advantaged in terms of having more freedom to study and feeling less tired and stressed than some of their peers. Students regarded the support provided by their academic adviser (AA) as invaluable in relation to pastoral support and academic writing skills. Support from mentors on placements was regarded as vital for clinical learning and coping with the demands of the programme.
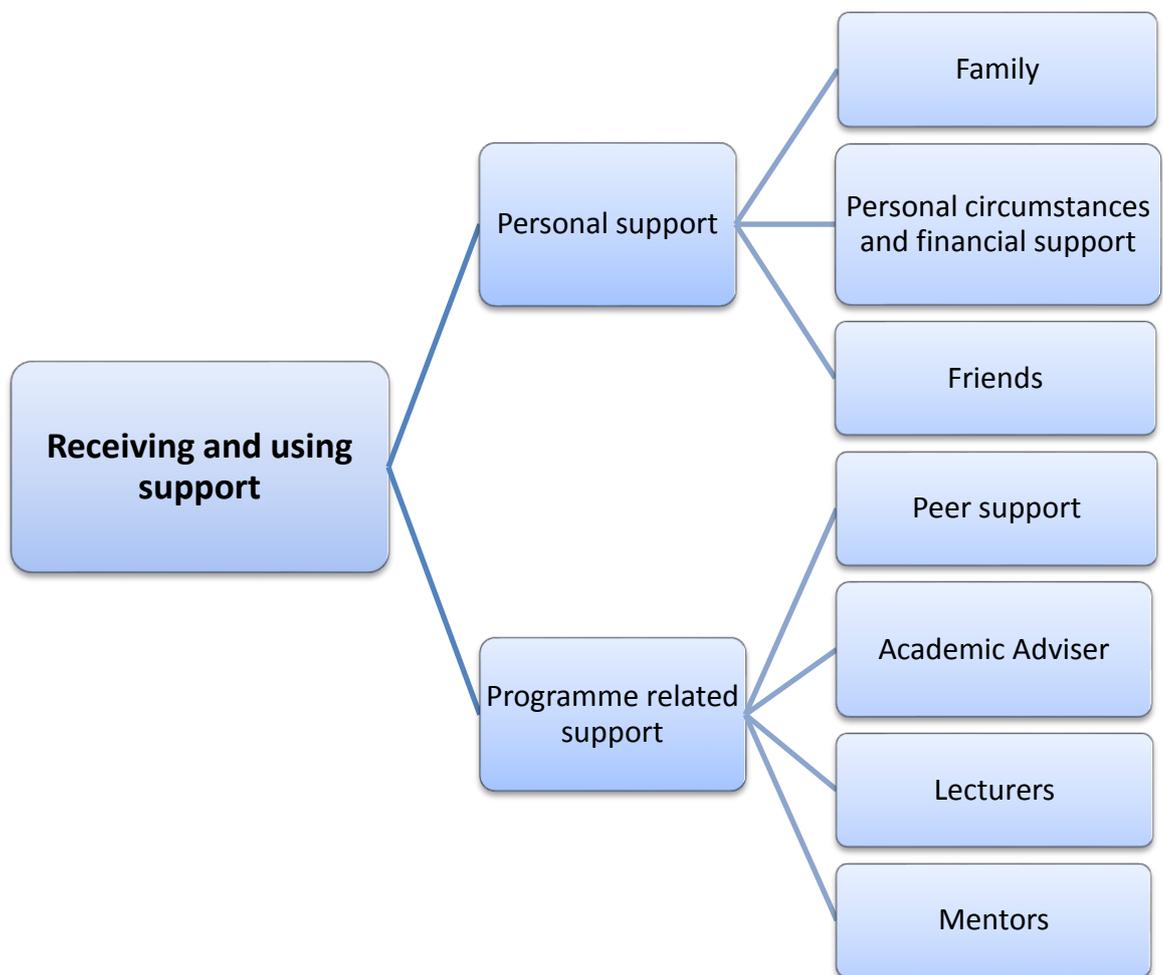
Figure 15: Themes and sub-themes relating to 'Receiving and using support'

Sub-theme 1: Personal support

Family:

All students rated the support they received from their family as one of the most important factors that enabled them to be successful on the programme and this included '*being given the time to study*' (Alex: Case 1) and understanding that they '*wouldn't be able to help at home during placements*' (Heather: Case 1). Most of the students were 'mature students' with a spouse or partner, and most had children. Lilly and Emily (both Case 1) were the youngest students in this case, were single and lived with their parents. Daniel (Case 1) felt indebted to his wife for allowing him to pursue a new career of his choice and the support provided by his wife in looking after their five children and working part-time, had '*allowed him to fully commit to the programme*'. Daniel was also in awe of his female peers who managed to juggle all the programme requirements, especially placements, with their home commitments. Lilly (Case 1) felt that her parents had been the single most important factor in her success because '*they are always supportive and encouraging and helpful*'. Her sister, who was studying at college, had also supported her by showing her how to use PowerPoint and how to reference her work. Penny (Case 1), a single mother, had relied on her parents for childcare during placements: *I think it would be very difficult if I didn't have the help of my family. Child minders don't want to work weekends and they don't start in the week until about 7.30am, but that's not early enough if you start the shift at 7.00am*.

Other students talked about supportive husbands and partners describing them as '*brilliant*', '*wonderful*' and '*amazing*' because they had accepted that '*the need to study in the evenings*' and supporting them emotionally when they wanted to talk about things in placement that had upset them. Most students on the diploma programmes (Cases 1 and 2) were older students with a spouse or partner, and most had children. Partners were supportive because they '*provided encouragement when things got tough*' (Suzy: Case 2), they '*did the domestic chores without moaning*' (Sarah: Case 2), '*looked after the kids*' (Fran: Case 2) '*cooked dinner*' (Matthew: Case 2). Kate (Case 1) described herself as '*so lucky*' because her husband fully supported her: '*He brings me cups of tea, walks the dog, cleans the place and does all the laundry. He facilitates my study days which are becoming more and more frequent, and in that respect I've been really, really lucky*'. Fran (Case 2)

said that she had '*no distractions*' in her life as a mature student like socialising with friends, and she appreciated the support her husband was giving her to enable her to do well. The importance of family support was summarised in Heather's account:

> *'My family have been a major factor because they are so supportive and my children are a bit older, they are 18 and 15. I purposely left it until they were a bit older, they are so selfless really, they never ever said to me that mum you are always on the computer or oh you're going into the Edith Cavell again you know they have never said that. My husband has just released me to do what I need to do, and he'll go and do the shopping, he'll do the ironing, he'll do anything for me as he knows how important it is to me. It's kind of like a role reversal really because he was in the army for 20 odd years so I followed him around. I didn't work as I couldn't leave the children so it's kind of he said you've done it for me so he is now doing the same for me. So they are a very strong factor in my success and I recognise that. Some students don't have that support so they don't have the same time to devote to it as I can. Some people are naturally bright but I'm not, I need to hear it 20 million times before things do go in. Because my family are so supportive I have the opportunity to put in the time that I need to do well and also financially I don't need to work'* (Heather: Case1).

Matthew (Case 2) described his partner as a '*Godsend*' and that he would not have succeeded without his practical, financial and emotional support. Students on the degree programme were slightly younger and whilst they had partners, most did not have children. These students admired other students in their class who did have children and wondered how they managed to juggle their commitments so efficiently. Military students valued the support they received from their family although this was not viewed as the most important source of support. All but one student (Chloe: Case 3) lived in military student accommodation and therefore, were only in contact with their family by telephone/social network sites other than occasional visits. Chloe (Case 3) lived with her parents and they were her main source of support. Living at home enabled her to save her salary which she intended to use to buy a house later in life.

Lecturers also highlighted the importance of home support for students. Lecturers felt that it was important for students to have good study habits to be a successful student and these were usually fostered at school or by the FE College that students had

attended. Lecturers thought that mature students were likely to have developed the ability to manage home commitments during their pre-course education experience of undertaking an Access or an Open University course. Military lecturers also highlighted the importance of family support for military students but were aware that some individuals joined the Services because of the lack of support at home and in order to *'find a family'* (Gabby, lecturer: Case 3).

Personal circumstances and financial support:

Personal circumstances and financial support were considered by students and lecturers to be factors that had influenced their success. Lilly (Case 1) described her home life as *'easy'* because she lived with her parents who supported her financially and did all the domestic chores like cooking and washing for her. Lilly felt *'free'* to study and undertake placements *'with no worries'* as she had no home commitments or financial worries. Her parents had also ensured that she had a quiet place to study in the house, a computer and any books that she needed.

Most students in Cases 1 and 2 mentioned that they did not need to work to earn money during the programme and that they were receiving financial support from their family. This was viewed by students as significant and a *'huge advantage'* because it gave them more time to study and they were less tired than students who did need to work. Students said they were very conscious of other students having to work to earn money which increased stress for them as they had less time to study and were generally more tired. Ellie (Case 2) was grateful for her disability allowance that enabled her to have access to the internet at home and a book allowance. Charlotte (Case 2) had worked before starting the programme and by living off her savings she was able to concentrate on her studies without having to work. She recognised the difficulty that other students had with juggling placements, assignments and paid work which she said resulted in them being tired and lacking time for reading and assignments. Alex (Case 1) was the only student being seconded from her HCA role by a Trust and this had been vital in enabling her financially to do the course. Despite this financial support she had still had to work *'bank shifts in the local hospital'* during the vacation periods and her *'husband is working harder and the girls are doing waitressing jobs and things in the evenings.*

For military students, being salaried was considered an advantage by both students and lecturers. Not having to worry about money allowed students to focus on their studies and do extra reading around topics related to placements. However, as employees, military students were obliged to undertake other military duties which were time-consuming and sometimes stressful and tiring. Students also mentioned the temptation to socialise more because they were financially better off than most other students and this was a distraction away from studying.

Lecturers also unanimously felt that students with *'fewer responsibilities at home made life much easier'* on the programme:

> *'they can afford that time, they can plan their time, and there is nobody to stop them sitting there and utilising that time for whatever they're doing. They don't suddenly find themselves with a child who's in bed sick and those sorts of things. I think that if you don't have to work and you haven't got dependants, it makes life a lot easier for students* (Michelle, Lecturer: Case 1).

Jane (Course Director: Case 1) commented that students were sometimes forced to intercalate from the programme just to earn some money and then return. Lecturers also felt that with fewer responsibilities at home made life easier on the programme. However they also recognised that some successful students seemed to overcome the challenges of less support at home by being highly organised and very determined. Whilst military students had different masters to please; the university, the military, and the NMC, they had extra support in order to achieve the additional demands placed upon them. The Course Director summarised support for students as follows:

'Our students are privileged in terms of the support they get. They are salaried and have accommodation provided for them. We have a dedicated Welfare Officer who is there to support them with personal issues. Some of the civilian students have to work around the course, have issues and problems with their own families, having children or relatives that need to care for. Not having financial issues I think does go into helping them to be successful because they don't have that additional worry, not unless they get themselves in debt. Sometimes they get so much money that they go out and spend it on all sorts of things but usually that's one less anxiety that they have to factor in' (Kim, Course Director: Case 3).

Friends:

Support provided by non-nursing friends was also considered important by most students as they were good listeners particularly when emotional support was needed. Students said that their detachment enabled friends to offer an '*outsider's*' view of situations, offering a new and objective perspective on the stressful aspects of the course such clinical placements and assignments. This was helpful for students in terms of '*getting things off their chest'* (Lilly: Case 1) and also not '*burdening*' and '*boring*' (Katie: Case 1) their partner/family all the time with their concerns.

Sub-theme 2: Programme related support

Peer support:

Students valued the support offered by peers particularly friendships that had developed in EBL groups (Case 1) and they described how the nature of EBL sessions had forged close relationships between students which continued when on placement. Students kept in contact during placements by meeting up, email and texting. These bonds had helped students to '*survive the programme'* with some students saying that they '*would not have done as well without the support of other students in the group'*. Peers were considered by students as '*insiders*' because they had experienced the same stressors such as pressure to hand work in, placement stressors, and EBL presentations. Some lecturers observed that some EBL groups were more cohesive in terms of friendships and team-working than others and groups that had formed strong bonds were considered to be '*more able*', '*happier* and sometimes '*more competitive*' as a group in relation to the

quality of work presented and discussed. Ellie and Fran (both Case 2) liked to help other students on the programme and Ellie helped other students particularly those with dyslexia as she had first-hand experience of this herself, and Fran enjoyed providing advice to students whenever they asked about referencing, good sources of information for a topic, or how to structure an essay. Alison (Case 2) commented that '*I think we all help each other. A lot of the group are in touch on email and Facebook so if anybody's stuck someone will just post something on a chat room and we'll all get involved and try and help each other'.* Evie (Case 2) felt that it had helped to live with other students on the programme because '*you can bounce ideas off each other and compare what you're doing. I think I would have been a lot more isolated if I'd stayed at home and commuted in. They are an extra support network and I know them so well because we've lived together for nearly three years now'.* Many students had formed friendship groups that were also study groups, shared ideas, resources and discussions. Students were able to explain things to one another like anatomy and physiology and helped each other to revise for exams.

The importance of peer support was pronounced for military students. They talked about a '*strong sense of camaraderie*' (Sophie: Case 3) within their group; they supported one another through difficult times and shared their individual skills in order to do well as a group despite their need to also be individually competitive. Ella (Case 3) described how one student had failed an assignment in the group and the others had immediately helped them to pass it the second time around. Several of the other students spoke of this incident and shared the attitude that '*there was no way that they weren't going to graduate with the rest of the group, we were all going to pass together no matter what*' (Sophie: Case 3). Military students shared resources, discussed things, helped one another, respected one another and shared ideas. This sharing extended to extra-curricular activities and tasks as well as academic study. Lecturers also valued this '*teamwork*' attitude and encouraged students to '*look out for each other*' and to '*talk to staff if any student looked like they needed support*' (Kim, Course Director: Case 3).

Academic Adviser:

Students considered the support provided by Academic Advisers (AA) to be very important in contributing to their success. In particular, students found their AA helpful for support in the following areas: '*academic writing skills', 'referencing', 'finding relevant literature', 'understanding assignment'* (Clare: Case 1), '*structuring essays', 'just listening'* (Alex: Case 1) and '*having a chat'* (Clare: Case 1) Students also used their AA to understand feedback from previous assignments (this is discussed further in Theme 5) although some felt that they could do this independently. Some students pointed out that their AA had said to them that they did not see them often enough but these students felt quite independent and only accessed their AA as they deemed necessary. Some of the mature students commented that they relied on their AA for guidance with academic writing skills and that their AA had assisted in developing their self-confidence in relation to producing academic work and maintaining commitment to the programme despite personal difficulties: '*My AA was just so, so supportive. There were times when I thought about giving up and he said just take some time out and come back to your work when you're ready. Don't give up. There was lots of encouragement and he took the time to listen* (Diana: Case 1). Students in Cases 2 and 3 also used Module Leaders for academic support as this was the system used in this university and found their support to be very valuable by explaining assignment guidelines, signposting resources and structuring academic work. Most students felt that they had gradually accessed their AA less as they had progressed through the programme and became more self-confident. Heather (Case 1) described this as '*standing on her own two feet*' and felt that this independence was important in preparation for becoming a qualified nurse. Military students pointed out that their military placements were often a long distance from the university and therefore having a meeting with non-military lecturers was almost impossible during placements although they were well-supported by military staff.

Academic adviser support was important to all students, even highly motivated students with the highest entry qualifications and care experience. Emily (Case 1) entered the degree programme with 4 A levels in Maths, Further Maths, French and Psychology at grades AAAA, 10 GCSEs including double-science all at grades A* and experience of voluntary care work. Despite excelling in both the academic and clinical practice

components of the programme, she developed a relapse of a significant on-going health condition during Year 2 which forced her to intercalate for six months. She described the support provided by her personal tutor during her period of intercalation and through Year 3 as '*pivotal*' in her ability to return to the programme and successfully complete it. In particular, she identified that her AA had provided: empathy and understanding of her health condition, encouragement and support, and continuous personal engagement without which the student felt she would have given up the programme despite her commitment to becoming a good nurse and her ultimate ambition to work for Medicines Sans Frontier. Her AA had contacted her during her period of intercalation and had made sure that everything was in place to support her when she returned to the course following intercalation. Emily felt that she may not have returned to the programme had her AA not been so supportive. On completion of the programme, she was awarded a starred First Class degree classification, a university achievement award and secured a highly sought after rotational staff nurse position with the critical care services of a large regional general hospital.

In contrast, lecturers did not consider their role important to student success. Jane (Course Director: Case 1) viewed Academic Advisers as '*a red herring*' and that '*students will do well despite their AA*'. '*I don't necessarily think that it's the AA that leads to the student's success and you see that with students who have minimum contact performing well* '. She had observed that AA's often set the student off on the right route but that during the second or third year that students became more self-motivated. Most other lecturers shared the same view and Michelle (lecturer: Case 1) suggested that the more successful students not only needed less support but that they needed support of a different kind. For example, they would proactively and appropriately book the appointment, have a clear purpose for meeting, be prepared with relevant information, take notes during the meeting, and ask questions:

'It's more about clarifying what's required rather than looking at drafts and correcting writing errors. They have less expectations of their academic adviser than less able students. Less able students feel that we are responsible for them achieving so if they don't achieve it's our fault but if they do achieve well that's what they are there for. Able students see us as somebody who can guide them in the right direction but don't have any expectation that we will look through their work, word by word, that we'll comment on absolutely everything. They are confident with what they've put down so they have a very different attitude towards us. They are also more grateful even though I feel I have done less for them, and the less able students that I spent loads of time with don't even say thank you at the end of the course. It's like it's expected that we are here to support them whereas the able students see us differently. They are more confident and more independent. They have other support networks like other students that they will talk through issues with. You tend to find that they are friends with other students who have similar abilities to them and they explore issues together. They utilise a lot of different support and know who to go to for particular advice' (Michelle, lecturer: Case 1).*

Military students rarely failed assignments but those that did had to agree a learning contract with their personal tutor. This contract was described by military lecturers as robust, supportive and ensured discussion of progress with work at frequent intervals. Students viewed this process as helpful although most wanted to avoid this situation. Lecturers also thought it was helpful and usually a good learning experience but one that students did not want to repeat. A second fail would result in automatically going onto an academic warning and a disciplinary procedure, and then the student would be informed that further failure would lead to dismissal from the Service. As students only had one attempt to pass assessments in clinical practice, they were closely supported by military lecturers in all placement areas.

Lecturers:

The general support provided by other members of academic staff was also valued by students. Most students commented on the '*supportive atmosphere*' and '*supportive culture'* in the school created by lecturers in all three cases. Lecturers were supportive in terms of being: willing to answer questions, give up their break to speak to students, see students at the end of lecture, see students individually, and direct students to learning or

support resources. Students particularly commented on lecturers' enthusiasm and passion for their own speciality in nursing or the topic they were teaching. Students felt that they were '*brilliant*' (Alison: Case 1), '*approachable*' (Alex: Case 1), '*friendly*' and '*energetic*' (Sue: Case 2) about supporting students and were genuinely interested in the students as individuals, actively listened to them, and wanted them to learn and develop as professionals. Students valued the informal '*chats*' that they had with lecturers and felt '*inspired listening to their experiences in practice*'. Students also liked being treated by lecturers with '*respect*' (Isobel: Case 3) and '*as equals*' (Chloe: Case 3). Military students valued support offered by other members of academic staff (non-military). Students particularly commented on lecturers' enthusiasm for nursing during lessons and valued the informal '*chats*' (Nina: Case 3) they had with non-military lecturers as they could '*relax*' (Liz: Case 3) more. Laura (Case 3) felt that there was '*so much support offered by the university that there was no excuse for any student to fail*'.

Mentors:

Students considered support provided by mentors during placements as vital to being successful and David (Case 1) described their support as '*pivotal to your learning and progress; they make or break the placement*'. All students emphasised the importance of relationships with mentors and the influence this would have on their learning and on the outcome of their assessment. Most students said that they had been lucky to have '*good mentors*' (Laura: Case 3) most of the time but that some had been less helpful. Being supportive was described by students in the following ways: '*being interested in me*' (Heather: Case 1), '*encouraging me to get involved*' (Harry: Case 3), '*letting me have a go at things*' (Liz: Case 3), '*wanting to explain things to me*' (Maggie: Case 3), *doing interviews* (assessments) *on time*' (Lilly: Case 1), '*telling me about learning opportunities*' (Lilly: Case 1), *wanting to work with me*' (Clare: Case 1), '*telling me about her experiences*' (Penny: Case 1), *challenging me*' (Sophie: Case 3), '*helping me to learn*' (Laura: Case 3), and '*answering questions*' (Alex: Case 1).

Mentors were considered by students to unsupportive when they were not interested in them as a student (occasionally mentors said this directly to the student), were too busy to spend time explaining things/work with students, not good with patients, were out of

date or lacking knowledge in practice or disinterested in the their job. Heather described her time in one department as an *'endurance test'* that had made her feel *'crushed by the time she left'*. However, most students described their mentors as *'brilliant'* and *'so helpful'*. Diana (Case 1) found her mentor supportive because she *'was bringing me in different books because I was showing an interest. She was telling me her experiences and suggested specialist people to go for days out and visits'*. Diana also had support from her associate mentor who like her had been a mature student and was newly qualified. She knew the *'all the pitfalls on the course'* and *'what you have to cope with'* but had nevertheless *'survived and come out the other end'*. As such, students viewed these *'good mentors'* as positive role models. Mentors *'having time'* to spend with the student was also considered important and those who were senior nurses or managers had less time to spend with students; students viewed this as less helpful even though they often had extensive knowledge and skills to share. Confidence building was seen as a key aspect of support that mentors could offer. Mentors who took time to establish the students' existing competencies and knowledge were viewed positively by students and allowed students to carry out these skills independently which made the students feel like the mentor trusted them and this in turn boosted their self-confidence. Students valued mentors who were approachable, made time to listen to their concerns, and helped to identify their learning needs. Nurses who were *'good mentors'* were usually considered by students to be good nurses as well and were organised, good at working in the staff team, caring, good at teaching, and had effective interpersonal skills with staff, patients, relatives and students. Students perceived these mentors to be highly motivated in their own jobs. Military students particularly enjoyed the primary care and critical care placements because they had the opportunity to work one-to-one with clinical staff throughout the shift and these roles were directly relevant to Service roles.

Lecturers also felt that support offered by mentors was important to student success and that the *'student-mentor relationship'* determined whether students had viewed the placement as *'good'* or *'bad'*. Sarah (lecturer: Case 1) commented that *'as long as the student thinks they have a supportive mentor they would still view a ward with staff shortages and/or diarrhoea and vomiting outbreak as a positive learning experience'*. Equally lecturers thought that students wanted a mentor that was interested in them,

spent time with them and did not leave them on their own for most of the shift. Michelle (lecturer: Case 1) regarded the quality of mentor support locally to be very good because of the stability of the local workforce which raised standards and motivation in staff and the consistency of support afforded to students.

Summary: Receiving and using support

Students in all three cases valued the support of their personal tutor, module leaders, other lecturers, mentors and military support staff but regarded the support from their peers as the most important. In particular, students in Case 3 valued peer support from other military students, non-military students and lecturers as important in enabling them to cope with the pressures associated with succeeding both as a student nurse and also as a member of the Armed Services. These students had a very strong sense of team-working and camaraderie within their student group which enabled less academically able students to also do well. Students regarded the support provided by their advisers as invaluable in relation to pastoral support and academic writing skills, while support from mentors was regarded as vital for clinical learning and coping with the demands of the programme. Lecturers in contrast did not regard their role to be important in relation to student success but did recognise the importance of family and peer support. Having the time, space and resources at home to study was also considered advantageous by students and lecturers. For mature students, having the support of their spouse/partner was crucial to success as this gave them self-confidence and the time to study away from home commitments.

5.5.5 Theme 5: Receiving and using feedback

Students deemed feedback, particularly from markers and mentors, to be a significant factor contributing to their success (Figure 16). Marks awarded for academic assignments were motivating for students; '*good marks spurred*' students on and '*low marks 'made them even more determined'*. Students considered marks to be '*low*' when they were less than the mark awarded for the previous assignment. Markers comments were also valued and for the most part understood by the students without needing clarification from their academic adviser. Students especially appreciated feedback from mentors in clinical practice as this provided information about the standard of their clinical performance and progression as a student nurse.

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                                                    │     Markers      │
                                    ┌────────────┐  └──────────────────┘
                                    │  Academic  │
                                    └────────────┘  ┌──────────────────┐
┌──────────────────┐                                │    Lecturers     │
│  Receiving and   │                                └──────────────────┘
│  using feedback  │
└──────────────────┘                                ┌──────────────────┐
                                                    │     Mentors      │
                                    ┌────────────┐  └──────────────────┘
                                    │  Clinical  │
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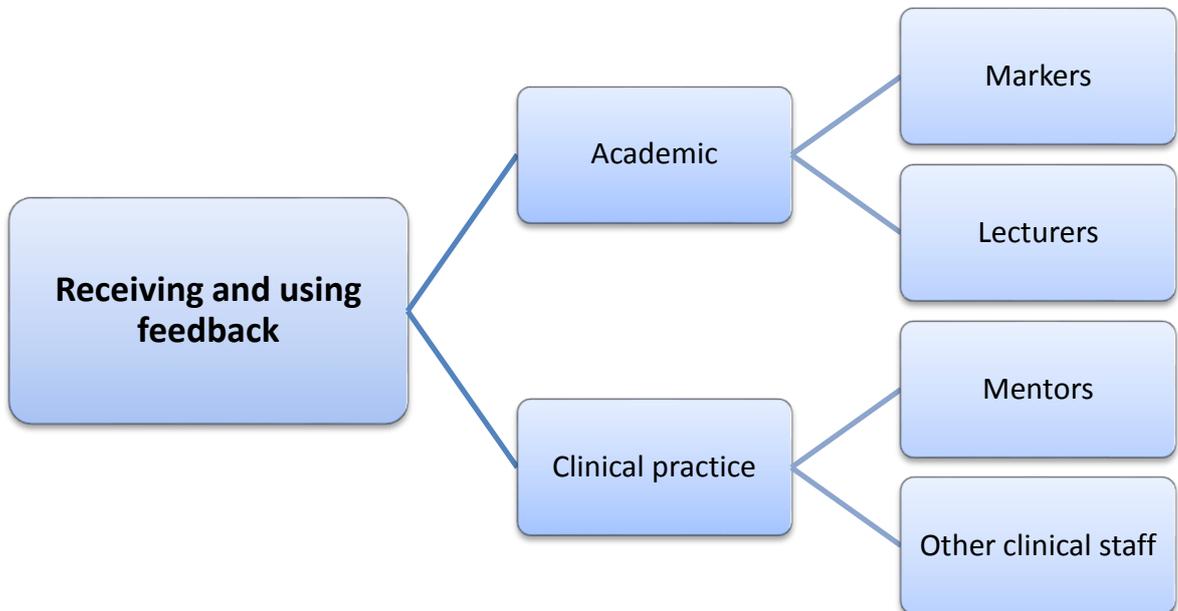
Figure 16: Themes and sub-themes relating to 'Receiving and using feedback'

Sub-theme 1: Academic

Markers:

Most students commented on the value of receiving positive feedback from markers of both formative and summative assessments. It was seen as important to success and was linked with increasing student motivation. Receiving a '*good mark*' and/or '*positive comments*' was inspiring, often giving them the confidence to do '*even better the next*

time' (Clare: Case 1)). The *'fear of failure'* (Rachel: Case 1) was also an incentive to work hard and do well for most students:

> *'In the first assignment in the second year, I had my worst score of the entire course and I was devastated, and I just think how I would have been if I'd failed and that drives me, the fear of failure. Yes definitely marks affect me. I'm motivated by getting good marks but equally so by bad marks. I don't want to do poorly. I don't want to tell people, my family, that I haven't done very well'* (Rachel: Case 1).

Most of the students said that they valued the marker's comments as well as the mark and that they used the comments to improve their work. Good marks motivated students and made them feel energised about their work. Students were also happy to receive criticism as long as it was constructive. Evie (Case 2) used feedback to understand what she was doing well and for identifying weaknesses in her work so that she could improve next time. 'Good marks' motivated students and made them feel excited about their work as it inspired them to work harder on their assignments and it provided confirmation that they were *'going along the right lines'* and *'validated all the hard work and effort'* (Matthew: Case 2)*.*

Lecturers:

Students found the different forms of feedback on: presentations in enquiry-based learning sessions (Case 1 only), practice simulation sessions, formative work including directed study, and from personal tutors in relation to professional development, to be both useful and motivating: Students were inclined to proactively check on their performance by asking lecturers if they had *'done ok'* and *'asking if there was anything else they could have done better'* (Heather*:* Case 1).

Sub-theme 2: Clinical practice

Mentors:

Informal and formal feedback from mentors in clinical practice was regarded by all students as more important than feedback from academic markers. Positive feedback on clinical performance was highly motivating and linked with 'wanting to be a good nurse'

(Theme 1). Students considered the provision of constructive feedback from mentors as a *'hallmark of being a good mentor'* (Dillon: Case 1). Lilly (Case 1) commented that *'good marks and feedback from placements spurs me to do more and the more praise I get, the more it spurs me to do well'.* Students asked for feedback proactively, requesting mentors to let them know if they were not performing adequately so that they could rectify the situation. Students preferred feedback of any nature, positive or criticism, to no feedback at all. Some students recounted that other students in their intake had assumed that no feedback meant that everything was going well but had subsequently been shocked when they had received criticism during their assessments. *'Small regular comments'* like *'you did a good job with Mrs X today well done'* (Lilly: Case 1) were viewed as *'encouraging'* and valuable indicators of their performance. Students observed that sometimes mentors were so busy giving patient care that they did not have time to give student feedback and having several mentors in one placement or mentors that worked part-time were regarded as detrimental to receiving feedback. Students felt a real sense of achievement when they received positive comments from mentors and valued on-going informal feedback during placement and felt that this was more useful than the documented assessment of practice. Students were also very happy to receive constructive criticism as long as it was explained to them and they were given the time and opportunity to address the issue/s. Students wanted their mentors to *'be direct with them'* (Sophie: Case 3), *'to tell the truth'* (Julie: Case 3). Constructive feedback was linked with confidence building and helped students to develop independence as a student nurse.

Other clinical staff:

Students valued feedback from other members of clinical staff including the HCAs, auxiliaries, doctors, members of the multidisciplinary team and administrative staff such as ward clerks. Students wanted to be considered a valued member of the team and valued any feedback that staff could offer to improve their performance. Students were aware that their mentor was likely to discuss their performance with other staff and that it was important to work well with everyone in the placement area not only to do well in their assessment but to develop team-working skills.

Summary: Receiving and using feedback

Students and lecturers across all three cases deemed feedback from markers and clinical mentors to be an important factor contributing to their success. Most students, particularly mature students, reported low self-confidence during Year 1 of the programme and were surprised at achieving marks and feedback above their expectations. Doing better than expected had a motivational effect on students; it encouraged them to work harder and to do even better next time. Students progressively became more pro-active at using feedback and support from their personal tutor. Students especially appreciated direct and honest feedback from mentors in clinical practice, particularly informal feedback, as this provided information about the standard of their clinical performance and progression as a student nurse. Students actively sought feedback from markers and mentors if none was provided. All students valued all feedback including constructive criticism and this was linked with confidence building and helped students to develop independence.

5.5.6 Theme 6: Experiencing helpful learning opportunities

Students and lecturers identified some issues relating to the school as an organisation, the style of teaching and learning in the school, the curriculum and pre-programme experience which contributed to student success (Figure 17). Students commented on the school's friendly atmosphere and students'/staff enthusiasm for learning. All students valued the interactive nature of EBL and simulated practice sessions. Students and lecturers thought that A levels were good preparation for the programme especially for those who had studied biology and health subjects. Mature students who had completed Access to Higher Education and NVQ courses were less confident about their academic skills and ability. Those that had undertaken care experience found this useful especially when on placement.
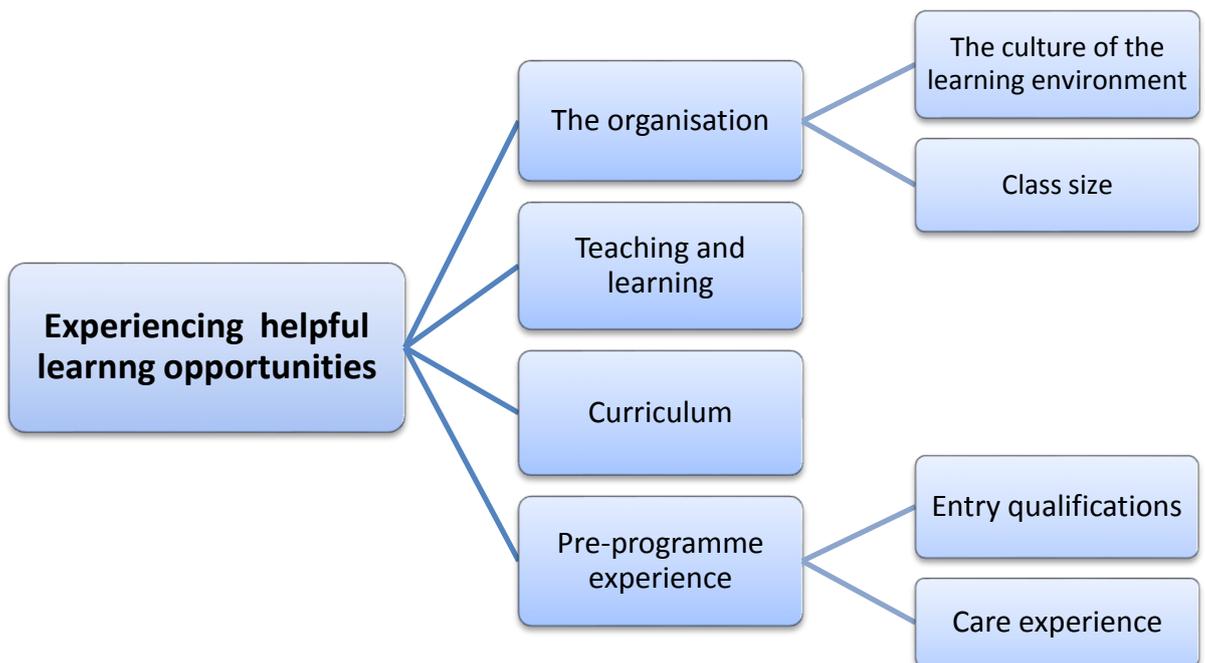
Figure 17: Themes and sub-themes relating to 'Experiencing helpful learning opportunities'

Sub-theme 1: The Organisation

Culture of the learning environment:

In all three cases, the friendly atmosphere in the school was viewed by students as having some contribution to their success. Students in Case 1 thought that most other students in the school were '*keen to learn*' and '*enthusiastic*' because they had worked hard to earn their place in the school and wanted to do their best. Students in Case 2 commented on the enthusiasm of all lecturers, the multi-cultural student/staff population, and the presence of military students and staff as highly motivating. Students thought that whilst most non-military students wanted to learn there was also a minority who did not and were disruptive to the learning of others at times. All students across the cases believed that their views were listened to by academic staff and acted on where possible. Students believed that their views were listened to by academic staff and acted on where possible. Jane (Course Director: case 1) described the school as follows:

> '*I think that we're a listening school. We have a very strong student council and on the whole most staff really care about their students and the students know that. I'm not sure how this links with success but maybe students take the course seriously if they feel that they are being taken seriously. It comes back to the whole package thing or andragogy, treating students with respect as individuals*' (Jane, Course Director).

In Cases 2/3, the presence of military staff, lecturers and students in the school was raised as a positive factor contributing to student success by most students and lecturers. Whilst the military presence had created some '*divides amongst groups of students*' (Nicola, Course Director: Case 2) and '*were at times a little intimidating*' (Aiden, Lecturer: case 2), these were thought to be insignificant when compared with the overall benefits of having the military based there. Military staff and students were regarded by non-military students and lecturers as highly organised, disciplined, smart in appearance, fully engaged in the programme in terms of attendance and contribution in class, punctual, respectful of others, highly confident, and good communicators. These '*good qualities*' (Nicola, Course Director: Case 2) combined with the high expectations of the military service '*rubs off on everyone*' and influenced other students and staff in the school to work towards the same high standards of learning and achievement. Military students were proud to be

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in the military and believed that the presence of the military in the School had a positive influence on raising learning expectations and standards.

Class size:

Several students, particularly in Cases 2 and 3, commented that large class sizes in Year 1 and the lack of classroom etiquette were detrimental to their learning as they could not hear the lecturer and were distracted by noise. The use of mobile phones and students being allowed to walk into classes late was considered distracting. Military students and some of the students in Case 2 deliberately arrived at lectures early, sat at the front of the class, were required to dress in smart casual attire and fully engage in the lesson. Lecturers also commented on military expectations of student attendance, dress code and engagement in learning. In Case 1, Penny had previously been a student nurse at another university and transferred to this university at the end of her first year to reduce her travel time and there were clear comparisons with the previous university. One issue related to class size which she believed had affected her learning as her previous university had very large classes (>150) taught in lecture theatres on a weekly basis:

> *'I think huge numbers of students detract from what the lecturer is saying. The lecture theatre was huge, a lot bigger than this one here–just massive. It detracts from your learning because people are going in and out to the toilet. Students scrape in at the last moment but then want to sit with their friends so everyone has to move, doors are banging and everyone's talking and rustling. My friend and I use to get there early to get a seat at the front so that we could hear without distractions'* (Penny: Case 1).

Lecturers were less concerned about the impact of large class sizes on student success and did not really raise this as an issue. Jane (Course Director: Case 1) stated '*I think the environment is largely irrelevant. Student success is self-driven and takes place outside this building; the preparation of academic work doesn't happen here*'.

Sub-theme 2: Teaching and learning

The quality and nature of teaching and learning in the school was highlighted as important to success by both students and lecturers. Students in Case 1 particularly enjoyed the '*interactive*' type of teaching and learning that was associated with EBL and

also with simulated practice sessions although these did not occur very often. Students said that they not only enjoyed this interactive learning approach but found it useful because they were more motivated and were able to '*feed off each other*' (Daniel: Case 1), '*share ideas*' (Emily: Case 1), '*experiences and knowledge*' (Diana: Case 1) with other students. Lectures were considered '*boring*' by students as '*you're talked at*' but this varied with the speaker. Students thought that the mixture and balance of lectures and interactive sessions in the timetable was helpful, while the school's virtual learning platform was considered helpful for supporting taught sessions, course information and reading other students' EBL work.

All the students in Case 1 said that they enjoyed EBL and found it very useful but had unanimously disliked it initially in the first term of Year 1. Students enjoyed working in a group and researching topics but initially disliked presenting the work to their peers in class. For some students, this had been an overwhelming stressor in the first term and Heather's description of her feelings was typical:

> '*Initially the EBL sessions were a real big issue for me, a massive issue and I mean to the extent where I wouldn't take on board any feedback as I would be so distraught if I had to get up in front of people. I've left the room sometimes. Although it's small numbers I get really nervous and because I get nervous I say anything without reading. I have to read it I can't just say it. I might have it in my mind or I think I'll say it like this but when it comes to it I am always tripping over my words. But when I get it over and done with I am quite pleased so at least I've done it and it usually came out alright*' (Heather: Case 1).

Despite this initial negative aspect of EBL, most of the students valued it as a helpful learning approach and recognised that the process of presenting work to others had helped them to '*gain self-confidence*' (Heather: Case 1), to *communicate better*' (Heather: Case 1) and to '*really understand*' (Clare: Case 1) the topic that they had researched. Some students commented that this process had helped them to revise their anatomy and physiology as they had to be able to explain it to the class. By the third year, students recognised their improved communication skills and felt much more confident to approach and discuss patient issues with doctors and senior clinical staff. Students also felt more confident talking to patients, explaining things to relatives and teaching

patients, and could see this helping them once qualified and teaching other members of staff. In contrast, Emily (Case 1), who had transferred from another university at the beginning of Year 1, did not find EBL particularly helpful and preferred the style of lectures she had experienced at her other university which were shared with physiotherapy and occupational therapy students. Emily had been in various EBL groups and had mixed views about its usefulness and thought that its value varied significantly with the facilitator and the student group. Although she liked the process '*makes you think outside the box*', she often felt frustrated as other students did not put in much effort or produce quality work but instead just '*copied and pasted off the internet'.* As with other students, Emily enjoyed the change in style of EBL in the third year with its increased emphasis on managing groups of acutely unwell patients rather than researching factual information on medical conditions or procedures.

Lecturers also had mixed views about the value of EBL although most considered it a helpful learning approach for students regardless of the level of ability. Jane's comments encapsulated lecturers' views:

> *'The teaching methodology is very important. We've reset the balance with year 1 common foundation, setting the scene, because it's difficult when students come to university, they don't know what they don't know. I think the big bang with EBL was wrong but now we have a much gentler introduction to year 1. Enquiry based learning is stimulating and for those students who go on to succeed they are usually very reflective and very good at EBL presentations as well. I think there's something about successful students that they're not afraid to search for knowledge, they go to the library, they access our full range of services. Some of the younger ones are the ones who aren't successful, who just have one text book and don't use anything else. I think that the variety of teaching approaches does switch on to the variety of different learning styles that students have. We have skills sessions, EBL and taught sessions which is more student centred than if we just had taught sessions, and I think that skills weeks are particularly valuable for those students who are more dextrous, practically orientated, they get that application'* (Jane, Course Director: Case 1).

The quality and nature of teaching and learning in the school was highlighted as important to success by both students and lecturers. Students particularly enjoyed the interactive type of teaching and learning that was associated with small group teaching

and simulated practice sessions. Students in Case 2 found the first module relating to the history of nursing as largely irrelevant and too long and would have preferred to have more sessions relating to preparation for clinical practice. Most other modules had been useful for students although this had varied with the module leaders and the teaching styles. Generally, students preferred not to have PowerPoint sessions unless it was a factual type session, preferring to be interactive in class. The acute and critical care module was considered the most useful for clinical practice and interesting by most students due to the time spent in the simulated ward, video analysis of their patient management skills, and use of case scenarios for discussion and learning.

A few students commented on specific difficulties with the assessment process. One issue related to assignments being due for submission when students were on placement and considered this was a hindrance as they wanted to concentrate on placement learning rather than writing as essay about a topic that was unrelated to their placement. Two students commented on the variation in standards of marking between markers in the school but accepted that this '*the luck of the draw'* (Adam: Case 2) and '*was the same for everyone'* (Sarah: Case 2). Marker's feedback was considered unhelpful when the comments did not match the mark awarded or when they failed to indicate weaknesses or offer constructive suggestions for future work.

Sub-theme 3: Curriculum
There were relatively few comments from students or lecturers about the programme itself. Students in Case 1 found the first few weeks of the programme '*quite long* (David: Case 1)*, 'a drag'* (Rachel: Case 1) and *'boring'* (Lilly: Case 1) although recognised the need for the introductory lectures. Students found the following aspects of the programme particularly helpful: theory that related directly to the first placement, practical skills sessions before the first placement, and going into clinical practice for a short placement early in the first term. Students valued the pattern of doing seven weeks of theory that prepared them for the seven weeks of clinical practice that followed and also valued evaluating the placement experience and sharing experiences in class. There were few comments about individual modules although generally students had found the second year modules '*disappointing*' (Emily: Case 1) and had '*really enjoyed the critical care*

module in year 3' (Lilly: Case 1). Students commented on the lack of teaching about academic writing skills, searching the literature, and referencing in the programme. Some students found that this had become a significant problem for them as they embarked on their dissertation in the third year.

All the students thought the programme was over-assessed and that this had been a hindrance to them. A particular assessment issue for the students was being required to produce and submit multiple assignments at the same time and some felt that this reduced the time they had to read about topics related to the placement and created *'unnecessary stress'* when they were *'already stressed by travel and long shifts'* (Emily: Case 1). Emily felt that the programme had too many essays and not enough examinations, and that this allowed weak students to pass the course who were not suitable to *'deal with peoples lives'*. This was a view held by students in all three cases. Military students especially preferred exams to assignments because *'I'm good at remembering information'* (Harry: Case 3), *'more relevant to nursing* (Nina: Case 3), *'over and done with quickly'* (Isobel: Case 3), *'marking of essays is unreliable'* (Kath: Case 3), *'essay writing is irrelevant'* (Sophie: Case 3), and there was *'less emphasis on writing skills'* (Ella: Case 3).

Sub-theme 4: Pre-programme experience
Entry qualifications:
A large proportion of the students in Cases 1 and 2 had left school some years earlier and most had undertaken a qualification such as Access to Higher Education or National Vocational Qualification as a mature student in order to gain entry to the programme. Most of these students said that they lacked confidence and familiarity with computer and academic writing skills at the beginning of the programme. Most of the mature students recounted that they had not done well at school and had not enjoyed it, but that they had enjoyed their experience of learning as a mature student even though they had found this intellectually and logistically challenging. Students that had studied biology commented that it had been useful for understanding the anatomy and physiology on the course. Matthew (Case 2) was grateful that the university accepted applicants with NVQs because he had been able to pursue as career he was totally committed to and felt that

he had developed and proven his academic ability once on the programme. He also had strong feelings about widening participation policies relating to entry standards as he thought that commitment to caring and nursing was more important than academic qualifications. Students who had A level qualifications and had recently left school felt well prepared for the programme in terms of academic skills however some of them felt less confident in clinical practice and their communication skills at the beginning of the programme. Military students had mostly undertaken A levels in order to gain entry to the programme however the average age at entry was slightly higher than 18 years (23 years) because of the lengthy application process. This meant that all students had obtained some work experience before starting the programme. Most of these students said that their entry qualification had prepared them well for studying at university although some said that the academic writing skills were slightly different than those required for A levels.

Lecturers considered entry qualifications to be an important influence on student success with most also emphasising the importance of selecting applicants with the '*right attributes*' too. Jane noted: '*The challenge will be to get students with the right grades with the right attributes too. Just because you can write a good essay it doesn't make you a good nurse*' (Jane, Course Director: Case 1)*. Most lecturers viewed the interview process as the opportunity to assess the applicant's attributes and did this '*using intuition*' rather than a formal process. Some lecturers pointed out that due to the high numbers of places, they were '*selecting people who will successfully complete the course and be suitable for nursing*' (Andy, lecturer: Case 2) rather than '*cherry-picking*' the very best possible applicants. Lecturers agreed that the NVQ did not adequately prepare students for the programme in relation to their academic skills or knowledge base and students with a good range of GCSEs and A levels were better prepared for a university programme because they had already experienced a rigorous process of learning and assessment that would be similar to the programme. Military lecturers considered entry qualifications to have an important influence on student success and credited the Services' rigorous selection processes with ensuring that the best applicants were on the programme. They also felt that they could '*cherry pick*' (Dave, lecturer: case 3) students due to the '*high number of outstanding applicants* (Kim, Course Director: Case 3).

Care experience:

Students had mixed views about the value of pre-programme care experience. Katie and Daniel (both Case 1) had decided not to undertake any care experience because they '*knew*' that nursing was what they wanted to do, but other students said that they wanted to get some experience to '*make sure it was the right choice*'. However, most of the students had already been employed in care roles of some description e.g. auxiliaries or HCAs. These students valued their care experience and observed that it had given them increased confidence during the selection interview and when on placement: '*It definitely made a difference. In terms of nursing patients you can relate to them more because you have experience about how they might be feeling and you already feel confident with patients'* (Clare: Case 1). Students with care experience also considered this to be very useful in terms of making the right career choice and for gaining confidence in clinical skills prior to starting the programme. Students who had not had previous care experience found the first clinical placement stressful because they were unfamiliar with the routine and the clinical environment. Evie described her first placement on the course as '*terrifying*' (Evie: Case 2). Laura (Case 3) remembered being mentally unprepared for the severity of patients' illnesses during her first placement on an acute respiratory ward. Although her previous job had helped in terms of communication skills she was still '*shocked*' at seeing very sick patients. Sophie (Case 3) also expressed '*shock*' at the workload and '*heaviness*' of her first medical ward. Despite the shock factor, students still enjoyed their first placement and it confirmed their choice of career and motivated them to learn.

Lecturers considered previous care experience to be very helpful for students in making the right career choice and to increase their confidence in practice. The selection policies for each of these cases preferred students who had care experience although this was not essential. However, some lecturers noted that students who had previously been HCAs or auxiliaries for a long time sometimes had '*bad habits', 'certain attitudes'* and could be '*closed minded'* to change.

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Summary: Experiencing helpful learning opportunities

Factors relating to the organisation were considered by students and lecturers to be important but not as important as other factors (Themes 1-5). Students and lecturers identified some issues relating to the school as an organisation, the style of teaching and learning in the school, the curriculum and pre-programme experience which contributed to student success. Students valued a learning environment that was friendly, supportive and that encouraged high achievement. The diverse culture of the school in Cases 2/3 did not appear to affect student success per se, however students did consider exposure to cultural diversity helpful in terms of becoming better informed about religions and cultures which was useful in nursing. All students valued the interactive nature of EBL as long as the group dynamics were positive and simulated practice sessions. Students and lecturers thought that Advanced GCE qualifications (grades A-C) were good preparation for the programme especially for those who had studied biology and health subjects. Students who had studied immediately before the programme started were more confident about their academic skills than those who had been out of education for a number of years. Mature students who had completed Access to Higher Education and NVQ courses were less confident about their academic skills and ability. Those that had undertaken care experience before the programme found this useful especially when on placement as they were more confident and able to perform some skills compared to those students who had no previous care experience.

5.6 Summary

Success was defined by students in all three cases as 'being a good student' and 'being a good nurse', with further sub-themes relating to: achieving good marks, having self-confidence, performing well in clinical practice and having future ambitions. Whilst there were some differences in findings across cases, six distinct but inter-connected themes were identified as most significant in contributing to student success. The cross-case themes were ranked according to the majority of students in all three cases:

1. Being highly motivated
2. Having a mature attitude towards learning
3. Being determined
4. Receiving and using support
5. Receiving and using feedback
6. Experiencing helpful learning opportunities

Following further analysis of these six themes and their inter-relationships three main themes were identified as follows:

Motivation	Engagement with learning	Student support
Being highly motivated	Having a mature attitude towards learning	Receiving and using support
Being determined	Receiving and using feedback	Experiencing helpful learning opportunities
Receiving and using feedback	Experiencing helpful learning opportunities	Having a mature attitude towards learning

Figure 18: Cross-case themes contributing to student success.

Chapter 6

Discussion and Limitations

The aim of this study was identify and explain the factors and their inter-relationships that contribute to student success in pre-registration nurse education from the perspectives of high-achieving students and lecturers. This study has revealed further knowledge about: the concept of student nurse success, the process of becoming a successful nursing student, and the factors that contribute to success on a pre-registration nursing programme. In the absence of any previous research studies that have directly examined student nurse success from the perspectives of students and lecturers, the findings of this study are discussed in relation to findings from previous research relating to student progression, programme completion and attrition.

The first two sections of this discussion examine how findings about the concept of student nurse success and the process of becoming a successful nursing student compare to existing understanding and knowledge. The third and main section of this discussion addresses the three key themes and their inter-relationships that contribute to student nurse success. Finally, the limitations of this study are discussed in Section 7.6.

6.1 The concept of student nurse success

The findings of this study support the view that student success in pre-registration nursing education is a complex concept (Glossop 2001, Urwin et al 2010). Success has been defined in previous literature in different ways, mostly in terms of student success outcomes such as: programme completion, graduation, final exam success (NCLEX-RN success, USA), academic performance and clinical performance (Pitt et al 2012). With pressures to meet an ever-increasing global demand for more highly skilled nurses, recent research has predominantly focussed on identifying factors that predict student nurse success with the aim of reducing student attrition, promoting programme completion on time and promoting the number of newly qualified nurses (Jeffreys 2007, Uyehara et al 2007,

McLaughlin et al 2008 and 2010, Mulholland et al 2008, Pryjmachuk et al 2009, Salamonson et al 2012). Reducing the numbers of student nurses who leave their programme is crucial as the cost to the taxpayer in the UK has been estimated at £99 million (Prymachuk et al 2008, Waters 2008). Accordingly, these studies have employed quantitative approaches and programme completion as a convenient and practical way to define the outcome measure student success. In this sense, student success is considered to be the successful completion of the programme in a timely manner and student failure as the non-completion of a programme or the delayed completion of a programme. Other studies have examined student nurse success in terms of academic performance as measured by course marks or results in final examinations (van Rooyen et al 2006, McCarey et al 2007, Newton et al 2007, Donaldson et al 2010, Freitas and Leonard 2011). Very few studies have considered student success in terms of clinical performance (Cheung and Au 2011) although others have explored students' perceptions of their clinical performance (Chapman and Orb 2000, Chessner-Smyth 2005) and factors that students' perceive to impact on their learning during clinical placements (Stott 2007, Rochford et al 2009). In a study exploring the factors that contribute to student success on an Enrolled Nurse Conversion Course, Dearnley and Matthew (2007: 378) offered a different outcome measure of student success: 'the development of the skills, knowledge and motivation required for independent learning and autonomous professional practice', introducing the idea of professional development and life-long learning.

Within the broader context of Higher Education in the UK, the Quality Assurance Agency for Higher Education (QAA) has indicated the level of intellectual skill that defines a successful student outcome. Graduates are expected to understand a complex body of knowledge relating to their discipline, have evaluative and problem-solving skills, and to be able to communicate effectively (QAA 2011). Adding to this expectation, Parker (2002) emphasised the importance of students' engagement with the processes of knowledge production as well as skill acquisition. Research into student success in higher education has usually referred to 'programme completion' for the purposes of statistical analysis and reporting, however it could be argued student success can also refer to the completion of part of a programme with appropriate accreditation even if the student then withdraws from Higher Education (Jones 2008). Quinn et al (2005) found that students who had

withdrawn early often viewed the experience positively. Therefore, student success may encompass more than retention and completion and includes the extent to which the experience brought positive benefits although this is more difficult to quantify (Jones 2008).

The concept of student success on a pre-registration nursing programme from the perspectives of students and lecturers has not been explored in previous research as identified in the literature review (Chapter 2). The findings of this study suggest that the concept of student success is complex with some aspects of success considered by students to be more important than others. Student success was characterised by four main themes: 1) performing well in clinical practice, 2) achieving good marks and a 2:1 or first degree classification, 3) being self-confident, and 4) being employed in a desired nursing speciality or role.

6.1.1 Performing well in clinical practice

The NMC (2010a) requires all pre-registration programmes to have a balance of learning and assessment in the ratio of 50% theory and 50% practice to ensure satisfactory achievement in theory and practice in equal proportions. Despite the balance of theory and practice within curricula, the findings from this study highlight that students perceive their performance in clinical practice as the more important component of student success. Traditionally, clinical performance on pre-registration nursing programmes has been and continues to be determined by the assessment of competence (NMC 2010a). This is demonstrated in terms of the students' professional attributes, skills and applied knowledge (Tilley 2008). However, this study has noted that students judge their performance in clinical practice as not only meeting the programme criteria as outlined in their assessment of practice documentation but also by formative feedback from mentors, other clinical staff and patients. Students consider themselves to be successful when they have passed the summative assessment at first attempt *and* received favourable comments from their mentor, other clinical staff and patients.

According to students, success in clinical practice equates to more than just being a nurse, it equates to being a *good* nurse. Students and lecturers identified that being a 'good'

nurse involved: having effective interpersonal and communication skills, having a caring attitude towards patients, paying attention to detail, getting the work done efficiently, fitting into the team and generally providing a high standard of care to patients. These findings are similar to those by Coulon et al (1996) in a qualitative study relating to the pursuit of excellence in nursing care from the perspectives of student nurses and qualified nurses based in Australia and a study by Rush and Cook (2006) which used focus groups to examine the views of service users, carers, nurses, lecturers and student nurses located in the Midlands, UK. This study has shown that students perceive success to be more than just achieving a minimal pass mark for programme learning outcomes and that the grading of clinical performance is vitally important to students. Feedback on their performance is crucial to their perception of personal and professional development despite the challenges of assessing performance in clinical practice reliably. Becoming a good nurse was at the core of being successful on the programme for students in this study. Students accounted for this goal by referring to the NMC code (2008a) and the rights of patients to receive high quality nursing care from the NHS. Students and lecturers suggested that further work on developing reliable methods of assessing performance in clinical practice should be undertaken as a priority. In a quantitative study of 52 universities in the UK, Hunt et al (2012) demonstrated that very few students failed clinical practice and that practical assessment was not always recognised by universities as an important element of the programme.

The findings of this study also suggest that some lecturers believe that some students perform well in academic work but less well in clinical practice due to a lack of interpersonal skills and practical ability. The analysis of cohort marks (577 students in total) to identify participants for this study does not support this view as only one student in the top twelve of each of the three student cohorts in this study was excluded due to failure at first attempt in practice. However, across the three cases very few students in the cohorts failed assessment of clinical practice which may reflect clinical mentors' reluctance to fail students in clinical practice (Duffy 2003, Hunt et al 2012). Conversely, students identified peers who excelled in clinical practice but who had failed to achieve high marks in academic assignments. High-achieving students in this study attributed this poorer academic performance of their peers to weak academic skills and/or a lack of time to study

due to commitments such as family and paid work, and they felt some empathy towards these students as these circumstances were largely out of the student's control. The significance of being able to control factors affecting learning is discussed further in Section 6.3.1.

6.1.2. Achieving good marks and a 2:1 or first degree classification

Academic performance usually refers to achievement in the theoretical academic components of a pre-registration nursing programme and previous studies have measured this in individual courses (Salamonson and Andrew 2009), grouped courses (van Rooyen et al 2006), yearly GPA (Donaldson et al 2010, programme GPA (McCarey et al 2007) and NCLEX-RN success (Uyehara et al 2007). The findings of this study support the concept of academic performance as measured by continuous programme marks and final degree classification. Interestingly, diploma students considered programme classification as equally important as degree students although only one HEI offered a classified award for diploma students. Diploma students wanted recognition of their effort and performance, and therefore wanted a classified award. Students did not equate success with only passing assignments or completing the programme although this was considered essential. Instead, students and lecturers considered academic success to be more about personal achievement and progression and achieving beyond their expectations in terms of improving marks and award classification. In this sense, student success included an element of 'value added' learning.

6.1.3 Being self-confident

There is minimal literature related to the development of self-confidence in pre-registration nursing students particularly in relation to student success. Dearnley and Matthew (2007) identified that student confidence and self-esteem increased during a 2-year Enrolled Nurse Conversion programme which in turn motivated students' passion for learning and nursing. Self-confidence was identified as an essential element of student success and becoming professional, and was associated with: changed ways of knowing (Belensky et al 1986), changing personal perspectives and professional development (Dearnley and Matthew 2007). The findings of this study support the notion of self-confidence as a component of student success on a pre-registration nursing programme

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and according to both students and lecturers success was partly achieved when the student was confident in clinical practice and in the classroom-based learning environment. For students, being self-confident involved being in control of their own learning; being proactive in using learning resources; asking questions; seeking clarification; taking initiative; problem-solving; challenging peers/lecturers/clinical staff; being assertive; being able to communicate with all levels of staff including consultants; anticipating needs; seeking constructive criticism and understanding the 'bigger picture' in terms of becoming a professional and an independent life-long learner.

6.1.4 Being employed in a desired nursing speciality or role

The findings of this study suggest that students perceive the ultimate measure of student success as securing employment in their desired nursing speciality or role. This study found that high-achieving students identify their ideal job during clinical placement experiences and plan towards gaining further experience in this area to enhance their chances of future employment in a desired speciality or role. Most students considered themselves successful towards the end of their training if they had achieved employment in desired speciality but others had a longer term plan of achieving employment in a specialist nurse role.

6.1.5 Summary – the concept of student nurse success

Success was viewed as synonymous with a higher level of performance than simply passing assessments; a standard that was set by the individual student and their peer group. The findings of this study suggest that the concept of student success is complex with some aspects of success considered by students to be more important than others. Student success was characterised by four main themes: 1) performing well in clinical practice, 2) achieving good marks and a 2:1 or first degree classification, 3) being self-confident, and 4) being employed in a desired nursing speciality or role. This is summarised in Figure 19.
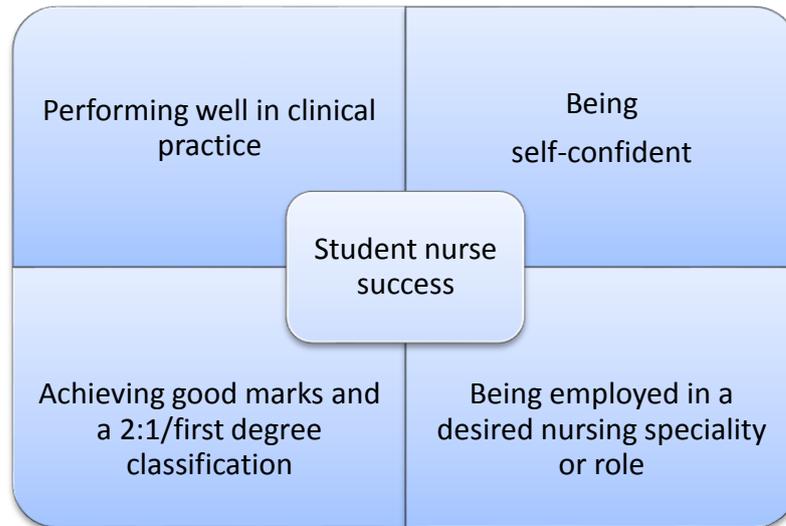
Figure 19: The concept of student success in pre-registration nurse education

6.2 The process of becoming a successful student

Most previous research acknowledges that the process of becoming a successful student nurse is multi-factorial involving a combination of innate student ability and educational experiences (Hinsliff-Smith et al 2012, Pitt et al 2012, Wray et al 2012). The findings of this study suggest that success is complex and that becoming successful is a process that occurs during the programme, not an event. In addition, most students are not aware that they are successful. The process of becoming a successful student is not solely dependent on innate student ability such as pre-entry qualifications but that educational and other experiences also contribute to student success. As such, these findings suggest that student nurse success may be promoted by certain educational experiences and strategies. The students in this study have illuminated the detail of their unique journeys towards becoming a successful student and the factors that promoted this process. Lecturers' perceptions of how students become successful on the programme offer further insight into our understanding of this process.

On the basis of previous research findings, it could be argued that some students may be more likely to be successful on a pre-registration nursing programme than others because of their personal characteristics and pre-entry qualifications (Pryjmachuk et al 2008, Pitt et

al 2012). For example, there appears to be some evidence that older age students and those with higher entry qualifications are more likely to successfully complete a pre-registration nursing programme (Pryjmachuk et al 2008, Pitt et al 2012). On this basis, some authors have recommended that recruitment strategies should be targeted at applicants with these characteristics (Pryjmachuk 2008). However, within the context of recruiting to high numbers of commissioned nursing places and increasing workforce demands, identifying and selecting the ideal prospective student for pre-registration nursing programmes remains a challenging goal especially in the context of widening participation (DH 2006, Timer and Clauson 2011). In addition, despite a range of pre-entry factors being linked with performance, progression and completion rates including: age (approximately >21 years), higher entry qualifications, personality (high self-efficacy), gender (female), employment (<16 hours per week), critical thinking skills and English as a first language, it has been acknowledged that no single factor or combination of factors guarantees either student success or failure (Pitt et al 2012, Pryjmachuk et al 2008).

The average age of high-achieving students in this study was 28 years and ranged between 19-46 years. It is possible that older age is associated with other factors such as self-efficacy, confidence, commitment and motivation which are discussed further in Section 6.3. Other than age, the profiles of students in this study were considerably varied including a wide range of entry qualifications and care experience, and a mixture of both male and female students. According to student and lecturers, positive educational experiences, particularly student support and challenge, were important in enabling and facilitating students to be successful however they were more important to students with lower pre-entry qualifications than those with the highest entry qualifications. Regardless of their entry profile, most students in this study did not consider themselves to be successful student nurses until Year 3 of the programme regardless of previous educational achievements or academic marks on the programme. Some military students were the exception to this view as they were very self-confident and considered themselves successful from a very early stage in the programme. Success during Year 3 was associated with acquired self-confidence and personal satisfaction with academic performance and clinical performance. Students reflected on their personal journey of gradual professional development throughout the programme but did not consider themselves to be successful

students until they perceived themselves to be performing well in clinical practice, achieving consistently high marks in academic work, and being self-confident which occurred during the final year of the programme. In keeping with the findings of Dearnley and Matthews (2007), this study suggests that student success is developed slowly over time through the processes of critical reflection on personal and professional development. Educational experiences during Years 1 and 2 appear to be particularly important in enabling and facilitating student success.

6.3 Factors that contribute to student success

The findings of this study support the view that multiple inter-related factors contribute to student success (Freitas and Leonard 2011). This section discusses the three main themes that were found to contribute to student success on a pre-registration nursing programme: motivation, engagement with learning and effective support. Each theme discusses the contribution of students' innate attributes and the influence of educational experiences/the learning environment in relation to student success.

6.3.1 Motivation

The high-achieving students in this study considered motivation to be the most important factor contributing to their success on the programme. Motivation can be defined as 'the driving force within individuals that influences their choices of behaviour in performing tasks to achieve desired goals or expectations' (Joshua-Amadi 2002:17). Most definitions would agree that the concept of motivation is at the heart of an individual's incentive to act or not to act (Locke and Latham 2004) and is influenced by physiological, behavioural, cognitive, and social factors (Ryan and Deci 2000). Intrinsic motivation refers to motivation that is driven by an interest or enjoyment in the task itself and exists within the individual rather than relying on outside pressures or a desire for reward. Individuals that have that intrinsic motivation have more interest, excitement and confidence, and are more likely to perform well and persist and have higher self-esteem (Ryan and Deci 2000). Extrinsic motivation refers to the performance of an activity in order to attain an outcome, whether or not that activity is also intrinsically motivated. Extrinsic motivation comes from outside

of the individual and usually involves rewards such as money, grades or a prize for showing the desired behaviour, and sometimes the threat of punishment or failure for poor behaviour or performance (Ryan and Deci 2000). Ryan and Deci (2000) also identified that motivation involves self-determinative choice, personal power and autonomy.

Within the field of nursing, students that are intrinsically motivated students consider learning as an opportunity to satisfy their own curiosity, interests and values, and a desire for professional knowledge whereas students motivated by extrinsic factors strive to please others or because they will receive a reward such as earning money once qualified (Bengtsson & Ohlsson 2010). Students may be motivated by a combination of intrinsic and extrinsic factors (Gambino 2010, Rose 2011).

Intrinsic motivation:

All the students in this study were motivated most significantly by their primary ambition to become a good nurse and to obtain a good degree classification. This supports previous studies that have also established a clear link between intrinsic student motivation and programme completion in nursing (McLaughlin et al 2008, Nilsson and Warren Stomberg 2008, Spouse 2000, Rose 2011, Salamonson et al 2012). Consistent with previous literature, students in this study gave mainly altruistic reasons for wanting to be a good nurse: to give patients a good standard of care (Beck 2000) and to make a difference to patients' lives (McLaughlin et al 2008) and wider healthcare provision. Further, this study found that whilst nearly all of these high-achieving students had chosen a career in nursing from a young age most had not pursued this ambition until later in life for various reasons, with most engaged in other employment or further educational study before entering nurse education, a trend also identified by Auerbach et al (2007). For some students dissatisfaction with a previous career was the motivational factor to pursue nursing and to become successful as reported by Land (1994). Although the profiles of students in this study were considerably varied with the exception of age, the one student attribute that was common to all students was their high level of intrinsic motivation as reported by students during interviews. Students described their excitement, enjoyment, confidence, persistence and desire to learn and to become a professional nurse. The students in this study ranked their motivation as the most significant factor contributing to their success.

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These findings are consistent with research into American college students (Mitchell 1992) who found that high intrinsic motivation levels were linked with student self–efficacy and programme engagement. In nurse education, McLaughlin et al (2008) found that students with higher self-efficacy beliefs were more likely to complete a pre-registration nursing programme. Bandura (1977:3) used the term 'self-efficacy' to describe people's own judgements of their ability to achieve a certain level of performance. Self-efficacy refers to the confidence that an individual person has in their own ability to do things and it influences an individual's choices, their motivation and their perseverance when things get difficult. Self-efficacy theory asserts that actual performance is predicted by the individual's belief in their own personal competence and is a strong predictor of performance and commitment to the task (Bandura 1977). Although levels of self-efficacy were not measured in this study, all students reported that were motivated throughout their programme and gained higher levels of self-confidence as they progressed in Years 2 and 3. Military students were different in this respect as they described having moderate to high levels of self-confidence at the beginning of the programme but also acknowledged that this had been developed further during the programme. This may have been linked to their higher entry qualifications and previous positive experiences of success in education and other life events. McCarey et al (2007) found that students with higher academic qualifications performed better proposing that these students were able to utilise previous skills. High achieving students in this study displayed independent learning characteristics which developed further during the programme. Students developed strategies for engaging in self-directed study, were highly determined and highly motivated. Students in this study that had undertaken A levels or an Access to Higher Education course believed that their pre-entry educational experience had helped them to cope with the demands of Higher Education by encouraging them to develop independent learning skills whilst students with GCSEs and NVQ qualifications did not feel prepared.

Newton et al (2009) noted a correlation between high levels of student intrinsic motivation with successful outcomes in coping with the demands of a nursing programme. The students in this study had overcome personal and programme related difficulties but had nevertheless become high-achievers on the programme. Students attributed this ability to

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cope so effectively with difficulties to their life skills which included being able to 'see the bigger picture' i.e. having a realistic perspective of problems and how to solve them. These findings provide further support to previous research demonstrating that intrinsically motivated students are more likely to overcome academic challenges, have stronger academic self-concept, express more creativity and exhibit higher academic performance (Mitchell 1992, Deci et al 1994). Furthermore the findings of this study suggest that students with high levels of intrinsic motivation are also able to effectively manage, often independently, personal difficulties and challenges faced in clinical practice such as a reluctant mentor or staffing shortages. Students in this study explained how life experiences had helped them to cope effectively with the demands of the programme in terms of academic study and clinical placements, and with personal responsibilities. Many of the students had previous experience of this balancing act during their studies to gain entry to the programme. In particular, students described having to manage the competing demands of the programme, financial issues and family commitments. Trotter and Cove (2005) also identified the difficulties of balancing studies with other life commitments: juggling work/home life. Older students have been positively linked with student success in a number of studies (Salamonson and Andrew 2006, van Rooyen et al 2006, Mulholland et al 2008, Donaldson et al 2010) and younger students linked with higher rates of attrition (Pryjmachuk et al 2009), however a lack of consistency in defining age across studies has made comparisons across studies difficult (Dante et al 2009). The findings of this study support the explanation that older students may be more successful because they have given more thought to their career choice and/or that they are grateful for an opportunity (a second opportunity in some cases) to enter higher education via a non-traditional route on a funded programme leading to a professional qualification and employment. Older students gave accounts of time invested in researching a nursing career, obtaining the entry qualifications and the personal investments and sacrifices that had already been made prior to starting the programme. These students had already identified the need to be highly organised in order to manage the demands of academic study and home life, and had acquired and honed these skills prior to starting their nursing programme.

This mature attitude to managing problems was linked with a determination to succeed regardless of obstacles. Students associated their determination to do well on the

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programme with their intrinsic motivation to become a good nurse and obtain a good degree classification. The students had an internal drive to work hard and achieve their best regardless of the performance of other students or the pass mark of the programme. This determination appeared to stem from the students' personal desire to be successful however students found it difficult to articulate the origins of their intrinsic motivation other than the desire to be a good nurse describing their ambition as 'instinctive'. A possible explanation is the concept of self-determination which contributes to intrinsic motivation. Self-determination theory (SDT) focuses on the degree to which an individual's behaviour is self-motivated and self-determined (Ryan and Deci 2000). SDT proposes that people have three innate psychological needs: the need to be competent, the need to feel related, and the need to feel autonomous (Ryan and Deci 2000). The need to be competent refers to having control of the outcome and mastery of the subject; the need to feel related refers to the desire to interact with others/be connected/experience caring for others, and autonomy refers to the need to act within one's own beliefs and values (Ryan and Deci 2000). These needs may underpin the intrinsic motivation of the students in this study who wanted to: achieve their own high standards of performance, actively engage with staff, peers, and clinical staff, care for patients and pursue a career that they respected and valued. Students gained personal satisfaction and enjoyed knowing that the care they gave affected others positively. Consistent with the findings of Bolam and Dodgson (2003), some students experienced a negative aspect of their high levels of intrinsic motivation in terms of the pressure they placed on themselves including the fear of failing an assignment, the fear of not performing as well as they wanted to, and their initial concern about lack of academic skills especially at the beginning of the programme.

Previous studies have linked a high internal locus of control in students with programme persistence, better performance and self-regulated learning strategies (Drew and Watkins 1998, Wood et al 2009), increased student autonomy, accountability and better adjustment to academic environment (Mooney et al 1991). Locus of control has been defined as the degree to which individuals perceive themselves as having control over outcomes (Rotter 1966 cited in Ofori and Charlton 2002) i.e. that outcomes are dependent one's own behaviour and personal characteristics, and is related to self-efficacy and intrinsic motivation. There are two types of control beliefs: internal and external, which are

not mutually exclusive. Stronger internal control beliefs are usually associated with mature students (Brown 1993) however mature students have more conservative views about self-efficacy possibly due to negative past experiences of school education or failure. The findings of this study suggest that high-achieving students have high expectations and are more independent learners with lower support seeking behaviour as found by Ofori and Charlton (2002). Whilst not all students were mature in age, they all had a mature attitude towards learning. For example, students in this study were pro-active in seeking information and resources as they were needed and also took responsibility for their own learning and performance. The findings of this study would suggest that these students had a perceived high level of internal locus of control as students felt that their effort was directly responsible for their level of performance. These findings are congruent with the limited nursing research in relation to the impact of locus of control on performance which suggested that students with a perceived high locus of control are more empowered, adaptable, assertive, independent, responsible for their own learning, autonomous (Dawson 1994, Peter 2005, Wood et al 2009). The ability to feel in control and accept personal responsibility for one's own actions has been linked with the development of nursing professionalism and academic success (Dawson 1994, Colucciello 2000). This may have implications for students with stronger external locus of control and the development of teaching and learning strategies that encourage personal responsibility and independence (discussed further in Chapter 7: Recommendations).

Students and lecturers identified that increased effort by the student facilitated student success. Vroom's expectancy theory (VET) (Vroom 1964) proposed that students can overcome obstacles such as negative perceptions of previous academic achievement and school experiences by being motivated to increase their effort. This theory suggests that students will increase the amount of effort they apply to learning if they perceive the goal to be achievable (expectancy) and attractive (valence). Therefore students who perceive the programme demands to be achievable and attractive will put in more effort (be more motivated) to achieve a positive outcome and to overcome previous negative experiences of learning. Valence and expectancy have cognitive and social dimensions which are linked with Social Cognitive Theory (SCT) or Social Learning Theory as it was previously known (Bandura 1989). SCT explains why people behave the way that they do; social cognitive

career theory (SCCT) developed this further to include the concept of persistence which can be defined as the perseverance, diligence and determination to complete a career directed goal over time (Gyurko et al 2011). Bandura's (1989) social cognitive theory focuses on the role of motivation and self-regulatory factors of learning. He postulated that people acquire behaviour through observing others and that they imitate what they have observed by paying attention to the features of modelled behaviour, remembering activities that she or he wishes to model, reproducing these behaviours and having motivation to reproduce these behaviours in the future. SCT acknowledges that learning and performance is influenced by the dynamic interaction of personal factors (beliefs, expectations, attitudes, and prior knowledge), behaviours (individual actions, choices and verbal statements), and the social and physical environment (resources, consequences of actions, other people and physical settings. This complex interaction of factors may explain why some students in this study performed well regardless of their lower pre-entry qualifications. Sternberg (1997) suggested that the most academically intelligent are not always the most successful. In addition, Sternberg and Grigorenko (2000) indicated that practical intelligence can grow throughout life (experiential learning) whereas academic intelligence declines slowly from early adulthood. This is particularly relevant for students with modest entry qualifications and/or second chance in education following a period of employment or care responsibility. These students may have a fairly fragile self-belief regarding their capacity to succeed in their studies. They need encouragement and support from staff to succeed particularly in Year 1 and 2.

Extrinsic motivation:

This study found that most students were also motivated by external factors such as wanting to make their family and/or partner proud of their success. Rognstad et al (2004) who surveyed Norwegian nursing students suggested that changes in society values have led to students being more motivated by personal development and self-interest. The finding of this study support this view and add to this by identifying the importance to students of entering a secure and meaningful career with a salary that would enable them to support their family. This is possibly linked to the current period of recession and austerity in the UK. This connects with a study by Gambino (2010) who also identified that nursing students may have extrinsic motivators for wanting a career in nursing other than

to be an 'ordinary' staff nurse. High-achieving students were also focussed on specific future careers ambitions such as working in a particular clinical speciality or clinical role however these extrinsic factors had developed during the programme as the result of specific placements and experiences rather than as reasons for choosing nursing as a career. Military students, particularly male students, were motivated by the wider opportunities that the Armed Services had to offer including delivering nursing care in different types of settings worldwide and non-nursing opportunities such as travel, sport and deployment. Student determination appeared to stem from the students personal desire to be successful but also from their upbringing and expectations of their parents. The military students had an added expectation to be successful imposed by their employer via military staff. Although motivated by extrinsic factors these were deemed by the students to be secondary to their personal ambition to be a good nurse and to achieve a good classification.

To summarise, high-achieving students in this study were highly motivated to become a good nurse and to achieve a 2:1 or First degree classification. Individuals with high levels of intrinsic motivation have more confidence and higher self-esteem, and are more likely to performance well and persist on the programme (Ryan and Deci 2000). Motivation helped students to cope with the demands of the programme and the challenges posed by family life. Self-Determination Theory (Ryan and Deci 2000) may explain why these students were so determined to do well on their programme of study.

6.3.2 Engaging with learning

Students ranked their independence, ability to learn, to manage the demands of the programme and to adapt to difficulties as the second most important factor enabling student success. This mature attitude towards learning was recognised as vital to success by students and lecturers. Students who had previous work experience or who were slightly older tended to have a more mature attitude towards learning. Successful students were independent learners who developed effective strategies for getting the most out of learning opportunities even when the learning opportunities were less than ideal. Being independent as a learner involved being organised, taking responsibility of their own

learning and having confidence to engage with peers, lecturers, patients and clinical staff. Students developed effective strategies in order to learn such as pro-actively using resources, arriving early to sit at the front of lectures, preparing for placements, engaging their mentors, going the extra mile with reading, and being fully engaged with all aspects of the programme. The students in this study had very high attendance rates and perceived non-attendance as detrimental to their learning. Lecturers, particularly Course Directors, also confirmed that successful students had almost full attendance records. Non-attendance is associated with poorer performance and is a significant predictor of poor performance on a diploma programme (McCarey et al 2007).

In relation to students in higher education, Parker (2002) emphasised the importance of students' engagement with the processes of learning and producing new knowledge as well as skill acquisition. High-achieving students in this study were intrinsically motivated to learn about nursing and were highly engaged in all aspects of the programme which is consistent with Mitchell (1992) who also found that high intrinsic motivation levels were linked with programme engagement in college students in the USA. High-achieving students in this study were pro-active in accessing, reading and understanding information well beyond the requirements of the programme. These students were also very independent as learners particularly from Year 2 onwards and highlighted their preference for interactive learning sessions that they perceived to be directly relevant to their role as a nurse and clinical practice.

Adult learning theory suggests that adult learners are self-motivated i.e. they learn because they want to, whereas children are more likely to be motivated to learn through both intrinsic and extrinsic factors depending on the subject (Knowles 1990). The offer of rewards may not be beneficial and is associated with task-orientated learning rather than deep-learning (Knowles et al 2005). It has been suggested that recognising adult learners' values, respecting their opinions and being concerned may increase learner's self-esteem and sense of belonging. Adult learners have special characteristics which impact on learning and teaching strategies (Knowles et al 2005). The term 'andragogy' was first introduced by the educational theorist Malcolm Knowles, who defined it as the 'the art and science of helping adults learn' (Knowles 1990) although his more recent work

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acknowledges that the philosophy and assumptions underpinning andragogy may apply to individuals of various ages in different circumstances. Although nursing students are classed as adults learners, characterised by Knowles et al (2005) as independent and self-directed learners, students may revert back to their pedagogical roots of passive dependency and expect 'spoon feeding' from the teacher and this may become an obstacle to these students developing life-long learning skills. Learner-centred approaches to teaching and learning such as Enquiry-Based Learning (EBL), Problem-Based Learning (PBL), simulated skills sessions and portfolio building, encourage students to access information for themselves, organise information, understand information and discuss new learning. The findings of this study suggest that high-achieving students have the characteristics of an adult learner and were motivated by interactive teaching methods, the enthusiasm of the lecturer and the relevance of the subject. Teaching approaches such as EBL were daunting initially but became less stressful as the programme progressed and students gained self-confidence. These students recognised the need to learn both academic and clinical skills in order to enhance their independent learning on the programme and qualify as a 'good' nurse. Students with weaker academic skills pro-actively found resources (library, personal adviser, peers) to help them improve their skills and become more independent. Students found interactive sessions more useful and enjoyable particularly in Year 2 and 3 of the programme when they had accrued some experience in clinical practice. Lectures and other pedagogical approaches to teaching were valued especially in Year 1 but only if they were supplemented with more interactive sessions or delivered by clinical specialists. Students rapidly became disinterested with sessions that were deemed irrelevant to nursing and this was considered de-motivating for the students in this study. Students particularly disliked large lecture theatres as too much uncontrolled noise caused by chatting and late arrivers and the lack of interactive learning was deemed detrimental to learning. These learning preferences are congruent with adult learning theory (Knowles 1990) and consistent with those of Ofori and Charlton (2002) who found that the educational context affects the quality of student nurse learning and subsequent performance. Gibbs et al (1997) also found that large class sizes negatively affected student performance, and Raimondo et al (1990) established that large classroom sizes negatively affected student-teacher interactions and class discussions. Lecture formats retard the

development of higher level cognitive skills including deep approaches to learning (Gibbs et al 1997).

The findings of this study support the work of Pascarella and Terenzini (1991:57) in the USA who suggested that the institution (college) is an 'active force' operating on students with teaching styles and approaches influence student learning. Students in this study preferred interactive learning to didactic teaching. High-achieving students arrived early for lessons to sit at the front of the class, enjoyed asking questions, wanted to answer questions and contribute to stimulating discussions using their previous knowledge and experiences. The desire to contribute to classroom discussions was particularly evident in military students who viewed this as an expectation from military staff and as beneficial to their professional development. Knowles (1990) proposed that adult learners bring with them a wealth of experiential learning that can be used to promote new learning and that peer to peer learning is more powerful than learning from a teacher alone. High-achieving students in this study actively shared their experience and knowledge with peers and did not feel in competition with them. These students particularly valued simulated practice learning because it encouraged the student to prioritise, work in a team and develop problem-solving skills in a given situation although this was stressful at times. Students found this type of learning to be useful in Year 2 and 3 as it was directly related to skills needed in clinical practice and helped to bring knowledge, skills and professional judgement together in a relatively safe environment.

Student motivation to succeed was increased during the programme by positive feedback from lecturers and clinical staff, particularly mentors. Most students, particularly mature students, reported low self-confidence during Year 1 of the programme and expressed surprise at achieving marks and feedback above their expectations. Doing better than expected had a motivational effect on students; it encouraged them to work harder and to do even better next time. Students progressively became more pro-active and independent at using feedback and support from their personal tutor. Students especially appreciated feedback from mentors in clinical practice as this provided information about the standard of their clinical performance and progression as a student nurse. Students actively sought feedback from markers and mentors if none was provided. Students valued all feedback

including constructive criticism. These findings are consistent with those of Dearnley and Matthew (2007) who found that success drove success: as students changed their epistemological positions, self-esteem and confidence increased and drove the motivation to continue the learning process. This motivational cycle consisted of the process of reflecting, connecting, confidence building, challenging and esteem building.

Atkinson's (1957, 1964) theory of achievement motivation may help to explain why some students have a greater ability to succeed. Achievement motivation is defined as the individual differences in achievement based on the resultant of the motive to achieve success, less the motive to avoid failure (Atkinson 1957, 1964). It is the disposition to strive for success in situations where an individual's performance is evaluated by self or others and by some standard of excellence. This disposition to strive for success is influenced by the individual's achievement-orientated behaviour which is determined by several factors: 1) need to succeed being greater than the need to avoid failure; 2) expectancy of success; and 3) incentive value (degree of intrinsic task difficulty or challenge) of success (Atkinson 1964). Key variables are personality structure and motivation. In achievement-orientated situations there is an expectancy that actions will lead to success: achievement orientated activity. The strength of the individual's tendency to achieve success is based on the combined functions of the motive to achieve, expectancy, and incentive value of success. Personal satisfaction is gained from their ability to achieve. The impact of course structure, teaching and assessment strategies on motivational beliefs and achievement emotions over time suggests that even students with high entry qualifications are not immune to the effects of negative achievement emotions (Artino et al 2010).

Marks and formative feedback were motivational for students in this study. Students learned to interpret feedback and act on advice given by markers and clinical staff. The successful students in this study actively sought feedback when none was provided. Examples of this were: asking for testimonials from clinical staff following elective or spoke placements, approaching clinical staff other than mentors, and discussing feedback with personal advisers. Receiving no feedback was considered unhelpful particularly in clinical practice. Grant and Dweck (2003) distinguished between learning and performance goals suggesting that less successful students are just keeping up appearances whereas highly

successful students want to learn and view failure as an opportunity for further learning. The findings of this study support this desire to learn for personal satisfaction and growth.

The findings of this study suggest that successful students effectively managed the demands of the programme and this contributed to success. Pre-registration nursing programmes are more demanding than some other HE programmes due to the extended terms, shift work during clinical placements and the requirement to submit academic work during placement time (Reeve et al 2013). Submitting academic work during placements was not favoured by students as it detracted from highly valued clinical learning. Students attributed being highly organised as an important factor in being able to cope with programme requirements.

Students and lecturers also considered the organisational culture, style of teaching and learning in the school, the curriculum and pre-programme experience to be important to student success. Students valued a learning environment that was friendly, supportive and that encouraged high achievement. Tinto (1975, 1993) developed a longitudinal interactionalist model of student departure, identifying the importance of social and cultural integration for college students to stay on their programme of study. This model suggests that students who decide to leave a programme do so because they have been unable to adopt the social values of the institution and have not integrated with the institution, academically or socially. He suggested that individuals enter HE with certain pre-entry attributes i.e. family background (social status and parental educational level), intellectual ad social skills, and academic achievements. These formulate initial intentions, goals and institutional commitment and determine the level and type of education desired by the individual. Educational experiences including social and academic (and clinical) within the HEI directly affect the departure decision. Tinto claimed that positive educational experiences serve to increase integration and increase the likelihood of successful programme completion. Bean and Eaton (2000) added to this by emphasising that student commitment to the institution and programme is an influential factor in choosing to stay on a programme.

McEwan and Goldenberg (1999) studied first year pre-registration Masters' students in three universities in Canada. Their findings advocated nurse educators being aware of students' anxiety levels, academic ability, learning styles, motivation to provide regular feedback and evaluation of student progress to enable students to determine their likelihood of success. Effective teaching strategies include interactive discussion, independent learning, projects, and computer conferencing. Apply adult learning techniques as students have varied life experiences and educational backgrounds. Students need to perceive that the programme content is relevant, current and important to their professional career. Those students that had undertaken care experience before the programme found this useful especially when on placement as they were more confident and able to perform some skills compared to those students who had no previous care experience. In a survey of 3527 UK students, the RCN (2008) reported that 39% of students considered leaving their problem because of experiences on clinical placements. A systematic review of international studies on placement-related attrition by Eick et al (2012) also identified that placement experience was a significant component of attrition and recommended that retention strategies should be aimed at students without previous care experience, particularly younger students.

To summarise, students identified that a mature attitude towards learning contributed to their success. Successful students display the characteristics of adult learners; they are self-directed and independent, and were fully engaged in learning. The learning environment also contributes to success by encouraging the student to engage in learning and self-assessment through interactive teaching and constructive feedback. Previous life experiences can help students to cope with the demands of the programme and in particular, experience in care work may help students to manage the stress associated with clinical placements in Year 1 of the programme.

6.3.3 Student support

In this study, students and lecturers highlighted the importance of support from a variety of different sources as a factor contributing to success. Most students ranked support as the third most important factor after motivation and being independent although some

students felt that their need for academic support was greater in earlier stages of the programme and therefore would have ranked it higher at that stage.

Students identified their personal tutors as their main source of academic support although other lecturers were also identified as sources of advice and guidance. In contrast, lecturers did not feel that they were the students main source of support as these students were considered by lecturers to be independent learners particularly in Years 2 and 3 of the programme. Lecturers felt that they spent very little time with these high-achieving students compared to other advisees performing less well. Students in this study with less confidence in their academic skills and less self- confidence generally sought regular support from their personal tutor. The students that sought more frequent support were older students with non-traditional qualifications and the students that sought the least academic support were the military students. Military students were reassured by the comprehensive support available to them if they failed an assessment but also viewed the disciplinary aspect of this process as a motivational reason to achieve a good mark. Two studies have identified the specific stresses of pre-registration nursing programmes in the USA. Firstly, Harrison (2009) found that the demands of nursing programmes caused students to experience a high level of stress requiring more frequent support meetings with their advisors than students on other non-nursing programmes. Secondly, the intense academic curriculum caused baccalaureate students to experience stress related to academic, clinical, and personal issues (Del Prato et al 2011). The findings of this study add to this by identifying that high-achieving students have effective coping mechanisms and are pro-active in seeking support from their personal tutors and other members of academic staff.

Students sought support from their personal tutor mainly for academic advice however occasionally students needed support and advice regarding a major personal life event or crisis e.g. serious illness/injury, financial problems and domestic issues. The four students in this study who had experienced this need for support felt that their personal tutors and other staff had been overwhelmingly helpful. In particular, students felt that staff empathised with their problem, offered non-judgemental advice and pro-actively kept in contact with the student even during periods of intercalation. The findings are consistent

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with previous studies that have suggested self-seeking academic support is an important aspect of self-regulating learning in high-achieving students (Shelton 2003, Rudel 2006, Bowden 2008). Self-efficacy and outcome expectancy (how well a student expects to do in a future exam or assessment) are two motivational mechanisms that influence support-seeking behaviours. Students in this study reported using self-regulating learning strategies including planning, critical reflection and evaluation on performance and effort management. A study by Pintrich and DeGroot (1990) found that students with high self-efficacy and outcome expectations made greater use of these types of strategies. High self-efficacy, support-seeking behaviour and outcome expectations are all associated with student success (Shelton 2003).

Other studies have explored the impact of student support on attrition. For example, effective academic support has been found to enable completion (Pryjmachuk et al 2008) and personal tutors have been mentioned as being helpful in providing pastoral support and academic support particularly in the early stages of the programme (Bowden 2008). Older students with non-traditional qualifications have been highlighted as a group of students that may need additional support from personal tutors to cope with the demands of the programme. The findings of this study add to this knowledge by highlighting the importance of academic support during Year 1 of the programme and the role of pastoral support particularly during personal crisis and during periods of intercalation.

Students and lecturers also perceived clinical mentor support to be vital to success. Whereas personal tutors were deemed important for academic support, students and lecturers recognised that clinical mentors provided support with the demands of learning and working in a clinical environment. High-achieving students use strategies to build a relationship with their clinical mentor including: displaying enthusiasm to learn and help the team, being pro-active in organising off-duty/assessment interviews/spoke visits, communicating effectively with their mentor and other staff, adapting to the placement quickly, getting stuck in and getting on with work to be done, doing extra reading about the placement speciality, accepting constructive criticism and addressing any problems directly and professionally with the appropriate person. However, as students placed high importance on their clinical performance this also led to self-inflicted increased levels of

stress. Students wanted mentors to provide feedback on their performance but also to provide emotional and professional support and guidance especially during stressful events such as: a patient death, breaking bad news, emergency situations including resuscitation, palliative care situations, and performing last offices. Mentors were perceived as supportive when they worked with the student, encouraged them to undertake new supervised skills, were supportive if the student made a mistake, made time to discuss complex issues and directed the student to other sources of useful information or support. Very few other studies have explored the impact of stress in clinical practice on student performance. Cheung and Au (2011) conducted a small scale study in Hong Kong that linked high levels of anxiety with poorer performance in a simulated skills task.

Students valued the support of their personal tutor, module leaders, other lecturers, mentors and military support staff but regarded the support from their peers as the most important within the context of the learning environment. In particular, military students valued peer support from other military students and non-military students as important in enabling them to cope with the pressures associated with succeeding both as a student nurse and also as a member of the Armed Services. Military students had a very strong sense of team-working and camaraderie within their military student group which enabled less academically able students to also do well. Peer support was considered important to success but conversely poor group dynamics were identified by both students and lecturers as having a significant negative impact on learning and performance. Rudel (2006) used a phenomenological approach to explore the impact of support for twelve mature students. Support from peers and significant others were found to be critical to students choosing to remain on the programme. Peer mentorship programmes in the USA have been found to contribute to student academic success and retention while reducing student anxiety and stress (Jeffreys 2007, Del Prato et al 2011). Students in this study felt that newly qualified staff and third year students in placement areas were a good source of support because they understood the pressures of the programme as they had recently experienced them. The findings of this study suggest that students prefer to confide their concerns with someone that understands the demands of the programme who is not involved in their assessment. An American study by Reeve et al (2013) also found that students were more likely to use their peers, friends and family for support than faculty members.

Friends and family were considered by students to be their main source of support and encouragement outside the learning environment as found by McLaughlin et al (2008). Family support was cited as an important factor contributing to success in this study and lends support to findings that a lack of family support is linked with attrition (Pryjmachuk et al 2008). Bowden (2008) found that family members who were also nurses were helpful because they understood what they were going through and were able to empathise. Rudel (2006) also found that students cited spouses and family members as the most important influencing their ability to continue on the programme by offering encouragement and practical support with chores and childcare. According to high-achieving student in this study, family support allowed the time, space and resources to study. For mature students, having the support of their spouse/partner was crucial to success as this gave them self-confidence and the time to study away from home commitments. This freedom to devote adequate time to study was viewed by students as the most important aspect of family support. Family members were supportive in number of ways including: giving up family time, taking responsibility for finances, undertaking additional domestic chores, sharing the computer and organising childcare. The sacrifices made by family members had the effect of motivating high-achieving students to perform well and qualify on time. Students wanted to repay the support and encouragement provided by their family over such a long period of time in terms of financial gain of employment and giving the family more time on completion of the programme. Military students were less dependent on family support as nearly all of them were single and living in military accommodation away from their family. Students living in an area at all times are more likely to have established peer and family support and hence find transition less stressful (Yorke 1999). Older students tend to reside locally and have established support systems.

Students in this study identified a number of programmer elated stressors. In particular, EBL was viewed as highly stressful for students in Year 1 as was the first clinical placement. Students worried about having to give presentations to their peer group and lecturers for fear of not accurately understanding information, lack of confidence in their presentation skills, and letting their peer group down. Students' anxieties were relieved by supportive

lecturers and peers but persisted for some into Year 2. High anxiety in high academic achievers can facilitate performance and students with a higher need to achieve perform better than those with a lower need to achieve (Bardwell and Braaksma 1985), however high anxiety levels may have a more detrimental effect on those with lower academic ability due to their lack of coping strategies (Bandura 1989). Chacko and Huba (1991) found that academic success was related to high academic ability, decreased life stress and high motivation and Blachette and Richards (2010) found significant interactions between affect, mood state, reasoning, and cognitive function linking interpersonal trust, mood state and student support. Corrigan and Chapman (2008) and Scarborough (2013) found that trust between students and academic staff is associated with well-motivated and empowered students. Students identified the first clinical placement as a significant stressor particularly for those who did not have previous care experience. Prior to the first placement students found teaching sessions on some subjects such research to be irrelevant and preferred sessions that prepared them for clinical practice especially simulated skills sessions.

Students in this study also identified finance as a potential source of stress on the programme. It was an advantage to have adequate financial support as it allowed them the freedom to study and reduced workload stress. Coping mechanisms to overcome problems such as financial difficulties and re-entry into education included: having good support networks, prioritising and organising workload, and having positive expectations and attitudes about the future. Steele et al (2005), in an Australian study, emphasised the importance of understanding how students manage and cope with difficulties so that nurse educators can design intervention strategies to minimise problems and increase retention rates. Also, Deary et al (2005) found that the psychological health of student nurses deteriorated as the course progressed and suggested that nurse educators should adopt a life course view on student nurse stress and health. Students may also adopt an increasing number of negative coping strategies as they progress through the course. The students' attitude towards their future success on the course and the benefits that this would bring to them and their family was a motivating factor and enabled coping with difficulties.

Students in this study recognised the need to be diligent in their studies. Working hard and putting in the effort could be viewed as an effective coping strategy as less conscientious students are more likely to withdraw (Deary et al 2003). The findings of this study supported the previous finding that older students have often developed coping mechanisms during their Access to HE programme which they then continue to use on the nursing programme (Hinsliff-Smith et al 2012). Further this study adds that students with a mature attitude towards learning (regardless of their age) are more self-aware of their effective behaviours that enable coping in response to stress. Pressures are created by dual roles; that of mother, wife, lone parent and/or income provider (Steele et al 2005) and conflicting roles: student and childcare provider particularly during placements (Hinsliff-Smith 2012). Students in this study who were free from domestic commitments viewed this as an advantage and admired other students who achieved success despite significant home responsibilities.

Lecturers identified that students who were successful displayed emotional intelligence and were consequently able to build effective relationships with peers, staff and patients. Lecturers suggested that having emotional intelligence included: being self-aware and recognising the needs of others, being an effective communicator, having good interpersonal skills, being able to work effectively in a team and relate constructively to others, to exercise self-control even at times of high emotion, and to cope with the various challenges that life throws up. Salovey and Mayer (1997) define emotional intelligence as the ability to use emotions to guide behaviour and thinking to enhance a given situation. Cadman and Brewer (2001:322) add that emotional intelligence 'encompasses the human skills of empathy, self-awareness, motivation, self-control and adeptness in relationships'. It could be argued that these skills are essential for a pre-registration nursing programme and for nursing practice (Rochester et al 2005). A lack of emotional intelligence may account for the fact that some students with high pre-entry qualifications perform less well in clinical practice than their peers although this has not been explored in this study or other nursing research. However, Maslow's Hierarchy of Needs (Maslow 1954) has been linked with student success (Freitas and Leonard 2011). This hierarchy of needs includes five levels that must be reached in turn before development of the next level: physiological needs, safety and security, love and belonging, self-esteem and self-actualisation in that

order. In the nursing student, physiological needs could be related to financial concerns, safety and security/love and belonging to the trust in relationships with peers and staff, and self-actualisation may be evidenced by critically reflective behaviours that promote the care of patients and society (Dearnley and Matthew 2007). Sweet (2009) has suggested that this framework could be used to identify barriers and factors that contribute to successful academic performance.

To summarise, the findings from this study suggest that high-achieving students need effective support networks regardless of academic ability. Students valued support from a range of sources but found peer support, mentors and their personal tutor the most important sources of support within the learning environment.

Reflexivity:

Kleinman (1991) stated that researcher's feelings become part of the process itself and that engaging in qualitative research can be a personal journey of discovery. During this research, I have developed as a researcher and as a lecturer by critically reflecting on both of these roles throughout the process of undertaking this study. I have gained new knowledge and skills as a researcher particularly in relation to case study, undertaking data collection on multiple sites and managing/analysing larger volumes of data. As a lecturer, the research process has encouraged me to see the students' perspective of becoming successful more clearly and to understand the importance and meaning that specific factors have in hindering and facilitating student success. This has profoundly influenced my own approach to teaching, providing feedback and supporting students during and after the research process as I became more aware of my role as a lecturer in facilitating student success. I made the following observation in my diary after the third interview with a student:

> *'Interviewing the students is changing me as a lecturer. I have greater insight into the challenges and pressures faced by students such doing written assessment work on placements and doing presentations for EBL. I appreciate the importance of detailed positive feedback, verbal and written, much more than ever before. It reminds me of the approach in bringing up my children in trying to give more praise than criticism……about the getting the right balance between pointing out errors, reassuring, praising & challenging'* (Diary entry: February 2008).

6.4 A model for student success

In keeping with previous research, the findings of this study suggest that the concept of student success is complex; consisting of multiple factors that are dynamic and inter-related (Glossop 2001, Urwin et al 2011). Students perceived success to consist of more than passing assignments or programme completion although these were essential to success. Student success was characterised by four main themes: 1) performing well in clinical practice, 2) achieving good marks and a 2:1 or first degree classification, 3) being self-confident, and 4) being employed in a desired nursing speciality or role.

Students and lecturers have revealed that the process of becoming a successful student nurse is a combination of both innate student ability and educational experiences. According to high-achieving students and lecturers, the three main factors that contribute to student success are:

1. Being highly motivation
2. Engagement in learning
3. Having effective support

Intrinsic motivation came from the desire and commitment to be a good nurse and was associated with: being determined, willingness to work hard, becoming an independent learner, and increasing self-confidence during the programme. High levels of intrinsic motivation may explain why students with comparatively low entry qualifications in this study were nevertheless highly successful on the programme. The findings of this study are consistent with previous research in relation to student engagement and performance. Successful students are highly engaged with the programme in terms of attendance and the quality of interaction with staff, peers and mentors. High-achieving students are independent learners or become independent learners during the programme and display the characteristics of adult learners (Knowles 1990). Consequently, adult learning approaches to teaching and feedback can be highly motivating for students. The learning environment affected students' motivational beliefs about their capabilities and the perceived value of learning activities. Although high-achieving students in this study were

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independent learners, support was considered vital to success. Students valued support from a range of sources including their personal tutor, other lecturers, clinical mentors but regarded support from peers as the most important to their success. Further, this study highlights that poor group dynamics are a significant hindrance to learning and performance. Student support is often cited as important to retaining students (Levett-Jones et al 2009, Robshaw and Smith 2004) but a definition of support is rarely offered (Cameron et al 2011). This study has illuminated the type and sources of support that high-achieving students value the most and why.

The findings of this qualitative study support the concept that the process of becoming successful student is a combination of individual factors and educational experiences in the learning environment (Figure 20). These findings have implications for students, clinical mentors, the selection policies, learning and support strategies used by HEIs involved in the provision of pre-registration nurse education.
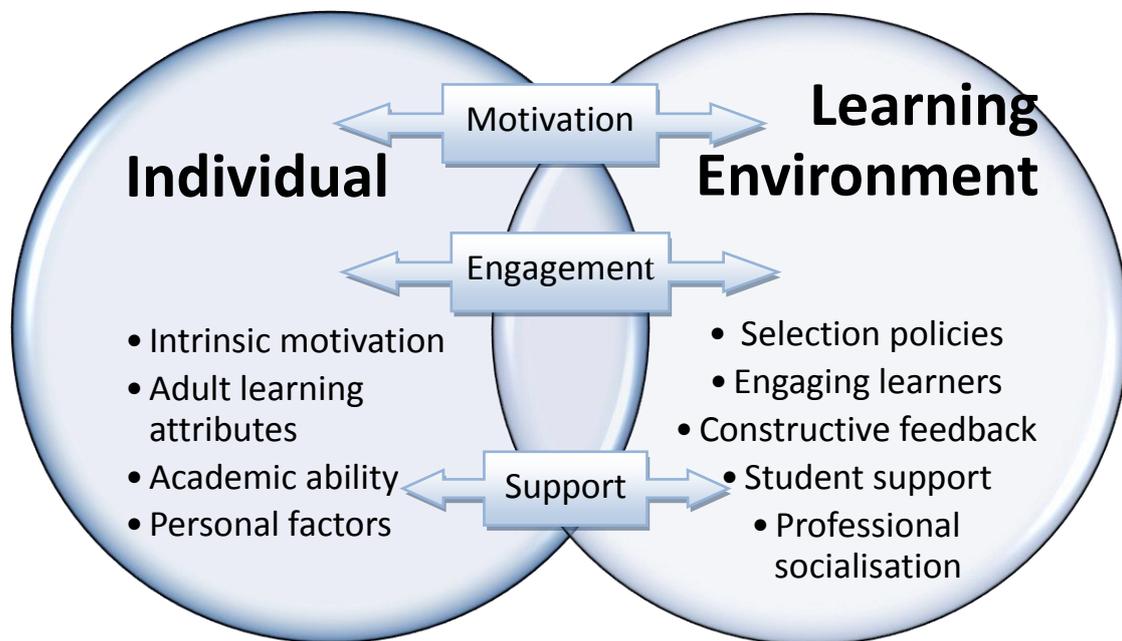
Figure 20: A model for student success in pre-registration nurse education

6.5 Contribution to knowledge

Why is this research needed?

Student success in pre-registration nurse education in the UK is becoming increasingly important in order to further reduce student attrition and meet workforce needs with diverse nursing graduates within the context of an increasing global shortage of nurses (RCN 2012). An increasingly diverse and ageing population has led to a significant expansion in access to healthcare requiring more advanced nursing roles. The demand for highly qualified nurses is predicted to increase over the next decade (Buchan and Seccombe 2008) due to: an ageing workforce, increasing healthcare provision, inadequate recruitment rates, increased competition for nursing expertise from other countries, financial difficulties affecting commissioning of nurse education and attrition (RCN 2012). In addition, the findings of the Willis Commission (2012) and Francis Report (Mid-Staffordshire Inquiry Report 2013) have exposed significant failings in the standards of nursing care in the UK and subsequently called for changes in pre-registration nurse education to ensure that nursing care is of high quality and safe, and delivered with compassion. These reports have acknowledged the importance of well-educated graduate nurses to practice and lead nursing in a variety of roles, emphasising the importance of knowledge and its application to safe practice in order to keep pace with advancements in healthcare. Recommendations also include the selection of students with academic ability and a range of valued attributes such as interpersonal skills, aptitude and motivation for their chosen career.

Since 2012, there have been significant changes to the process of commissioning of health education in the UK. Health Education England (HEE) was established to ensure that the shape and skills of the future health and public health workforce evolve to sustain high quality outcomes for patients in the face of demographic and technological change, with Local Education and Training Boards (LETBs) responsible for the planning and commissioning health education and training. There has been a decline in the commissioning of student nurse training places in recent years (2010-2014) reflecting the reduced Department of Health funding for non-medical pre-registration education,

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decreasing attrition rates from nursing programmes and transition of services from acute to community care (RCN 2012). These factors together with the increased net outflow of qualified nurses abroad to Australia, Canada, New Zealand and the USA is likely to have a negative impact on the supply of nurses to the UK workforce (RCN 2012). To ensure adequate numbers of highly qualified nursing graduates nationally, awareness and understanding of the factors that influential student nurse success in pre-registration nurse education is essential to improve programme completion rates and reduce student attrition. Therefore, this study is justified as an inquiry that aimed to identify, explain and model the factors that enable student nurses to be successful in pre-registration nurse education. The identification of factors that promote student success is critical to the development of effective student recruitment and educational strategies used in pre-registration nursing programmes that ensure the best outcomes for the student, the education provider, the commissioners of nurse education and the nursing workforce in the UK.

What is already known about this topic?

Student success is defined and measured in different ways within existing literature and an extensive range of international and UK-based research exists that has explored student attrition, programme completion rates and NCLEX-RN success, and to a lesser extent academic and clinical performance. A considerable proportion of this research has examined student attrition which has helped to explain why some students do not complete the programme, but has not necessarily fully explained why students complete or perform well. For this reason, recent research examining attrition has focussed on why students stay on the programme as well as why they leave. Most other research, which relates more specifically to student retention and success, is North American in origin and has employed quantitative methodological approaches to determine the predictive strength of cognitive and some non-cognitive variables, commonly entry qualifications, age and gender, and student success. Most UK-based studies have also used quantitative approaches to determine the predictive strength of cognitive and some non-cognitive variables and student success, but lack generalisability due to small, convenience or cohort samples. Only three studies have used qualitative methodologies to examine student

success and these have focussed on specific cohort samples: mature nursing students (Australia), medical students (UK) and pre-entry healthcare students (UK).

It is widely acknowledged in the literature that student success and retention in pre-registration nurse education is a complex, dynamic and multi-dimensional phenomenon influenced by the interaction of personal, academic and environmental factors. The range of cognitive and non-cognitive factors that have been considered in research include: entry qualifications, age, gender, ethnicity and race, language, prior work experience, attendance, finance, employment hours, living arrangements, self-efficacy and motivation, learning styles, achievement emotions, learning environment, curricula, student support, aspects of personality, and social factors. The findings of these studies generally agree that higher entry qualifications and age (>26 years) predict programme completion. Factors influencing academic performance positively are: higher entry qualifications, critical thinking skills and high self-efficacy, and factors influencing academic performance negatively are: gender (male) and working part-time work >16 hours per week. Other factors that were linked with academic success were: high engagement, personality, and age, but these factors are identified as requiring further investigation.

The limitations associated with some of these studies include: the lack of generalisability due to small, convenience or cohort samples, the socio-cultural differences, different educational systems and entry qualifications, and the differences in nursing curricula and assessment strategies. Retrospective studies that have used pre-determined data sets to explore student success have identified factors contributing to student success but have not explained how or why their influence is significant. In addition, there are very few studies that have examined the factors influencing student success in the clinical component of a programme despite the importance of clinical performance as an outcome measure of success in a practice-based discipline such as nursing because assessment of student performance in clinical practice tends to lack reliability and validity, or is not graded.

As a professional practising discipline, nursing students are required to be successful in both academic work and in clinical practice. Several models of student retention exist in

general higher education to explain the process that leads students to persist on a programme, however these models primarily explain reasons for withdrawal and why students remain rather than explain why they performed well on their programme of study. In addition, these models do not consider the specific discipline issues related to pre-registration nurse education such as: career aspirations, professional socialization and integration, clinical placement learning, the need to develop professional attributes, funding arrangements, the length and intensity of the programme and the associated stressors and student resilience. Only a few models of student retention exist within the discipline of nursing and these have focussed on: non-traditional or minority nursing students, performance in pathophysiology and student attrition.

Following an extensive search and review of existing literature (published 1990-April 2014), there appears to be no existing research that has explored the concept of student success and the factors influencing the success of high-achieving students on a full-time pre-registration nursing programme from the perspectives of students and lecturers. Previous studies have identified some of the cognitive and non-cognitive variables associated with student nurse completion but have not considered factors associated with success in terms of high achievement, the perspectives of high-achieving students and their lecturers, or offered explanations as to why certain factors are associated with success. In addition, there does not appear to be a coherent theoretical framework or model of factors that contribute to student success in terms of high performance in pre-registration nurse education.

What this study adds

Rather than considering factors that are associated with programme completion, this study has focussed on student success in terms of high-achievement in academic work. The findings from this qualitative multiple case study build on existing knowledge in this field of research by adding the unique voice of high-achieving nursing students and the lecturers associated with their programme of study. In-depth individual student accounts have uncovered new knowledge about the concept of student success and the most important factors that contribute to programme performance and how they interact with one

another. The views of lecturers offer another perspective as it sometimes differs from that of students, highlighting the need for lecturers to be aware of factors that are considered important by students. Many definitions and outcome measures of student success exist within previous research in this field however in this study, student success in pre-registration nurse education has been conceptualised as a composite of four elements: 1) performing well in clinical practice, 2) achieving good marks and a good honours degree classification, 3) being self-confident, and 4) being employed in a desired nursing speciality or role. Adult learning and social learning theories have been used to understand the dynamic and multi-factorial nature of student success including the significance of the student's personal attributes *and* the programme and learning environment, and to explain why some students are more successful than others.

Narrative accounts from students and lecturers have revealed that the most significant factor contributing to success is the intrinsic motivation to become a good nurse and to achieve a good honours degree classification. Intrinsic motivation stemmed from the desire and commitment to be a good nurse and was associated with: being determined, willingness to work hard, becoming an independent learner and increasing self-confidence during the programme. High levels of intrinsic motivation may explain why students with comparatively low entry qualifications in this study were eventually highly successful on the programme. The importance of intrinsic motivation in relation to student success has been identified in previous research in general higher education and is linked with other factors including higher levels of self-confidence and self-esteem, and the ability to cope with the demands of the programme and the challenges posed by family life. Within pre-registration nursing, only a handful of studies (Ofori and Charlton 2002, McCarey et al 2007, Newton et al 2009) have identified intrinsic motivation as key factor contributing to student nurse success and these have used using quantitative methodologies that did not explore the nature of intrinsic motivation and how it influenced student performance.

This study has also identified that high-achieving nursing students have a mature attitude towards learning and that this contributed to their success. Successful students display the characteristics of adult learners; they are self-directed and independent, and fully engaged in learning. The learning environment also contributes to success by encouraging the

student to engage in learning and self-assessment through interactive teaching and constructive feedback. Previous life experiences can help students to cope with the demands of the programme and in particular, experience in care work may help students to manage the stress associated with clinical placements in Year 1 of the programme. Students valued support from a range of sources but found peer support, mentors and their personal tutor the most important sources of support within the learning environment. The findings from this study suggest that students need effective support networks in order to succeed regardless of academic ability. The findings of this study are consistent with previous research in relation to student engagement and performance. Successful students are highly engaged with the programme in terms of attendance and the quality of interaction with staff, peers and mentors. High-achieving students are independent learners or become independent learners during the programme and display the characteristics of adult learners (Knowles 1990). Consequently, student-centred approaches to teaching and feedback can be highly motivating for students.

Adult learning attributes contribute positively to success but experiences in the learning environment also influence student achievement. The learning environment affected students' motivational beliefs about their capabilities and the perceived value of learning activities. Although high-achieving students in this study were independent learners, support was considered vital to success. Students valued support from a range of sources including their personal tutor, other lecturers, clinical mentors but regarded support from peers as the most important to their success. Further, this study highlights that poor group dynamics are a significant hindrance to learning and performance. Student support is often cited as important to retaining students (Robshaw and Smith 2004, Levett-Jones et al 2009,) but a definition of support is rarely offered (Cameron et al 2011). This study has illuminated the type and sources of support that high-achieving students value the most and why.

This qualitative multiple case study has addressed the limitations in the current literature and responded to recommendations from previous studies that call for a qualitative approach to examine success from the perspectives of students and lecturers. It is one of the few studies which considered success in terms of high academic performance allowing

the factors to be examined that enable high performance on a nursing programme rather than the minimum standard required for completion. It is also one of the first research studies in this field to use qualitative multiple case study to examine student success, an approach that embraces the exploration of a complex phenomenon in its context, and to apply adult learning and social learning theories to the understanding of student success in pre-registration nurse education in the UK.

The findings of this study have identified that success is influenced by three key factors: the intrinsic motivation to be a good nurse, active engagement in learning and effective support systems, and that these are inter-related and affected by the nursing programme and learning environment even for those students commencing the programme with the highest pre-entry qualifications. A model of student success in pre-registration nurse education has been developed that can be tested for applicability for other students or can be used by nurse educators and students to promote success.

Although some of the students in this study were learning on a diploma programme that has since been withdrawn from pre-registration nurse education in the UK, the accounts from these students are still relevant because the findings of this study remain applicable to the current provision of pre-registration nurse education as universities continue to accept applicants with a wide range of entry qualifications for pre-registration nursing degree programmes across the UK (UCAS 2013).

How should the findings be used to influence education/practice/research?

Research that identifies and explains the factors that promote student success is fundamental to the recruitment and retention of the most suitable students for pre-registration nurse education and will contribute to ensuring the best outcomes for the student, education provider, nursing workforce and commissioners of nurse education. The findings of this study can specifically influence student nurse selection policies, teaching/learning, assessment and student support strategies, and raise awareness in nursing students of the attributes and learning behaviours that promote success. These

findings are likely to apply to students on other practising professional programmes such as the allied health professions, medicine and education.

Nurse educators need to be aware of the personal attributes that promote student success and to develop recruitment strategies that prioritise the recruitment of students who demonstrate high levels of intrinsic motivation for nursing and adult learner attributes. Although previous research has linked high entry qualifications and age (>26 years) with programme completion, the findings of this study suggest that students with lower entry qualifications but high levels of intrinsic motivation and a mature attitude towards learning, can develop their academic ability to become high-achievers within their intake.

An awareness of the student attributes, behaviours and educational strategies that contribute to student success can assist nurse educators and pre-registration nursing programme providers to put in place conditions for learning that encourage and optimise student engagement and motivate students to achieve their full potential regardless of their entry profile. Nurse educators can enhance student motivation and facilitate the development adult learning characteristics and coping skills in all students by using student-centred and engaging teaching strategies that are delivered with enthusiasm in a supportive manner within an environment of mutual respect. In particular, students need support to develop skills in realistic in goal-setting, independent learning and self-evaluation. It would also be helpful for students need to be given the opportunity to become more self-aware by self-assessment of their own personality and learning preferences.

Whilst students need to be empowered to manage programme-related stress effectively, it is essential that nursing programmes do more to prepare students for clinical practice placements particularly in the first year of training as this is a significant source of anxiety for most students and could potentially lead to voluntary withdrawal from the programme. Students require comprehensive information about the knowledge, attitudes and skills they need to possess to learn and function effectively in order to successfully complete clinical practice placements assessments. Nurse educators need to be aware that students prioritise this aspect of learning above other subjects in the curriculum such as academic

writing skills and research in the first year. Programmes need to ensure that the effective preparation for clinical practice is a priority in the timetable leading up to the first placement.

Associated with the preparation for clinical practice placements, is the need for students to develop effective support networks to help manage stress and enhance motivation for learning. Students gain valuable support from a variety of sources including their peers, family and friends, lecturers, academic adviser and clinical staff. Clinical mentors also play a pivotal role in supporting students, helping them to identify their learning needs and providing constructive feedback on student performance. Mentors need to be made aware during mentor preparation programmes and updates of the importance of their role in promoting student success. The findings from this study demonstrate that lecturers are not always aware of the importance of their role in fostering adult learning skills and self-confidence in students. Lecturers underestimate the importance of constructive informal and formal feedback on student performance offered in class, as part of marking assessment work and in their role as academic adviser. Peer-assisted learning is highly valued by students but lecturers must be aware that poor group dynamics will undermine effective learning and may be detrimental to student success.

This study has proposed a model of student success in pre-registration nurse education that can be used by nurse educators, clinical mentors and students to promote success and help all students reach their full potential. Future research initiatives need to verify the key findings from this study and validate the model of student success to endorse the transferability of these findings. In addition, the relationship between self-confidence and student success needs to be explored in further depth. The effectiveness of specific intervention strategies related to student recruitment such as the use of assessment tools to measure non-cognitive attributes and education strategies that enhance motivation and engagement, and support learners need to be evaluated.

6.6 Limitations of the study

The findings of this study have contributed new knowledge to the understanding of student success in pre-registration nursing education however limitations in the study design may restrict the transferability (generalisability) of these findings to other contexts.

6.6.1 Lack of transferability

Case studies have been criticised for their lack of transferability as by definition the uniqueness of the case is often bounded by location and time, but also because a small sample cannot represent a whole population (Hammersley and Gomm 2000). However, the utility and transferability of findings from qualitative case study should be judged by criteria congruent with the philosophical values underpinning qualitative research rather than by positivist criteria used to judge quantitative research. By its very nature, a case study is an in-depth examination of small samples of events, people or circumstances with the sample being selected for its originality or uniqueness and not for its representativeness of the population. As such, the research aim is to study the sample intensely and thoroughly, aiming to gain a better understanding of the phenomenon within its context.

Although it could be argued that a unique case can also be a single example of a broader class of things (Ragin and Becker 1992, Simons 2009, Yin 2009), this study did not intend to generate findings that would be statistically generalisable but rather sought to provide naturalistic generalisation (Stake and Turnbull 1982). An in-depth description of each case has been provided to enable the reader to compare their own experiences with that of this case study. In addition, this study has sought to make theoretical generalisations by comparing the findings of this study with existing theory noting similarities and differences. Flyberg (2006) supports this approach proposing that the theory generated may have much wider applicability than the particular case/s studied.

6.6.2 Nature of the sample

This study is limited by the selection of cases and participants. Although the cases were located in contrasting two universities and purposively included a diverse range of

students, the findings are still bound to the context of these cases in terms of time and context. The purposive sampling of a more diverse range of students in each cohort including students performing less well on the programme may have identified factors that hinder student success.

Chapter 7

Recommendations

The findings of this study confirm that student success in pre-registration nurse education is a complex concept that is facilitated by a combination of the student's innate ability and the educational experiences that they are exposed to during the programme. The process of becoming a successful nursing student is not solely dependent on student academic ability as indicated by their pre-entry qualifications but is also influenced by the educational experiences, even for those students commencing the programme with the highest pre-entry qualifications. It follows that student nurse success may be hindered or promoted by student selection policies and certain educational strategies. The identification of factors that promote student success is instrumental in determining the most appropriate selection processes and in the planning, development and implementation of pre-registration nursing programmes to ensure the best outcomes for the student, education provider, nursing workforce and commissioners of nurse education. The findings of this study have the potential to promote student success by specifically informing: 1) student selection processes, 2) teaching and learning, assessment and student support strategies, and 3) students of the attributes and learning behaviours that promote success. This chapter discusses the implications of these findings for nurse education providers, students and future research.

7.1 Nurse education

The findings of this study have demonstrated that student success is influenced by the ability of the student, student motivation, student engagement in learning and student support networks, and that these factors are inter-related. Nurse educators should be aware of these factors so that they can ensure programme policies and strategies promote success for all students regardless of their entry profile. In particular, there are specific implications for the selection of students, educational strategies that promote student engagement in learning, and student support approaches.

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7.1.1 Recruitment and selection

Previous research suggests that older students and those with higher entry qualifications are more likely to successfully complete a pre-registration nursing programme (Pryjmachuk et al 2008, Pitt et al 2012). The findings of this study also suggest that older students (>21 years) are more likely to achieve the highest marks in a cohort of students. Understandably, some authors have recommended that recruitment strategies should be targeted at applicants with these characteristics (Pryjmachuk 2008), however this may be difficult to achieve in the context of recruiting large numbers of students to meet commissioned nursing places and widening participation (DH 2006, Timer and Clauson 2011). In addition, despite a range of pre-entry factors being linked with performance, progression and completion rates including: age (approximately >21 years), higher entry qualifications, personality (high self-efficacy), gender (female), employment (<16 hours per week), critical thinking skills and English as a first language, it has been acknowledged that no single factor or combination of factors guarantees either student success or failure (Pryjmachuk et al 2008, Pitt et al 2012).

The move in pre-registration nurse education to programmes being delivered at a minimum of degree level is likely to raise the competition for places and subsequently change the profile of applicants towards younger students with higher grades in Advanced GCSE level qualifications. This situation may disadvantage mature age applicants trying to gain access to nursing programmes with non-traditional qualifications. The findings of this study have revealed that it may not be age per se that enables students to be successful but rather the attribute of having a mature attitude towards learning and having effective coping strategies for dealing with difficulties, both programme-related and personal. High-achieving students in this study had high levels of intrinsic motivation to become a good nurse and demonstrated the attributes of adult learners (Knowles 1990) regardless of their age. In addition, students with very low entry qualifications (NVQ level 3) still became high-achievers within their cohort and it is possible that their high levels of intrinsic motivation, combined with a strong work ethic and coping abilities enabled them to become successful. Therefore rather than only targeting more mature students (>21 years) with the highest entry qualifications, it may be prudent to also recruit students with moderate to high qualifications who also

demonstrate high levels of intrinsic motivation to become a nurse and a mature attitude to learning i.e. adult learning attitudes and skills, and effective coping mechanisms.

The findings of this study suggest that nurse education providers should aim to recruit applicants with a high level of intrinsic motivation to become a nurse. These findings are consistent with those of Mooney et al (2008) who argued that a more thorough selection procedure would recruit the motivated students and thus reduce the potential for withdrawal. Although McCarey et al (2007) and McLaughlin et al (2008) also support the selection of more motivated students, the difficulty lies in reliably assessing levels of intrinsic motivation during the selection process. Motivation can be demonstrated by evidence of undertaking care experience and/or other relevant extra-curricular activities, in a reference or personal statement, all of which can be evident on a UCAS form. Ferguson et al (2003) found that a personal statement focussing on motivation was a strong predictor of clinical performance in medical students. Motivation can also be demonstrated during one-to-one interviews however reliably assessing levels of motivation across applications and interviews which usually involve large numbers of administrative and academic staff is problematic even with the use of scored criteria (Timer and Clauson 2011). Assessment tools exist that could be used to measure motivation levels in prospective students such as: the Academic Motivation Scale, the Inventory of School Motivation, Harackiewicz's instrument, or the Archer's instrument (Perot et al 2001). Alternatively, Sadler (2003), in the United States, has recommended that written work at interview should be screened and graded around what had motivated the student to choose nursing as a career. This approach is supported by Donaldson et al (2010) who found that the content of written work at selection was one of the best predictors of student success. A reliable and valid assessment strategy is needed to judge motivation levels of applicants to nursing.

The findings of this study have also highlighted the importance of prospective students being motivated, having a mature attitude toward learning and effective coping skills. This multi-factorial approach to selection is also supported by Salvatori (2001) in relation to students for health professions. A reliable means of assessing these non-cognitive attributes is also required during the selection process. While this information may be

available on the UCAS application form and at interview, judgements by academic staff about non-cognitive attributes tend to be subjective and inconsistent (Perkins 2013).

7.1.2 Student engagement in learning

It is imperative that nurse educators are aware of the student attributes and behaviours that contribute to student success so that they can develop these characteristics and coping skills in all students. In addition, pre-registration nursing programmes need to provide the optimum conditions for learning that encourage student engagement and motivate students to achieve their full potential. The findings of this study and previous research have shown that student engagement in learning including attendance influences student success (Salamonson et al 2009).

Pre-registration nursing programmes need to develop a student-centred approach to teaching that develops and encourages learning and accordingly, academic staff should offer learning opportunities that engage and motivate students. The findings of this study have emphasised that students prefer interactive methods of teaching to the more didactic approaches. Lectures can be relevant especially when delivered by clinical experts but only when they are supplemented with more interactive forms of teaching including EBL and simulated skills sessions. High-achieving students in this study needed to perceive teaching as relevant to nursing and meaningful in order to be engaged in learning, consistent with Knowles et al (2005) adult learning theory. A literature review by Crookes et al (2013) also found that nursing students are orientated towards learning they perceive to be relevant and need be exposed to teaching and learning strategies that enable students to apply nursing theory to practice. Interactive teaching techniques also have the potential to enhance students' self-efficacy which can help develop coping skills in students (McConville and Lane 2006, Pike and O'Donnell 2010).

As an understanding of what motivates students to learn can inform teaching and learning strategies that promote student success (Vansteenkiste et al 2008, Bengtsson and Ohlsson 2010). In addition to specific interactive teaching and learning techniques, nurse educators need to be mindful of other factors that foster a conducive learning environment for adults. Students in this study valued lecturers who were trustworthy,

helpful, and enthusiastic about their subject and displayed mutual respect. Students enjoyed sessions that allowed them some autonomy to decide on the direction of learning. In particular, students enjoyed sharing their own experiences through discussion and presentations.

The importance of feedback has also been highlighted in this study. Feedback from markers and clinical mentors was highly valued and was motivating for high-achieving students who used feedback pro-actively to improve their performance. These students set their own performance goals which were considerably higher than the programme pass mark for assessments. Furthermore, the goals of high-achieving students in this study increased during the programme as success drove success. Nurse educators need to develop the skills of self-evaluation in all students, help students to be realistic in goal-setting and be supportive in reassuring the student that skills and competence is a changeable and controllable aspect of the programme that will develop if the student applies.

The NMC (2008b) have emphasised the importance of mentors providing constructive feedback to students to assist them in identifying future learning needs and actions. The findings of this study suggest that mentors need to give regular, constructive feedback that addresses both positive and negative aspects of student's performance so that students have the opportunity to develop their professional ability, as advocated by Duffy (2013). Formative feedback is motivating for students, increases confidence and self-esteem, improves inter-personal relationships, promotes personal development, develops team-work and increases competence (Spouse 2000, Plakht et al 2012). Nurse educators also need to support mentors in their role and ensure that mentor preparation programmes emphasise the importance of both formative and summative feedback for students. These recommendations have also been identified by McEwan and Goldenberg (1999) who studied first year Masters' students in three universities in Canada and they suggest that nurse educators also need to be aware of students' anxiety levels, academic ability and learning styles to enable students to determine their likelihood of success.

7.1.3. Student support

The findings from this study suggest that high-achieving students need effective support networks regardless of academic ability. Students valued support from a range of sources but found peer support, mentors and their personal tutor the most important sources of support within the learning environment. Support from friends and family was also crucial to success especially for students with family commitments. Students may experience more stress on a pre-registration nursing programme than other programmes in a university due to the intense academic curriculum, longer terms, clinical placements, frequent assessments and personal issues (Reeve et al 2013) and for this reason, students may need to meet with their personal tutor more often than students on other programmes.

Students in this study identified Year 1 as the time when they needed most academic support for developing academic skills, connecting student with resources, seeking advice and reassurance, talking about experiences in clinical practice. Students became more confident and independent by Years 2 and 3 of the programme and did not access their personal tutors as often except to plan assignments and discuss feedback. However, occasionally students experienced personal crisis that required support from the personal tutor and students valued a personal tutor who was accessible, approachable and knowledgeable, and who could empathise with their difficulties. Students also valued having one personal tutor as a constant support person throughout their programme. In addition, regular contact from a personal tutor during a period of intercalation (absence from the programme) also provided vital support for students. A key feature of student success appears to be the self-awareness to recognise when they need support and advice, and then to actively seek that support from the most appropriate source.

Del Prato et al (2011) have advocated support strategies that are anticipatory and empower nursing students to manage academic stress before it occurs. They suggest that the goals of advising should be to provide proactive academic support opportunities for success and to identify students who are at academic risk early and encourage participation in support systems. Consistent with the findings of Jeffreys (2007), students in this study were particularly anxious about their first clinical placement even for those

with previous care experience therefore nurse educators need to ensure that the preparation for clinical practice is a priority in the timetable leading up to the first placement and that the orientation topics are relevant and comprehensive. Also, students reported difficulty in concentrating on topics that were not related to the first placement therefore it would be sensible to move these topics to a later semester.

Students valued the support of their peers the most within the learning environment, a finding consistent with the work of Lauder et al (2008). Peer mentorship programmes in North America have been found to contribute to student academic success and retention while reducing student anxiety and stress (Jeffreys, 2007, Del Prato et al 2011). Peer advising can be used to connect new students with students who are in their third year of the programme, as students often feel more comfortable addressing their concerns with a peer who has gone through similar experiences than an advisor or instructor (Del Prato et al 2011). In particular, it would be useful for third year students to share their experiences and strategies for balancing coursework and clinical practice with new students and to meet with students before their first placement.

According to students and lecturers, the social and educational culture of the learning environment is also an important factor in contributing to student success. Students found a friendly, supportive and vibrant learning environment to be motivational and the standard of academic achievement expected by the organisation was also viewed by students to be highly motivating. It has been established that the social and academic integration of students early in programme can reduce attrition, especially for students whose home is further away (Tinto 1997). Students in this study found large class sizes detrimental to their learning predominantly due to disruption and noise levels, and students may also find large classes socially isolating and intimidating in the first semester (Stott 2007). Schools of nursing can foster cohesion and support by emphasising the social needs of students in the timetable. Families play an important part of this integration by providing encouragement and different types of support: emotional, financial and practical help with family responsibilities and providing study space/time. Information about the programme commitments and open events where students could share their

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educational experiences with their family during the first semester may help students and family members to integrate more fully with the programme (Cameron et al 2011).

Students valued the support given to students by clinical mentors during placements although there is little other research to support this finding. Lauder et al (2008) reported that more support for pre-registration students was required from mentors in clinical practice. Mentors are a key component of effective preparation for practice (Burns and Paterson 2004) because they can engage the student in critical thinking, reflection on practice, and alternative care strategies rather than simply 'teach' them (NMC 2008b). Clinical mentors and lecturers can facilitate learning and motivate students by giving clear directions, displaying enthusiasm for the nursing, role modelling and having rapport with the student. The role of the lecturer in clinical practice e.g. link lecturer role, can also facilitate student engagement in effective learning by helping the student identify effective strategies for getting the most out of placements.

7.2 Students

High-achieving students in this study have specific learning and coping attributes that enabled them to be successful students. Many of these attributes are consistent with the andragogical learner described by Knowles (1990) and also more recently (Knowles et al 2005). It is recommended that all students should be made aware of these attributes at the beginning of their programme. Students could be given the opportunity to become more self-aware by assessing their own personality and learning preferences using an established tool such as the Myers-Briggs (1998) personality inventory or the Honey and Mumford (1992) Learning Styles Questionnaire which also assesses personality traits.

High-achieving students in this study were:

- Self-aware
- Emotionally intelligent with an awareness of the needs of others and possessed effective inter-personal, communication and team-working skills
- Intrinsically motivated to be a good nurse and achieve a high degree classification.
- Hard-working
- Self-confident
- Self-directed learners
- Responsible for their own learning

These successful students also had:

- Life experiences
- Self-efficacy (self-belief), and
- Effective coping strategies

In addition, students developed certain strategies for getting the most out of learning opportunities, were self-directed and pro-actively engaged with resources to support their learning needs and goals. The aspirations of these students were set much higher than simply passing assignments and focussed on the desire to become a good nurse and achieve a 2:1 or first degree classification. Students were not in competition with their peers but rather considered peers as a major source of support. Although it is unlikely that all nursing students will possess this array of ideal attributes, an awareness that these characteristics and behaviours contribute to student success may enable some students to develop personally and professionally with the support of academic staff, clinical staff and their peers.

7.3 Research

This study has raised a number of issues relevant to future research. Although this study has collected data from three cohorts of students within two geographically and culturally

diverse universities using a qualitative multiple case study design, the transferability of the findings are limited. Additional large-scale national research is needed to generate findings that are transferable to other HEIs. The findings from this study suggest that the clinical mentor has a key role in contributing to student success and therefore this is identified as an important area for further research. While the perspectives of high-achieving students and lecturers provide a unique and important contribution to our understanding of student success in pre-registration nurse education, it is also acknowledged that the perspectives of clinical mentors would provide a valuable addition to the understanding of factors that influence student success. Further UK based qualitative studies are needed to confirm the findings of this study and lend support to the transferability of the findings. In addition, it would be useful to:

- Evaluate intervention strategies that promote student success possibly using an action research approach.
- Measure self-efficacy levels and performance in students.
- Evaluate assessment tools for non-cognitive attributes of applicants during recruitment.

7.4 Summary

The findings of this study can specifically influence student nurse selection policies, teaching/learning, assessment and student support strategies, and raise awareness in nursing students of the attributes and learning behaviours that promote success. These findings are likely to apply to students on other practising professional programmes such as the allied health professions, medicine and education.

Nurse educators need to be aware of the personal attributes that promote student success and to develop recruitment strategies that prioritise the recruitment of students who demonstrate high levels of intrinsic motivation for nursing and adult learner attributes. Although previous research has linked high entry qualifications and age (>26 years) with programme completion, the findings of this study suggest that students with lower entry qualifications but high levels of intrinsic motivation and a mature attitude

towards learning, can develop their academic ability to become high-achievers within their intake.

An awareness of the student attributes, behaviours and educational strategies that contribute to student success can assist nurse educators and pre-registration nursing programme providers to put in place conditions for learning that encourage and optimise student engagement and motivate students to achieve their full potential regardless of their entry profile. Nurse educators can enhance student motivation and facilitate the development adult learning characteristics and coping skills in all students by using student-centred and engaging teaching strategies that are delivered with enthusiasm in a supportive manner within an environment of mutual respect. In particular, students need support to develop skills in realistic in goal-setting, independent learning and self-evaluation. It would also be helpful for students need to be given the opportunity to become more self-aware by self-assessment of their own personality and learning preferences.

Whilst students need to be empowered to manage programme-related stress effectively, it is essential that nursing programmes do more to prepare students for clinical practice placements particularly in the first year of training as this is a significant source of anxiety for most students and could potentially lead to voluntary withdrawal from the programme. Students require comprehensive information about the knowledge, attitudes and skills they need to possess to learn and function effectively in order to successfully complete clinical practice placements assessments. Nurse educators need to be aware that students prioritise this aspect of learning above other subjects in the curriculum such as academic writing skills and research in the first year. Programmes need to ensure that the effective preparation for clinical practice is a priority in the timetable leading up to the first placement.

Associated with the preparation for clinical practice placements, is the need for students to develop effective support networks to help manage stress and enhance motivation for learning. Students gain valuable support from a variety of sources including their peers, family and friends, lecturers, academic adviser and clinical staff. Clinical mentors also play

a pivotal role in supporting students, helping them to identify their learning needs and providing constructive feedback on student performance. Mentors need to be made aware during mentor preparation programmes and updates of the importance of their role in promoting student success. The findings from this study demonstrate that lecturers are not always aware of the importance of their role in fostering adult learning skills and self-confidence in students. Lecturers underestimate the importance of constructive informal and formal feedback on student performance offered in class, as part of marking assessment work and in their role as academic adviser. Peer-assisted learning is highly valued by students but lecturers must be aware that poor group dynamics will undermine effective learning and may be detrimental to student success.

This study has proposed a model of student success in pre-registration nurse education that can be used by nurse educators, clinical mentors and students to promote success and help all students reach their full potential. Future research initiatives need to verify the key findings from this study and validate the model of student success to endorse the transferability of these findings. In addition, the relationship between self-confidence and student success needs to be explored in further depth. The effectiveness of specific intervention strategies related to student recruitment such as the use of assessment tools to measure non-cognitive attributes and education strategies that enhance motivation and engagement, and support learners need to be evaluated.

Chapter 8

Conclusion

Student success in pre-registration nurse education in the UK is becoming increasingly important in order to further reduce student attrition and meet workforce needs with diverse nursing graduates within the context of an increasing global shortage of nurses (RCN 2012). An increasingly diverse and ageing population has led to a significant expansion in access to healthcare requiring more advanced nursing roles. The demand for highly qualified nurses is predicted to increase over the next decade (Buchan and Seccombe 2008) due to: an ageing workforce, increasing healthcare provision, inadequate recruitment rates, increased competition for nursing expertise from other countries, financial difficulties affecting commissioning of nurse education and attrition (RCN 2012). In addition, the findings of the Willis Commission (2012) and Francis Report (Mid-Staffordshire Inquiry Report 2013) have exposed significant failings in the standards of nursing care in the UK and subsequently called for changes in pre-registration nurse education to ensure that nursing care is of high quality and safe, and delivered with compassion. These reports have acknowledged the importance of well-educated graduate nurses to practice and lead nursing in a variety of roles, emphasising the importance of knowledge and its application to safe practice in order to keep pace with advancements in healthcare. Recommendations also include the selection of students with academic ability and a range of valued attributes such as interpersonal skills, aptitude and motivation for their chosen career.

There has been a decline in the commissioning of student nurse training places in recent years (2010-2014) reflecting the reduced Department of Health funding for non-medical pre-registration education, decreasing attrition rates from nursing programmes and transition of services from acute to community care (RCN 2012). These factors together with the increased net outflow of qualified nurses abroad to Australia, Canada, New Zealand and the USA is likely to have a negative impact on the supply of nurses to the UK workforce (RCN 2012). To ensure adequate numbers of highly qualified nursing graduates

nationally, awareness and understanding of the factors that influential student nurse success in pre-registration nurse education is essential to improve programme completion rates and reduce student attrition. Attrition rates for nursing in the UK have been estimated to be around 25-26% in 2008 at an estimated cost of £99 million to the UK taxpayer (RCN 2006, Waters 2008) although recent financial penalties for unacceptable attrition rates imposed by education commissioners may have contributed to the estimated fall in attrition rates to 8.3% in 2009-10 (Nursing Times 2011). The financial burden of student attrition to the Department of Health and the disadvantages to students at a personal level of withdrawing from higher education highlight the importance of promoting student success in pre-registration nurse education. Therefore, this study is justified as an inquiry that aimed to identify, explain and model the factors that enable student nurses to be successful in pre-registration nurse education. The identification of factors that promote student success is critical to the development of effective student recruitment and educational strategies used in pre-registration nursing programmes that ensure the best outcomes for the student, the education provider, the commissioners of nurse education and the nursing workforce in the UK.

It is widely acknowledged in the literature that student success and retention in pre-registration nurse education is a complex, dynamic and multi-dimensional phenomenon influenced by the interaction of personal, academic and environmental factors. The findings of these studies generally agree that higher entry qualifications and age (>26 years) predict programme completion. Factors influencing academic performance positively are: higher entry qualifications, critical thinking skills and high self-efficacy, and factors influencing academic performance negatively are: gender (male) and working part-time work >16 hours per week. Other factors that were linked with academic success were: high engagement, personality, and age, but these factors are identified as requiring further investigation. The limitations associated with some of these studies include: the lack of generalisability due to small, convenience or cohort samples, the socio-cultural differences, different educational systems and entry qualifications, and the differences in nursing curricula and assessment strategies. Retrospective studies that have used pre-determined data sets to explore student success have identified factors contributing to student success but have not explained how or why their influence is significant. In

addition, there are very few studies that have examined the factors influencing student success in the clinical component of a programme despite the importance of clinical performance as an outcome measure of success in a practice-based discipline such as nursing because assessment of student performance in clinical practice tends to lack reliability and validity, or is not graded.

As a professional practising discipline, nursing students are required to be successful in both academic work and in clinical practice. Several models of student retention exist in general higher education to explain the process that leads students to persist on a programme, however these models primarily explain reasons for withdrawal and why students remain rather than explain why they performed well on their programme of study. In addition, these models do not consider the specific discipline issues related to pre-registration nurse education such as: career aspirations, professional socialization and integration, clinical placement learning, the need to develop professional attributes, funding arrangements, the length and intensity of the programme and the associated stressors and student resilience. Only a few models of student retention exist within the discipline of nursing and these have focussed on: non-traditional or minority nursing students, performance in pathophysiology and student attrition.

Rather than considering factors that are associated with programme completion, this study has focussed on student success in terms of high-achievement in academic work. The findings from this qualitative multiple case study build on existing knowledge in this field of research by adding the unique voice of high-achieving nursing students and the lecturers associated with their programme of study. In-depth individual student accounts have uncovered new knowledge about the concept of student success and the most important factors that contribute to programme performance and how they interact with one another. The views of lecturers offer another perspective as it sometimes differs from that of students, highlighting the need for lecturers to be aware of factors that are considered important by students. Many definitions and outcome measures of student success exist within previous research in this field however in this study, student success in pre-registration nurse education has been conceptualised as a composite of four elements: 1) performing well in clinical practice, 2) achieving good marks and a good

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honours degree classification, 3) being self-confident, and 4) being employed in a desired nursing speciality or role. Adult learning and social learning theories have been used to understand the dynamic and multi-factorial nature of student success including the significance of the student's personal attributes *and* the programme and learning environment, and to explain why some students are more successful than others.

Narrative accounts from students and lecturers have revealed that the most significant factor contributing to success is the intrinsic motivation to become a good nurse and to achieve a good honours degree classification. Intrinsic motivation stemmed from the desire and commitment to be a good nurse and was associated with: being determined, willingness to work hard, becoming an independent learner and increasing self-confidence during the programme. High levels of intrinsic motivation may explain why students with comparatively low entry qualifications in this study were eventually highly successful on the programme. The importance of intrinsic motivation in relation to student success has been identified in previous research in general higher education and is linked with other factors including higher levels of self-confidence and self-esteem, and the ability to cope with the demands of the programme and the challenges posed by family life. Within pre-registration nursing, only a handful of studies (Ofori and Charlton 2002, McCarey et al 2007, Newton et al 2009) have identified intrinsic motivation as key factor contributing to student nurse success and these have used using quantitative methodologies that did not explore the nature of intrinsic motivation and how it influenced student performance.

This study has also identified that high-achieving nursing students have a mature attitude towards learning and that this contributed to their success. Successful students display the characteristics of adult learners; they are self-directed and independent, and fully engaged in learning. The learning environment also contributes to success by encouraging the student to engage in learning and self-assessment through interactive teaching and constructive feedback. Social cognitive theory helps to explain this dynamic interaction of personal factors and the social environment. Previous life experiences can help students to cope with the demands of the programme and in particular, experience in care work may help students to manage the stress associated with clinical placements in Year 1 of

the programme. Students valued support from a range of sources but found peer support, mentors and their personal tutor the most important sources of support within the learning environment. The findings from this study suggest that students need effective support networks in order to succeed regardless of academic ability. The findings of this study are consistent with previous research in relation to student engagement and performance. Successful students are highly engaged with the programme in terms of attendance and the quality of interaction with staff, peers and mentors. High-achieving students are independent learners or become independent learners during the programme and display the characteristics of adult learners (Knowles 1990). Consequently, student-centred approaches to teaching and feedback can be highly motivating for students.

Adult learning attributes contribute positively to success but experiences in the learning environment also influence student achievement. The learning environment affected students' motivational beliefs about their capabilities and the perceived value of learning activities. Although high-achieving students in this study were independent learners, support was considered vital to success. Students valued support from a range of sources including their personal tutor, other lecturers, clinical mentors but regarded support from peers as the most important to their success. Further, this study highlights that poor group dynamics are a significant hindrance to learning and performance. Student support is often cited as important to retaining students (Robshaw and Smith 2004, Levett-Jones et al 2009) but a definition of support is rarely offered (Cameron et al 2011). This study has illuminated the type and sources of support that high-achieving students value the most and why.

Research that identifies and explains the factors that promote student success is fundamental to the recruitment and retention of the most suitable students for pre-registration nurse education and will contribute to ensuring the best outcomes for the student, education provider, nursing workforce and commissioners of nurse education. The findings of this study have informed the development of a model of student success in pre-registration nurse education that illustrates the inter-relationships of factors

contributing to student success which can be used by nurse educators, clinical mentors and students to promote success and help all students reach their full potential.

Future research initiatives need to verify the key findings from this study and validate the model of student success to endorse the transferability of these findings to nursing and other practising professional programmes such as the allied health professions, medicine and education. In addition, the relationship between self-confidence and student success needs to be explored in further depth. The effectiveness of specific intervention strategies related to student recruitment such as the use of assessment tools to measure non-cognitive attributes and education strategies that enhance motivation and engagement, and support learners need to be evaluated.

APPENDICES

Appendix	
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Case 1: BSc Individual data for all students - ranked by average academic mark in Year 2.

Includes data on: base of study, level of course on entry, gender, age and highest entry qualification.

Code	Base	Q	M/F	Age	HQ	R	Q = Entry qualifications
A		**B**	F	23	E	1	4 A Levels (grades AAAA) in French, Maths, Further Maths, Psychology, 10 GCSEs inc Double Science (all A*)
B	Y	B	F	43	F	2	Access to HE Life Sciences: Distinction
C	Y	D	F	24	C	3	7 GCSEs including Double Science
D	Y	B	F	39	C	4	NVQ L3, 5 GCSEs including Human Biology,
E	Z	B	M	46	C	5	5 GCSEs including Chemistry
F	Y	B	F	46	C	6	5 GCSEs including Biology, Health Social Care, NVQ L3 Care
G	Y	D	F	19	E	7	3 A levels (grades DDE) in Biology, Geography, Health & Social Care, AS (D) Psychology, 8 GCSEs
H	Z	D	F	21	C	8	5 GCSEs
I	Z	D	F	42	B	9	NVQ L3 Health & Social Care
J	Y	D	F	31	D	10	NVQ L3 Care, Dip Nursery Nursing: Pass
K	Z	D	F	32	F	11	Access to HE: Pass
L	Z	B	F	47	G	12	BA Hons OU Humanities, 3 A levels (grades CCD) in EL, History, Philosophy
M	Y	D	F	43	B	13	NVQ L3 Care
N	Y	B	F	19	D	14	BTEC Nat Dip level 3 Merit, 9 GCSEs including Double Science
O	Y	D	F	39	A	15	2 GCSEs including Human Biology

BSc Withdrawal

P	Y	W	F	46	F	0	W	Access to HE Caring Professions: Pass

Key: please refer to page 285.

Case 1: Dip HE Individual data for all students - ranked by average academic marks in Year 2

Includes data on: base of study, level of course on entry, gender, age, highest entry qualification.

Code	Base	Q	M/F	Age	HQ	R	Q
A	Y	D	M	36	E	1	3 A levels (grades DDE) in sociology, film studies & psychology, and 6 GCSEs
B	Y	D	F	36	D	2	BTEC Nat Dip Hotel & Catering Operations, 8 GCSEs including Biology
C	Z	D	F	37	C	3	7 GCSEs including Biology & Chemistry
D	Y	D	F	41	G	4	BSc Psychology with Sociology: 2:1, 2 A levels (DD) Class.Civ, & French 7 GCSEs inc Biology
E	Y	D	M	26	F	5	Access to HE course – Natural Sciences: Merit
F	Y	D	F	24	C	6	Adv GNVQ Health & Social Care, 7 GCSEs
G	Z	D	F	18	C	7	8 GCSEs including Health & Social Care, Double Science
H	Y	D	F	21	C	8	AVCE Business Studies: CC, 7 GCSEs including Double Science
I	Z	D	F	23	G	9	Degree in Social Psychology: 2:1
J	Y	D	F	25	C	10	NVQ L3 Care, 7 GCSEs
K	Y	D	F	30	C	11	6 GCSEs
L	Y	D	F	48	B	12	NVQ L3 Care
M	Z	D	F	22	C	13	AVCE Double award in Health & Social Care & 9 GCSEs including Double Science
N	Z	D	F	34	B	14	NVQ L3 Care
O	Z	D	F	25	C	15	Adv GNVQ Health & Social Care – merit and 9 GSCEs including Double Science
P	Z	D	F	38	B	16	NVQ L3 Care
Q	Y	D	M	19	D	17	BTEC Nat Dip Care: Merit and 9 GCSEs including Double Science
R	Z	D	F	23	C	18	Adv GNVQ Health & Social Care, 7 GCSEs including Double Science
S	Z	D	F	19	E	19	AVCE Health & Social Care: BB, A level History grade D
T	Y	D	F	25	C	20	5 GCSEs
U	Z	D	F	20	C	21	6 GCSEs including Double Science
V	Y	D	F	42	B	22	NVQ L3 Dental Nursing
X	Y	D	F	22	E	23	3 AS levels (grades DDD) in Drama, EL, Sociology and 6 GCSEs including Double Science
Y	Y	D	F	35	B	24	NVQ L3 Care
Z	Z	D	F	36	F	25	Access to HE: merit

Code	Base	Q	M/F	Age	HQ	R	Q
Z1	Z	D	F	20	C	26	6 GCSEs including Double Science
Z2	Z	D	F	20	C	27	8 GCSEs including Double Science
Z3	Y	D	F	37	F	28	Access to HE course – Natural Sciences: Merit
Z4	Y	D	F	47	D	29	NVQ L3 Care, BTEC Childhood Studies: Pass
Z5	Z	D	M	25	A	30	GNVQ Health & Social Care: Merit & 3 GCSEs
Z6	Y	D	F	19	D	31	BTEC Nat Dip Health Studies: Merit, AVCE (grade E) in Travel, 4 GCSEs
Z7	Z	D	F	25	A	32	4 GCSEs
Z8	Y	D	F	47	B	33	NVQ L3 Care
Z9	Y	D	F	18	C	34	AVCE Health & Social Care: D, 9 GCSEs including Biology & Chemistry

Withdrawals

Code	Base	Q	M/F	Age	HQ	R	Q
Z10	ZL	W	F	19	C	W	7 GCSEs including Double Science
Z11	Y	W	F	22	D	W	BTEC Health Studies: merit, AVCE (D) Health & Social Care
Z12	Z	D	F	34	D	W	NNEB Nursery Nursing: Pass
Z13	Z	D	F	20	C	W	6 GCSEs including Double Science
Z14	Z	D	F	19	E	W	AVCE Health & Social Care Double Award: DE
Z15	Y	D	F	45	F	W	Access to HE Natural Sciences: Merit
Z16	Z	D	F	20	D	W	BTEC Health Studies: Pass, 1 A Level (E) Health & Social Care

Key: please refer to page 285.

Case 1: BSc Adult Nursing – entire cohort ranked by average academic mark over 3 years   Appendix 2

| | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | | | |
Code	Entry Q	U1 T1	U1 T2	U1 P1	U1 P2	U2 T1	U2 T2	U2 P1	U2 P2	U3 T1	U3 T2	U3 P1	U3 P2	U4 T1	U4 T2	U4 P1	U4 P2	U5 T1	U5 T2	U5 P1	U5 P2	U6 T1	U6 T2	U6 P1	U6 P2	U7 T1	U7 T2	U7 P1	U7 P2	U8 T1	U8 T2	U8 P1	U8 P2	U9 T1	U9 T2	U9 P1	U9 P2	MT	MP	Exit Q
1.	B	74		P		80		73		P		75		74		73		75		90		85		92		85		80		85		85		80		89		80	82	B
2.	D	70		P		70		70		P		75		80		72		71		85		65		65		85		80		85		80		72		67		75	74	B
3.	D	60		P		70		71		P		72		70		68		75		72		70		75		75		80		75		79		70		74		71	74	B
4.	D	69		P		60		65		P		75		50		75		75		78		75		79		75		90		75		79		68		80		68	78	B
5.	D	70		P		30	40	70		P		69		65		77		68		78		61		72		85		75		85		84		58		85		67	76	B
6.	D	67		P		35	40	60		P		78		80		95		74		90		77		79		65		90		65		90		60		90		66	84	B
7.	D	61		P		46		60		P		78		63		89		69		85		65		75		70		70		70		88		65		80		64	78	B
8.	D	60		P		75		65		F	P	70		60		69		63		74		62		76		67		76		67		82		52		86		63	75	B
9.	D	67		P		38	40	75		F	P	80		76		75		69		80		60		84		65		82		65		78		50		85		61	80	B
10.	D	60		P		60		65		P		69		72		69		57		75		55		76		58		73		58		69		70		78		61	72	B
11.	D	75		P		60		65		P		75		75		77		64		86		57		75		44		90		44		81		45		75		58	78	B
12.	D	75		P		58		69		P		70		75		65		56		75		45		79		50		65		50		52		45		79		57	69	B
13.	D	65		P		55		62		P		70		74		73		50		60		22	40	75		54		70		54		85		55		78		56	72	B
14.	D	60		P		50		59		P		70		62		65		60		69		35	40	75		65		75		65		85		30	40	92		55	74	B
15.	D	65		P		48		69		P		95		50		68		64		82		61		69		20	40	89		20	40	79		50		70		52	78	B

Case 1: BSc Adult Nursing – withdrawals

| | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | | | |
Code	Entry Q	U1 T1	U1 T2	U1 P1	U1 P2	U2 T1	U2 T2	U2 P1	U2 P2	U3 T1	U3 T2	U3 P1	U3 P2	U4 T1	U4 T2	U4 P1	U4 P2	U5 T1	U5 T2	U5 P1	U5 P2	U6 T1	U6 T2	U6 P1	U6 P2	U7 T1	U7 T2	U7 P1	U7 P2	U8 T1	U8 T2	U8 P1	U8 P2	U9 T1	U9 T2	U9 P1	U9 P2	MT	MP	Exit Q
16.	B	45		P		30	40	61		P		65		60		70		30	40	50		55		68														0	0	W

Case 1: Dip HE Adult Nursing – entire cohort ranked by average academic mark over 3 years — Appendix 2

Code	Entry Q	U1 T1	U1 T2	U1 P1	U1 P2	U2 T1	U2 T2	U2 P1	U2 P2	U3 T1	U3 T2	U3 P1	U3 P2	U4 T1	U4 T2	U4 P1	U4 P2	U5 T1	U5 T2	U5 P1	U5 P2	U6 T1	U6 T2	U6 P1	U6 P2	U7 T1	U7 T2	U7 P1	U7 P2	U8 T1	U8 T2	U8 P1	U8 P2	U9 T1	U9 T2	U9 P1	U9 P2	MT	MP	Exit Q
(Year)		1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3			
17.	D	80		P		58		75		P		90		66		70		59		70		62		85		75		82		85		67		65		72		69	76	D
18.	D	65		P		64		70		P		65		65		75		67		71		62		92		66		85		66		65		70		79		66	75	D
19.	D	60		P		70		65		P		70		82		68		50		67		70		79		70		75		61		73		68		80		66	72	D
20.	D	70		P		78		75		P		68		60		68		67		73		80		75		63		35	40	33	40	50		70		49		66	62	D
21.	D	50		P		60		53		P		57		70		55		75		30	40	63		63		65		60		58		70		35	40	75		66	59	D
22.	D	70		P		30	40	65		P		75		54		67		57		75		65		75		74		79		80		78		76		85		65	75	D
23.	D	80		P		57		65		P		80		75		70		64		85		70		90		59		39	40	43		85		63		76		64	74	D
24.	D	69		P		70		65		P		62		62		60		49		66		62		68		68		60		60		65		74		75		64	65	D
25.	D	-		-		-		-		-		-		74		70		63		79		63		80		59		80		50		78		68		92		63	80	D
26.	D	58		P		53		79		P		75		82		85		69		80		50		75		55		85		70		80		68		85		63	80	D
27.	D	P		P		P		P		P		P		58		69		67		72		59		70		55		68		55		75		70		75		61	72	D
28.	D	58		P		60		74		P		75		68		65		64		72		40		72		68		73		67		75		60		71		61	72	D
29.	D	75		P		76		54		P		68		50		62		63		67		58		56		55		85		48		68		60		59		61	65	D
30.	D	50		P		66		75		P		68		50		69		70		65		65		80		66		87		50		68		60		73		60	73	D
31.	D	75		P		42		75		P		78		50		70		60		69		62		72		64		75		60		86		57		68		59	74	D
32.	D	68		P		50		58		F	P	65		55		67		70		75		55		62		58		82		60		69		57		85		59	70	D
33.	D	60		F	P	52		75		P		60		45		65		48		65		40		69		42		68		55		75		65		65		59	68	D
34.	D	58		P		68		75		P		75		30	40	79		66		63		30	40	63		69		78		58		75		58		80		57	74	D
35.	D	58		P		55		54		P		59		60		65		61		51		40		61		65		75		56		68		58		68		57	63	D
36.	D	66		P		55		65		P		68		65		83		62		75		55		79		62		75		40		85		45		80		56	76	D
37.	D	50		P		30	40	64		P		65		72		69		50		79		72		85		40		75		56		70		68		85		56	74	D
38.	D	55		P		58		67		P		55		65		70		59		70		27	40	75		40		59		55		65		60		82		54	68	D
39.	D	60		P		48		70		P		59		48		58		62		75		65		60		40		68		50		62		55		75		54	66	D

No.	Entry Q	U1 T1	U1 T2	U1 P1	U1 P2	U2 T1	U2 T2	U2 P1	U2 P2	U3 T1	U3 T2	U3 P1	U3 P2	U4 T1	U4 T2	U4 P1	U4 P2	U5 T1	U5 T2	U5 P1	U5 P2	U6 T1	U6 T2	U6 P1	U6 P2	U7 T1	U7 T2	U7 P1	U7 P2	U8 T1	U8 T2	U8 P1	U8 P2	U9 T1	U9 T2	U9 P1	U9 P2			Exit Q
40.	D	60		P		44		60		P		85		40		75		70		80		68		82		52		80		45		75		45		88		53	78	D
41.	D	50		F	P	55		63		P		69		56		70		57		85		30	40	80		50		79		55		85		63		76		53	76	D
42.	D	62		P		58		65		P		75		60		79		62		72		20	40	65		45		81		45		63		56		80		53	73	D
43.	D	35	40	P		69		63		P		70		52		72		37	40	75		45		69		45		80		54		65		65		89		52	73	D
44.	D	60		P		55		55		P		90		40		76		62		75		0	40	82		48		75		58		60		48		84		51	75	D
45.	D	55		P		45		65		P		69		45		45		36	40	60		52		50		64		71		54		75		56		79		51	57	D
46.	D	P		P		P		P		P		65		48		65		50		60		40		70		30	40	80		62		78		56		84		50	72	D
47.	D	55		P		50		70		P		60		45		75		35	40	75		30	40	80		50		75		50		85		55		93		48	77	D
48.	D	40		P		52		67		P		69		48		59		48		63		30	40	62		50		69		50		85		50		58		48	66	D
49.	D	55		P		45		68		P		70		54		65		36	40	65		25	40	60		50		49		30	40	59		50		78		47	64	D
50.	D	42		P		48		65		P		55		40		55		36	40	58		58		78		30	40	79		40		65		62		87		46	68	D

Case 1: Dip HE Adult Nursing withdrawals

Top header grouping: U1–U3 = Year 1, U4–U6 = Year 2, U7–U9 = Year 3.

No.	Entry Q	U1 T1	U1 T2	U1 P1	U1 P2	U2 T1	U2 T2	U2 P1	U2 P2	U3 T1	U3 T2	U3 P1	U3 P2	U4 T1	U4 T2	U4 P1	U4 P2	U5 T1	U5 T2	U5 P1	U5 P2	U6 T1	U6 T2	U6 P1	U6 P2	U7 T1	U7 T2	U7 P1	U7 P2	U8 T1	U8 T2	U8 P1	U8 P2	U9 T1	U9 T2	U9 P1	U9 P2	Reason for withdrawal	Exit Q
51.	D	25	40	F	P	28	40	72		F	P	55		15		0		0		78																		Academic failure	W
52.	D	P		P		P		P		P		79		64		64		62		50																		Ill Health	W
53.	D	58		P		48		75		P		69		48		70		54		75		35	40	72		49		72		32	33	78		64		85		Academic failure	W
54.	D	28	40	P		69		48		F	F	59		43		59		70		75		-		-		-		-		-		-		-		-		Academic failure	W
55.	D	42		P		30	40	59		P		64		30	0	65		45		75		20	0	65		-		-		-		-		-		-		Family member diagnosed with life threatening illness	W
56.	D	55		P		56		56		P				30	40	56		5	0	-		-		-		-		-		-		-		-		Failed practice – language difficulties	W
57.	D	-		-		-		-		F	P	68		15	20	70		30	0	75		-		-		-		-		-		-		-		Academic failure	W

Summary Notes:

Total number of students in cohort = 57   55   Dip HE   5 male/ 50 female   7 withdrawals   (14 transferred to BSc)

                                                            2   BSC   0 male/ 2 female   1 withdrawal   (15 exited with BSc)

Withdrawals:

        Dip HE: 4 academic failure, 1 practice failure, I ill-health, 1 family ill-health

        BSc   1 personal reasons, seconded so went back to HCA position

Notes:

- 2nd year marks on personal files agreed with those from cohort mark sheets – this verified the accuracy of the rankings for interviews.
- During the 3rd year, the students that I interviewed achieved the same or higher marks than achieved during their 2nd year.
- All the students interviewed consistently scored >70% practice throughout the 3 years (although these may be unreliable).
- Most students achieved high marks in practice (>60%) regardless of their theory marks.

Key for Appendices 1 and2

Code = Student ID
Base = School site (Y=main school site, Z=satellite school site)
M/F = male or female
Age = age in years
Entry Q/HQ = Highest qualification on entry (see table below for codes)
U1 = Unit 1
T = Theory
P = Practice

M = aggregated and averaged mark
R = rank in cohort by marks
MT (blue) = total average mark for all theory assessments
PT (green) = total average mark for all practice assessments

Highest Qualification Codes:

Category of qualification	Code
2-4 GCSEs	A
NVQ L3 Care or related	B
5 GCSEs or more	C
BTEC National Diploma or other vocational qualitative at same level	D
2 A levels	E
Access to HE course	F
Degree or above	G

Ethics approval

On 11.12.07

Thank you for this. Your research is now approved. I hope it all goes well and please let me know if we can help further.

Best wishes
Lyndon
_____
On 12/10/07 2:35 PM, "Bell Helen Mrs (NAM)" <H.Bell@uea.ac.uk> wrote:
Dear Lyndon

 I have attached the following amendments:
 1. Participant Information Sheet: clarification of my role I have separated the information sheets so that there is one for UEA participants (Appendix C1) and one for non-UEA participants (Appendix C2). I have further clarified the separation of my roles as lecturer and researcher roles within the Ethics Proposal (Section 6: Ethics, page 7), and the Participants Information Sheets (Appendices C1 and C2 under 'Researcher' page 16 and 18 respectively).
 2. Participant Information Sheets: confidentiality and anonymity. I have adjusted the wording in the information sheets as recommended (Appendices C1 and C2, under 'What is involved' and Confidentiality &Anonymity' pages 16-17 and 18-19).
 3. I have amended the title of the Ethics Committee throughout the document.
 4. I have included the use of a third party to obtain consent for UEA participants. This is stated within the Ethics Proposal (Section 6: Ethics, page 7), and the Information Sheet for UEA Participants (Appendix C1 under 'Researcher' page 16). An Operating Department Lecturer has agreed to take on this role and the Team Leader has approved this.

 Thank you for considering these changes.
 Helen
_____

Dear Helen and Jill:

Thank you for this, which the Ethics Committee of the School of Education will consider. I have looked at the application this morning, and have a few relatively minor points that I would ask you to consider before approval is granted.

 1. Participant information sheet - I think you need a statement about your various different roles - to make it clear to the students at UEA that you are a lecturer also undertaking a PhD, that the study is for this purpose, and something about how the dual roles will be separated. You do have>> elements of this, but given your status I think pulling it together in one place earlier would be better. Might a different sheet for UEA be appropriate?
 2. Participant information sheet - You say that you will 'guarantee' anonymity, which I think might be a promise too far. I think you need to do two things here (1) tell the participants how you will attempt to achieve this in greater detail (2) use different language from guarantee. I think it is always possible that a reader may be able to identify participants, so I would not promise anonymity.
 3. It is the Ethics Committee of the School of Education & Lifelong Learning (not SSF) that is considering this, and of which I am the Chair.
 4. Again for the UEA students, could you use a third party to give out and collect the consent forms? This would achieve a further degree of separation.

Again, I think these are quite easy suggestions to address, and if you agreeable to do so and let me have modified information sheet etched I think I can approve the research immediately. Please let me know if you need anything else.

Lyndon

University of East Anglia
Faculty of Health
School of Nursing & Midwifery

Information Sheet for Participants

Research Project:
This study aims to explore the factors that contribute to success in pre-registration nurse education from the perspectives of students and lecturers.

Researcher:
Helen Bell, Lecturer, School of Nursing & Midwifery, University of East Anglia.

I invite you to participate in this research study. Please read the following information about the study: it outlines the purpose of the study, what is involved, and other issues such as confidentiality.

This study is being undertaken as part of a PhD award within the School of Nursing and Midwifery, University of East Anglia, and is not related to any quality assurance or management strategy within either of the universities. Students and staff are invited to take part in this study but are under no obligation to do so, and may withdraw at any stage of the process. Your participation or non-participation in this study will not affect your position as a student or member of staff within the School. The Ethics Committee of the School of Education & Lifelong Learning, UEA, has approved this study.

Background and aims of the study

The study aims to explore the factors that have contributed to the successful performance of pre-registration nursing students during the first two years of their programme of study. It is anticipated that the findings will enhance current understanding of the factors that contribute to students' success. This new insight may inform pre-registration nurse admissions policy and procedures, and influence the wider provision of nurse education.

As part of the study, I will be interviewing third year student nurses who have attained high marks in theoretical assessments (within the top 12 of the cohort) *and* successfully completed clinical assessments at first attempt. In addition, biographical information such as age, gender, ethnicity, and entry qualifications will be gathered from the student's admission file. Lecturers involved with their course will also be interviewed. The study will take place at two university sites.

What is involved?

I intend to approach all student nurses/lecturers who fulfil the above criteria for their consent to participate in the study. Participation is completely voluntary and you may drop out at any time without providing a reason. I will arrange and conduct all of the

interviews. Interviews will be held in a designated quiet room within the School where privacy will be assured. Interviews will be tape-recorded. During the interview, I will ask you about your thoughts on any factors that have contributed to your success (if you are a student) or the student's success (if you are a lecturer). You are free to say as much or as little as you like. I anticipate that the interview may last between one and two hours depending on how much or little you would like to say. I may ask you to be interviewed for a second time at a later date in order to clarify any previously raised issues. Again, your participation is completely voluntary and you may decline to be interviewed for a second time. Interviews will take place at your place of study (student) or work (lecturer), and will be conducted in a private room at a time convenient to you.

Anonymity and confidentiality

All data collected will only be used for the purposes of this study. Your participation in the study will be kept confidential to my research supervisors and me. Interviews will take place discretely at your convenience. Only my research supervisors and I will have access to the taped information that will be coded, not named, to maintain your anonymity. I will label the tapes by a number and store the list of names/numbers in a locked drawer at my home address to ensure confidentiality. The coded tapes will be kept in a locked case at my home address. I will transcribe interview data verbatim and send a copy to you so that you may check the accuracy of the script. The tapes and data collected will be destroyed one year following completion of the study. All data gathered from individuals and the university will be anonymised. Within the thesis and any subsequent publications, I will ensure that participants are not identifiable either by using numbers or pseudonyms.

When will the study take place?

Interviews will take place between January 2008 and June 2009

Where will the study be kept and published?

A copy of the finished study (thesis) will kept in the library at the University of East Anglia. Extracts from the data collected may be used in articles or papers that could be published more widely.

What if I not happy with any aspect of the study and wish to make a complaint?

This study has been approved by the Ethics Committee for the School of Education & Lifelong Learning, University of East Anglia. However, if you are unhappy about any aspect of this study, complaints can be addressed to:

Dr Lyndon Martin
Chair of the Ethics Committee for the School of Education& Lifelong Learning
University of East Anglia
Edith Cavell Building
Norwich
NR4 7TJ

Study location code:
Participant identification number:

CONSENT FORM

Research Project:
This study aims to explore the factors that contribute to success in pre-registration nurse education from the perspectives of students and lecturers.

Researcher:
Helen Bell, Lecturer, School of Nursing & Midwifery, University of East Anglia.

Please initial box

1.   I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2.   I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason, without my position on the course as a student or my position as a lecturer being affected.

3.   I understand that data from relevant sections of my student record (students only) and interview data collected during the study will be looked at by the researcher and the research supervisors. I give permission for these individuals to have access to my records (students only) and interview data.

4.   I agree to take part in the above study.

_____   _____   _____
Name of participant   Date   Signature

_____   _____   _____
Name of person taking consent   Date   Signature

When completed, I copy for participant, 1 (original) for researcher

University of East Anglia
Faculty of Health
School of Nursing & Midwifery

Interview Guide - Students

I will summarise the marks and clinical achievements attained by student then ask:
- Do you consider yourself a 'successful' student?
- Why or why not?
- Do you agree with the way that success has been defined and measured for the purpose of this study or do you view success in a different way?
- What factors do you think have contributed to your success?

Depending on student's response, the following areas may be explored:

The past:

- Family influences
- Childhood
- School/College experiences
- Educational and other achievements
- Life experiences
- Career choices and insight

- Personal attributes/qualities
- Ambitions
- Motivation
- Role models

- Expectations

The present:

- Family/personal commitments
- Learning/teaching styles
- Staff
- Student support
- Learning environment

- Motivation
- Clinical practice issues/mentors
- Health
- Finance/part-time work
- Personal attributes/qualities/attitudes

The areas identified above are not compulsory or exhaustive. I will respond to areas identified and discussed by the participants as appropriate.

When the participant appears to have completed their contribution to the interview, I will remind the participant of the key factors that they have identified as contributing to their success during the interview. I will then ask them to rank these factors in order of importance and add or remove any of these factors as they wish.

Finally, participants will be asked about their career aspirations.

University of East Anglia
Faculty of Health
School of Nursing & Midwifery

Interview Guide - Lecturers

Remind the lecturer of the definition and measurement of 'success' for the purpose of this study then ask:

- Do you agree with the way that success has been defined and measured for the purpose of this study or do you view success in a different way?
- What factors do you think contribute to students' success?

   Depending on the lecturer's response, the following areas may be explored:

The students' past:

- Family influences
- School/College experiences
- Educational and other achievements
- Life experiences
- Entry qualifications
- Career choices and insight

- Personal attributes/qualities
- Ambitions
- Motivation

- Role models
- Expectations

The present:

- Family/personal commitments
- Learning/teaching styles
- Staff
- Student support
- Learning environment

- Motivation
- Clinical practice issues/mentors
- Health
- Finance/part-time work
- Personal attributes/qualities/attitudes

The areas identified above are not compulsory or exhaustive. I will respond to areas identified and discussed by the participants as appropriate.

When the participant appears to have completed their contribution to the interview, I will remind the participant of the key factors that they have identified as contributing to student success. I will then ask them to rank these factors in order of importance and add or remove any of these factors as they wish.

Access – Case 1

Ref: KG/GMT

21st April 2008

SCHOOL OF NURSING & MIDWIFERY

INSTITUTE OF HEALTH

Edith Cavell Building
Norwich
Norfolk NR4 7TJ

Telephone
01603 597001

Fax
01603 597018

Mrs H Bell
c/o School of Nursing & Midwifery
Edith Cavell Building
UEA
Norwich
NR4 7TJ

Dear Helen

Thank you for your email and attachment, requesting permission to conduct your research study using NAM students and staff. I note you would like to access 10 – 20 student nurses and 6-8 lecturers here plus others at two universities. I am very happy for you to do so and look forward to seeing the result of this highly topical study.

Yours sincerely

Kate Guyon
Head of School

c.c. staff file

Access – Case 2/3

From: XXXX
Sent: 09 October 2008 14:49
To: Bell Helen Mrs (NAM)
Subject: RE: Request to undertake PhD research project at XXX - Nursing (Diploma and Degree students)

Dear Helen

I would like to apologise for the delay in relying to your e-mail. XXX is currently off sick. However, I can inform you that you have been granted access to students and staff, plus any documents you require for your research project as discussed.

Regards

XXXX
Acting PA to the Associate Deans

For and on behalf of XXXX

From: Bell Helen Mrs (NAM) [mailto:H.Bell@uea.ac.uk]
Sent: 08 October 2008 12:24
To: XXXX
Subject: Request to undertake PhD research project at XXX - Nursing (Diploma and Degree students)

Dear Dr XXX

I have recently contacted Mr XXX to ask for permission to access student nurses and staff at XXX as part of a research project. He has kindly informed me that I need to seek permission from you, as Associate Dean. I am a senior lecturer at the School of Nursing and Midwifery, University of East Anglia (based in Norwich). I am currently undertaking a part-time PhD research project with the UEA that focuses on the entry profiles and biographical characteristics of highly successful nursing students (Adult Branch - Diploma and Degree).The project is designed to explore the profiles and characteristics of highly successful nursing students located in three contrasting schools of nursing. Data has already been collected from the School of Nursing, UEA, over the past year.

I am contacting you to ask permission to have access to gather data at XXX. The third school selected is the Military School also based at XXX and I am currently in the process of contacting Lt Col XXXX for access although I am sure that this also falls jointly under your authority. I have not approached any other schools of nursing in the country as XXX is my first choice due the contrasting size and ethnic diversity compared to UEA. I am also familiar with XXX as I worked there as a lecturer when I was stationed at RCDM as a Flight Lieutenant in the RAF (PMRAFNS) from April 2002 - May 2003.

I have attached a copy of my application for ethical approval which was approved by Dr Lyndon Martin, Chair of the School of Education and Lifelong Learning Research Ethics Committee, UEA in December 2007.Thank you for considering this request. I would be very happy to attend XXX to give a presentation of my research project to any relevant parties if that would be helpful, and of course, provide any further information about the exact nature of the methods, data to be collected, and confidentiality issues.

I look forward to hearing from you.

Helen

<<Helen Bell - Application for ethical approval.doc>>

Helen Bell
Lecturer/School Admissions Officer
School of Nursing & Midwifery
Edith Cavell Building
University of East Anglia
Norwich
NR4 7TJ
Tel: XXX

Access – Case 3

From: XXXX
Sent: 24 November 2008 13:07
To: Bell Helen Mrs (NAM)
Subject: RE: Request to undertake PhD research project at XXX - Military Nursing

Helen,

I am making an executive decision and saying, yes, you can access students and staff and relevant documents here as part of your research.

Regards,

XXX

XXXX
Lt Col
Commanding Officer
Defence School of Health Care Studies

Indemnity letter

UEA

University of East Anglia

The Registry
Research, Enterprise and
Engagement Office

University of East Anglia
Norwich NR4 7TJ
England

TO WHOM IT MAY CONCERN

Tel: +44 (0) 1603 456161
Direct: +44 (0) 1603 591574
Fax: +44 (0) 1603 591550
Email: reeo@uea.ac.uk
www.uea.ac.uk/reeo

23 November 2009

An exploration of the entry profiles, biographical and experiential characteristics of successful pre-registration nursing students. - Mrs Helen Bell

This is to confirm that the University of East Anglia and Subsidiary Companies has arranged insurance cover with Zurich Municipal (Policy No. NHE-09AC01-0013) with limits of liability as detailed below. The Policy is due to expire on 31 May 2010 when we expect to renew on substantially similar terms:-

Employers Liability   - £25,000,000 per claim
Public/Products Liability   - £25,000,000 per claim
Professional Negligence   - £ 7,500,000 per claim

The cover is, of course, subject to the terms and conditions of the policy. If you require further details, please contact the undersigned.

Yours faithfully

Sue Steel
Research Contracts Manager
Research, Enterprise & Engagement Office

Phone: 01603 591486, fax 01603 591550
email: sue.steel@uea.ac.uk,

Invitation to participate email - students

From: Bell Helen Mrs (NAM)
Sent: 24 March 2010 17:33
To: XXXX
Subject: Research Project - invitation to participate

Dear XXXX

I am currently undertaking a PhD research project that is exploring the profiles, characteristics and personal accounts of highly successful students in nurse education. This study is based at XXXX and XXXXX.

As one of the most successful students in your cohort, I was wondering if you would be willing to be interviewed as part of this project sometime during April or May when you are back in the School for classes. The interview usually takes about 1 hour and would focus on any factors that you feel have helped you to be so successful on your nursing course. I have attached an information sheet and consent form to give you a bit more information about the study. I very much hope that you would be willing to take part but please be assured that if you decide not to then it will not affect your studies in any way.

If you are interested, please contact me at h.bell@uea.ac.uk.

Thank you for considering this request.

Kind regards,

Helen

Helen Bell   RGN, MSc, BSc (Hons), PGCEA, RNT
Lecturer/PhD Student
School of Nursing & Midwifery
Edith Cavell Building
University of East Anglia
Norwich
NR4 7TJ

Invitation to participate email – staff

From: Bell Helen Mrs (NAM) [mailto:H.Bell@uea.ac.uk]
Sent: 13 April 2010 13:57
To: XXXX

Subject: Invitation to participate in a PhD research project

Dear XXXX

I am currently undertaking a PhD research project at the XXXX and XXX which is exploring the profiles, characteristics and personal accounts of highly successful nursing students (Adult Branch). I would like to interview approximately 12 lecturers and the 2 Course Directors involved in the diploma and degree programmes who feel that they have something to say about student success: for example, how it should be defined/measured/judged, whether successful students share any particular characteristics/qualities/skills/attributes, what other factors contribute to their success, do highly successful students make successful staff nurses, how do we select successful students during admission process?

Interviews usually take about one hour and will take place in the XXX Buildings. If you would like to participate and are available on any of the dates below, please let me know a time and I will book you in:

Thursday 18th March 0800-1900
Friday 19th March 0800-1700
Wednesday 24th March 0900-1530 or 1700-1900
Friday 26th March 0900-1700
Wednesday 31st March 0900-1900
Wednesday 7th April 0900-1900
Wednesday 14th April 0900-1900
Wednesday 21st April 0900-1900
Thursday 22nd April 0800-1900
Friday 23rd April 0800-1900
Wednesday 28th April 0900-1900
Wednesday 5th May 0900-1900
Thursday 6th May 0800-1900
Friday 7th May 0800-1900

Please do not hesitate to contact me if you have any further questions.

Kind regards,
Helen

Helen Bell
Lecturer/Director of Admissions, School of Nursing & Midwifery, Edith Cavell Building
University of East Anglia, Norwich NR4 7TJ
Tel:01603 597054

Document Analysis - questions

The context of the document

- What is the document?

- Where has the document come from?

- When was the document written?

- What kind of document is it?

- What is the document about?

- What is the focus of the document?

- What was the original intention and purposes (explicit and/or latent) of the document?

- What were the reasons for, or causes of, the document? Why was it written?

- What were the political and social contexts surrounding the document?

- What were the intended outcomes of the document?

- How was the document used/intended to be used?

- How was the document actually used?

- What were the effects/outcomes of the document?

- How did the document function in the phenomenon or situation being researched?

- What other documents fed into the production of, or were being used at the same time as, the document in question?

- What was the original agenda that the document served?

- Who were the original intended audiences of the document?

- What is, and was, the status of the document?

- What was the original context of the document?

- What are the style and register of the document?

- What does the document both include and exclude?

- What does the document's author(s) take for granted in the reader(s)?

The writer of the document

- Who wrote the document?

- What can be inferred about the writer?

- What were the interests of the writer?

- What were the status/position/knowledge ability of the author(s)?

- What does the document say about its author(s)?

The researcher and the document

- How should the document be read?

- Who owns/owned the document (e.g. the researcher, others)?

- Does the researcher personally know the author(s) of the document, i.e. what is the relationship between the researcher and the author(s)?

- Was the researcher present in the events reported (raising the issue of researcher effects)?

- How close to, or detached from, the participants was/is the researcher?

- What (additional) information does the researcher and the audience need to know in order to make sense of the document?

- How can, should or should not the document be used in the research?

- How does the document structure the researcher?

- How can the document be best analysed?

- In reading the document, what does it tell you about yourself as a leader/researcher

- What are you, the reader/researcher bringing to the document in trying to make sense of it?

- What alternative interpretations of the document are possible and tenable?

- How is the chosen interpretation justified?

- What are the problems of reliability and validity in your reading of the document?

- What is the place of the document in the overall research project?

Cohen et al (2006:202-203)

Example of transcript layout

1   And what sort of things did you..., you said that you accessed all sorts of things, what

2   sorts of things did you access to enable you to do better?

3   R7

4   Uh I went to the, the module co-ordinators for the subject to say, "okay, I've read the

5   feedback, can I just run it by you to make sure I understand what you're saying to me,

6   what would you expect to see, especially at level five next year" and then I went to

7   the um is it the personal development centre or professional development?

8   Something like that and I had a one to one with um a tutor who went through the

9   feedback, my assignment and we just talked it through together and that was really

10   good because it just gives you a bit of an insight into what they want and then I

11   moaned at my friends as well [laughter] which always helps [laughter]

12   I

13   Had you just got the wrong end of the stick about what was expected of you?

14   R7

15   Yeah, what, what didn't help was, I think it was our second assignment so we were all

16   still, oh, don't really know where I should be pitching this and there wasn't an

17   assignment title, it was pick a development need and tell us what you're going to do

18   about it, well, how wide is that and I went too wide, I, I picked uh drug calculation and

19   administration, well, I should have separated that out and I think I just went at it from

20   completely the wrong angle so, I learned though [laughter

Individual Case Findings - Case 1

1. Profile of the case

The University:

Case 1 was based in a university located in the East of England and is located on one campus set in a large area of parkland approximately two miles outside the city centre. It was established in the early 1960's and is a founder member of the '1994 Group' of research intensive universities. During the period of data collection (2008-09), there were over 14,000 students registered: 12,000 undergraduates and 2,500 postgraduates. Approximately 20% of these students were non-UK/EU from over 100 countries. The total number of students has increased only slightly over the last four years to the present day. In 2008, 20% of all students were Black and Minority Ethnic (BME), of which 10.8% were Chinese, and the highest overall percentage of BME being postgraduate students. In relation to gender, 41% of the total student population were male and 59% female. In 2009, the university offered over 300 courses across four faculties and twenty-three schools of study; this remains unchanged in 2013. It employed about 2,600 staff including 1000 academics, some 300 of whom are primarily researchers. The university's annual equality report estimated that 5.4% of staff were BME, largely in keeping with the local population's ethnicity of 4% BME. The university remains in partnership with a research park, local industry, and the local general hospital. It has been consistently ranked in the top 25 of the national league tables and in the top 10 for student satisfaction over the last 5 years.

The Faculty and School of Nursing:

The school of nursing sits within a faculty that focuses on the delivery of health courses leading to both initial registration with the Nursing and Midwifery Council (NMC), General Medical Council (GMC) and Health and Care Professions Council (HPCP) and post-graduate education and research. The faculty has over 1800 (FTE) students registered; 1500 undergraduate and 300 postgraduate. The university website highlighted the

faculty's commitment to the delivery of the highest quality teaching for health professionals and to world-class/internationally excellent research. The school of nursing joined the university in April 1995 and moved location in 2006 from a site outside the city centre to its current location near the university campus and local general hospital. In 2009, the school had c.700 undergraduates (all full-time) following a 31% increase in pre-registration commissions by the Strategic Health Authority mostly in the nursing (Adult branch), and over 1300 post-registration/graduate students (mostly part-time). Female students dominated the school's student body with 85% females and 15% males, with most male students undertaking adult or mental health nursing programmes. As most students were recruited from the region, 96% of undergraduate students were White British with 4% BME reflecting local ethnicity statistics. Only 4% of undergraduate students were classed as from the European Union (EU) or European Economic Area (EEA). In addition, there were no international students (outside the EU/EEA) as undergraduate programmes were not open to international students. There were about 52 (FTE) academics and 20 administrative/support staff at the time of data collection. The school has consistently received positive outcomes from quality assurance monitoring processes including Quality Assurance Agency Major Review of Healthcare programmes (2006) and NMC Annual Monitoring (2007, 2008) and has been ranked in the top ten by the Guardian's University Guide for nursing and paramedical studies over the past 5 years.

Overview and structure of the programme:

In the academic year of 2008-09, the school offered all four branches (now fields) of nursing; Adult, Mental Health, Children's and Learning Disabilities, at diploma and degree levels, both over three years. The first two years of the pre-registration nursing programmes were shared by diploma and degree students and differentiation in learning outcomes, teaching and assessments in year 3. Diploma students were able to transfer to the degree programme at the end of the second year if they met the required criteria. The programmes commenced at two points in the academic year: a September intake of all four fields and a second intake in February consisting of only adult field students. Participants in this study were recruited from the February 2006 intake and interviewed in February –April 2008 to coincide with the students entering year 3 of their programme.

At this time, teaching had just been centralised on one site where previously it had taken place on two sites; the current school location and a satellite site approximately forty miles west of the region near a partner local hospital. This issue had caused some concern amongst the students who had previously been taught at the satellite site particularly in relation to travel and finance. As with all pre-registration nursing programmes in the UK, the curriculum was 50% theory (university based learning) and 50% practice. At the time of data collection, all the branches of nursing shared a Common Foundation Programme (CFP) in year one, followed by a branch programme in years 2 and 3. Each year of the programme was divided into 3 terms, each 14 weeks in length; 7 weeks of classroom based learning followed by 7 weeks in clinical practice. The only exceptions to this pattern were Term 1 which consisted of a 12 week block of school-based introduction to nursing with short observation placements (2 weeks) in the community, and the final Term 9 which consisted of a 12 week block of continuous clinical practice to consolidate clinical skills and prepare the student for employment followed by an additional 2 week elective placement. The attendance policy ensured that students met the required hours for registration with the NMC (4600 hours) with any absence in theory or practice over 8 days being made up in theory or practice as appropriate before programme completion.

Classroom based learning:

In 2001, the nursing curriculum adopted 'Enquiry Based Learning' (EBL) in order to create a student-centred approach to learning that facilitated the development of clinical reasoning, teamwork and lifelong learning skills (Grandis et al 2003). EBL involved the students working in small groups (15-20) to explore practice based scenarios facilitated by lecturers. The students were also exposed to a mixture of classroom based teaching methods, lectures (or 'resource sessions') and practical clinical skills sessions, combined with tutorials, directed study and self-directed to prepare them for placement-based learning. Another key feature of the curriculum was 'Inter-professional Learning' (IPL); implemented in 2002, the IPL programme involved nursing and other students from health professions across the faculty e.g. physiotherapy, occupational therapy, medicine, operating department practice, midwifery, learning and working together over the 3 years using clinical –based scenarios in small inter-professional groups to promote effective inter-professional collaboration.

Placement based learning:

Adult branch students were placed in clinical placements across the region including three main district general hospitals, community hospitals, hospices, rehabilitation centres, nursing homes, community nursing teams, and the ambulance service. Most placements were blocks of 7 weeks of continuous practice undertaking the '24 hour and 7-day week' shift pattern worked by nursing staff in the placement area; students worked 37.5 hours per week in practice. In keeping with the requirements of the NMC (2004, 2008), students were supervised (directly or indirectly) and assessed by a qualified mentor although students also worked with other nursing staff, healthcare assistants, and other members of the healthcare team. All placement areas were supported by a Link Lecturer; a member of academic staff who provided educational support to placement staff and students on each placement. Link Lecturers would not normally work clinically with patients and students but visit the placement area regularly and as requested to offer support. The last day of the 7 week clinical placement block was a study day where students had the opportunity to discuss their experiences in practice and to formally evaluate the placement.

Learning support:

The university library was based on the central campus approximately a 20 minute walk from the school of nursing building. When teaching was centralised on one site in 2008, the university maintained funding of the nursing library within the satellite hospital site in the west of the region. This allowed students who lived in this area or who were based at this hospital for placements easy access to nursing publications and computer facilities. Access to the university computers both in the main campus library and in the school of nursing (from 2006) were available 24 hours a day every day of the year. Other support services included personal advisers, placement mentors, link lecturers, the School Disability Officer, the Dean of Students Office, and the Student Union. Delivery of the curriculum was supported by Blackboard, a learning platform tool used to communicate programme information, announcements, and learning resources.

Assessment:

The students' performance against the programme's learning outcomes were assessed in both theory (academic work) (50%) and in clinical practice (50%) throughout the 3 years. A variety of summative theoretical assessments were used including group projects, essays, portfolios, Observed Structured Clinical Examinations (OSCE) and written examinations. Diploma and degree students undertook the same summative assessments in years 1 and 2; in year 3 the diploma students were required to produce 3 essays whereas the degree students were assessed via an 8,000-10,000 word dissertation and an essay. The pass mark for theoretical assessments was 40% with students allowed 2 attempts before being withdrawn from the programme. The summative assessment of practice was based on continuous assessment over the period of each placement by the mentor with the final assessment taking place 2 weeks before the end of the placement. At the time of data collection, students were awarded a pass/fail mark for practice and also an overall percentage grade for their performance. Students who failed the first summative assessment were re-assessed in the last 2 weeks of their placement.

Recruitment:

In the academic year 2005/06, the entry requirements for the diploma programme were 5 GCSEs, and for the degree programme 3 'A' levels at grades BCC (no subjects specified), with all students required to have GCSE grades A-C in English and Mathematics. Although not compulsory, applicants were encouraged to have undertaken relevant paid or unpaid care experience and to discuss this in the personal statement section of the application form. In accordance with the NMC (2004) standards, all students were required to have two satisfactory references, a satisfactory Enhanced Criminal Records Bureau (CRB) check, a Protection of Vulnerable Adults (POVA) check, and a satisfactory Occupational Health check. Following a process of short-listing by administrative and academic staff, applicants were then invited to a selection day involving a group discussion and an individual 20 minute interview. Applicants were selected by a member of academic and a member of senior clinical staff using a scoring system.

2. Profile of the participants

Twelve students and six lecturers were recruited in this case. All participants are referred to by pseudonyms throughout this report.

Students:

The students were recruited from the February 2006 Adult Nursing intake comprising of 57 students in total: 55 Diploma and 2 Degree. The recruitment profile for this intake is summarised in Table A.

	Diploma	Degree
Numbers recruited (adult branch only)	55	2
Number of applications per place	3	2
Mature students (≥21 years)	16%	100%
Females	90%	100%
Males	10%	0%
Highest entry qualification:		
5 GCSEs	48%	N/A
3 A levels	15%	50%
Degree	10%	50%
Access to Higher Education course (Science)	6%	0%
BTEC National diploma	14%	0%
Other	7%	0%

Table A.: Recruitment profile for Case 1.

At the time of this study, the diploma bursary was significantly higher than the degree bursary and subsequently, many students chose to register on the diploma programme initially even if they had the entry qualifications to start the degree programme because of the financial incentive. By transferring at the beginning of Year 3 students avoided the reduced degree bursary for two years. After the data collection period, a total of 49 students went on to complete the programme (39 diploma and 10 degree) with 8 failing

to complete for various reasons including: Diploma - 4 academic failure, 1 practice failure, I ill-health, 1 family ill-health, and Degree – 1 for personal reasons.

All the student participants met the inclusion criteria (Chapter 4: section 4.2.2), however there were variations in their age, gender and highest qualification upon entry to the programme (Table 13). Only one student (Lilly) was a 'school-leaver' with all the other students classed as non-school-leavers or 'mature students'. Nine participants transferred to the degree programme in Year 3 (Table B). All participants that started the diploma programme were eligible to transfer to the degree programme for Year 3 however two students were unable to transfer for financial reasons. Only one student out of the twelve participants was registered on the degree programme from Year 1. Practice marks were not included in this study as they may have been unreliable however, it is interesting to note that the participants all scored the highest marks in practice compared to other students in the intake, consistently scoring >70% on each placement throughout the three years of the programme although most other students achieved high marks in practice as well (>60%) regardless of their theory marks. Subsequent to data collection, the participants' average academic mark for Year 3 remained the same or was higher than that achieved in Year 2.

Lecturers:

The lecturers were all members of staff involved in teaching on the participants' programme. One lecturer was the Course Director (Jane) and all the other lecturers were Academic Advisers to the student participants (Michelle, Kerry, Sarah, Mark and Nicky). Michelle had an additional role as the School Disability Officer. All of the lecturers were qualified Nurse Tutors registered with the NMC and had over five years' experience in nurse education. Lecturer-practitioners were not employed by this university and although there were Practice Education Facilitators (PEFS) they were employed by the Strategic Health Authority and had responsibility for supporting mentors rather than students directly.

Student Participant (pseudonym)	Rank by average Year 2 academic mark	Average Year 2 academic mark	Gender	Age	Commenced Diploma or Degree	Highest Entry Qualifications	Exit Award
Emily	1	78	F	23	Degree	4 A Levels (grades AAAA) in French, Maths, Further Maths, Psychology, 10 GCSEs inc Double Science (all A*)	BSc
Katie	2	78	F	43	Diploma	Access to HE Life Sciences: Distinction	BSc
Clare	3	77	F	24	Diploma	7 GCSEs including Double Science	BSc
Dillon	4	71	M	36	Diploma	3 A levels (grades DDE) in sociology, film studies & psychology, 6 GCSEs	Dip HE
Heather	5	68	F	39	Diploma	5 GCSEs including Human Biology, NVQ L3 Care	BSc
Daniel	6	67	M	46	Diploma	5 GCSEs including Chemistry	BSc
Diana	8*	66	F	46	Diploma	5 GCSEs including Biology, Health Social Care, NVQ L3 Care	BSc
Alex	9	66	F	36	Diploma	BTEC Nat Dip Hotel & Catering Operations, 8 GCSEs including Biology	Dip HE
Rachel	10	66	F	37	Diploma	7 GCSEs including Biology & Chemistry	BSc
Sarah	11	66	F	41	Diploma	BSc Psychology with Sociology: 2:1, 2 A levels (DD) Classical Civilisation& French, 7 GCSEs inc Biology	BSc
Lilly	12	64	F	19	Diploma	3 A levels (grades DDE) in Biology, Geography, Health & Social Care, AS (D) Psychology, 8 GCSEs	BSc
Penny	13	64	F	30	Diploma	6 GCSEs	BSc

Table B: Student participants' pseudonym, rank by average Year 2 academic mark, average Year 2 academic mark, age, gender, highest entry qualification. The ranked 7th did not meet the inclusion criteria for this study as she had failed a clinical assessment at 1st attempt.

3. Definitions of student success

Students and lecturers identified particular goals and personal attributes that characterised success. Success was not attained any single achievement on the programme but viewed as a broader concept involving a process of personal and professional development over the three year programme.

Sub-theme 1: Wanting to be a good student

All participants agreed that success as a student nurse consisted of ability in both theory and practice. The following issues formed part of the theme of wanting to be a good student nurse:

Participants were reminded that the study's definition of success was those students achieving the highest average mark in year 2 academic work and who had passed all year 1 and 2 assessments at first attempt including assessments in clinical practice. All the participants, both students and lecturers, appreciated the study's definition of success and the practical difficulties of identifying the most successful students in an intake and they agreed that second year marks were a fair way to judge student's academic performance. The importance of performance in clinical practice was viewed as equally important as academic achievement by all participants despite several students and lecturers commenting that '*placement marks are unreliable because they very subjective'* (Emily). Performance in clinical practice was seen as an essential component of success on a nursing programme and the lack of a reliable tool for measuring/grading performance in clinical practice was viewed as a weakness of both the programme itself and the study's definition although it was acknowledged that in the absence of a reliable graded mark in practice that passing at first attempt was the next best way of ensuring that students had performed well in practical element of the programme.

The study's definition of student success was described by some lecturers as synonymous with the view of traditional academic success that identified '*high flying students, the 'A stars', the merits, distinctions, firsts and two-ones'* (Kerry, lecturer). Lecturers voiced some concerns that some students perform very well academically but less well in clinical

practice. There was only limited evidence to support this view during participant recruitment for this study as only *one* student ranked in the top twelve of the intake had to be excluded from the study as they had failed the assessment of practice at first attempt during one of their second year placements. Other types of success were also mentioned by a few lecturers. For example, achieving personal goals was viewed as success even if the student did not attain the highest marks in the intake. Success in education was viewed more broadly by one particular lecturer:

> *'You might have someone who is a mature student whose worked as a health care assistant for a while or they may have not been employed for a while, someone whose done an Access course who doesn't have traditional academic qualifications like GCSEs, but they still do very well. They are highly motivated, they transfer to the degree programme at the end of their third year, and they may not fall into that top twelve, but I think their personal and professional development is a form of success especially as they may have come across negative attitudes within the education system at school' (Jane, Course Director).*

Another lecturer described two of her advisees that had been highly successful nursing students who had subsequently gone on to do medicine. She described them as possibly *'too successful for a career in nursing'* (Kerry, lecturer).

Most students had not consciously thought about being successful before my presentation and email inviting them to take part in this study. They had not considered themselves successful and appeared to be embarrassed yet pleasantly surprised at their achievements when I informed them of their average second year mark and ranking within their intake:

> *'I knew that I had done well in my placements and I have done well in my marks as well, so I knew I was doing ok, but I didn't think that I was in the top twelve for marks or consider myself to be really, really successful. No I haven't really thought about it. When I was invited I thought about it then and felt quite excited! I knew as I went along I had hit all my targets with good grades'* (Lilly).

In particular, the students who were non-school leavers stated that they lacked self-confidence at the beginning of the programme, not believing that they would even pass.

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Some of this perception stemmed from not doing very well at school and also from not studying for many years before more recently undertaking an Access to Higher Education course or Open University course to get onto the nursing programme. These students perceived studying at university to be difficult, something that they might not successfully achieve despite their best efforts. This was seen as a positive attribute by some lecturers: *'they go the extra mile to make up for what they perceive are deficits and they've usually got a lot of work experience to draw on too'* (Jane, Course Director).

Most of the students interviewed initially viewed success as *'passing the course and getting a qualification'* (Alex). Achieving the pass mark of 40% was seen as the most important goal for students particularly in year 1 of the programme. These early worries about being good enough were associated with low self-confidence, low expectations and low aspirations particularly at the beginning of the programme: '*I don't see that in myself but I am always being told by lecturers and mentors how well I'm doing. Even on placement I mark myself down compared to my mentor's marks. That's just me'* (Alex). Students described worrying the most about failing assessments; achieving good grades was seen as a bonus rather than a goal in year one of the programme.

There was a perception by lecturers that students may not fully understand what is required of them in terms of achieving good marks in theory assessments when they start the nursing programme and learn this as the programmes progresses through experience and feedback: *'I think that year one marks have to be excluded because they don't quite know what we want from them and I think that they can actually be quite bright students, but not really know what we need from them at that stage'* (Michelle, lecturer). Another lecturer supported this idea when describing the problem of learning how to pass assessments and achieve good grades:

> *'It may be that they take longer to learn what type of academic writing we require in order to be successful because I think you have to learn how to pass the assessments, the rules of engagement. That might be more difficult for people who have less of a traditional educational background because what you are required to do to pass vocational assessments is different from the type of assessment that's necessary to pass this course. A big part of it is learning to do the assessments effectively'* (Sarah, lecturer).

Self-confidence:

All the students experienced an increase in confidence during the programme which was associated with their unexpected success on the programme. While many of the students expressed confidence in their clinical ability describing themselves as '*a safe, good nurse*' (Lilly), some students still felt that they lacked confidence but that they had become more self-aware and better able to deal with it by setting themselves more realistic goals. Rachel expressed this growing confidence: *'I think the course has helped me to be more sensible about things. Now when I go on placement I know I won't have a good first two or three weeks because I am so hard on myself and my expectations aren't always realistic, but now I can accept that and be more realistic in my expectations.* This increase in self-confidence came from positive feedback from lecturers and clinical staff during the first year of the programme: '*Because I was a more mature student I was worried that I was not going to be able to do it and I think that the feedback over the last two years has made me feel much more confident. I am really chuffed that I have managed to achieve it. I wasn't sure if I could or not'* (Katie).

Sub-theme 2: Wanting to be a good nurse

Wanting to be a good nurse consisted of performing well in clinical practice and future aspirations of working within a certain clinical speciality. Both students and lecturers commented on the importance of not only passing the assessment of practice at first attempt, but also about providing high quality care for patients, getting the work done effectively and fitting into the clinical team.

Performing well in clinical practice:

Students not only viewed success as doing well in assessments but also in terms of their ability in clinical practice as perceived by clinical staff and patients. Whilst degree students were motivated to achieve a First or Upper Second classification, diploma students did not have this incentive as their award was not graded. Both degree and diploma students considered their ability in clinical practice to be more important than their academic marks although they appreciated that it was difficult to accurately measure their clinical performance. Students assessed their own ability in clinical practice by being able to communicate effectively with staff and patients, and the ability to '*pay*

attention to detail, not to miss anything regardless of whether it's administering a drug or phoning a relative to update them' (Penny). The ability and desire to make time to care despite the busyness of the practice environment was also described as a key element of being a good nurse. Clare recalled an example of making time to care in practice when an elderly gentleman had asked to have a short chat with her:

> *'I kept saying "in a minute, in a minute". Eventually, I had to do one job and then I said I would be back. I kept my word and we had a little chat. He just talked about his time in the war. He was so interesting to listen to. When I came in on the Monday he had died over the weekend and I thought to myself that I was so glad that I spoke to him just for 5 minutes. He was so happy that I had spoken to him for a few minutes. That will always stay with me. Now I always try and make some time somewhere just to speak to patients. I think it's so important'* (Clare).

Lecturers noted that some students do well academically but lack the interpersonal skills to be as successful in clinical practice. These students were described as very capable of applying scientific knowledge to nursing practice and carrying out nursing skills, but less able to work effectively in a team or manage a team effectively. These deficits did not become obvious until year 3 when students gained experience of managing small groups of patients or even as late as taking up their first post as a qualified nurse. Common sense and problem-solving were also identified as attributes that students might not display despite being academically very able as summarised by the programme's Course Director: *'It's about nursing at the end of the day, sometimes being academically able doesn't always equate to a successful nursing career'* (Jane, Course Director). Conversely, other students who could perform well in clinical practice due to their problem-solving skills, their ability to prioritise tasks and work well in teams, struggled with the underpinning science, numeracy and academic writing skills.

Future ambitions:

Many of the students expressed a desire to work within a chosen clinical speciality on qualification or after some experience as a staff nurse. For some this was the Accident and Emergency Department and for others palliative care, cardiology, sexual health, intensive care or day surgery. The need to consolidate knowledge and skills was

recognised by most of the students who talked about gaining some experience in an acute clinical practice area before being ready to specialise. The need to secure employment was the most important goal on qualification but these students also had definite career plans in mind even at the beginning of the third year of their programme. Individual placement rotations influenced the experiences and therefore the choices students made about their future ambitions:

'I know I've got get a few years practice under my belt but I'd like to be a specialist nurse in palliative care. That's my goal but whether I get there or not is another matter. I've worked on XXXX ward which is an oncology ward for a couple of weeks and oncology at BUPA, and I've done a lot of home care which I really enjoyed. It doesn't seem right to say that I've enjoyed palliative care but so much happens within that speciality and it's so rewarding even if things don't always turn out well. I know that's where I want to go in the future' (Diana).

The student with the highest average second year mark on the programme had very definite future plans which she developed before starting on the nursing programme. On qualification, she planned to work in intensive care initially and then complete the Diploma in Tropical Medicine in London. Ultimately, she wanted to work for Medicine Sans Frontier in Africa. Despite having another 10 months of her training to complete, she had already accepted a post in a regional hospital that offered supernumerary status in the first six months post-qualification in an intensive care unit. Part of the attraction of this post was the additional study that was required in the form of study days and workbooks:

'I know that's extra work but I think that's good because it really comes back to the high quality care that they want for their staff and their patients. I was really impressed with their programme and the Sister took time out of her day to show me around' (Emily).

Summary: Defining student success

Participants described success in a range of different ways that can be summarised in two main themes: 'wanting to be a good student' and 'wanting to be a good nurse', with sub-themes relating to: self- confidence, performing well in clinical practice and future ambitions. Students described how they started the programme with low self-esteem and

self-confidence but this developed gradually over the first two years of the programme. Students judged their performance against their own standards/goals rather than by the programme pass mark; this often resulted in negative perceptions of their success particularly in the first year of the programme. As such, most students did not view themselves as successful in the first year of the programme. Increased self-confidence and self-esteem contributed to success in the academic work and clinical placement performance in years two and three of the programme.

4. Factors that contributed to student success

Theme 1: Being highly motivated

Sub-theme 1: Intrinsic factors

Personal aspirations:

The personal desire to do well on the course was evident from every student participating in the study and was a strong theme throughout the data from students and lecturers. Students were motivated by a range of factors including experiences during their upbringing, previous work experience, the desire to be a good nurse, and the incentive of getting a job in a sought after speciality. Most of the students stated that they '*simply wanted to do really, really well*' (Diana) and achieve the highest classification possible, preferably a First. Diploma students were frustrated that their award was not classified and commented that they were disappointed as they were unable to show how well they had done on the course. Diploma students who wanted to transfer to the degree programme but were unable to because they could not afford to live on the reduced bursary also felt frustrated. Some of the students were driven by attaining a good university degree in order to the first person in their family to have gone to university, to have completed a professional training or to have letters after their name. One student referred to her upbringing and the impact that this had on her drive to become independent:

> *'I think it's just part of my personality and that goes back to growing up. My mum used to say "Oh I can't wait for you to grow up and leave home", so I grew up and left home as quickly as I could. I became independent very early and I think that contributed to me having to be successful in things. I got a job as a waitress and wanted to make a success of my life as I was the only person that was responsible for it. I think that has contributed to my success and that's what carried me through everything. By chance I had that independence and that strength to do things and it just carried on throughout my whole life and every job that I have ever had. And then as soon as I came into nursing I used all that history and applied it to my nursing studies'* (Alex).

For others the incentive to get a job was paramount. In particular, students who were also single parents were viewed by lecturers as being highly driven and needing to succeed because of their home situation and the need to support the family. Lecturers

described successful students as having a clear sense of wanting to be a nurse and what that meant. A '*realistic vision of nursing as a job and a career*' (Jane, Course Director) was seen by lecturers as essential for achieving success in clinical practice and ultimately in getting a job as a nurse. Successful students were recognised by lecturers as having particular personal characteristics that included a certain work ethic and commitment. One lecturer suggested that these personal characteristics were nurtured and developed over the period of the programme and that success comes with this personal and professional development. Another lecturer said that successful students had more insight into the career choice and were fully aware of the journey that they would need to take to become a successful nurse.

Career choice:

Being highly motivated was clearly evident in the way that students enthused about their aspirations and ambitions. The enjoyment of nursing was described as highly motivating '*I get a huge buzz from helping others, I really enjoy it*' (Emily). It was apparent that the students were also competitive in terms of their desire to not only get a good classification and a job as a nurse in the Trust where they wanted to work, but additionally to secure a job in the speciality that they wanted. These students also overtly displayed this competitiveness: '*I tend to get what I want on the whole. I think anything I set out to do, I usually get it*' (Clare). Students clearly articulated that they aspired specifically to be a '*good nurse*': *This is what I want do and I've always wanted to do it. I think just that desire in my mind to become a good nurse drives me and motivates me to keep going to do the best that I can*' (Penny). The desire to look after patients well was a key motivating factor for all of the students. Patients were described as '*deserving the best quality of care from nurses who were committed to giving their best to the delivery of compassionate and safe care*' (Lilly). The way to achieve being a good nurse was through hard work, having a passion for nursing, '*doing things properly and not cutting corners*' (Heather). Lilly typified this passion for nursing and the course: '*I love what I do on placement and when I'm learning in class and writing my essays, I really enjoy it all. I think I'm doing well because I love it*'. Being a good nurse was seen as achievable if you worked hard as a student and in that sense working hard was viewed as the path to being a successful student and nurse.

The aspiration to be good nurse originated from a variety of sources for students. Some had always wanted to be a nurse from early childhood and others had been inspired by an experience later in life. Most students did not have a family member working in healthcare but they had all experienced a personal health crisis or care situations related to their family or work. Three students (Lilly, Clare, and Penny) had family members who had been nurses and this had inspired them. These students were motivated by the achievements of their relative including: how they had specialised in a particular clinical area, reached the role of Ward Sister, and travelled all around the world. The experience of living with someone close who worked shifts allowed these students to have an appreciation of the career they were entering. Daniel had been inspired to do nursing after his son was taken into hospital with a ruptured appendix during which time he spent hours by his son's bedside. He watched the nurses on the ward each day and realised that there were a lot of similarities such as '*the teamwork and camaraderie*' as with his previous job in the Royal Air force. For Daniel, nursing offered a new challenge, a chance to still work in a team and to work in many different areas of clinical practice.

The experience of voluntary work prior to starting the programme had inspired some students to do a '*meaningful job*' (Alex) to '*give something worthwhile back to society*' (Emily). Katie talked about the lengthy preparation that she had undertaken to get into nursing: researching the career, undertaking a computer course, doing an Access to Higher Education course and a GCSE in Maths, preparing for the selection interview, and organising family commitments. Many of the mature students said that they had invested considerable time and effort researching nursing as a career and trying to meet the entry requirements. Due to family commitments these mature students were unable to move out of the local area and were prepared to work hard to achieve the comparatively high entry requirements of the local university.

Previous care experience enabled some of the students to decide that nursing was the right career choice for them: '*I went into Health Care Assistant work and loved it and here we are. I just really loved it and I just knew then that was it, that's what I wanted to do, but I had a lot of enjoyment being a Health Care Assistant. It's taken a long time in my life to find what I really wanted to do*' (Katie). It was during work as a Health Care Assistant

that some students were encouraged to do nurse training by their manager which gave students more confidence in themselves. For the older students, this care experience was compared favourably to previous less satisfying jobs such as waitressing or working in an office. In contrast, Clare was 14 or 15 when she was making career choices but already knew that she wanted to be a nurse. Because there were nurses in her family, she felt she had good insight into what would be involved in studying and working as a nurse, and so rather than going straight into nursing she chose to gain further qualifications (A levels) and then had a break from studying in order to earn money until she felt ready to go to university. Other students had known from even earlier ages of 5, 7 and 8 years that they had wanted to be a nurse although no particular event had triggered this. Penny described this knowing as a *'burning deep inside that has always been there'.*

Jane (Course Director) suggested that '*bright students have quite a clear game plan'.* Jane considered more successful students to have a long-term career plan rather than viewing the course as a means to an end; a view commonly shared by other lecturers. This was also associated with '*confidence*' and '*having a right to be here'* (Jane, Course Director)*.* Some students had set their future aspirations on working overseas in third world countries whilst other students wanted to join the NHS in the UK and work in a speciality or as a specialist nurse.

Sub-theme 2: Extrinsic factors

Family:

Students who were parents were motivated by wanting to be a good role model to their children: '*Making them see that you can work hard and get something out of life. Not letting anyone down is very important to me'* (Alex). Others felt a degree of pressure from their family to do well because they had made some sacrifices in order to help them succeed or because they had been successful in previous jobs. Lilly felt that her parents had always encouraged her to work hard and '*do your best*', but her parents also had high expectations of her, and to some extent she felt the need to do well to please them.

Others:

Alex was being seconded by her employer and experienced motivation '*in not wanting to let her employer down*' because they had invested money in her training and had believed in her ability to become a qualified nurse. As with other mature students, she said: 'I *feel lucky at my age to be able to do nurse training'. I was very lucky to have this opportunity in life'.*

Theme 2: Having a mature (adult) attitude towards learning

Sub-theme 1: Becoming an independent learner

Being organised:

Most of the students spoke about being organised in order to effectively manage the commitments of the programme as summarised by Dillon: '*Without a doubt you need to be disciplined and have good time management skills because of the nature of this course'*. Being organised related to specific aspects of the programme. For example, students viewed time management skills as very important in ensuring that academic work was produced for lessons or submitted on time. In particular, this required detailed planning of submission deadlines in relation to shifts in clinical placement and personal commitments. Lecturers pointed out that single mums were often the most organised students even though they had the most commitments. Some theoretical work required on-going attention such as the portfolio and students planned time to work on this each week rather than leaving it until the submission deadline. Most students planned their assignments in advance although they often left the writing to nearer the deadline:

> *'I think I'm quite good at the research side, I will look things up. I might leave writing the assignment until may be two to three weeks before its due in, but I would have done all the reading around it and have a good idea what I am going to write and have things written down on paper, my plan of what I am going to do. I do a little spider diagram so basically when I get to that point it's just writing it down on paper. I enjoy the reading side of it all, looking at all the information. I think it's just a bit of a natural ability that I'm quite good at being able to put it down on paper fairly quickly' (Diana).*

Students also identified the need to be organised specifically in relation to enquiry-based learning (EBL). This was seen as a different learning style compared to lectures; one that required conscious effort and self-discipline in order to maximise learning. Daniel suggested that:

'EBL allows for students to do the minimum amount that is required. You need to be disciplined to make sure that you go and learn what you need to learn. Time management is essential because you are given a lot of self-study time. Now you can use that to go and sit on the beach or can you use it to actually try and improve your knowledge so at the end of the day you are going to be a better nurse. Some people do and I think that is probably reflected in their marks, and some people don't (Daniel).

Other students recognised their ability to readily adapt to different learning and teaching styles particularly more self-directed approaches like EBL. Emily suggested that some students had chosen to study at this school of nursing because the EBL component of the curriculum *'suited students that liked learning for themselves'*. She described herself as an *'an independent learner from about the age of 12. I am very organised'* and attributed this to her own personality but also to having attended private schools where the philosophy of learning and the set structure encouraged the habit of being organised and working independently. Many students had enjoyed the style of learning that EBL offered and enjoyed independently researching a topic but also being part of a team. Although presenting in EBL was initially viewed as stressful and to some extent pointless, students soon became familiar with presenting to their peers and started to enjoy this way of learning. Students also said that they could see the relevance of learning presentation skills as they had progressed through the course in terms of teaching patients and their families, and teaching other students and staff in placements once qualified.

Being independent:

All of the students considered themselves independent learners. Katie described this as *'doing things for yourself rather than relying on somebody else to help you through it or needing guidance all the time'.* Students actively sought advice from lecturers and their academic advisers, however these students deemed this as guidance rather than a set of rules and students were able to make their own decisions with the advice given. In addition, these students were less concerned about what other people on the course were doing and although competitive, they were more focussed on meeting their own standards than on being better than anyone else. This approach was echoed by comments from lecturers who felt that successful students actively sought support from a

variety of sources as the student thought appropriate and then took responsibility for their own learning and the decisions that they made. In contrast, lecturers viewed less successful students as '*needy*'; students who were accessing academic advice often and then blaming lecturers when they failed an assignment or failed to get a '*good mark*' (Jane, Course Director). They also identified that some students found it difficult to make the cultural transition from school where teachers '*chase*' students to complete work, to university where students are expected to be more independent. Michelle (lecturer) noticed that successful students were more likely to independently access resources on module/lesson reading lists. Most lecturers thought that successful students used the library more than other students did, and that they used books and hard copies of journals rather than relying solely electronic sources of information particularly websites designed for the lay person.

Having confidence:

Students were confident about being in control of their own learning and being proactive in terms of using resources. They recognised the need to do extra reading or to ask if they had not fully understood something in class or on placement. They felt confident in their academic and clinical ability at this stage of the programme and that they had made the right career choice. Clare described herself as a confident person: '*I will voice my opinion; I'm not a shy person. I'll ask a question as that helps me in lectures or in practice if there's something I don't understand. On my last placement I asked my mentor a lot of questions which she seemed pleased about'*. Lecturers considered confident students to be more effective communicators both in class and in clinical practice. Emily agreed that her confidence enabled her to talk to patients easily and she linked confidence with being assertive and working in a pro-active manner. For example, in practice this equated to finding jobs to do rather than waiting to be asked and in class-based learning this meant doing extra reading or preparation or '*going the extra mile'*.

Students said that their confidence came from being a mature student and having '*life skills'* (Daniel). Being a mature student was not always about being older but more about having life experience and the life skills were: having respect for others, being polite and punctual, appreciating the opportunity to learn, putting others before yourself, having

experience of making life choices, taking responsibility for own actions, using criticism in a positive way, and being able to see beyond the present – the '*bigger picture*' (*Alex*). Mark (lecturer) summarised this as:

> *It's not about age but it is about maturity of attitude. It would be easier to say an older student has those characteristics but I don't necessarily think that that's the case. I think you find that successful students, even though they may not have much care experience at all, they seem to have that greater depth of understanding of where they're going and what it's going to take them to get there. And they're very motivated'* (Mark)*.*

Having experience of making choices in life was connected to having made the decision to switch to nursing having been in a different career. Lecturers felt that these students were confident about their plans to become a qualified nurse because they had sacrificed other things to gain a place on the programme e.g. income, time with their family, and sometimes their pride in going back to college to gain the entry qualifications. Michelle (lecturer) described them as '*socially comfortable*'; able to make relationships easily with their academic adviser, mentors and peers. Mark (lecturer) recalled an incident where one of his advisees had managed a difficult situation with her mentor and how the student had the confidence to discuss the problem with her mentor in order to resolve the issue in a professional manner without apportioning blame to anyone. Confident students were able to '*see the bigger picture*' and '*did not take criticism too personally*' (Nicky, lecturer).

Sub-theme 2: Developing effective learning strategies

Engaging with learning opportunities:

Lecturers commented that successful students were fully engaged with the programme and had minimal sickness and absence, even if they had experienced personal crisis events. Students confirmed that they had had virtually no sickness or absence from the course and that any absences which had occurred had been unavoidable (this was verified by student records). Students did not take '*sickies*' (Diana) i.e. unnecessary days off or miss lectures even if they predicted that it would be uninteresting or poor quality. This was seen by lecturers as a sign of commitment to the course and not wanting to miss learning opportunities. Sarah (lecturer) recounted a story about a successful student who

had unfortunately developed cancer during the programme but through determination had still managed to organise her intercalation period well and return to the programme achieving a first class degree. Successful students appeared to have a different attitude towards sickness and absence on the programme; *'When some students get the '16 day absence letter' they are absolutely mortified that they've got 16 days absence and try to sort it immediately, but others are like 'well it's only 16 days'; a totally different attitude towards the same issue'* (Sarah, lecturer)*.* Jane, considered engagement with the programme as pivotal to student success:

> *'Successful students use the system more. I look at Student Council, who's sitting there around the table and you could guess who's going to be there from each intake, they are the successful students. They know all the systems, they know the regulations, the special factors, answer all the surveys. Struggling students don't engage with the school until it's sometimes too late, they don't read student handbooks or emails. They compound their failure by not using what's available to them. There are some very good students who will take themselves off to DOS (Dean of Students) and do extra maths lessons when they don't need to, they're not the ones that should be getting extra support. Some of the successful students may take stock of their lives and are empowered by the course (Jane, Course Director).*

Coping with multiple tasks:

The ability to juggle undertaking clinical placements whilst writing a portfolio, producing written evidence to support the practice learning outcomes, getting the Skills Booklet signed off and producing a theoretical assignment simultaneously was viewed as one of the most difficult aspects of the programme requiring careful organisation and prioritisation of tasks. Emily highlighted the difficulty of dealing with the emotional stressors of working in clinical practice and also having to produce an essay by a deadline during placement:

> *'If you're on placement and you see something really horrible like you're been in resus or someone you've nursed for a long time has died, you've got so many pressures like working full-time, doing essays and doing the placement portfolio and it's really hard to fit all that in. I think that's where most people struggle, just to get it all in …it's really, really difficult' and you have to be so organised'* (Emily).

This was particularly difficult during Year 1 placements when students were not used to organising multiple tasks and it was particularly hard if students had to juggle placements and coursework with other personal commitments such as childcare and/or additional paid work.

Getting the most from learning experiences:

Students talked about the strategies they developed during the programme to get the most out of learning opportunities, particularly clinical learning experiences. All the students said that all their placements had been good and in order to get the most out of mentors and placements students used the following strategies: *'you have to throw yourself in'* (Emily), *'you have to be assertive'* (Lilly), *'you have to be enthusiastic'* (Alex), *'you have to put yourself forward for things and go find out what's happening'* (Rachel), *'you have to get stuck in'* (Penny), *'you need to be involved in everything'* (Emily), *'you have to build a relationship with your mentor and other people you're working with'* (Heather) and *'you have to get on with all kinds of people, work out the right approach'* (Clare). Students felt that these strategies made mentors and other clinical staff more likely to want to work with them and to help them to learn. Some students studied the handover report at the beginning of a shift to see what jobs/activities would be happening and then proactively asked their mentor if they could be involved in particularly tasks or work with a particular member of staff. Some student talked about *'getting the auxiliaries and HCAs on my side'* (Alex) in order to get the most from the placement which was achieved by *'getting on with the essential jobs like washes and obs* (Rachel), generally being helping staff as much as possible and *'not slowing staff down'* (Alex). Some students also mentioned actively finding out about the medical teams in their placement area and asking to be involved in medical rounds, communicating with doctors and attending multidisciplinary meetings. The notion of proactively putting yourself forward as a student was encapsulated by the following student statement:

> *'It's a question of learning how the hospital system works, how the hierarchy works and fitting yourself into it as a student. My priority on placement is to really take most of the opportunity so I can to learn as much as I can. Generally it's been good but I think a lot of that has been down to the fact that I put myself forward for things like asking to go out with the diabetes nurse for the day or asking to watch a procedure. Some students don't do that'* (Dillon).

This *'getting stuck in'* attitude was also evident in class-room based learning as well and lecturers said that students were not afraid to engage with the scenarios during EBL sessions; they were *'imaginative, open-minded and actively solved problems'* (Kerry). Most students enjoyed the challenge of researching a topic independently and presenting it back to the class in a creative manner. Students actively listened to their peers because they wanted to learn about the topics and expand their knowledge base. Lecturers said that students took responsibility for their learning including extra reading, were genuinely interested in the subject matter, and made the connection between classroom learning and being a good nurse. When a lecturer did not arrive for a lesson, students said that they would use the time to do some reading or complete coursework whereas other students would go home or go to the cafe. Nicky (Lecturer) suggested that students had clear insight into what they wanted to achieve and that this would require *'time and effort'* and not simply *'using a few internet sites, clicking a few buttons and then going out down the pub'*:

> *'There's a sense of maturity or understanding that if they expose themselves to different ways of obtaining knowledge, knowing where resources can be found and utilising those resources, and exposing themselves to it, they'll find a much greater depth of knowledge and understanding of the issues that they need to understand. That takes a sense of maturity. There's an acknowledgement that it takes time and effort because the nursing course has elements that other courses don't. It means forgoing some of the social side of the course but they understand the value of that and accept that as part of the journey'* (Nicky, lecturer).

Overcoming challenges:

Lecturers and students spoke about the ability to overcome problems or challenges during the programme and these included: a lack of academic skills such as searching for literature and academic writing, lack of computer skills, moving from one placement to

another and the associated challenges of fitting in with a new team and getting to know a new routine, not having the time or quiet space at home to study, and dealing with personal/family illness during the programme. Lecturers identified successful students as those with problem-solving skills and effective coping skills. Sarah managed commitments at home by '*I do my work at night time. I'm on the computer quite late especially weekends. I can work with the kids around to be honest with you although I'll say to them I'm working so don't disturb me too much. I tend to work when they are not around though. I can survive on minimum sleep*' (Sarah). Jane (Course Director) described successful students as '*robust*' individuals who cope well with change; they '*survive the academic world and the clinical area*' and are not fazed by new challenges. Conversely, Jane thought that failing students behaved more like '*victims. You see students who have a series of quite major life events and they still succeed, and then there are others who have relatively minor life events become victims and then start to fail. They're fatalistic. It's about how you manage things yourself* (Jane, Course Director).

Successful students developed survival strategies to deal with difficult or challenging situations. Lecturers suggested that these students have personal attributes that enable them to transform negative situations into positive learning opportunities. This ability was viewed by lecturers as being associated with a positive attitude; seeing the '*glass half full*' rather than '*half empty*' (Jane, Course Director). Another example of this was the students' ability to deal effectively with unhelpful mentors. Kerry (lecturer) noticed that successful students had the ability to manage their mentor and placement related problems without relying on the link lecturer to resolve conflict.

Summary: Having a mature (adult) attitude towards learning
Students and lecturers talked about '*having a mature attitude towards learning*'. This mature attitude was associated with becoming an independent learner and developing effective learning strategies to get the most out of learning opportunities. The sub-theme of 'becoming an independent learner' comprised further sub-themes: being organised, being independent including taking responsibility and having academic skills, and having confidence. The sub-theme 'developing effective learning strategies' comprised further

sub-themes of: engaging with learning opportunities, coping with multiple tasks, getting the most from learning experiences and overcoming challenges.

Theme 3: Being determined

Sub-theme 1: Being hard working

All the students interviewed recognised how determined they were to succeed both academically and as a nurse and talked about not having natural intelligence or ability but rather about their '*hard work ethic*' (Rachel) and '*time and effort*' (Emily). Alex recounted her parents always working hard and bringing her up to be independent. She was used to doing chores around the house from an early age because both her parents worked and doing a job on a Saturday to earn her pocket money. In a similar way, Penny had watched her (single) mother work full-time to provide for her and her brother and saw her mum as a role model for achieving through hard work and commitment. Other students had been influenced by previous life failures or bullying at school and were consequently determined to '*make up for lost time*' (Alex) or to pursue the career they had always wanted to do but had been unable to in the past. Students wanted to do well for themselves, to achieve personal goals and meet their own high expectations. Students also recognised that success drove success; the better the mark, they were more driven to get achieve an even higher mark next time '*I am really driven to do well and the better I do, the more driven I've become'* (Rachel)*. Students had confidence in their ability at this stage of the programme and did not expect to fail any assessments. Lecturers also recognised successful students as being self-driven, hard-working, doing extra work and sharing the knowledge with their peers.

Sub-theme 2: Wanting to do one's best

Students thought that wanting to work hard and to do their best was related to their personality and talked about '*not quitting*' (Katie), '*putting in the work*' (Penny), '*going into detail about everything*' (Lilly) and '*giving it everything'* (Heather) in order to achieve good marks and get the most out of their experience. Although students were aware that employers were not concerned with the grades achieved, students still wanted the satisfaction of knowing that they had '*done their best'* (Heather). This competitiveness was focussed on their own ambitions rather than comparing themselves with their peers' achievements. Students were very aware of their past marks and identified specific marks/averages that they were aiming to achieve during their final year and had

calculated their current average mark and the marks needed to achieve an upper second or first class classification. Students also wanted to achieve a better mark with each assessment as they progressed through the course and viewed a lower mark as a failure unless the assessment was viewed as one that '*everyone does badly on'*(Rachel). Students had confidence in their ability at this stage of the programme and did not expect to fail any assessments.

Sub-theme 3: Wanting to be a good nurse

Students worked hard and were determined to do well in order to achieve good marks and were not content with passing assessments well but also wanted to become a 'good nurse' as judged by clinical staff and patients. The desire to be a good nurse appeared to be equally important or more important that achieving good marks, however some students felt that some of their peers were good nurses despite not achieving the top grades in their intake.

Summary: Being determined

All the students talked about being '*hard working*' and '*determined*' to fulfil the ambition of becoming a qualified nurse. This determination was associated with a '*work ethic*' often instilled into them as a child by their parents or a close relative, or related to their motivation to do well for themselves and become a '*good nurse'*.

Theme 4: Receiving and using support

Sub-theme 1: Personal support

Family:

All students rated the support they received from their family as one of the most important factors that enabled them to be successful on the programme and this included '*being given the time to study*' (Alex) and understanding that they '*wouldn't be able to help at home during placements*' (Heather). Most of the students were 'mature students' with a spouse or partner, and most had children. Lilly and Emily were the youngest students in this case, were single and lived with their parents. Daniel felt indebted to his wife for allowing him to pursue a new career of his choice and the support provided by his wife in looking after their five children and working part-time, had '*allowed him to fully commit to the programme'*. Daniel was also in awe of his female peers who managed to juggle all the programme requirements, especially placements, with their home commitments.

Lilly felt that her parents had been the single most important factor in her success because 't*hey are always supportive and encouraging and helpful'.* Her sister, who was studying at college, had also supported her by showing her how to use PowerPoint and how to reference her work. Penny, a single mother, had relied on her parents for childcare during placements: *I think it would be very difficult if I didn't have the help of my family. Child minders don't want to work weekends and they don't start in the week until about 7.30am, but that's not early enough if you start the shift at 7.00am*. Other students talked about supportive husbands and partners describing them as '*brilliant*', '*wonderful*' and '*amazing*' because they had accepted that '*the need to study in the evenings'* and supporting them emotionally when they wanted to talk about things in placement that had upset them. Kate described herself as '*so lucky'* because her husband fully supported her: '*He brings me cups of tea, walks the dog, cleans the place and does all the laundry. He facilitates my study days which are becoming more and more frequent, and in that respect I've been really, really lucky'.*

The importance of family support was summarised in Heather's account:

'My family have been a major factor because they are so supportive and my children are a bit older, they are 18 and 15. I purposely left it until they were a bit older, they are so selfless really, they never ever said to me that mum you are always on the computer or oh you're going into the Edith Cavell again you know they have never said that. My husband has just released me to do what I need to do, and he'll go and do the shopping, he'll do the ironing, he'll do anything for me as he knows how important it is to me. It's kind of like a role reversal really because he was in the army for 20 odd years so I followed him around. I didn't work as I couldn't leave the children so it's kind of he said you've done it for me so he is now doing the same for me. So they are a very strong factor in my success and I recognise that. Some students don't have that support so they don't have the same time to devote to it as I can. Some people are naturally bright but I'm not, I need to hear it 20 million times before things do go in. Because my family are so supportive I have the opportunity to put in the time that I need to do well and also financially I don't need to work' (Heather).

Personal circumstances and financial support:

As mentioned by Heather at the end of the quotation above, personal circumstances and financial support were also considered by students and lecturers to be factors that had influenced their success. Lilly described her home life as '*easy*' because she lived with her parents who supported her financially and did all the domestic chores like cooking and washing for her. Lilly felt '*free*' to study and undertake placements '*with no worries*' as she had no home commitments or financial worries. Her parents had also ensured that she had a quiet place to study in the house, a computer and any books that she needed. All students mentioned that they did not need to work to earn money during the programme and that they were receiving financial support from their family. This was viewed by students as significant and a '*huge advantage*' because it gave them more time to study. Students said they were very conscious of other students having to work to earn money which increased stress for them as they had less time to study and were generally more tired. Jane (Course Director) commented that this situation sometimes forced students to intercalate from the programme just to earn some money and then return. Alex was the only student being seconded from her HCA role by a Trust and this had been vital in enabling her financially to do the course. Despite this financial support she had still had to work '*bank shifts in the local hospital*' during the vacation periods and her

'*husband is working harder and the girls are doing waitressing jobs and things in the evenings.*

Lecturers also unanimously felt that students with '*fewer responsibilities at home made life much easier*' on the programme: '*they can afford that time, they can plan their time, and there is nobody to stop them sitting there and utilising that time for whatever they're doing. They don't suddenly find themselves with a child who's in bed sick and those sorts of things. I think that if you don't have to work and you haven't got dependants, it makes life a lot easier for students* (Michelle, Lecturer).

Friends:

Support provided by non-nursing friends was also considered important by most students as they were good listeners particularly when emotional support was needed particularly. Students said that their detachment enabled friends to offer an '*outsider's*' view of situations, offering a new and objective perspective on the stressful aspects of the course such clinical placements and assignments. This was helpful for students in terms of '*getting things off their chest*' (Lilly) and also not '*burdening*' and '*boring*' (Katie) their partner/family all the time with their concerns.

Sub-theme 2: Programme related support

Peer support:

Students also valued the support offered by peers particularly friendships that had developed in EBL groups and they described how the nature of EBL sessions had forged close relationships between students which continued when on placement. Students kept in contact during placements by meeting up, email and texting. These bonds had helped students to '*survive the programme*' with some students saying that they '*would not have done as well without the support of other students in the group*'. Peers were considered by students as '*insiders*' because they had experienced the same stressors such as pressure to hand work in, placement stressors, and EBL presentations. Some lecturers observed that some EBL groups were more cohesive in terms of friendships and team-working than others and groups that had formed strong bonds were considered to be

'*more able*', '*happier* and sometimes '*more competitive*' as a group in relation to the quality of work presented and discussed.

Academic Adviser:

Students considered the support provided by Academic Advisers (AA) to be very important in contributing to their success. In particular, students found their AA helpful for support in the following areas: '*academic writing skills*', '*referencing*', '*finding relevant literature*', '*understanding assignment*' (Clare), '*structuring essays*', '*just listening*' (Alex) and '*having a chat*' (Clare) Students also used their AA to understand feedback from previous assignments (this is discussed further in Theme 5). Some students pointed out that their AA had said to them that they did not see them often enough but these students felt quite independent and only accessed their AA as they deemed necessary. Some of the mature students commented that they relied on their AA for guidance with academic writing skills and that their AA had assisted in developing their self-confidence in relation to producing academic work and maintaining commitment to the programme despite personal difficulties: '*My AA was just so, so supportive. There were times when I thought about giving up and he said just take some time out and come back to your work when you're ready. Don't give up. There was lots of encouragement and he took the time to listen* (Diana).

Academic adviser support was important to all students, even highly motivated students with the highest entry qualifications and care experience. Emily entered the degree programme with 4 A levels in Maths, Further Maths, French and Psychology at grades AAAA, 10 GCSEs including double-science all at grades A* and experience of voluntary care work. Despite excelling in both the academic and clinical practice components of the programme, she developed a relapse of a significant on-going health condition during Year 2 which forced her to intercalate for six months. She described the support provided by her personal tutor during her period of intercalation and through Year 3 as '*pivotal*' in her ability to return to the programme and successfully complete it. In particular, she identified that her AA had provided: empathy and understanding of her health condition, encouragement and support, and continuous personal engagement without which the student felt she would have given up the programme despite her commitment to

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becoming a good nurse and her ultimate ambition to work for Medicines Sans Frontier. Her AA had contacted her during her period of intercalation and had made sure that everything was in place to support her when she returned to the course following intercalation. Emily felt that she may not have returned to the programme had her AA not been so supportive. On completion of the programme, she was awarded a starred First Class degree classification, a university achievement award and secured a highly sought after rotational staff nurse position with the critical care services of a large regional general hospital.

Most students felt that they had gradually accessed their AA less as they had progressed through the programme and became more self-confident. Heather described this as '*standing on her own two feet*' and felt that this independence was important in preparation for becoming a qualified nurse.

In contrast, Jane (Course Director) viewed Academic Advisers as '*a red herring*' and that '*students will do well despite their AA*'. '*I don't necessarily think that it's the AA that leads to the student's success and you see that with students who have minimum contact performing well* '. She had observed that AA's often set the student off on the right route but that during the second or third year that students became more self-motivated. Most other lecturers shared the same view and Michelle (lecturer) suggested that the more successful students not only needed less support but that they needed support of a different kind:

'It's more about clarifying what's required rather than looking at drafts and correcting writing errors. They have less expectations of their academic adviser than less able students. Less able students feel that we are responsible for them achieving so if they don't achieve it's our fault but if they do achieve well that's what they are there for. Able students see us as somebody who can guide them in the right direction but don't have any expectation that we will look through their work, word by word, that we'll comment on absolutely everything. They are confident with what they've put down so they have a very different attitude towards us. They are also more grateful even though I feel I have done less for them, and the less able students that I spent loads of time with don't even say thank you at the end of the course. It's like it's expected that we are here to support them whereas the able students see us differently. They are more confident and more independent. They have other support networks like other students that they will talk through issues with. You tend to find that they are friends with other students who have similar abilities to them and they explore issues together. They utilise a lot of different support and know who to go to for particular advice' (Michelle, lecturer).

Lecturers:

The general support provided by other members of academic staff was also valued by students. Most students commented on the '*supportive atmosphere*' and '*supportive culture*' in the school created by lecturers. Lecturers were supportive in terms of answering administrative queries, answering questions in class, offering advice about finding resources, and offering emotional and personal support.

Mentors:

Students considered support provided by mentors during placements as vital to being successful and David described their support as '*pivotal to your learning and progress; they make or break the placement'.* All students emphasised the importance of relationships with mentors and the influence this would have on their learning and on the outcome of their assessment. Most students said that they had '*been lucky*' to get '*good mentors'* who had been very supportive and helpful. Being supportive was described by students in the following ways: '*being interested in me*' (Heather), *doing interviews* (assessments) *on time'* (Lilly), '*telling me about learning opportunities'* (Lilly), *wanting to work with me'* (Clare), '*telling me about her experiences'* (Penny), and '*answering questions'* (Alex). Mentors were considered by students to unsupportive when they were

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not interested in them as a student, occasionally mentors saying this directly to students. Heather described her time in one department as an *'endurance test'* that had made her feel *'crushed by the time she left'*. However, most students described their mentors as *'brilliant'* and *'so helpful'.* Diana found her mentor supportive because she *'was bringing me in different books because I was showing an interest. She was telling me her experiences and suggested specialist people to go for days out and visits'.* Diana also had support from her associate mentor who like her had been a mature student and was newly qualified. She knew the *'all the pitfalls on the course'* and *'what you have to cope with'* but had nevertheless *'survived and come out the other end'.* As such, students viewed these *'good mentors'* as positive role models. Mentors *'having time'* to spend with the student was also considered important and those who were senior nurses or managers had less time to spend with students; students viewed this as less helpful even though they often had extensive knowledge and skills to share. Confidence building was seen as a key aspect of support that mentors could offer. Mentors who took time to establish the students' existing competencies and knowledge were viewed positively by students and allowed students to carry out these skills independently which made the students feel like the mentor trusted them and this in turn boosted their self-confidence.

Lecturers also felt that students valued the support offered by mentors and that the *'student-mentor relationship'* determined whether students had viewed the placement as *'good'* or *'bad'*. Sarah (lecturer) commented that *'as long as the student thinks they have a supportive mentor they would still view a ward with staff shortages and/or diarrhoea and vomiting outbreak as a positive learning experience'.* Equally lecturers thought that students wanted a mentor that was interested in them, spent time with them and did not leave them on their own for most of the shift. Michelle (lecturer) regarded the quality of mentor support locally to be very good because of the stability of the local workforce which raised standards and motivation in staff and the consistency of support afforded to students.

Summary: Receiving and using support

Receiving and effectively using supportive from various sources including peer support was perceived by students as vitally important in contributing to their success. In

particular, students with family and financial support felt advantaged by having more freedom to study and being less tired than their peers. Students regarded the support provided by their advisers as invaluable in relation to pastoral support and academic writing skills, while support from mentors was regarded as vital for clinical learning and coping with the demands of the programme. Lecturers in contrast did not regard their role as Academic Adviser to be important in relation to student success but did recognise the importance of family and peer support.

Theme 5: Receiving and using feedback

Sub-theme 1: Academic

Markers:

Most students commented on the value of receiving positive feedback from markers of both formative and summative assessments. It was seen as important to success and was linked with increasing student motivation. Receiving a '*good mark*' and/or '*positive comments*' was inspiring, often giving them the confidence to do '*even better the next time*' (Clare). The '*fear of failure*' (Rachel) was also an incentive to work hard and do well for most students:

> '*In the first assignment in the second year, I had my worst score of the entire course and I was devastated, and I just think how I would have been if I'd failed and that drives me, the fear of failure. Yes definitely marks affect me. I'm motivated by getting good marks but equally so by bad marks. I don't want to do poorly. I don't want to tell people, my family, that I haven't done very well*' (Rachel).

Lecturers:

Students found the different forms of feedback on presentations in enquiry-based learning sessions, practice simulation sessions, formative work including directed study to be both useful and motivating: Students were inclined to proactively check on their performance by asking lecturers if they had '*done ok*' and '*asking if there was anything else they could have done better*' (Heather*).*

Sub-theme 2: Clinical practice

Mentors:

Informal and formal feedback from mentors in clinical practice was regarded by students as more important than feedback from academic markers. Positive feedback on clinical performance was highly motivating and linked with 'wanting to be a good nurse' (Theme 1). Students considered the provision of constructive feedback from mentors as a '*hallmark of being a good mentor*' (Dillon). Lilly commented that '*good marks and feedback from placements spurs me to do more and the more praise I get, the more it spurs me to do well*'. Students asked for feedback proactively, requesting mentors to let them know if they were

not performing adequately so that they could rectify the situation. Students preferred feedback of any nature, positive or criticism, to no feedback at all. Some students recounted that other students in their intake had assumed that no feedback meant that everything was going well but had subsequently been shocked when they had received criticism during their assessments. 'S*mall regular comments'* like '*you did a good job with Mrs X today well done'* (Lilly) were viewed as '*encouraging*' and valuable indicators of their performance. Students were also very happy to receive constructive criticism as long as it was explained to them and they were given the time and opportunity to address the issue/s. Students observed that sometimes mentors were so busy giving patient care that they did not have time to give student feedback and having several mentors in one placement or mentors that worked part-time were regarded as detrimental to receiving feedback.

Other clinical staff:

Students also valued feedback from other members of clinical staff including the HCAs, auxiliaries, doctors, members of the multidisciplinary team and administrative staff such as ward clerks. Students wanted to be considered a valued member of the team and valued any feedback that staff could offer to improve their performance. Students were aware that their mentor was likely to discuss their performance with other staff and that it was important to work well with everyone in the placement area not only to do well in their assessment but to develop team-working skills.

Summary: Receiving and using feedback

Students deemed feedback to be a significant factor contributing to their success. Marks awarded for academic assignments were motivating for students; '*good marks spurred*' students on and '*low marks 'made them even more determined'*. Students considered marks to be '*low*' when they were less than the mark awarded for the previous assignment. Markers comments were also valued and for the most part understood by the students without needing clarification from their academic adviser. In particular, students valued and appreciated informal and formal feedback from mentors in clinical practice as this provided information about the standard of their clinical performance and progression.

Constructive feedback was linked with confidence building and helped students to develop independence.

Theme 6: Experiencing helpful learning opportunities

Sub-theme 1: The Organisation

Culture of the learning environment:

Some students commented on the atmosphere and culture of the school as having some contribution to their success. The school was described as *'nice', 'friendly'* and *'supportive' (Lilly, Rachel, Clare)* and in particular, felt that '*most people want to learn here, it's not like school or college'* (Lilly*).* Students thought that most other students in the school were '*keen to learn'* and '*enthusiastic*' because they had worked hard to earn their place in the school and wanted to do their best. Students believed that their views were listened to by academic staff and acted on where possible. . Jane (Course Director) described the school as follows:

> *'I think that we're a listening school. We have a very strong student council and on the whole most staff really care about their students and the students know that. I'm not sure how this links with success but maybe students take the course seriously if they feel that they are being taken seriously. It comes back to the whole package thing or andragogy, treating students with respect as individuals' (Jane, Course Director).*

Class size:

Penny had previously been a student nurse at another university and transferred to this university at the end of her first year to reduce her travel time and there were clear comparisons with the previous university. One issue related to class size which she believed had affected her learning as her previous university had very large classes (>150) taught in lecture theatres on a weekly basis:

> *'I think huge numbers of students detract from what the lecturer is saying. The lecture theatre was huge, a lot bigger than this one here–just massive. It detracts from your learning because people are going in and out to the toilet. Students scrape in at the last moment but then want to sit with their friends so everyone has to move, doors are banging and everyone's talking and rustling. My friend and I use to get there early to get a seat at the front so that we could hear without distractions'* (Penny).

Other students did not mention class size or the physical classroom environment at all. Jane, the Course Director, stated '*I think the environment is largely irrelevant. Student success is self-driven and takes place outside this building; the preparation of academic work doesn't happen here*'.

Sub-theme 2: Teaching and learning

The quality and nature of teaching and learning in the school was highlighted as important to success by both students and lecturers. Students particularly enjoyed the '*interactive*' type of teaching and learning that was associated with EBL and also with simulated practice sessions although these did not occur very often. Students said that they not only enjoyed this interactive learning approach but found it useful because they were more motivated and were able to '*feed off each other*' (Daniel), '*share ideas*' (Emily), '*experiences and knowledge*' (Diana) with other students. Lectures were considered '*boring*' by students as '*you're talked at*' but this varied with the speaker. Students thought that the mixture and balance of lectures and interactive sessions in the timetable was helpful, while the school's virtual learning platform was considered helpful for supporting taught sessions, course information and reading other students' EBL work.

All the students said that they enjoyed EBL and found it very useful but had unanimously disliked it initially in the first term of Year 1. Students enjoyed working in a group and researching topics but initially disliked presenting the work to their peers in class. For some students, this had been an overwhelming stressor in the first term and Heather's description of her feelings was typical:

> '*Initially the EBL sessions were a real big issue for me, a massive issue and I mean to the extent where I wouldn't take on board any feedback as I would be so distraught if I had to get up in front of people. I've left the room sometimes. Although it's small numbers I get really nervous and because I get nervous I say anything without reading. I have to read it I can't just say it. I might have it in my mind or I think I'll say it like this but when it comes to it I am always tripping over my words. But when I get it over and done with I am quite pleased so at least I've done it and it usually came out alright*' (Heather).

Despite this initial negative aspect of EBL, most of the students valued it as a helpful learning approach and recognised that the process of presenting work to others had helped them to *'gain self-confidence'* (Heather), to *communicate better'* (Heather) and to *'really understand'* (Clare) the topic that they had researched. Some students commented that this process had helped them to revise their anatomy and physiology as they had to be able to explain it to the class. By the third year, students recognised their improved communication skills and felt much more confident to approach and discuss patient issues with doctors and senior clinical staff. Students also felt more confident talking to patients, explaining things to relatives and teaching patients, and could see this helping them once qualified and teaching other members of staff. In contrast, Emily, who had transferred from another university at the beginning of Year 1, did not find EBL particularly helpful and preferred the style of lectures she had experienced at her other university which were shared with physiotherapy and occupational therapy students. Emily had been in various EBL groups and had mixed views about its usefulness and thought that its value varied significantly with the facilitator and the student group. Although she liked the process *'makes you think outside the box'*, she often felt frustrated as other students did not put in much effort or produce quality work but instead just *'copied and pasted off the internet'.* As with other students, Emily enjoyed the change in style of EBL in the third year with its increased emphasis on managing groups of acutely unwell patients rather than researching factual information on medical conditions or procedures.

Lecturers also had mixed views about the value of EBL although most considered it a helpful learning approach for students regardless of the level of ability. Jane's comments encapsulated lecturers' views:

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'The teaching methodology is very important. We've reset the balance with year 1 common foundation, setting the scene, because it's difficult when students come to university, they don't know what they don't know. I think the big bang with EBL was wrong but now we have a much gentler introduction to year 1. Enquiry based learning is stimulating and for those students who go on to succeed they are usually very reflective and very good at EBL presentations as well. I think there's something about successful students that they're not afraid to search for knowledge, they go to the library, they access our full range of services. Some of the younger ones are the ones who aren't successful, who just have one text book and don't use anything else. I think that the variety of teaching approaches does switch on to the variety of different learning styles that students have. We have skills sessions, EBL and taught sessions which is more student centred than if we just had taught sessions, and I think that skills weeks are particularly valuable for those students who are more dextrous, practically orientated, they get that application' (Jane, Course Director).

Sub-theme 3: Curriculum

There were relatively few comments from students or lecturers about the programme itself. Students found the first few weeks of the programme '*quite long* (David)*, 'a drag'* (Rachel) and *'boring'* (Lilly) although recognised the need for the introductory lectures. Students found the following aspects of the programme particularly helpful: theory that related directly to the first placement, practical skills sessions before the first placement, and going into clinical practice for a short placement early in the first term. Students valued the pattern of doing seven weeks of theory that prepared them for the seven weeks of clinical practice that followed and also valued evaluating the placement experience and sharing experiences in class.

There were few comments about individual modules although generally students had found the second year EBL and modules '*disappointing*' (Emily) and had '*really enjoyed the critical care module in year 3'* (Lilly). Students commented on the lack of teaching about academic writing skills, searching the literature, and referencing in the programme. Some students found that this had become a significant problem for them as they embarked on their dissertation in the third year.

All of students considered the placements vital to their learning although it was the mentor who they valued the most in terms of helping them to succeed as discussed in Themes 4 and 5. Students were clear about their learning objectives in practice and felt confident about the paperwork that needed to be completed. Students also had their own objectives and felt confident to discuss these with their mentor.

All the students thought the programme was over-assessed and that this had been a hindrance to them. A particular assessment issue for the students was being required to produce and submit multiple assignments at the same time and some felt that this reduced the time they had to read about topics related to the placement and created *'unnecessary stress'* when they were *'already stressed by travel and long shifts'* (Emily). Emily felt that the programme had too many essays and not enough examinations, and that this allowed weak students to pass the course who were not suitable to *'deal with peoples lives'*.

Sub-theme 4: Pre-programme experience

Entry qualifications:

As the only school leaver, Lilly felt that her A levels in biology, health and social care and psychology had prepared her well for the programme in terms of transferable knowledge and computer skills. The others had left school some years earlier and most had undertaken a qualification such as Access to Higher Education or National Vocational Qualification as a mature student in order to gain entry to the programme. Most of these students said that they lacked confidence and familiarity with computer and academic writing skills at the beginning of the programme. Most of the mature students recounted that they had not done well at school and had not enjoyed it, but that they had enjoyed their experience of learning as a mature student even though they had found this intellectually and logistically challenging. Students that had studied biology commented that it had been useful for understanding the anatomy and physiology on the course.

Lecturers considered entry qualifications to be an important influence on student success with most also emphasising the importance of selecting applicants with the *'right attributes'* too. Jane noted: *'The challenge will be to get students with the right grades*

with the right attributes too. Just because you can write a good essay it doesn't make you a good nurse' (Jane, Course Director*).* Most lecturers viewed the interview process as the opportunity to assess the applicant's attributes and did this '*using intuition'* rather than a formal process. Lecturers agreed that the NVQ did not adequately prepare students for the programme in relation to their academic skills or knowledge base and students with a good range of GCSEs and A levels were better prepared for a university programme because they had already experienced a rigorous process of learning and assessment that would be similar to the programme.

Care experience:

Students had mixed views about the value of pre-programme care experience. Katie and Daniel had decided not to undertake any care experience because they '*knew*' that nursing was what they wanted to do, but other students said that they wanted to get some experience to '*make sure it was the right choice*'. Most of the students had already been employed in care roles of some description e.g. auxiliaries or HCAs. These students valued their care experience and observed that it had given them increased confidence during the selection interview and when on placement: '*It definitely made a difference. In terms of nursing patients you can relate to them more because you have experience about how they might be feeling and you already feel confident with patients'* (Clare*).*

Summary: Experiencing helpful learning opportunities

Students and lecturers identified some issues relating to the school as an organisation, the style of teaching and learning in the school, the curriculum and pre-programme experience which contributed to student success. One student preferred the smaller class sizes having studied elsewhere initially. All students valued the interactive nature of EBL as long as the group dynamics were positive and simulated practice sessions. Mature students who had completed Access to Higher Education and NVQ courses were less confident about their academic skills and ability, and those that had undertaken care experience found this useful especially when on placement.

Individual Case Findings - Case 2

1. Profile of the case

The University:

Case 2 is based was one of the UK's largest universities located in central England and is a member of the million+ group of New Universities. During the period of data collection (academic year 2009-10), there were almost 25, 000 students studying here: 21,000 undergraduates, 3500 postgraduates and 250 in Further Education. A large proportion of students were from the local region (50%) with a further 9% of students being non-UK/EU in origin. In 2009-10, a large proportion of the student population were Black and Minority Ethnic: 41% of students were BME of which 23% were Asian, 12% Black, 4% other and 2% unknown (average 79% white and 21% BME in the UK HE sector). In terms of gender, 64% of students were female and 36% male compared to the UK HE sector average of 56% and 44% respectively.

The university was located on eight campuses, based in the urban setting of a very large city and is reputed to offer one of the largest portfolios of part-time courses with one third of students undertaking part-time courses (16,000). In 2009-10, the university offered over 350 undergraduate and postgraduate courses across six faculties each with numerous schools and departments. At this time, the university employed approximately 2,900 staff including 1416 academics; 53% female and 47% male in line with the UK HE sector average, with more males than females employed in academic roles. The total number of staff employed has subsequently reduced to 2,799 with the loss of 100 academics and administrative staff but an increase in 'visiting academics'. In 2009-10, 81% of staff were white and 17% BME (average 13% BME in UK HE sector).

The university had many partnerships with local colleges, industry and businesses, universities in Asia, and regional healthcare providers. In the Research Assessment Exercise (RAE) 2008, 75% of the university's research was judged of international standing

(2* and above) with the university achieving a ranking of 65th nationally. In 2010, the university was ranked 59th by The Complete University Guide, 63rd by the Guardian and 77th by the Times Good University Guide league tables.

The Faculty and Department of Nursing:

At the time of this study, the Faculty of Health was the university's largest faculty with over 7,000 students and focuses on a range of health and social care courses leading to both initial registration with the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HPCP), and post-graduate education and research. The university website highlights the faculty's aspiration to provide student-centred education using the latest technological and pedagogical advances. It was one of the region's and UK's largest providers of qualified healthcare staff and healthcare education to the NHS and Social Services. The Faculty was renowned for its excellence in using simulated practice, virtual reality and online technology in teaching and learning strategies.

Established in 1995 from the local colleges of nursing and midwifery, the Department of Nursing and Midwifery is based on a dedicated campus for health programmes in a central location. In 2001, The Royal Centre for Defence Medicine (RCDM) relocated to this city and The Defence School of Healthcare Studies (DSHS) joined the Faculty of Health, located in a separate wing of the main building. The RCDM is discussed further in Section 5.3 Case 3 Findings. This campus was redeveloped in 2007 costing £30 million providing modern facilities with a suite of clinical skills facilities including mock wards, a surgical theatre, a home environment, a plaster room, and a SPACE (Skills Practice and Clinical Enhancement) self-directed learning suite.

The school has consistently received positive outcomes from quality assurance monitoring processes including Quality Assurance Agency Major Review of Healthcare programmes and NMC Annual Monitoring. In 2009, nursing was ranked 49th by the Complete University Guide and 50th by the Guardian league tables, however more recently nursing has been ranked 46th by the Complete University Guide (2013), 35thby the Guardian (2014) and 26th by the Times (2013).

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Overview and structure of the programme:

In the academic year of 2009-10, the school offered all four branches (now fields) of nursing; at diploma and degree levels, both full-time over three years. The diploma and degree programmes were run separately; the diploma programme had two intakes in September and April each year, and the degree programme one intake which commenced in October each year. The university also offered an accelerated 2-year full-time Graduate Diploma programme for graduates starting in April each year.

As with all pre-registration nursing programmes in the UK, the curriculum was 50% theory and 50% practice. At the time of data collection, all the branches of nursing shared a modular Common Foundation Programme (CFP) in year one, followed by a modular branch programme in years 2 and 3. Each year consisted of approximately four modules some sequential and some overlapping. Each year of the programme was divided into two semesters, each 26 weeks in length consisting of approximately 12- 15 weeks of theory, 2 weeks annual leave, followed by 6-9 weeks in clinical practice depending on the year of the programme. The 15 weeks of theory was intended to prepare students for the clinical placement speciality e.g. medical nursing, community nursing. The attendance policy expected 100% programme attendance and ensured that students met the required hours for registration with the NMC (4600 hours) with any excessive absence in theory or practice being made up in theory or practice before programme completion.

School-based learning:

In 2001, the nursing curriculum used a variety of teaching learning strategies including: web and e-based learning, group teaching methods, Problem-Based Learning (PBL), reflective practice, lectures and practical simulated clinical skills sessions, combined with tutorials, directed study and self-directed study. Module content covered aspects of interdisciplinary and multi-agency working although students were not directly learning with students from other healthcare programmes.

Placement-based learning:

Adult branch students were placed in clinical placements across the region involving more than eight acute and community Trusts and district general hospitals, community hospitals, hospices, rehabilitation centres, nursing homes, community nursing teams, and

the ambulance service. Most placements were blocks of 6-9 weeks of continuous practice undertaking the normal '24 hour and 7-day week' shift pattern worked by nursing staff in the placement area; students worked 37.5 hours per week in practice. In keeping with the requirements of the NMC (2004, 2008), students were supervised (directly or indirectly) and assessed by a qualified mentor although students also worked with other nursing staff, healthcare assistants, and members of the inter-professional healthcare team. All placement areas were allocated, co-ordinated and supported by the Department of Practice Learning (DPL). At least one Practice Placement Manager was based in each Trust; this was a Senior Nurse/Health Professional with management responsibility, who worked for a Trust but was also contracted with the university to support assessors and students in practice. They had responsibility for placement quality and capacity for all nursing students linking with the local universities and the Strategic Health Authority. Each placement area was also supported by a Link Tutor, a lecturer from the university who visited the placement at least once during a student placement.

Learning support:

The university has eight libraries sited at different University locations; the nursing library is one of the UK's largest specialist libraries and is located on the ground floor of the Department of Nursing building and students may also access resources in the other libraries. Students could access a large IT Suite which offers extended opening hours and is supported by a specialist Corporate ICT Open Access Assistant during term time. In addition, there were 2 networked student PCs available within the library. Other support services included personal tutors, module leaders, the faculty's Personal Development Centre, the University's Disability Services, the Learner Development Unit (study skills and English Language support, the Advice Centre, Student Services (including finance) and the Students' Union. Delivery of the curriculum was supported by Moodle, the University's Course Management System (CMS), a virtual learning environment used to communicate programme information, announcements, news and events, instant messaging with tutors and friends, and teaching and learning resources.

Assessment:

The students' performance against learning outcomes was assessed in both theory (50%) and in practice (50%) throughout the 3 years with different module assessments carrying different weightings. Various types of summative academic assessments were used including essays, presentations, portfolios, examinations, and for degree students a dissertation. Most written assignments were 1000-1500 words in length. The pass mark for assessments was 40% with students allowed multiple attempts for assessments of theory but only two attempts for the assessment of practice before being withdrawn from the programme. The summative assessment of practice was based on continuous assessment over the whole placement by the mentor with the final assessment taking place before the end of the placement. At the time of data collection, students were awarded a pass/fail mark for practice by mentors and a grade for their practice portfolio by their personal tutor (lecturer).

Using the QAA (2009) system of credits, the diploma programme accumulated 240 credits: 60 credits at level 4 in year 1, 180 credits at level 5 in years 2/3, exiting with a Diploma in Higher Education (Nursing) and eligibility to apply to the NMC for entry to the professional register. Students exiting with an average mark for assessments in years 2 and 3 between 60-69% were awarded a 'Commendation' and those above 70% a 'Distinction'. The degree programme accumulated 360 credits: 120 credits at level 4 in year 1, 120 credits at level 5 in year 2, and 120 credits at level 6 in year 3, exiting with a BSc (Hons) (Nursing) and eligibility to apply to the NMC for entry to the professional register.

Recruitment:

In the academic year 2007/08 during the recruitment of the participants in this study, the entry requirements for the diploma programme were 5 GCSE passes at grade C or above or equivalent, including Maths and English. For the degree programme the entry requirements were 240 UCAS points (equivalent A levels grades CCC) with no subjects specified. Although not compulsory, applicants were encouraged to have undertaken relevant paid or unpaid care experience and to discuss this in the personal statement section of the application form. In accordance with the NMC (2004) standards, all

students were required to have two satisfactory references, a satisfactory Enhanced Criminal Records Bureau (CRB) check and a Protection of Vulnerable Adults (POVA) check, and a satisfactory Occupational Health check. Following a process of short-listing by administrative staff, applicants were then invited to attend a brief interview (5-10 minutes) either face-to face or by telephone. Applicants were usually selected by a member of academic and sometimes a member of senior clinical staff would also be present for face-to face interviews. The recruitment profile for these intakes are summarised in Table C.

	Diploma	Degree
Numbers recruited (adult branch only)	210	300
Number of applications per place	3	4
Mature students (≥21 years)	47%	42%
Females	78%	85%
Males	22%	15%
Highest qualification:		
5 GCSEs	43%	4%*
3 A levels	11%	46%
Degree	2%	11%
Access to Higher Education course (Science)	16%	19%
BTEC National diploma	5%	7%
NVQ level 2 or 3	20%	N/A
Other	3%	13%

Table C: Recruitment profile for Case 2.

*Some students had completed AS levels but not the A2 level.

2. Profile of the participants

Thirteen students and eleven lecturers were recruited and interviewed in this case.

Students:

Six students were recruited from the Dip HE Adult Nursing programme which commenced in September 2007 and seven students from the BSc Adult Nursing programme which commenced in October 2007. The profile of students on the Diploma programme is presented in Table D and the profile of students on the Degree programme presented in Table E.

All the student participants met the inclusion criteria (Chapter 4: section 4.2.2), however there were variations in their age, gender and highest qualification upon entry to the programme (Tables 4 Diploma and 5 Degree). The students on the Dip HE programme were all over the age of 21 years and therefore classed as 'mature students'. The student ages ranged from 27-32 years with an average age of 29.5 years. The students had a variety of entry qualifications: all students had at least 5 GCSEs although most had between 7-10 GCSEs including English, Mathematics and Science. In addition, two students also had an NVQ level 3 qualification (Fran and Matthew) and two had a degree (Sue and Kathy). One student had started A levels but dropped out and gone into employment. One student informed me that she was dyslexic (Ellie).

The students on the BSc programme were aged between 19-32 years with an average age of 24 years. Two students were classed as 'school leavers' (<21 years) and five as 'mature students'. The students had a variety of entry qualifications: all students had between 9-12 GCSEs plus higher qualifications such as 3 A levels (average grades BCD (Charlotte, Sally, Evie and Mark), a degree (Sarah ad Suzy) or a BTEC award (Alison).

Subsequent to data collection, all of the participants' average theoretical marks for Year 3 remained the same or were higher than that achieved in Year 2.

Student Participant (pseudonym)	Rank by average Year 2 theory mark	Average Year 2 theory mark	Gender	Age	Highest Entry Qualifications
Adam	1st	88%	M	32	9 GCSEs including Maths, English Language, & Science. Had started A levels in science subjects but given these up in the first year.
Fran	3rd	80%	F	29	7 GCSEs including Maths, English & Double Science. Also NVQ Level 3 in Business Studies.
Sue	3rd	80%	F	28	Degree in Business & Accounting 2:1, 3 A levels DDD, 10 GCSEs B-C grades
Ellie	5th	79%	F	27	9 GCSEs including double science, dyslexic
Matthew	6th	78%	M	29	5 GCSEs including Maths, English. Also NVQ Level 3 in Care.
Kathy	*7th	77%	F	32	Degree in Fine Art 2:1, 3 A levels BCE, 10 GCSEs

Table D: Dip HE September 2007 intake - student participants' pseudonym, rank by average Year 2 theory mark, average Year 2 mark, age, gender, highest entry qualification

*The student ranked 2nd was on bereavement leave and on advice from the Course Director was not approached to participate and therefore the student ranked 7th in the cohort was invited.

Student Participant (pseudonym)	Rank by average Year 2 theory mark	Average Year 2 theory mark	Gender	Age	Highest Entry Qualifications
Sarah	1st	75%	F	28	Degree in Childhood studies 2:1, 3 A levels, 9 GCSEs
Charlotte	2nd	74%	F	25	3 A levels grades BBC including Biology. 9 GCSEs
Sally	3rd	73%	F	21	3 A levels BCD including psychology. 9 GCSEs
Evie	6th	71%	F	19	3 A levels including Biology & Healthcare & Social Science. 11 GCSEs
Alison	*7th	70%	F	23	BTEC Health & Social Care DDD. 9 GCSEs.
Mark	*8th	69%	M	19	4 A levels BBCD. 12 GCSEs
Suzy	**13th	68%	F	32	Degree 2:1 Fine Art, 3 A levels, 10 GCSEs

Table E: BSc October 2007 intake - student participants' pseudonym, rank by average Year 2 theory mark, average Year 2 mark, age, gender, highest entry qualification.

*The students ranked 4th and 5th were on intercalation therefore the students ranked 7th and 8th in the cohort were invited.

**The student ranked 13th requested to be interviewed and was additional to the planned participant sample.

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Lecturers:

The lecturers were all members of staff involved in teaching on the programme or employed jointly by a local NHS Trust and the University as a Practice Placement Manager. The Course Directors for each programme were interviewed (Dip HE - John and BSc - Nicola), seven lecturers who were personal tutors to the student participants and also module leaders on the programme (Andy, Aiden, Barbara, Carol, Cathy, Keith, Tom), and two Practice Placement Managers (Karen and Liz). All the lecturers were qualified Nurse Tutors registered with the NMC and had over five years' experience in their post. Two lecturers also had secondary roles as Admissions Officers for the programme (Andy and Carol).

3. Defining student success

Sub-theme 1: Wanting to be a good student

Students and lecturers viewed success as an individual concept including students who were successful academically but sometimes less able in clinical practice and vice versa where students who excelled in clinical practice sometimes did not achieve high marks in academic assessments. This meant that students who had excelled in clinical practice but not in theory would not be included in the study. All students and lecturers agreed that success as a student and as a nurse consisted of ability in both theory and practice. The following issues formed part of the concept of 'wanting to be a good student':

Most of the participants, students and lecturers, felt that the study's definition of success was '*reasonable*' (Mark) and '*fair*' (Fran, Sue), and acknowledged the practical difficulties of identifying the most successful students. There was general consensus that second year academic marks were a fair way to judge students' academic performance and that first year theory marks were an unreliable marker of performance or potential ability. The importance of performance in clinical practice was viewed as equally important as academic achievement although some students and lecturers acknowledged that it was very difficult to grade clinical practice reliably. Charlotte felt that '*performance in clinical practice was more important than marks in theory*' and although she acknowledged the importance of underpinning nursing knowledge she felt that '*many of the theoretical assignments were irrelevant to being a good nurse*'. Alison suggested that '*Link Tutors should be part of a three-way assessment of practice*' that involved grading students on each placement. Some students wanted to be graded in practice and viewed this as more important to them than their theory marks. Performance in clinical practice was seen as an essential component of success on a nursing programme by all the participants and the lack of a reliable tool for measuring/grading performance in clinical practice was viewed as a weakness of both the programme itself and the study's definition although it was acknowledged that in the absence of a reliable graded mark in practice that passing at first attempt was the next best way of ensuring that students had performed well in practical element of the programme. Students also acknowledged that they could report

their performance in practice during the interview although this relied on them reporting information accurately and could be quite subjective.

Some students and lecturers voiced some concern that success was *'different things to different people'* (Aiden, lecturer) and highlighted the importance of student progression from their personal starting point regardless of their position within the intake especially if they had few formal qualifications before entering the programme. Some lecturers referred to this as the *'added value factor'* (Nicola, John, Aiden). Aiden identified a number of personal skills and attributes that students developed throughout the programme such as: *'communication and interpersonal skills'*, *'confidence'*, *'social skills'*, and *'assertiveness'* but that *'you're never going to capture that just looking at people's marks'.* He also felt that some students *'learn to be more strategic in how they get good marks. It doesn't mean that they've necessarily learned anything'* although this view was not expressed by other lecturers or by students. Matthew did admit to following assignment guidelines to the letter *'like reading instructions'* and *'understanding the silent brief'*, and he felt this had helped him to gain high marks in theory.

Nicola (BSc Course Director) felt that student success was *'complex'* and acknowledged the difficulties with the *'consistency and validity'* of grading performance in practice when there were *'such large numbers of students involved'*. Recollecting past experience of grading practice, she noted that *'module marks were hugely inflated by feedback from placement because there seemed to be this thing where in practice where nobody is average; that to be described as average seems to be viewed in a negative way'.*

Most students had not thought about being successful before my presentation and email inviting them to participate in this study. The students had not considered themselves to be successful and were both surprised and proud of their achievements. Several students described themselves as having *'always been an average student' (Fran, Sue, Matthew, Kathy)*. Fran could not believe *'how far she had come'* and *'was proud of herself'.* Conversely*, Sue and Sarah* did consider themselves successful:

> *Yes, I do see myself as a successful student. I think I've put a lot of hard work into the course and in placements. I do a lot of preparation. I take feedback on board and I try to improve so I think I see myself as successful'* (Sue).

> *I've wanted to be successful from day one. With my previous degree I was very close to getting a first but I only excelled in my third year whereas with this course I've had a few years out doing various other things and I've felt that I've been on the right track from day one. I haven't had to go overboard in terms of stressing myself like I felt I did in my first degree, I was not going out, I was just working my dissertation all the time. I felt I've got a better balance with this course, it suits me better and I've matured and I've learned how to teach myself and also my learning method is a bit better'* (Sarah).

Self-confidence:

Some students viewed success as having self-confidence and also '*appearing confident to others*'. Most of the students experienced feeling a lack of self-confidence during the first year of the programme but gradually self-confidence increased with their unexpected success on the programme:

> *'I don't see myself as successful. It's a lot easier to see it in others though, isn't it? I think it's about confidence, but I've had that etched away from me. When I look back, I don't ever see myself as successful. Before starting the course I didn't think I could ever be successful just because I left school without any qualifications'* (Matthew).

This increase in self-confidence came from positive feedback from lecturers and clinical staff during the first of the programme. Some students specifically mentioned their confidence in clinical ability describing themselves as '*happiest in practice'* (Fran) and '*knowing*' that they are '*a good nurse*' (Sarah). Some students felt less confident in their ability to achieve good marks in theory due to not fully understanding what was expected of them and expressed self-doubt in searching for the '*right*' literature and translating the guidelines correctly.

Sub-theme 2: Wanting to be a good nurse

Wanting to be a good nurse consisted of performing well in clinical practice and future aspirations of working within a certain speciality. Both students and lecturers commented

on the importance of not only passing the assessment of practice at first attempt, but also about providing high quality care for patients.

Performing well in clinical practice:

Students not only viewed success as doing well in assessments but also in terms of their ability in clinical practice as perceived by themselves, clinical staff and patients. Students assessed their own ability in clinical practice by being able to: *'communicate effectively with staff and patients and making the right decisions' (*Matthew*), 'having rapport with patients'* (Charlotte), and *'having an effective nurse-patient relationship, patient advocacy and patient dignity. Like the RCN say it should be at the heart of everything we do'* (Ellie). Ellie was also '*worried*' about students who only aimed for and achieved marks of 40% for academic assignments because *'they don't know 60% of what they should know'* and that this was likely to affect the standard of nursing care they provided to patients. Other students expressed a similar concern about low marks and standards of care.

Lecturers emphasised the point that *'clever students don't necessarily make the most successful nurses'* (Cathy, lecturer). Most lecturers pointed out that students needed to have effective communication and interpersonal skills in order to be successful in practice but these skills were not necessarily assessed in academic assignments.

Future ambitions:

Some students expressed a desire to work within a chosen clinical speciality on qualification or after some experience as a staff nurse. For some this was critical care and for others palliative care with two students wanting to become MacMillan nurses. The choice of speciality was linked to good experiences in these specialities during placements. One student was planning to do a Master's programme in palliative care and was considering a dual clinical/research role. Most students talked about gaining some experience in an acute clinical practice area before being ready to specialise. A few students expressed some concern about becoming '*Sisters*' as they perceived them to be less '*hands on*' in relation to patient care. Some students also mentioned that the '*staff team*' was a factor in deciding where they wanted to work; '*getting on with the team*' was important to these students. The need to secure employment was the most important

goal on qualification but these students had definite career plans in mind in terms of the speciality that they would like to work in eventually.

Summary: Defining student success

Participants described success in a range of different ways. Student success consisted of two main sub-themes: 'wanting to be a good student' and 'wanting to be a good nurse', with further sub-themes relating to: the study's definition of success, students' perception of their own success, self- confidence, performing well in clinical practice and future ambitions. Students described how they started the programme with low self-esteem and self-confidence which developed gradually over the first two years. Most students did not view themselves as successful in the first two years of the programme. Increased self-confidence was attributed to unexpected success on the programme which in turn contributed to further success particularly in academic work in the next two years.

4. Factors that contribute to student success

Theme 1: Being highly motivated

Sub-theme 1: Intrinsic factors

Personal aspirations:

The personal desire to do well was evident from every student participating in the study and was a strong theme throughout the data from students and lecturers. Students were motivated by a range of factors including experiences during their upbringing, previous work experience, the desire to be a good nurse, and to get a '*good job'*. For Adam the programme was a means to getting a '*stable job'* that he would '*enjoy and find satisfying'*.

Most students stated that they '*simply wanted to do their best'* (Alison) and others were '*striving*' for the highest classification possible, preferably a First or Distinction (Fran, Charlotte, Sarah, Evie, Sally). Some students were driven to attain a good degree in order to be the first person in their family to have gone to university, to have completed a professional training or to have letters after their name. Matthew referred to his upbringing and the impact that this had on his drive to become independent.

Career choice:

Students were particularly '*passionate*' about being a student nurse, becoming a qualified nurse and '*making a difference'*. Students and lecturers talked about wanting to be a good nurse as the most influential factor in relation to student success. Ellie expressed this love of nursing as follows:

> '*I would have been devastated if I couldn't have done nursing. Nursing is my dream. I love nursing. I wouldn't give it up for anything even if I win the Lottery; I'd still go in one day a week! I love the fact that you can make a difference and that you can support the family. You can't change people's diagnosis, like with neurology, you know, MS or Motor Neurone Disease but you can make a difference and that's why I love it. I love the rollercoaster journey of learning and supporting patients'* (Ellie).

Students clearly articulated that they aspired specifically to be a '*good nurse*'. They also commented that nursing gave them a '*sense of achievement*' and that it was '*more*

satisfying' than their previous jobs. For students, a part of the enjoyment of nursing was *'working with people'* and *'helping them'*. Several students *'knew'* that they had made the *'right choice of career'* as soon as they experienced their first placement. Students especially enjoyed *'listening and talking with patients'* (Kathy) and viewed interpersonal skills as essential to being a good nurse. Students also commented on their passion for studying and considered this an important part of becoming a good nurse. Sarah described her love of studying:

> *'I just love studying, I love writing assignments, I love reading around things. I'm probably quite unusual* [laughter*] and that's helped. It hasn't felt like a chore to me, I've actually enjoyed doing it. I think other things have helped too, like the fact that I've chosen to study to this subject'* (Sarah)*.*

Lecturers also said that the most successful students were the ones who were most dedicated to becoming good nurses and that most of these students had previous experience of caring or had experienced family illness of some kind. The two Admissions Officers were convinced that the most successful students were highly motivated individuals who had planned their career into nursing carefully, seeking career information from various sources and acquiring care experience before applying.

Most students said that they had always wanted to be a nurse even from an early age however for some students their interest in a nursing career came later in life following personal experiences of healthcare. Adam was working in a bar when he had been inspired to do nursing after visiting a relative in intensive care. He had watched the nurses talking to patients even though the patients couldn't speak, and carrying tasks like emptying drains and drawing up drugs in syringes. He became interested in listening to student nurses' conversations in the bar where he worked and quickly realised that he *'wanted to give nursing a go'*. Kathy had seen a television programme about the role of a paediatric oncology nurse which had moved her to tears: *'because it's intimate, it's private, the nurses could really tell how they felt, how cancer was affecting them without having mum or the doctor there. For me it was just amazing, a real epiphany, I want to do nursing'* (Kathy)*.* Students also noticed that other students on the programme whose *'heart had not been in nursing'* were the ones that dropped out of the course. In contrast,

those students that had taken the career seriously, who had *'genuinely wanted to care for people'* (Matthew) and *'improve standards of care'* (Sue) had worked hard from the outset, doing all the *'extra reading'* because they wanted to and not because they had to. Students also commented that they were aware of poor standards in some areas of practice but that this had not deterred them from wanting to do nursing and that they wanted to change things for the better and improve standards of care.

Sub-theme 2: Extrinsic factors

Family:

Students who were parents were motivated by providing for their children and by being good role models. Others felt a degree of pressure from peers and family to do well because they had made sacrifices in order to help them succeed or because they had been successful in previous jobs. Alison was motivated to do well because her parents were financially supporting her and because she wanted to make them proud. Several students also wanted to make their family proud and one student wanted to show her father-in-law that she could succeed in nursing because he did not have faith in her ability (Fran). Adam was motivated by the thought of how proud his parents would be at his graduation, while Charlotte was motivated by wanting to get a better degree classification than her sister but ultimately wanted to do her best for herself and to *'learn as much as I can before I start work as a nurse'.* Ellie was planning to move to Australia on qualification with her partner who was supporting her financially through the course. She knew that Australia would only select the best UK nurses during the immigration process and therefore felt an obligation to her partner to do well for their future together.

Summary: Being highly motivated

The most significant factor contributing to student success related to being highly motivated. Within this theme, inter-connected factors were categorised under the headings 'intrinsic factors' relating to the individual student and 'extrinsic factors' relating to wider influencing issues.

Theme 2: Having a mature attitude towards learning

Sub-theme 1: Becoming an independent learner

Being organised:

Most students spoke about being organised in order to effectively manage the commitments of the programme and having the '*personal discipline*' and time management skills was very important in ensuring that academic work was produced or submitted as coursework on time. Lecturers also pointed out that students who were parents were often the most organised students even though they had the most commitments. Students with children emphasised the need to be '*highly organised*' in order to '*keep everything going smoothly*'. This meant that they planned their assignments well ahead of time, at least a month, involving collecting books and articles, and reading them and making notes in preparation for assignments. Students avoided leaving work to the last minute as this caused them and their family '*added stress*' which they wanted to avoid. It annoyed some students that other students did not put any effort into the quality of their work or into submitting work on time. Students disagreed with the school policy of allowing multiple attempts to pass assignments although the mark would be capped at 40%. Students felt that this encouraged other students to be '*lazy*' and '*less committed*' to the programme.

Being independent:

All the students considered themselves independent learners and felt that being independent included findings resources for themselves, taking responsibility for learning, and trying to sort out problems themselves before asking for help. Students talked about being proactive in organising themselves and seeking out the information that they needed in order to complete assignments. Adam believed that '*this was his choice*' and therefore he was responsible for doing well. Charlotte commented that it was '*not like school where everything is given to you. Lecturers provide the essentials but it's up to you to find the information you need because no-one else is going to do that for you '*. Sue thought that her school had taught her good study skills including time management and searching for information which helped her to become an independent learner before she went to university.

Having confidence:

Students were confident about being in control of their own learning and being proactive in terms of using resources. They recognised the need to do extra reading or to ask if they had not fully understood something in class or whilst on placement. They felt confident in their academic and clinical ability at this stage of the programme and had made the right career choice. Lecturers considered confident students to be more effective communicators in class and in clinical practice. Having worked abroad, Sue felt that she had more confidence than some other students in communicating in class and in practice. Other students said that their confidence came from having 'life skills' and having previous experience in care work (Theme 6). Students recognised the transferable skills they had acquired through other life experiences and were able to apply these to being a student nurse.

Students commented that their confidence had increased on the programme through the experience of engaging in classroom discussions and doing presentations, interacting with staff and patients in clinical practice, and having to do handovers and making decisions in clinical practice. In particular, several students mentioned the importance of being confident as a nurse in order to be the patient's advocate. Increased confidence in clinical ability also came from positive feedback from patients and mentors.

Lecturers felt that successful students were generally more respectful than other students towards staff and their peers. They were described by lecturers as having the '*old fashioned values*' of '*politeness and respect for others*'. Lecturers also commented on successful students' ability to generate and engage in interesting discussion in the classroom; that they had the ability to respect others' opinions but also challenge them in a non-threatening manner. Nicola (Course Director) suggested that this confidence and respect for others came with maturity and life experience.

Sub-theme 2: Developing effective learning strategies

Engaging with learning opportunities:

Students stressed the importance of attending lectures as part of success and attending lectures was viewed as essential to becoming a good nurse not only to learn factual

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information but to understand broader aspects of healthcare such as: living with chronic conditions, developing communication techniques and learning to cope with difficult situations. Sarah recounted a lecture involving a service user that had helped her to understand the holistic aspects of living with Multiple Sclerosis and Charlotte remembered a lecture that had helped to cope with breaking bad news to patients and their families. Students expressed their annoyance at other students who regularly missed lectures as they felt they were less committed to nursing and their peers as they were not contributing to class discussions and presentations. Mark explained that he had started a Diploma in nursing previously via secondment from an auxiliary role. At this time, he had not engaged with the programme preferring to spend time in the bar and out with his friends, and eventually withdrew from the programme. On reflection, he realised that the timing was wrong for him and that he had not been mature enough to cope with the requirements of the programme. He now felt ready and eager to learn and valued his place on the course.

Lecturers commented that successful students were fully engaged with the programme and had minimal sickness and absence time even if they had experienced personal crisis events. Students interviewed confirmed that they had had virtually no sickness or absence from the course and that any absences which had occurred had been unavoidable (this was verified by student records). Students did not take '*sickies*' (Fran, Mark) i.e. unnecessary days off sick or miss lectures even if they predicted that a lecture would be uninteresting or poor quality, or if they had childcare problems unless it was unavoidable. This was seen by lecturers as a sign of their commitment to the course and to not wanting to miss any learning opportunities.

Getting the most from learning experiences:
Students talked about the strategies they developed during the programme to get the most out of learning opportunities, particularly clinical learning experiences. Most students said that all their placements had been good but that some had been better than others and judged placements by the quality of their mentor. Students talked about strategies they used to get the most from their placements: '*you have to be assertive especially if your mentor isn't helping you*' (Fran) and '*you have to be helpful and*

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contribute to the work otherwise you're just a nuisance' (Mark). Students were aware that being proactive and enthusiastic would make them more popular with clinical staff and their mentors. Fran summarised this view: '*I'm always determined to get the best out of my mentor. I'm sure all mentors are happy to have students who are motivated and who want to help them because it's reducing their work load. If you meet them half way, it does help them and then they're willing to help you*' (Fran). Students were not negatively influenced by rumours or reports from other students about certain wards or clinical placements as they felt they could '*make the best of it*' by being proactive and enthusiastic as a student. Mark viewed dealing with occasional '*personality clashes*' with clinical staff as part of his professional development as a student nurse and consciously tried to work through any interpersonal issues independently before asking a Practice Placement Manager or Link Tutor to intervene.

The two Practice Placement Managers agreed with Mark's comments above that the more successful students managed difficult situations independently and only called for assistance when their own efforts had been unsuccessful. Katie (PPM) described successful students as able to '*make the best of the situation that they are placed in. They evaluate placements positively because they've achieved what they set out to achieve, learned the skills that they wanted to, and made the most of the learning opportunities available to them*'.

Overcoming challenges:

Students spoke about their ability to overcome personal problems during the programme such as dealing with personal/family illness or relationship problems. Lecturers identified successful students as those with problem-solving skills, effective coping skills and '*sheer determination to succeed*' (Nicola). Lecturers noted that some of their personal advisees had dealt with significant personal circumstances whilst still being highly successful on the programme. Examples of these personal issues were: living in severely deprived areas of the city that have high level of gun crime, being a single mother, being the victim of domestic violence, having cancer, and partners leaving the relationship. Successful students developed survival strategies to deal effectively with difficult or challenging situations and lecturers suggested that these students have personal attributes that

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enable them to transform negative situations into more positive learning opportunities. This ability was viewed by lecturers as being associated with a positive attitude even in difficult situations. Tom (lecturer) suggested that students who had the attribute of '*flexibility*' were able to readily adapt to the student role and other new situations such as the varied placements encountered on the programme and successful students '*fully engaged with learning*' rather than '*just carrying out the tasks and assignments*'.

Summary: Having a mature attitude towards learning

Students and lecturers talked about '*having a mature attitude towards learning*'. This mature attitude was associated with 'becoming an independent learner' and '*developing effective learning strategies*' to get the most out of learning opportunities. Most students and lecturers considered having a mature attitude to learning as a significant factor contributing to student success. The sub-theme of 'becoming an independent learner' comprised further sub-themes including: being organised, being independent including taking responsibility and having academic skills, and having confidence. The sub-theme 'developing effective learning strategies' comprised further sub-themes of: engaging with learning opportunities and getting the most from learning experiences and overcoming challenges.

Theme 3: Being determined

Sub-theme 1: Being hard working

All the students interviewed recognised how determined they were to succeed, both academically and as a nurse. They talked about not having natural intelligence or ability but rather about '*hard work'* and 'e*ffort'*. Several students really valued their place on the programme and the chance to study at university to become a nurse (Fran, Mark, Suzy, Matthew, Adam). Lecturers also commented on the extra amount of effort that successful students put into their work and their determination to succeed despite any obstacles to their goal.

> *There's something about effort, definitely. Some students have really had some serious knocks but they just keep going. I really admire them for that. It's a kind of ………"I get knocked down but I get up again".....attitude, just grit and determination to do well for themselves and their families' (Nicola).*

Sub-theme 2: Wanting to do one's best

Students thought that wanting to work hard and to do their best was partly related to their personality. They talked about '*wanting to do their best'* and their '*personal drive to do well'*. Some students referred to '*you get out what you put in*' and felt that this was certainly the case on the programme. The students compared themselves to other students who were less hard working and less concerned with the marks and Matthew thought that other students viewed successful students negatively and thought they were '*overly competitive'* but he did not share this view. Rather these students did not see themselves in competition with their peers, only their own expectations.

Sub-theme 3: Wanting to be a good nurse

Students worked hard and were determined to do well in order to achieve good marks but also to qualify as a nurse. Students were not content with passing assessments well but wanted to become a '*good nurse'* as judged by themselves, clinical staff and patients. The desire to be a good nurse appeared to be equally or more important than achieving good marks, however some students felt that some of their peers were good nurses despite not achieving top grades. Nicola commented that the most successful students

had a '*longer term vision of what they want to do*' and that they got involved in all aspects of the programme and the school e.g. student council, evaluation projects, quality monitoring events, and recruitment events and suggested that these students '*embraced the notion of professionalism*', wanted to improve nursing standards and were more likely to be involved in professional groups such as the Royal College of Nursing, Union groups, and Trust events. Alison wanted to '*excel in my career. I don't just want to be a staff nurse. I want to be a really good staff nurse, to specialise and to have a good degree so that I have the right knowledge*'.

Summary: Being determined

Successful students all talked about being '*hard working*' and '*determined*' to fulfil the ambition of becoming a qualified nurse. This determination was associated with a '*work ethic*' often instilled into them as a child by their parents or a close relative, or related to their motivation to do well for themselves.

Theme 4: Receiving and using support:

Sub-theme 1: Personal support

Family:

All students rated the support they received from their family as one of the most important factors that enabled them to be successful on the programme. This ranged from *'having the time and space to study'*, *'to focus on myself and what I want to do'*, financial support and psychological support. Most students on the diploma programme were 'mature students' with a spouse or partner, and most had children. Partners were supportive because they *'provided encouragement when things got tough'* (Suzy), they *'did the domestic chores without moaning'* (Sarah), *'looked after the kids'* (Fran) *'cooked dinner'* and *'brought copious cups of tea'* (Matthew). Fran said that she had *'no distractions'* in her life as a mature student like socialising with friends, and she appreciated the support her husband was giving her to enable her to do well. Matthew described his partner as a *'Godsend'* and that he would not have succeeded without his practical, financial and emotional support. Students on the degree programme were slightly younger and whilst they had partners, most did not have children. These students admired other students in their class who did have children and wondered how they managed to juggle their commitments so efficiently.

Lecturers also highlighted the importance of home support for students. Lecturers felt that it was important for students to have good study habits to be a successful student and these were usually fostered at school or by the FE College that students had attended. Lecturers thought that mature students were likely to have developed the ability to manage home commitments during their pre-course education experience of undertaking an Access or an Open University course.

Personal circumstances and financial support:

As discussed above, personal circumstances and financial support were also considered by students and lecturers to be factors that had influenced their success. All the students mentioned that they did not need to work to earn money during the programme as they were receiving financial support from partner or parents. This was viewed as significant

and advantageous because it gave them more time to study. Students said they were very conscious of other students on the course who had to work to earn money which increased stress as they had less time to study and were generally more tired. Ellie was grateful for her disability allowance that enabled her to have access to the internet at home and a book allowance. Charlotte had worked before starting the programme and by living off her savings she was able to concentrate on her studies without having to work. She recognised the difficulty that other students had with juggling placements, assignments and paid work which she said resulted in them being tired and lacking time for reading and assignments.

Lecturers also felt that with fewer responsibilities at home made life easier on the programme. However they also recognised that some successful students seemed to overcome the challenges of less support at home by being highly organised and very determined.

Friends:

The support provided by friends was also considered important by students as good listeners when emotional support was needed particularly if they were detached from nursing. Students said that their detachment enabled friends to offer an 'outsider's' view of situations, offering a new and objective perspective on some of the more stressful aspects of the course such as issues from clinical placements and submitting assignments. This was helpful for students in terms of being able to talk about events, without burdening their partner/family all the time with their concerns.

Sub-theme 2: Programme related support

Peer support:

Students also valued the support offered by peers particularly friendships that had developed in class. Students kept in contact during placements by meeting up if they were in the same Trust or by email, social network sites and texting. Peers offered support because they experienced the same stressors such as pressure to submit work and placement issues. Ellie and Fran both liked to help other students on the programme and Ellie helped other students particularly those with dyslexia as she had first-hand

experience of this herself, and Fran enjoyed providing advice to students whenever they asked about referencing, good sources of information for a topic, or how to structure an essay. Alison commented that '*I think we all help each other. A lot of the group are in touch on email and Facebook so if anybody's stuck someone will just post something on a chat room and we'll all get involved and try and help each other'*. Evie felt that it had helped to live with other students on the programme because '*you can bounce ideas off each other and compare what you're doing. I think I would have been a lot more isolated if I'd stayed at home and commuted in. They are an extra support network and I know them so well because we've lived together for nearly three years now'*. Many students had formed friendship groups that were also study groups, shared ideas, resources and discussions. Students were able to explain things to one another like anatomy and physiology and helped each other to revise for exams.

Personal tutors and module Leaders:

Students considered the support provided by the module leaders and their personal tutor to be important in contributing to their success. In particular, students found the module leader helpful for explaining assignment guidelines, signposting resources and structuring academic work. Personal tutors were helpful for support and guidance with personal problems, discussing experience and learning following placements, and longer term personal and professional development over the three years. Students also used their personal tutor to understand feedback from previous assignments (Theme 5). Lecturers did not comment much on this area but felt that successful students were more independent and usually approached tutorials in a highly organised way. For example, they would proactively and appropriately book the appointment, have a clear purpose for meeting, be prepared with relevant information, take notes during the meeting, and ask questions. Lecturers felt that successful students tended to need less support than students who were struggling.

Lecturers:

The general support provided by other members of academic staff was highly valued by students and commented that lecturers were generally extremely supportive; willing to answer questions, give up their break to speak to students, see students at the end of

lecture, see students individually, and direct students to learning or support resources. Students particularly commented on lecturers' enthusiasm and passion for their own speciality in nursing or the topic they were teaching. Students felt that they were '*brilliant*', (Alison) '*approachable*' (Evie), '*friendly*' and '*energetic*' (Sue) about supporting students and were genuinely interested in the students as individuals, actively listened to them, and wanted them to learn and develop as professionals. Students valued the informal '*chats*' that they had with lecturers and felt '*inspired listening to their experiences in practice*'. Students also liked being treated by lecturers with '*respect*' and '*as equals*'.

Mentors:

Students considered support provided by mentors during placements as vital to being successful on the programme. All students emphasised the importance of their relationship with their mentor and the influence this had on their learning and the outcome of their assessment. Most students said that they had been lucky to have '*good mentors*' most of the time but that some had been less helpful. Being supportive was described by students in the following ways: '*talking to me', 'wanting to explain things to me', being interested', 'helping me to learn', and 'wanting to work together'.* Students valued mentors who were approachable, made time to listen to their concerns, and helped to identify their learning needs. Nurses who were 'good mentors' were usually considered by students to be good nurses as well and were organised, good at working in the staff team, caring, good at teaching, and had effective interpersonal skills with staff, patients, relatives and students. Students perceived these mentors to be highly motivated in their own jobs.

Mentors were considered by students as unsupportive when they were not interested in them as a student or were too busy to spend time explaining things or working with students. Mentors who were senior nurses or managers had less time to spend with students; students viewed this as less helpful even though they often had extensive knowledge and skills to share.

Summary: Receiving and using support:

Receiving and effectively using support from various sources was perceived by students as vitally important in contributing to their success. Students with family and financial support felt advantaged in terms of having more freedom to study and feeling less tired and stressed than some of their peers. Students regarded the support provided by Module Leaders for academic work and their Personal Tutor for pastoral and academic support as important while support from mentors on placements was regarded as vital for clinical learning and coping with the demands of the programme.

Theme 5: Receiving and using feedback

Sub-theme 1: Academic

Markers:

Most students commented on the value of receiving positive feedback from markers of both formative and summative assessment work. Feedback was considered important to their success and was closely linked with increasing motivation. Evie used feedback to understand what she was doing well and for identifying weaknesses in her work so that she could improve next time. Most students said that they valued the marker's comments as well as the mark and used the comments to improve their work. 'Good marks' motivated students and made them feel excited about their work as it inspired them to work harder on their assignments and it provided confirmation that they were '*going along the right lines*' and '*validated all the hard work and effort*' (Matthew).

Lecturers:

Students found formal and informal feedback from lecturers both useful and motivating although did not offer specific examples of this other than feedback in class or as AA advice.

Sub-theme 2: Clinical practice

Mentors:

Informal and formal feedback from mentors was regarded by students as more important than feedback from academic markers. Positive feedback on clinical performance was highly motivating and linked to 'wanting to be a good nurse' (Theme 1). Students felt a real sense of achievement when they received positive comments from mentors and valued on-going verbal feedback during the placement and felt this was more useful than the documented assessment of practice.

Students wanted constructive criticism as long as it was explained to them and were given the time and opportunity to address the issue/s. Students observed that sometimes mentors were so busy giving patient care that they did not have time to give student

feedback. Constructive feedback was linked with confidence building and helped students to develop independence as a student nurse.

Other clinical staff:

Students also valued feedback from members of clinical staff other than their mentor including the HCAs, auxiliaries, doctors, other members of the multidisciplinary team and administrative staff. Students wanted to be considered a valued member of the team and valued any constructive feedback that staff could offer them to improve their performance. Students were aware that their mentor was likely to discuss their performance with other staff and that it was important to work well with everyone in the placement area not only to do well in their assessment but to develop team-working skills.

Summary: Receiving and using feedback

Students deemed feedback, particularly from markers and mentors, to be a significant factor contributing to their success. Markers comments were also valued and for the most part understood by the students without needing clarification from their personal tutor. Students especially appreciated feedback from mentors in clinical practice as this provided information about the standard of their clinical performance and progression as a student nurse.

Theme 6: Experiencing helpful learning opportunities

Sub-theme 1: The Organisation

Culture of the learning environment:

The friendly atmosphere in the school was viewed by students as having some contribution to their success. In particular, students commented on the enthusiasm of all lecturers, the multi-cultural student/staff population, and the presence of military students and staff as highly motivating. Students thought that whilst most civilian students wanted to learn there was also a minority who did not and were disruptive to the learning of others at times. Students believed that their views were listened to by academic staff and acted on where possible.

The presence of military staff, lecturers and students in the school was raised as a positive factor contributing to student success by most students and lecturers. Whilst the military presence had created some '*divides amongst groups of students'* and '*were at times a little intimidating*', these were thought to be insignificant when compared with the overall benefits of having the military based there. Military staff and students were regarded by non-military students and lecturers as highly organised, disciplined, smart in appearance, fully engaged in the programme in terms of attendance and contribution in class, punctual, respectful of others, highly confident, and good communicators. These '*good qualities'* (Nicola) combined with the high expectations of the military service '*rubs off on everyone'* and influenced other students and staff in the school to work towards the same high standards of learning and achievement.

Class size:

Several students commented that large class sizes particularly in Year 1 and the lack of classroom etiquette were detrimental to their learning as they could not hear the lecturer and were distracted by noise. The use of mobile phones and students being allowed to walk into classes late was considered distracting. Lecturers did not comment on this point.

Sub-theme 2: Teaching and learning

The quality and nature of teaching and learning in the school was highlighted as important to success by both students and lecturers. Students particularly enjoyed the '*interactive*' type of teaching and learning that was associated with small group teaching and simulated practice sessions.

Sub-theme 3: Curriculum

Students found the first module relating to the history of nursing as largely irrelevant and too long and would have preferred to have more sessions relating to preparation for clinical practice. Most other modules had been useful for students although this had varied with the module leaders and the teaching styles. Generally, students preferred not to have PowerPoint sessions unless it was a factual type session, preferring to be interactive in class. The acute and critical care module was considered the most useful for clinical practice and interesting by most students due to the time spent in the simulated ward, video analysis of their patient management skills, and use of case scenarios for discussion and learning.

A few students commented on specific difficulties with the assessment process. One issue related to assignments being due for submission when students were on placement and considered this was a hindrance as they wanted to concentrate on placement learning rather than writing as essay about a topic that was unrelated to their placement. Two students commented on the variation in standards of marking between markers in the school but accepted that this '*the luck of the draw*' (Adam) and '*was the same for everyone*' (Sarah). Marker's feedback was considered unhelpful when the comments did not match the mark awarded or when they failed to indicate weaknesses or offer constructive suggestions for future work.

Sub-theme 4: Pre-programme experience

Entry qualifications:

Most mature students had undertaken a qualification such as an Access to Higher Education or National Vocational Qualification in order to gain entry to the programme. Although these students said that they lacked confidence in their academic ability, they

did have confidence in their communication skills and ability to deal with any challenges posed by the programme. Confidence and familiarity with computer and academic writing skills varied according to where students had studied before coming to university. Matthew was grateful that the university accepted applicants with NVQs because he had been able to pursue as career he was totally committed to and felt that he had developed and proven his academic ability once on the programme. He also had strong feelings about widening participation policies relating to entry standards as he thought that commitment to caring and nursing was more important than academic qualifications. Students who had A level qualifications and had recently left school felt well prepared for the programme in terms of academic skills. They felt less confident in clinical practice and their communication skills at the beginning of the programme.

Lecturers considered entry qualifications to have an important influence of student success with most lecturers also emphasising the importance of selecting applicants with the '*right attributes*' too. Some lecturers pointed out that due to the high numbers of places, they were '*selecting people who will successfully complete the course and be suitable for nursing'* (*Andy*) rather than '*cherry-picking'* the very best possible applicants.

Care experience:

Most students has previous care experience and considered this to be very useful in terms of making the right career choice and for gaining confidence and clinical skills prior to starting the programme. Students who had not had previous care experience found the first clinical placement '*terrifying*' (Evie) because they were unfamiliar with the routine and the whole clinical environment. Lecturers considered previous care experience to be very helpful for students in making the right career choice and to increase their confidence in practice. Lecturers noted that some students who had previously been HCAs or auxiliaries for a long time had '*bad habits', 'certain attitudes'* and were sometimes '*closed minded'* to change.

Summary: Experiencing helpful learning opportunities

Students and lecturers identified some issues relating to the school as an organisation, the style of teaching and learning in the school, the curriculum and pre-programme

experience which contributed to student success. Students commented on the school's friendly atmosphere and the culture of support, and the enthusiasm for learning and nursing. Students valued the simulated skills and practice sessions and the online interactive learning opportunities. Students and lecturers thought that A levels were good preparation for the programme especially for those who had studied biology and health subjects. Mature students who had completed Access to Higher Education and NVQ courses were less confident about their academic skills and ability. Those that had undertaken care experience found this useful especially when on placement.

Individual Case Findings - Case 3

1. Profile of the case

The University:

This case was located within the university described in Case 2.

The Defence School of Health Care Studies:

In 2001, the Royal Centre for Defence Medicine relocated to this city to be centrally located in the UK and joined the university's Department of Nursing, located in a separate wing of the building. The Armed Forces commission student nurses into each of the three Services: The Royal Navy, The Army and The Royal Air Force, with all recruits undertaking their training at this university alongside civilian students on the Diploma and BSc Adult Nursing programmes. Recruits are given the rank of Able Rate/Private/Leading Aircraftman initially and then progress to the next rank when they complete year one. On qualification as a Registered Nurse, they become the equivalent of Acting Corporal with prospects for rapid promotion to a more senior rank and the possibility of gaining a Commission as an Officer. Recruits were paid a salary of approximately £18,000 per annum.

Military student nurses were fully integrated into the university's nursing programme: they attended the same lectures with university students, were allocated university staff as personal tutors, and undertook the same assessments. The only difference in the curriculum for military students was their rotation of placements. Military students attended a mixture of local NHS and military placements in Military Defence Hospital Units (MDHUs) based all around the UK. Military students wore military uniform whilst on placement but not for class unless for a specific military reason. Military staff based in the School were mostly qualified nurse lecturers who taught on the pre-registration programmes and provided academic support to both civilian and military students.

Military students were required to undertake fitness training at 7-8am four times per week. During placement time, this was adjusted to twice per week plus two flexible gym sessions. Students were also required to attend various social functions and military training exercises, and were subjected to regular inspections. Most students lived in accommodation adapted for military personnel in the city.

Learning support:

Military students received the same range of university support as civilian students. However, they were also allocated a military personal tutor, a 'Cohort Leader' and had access to a military Welfare Officer and Divisional Support Officers on site. A senior member of military staff was based in the university's Practice Placements Office and had responsibility for co-ordinating military student placements and recording sickness and absence.

Recruitment:

The entry requirements for each of the Services were the same as the university's entry requirements. In addition, all students were required to have two satisfactory references, a satisfactory Enhanced Criminal Records Bureau (CRB) check, a Protection of Vulnerable Adults (POVA) check, and a satisfactory Occupational Health check. Applicants must be aged between 17½-36 years (Royal Navy) and 17½-32 years (Army and RAF). Recruits are commissioned in the Services for various lengths of time including a four year period following completion of the programme. After this period of time, notice of retirement from the Service must be given one year before leaving.

The recruitment processes are the same for each Service although each recruits a different number per year. Also, the Royal Navy and the Royal Air Force only recruit for the degree programme whereas the Army recruit to both the degree and diploma programmes. Applicants can not apply for nursing in the Services until they have received the results of their entry qualifications i.e. A levels, Access Course. The application process is lengthy, taking up to eighteen months to commence the nursing programme from the time of application. Applicants are encouraged to speak to a Recruiter at their local Armed Forces Careers Office to gain insight into the Service and the entry

requirements. Applicants are also encouraged to attend an information day that focuses on the nursing aspect of the Service role which is usually located in one of the MDHUs. Applicants are initially assessed for fitness and suitability for the Service by a Service Board, and if successful are then assessed for suitability for nursing by a Nursing Board. Applicants are invited to attend a two day selection event based in various locations. The process consists of: a numeracy assessment, a literacy assessment, group discussions (candidates are asked to prepare for 6 allocated topics), indoor group tasks involving problem-solving, leadership and working as a team, and an interview with a panel of 4 staff (Senior Nurse Lecturer, Nurse Education Adviser, Service Recruiter, Clinical Staff) covering personal information and Service related knowledge. Selection days are offered twice a year for each Service. Applicants could be sent home after the first day if they had not passed the assessments during Day 1. The Royal Navy and the Royal Air Force only recruited students for the degree programme commencing each October, however the Army recruited for both the Diploma programme in September and April, and the degree programme in October. All recruits attend and must pass a period of basic military induction and training lasting 10-14 weeks to familiarise recruits with Service life before starting the nursing programme.

Specific recruitment statistics for military students were not recorded and therefore not available for this study although general recruitment information was provided by the Course Director. Approximately, 20 tri-Service military students were recruited in each degree intake and 15-20 in each diploma intake. The exact recruitment numbers varied for each Service with only suitable candidates being recruited regardless of places available. The Services received over 10 applications per place, the RAF and the Army being most popular, but the Army having the most places available. The majority of direct entry recruits were aged between 20-25 years however Service personnel who were transferring internally to nursing as a new trade were usually slightly older. Most direct entrants had A levels but some had an Access course or a National Diploma.

2. Profile of the participants

Twelve students and six lecturers were recruited and interviewed in this case.

Students:

The participants were recruited from the October 2007 intake of the BSc Adult Nursing programme. Participants were interviewed between February and May 2010 to coincide with the students being in the first part of year 3 of their programme.

All the student participants met the inclusion criteria (Chapter 4: section 4.2.2), however there were variations in their age, gender and highest qualification upon entry to the programme (Table F). The students were aged between 20-29 years with an average age of approximately 23 years. Only one student was classed as 'school leaver' (<21 years) and eleven as mature students (≥ 21 years). Eleven students were female and one male. The students in this group had a variety of entry qualifications: all twelve students had between 9-12 GCSEs or equivalent plus a higher qualification. Most students had at least 3 A levels at grades A-C although two had an Access course (Nina and Kath) and two students had a National Diploma (Liz and Maggie). The average Year 2 marks ranged from 65-73% (marked at level 5).

Lecturers:

All lecturers in this case were members of military staff and all except one were involved in teaching on the participants' programme. The Course Director was interviewed together with four lecturers who were 'Personal Tutors' to the student participants as well as the co-module leaders. One of the 'lecturers' was the Welfare Officer whose role was to support the military nursing students only and was a qualified nurse but did not teach at the university or support students as a Personal Tutor.

Student (pseudonym)	Rank by average Year 2 mark	Military group rank by average Year 2 mark	Average Year 2 mark	Gender	Age	Service	Highest Entry Qualifications
Sophie	4th	1st	73%	F	29	Army	Overseas qualifications equivalent to AS/A levels
Isobel	5th	2nd	72%	F	22	Army	5 A levels Psychology, Biology, History, PE, General Studies grades BBBCC, 10 GCSEs
Nina	9th	3rd	70%	F	23	RAF	Access to HE course. 3 A levels grades CCE in Business Studies, Biology & RE. 9 GCSEs.
Harry	10th	4th	69.8%	M	22	RAF	BTEC Nat Dip DDM, 4 AS levels, 11 GCSEs
Laura	11th	5th	69.4%	F	21	Navy	3 A levels grades ABD in Biology, Computing, & Music. 9 GCSEs.
Liz	12th	6th	69%	F	20	Navy	National Dip Health & Social Care DMM, 9 GCSEs
Ella	14th	7th	68%	F	22	RAF	4 A levels grades BBCC in Psychology, Health and Social Care Sociology. 11 GCSEs
Chloe	19th	8th	66.8%	F	22	RAF	3 A levels grades CCD in Health and Social Care Sociology, Biology. 10 GCSEs
Julie	20th	9th	66.5%	F	22	Army	3 A levels grades BCC in Health and Social Care Sociology, Sociology. 10 GCSEs
Kath	21st	10th	66.1%	F	26	RAF	Access to HE course: Distinction. 2 A levels grades BB in Eng Lang, Eng Lit and an AS grade D in sociology. 12 GCSEs
Maggie	22nd	11th	65.8%	F	23	RAF	National Dip Health & Social Care DMM, 9 GCSEs
Grace	23rd	12th	65%	F	22	Army	3 A levels grades BCD in Health and Social Care, PE & Eng lang. 10 GCSEs

Table F: Profile of student participants in Case 3.

3. Defining student success

Sub-theme 1 - Wanting to be a good student

Students and lecturers viewed student success as an individual concept. All students and lecturers agreed that success consisted of ability in both academic work and clinical practice although agreed that sometimes students were better at one or the other. The following issues formed part of the concept of 'wanting to be a good student':

Most of the participants, students and lecturers, felt that the study's definition of success seemed fair and acknowledged the practical difficulties in identifying the most successful students. There was general consensus that second year academic marks were a reasonable way to judge students' academic performance and that first year academic marks could be lower as students develop their academic and assessment skills.

The importance of performance in clinical practice was viewed as equally important, if not more important, to academic achievement. Nina and other participants had empathy for other students in their cohort who excelled in clinical practice but not in academic work, and who therefore had been excluded from this study. Some students wanted to be graded in practice and viewed this as more important to them than academic marks. Performance in clinical practice was seen as an essential component of success on a nursing programme by all the participants. Grace felt that the study's definition of success was '*weighted towards achievement in theory marks*' and that some students who were very knowledgeable but had performed poorly in exams or assignments and therefore were disadvantaged by the definition. Nina commented that '*being able to write a good essay doesn't make you a good nurse*'.

Most students had not consciously thought about being successful before my presentation and email inviting them to take part in this study. Students had mixed views about whether they considered themselves to be successful or not. Those that did not consider themselves successful were surprised and proud of their achievements (Kath, Liz, Chloe, Nina, Isabelle, Laura). Chloe commented that she had been '*average at school and college*' because she found studying '*dull*', but studying nursing was '*interesting*' and therefore she

had made more effort to learn. Those that did consider themselves to be successful were already aware of their average mark but not of the ranking in the cohort. These students were very confident and had very clear goals about what they wanted to achieve on the programme and in their careers. These students described themselves as *'naturally academic* (Sophie), able to *'intuitively grasp information'* (Harry) and *'someone who enjoys studying'* (Isobel).

Self-confidence:

Some students viewed success as having self-confidence. Some students said that they had felt confident from the beginning of the programme particularly in relation to academic skills however most of the students experienced an increase in self-confidence during the programme which for some was associated with their unexpected success on the programme. This increase in self-confidence came from positive feedback from lecturers, military staff and clinical staff during the first and second years of the programme. This happened very early in the programme for Liz who became confident in Year 1 following positive comments from markers and lecturers.

Some students specifically mentioned that their confidence in their clinical ability developed at an earlier stage than their confidence in academic work. Students felt *'naturally more able'* (Laura) and *'instinctive'* (Harry) in practice. Some of these students felt less confident in their ability to achieve good marks in academic work due to not being able to write well and not always understanding what was expected of them *'half the battle is guessing what markers are looking for'* (Nina).

Sub-theme 2: Wanting to be a good nurse

Wanting to be a good nurse consisted of performing well in clinical practice, future aspirations of working within a certain clinical speciality and undertaking their Service role as a nurse. Both students and lecturers commented on the importance of providing high quality care for patients, civilian and Service personnel.

Performing well in clinical practice:

Students not only viewed success as doing well in academic assessments but also in terms of their ability in clinical practice as perceived by themselves, clinical staff and patients. Students felt that *'good communication skills'* (Kath) and *'nurse-patient rapport'* (Kath) were essential to being a good nurse. Most lecturers pointed out the need for students to have effective communication and interpersonal skills in order to be successful in practice but these skills were not necessarily assessed in assignments. Students and lecturers talked extensively about the importance of teamwork for nursing and the military. Being a good *'team player'* (Harry, Nina and Kim, military Course Director) was considered one of the most important aspects of being a successful military student nurse.

Future ambitions:

Some of the students expressed a desire to work within a chosen clinical speciality or war role on qualification. For most this was a critical care area such as Intensive Care or Accident and Emergency Care relating to their Service role. Laura was considering a future career in midwifery after a few years in the military. The choice of speciality was often linked to good experiences in these specialities during placements. All students had enjoyed the acute and critical care module and their critical care placement, perceiving this to be the single most important and relevant area of acute nursing care to their Service role. Students were not concerned about employment as they were guaranteed roles within MDHUs upon qualification although some students had decided on particular career pathways such as commissioning as an Officer or joining specialist/elite teams which meant that they needed to achieve a specific degree classification.

Summary: Definitions of student success

Participants viewed success in a range of different ways that consisted of two main themes: 'wanting to be a good student' and 'wanting to be a good nurse', with further sub-themes relating to: self- confidence, performing well in clinical practice and future ambitions. Some students had been confident from the beginning of the programme especially in relation to academic work however most students described how they started the programme with low self-confidence that developed rapidly over the first two years of the programme. Students' perceptions of their own success was mixed and approximately half of the

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students viewed themselves as successful at this stage of the programme (Year 3) but the other half did not consider themselves successful and were surprised at their ranking within the main student cohort. Increased self-confidence contributed to further success particularly in academic work in years two and three.

4. Factors that contribute to student success

Theme 1: Being highly motivated

Sub-theme 1: Intrinsic factors

Personal aspirations:

The personal desire to do well was evident from every student in this case and was a strong theme from the lecturers as well. Students were motivated by a range of factors including experiences during their upbringing, previous work experience, the desire to be a good nurse and to do well in the Service.

Most of the students stated that they '*simply wanted to do their best'* (Ella) and others were '*going to excel'* (Laura) and '*make the most of the opportunity'* (Kath). Most were working towards the highest classification possible, preferably a First or Distinction. Students were driven by personal pride and achievement, personal satisfaction, quicker promotion, and attaining a good university degree. Several students said that it was very competitive within the military group of students. As a small, close group most of whom lived together, they were aware of each other's marks and achievements, and did compete against each other for higher marks and better ward reports. Grace and Chloe said that they did not enjoy the academic work but viewed it as a necessary part of the programme. Most students had a fear of failure that was related to their own desire not to fail anything. Students did not fear failure because of the military consequences as they perceived the military staff to be supportive rather than punitive. However, students did not want to 'back classed' as they would not graduate with their friends/group and this acted a strong source of motivation.

Career choice:

Students were particularly '*passionate*' (Nina) about being a student nurse, becoming a qualified nurse and '*making a difference'* (Isobel). Students and lecturers talked about wanting to be a good nurse as the most influential factor in relation to student success. Most students were also passionate about being in their chosen Service and their related Service role as a nurse.

Students clearly articulated that they aspired specifically to be a *'good nurse'* and a *'good soldier'* (or equivalent in the Navy and RAF). They also commented that Service nursing was *'challenging'* (Harry) and gave them a *'sense of achievement'* (Laura). A significant part of the enjoyment of nursing was *'working with people'* (Julie), *'caring for people'* (Ella), *'having all that responsibility* (Harry), and *'helping them'* (Maggie). All of these students said that they had always wanted to be a nurse even from an early age. Most had *'always wanted to be a nurse'* whereas others had been inspired by careers talks at school, television programmes or personal experiences of family illness. Liz had been inspired by a nurse caring for her father when he needed a bone marrow transplant. She had watched the nurses performing skills and developing a relationship with her dad putting him at ease, and she admired them for their dedication. For Liz, nursing had been a *'natural career option'*, one that *'did not phase or scare her'* not even on her first placement. Other students also talked about nursing being the *'natural'* choice for them.

Lecturers felt that all the military students were successful because they were *'self-selecting'* (Kim). The entrance criteria and the lengthy application selection process inevitably only selected the most dedicated individuals. Lecturers thought that the most successful students were the ones who were most dedicated to becoming good nurses and that most of these had previous experience of caring or had experienced family illness of some kind. Kim (Course Director) believed that:

> *'Most of our students have been very enthusiastic and desperate to be in the Service, desperate to do well and I think that comes down to their personality. They want to do well, want to achieve, it's just a natural attitude that most of them have towards academia and the Service'* (Kim).

All the lecturers thought that the main source of motivation for students was their own personality, ambition and drive and not a military created motivation. They commented about students having high standards in relation to their studies and nursing, and that these high standards were also expected in the military. As such, there was a *'natural match'* (Kim) for these individuals to combine nursing with an Armed Forces nursing role.

Students talked about their motivation to join the Armed Services. For most, the Service of choice had been clear right from the point of wanting to do nursing, but for a minority it was a choice between two of the Services depending on where they were accepted first. Some of the students had a parent or close relative in the Armed Services and most students were attracted to the life style, variety of work and opportunities offered by the Armed Services. While the salary was viewed as helpful, it was not considered a reason to join the Services to do nurse training by any of the students.

Sub-theme 2: Extrinsic factors

Family:

Some students felt a degree of pressure from their families to do well and therefore wanted to make their parents proud. Chloe was in competition with her two sisters who had already done well at university:

> *I think I've got that slight competition with my sisters as well because they've both been to university and they've both come away with a 2:1. If I get a first that'd be great. It's like, "yeah, I'm kind of smarter than you". It's just banter between us... I think my parents would be proud either way'* (Chloe).

Other motivating factors:

A few students recognised the financial investment that the military had made in selecting them. They felt obliged to '*do well in return for being giving the opportunity'* (Liz).

Two lecturers considered the extra-curricular activities that the military students engaged in to be motivating. These activities included charity work, military training exercises, leadership exercises, fitness programme and various social activities. These were considered motivating because they promoted cohesiveness in the group and provided constant challenges in terms of personal and professional development particularly in problem-solving, leadership skills and confidence.

Lecturers also identified military expectations and standards as a significant motivating factor for students. Students were expected to be able to lead a team and make decisions as part of their military role and therefore they were taught this as an extra-curricular

activity. They were also expected to cope with the *'demands of military operations'* (Sharon) and military life which *'could be hard at times'* (Gabby). Lecturers described the preparation of students for their military role as *'tough love'* and *'being hard on them at times'* (Kim). There was an expectation that all students would *'do their best'* whatever that was *'even if they did not achieve a First or 2:1'* (Kim, Course Director*).* Lecturers also mentioned internal competition within the military groups and for the end of programme prize for the best academic achievement.

Summary: Being highly motivated

The most significant factor contributing to student success related to the student being highly motivated. Within this theme, inter-connected factors were categorised under the headings 'intrinsic factors' and 'extrinsic factors'. Students were clearly motivated the most by their desire to achieve a good degree, preferably a First Class classification and to become a good nurse within the Services.

Theme 2: Having a mature attitude towards learning

Sub-theme 1: Becoming an independent learner

Being organised:

Most of the students spoke about being organised in order to effectively manage the commitments of the programme and their military duties. Students viewed having the *'personal discipline'* (Sophie) and time management skills as very important in ensuring that academic work was produced for lessons or submitted as coursework on time, and their other military commitments were fulfilled. Although students were organised and were aware of deadlines, most left their assignments to the last minute before submission. They prepared the resources for assignments a few weeks in advance but left the writing until the last week. Some students even left the writing until the last day, writing through the night before submission as they *'needed the pressure of submission in order to write'* (Isobel) and *'perform better under pressure'* (Harry). Some admitted to just *'being lazy'* (Harry) and leaving it to the last minute although this did not make them feel anxious. Most felt that they had a natural ability to study, absorb verbal information quickly, and produce written work of a reasonable standard quickly. The exception to this pattern was Laura who planned and wrote her assignments in advance as she did not enjoy last minute pressure.

All students viewed themselves as highly organised in clinical practice. Students considered this their *'forte'* (Sophie) and said that mentors often thought that this aspect of their ability as a student nurse distinguished them from some of the civilian students. They described these organisational skills in practice as *'an ability to take initiative'* (Ella), *'to get on with the tasks that need doing'* (Nina), *'prioritising care'* (Kath), *'managing things efficiently'*, *'planning ahead'* (Sophie)*,* and *'letting patients and others in the team know what's happening'* (Isobel).

Being independent:

Most of the students considered themselves independent learners although others recognised that they needed regular support from peers and lecturers. Students felt that being independent included findings resources for themselves, taking responsibility for their learning, and managing problems themselves before asking for help. Students talked

about being proactive in organising themselves and seeking out the information that they needed in order to complete assignments. Most students had not accessed the university's support services or the military support services as they had not needed them, but most had sought support from their personal tutor. Sophie and Laura had enrolled on a library session to improve their skills in searching for literature. Students accessed the module leaders for advice about assignments (as this was the normal practice in this university) and often shared this with their peers in informal group tutorials in their accommodation in order to save other students from having '*separate appointments with lecturers which wasted everyone's time'* (Nina). Lecturers felt confident that students were aware of the support services available to them and that they would seek support independently if they needed it.

Having confidence:

Students said they were confident about being in control of their own learning and being proactive in terms of using resources. They recognised the need to do extra reading or to ask if they had not fully understood something in class or whilst on placement. They felt confident in their academic and clinical ability and that they had made the right career choice. Students described themselves as happy to '*get stuck in'* (Harry) and '*crack on'* (Grace) without too much encouragement, whether it be in class or in clinical practice. They were naturally confident in their own ability and recognised the transferable skills they had already acquired through other life experiences and were able to apply these to being a student nurse.

Students commented that their confidence had increased on the programme through the experience of engaging in classroom discussions and doing presentations, interacting with staff and patients in clinical practice, having to do handovers and making decisions in clinical practice. Increased confidence in their clinical ability also came from positive feedback from patients and mentors. Students observed that mentors considered military students to be more confident in their ability than civilian students.

Lecturers considered confident students to be more effective communicators in class and in clinical practice and commented on successful students' ability to generate and engage

in interesting discussion in the classroom; that they had the ability to respect others' opinions but also challenge them in a non-threatening manner. This point was supported by non-military lecturers who also thought that military students were confident in class and practice, '*highly impressive*' (Barbara, lecturer) and had a '*distinct can do attitude*' (Nicola, Course Director, non-military).

Sub-theme 2: Developing effective learning strategies

Engaging with learning opportunities:

Students stressed the importance of attending lecturers partly because they wanted to but also because it was a military requirement. As employees, military students were expected to attend 100% of the programme and all extra-curricular military activities. Attendance was recorded and monitored by the military staff and absence due to sickness was reported via a strict military procedure which students '*avoided at all costs even if they felt unwell*' (Harry). However, attending lecturers was mostly viewed as important in terms of factual information relevant to nursing. Some taught sessions and modules were not valued but were attended because of the military requirement. Students confirmed that they had had virtually no sickness from the course and this was verified by their records.

Lecturers also commented that military students were required to attend 100% of the time and felt that students wanted to attend most lectures but appreciated that some sessions were more valued by student than others. Non-military lecturers noted that the military students were more '*attentive*' (Aiden) in class and tutorials than other students. The military staff explained that there was an expectation that students would '*put themselves forward in class*', '*put their hand up*' and '*fully engage with the learning process*' (Kim).

Getting the most from learning experiences:

Students talked about their approach to getting the most out of learning opportunities, particularly clinical learning experiences. Most of the students said that all of their placements had been good but some had been better than others. Students tended to judge placements by the quality of their mentor but found other ways of learning if they failed to engage with their mentor. Students were aware that being proactive and enthusiastic would make them more popular with clinical staff and their mentors. Most of

these students talked about being '*naturally enthusiastic in clinical practice*' (Chloe) and '*happy to get stuck in*' (Sophie). The students did not perceive this enthusiasm as a strategy but rather '*just the way I am because I'm interested in nursing and learning as much as I can*' (Chloe). Most of the students were aware that their instinctive enthusiasm, pro-active nature, initiative, leadership skills were popular with clinical staff because it helped to '*get the work done efficiently*' (Nina).

Overcoming challenges:

Students did not say much about over-coming challenges other than usually being independent at problem-solving whether it was a personal or programme related issue. Students were aware of the support services were available but always tried to resolve problems for themselves before involving other members of staff. Students felt that it was a part of military culture that expected them to take responsibility for their own learning and to resolve problems. Students said that it helped that they were self-confident and quite assertive as they were '*not afraid to tackle issues*' (Ella) or '*challenge someone*' (Isobel). Students felt '*ok about making mistakes*' (Sophie) and perceived these to be valuable lessons rather than negative events that affected their confidence.

Lecturers identified successful students as those with problem-solving and effective coping skills although these were usually developed throughout the three years and may not be present initially in Year 1.

Summary: Having a mature attitude towards learning

Students and their lecturers recognised that having a mature, independent attitude to learning was a significant factor contributing to success. Lecturers thought that this maturity developed during the programme for most military students. Students were independent learners who were: organised, independent, took responsibility for their work and performance, and had confidence in themselves. These students developed effective learning strategies with support from their lecturers and support staff. Students were learning in a unique military environment that promoted and expected engagement with learning opportunities.

Theme 3: Being determined

Sub-theme 1: Being hard working

All students interviewed recognised how determined they were to succeed both academically and as a nurse. Most students had not worked hard in Year 1 as they knew that marks did not count towards their degree classification. All of the students said that they started to work harder in Year 2 because the marks counted but also because they had matured both personally and professionally and wanted to make the most of learning opportunities. Some students talked about having natural academic ability and not having to as hard as other students to get good marks. Lecturers considered that successful students to put in extra effort over and above that expected by the university or the military and that this was related to their personal determination to succeed.

Sub-theme 2: Wanting to do one's best

Students thought that wanting to work hard and to do their best was partly related to their personality and this had attracted them to the Armed Services. They talked about *'wanting to do their best'* (Sophie). The students compared themselves to other non-military students who were less hard working and less concerned with their marks. . Military students felt in competition with themselves and their peers.

Sub-theme 3: Wanting to be a good nurse

Students worked hard and were determined to do well in order to achieve good marks but also to qualify as a nurse. Students were not content with passing assessments well but also wanted to *'to excel as a nurse'* (Isobel). The desire to be a good nurse appeared to be equally or more important that achieving good marks, however some students felt that some of their peers were good nurses despite not achieving the top grades in their intake. Sophie described setting her own high standards and being disappointed at times but she remained determined to achieve her own goals in order to give patients the best possible care. Students commented that military ethos expected a high standard in everything but students said that they wanted to achieve this for themselves and that being a good nurse was the most important aspect of their success.

Summary: Being determined

Successful military students all talked about being determined to fulfil the ambition of becoming a good qualified nurse. This determination was associated with a very strong work ethic often instilled as a child by parents or a close relative, or related to their motivation to do well for themselves. Students were also aware that the military had invested in them and that there was an expectation that they would uphold the expectations and reputation of the Services.

Theme 4: Receiving and using support:

Sub-theme 1: Personal support

Family:

All students valued the support they received from their family although this was not viewed as the most important source of support. All but one student (Chloe) lived in student accommodation and therefore most students were only in contact with their family by telephone/social network sites other than occasional visits. Chloe lived with her parents and they were her main source of support. Living at home enabled her to save her salary which she intended to use to buy a house later in life. Lecturers also highlighted the importance of family support for students but were aware that some individuals joined the Services because of the lack of support at home and in order to '*find a family'* (Gabby).

Personal circumstances and financial support:

Being salaried was considered an advantage by both students and lecturers. Not having to worry about money allowed students to focus on their studies and do extra reading around topics related to placements. However, as employees, students were obliged to undertake other military duties which were time-consuming and sometimes stressful and tiring. Students also mentioned the temptation to socialise more because they were financially better off than most other students and this was a distraction away from studying. Due to the demanding nature and frequency of extra-curricular military commitments, lecturers felt that students were '*conditioned*' (Dave) into being organised and having good study skills; that students '*worked hard and played hard'* (Dave).

Lecturers said that students had different masters to please; the university, the military, and the NMC but that they had extra support in order to achieve the additional demands placed upon them. The Course Director summarised support for students as follows:

> *'Our students are privileged in terms of the support they get. They are salaried and have accommodation provided for them. We have a dedicated Welfare Officer who is there to support them with personal issues. Some of the civilian students have to work around the course, have issues and problems with their own families, having children or relatives that need to care for. Not having financial issues I think does go into helping them to be successful because they don't have that additional worry, not unless they get themselves in debt. Sometimes they get so much money that they go out and spend it on all sorts of things but usually that's one less anxiety that they have to factor in'* (Kim, Course Director).

Sub-theme 2: Programme related support

Peer support:

Students valued the support offered by peers particularly friendships that had developed with their military peers. Students talked about a '*strong sense of camaraderie*' (Sophie) within their group; they supported one another through difficult times and shared their individual skills in order to do well as a group despite their need to also be individually competitive. Ella described how one student had failed an assignment in the group and the others had immediately helped them to pass it the second time around. Several of the other students spoke of this incident explaining that '*there was no way that they weren't going to graduate with the rest of the group, we were all going to pass together no matter what*' (Sophie). Students shared resources, discussed things, helped one another, respected one another and shared ideas. This sharing extended to extra-curricular activities and tasks as well as academic study. Lecturers also valued this *'teamwork'* attitude and encouraged students to '*look out for each other*' and to '*talk to staff if any student looked like they needed support*' (Kim).

Personal tutors and module Leaders:

Students considered the support provided by the module leaders and their personal tutor to be important in contributing to their success although most students had not accessed these members of staff very often. In particular, students found the module leader helpful for explaining assignment guidelines, signposting resources and structuring academic work. Personal tutors were helpful for support and guidance with personal problems, discussing experience and learning following placements. Students also used their personal tutor to understand feedback from previous assignments although most students felt that they

were able to understand and act on feedback independently. The students also pointed out that their military placements were often a long distance from the university and therefore having a meeting with non-military lecturers was almost impossible during placements. Lecturers felt that successful students were more independent and usually approached tutorials in a highly organised way. For example, they would proactively and appropriately book the appointment, have a clear purpose for meeting, be prepared with relevant information, take notes during the meeting as necessary, and ask questions. Lecturers felt that successful students tended to need less support than students who were struggling although these students often failed to seek support themselves.

Lecturers:

The support provided by other members of academic staff (non-military) was valued by students and commented that lecturers were generally extremely supportive, were willing to answer questions, give up their break to speak to students, see students at the end of lecture, see students individually and direct students to learning or support resources. Students particularly commented on lecturers' enthusiasm for nursing during lessons and valued the informal '*chats*' (Nina) they had with non-military lecturers as they could '*relax*' (Liz) more. Students also liked being treated by lecturers with '*respect*' (Isobel) and '*as equals*' (Chloe). Laura felt that there was '*so much support offered by the university that there was no excuse for any student to fail*'.

Military students rarely failed assignments but those that did had to agree a learning contract with their personal tutor. This contract was described by lecturers as robust, supportive and ensured discussion of progress with work at frequent intervals. Students viewed this process as helpful although most wanted to avoid this situation. Lecturers also thought it was helpful and usually a good learning experience but one that students did not want to repeat. A second fail would result in automatically going onto an academic warning and a disciplinary procedure, and then the student would be informed that further failure would lead to dismissal from the Service. As students only had one attempt to pass assessments in clinical practice, they were closely supported by military lecturers in all placement areas.

Mentors:

All students considered support provided by mentors during placements as vital to being successful on the programme. All students emphasised the importance of their relationship with their mentor and the influence this would have on their learning and on the outcome of their assessment. Most students said that they had been lucky to have *'good mentors'* (Laura) most of the time but that some had been less helpful. Being supportive was described by students in the following ways: *'encouraging me to get involved'* (Harry), *'letting me have a go at things'* (Liz), *'wanting to explain things to me'* (Maggie), *being interested'* (Kath), *'challenging me'* (Sophie), *'helping me to learn'* (Laura), *and 'wanting to work together'* (Sophie). Students valued mentors who were approachable, made time to listen to their concerns, and helped to identify their learning needs. Nurses who were good mentors were usually considered by students to be good nurses as well and were often nurses who were organised, good at working with others in the staff team, caring, good at teaching, and had effective interpersonal skills with other staff, patients, relatives and students. Students perceived these mentors to be highly motivated in their own jobs.

Mentors were considered by students to be unsupportive when they were: not interested in them as a student, were too busy to spend time explaining things/work with students, not good with patients, were out of date or lacking knowledge in practice or disinterested in the their job. Mentors who were senior nurses or managers had less time to spend with students and students viewed this as less helpful even though they often had extensive knowledge and skills to share. Students enjoyed the primary care and critical care placements because they had the opportunity to work one-to-one with clinical staff throughout the shift, and these roles were directly relevant to Service roles.

Summary: Receiving and using support:

Receiving and using support from various sources was perceived by students as important in contributing to their success especially peer support within their own military student group. Students felt advantaged by having financial support as it allowed them the freedom to study and reduced workload stress although they tended to socialise more because they could afford to. Students valued the support of their personal tutor, module

leaders, other lecturers, mentors and military support staff but regarded the support from their peers as the most important.

Theme 5: Receiving and using feedback

Sub-theme 1: Academic

Markers:

Most students commented on the value of receiving constructive and positive feedback from markers of both formative and summative assessments. Feedback was considered important to their success and was closely linked with increasing motivation. Most of the students said that they valued the marker's comments as well as the mark and that they used the comments to improve their work. Good marks motivated students and made them feel energised about their work. Students were also happy to receive criticism as long as it was constructive.

Lecturers:

Students found formal and informal feedback from various sources both useful and motivating although did not offer specific examples of this other than from lecturers giving direct feedback in class particularly simulated practice, from personal tutors in relation to professional development and as markers.

Sub-theme 2: Clinical practice

Mentors:

Informal and formal feedback from mentors in clinical practice was regarded by students as more important than feedback from academic markers. Positive feedback on clinical performance was highly motivating and linked with comments about 'wanting to be a good nurse' (Theme 1). Students felt a real sense of achievement when they received positive comments from mentors and valued on-going informal feedback during placement and felt that this was more useful than the documented assessment of practice.

Students wanted their mentors to '*be direct with them*' (Sophie), '*to tell the truth*' (Julie) and to offer constructive criticism as long as it was explained to them and they were given the time and opportunity to address the issue/s. Students observed that sometimes mentors were so busy giving patient care that they did not have time to give student feedback. Having several mentors in one placement, senior staff or managers, or mentors

that worked part-time was regarded as sometimes detrimental to receiving feedback. Constructive feedback was linked with confidence building and helped students to develop independence as a student nurse.

Other clinical staff:

Students also valued feedback from other members of clinical staff including the Health Care Assistants (HCAs), auxiliaries, doctors, other members of the multidisciplinary team and administrative staff such as ward clerks. Students wanted to be considered a valued member of the team and valued any constructive feedback that staff could offer them to improve their performance. Students were aware that their mentor was likely to discuss their performance with other staff and that it was important to work well with everyone in the placement area not only to do well in their assessment but to develop team-working skills.

Summary: Receiving and using feedback

Students deemed feedback, particularly from markers and mentors, to be an important factor contributing to their success. Marks awarded for academic assignments were motivating for students; '*good marks motivated*' students while '*low marks made me more determined*'. Markers' comments were also valued and for the most part understood by the students without needing clarification from their personal tutor. Students especially appreciated feedback from mentors in clinical practice as this provided information about the standard of their clinical performance and progression as a student nurse.

Theme 6: Experiencing helpful learning opportunities

Sub-theme 1: The Organisation

Culture of the learning environment:

The friendly learning atmosphere in the school was viewed by students as having some contribution to their success. In particular, students commented on the enthusiasm of all lecturers and the benefits of studying in a large multi-cultural university. Students thought that whilst most civilian students wanted to learn, there was a minority who did not and were disruptive to the learning of others. Students valued the fact that their views were listened to by academic staff and acted on where possible. Military students felt different to other students because of their military status. Students were proud to be in the military and believed that the presence of the military in the School had a positive influence on raising learning expectations and standards.

Class size/etiquette:

Some students commented that large class sizes particularly in Year 1 and that the lack of classroom discipline/etiquette were detrimental to their learning as they could not hear the lecturer and were distracted by noise. The use of mobile phones and students being allowed to walk into classes late was considered distracting. Military students arrived at lectures early, sat at the front of the class, were required to dress in smart casual attire and fully engage in the lesson. Lecturers also commented on military expectations of student attendance, dress code and engagement in learning.

Sub-theme 2: Teaching and learning

The quality and nature of teaching and learning in the school was highlighted as important to success by both students and lecturers. Students particularly enjoyed the interactive type of teaching and learning that was associated with small group teaching and simulated practice sessions.

Sub-theme 3: Curriculum

Students found the first module, relating to the history of nursing as largely irrelevant and too long. Students would have preferred to have more sessions relating to anatomy and

physiology, and preparation for clinical practice. Students also wanted to have a clinical placement much earlier in the programme. Most other modules had been useful for students although this had varied with the module leaders and the teaching styles. Generally, students preferred not to have PowerPoint sessions unless it was a factual type session, preferring to be more active in class. The acute and critical care module was considered the most useful for clinical practice and their war role, and was considered the most interesting module by most of the students due to the time spent in the simulated ward, video analysis of their patient management skills, problem-solving, team-working and the use of case scenarios for discussion and learning.

Students commented on the assessment process. Most students preferred exams to assignments because '*I'm good at remembering information'* (Harry), '*more relevant to nursing* (Nina), '*over and done with quickly* (Isobel), *marking of essays is unreliable* (Kath), '*essay writing is irrelevant (Sophie),* and *'less emphasis on writing skills'* (Ella).

Sub-theme 4: Pre-programme experience

Entry qualifications:

Most of the students had undertaken A levels in order to gain entry to the programme however the average age at entry was slightly higher than 18 years (23 years) because of the lengthy application process. This meant that all students had obtained some work experience before starting the programme. Most students said that their entry qualification had prepared them well for studying at university although some said that the academic writing skills were slightly different than those required for A levels. Students were confident about their academic skills but less so about the clinical skills. Lecturers considered entry qualifications to have an important influence on student success and credited the Services' rigorous selection processes with ensuring that the best applicants were on the programme. They also felt that they could '*cherry pick*' (Dave) students due to the '*high number of outstanding applicants* (Kim).

Care experience:

Most students had previous care experience and considered this to be very useful in terms of making the right career choice and for gaining confidence and clinical skills prior to

starting the programme. Students who had not had previous care experience found the first clinical placement stressful because they were unfamiliar with the routine and the clinical environment. Laura remembered being mentally unprepared for the severity of patients' illnesses during her first placement on an acute respiratory ward. Although her previous job had helped in terms of communication skills she was still '*shocked*' at seeing very sick patients. Sophie also expressed '*shock*' at the workload and '*heaviness*' of her first medical ward. Despite the shock factor, students still enjoyed their first placement and it confirmed their choice of career and motivated them to learn.

Lecturers considered previous care experience to be very helpful for students in making the right career choice and to increase their confidence in practice. Selection boards preferred students who had care experience although this was not essential.

Summary: Experiencing helpful learning opportunities

Students and lecturers identified a number of issues relating to the school as an organisation, the style of teaching and learning in the school, the curriculum and pre-programme experience which contributed to student success. Students commented on the school's friendly atmosphere and students'/staff enthusiasm for learning. Students and lecturers thought that A levels were good preparation for the programme especially for those who had studied biology and health subjects. Those that had undertaken care experience found this useful especially when on placement. Students found a number of things unhelpful including: noisy lessons, irrelevant modules/teaching sessions, too many PowerPoint lectures and inadequate preparation for their first clinical placement.

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