

EXPLORING STUDENTS' VIEWS ON PERSISTENCE
ON NURSING PROGRAMMES: AN INTERACTIVE
QUALITATIVE ANALYSIS

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Abstract

In a context of national nursing shortages, reducing attrition on undergraduate nursing programmes is a high priority. Existing models of retention and attrition derive largely from the USA with limited applicability to the UK context. In this study a new model is developed which seeks to map the interrelationships between student-identified factors associated with 'staying the course' on nursing programmes. Using Interactive Qualitative Analysis (IQA) – a methodology not previously applied to persistence in the UK or indeed to pre-registration nursing anywhere in the world – the study seeks an understanding of the experience of persisting on an undergraduate nursing degree from the start to finish, from the perspective of the students themselves.

A multi-site IQA study was designed involving four UK HEIs. Following a pilot phase, four workshops were conducted across the HEIs with a total of 25 students. Semi-structured follow-up interviews were conducted with three workshop participants at each site in order to further elucidate issues raised, and themes discussed, during the workshops.

The researcher was able to identify five participant-generated themes which the students themselves perceived to be the most important and exert the greatest influence of their desire to remain on-programme: Political Context, Support, Motivation, Placement/ Caring for Patients and Personal Goal Achievement. These superordinate factors were commonly identified by all study participants.

The study finds that a single 'one-size-fits-all' model explaining the phenomenon of undergraduate student nurse persistence is neither possible nor desirable. Instead, it shows how elucidating commonalities in the experience of persistence can indicate interventions and strategies to enhance the student journey. Such an approach stands to provide universities with detailed insight on the nursing student experience, allowing the tailoring of provision, and improving the experience of 'staying the course' – an outcome which in turn has the potential to positively impact retention rates.

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List of Contents

	<u>Page Numbers</u>
Dedication	i
Abstract	ii-iii
Acknowledgements	iv-vi
List of Contents	vii-xxi
List of Tables	xxii-xxiv
List of Figures	xxv
<u>Chapter 1</u> <u>Introduction</u>	1-16
1.1 Introduction	1
1.2 Background	1-7
1.3 Rationale	8-12
1.3.1 Workforce Planning	8-9
1.3.2 The Changing Climate of Higher Education	10-12
1.4 Research Objectives	12-13
1.5 Anticipated original Contribution to Knowledge	13-14
1.6 Thesis Outline	14-16
<u>Chapter 2</u> <u>Literature Review</u>	17-114
2.1 Introduction	17-18
2.2 Literature Search Procedure	18-29
2.2.1 Bodies of Literature Ultimately Excluded From	26-29

	the Review	
2.3	Findings	29-102
2.3.1	Factors Associated with Attrition	58-89
2.3.1.1	Individual-level Factors Associated with Attrition	63-76
2.3.1.2	Institutional-level Factors Associated with Attrition	76-86
2.3.1.3	Political and Professional-level Factors Associated with Attrition	86-89
2.3.2	Factors Associated with a) enhanced completion rates or b) the reconsideration of inclinations towards withdrawal	89-102
2.3.2.1	Motivation & Commitment	91-93
2.3.2.2	Support	93-97
2.3.2.3	Staged-Persistence (Boyd & McKendry, 2012, pg.71)	97-98
2.3.2.4	Clinical Placement	98-100
2.3.2.5	Resolution of Financial Difficulties	101
2.3.2.6	Expectation-Matching	101
2.3.2.7	Recognition of the Value of Problem-based learning (PBL)	102
2.4	Methodological Issues Prevalent Within the Research Reviewed	102-111
2.4.1	Methodological Issues Limiting the Generalisability of the Data Gathered	103-105
2.4.2	Methodological Issues Limiting the	105-110

	Representative Nature of the Data Gathered	
2.4.3	Methodological Issues Resulting from a Lack of Consistency in Reporting Across Papers	110-111
2.5	Implications of the Literature for This Study	111-113
2.6	Chapter Summary	113-114
<u>Chapter 3</u>	<u>Methods and Methodology</u>	115-170
3.1	Introduction	115
3.2	Qualitative Approach	115-116
3.3	Interactive Qualitative Analysis	117-128
3.4	Participants	128-133
3.4.1	Sampling	128-129
3.4.2	Feasibility Study & Recruitment of Participants	129-131
3.4.3	Main Study Phase: Recruitment of Participants	131-132
3.4.4	Exclusion Criteria	132-133
3.5	Workshop 1 Procedure	133-140
3.5.1	Researcher-led Step One: Consent & Questionnaire	134-135
3.5.1	Researcher-led Step Two: Warm-up Exercise	135
3.5.3	Participant-led Step One: Brainstorming & Thought Card Generation	135-136
3.5.4	Participant-led Step Two: Organisational Stage	136-137
3.5.5	Participant-led Step Three: Assigning Names & Ascribing Meaning	137-138

3.5.6	Participant-led Step Four: Relationship Table & Expanded Relationship Table	138-140
3.6	The Conceptual Model	140-144
3.6.1	Assigning Topological Zones	141-143
3.6.2	Drawing the Conceptual Model	143-144
3.7	Workshop 2 Procedure	144-145
3.7.1	Model Validation	145
3.7.2	Researched-led Debrief Exercise	145-146
3.7.3	Debrief Sheet	146
3.8	Individual Reality: IQA Interviews	146-149
3.8.1	Design of the Individual interviews	147
3.8.2	Individual Interview Coding	148
3.8.3	Combined Interview Coding	148-149
3.8.4	Amalgamation of the Data	149
3.9	Strategies for Ensuring Rigour	150-151
3.9.1	Credibility	151
3.9.2	Transferability	150
3.9.3	Dependability	151-152
3.9.4	Confirmability	152-153
3.10	Reflections on Methodological Risk	153-159
3.10.1	The Adaption of IQA	152-157
3.10.1.1	Workshops	153-154
3.10.1.2	Simplifying the System	154-155
3.10.1.3	Individual Reality	155-157

3.10.2	Participant Attrition	157-158
3.10.3	Researcher Presence & Influence	158-161
3.10.4	Member-checking	161-163
3.10.5	Sampling Bias	163-164
3.10.6	Anonymity	164-165
3.10.7	Verbal Report as Data	165-167
3.10.8	Language	167-169
3.11	Ethical Approval	169-170
3.12	Chapter Summary	170
<u>Chapter 4</u>	<u>Feasibility Study Results</u>	171-244
4.1	Introduction	171-172
4.2	Feasibility Study Participants	172-177
4.3	Presentation of Findings	177-237
4.4	Paediatric Branch Workshop Results	177-194
4.4.1	Theme One: Positives of the Degree	178-181
4.4.1.1	Participants' Summative Paragraph "Positives of the Degree"	179
4.4.1.2	Composite key Participant Quotes Regarding the theme "Positives of the Degree": Participant Interview Data	179-181
4.4.2	Theme Two: Opportunities	182-183
4.4.2.1	Participants' Summative Paragraph "Opportunities"	182

4.4.2.2	Composite of Key Participant Quotes Regarding the theme “Opportunities”: Participant Interview Data	182-183
4.4.3	Theme Three: People Who Support Us	183-188
4.4.3.1	Participants’ Summative Paragraph “People Who Support Us”	184
4.4.3.2	Composite of Key Participant Quotes Regarding the Theme “People Who Support US”: Participant Interview Data	184-188
4.4.4	Theme Four: Our Feelings	188-191
4.3.4.1	Participants’ Summative Paragraph “Our Feelings”	188
4.3.4.2	Composite of Key Participant Quotes Regarding the theme “Our Feelings”: Participant Interview Data	189-191
4.4.5	Paediatric Branch Workshop Group Relationship Table & Resultant Model	191-194
4.5	Adult Branch Workshop Results	195-217
4.5.1	Theme One: Politics	196-198
4.5.1.1	Participants’ Summative Paragraph “Politics”	196
4.5.1.2	Composite of Key Participant Quotes Regarding the theme “Politics”: Participant Interview Data	196-198
4.5.2	Theme Two: Support	198-202
4.5.2.1	Participants’ Summative Paragraph “Support”	198
4.5.2.2	Composite of Key Participant Quotes Regarding	199-202

	the theme “Support”: Participant Interview Data	
4.5.3	Theme Three: Placement Experience	203-206
4.5.3.1	Participants’ Summative Paragraph “Placement Experience”	203
4.5.3.2	Composite of Key Participant Quotes Regarding the theme “Placement Experience”: Participant Interview Data	203-206
4.5.4	Theme Four: Motivation	206-209
4.5.4.1	Participants’ Summative Paragraph “Motivation”	206
4.5.4.2	Composite of Key Participant Quotes Regarding the theme “Motivation”: Participant Interview Data	207-209
4.5.5	Theme Five: Life Outside Nursing	210-211
4.5.5.1	Participants’ Summative Paragraph “Life Outside Nursing”	210
4.5.5.2	Composite of Key Participant Quotes Regarding the theme “Life Outside Nursing”: Participant Interview Data	210-211
4.5.6	Theme Six: The Future	211-213
4.5.6.1	Participants’ Summative Paragraph “The Future”	211-212
4.5.6.2	Composite of Key Participant Quotes Regarding the theme “The Future”: Participant Interview Data	212-213
4.5.7	Adult Branch Workshop Relationship Tables & Resultant Model	214-217
4.6	Mental Health Branch Workshop Results	218-237

4.6.1	Theme One: Support	219-224
4.6.1.1	Participants' Summative Paragraph "Support"	219
4.6.1.2	Composite of Key Participant Quotes Regarding the theme "Support": Participant Interview Data	220-224
4.6.2	Theme Two: Motivation	224-228
4.5.2.1	Participants' Summative Paragraph "Motivation"	225
4.6.2.2.	Composite of Key Participant Quotes Regarding the theme "Motivation": Participant Interview Data	225-228
4.6.3	Theme Three: Finances	228-230
4.6.3.1	Participants' Summative Paragraph "Finances"	228
4.6.3.2	Composite of Key Participant Quotes Regarding the theme "Finances": Participant Interview Data	229-230
4.6.4	Theme Four: Goals	230-233
4.6.4.1	Participants' Summative Paragraph "Goals"	230-231
4.6.4.2	Composite of Key Participant Quotes Regarding the theme "Goals": Participant Interview Data	231-233
4.6.5	Mental Health Branch Workshop Group Relationship Tables & Resultant Model	233-237
4.7	Discussion: Feasibility Study	238-244
4.7.1	Feasibility Study Research Question One: Is the method of data collection workable in practice?	238-239
4.7.2	Feasibility Study Research Question Two: Is there a difference in the experience of "Staying" on a course between branches of nursing?	239-244

4.8	Chapter Summary	244
<u>Chapter 5</u>	<u>Main Phase Study Results</u>	245-312
5.1	Introduction	245
5.2	Main Phase Study Participants	245-250
5.3	Presentation of Findings	250
5.4	Site B Workshop Results	251-268
5.4.1	Theme One: Good Support Network	252-255
5.4.1.1	Participants' Summative Paragraph "Good Support"	252
5.4.1.2	Composite of Key Participant Quotes Regarding the theme: Good Support Network": Participant Interview Data	252-255
5.4.2	Theme Two: Finances	255-257
5.4.2.1	Participants' Summative Paragraph "Finances"	255
5.4.2.2	Composite of Key Participant Quotes Regarding the theme "Finances": Participant Interview Data	256-257
5.4.3	Theme Three: Family & Relations	258-260
5.4.3.1	Participants' Summative Paragraph "Family & Relations"	258
5.4.3.2	Composite of Key Participant Quotes Regarding the theme "Family & Relations": Participant Interview Data	258-260
5.4.4	Theme Four: Achievements	260-262

5.4.4.1	Participants’ Summative Paragraph “Achievements”	260
5.4.4.2	Composite of Key Participant Quotes Regarding the theme “Achievements”: Participant Interview Data	261-262
5.4.5	Theme Five: Career & Ambition	262-264
5.4.5.1	Participants’ Summative Paragraph “Career & Ambition”	263
5.4.5.2	Composite of Key Participant Quotes Regarding the theme “Career & Ambition”: Participant Interview Data	263-264
5.4.6	Site B Relationship Tables & Resultant Model	264-268
5.5	Site C Workshop Results	269-289
5.5.1	Theme One: Support	270-276
5.5.1.1	Participants’ Summative Paragraph “Support”	270
5.5.1.2	Composite of Key Participant Quotes Regarding the theme “Support”: Participant Interview Data	270-276
5.5.2	Theme Two: Motivation	276-279
5.5.2.1	Participants’ Summative Paragraph “Motivation”	276
5.5.2.2	Composite of Key Participant Quotes Regarding the theme “Motivation”: Participant Interview Data	277-279
5.5.3	Theme Three: Patient Care	279-282
5.5.3.1	Participants’ Summative Paragraph “Patient Care”	280

5.5.3.2	Composite of Key Participant Quotes Regarding the theme “Patient Care”; Participant Interview Data	280-282
5.5.4	Theme Four: Personal Development	282-284
5.5.4.1	Participants’ Summative Paragraph “Personal Development”	282
5.5.4.2	Composite of Key Participant Quotes Regarding the theme “Personal Development”: Participant Interview Data	282-284
5.5.5	Theme Five: Ultimate Goal	284-285
5.5.5.1	Participants’ Summative Paragraph “Ultimate Goal”	284
5.5.5.2	Composite of Key Participant Quotes Regarding the theme “Ultimate Goal”: Participant Interview Data	284-285
5.5.6	Site C Relationship Tables & Resultant Model	285-289
5.6	Site D Workshop Results	290-311
5.6.1	Theme One: Health Sector	291-293
5.6.1.1	Participants’ Summative Paragraph “Health Sector”	291-292
5.6.1.2	Composite of Key Participant Quotes Regarding the theme “Health Sector”: Participant Interview Data	292-293
5.6.2	Theme Two: Family	293-295
5.6.2.1	Participants’ Summative Paragraph “Family”	293

5.6.2.2	Composite of Key Participant Quotes Regarding the theme “Family”: Participant Interview Data	294-295
5.6.3	Theme Three: Placement	295-298
5.6.3.1	Participants’ Summative Paragraph “Placement”	296
5.6.3.2	Composite of Key Participant Quotes Regarding the theme “Placement”: Participant Interview Data	296-298
5.6.4	Theme Four: Finances	298-300
5.6.4.1	Participants’ Summative Paragraph “Finances”	298-299
5.6.4.2	Composite of Key Participant Quotes Regarding the theme “Finances”: Participant Interview Data	299-300
5.6.5	Theme Five: University	300-304
5.6.5.1	Participants’ Summative Paragraph “University”	301
5.6.5.2	Composite of Key Participant Quotes Regarding the theme “University”: Participant Interview Data	301-304
5.6.6	Theme Six – Personal Growth	304-307
5.6.6.1	Participants’ Summative Paragraph “Personal Growth”	305
5.6.6.2	Composite of Key Participant Quotes Regarding the theme “Personal Growth”: Participant Interview Data	305-307
5.6.7	Site D Relationship Tables & Resultant Model	307-311
5.7	Chapter Summary	312

<u>Chapter 6</u>	<u>Discussion</u>	313-363
6.1	Introduction	313
6.2	Discussion of Findings	313-362
6.2.1	Theme One: Political Context	316-318
6.2.2	Theme Two: Support	318-332
6.2.2.1	Peer & Friend Support	319-323
6.2.2.2	Family Support (Practical & Emotional)	323-324
6.2.2.3	Faculty Support	325-327
6.2.2.4	Mentor/Placement Support	327-330
6.2.2.5	Financial Support	330-332
6.2.3	Theme Three: Motivation	332-344
6.2.3.1	Family	333-334
6.2.3.2	Learning & Educating Others	334-338
6.2.3.3	Self-care Behaviour	339
6.2.3.4	Future	340-342
6.2.3.5	Negative Motivators	342-344
6.2.4	Theme Four: Placement/Caring For Patients	344-351
6.2.4.1	Positive Ward Experiences	345-346
6.2.4.2	Patient Feedback and the Experience of Providing Patient Care	347-348
6.2.4.3	Reflections on “Theme Four”	348-350
6.2.5	Theme Five: Personal Goal Achievement	351-357
6.2.5.1	Personal and/or Professional Development	352-355
6.2.5.2	Professional Future	355-356

6.2.6	The Models	357-361
6.3	Chapter Summary	362
<u>Chapter 7</u>	<u>Conclusions and Recommendations</u>	363-395
7.1	Introduction	363
7.2	Conclusions	363-370
7.2.1	Research Aim One	364-367
7.2.2	Research Aim Two	367-368
7.2.3	Research Aim Three	368-370
7.3	Recommendations for Further Work	371-379
7.3.1	Figured Worlds and Communities of Practice	372-373
7.3.2	Positional Identity	373-374
7.3.3	Goal-Directed Behaviour	374
7.3.4	Intervention Development	374-376
7.3.5	Theories of Motivation	376-377
7.3.6	The Implications of Self-Determination Theory (Deci & Ryan, 1985; Ryan & Deci, 2000)	377
7.3.7	Further Publications	378-379
7.4	Contribution to Knowledge	379-384
7.5	Reflections on IQA in Practice & Limitations of the Findings	385-393
7.6	Concluding Remarks	393-395
<u>References</u>		396-420

<u>Appendices</u>		421-480
Appendix 1	Recruitment Presentation	421-425
Appendix 2	Workshop Activity Day Presentation	426-432
Appendix 3	Participant Information Sheet	433-438
Appendix 4	Consent Form: Workshop	439
Appendix 5	Demographic Data Questionnaire	440-442
Appendix 6	Consent Form: Interviews	443
Appendix 7	Participant Debrief Sheet	444-449
Appendix 8	Email to participants re: model validation	450-453
Appendix 9	Original Ethical Approval	454
Appendix 10	Ethics Amendment 1	455
Appendix 11	Ethics Amendment 2	456
Appendix 12	Ethics Amendment: Interview Schedule 1	457
Appendix 13	Interview Schedule	458-460
Appendix 14	Ethics Amendment: Interview Schedule 2	461
Appendix 15	Interview Schedule	462-464
Appendix 16	Ethics Amendment: Interview Schedule 3	465
Appendix 17	Interview Schedule	466-468
Appendix 18	Ethics Amendment: Interview Schedule 4	469
Appendix 19	Interview Schedule	470-472
Appendix 20	Ethics Amendment: Interview Schedule 5 & 6	473
Appendix 21	Interview Schedule	474-476
Appendix 22	Interview Schedule	477-480

List Of Tables

	<u>Page Numbers</u>
<u>Chapter Two</u>	
Table 2.1	31-57
Empirical Papers Relating to Student Experience Factors Associated with Attrition, Retention and Persistence Decisions	
Table 2.2	59-62
Literature Review Papers Relating to Student Experience Factors Associated with Attrition, Retention and Persistence Decisions	
<u>Chapter Three</u>	
Table 3.1	139
Relationship Table	
Table 3.2	142
Researcher Adjusted Relationship Table	
Table 3.3	148
Individual Interview Coding Table	
<u>Chapter Four</u>	
Table 4.1	173
Feasibility Study: Participant Demographic Data	
Table 4.2	191
Paediatric Workshop Group: Relationship Table	
Table 4.3	192
Paediatric Workshop Group: Expanded Relationship Table (Participant IF/ Then Statements)	

Table 4.4	Paediatric Workshop Group: Final Designation of Themes Table	193
Table 4.5	Adult Workshop Group: Relationship Table	214
Table 4.6	Adult Workshop Group: Expanded Relationship Table (Participant IF/Then Statements)	215
Table 4.7	Adult Workshop Group: Final Designation of Themes Table	216
Table 4.8	Mental Health Workshop Group: Relationship Table	234
Table 4.9	Mental Health Workshop Group: Expanded Relationship Table (Participant IF/ Then Statements)	235
Table 4.10	Mental Health Workshop Group: Final Designation of Themes Table	236
Table 4.11	Comparative Final Designation of Themes Table	240
 <u>Chapter Five</u>		
Table 5.1	Main Study Phase: Participant Demographic Data	247
Table 5.2	Site B: Relationship Table	265

Table 5.3	Site B: Expanded Relationship Table (Participant IF/ Then Statements)	266
Table 5.4	Site B: Final Designation of Themes Table	267
Table 5.5	Site C: Relationship Table	285
Table 5.6	Site C: Expanded Relationship Table (Participant IF/ Then Statements)	286
Table 5.7	Site C: Final Designation of Themes Table	288
Table 5.8	Site D: Relationship Table	307
Table 5.9	Site D: Expanded Relationship Table (Participant IF/ Then Statements)	309
Table 5.10	Site D: Final Designation of Themes Table	310
<u>Chapter Six</u>		
Table 6.1	Comparative Designation of Themes Table	358

List of Models & Figures

		<u>Page Numbers</u>
<u>Chapter Three</u>		
Figure 3.1	Workshop 1 Themes	136
Figure 3.2	Expanded Relationship Table	139
Figure 3.3	Sample Conceptual Model	143
<u>Chapter Four</u>		
Model 4.1	Feasibility Study: Paediatric Branch Final Model	196
Model 4.2	Feasibility Study: Adult Branch Final Model	219
Model 4.3	Feasibility Study: Mental Health Branch Final Model	238
<u>Chapter Five</u>		
Model 5.1	Main Study Phase: Site B Adult Branch Model	272
Model 5.2	Main Study Phase: Site C Adult Branch Model	292
Model 5.3	Main Study Phase: Site D Adult Branch Model	314

Chapter One: Introduction

1.1 Introduction

The aim of this thesis is to gain an understanding of the experience of 'staying the course' or 'persisting' (depending on your ontological viewpoint) on an undergraduate nursing degree from registration to completion. Unlike previous, established approaches to conceptualizing and modelling the processes of student nurse retention, attrition and continuation, the novelty of this thesis is in placing the students themselves at the center of the modelling process in distinction to previous studies.

This introductory chapter provides background and contextual information for the thesis. The chapter is comprised of five sections: Section 1.2 explores the background of the research conducted and provides brief details about the purpose of the project, which began at the lead higher education institution (HEI) for the project in 2014. Section 1.3 discusses the two-fold rationale of this thesis and presents a detailed account of the area of research, the research problem and identifies the gaps in the literature which this thesis sought to address. Section 1.4 describes the research objectives followed by section 1.5 which clearly elucidates the anticipated original contribution to knowledge, before finally in section 1.6 the outline of the thesis is presented.

1.2 Background

The first task facing any individual or organisation wishing to evaluate the current state of affairs in UK institutions of higher education, as regards student nurse retention and attrition, must be to establish as accurate an understanding as possible

of the most recent existing figures (or estimated figures) regarding recruitment and retention of nursing students. The most recent attrition rate figures, found by the researcher, are those generated by the Higher Education Funding Council for England (HEFCE), and reported in the Department of Health impact assessment of reforms to funding and financial support for Nursing, Midwifery and Allied Health Professionals student bursary (2016). These figures reflect a fall in undergraduate student nurse attrition to 10% based on the current 2015/16 student intake. This represents a significant improvement from the prior national attrition rate of 24.9% reported by the Nursing Standard (2006), however it is inconsistent with the 20% reported by Lord Willis the previous year (Nursing Times, 2015). As regards the latest national attrition estimate provided by the Department of Health (2016) specifically, there is no reference provided to a HEFCE published document provided for this figure in the paper. No information is available as to how this statistic was calculated and therefore it is difficult to draw inferences based upon it. It is also not always possible to gain further information from HEFCE with which to contextualise their findings, as not all information gathered is subject to release via a Freedom of Information Request (HEFCE, 2016).

The lack of detail accompanying this specific statistic, is indicative of the well-documented difficulties with the interpretation of statistics regarding undergraduate student nurse attrition and retention (Glossop, 2001; Urwin et al, 2010). Governmental agencies and current authoritative literature on the topics are inconsistent regarding their interpretations of the phenomena of 'attrition' and 'retention'. There is disagreement surrounding how exactly these concepts should be defined and practically how they should be calculated (Cameron et al, 2011).

Whilst some may only class those who withdraw voluntarily as a loss that needs to be investigated and understood to prevent further withdrawal, other studies may class any student who is lost from the cohort as valid for inclusion in the attrition calculation whether that loss be as a result of voluntary withdrawal, academic dismissal or indeed 'stopout'; that is those who remain enrolled but take a break from their studies for reasons such as pregnancy, with a view to returning at a later date (Mulholland et al, 2008). A lack of consistency and standardisation in the definition of terminology and in the collection and handling of data across higher education and governmental bodies creates difficulties in establishing a clear and accurate picture of attrition and retention in undergraduate student nurse education. This uncertain context in which new nursing research, such as the present study, is being conducted must be directly confronted as part of the research. Although not a reason to abandon the endeavour, it must be recognised that it is challenging to produce meaningful and effective advice for moving forward and improving retention trends if the current state of affairs is so poorly elucidated.

It should also be noted that when reporting said statistic of 20%, the *Nursing Standard* (2015) acknowledged a potential variance in the rate of attrition of 20-50% between universities (to the researcher's knowledge there are no more recent statistics regarding between university variance in attrition available). Therefore, it is not merely an improvement in the national statistic of student retention that must be sought, but an acknowledgement that such variance between universities is unacceptable. The experience of nursing education must be standardised for students, in so far as no matter where an individual may be awarded a place to study, they may be equally assured of access to the proper support, career advice,

placement quality and support, positive mentoring experiences, positive collaborative working practices between the NHS trust within which they are placed and their institution of higher education, financial support and advice and that they will be suitably facilitated in the securing of any further types of support and/ or advice required to ensure their successful completion of their studies (*Nursing Times*, 2016; Jeffreys 2012; Bell 2014).

Existing research into the issues of retention and attrition has taken place both within the undergraduate student population generally as well as specifically within pre-registration nursing education; however, for the purposes of this thesis we will focus on that research which has targeted undergraduate student nurse populations specifically. Currently available research can be divided into four main categories: those studies which focus on the reasons why students leave, those which provide a picture of the demographic characteristics of those students statistically most likely to drop out of a course, those which focus on why those students who have considered leaving but not acted upon it (doubters) decided to stay, and those which focus on which factors can be seen to be associated with enhanced levels of student completion (Jones, 2008). This body of research has allowed the relevant stakeholders involved in nursing education to work together collaboratively to address these issues, improving the advice and support available to students with a view to maximising the chances of a person who aspires to be a nurse, of completing their educative programme fully and entering into the health and social care workforce.

However, despite the extensive existing literature regarding the issues of attrition and retention, both generally and within pre-registration student nursing specifically, it could be said that the complexity of the factors involved and the mechanisms underlying their interaction have still not been fully explained and understood.

As a key part of the efforts to understand the interrelated phenomena of attrition and retention in the context of undergraduate student nursing, the current UK literature contains and is influenced by a number of dominant conceptual models: Spady (1970, 1971), Tinto (1975, 1997), Pascarella (1980), Pascarella and Terezini (1980), Astin (1984), Bean and Metzner (1985), Bean and Eaton (2000), Jeffreys (2007) and Ozga and Sukhnandan (1998). There are four key points to emphasize in relation to these established models:

1.2.1 Firstly, with the exception of Jeffreys (2007), whose models were designed with a view to understanding the factors affecting the withdrawal decisions of non-traditional nursing students in America, none of these conceptual models was designed specifically within the context of pre-registration nursing education.

1.2.2 Secondly, with the exception of Ozga and Sukhnandan (1998), which was developed in the UK, each of the models originates in the United States and the extent of their applicability to the UK pre-registration nursing context is questionable (Buchan & Seccombe, 2006; Glossop, 2001). They reflect a different educational culture, and they are not (inclusive of Ozga and Sukhnandan (1998)), sensitive to the fact that as participants in a vocational

course, nursing students do not encounter what could be called a 'typical' university experience as they train. They are also not reflective of the health and social care climate in which pre-registration nursing training takes place in the UK.

1.2.3 Thirdly, these previously developed models have been constructed from an institutional perspective. They attempt to explain attrition and/ or retention and/ or persistence from the perspective of providing the institution with an explanation of the underlying mechanisms of the phenomena in question. Joseph et al (2005) note that literature regarding service quality in higher education relies heavily on "...*input from academic insiders while excluding the input from the students themselves*" (pg. 67). In other words, traditionally speaking, literature regarding service quality has taken the *a priori* assumption that the knowledge base of those who provide education, and its associated services, to students is superior as a source of valid data, to that of the students themselves. A similar presumption appears to have been made re: the conceptualisation and modelling of retention, attrition and persistence of students. Although students are often recruited to studies that seek to confirm or challenge the basis of a model produced, students do not appear, as far as is known, to have been consulted in relation to the development of the models themselves. Thus, unsurprisingly, there is scant evidence to suggest that interventions derived from existing models have exerted significant positive impact on attrition (Glossop, 2002).

1.2.4 Finally, these models tend to be framed in specialist terms, more resonant for academic and funding communities, their findings not readily amenable to sharing with students and incentivising them to remain on a programme.

On the basis of the existing literature, we are still fundamentally unable to explain why some students who could be viewed as 'at risk' of attrition go on to complete their studies successfully, and yet others who do not appear to be 'at risk' are unable to do so and become part of that attrition statistic (Wray et al, 2012). Student retention and persistence in the context of undergraduate student nurse education has been recognised as a complex and multi-faceted phenomenon influenced by personal, institutional, social and professional factors (Jeffreys 2007, 2013; Bell, 2014). However, this has not prevented a tendency towards an overly reductionist interpretation of student retention to be the opposite of student attrition. It is anticipated that the analysis of the qualitative primary data obtained from the workshops and interviews carried out for this project will provide a novel interpretation of the factors which affect students' decision making when it comes to 'staying the course', and the relationships between these said factors. This will enable the generation not of a deficit-based model of 'managing attrition' but rather, a model of the persistence experience which maps those elements that promote a student to 'stay the course' throughout their educational journey, as seen from the student perspective and framed in terms that are more resonant to them as the community under investigation.

1.3 Rationale

The rationale for this thesis is two-fold:

1.3.1 Workforce Planning

Firstly, at present there is a global shortage of nurses, a situation which is projected to worsen between now and 2050 (CSJ, 2013). This has significant implications for the ability of the NHS (and supplementary private services) to meet the demand for healthcare provision in the UK. Simply put, there can be no healthcare without a sufficient healthcare workforce (WHO, 2013). The global shortages of healthcare workers encompass a broader range of practitioners than solely nurses and have a range of societal implications. There is a fundamental imbalance between the number of healthcare practitioners, including nurses, taking up training and entering the workforce and the demands placed upon global healthcare systems by an aging workforce, population growth, increased life expectancies and the concomitant increase in the demand for chronic disease support (WHO, 2013). If this imbalance cannot be addressed and these challenges cannot be met, the implications for the quality and standard of healthcare that the general public can expect to receive around the world will experience significant decline (WHO, 2013).

Nurses represent the largest single professional body within the United Kingdom healthcare system (Fang & Harker, 2014) and ensuring sufficient numbers of practising nurses is a vital element of enabling the NHS to provide high quality health care. According to the Migration Advisory Committee Report, commissioned to conduct a review into whether nurses should be retained on the UK shortage occupation list, Health Education England (HEE) estimates the current vacancy rate

to be 9.4% for nurses across the UK, and 17% in London, with an additional 5% of vacancy within the care sector (MAC, 2016). The average national vacancy statistic of 9.4% alone is almost twice as high as the 5% maximum vacancy rate recommended by The National Institute for Health and Care Excellence (NICE) “...to accommodate operational flexibility needs.” (MAC, 2016, p. 2). There are a number of workforce planning challenges that are contributing to the shortage of nurses currently experienced in the UK: the impact of Brexit on recruitment, an ageing workforce which is retiring and not being sufficiently replenished, increased opportunities for nursing students to move and work abroad, reduced funding availability for the recruitment and training of potential nurses, well publicised cost containment exercises regarding pay freezes and reduced staff numbers which detract from the attractiveness of nursing as an occupation in the eyes of potential recruits, and the combination of tougher Nursing and Midwifery Council (NMC) regulations alongside changes to immigration policies which have made it more challenging to attract and enable foreign nurses to live and work in the UK (Longley et al, 2007; RCN, 2012).

Within this context and despite the apparent, if insufficiently substantiated, improvements in drop-out from pre-registration student nursing courses, the concept of student nurse retention remains high priority for a government facing a dramatic shortfall of nurses (Addicott, Maguire, Honeyman & Jabbal, 2015). It is clearly crucial to avoid reaching a ‘ceiling’ in avoidable attrition reduction and enable the retention of as many student nurses as possible.

1.3.2 The Changing Climate of Higher Education

Secondly, the climate of higher education within which nursing education is taking place is changing; the education which prospective students receive, and their attitude towards that education will inevitably be affected as a result of this.

As education becomes ever more marketised, universities have been moving towards a reality where they are regarded as a service industry operating under a business model (Gruber et al, 2010). The formal instatement of tuition fees in September 1998 was a milestone in the conscious move away from the limited education of an elite number of pupils, toward the model of mass education exemplified in the USA. As a result of this, higher education has become an increasingly competitive market, in which students place increased emphasis on the value and quality of the education they receive. The focus of students on what they expect to receive from their institution, for the money they pay in tuition fees, has only intensified since the substantial rise in tuition fees of 2012 which saw yearly individual tuition costs rise from an average of £3,465 to £9,000 per year, per student (the tuition fee cap is set to rise again to £9, 250 per year, for all undergraduates as of the September 2017 intake; *“Student Finance”*, 2017).

Within this context, starting with the September 2017 intake of undergraduate nursing students, nursing programmes face one of the biggest changes and arguably challenges which they have faced since pre-registration nursing education was moved into the higher education sector in response to Project 2000 (NMC, 2010; RCN, 2010). Thus far nursing education has been subsidised by a government-backed bursary scheme. This scheme provided all nursing students with a means-tested allowance (always presupposing that they meet the requirements for receipt

of this bursary). As of September 2017, students will be required to enter the same student loans system as all other undergraduate students; taking out a student loan to cover their tuition fees and an extra (nominally optional) means-tested financial package to assist with the cost of living whilst studying. Students will be required to repay this loan upon graduation, once they start to earn above the £21,000 a year repayment threshold (*“Student Finance”*, 2017). It is estimated that by the time students graduate from a standard three-year undergraduate nursing degree, under the new system they will have accrued a student debt of at least £51,600, which they will be expected to repay over the course of their career. Nursing education then is about to be brought into the dialogue of marketised higher education, whether it wishes it, or not (and this has been a highly contentious move; Unite The Union, 2016).

We have no way of knowing with any certainty what the effect of introducing the student loan system into nursing education will be, however we could make an educated assumption, based on evidence from other disciplines where increased tuition fees have been introduced, that changes will be seen in the attitude of students participating in courses (Bates & Kaye, 2014). It appears reasonable to expect that future, paying, student cohorts will place a higher premium on receiving perceived value for money in terms of the education they receive. In order to meet students’ needs effectively and ensure that they are satisfied with their educational experience, and therefore more likely to continue with that experience and persist on their course, it is necessary to ask students what they want and/ or need in order to persist. We should not be making *a priori* assumptions regarding why they persist or what would enable them to do so, in order to build a model that maps the experience

of persistence, without demonstrably consulting them and reporting the findings in language that is informed by their perspectives. As far as is known by the researcher this has not, as yet, been attempted.

1.4 Research Objectives

The overall purpose of this research is thus to gain an understanding of the experience of 'staying the course' or 'persisting', on an undergraduate nursing degree from the start to the end, from the perspective of the students themselves.

In order to achieve this effectively, the investigation has been broken down into four key research aims:

- 1.4.1 To take a continuation-oriented, social constructionist approach to the examination of the factors which final year pre-registration nursing students perceive to be the most important and exert the greatest influence over their desire to 'continue on' (rather than leave) their undergraduate nursing degree programmes.
- 1.4.2 To develop a conceptual model, which maps and explains the way in which the students themselves perceive that these self-identified factors interrelate.
- 1.4.3 To enable the discussion of the interrelated issues of pre-registration student nurse retention and attrition to continue in vocabulary which is increasingly meaningful to and utilized by the students themselves.
- 1.4.4 To provide information that could be instrumental in enhancing the

understanding of those involved in designing and delivering nursing education, as to why those students who choose to 'continue on' their courses stay. It is the considered hope of the researcher that the information presented here may be used to a) improve the educational experience of undergraduate nursing students, b) assist in the generation of more effective strategies and interventions aimed at encouraging pre-registration nursing students to 'continue on' their training programmes and achieve their degree and finally, c) increase retention and completion rates of pre-registration nursing courses in England.

1.5 Anticipated Original Contribution To Knowledge

The perspectives and insights developed throughout the course of this study will constitute an original contribution to knowledge in three fundamental ways. Firstly, these insights and any associated mapping or model will be developed and produced using a qualitative approach known as Interactive Qualitative Analysis (IQA; Northcutt, 1997). Although this methodology has been used in the USA to produce models of attrition and persistence in relation to specific higher education student demographics (DeRemer, 2002; Perez-Greene, 2006), this methodology has not, as far as is known, been used to investigate either the phenomenon of student persistence in higher education in the UK, or of persistence in the context of pre-registration nursing anywhere in the world. Secondly, the model itself will be an original contribution to knowledge as it will be a student-focused investigation into the factors which students themselves perceive to affect their motivation and/ or intention to persist. Finally, the theorized insights will be developed in the UK, and as such will reflect the environment in which undergraduate level nursing education

operates in the UK specifically.

1.6 Thesis Outline

This thesis comprises seven chapters which organise and present the main stages of the study conducted.

The present Chapter One has provided an overview of the background and relevant contextual information for this project. The rationale for the study is provided, alongside the original contribution to knowledge anticipated in light of the research objectives developed.

Chapter Two consists of a detailed report of the literature review conducted in support of this project. The literature search procedure is described in full, leading into a comprehensive synthesis of the findings of the relevant literature ultimately selected for inclusion in the review. The methodological approaches taken in the existing literature and the prevalent concomitant flaws are identified, concluding with a discussion of the findings of the review, and how these ultimately lead to the development of the research aims and objectives that provide the focus for this study.

Chapter Three addresses the methodological framework underpinning the research design of this thesis. The need for a qualitative methodological approach, and the selection of Interactive Qualitative Analysis (IQA) as the data collection method of choice are justified. In this chapter, the contributions of phenomenology, socio-constructivism and Total Quality Management as well as the ontological position,

methodological objectives and coding terms of Grounded Theory (Corbin & Strauss, 1990), to the theoretical foundations of IQA are explored in detail. In Chapter Three the sampling strategy, recruitment strategy, the separation of the study into two phases (feasibility study and main study phase), and the practical procedure of the research process undertaken with participants are also reported and discussed. This chapter concludes with the researchers plans to address and mitigate the methodological risks present in this study, in light of Lincoln & Guba's (1985) four key criteria for ensuring methodological rigour and quality of research (credibility, transferability, dependability and confirmability).

Chapters Four and Five appertain to the results gathered in this study. Results are divided by feasibility study (Chapter Four), and the main phase of the study (Chapter Five). In Chapter Four all data (and all models drawn, one model per workshop) from the three workshops conducted at Site A with participants from the paediatric, adult and mental health branches of pre-registration nursing are reported. The chapter concludes with a discussion of the findings emerging from the feasibility study and considerations of the impact of these findings on the main study phase of the project. In Chapter Five all data (and all models drawn, one model per workshop) from the workshops conducted at Sites B, C and D (one workshop at each site respectively), with adult branch pre-registration nursing students are reported.

Chapter Six discusses the findings of the study. The five focal factors identified by the researcher, on the basis of the student-generated data at Sites A (adult branch only), B, C and D are identified, discussed and orientated within both the models

produced by the students in the context of this study, and the existing literature relating to each theme, any novel findings were also identified. Additionally, the findings have been theorised in the light of Social Comparison Theory (Gibbons, 1999), considerations of academic integration, considerations of the 'Rosenthal Effect' (Rosenthal & Jacobson, 1968), theories of motivation, Self-Determination Theory (Ryan & Deci, 1985, 2000) and Goal Setting Theory (Locke & Latham, 1990, 2002), in an effort to both connect and articulate them in a context beyond the participants' own self-report, and in order to form a theoretical foundation for the conclusions, reflections and recommendations that are the focus of the next chapter.

Finally, Chapter Seven presents the conclusions that can be drawn as a result of relating the findings of the study back to the original research aims and objectives. The findings of the study are reflected upon by the researcher in order to inform the recommendations for further work. The contribution to knowledge made through this thesis is highlighted, alongside the limitations of the findings produced. The chapter concludes with the researcher's reflections on the use of IQA in practice, before the researcher's final remarks and recommendations in relation to the project are made.

Chapter Two: Literature Review

2.1 Introduction

In chapter one an overview of the background and relevant contextual information for this project was provided. This included: the current and historical national policy issues influencing nursing education, the changing cultural climate of higher education in the UK and the importance of this in relation to nursing education. The interrelated concepts of student attrition, retention and persistence were briefly introduced and the problems with establishing a clear picture of these phenomena in the context of higher education in the UK were discussed. The problems and limitations of the current conceptual models (and the approach taken by the authors of these models) in relation to attrition, retention and persistence were also highlighted. The need for a new approach to these issues and a new model of the student experience of persistence or 'staying the course' was established. A brief introduction to the research objectives was provided and the original contribution to knowledge expected through the completion of this project was indicated.

In order to fully elucidate the need for a new approach to the interrelated issues of attrition, retention and persistence, a review of existing literature was carried out in order to establish a clear picture of how pre-registration student nurses' experience of their education and learning has already been understood and explored. This review was used to identify the ways in which attrition, retention and persistence have been approached, key findings and themes in the literature, methodological approaches taken and any concomitant flaws and issues prevalent in the literature as a result of these and finally, in order to establish the optimum focus both for this

thesis and for the new model to be developed as a part of this study, areas that require further investigation and elucidation were highlighted. This chapter provides an account of the literature search and review procedures, a discussion of the findings of the review and how these ultimately led to the development of the research aims and objectives that provide the focus for this study.

2.2 Literature Search Procedure

The initial literature search for this study was undertaken in September 2014 in support of the development of the research aims and objectives for this project. Since this time, the literature relevant to this study has undergone review and refinement where appropriate to ensure that the study is appropriately informed by up-to-date research at every stage. This ongoing process of review is particularly important in nursing education as it is a highly dynamic research and practice area which has seen significant changes in its operational context in the last three years.

Previous work on the issues of student attrition, retention and persistence comprises one of the largest bodies of research work, carried out on any one topic, within the field of educational research, produced in the last thirty years (Tinto, 2006). In order to ensure that this review is both contemporary and complete, a comprehensive search of papers that have been published on attrition, retention and persistence, within the context of pre-registration student nursing specifically, was conducted.

Initially, a basic search was performed to gauge the breadth of the literature in this field. The following databases of published literature were searched: ProQuest Hospital Collection, MEDLINE, ProQuest: Health and Medical Complete, Nursing &

Allied Health Source, Psychology Journals, Health Management, Family Health; Elsevier, SAGE, PMC (PubMed Central), Taylor & Francis Online, Wiley Online Library, Public Library of Science, Directory of Open Access Journals, Ovid, Lippincott Williams & Wilkins Journals, Informit Health and Google Scholar.

These databases were searched initially using the key search terms:

'student AND/ OR nurse AND pre-registration OR undergraduate attrition*' (n=13,193)

*Variants of attrition including: avoidable attrition, voluntary attrition, withdrawal, wastage, dropout were also searched and included in this figure

'student AND/ OR nurse AND pre-registration OR undergraduate persistence*' (n=23,453)

*Variants of persistence including: staying the course, learning experience, learning journey, success (limited to articles where success is defined as course completion) were also searched and included in this figure

'student AND/ OR nurse AND pre-registration OR undergraduate retention' (n=34,364)

On aggregate this initial literature search yielded 71, 010 papers. As this basic search generated such a large number of results, inclusion criteria were developed to select the most relevant papers for review using an advanced search process. These results were then screened for duplicates and subjected to a further screening process using exclusion criteria developed by the researcher. Screening for eligibility using the criteria was done in two stages: 1) title and abstract screening, followed by 2) full text screening.

The inclusion criteria used for the advanced search process were as follows:

- Papers published since 1995 (by 1995, all nursing education was fully integrated into Higher Education Institutes; Burke, 2006)
- Peer-reviewed research papers
- Papers published in English
- Articles published with a specific nursing education focus, conducted within the UK higher education and healthcare context
- All research methodologies
- Papers relating to full-time study on a three-year pre-registration programme
- Papers with an explicit focus on the experience of students whilst studying on their courses, and how their learning experience has been conceived of, analyzed, understood and linked to the phenomena of attrition, retention and persistence.

Following the application of these limiting inclusion criteria, the remaining literature (comprising 15, 270 papers) was screened for duplicates and subjected to screening using the following exclusion criteria:

- **No articles focused on establishing trends between particular demographic characteristics and attrition, retention and persistence.** Although data on demographic characteristics should be collated from students in this study, to assess the generalizability of findings and to ensure that samples are sufficiently representative of the population under investigation, no specific focus on demographic characteristics is sought. The focus of this work is not who

students are in terms of their demographic characteristics and how these may correlate with their persistence or dropout decisions, but the experiences that they encounter on their courses, as a holistic group, which influence those decisions. It should also be noted that thus far *“Attempts to isolate demographic variables which have predictive power have not proved successful”* (Glogowska, Young & Lockyer, 2007, pg. 63). Similarly:

- **No articles focused on access to nursing education, enabling access or widening participation.** Although the widening participation agenda influences the way in which entry requirements are established and viewed, and has ramifications for the nature of the student body in terms of encouraging greater diversity in terms such as: age, socio-economic background, ethnicity and gender which can be argued to have implications for retention, attrition and persistence rates (Prymachuk, Easton & Littlewood, 2009), this work is not directly related to retention, attrition and persistence. While correlations can be drawn between increasingly diverse student populations and attrition, retention and persistence trends (Prymachuk, Easton & Littlewood, 2009), the focus of this work is not who students are in terms of the demographic labels which can be applied to them or their pre-entry qualifications and experiences, but the experiences that they encounter on their courses, which lead to dropout or persistence decisions. For this reason, previous literature on widening participation and enabling access to nursing education was considered beyond the scope of this project.
- **No articles targeting or prioritizing particular sub-groups of the overall student body (e.g. men, commuter students, Black Asian and Minority**

Ethnic (BAME) students). The stated goal of this study was to take as holistic a view as possible of the undergraduate nursing student body, the nursing student experience and how this leads to persistence or dropout decisions; not to promote the experience (and ways to improve the experience) of any one or more subgroup(s) of the student body.

- **No articles focused on entry processes, screening processes and entry requirements.** Entry requirements, characteristics and/ or screening processes can be seen to influence the composition of the student body in terms such as: the age range of students on the course, whether or not students enter the course through clearing, whether they come from a-levels or the world of work. However, it was considered that this study focuses on the experience of persistence for students whilst on the course, by which point they have already been accepted onto a course and entered nursing education. Therefore, review of entry processes, screening processes and entry requirements was considered beyond the scope of this work.
- **No articles relating to Midwifery.** Midwifery courses are structured, run and assessed separately from nursing courses; the NMC guidelines for qualification as a midwife are also separate, despite a certain amount of crossover in terms of competencies which must be achieved before registration as a qualified nurse or midwife can be permitted. For this reason, literature related to midwifery was considered beyond the scope of this project.

- **No articles focusing on branch specific experiences of nursing (i.e. those experiences that would not have generalisable relevance to other branches), or articles that explore and discuss branch specific methods to promote and improve the experience of pre-registration student nurses in any one branch, at the expense of acknowledging the other branches of nursing.** Again, the stated goal of this study was to take as holistic a view as possible of the undergraduate nursing student body and educational experience, not to promote the experience (and ways to improve the experience) of students within one of the four branches of nursing at the expense of the others.
- **No articles focusing on the experience of student nurses within a particular type of clinical ward, department or healthcare environment.** In this study, it was decided that in terms of the experiences of student nurses in the clinical environment the inclusion of literature would be limited to those studies which discuss patterns, trends and experiences of phenomena that are common across placement settings, such as student experiences of ward culture, mentoring experiences, the impact of patient interaction on students and so forth. No articles were included that explored ward, department or environmentally specific phenomena. Students rotate through a number of clinical placements during their time on a nursing course; this is to ensure that students are exposed to a range of environments, patients and applications of nursing practice. For this reason, considering the focus on undergraduate courses of ensuring a sufficiently broad set of placement experiences, it was not considered appropriate to include studies with an overt focus on difficulties that may be encountered, which are idiosyncratic to a particular type of clinical environment or practice.

- **No articles with a focus on assessment and assessment methods used in pre-registration nursing courses.** Although it is acknowledged that assessment and assessment methods have a significant impact upon the student experience when on a course, it is considered by the researcher that the selection of assessment methods and the manner of implementation of assessments is an educator-led consideration. Students may provide opinions and feedback to their educators regarding their experience of assessment and the impact of these may be relevant to a student's persistence journey. However, ultimately assessment is an educator's consideration and assessment-related literature is focused upon: appropriate assessment selection and implementation, planning the structure and content of assessment, the impact of assessment type on how students regard and assimilate information, and how to assess students optimally within a given context to enable best performance. As a result of this educator focus, as opposed to student focus, review of literature regarding assessment methods and implementation is considered beyond the scope of this study.
- **No articles discussing nursing education in any country other than the UK.** A significant proportion of the literature in relation to attrition, retention and persistence has been generated in America and Australia, with further papers (if in lesser numbers) emanating from Asia, Europe and Africa. It was decided that for the purposes of this review, only papers concerning nursing education in the UK, which reflect the UK higher education and healthcare contexts and cultures specifically would be included for review. Papers with a multi-national focus, which compare educational experiences in the UK with those in one or more

further countries, or papers which sought to highlight similarities and differences in student experiences between nations were also excluded. One key objective of this thesis is the development of a new conceptual model of student persistence from the perspective of how the students themselves view this experience of persistence, within the UK educational and healthcare context. Therefore, it would be counter-intuitive to include in the literature review, and allow the research process to be influenced by, literature that has not been developed within the UK or with sensitivity to the UK higher education and healthcare system. Furthermore:

- **No articles with a focus on the discussion of the impact of placements abroad undertaken by UK pre-registration nursing students, and how this may affect their assessment of the UK healthcare system, and UK pre-registration nursing training.** It is acknowledged that a number of pre-registration nursing students undertake clinical placements abroad to broaden their ward experiences and gain understanding of how healthcare systems and training take place in countries other than the UK. It is also acknowledged that these experiences may cause students to reflect on the UK healthcare and nursing education systems. As a result of these reflections students may be negatively impacted, experiencing a diminished desire to persist on their course, or conversely, they may be positively impacted, experiencing a heightened appreciation of the UK system, and the manner in which it functions, resulting in heightened motivation to persist. However, placement abroad experiences are the exception rather than the rule; in relation to the overall pre-registration nursing student body, it is a small minority of students who engage in study-

abroad exchange programmes. Consequently, it is considered by the researcher that articles with a focus on placement-abroad experiences on UK pre-registration nursing students are beyond the scope of this project, as they do not reflect the educational journey and concomitant persistence experience of the typical pre-registration nursing student.

Following the application of these exclusion criteria, 228 papers remained, which were subjected to the final stage of screening (full-text screening) to assess their eligibility for inclusion in the literature review. Subsequent to this final screening stage, 23 papers were found to be eligible for inclusion in the literature review.

No systematic review or meta-analysis of these 23 papers using tools such as PRISMA (Moher et al, 2015) or CASP (2009) was attempted. A high proportion of the papers ultimately selected for review reported small sample sizes, low response rates, and many were small scale (Higher Education Institute and corresponding NHS trust(s) specific) local projects. It was therefore felt that few (if any) of these studies would meet the usual criteria and/ or methodological standards required for inclusion in a full systematic review or meta-analysis. There was also a risk that any further exclusion of papers, resultant from the application of PRISMA or CASP tools, would result in too restricted a sample of papers reviewed, that failed to fully capture and represent the existing state of knowledge on the topic.

2.2.1 Bodies of Literature Ultimately Excluded from the Review

Due to the voluminous nature of the literature relating to attrition, retention and persistence both within the general student population of higher education

institutions and within the context of pre-registration student nursing specifically, the process of selecting papers for inclusion in the review was challenging.

Many of the results generated as part of the literature search, [particularly those deriving from open access databases such as Google Scholar, represented grey literature. This literature was accessed and reviewed in order to establish if a more comprehensive understanding of the student experience of 'persisting' or 'staying the course' on their undergraduate nursing degree would be gained and elucidated as a result of its inclusion. Although a number of pieces of grey literature in the form of government reports and HEFCE documents are referenced within this thesis, no grey literature was included in this literature review. The grey literature reviewed did not reveal heretofore unknown perspectives, paradigms, or information unrepresented by the published literature found, and it was not deemed sufficiently relevant when judged by the inclusion and exclusion criteria reported here.

Literature regarding the affiliated concept of student satisfaction has ultimately been excluded from this literature review. Although student satisfaction and retention are closely linked (Douglas et al, 2006), the body of literature on student satisfaction approaches the study of the satisfaction of students from two main perspectives: 1) the perspective of adverse financial and reputational consequences for the institution, if institutions are perceived to have a high attrition rate due to student dissatisfaction at the institutional, departmental or course level. 2) a focus on quantitatively measuring student satisfaction as a reflection of service quality in higher education, in the context of national educational policy that is focused on institutional accountability via good performance on student satisfaction indicators.

There is an overt locus of interest within this literature on applying, or adapting for suitable application to higher education environments, instruments designed to capture performance-based measures of service quality and the relative success and failures of this approach to the reconceptualization and measurement of education as a customer service within an industry model. This is arguably a separate body of literature and work from that on retention and persistence. However, satisfied students are more likely to persist, making the two fields of literature complementary and potentially mutually affecting. The factors which make a student satisfied cannot be said to be necessarily exactly the same as the factors which would make a student wish to persist on a course (just as the factors which may cause attrition are not necessarily the binary opposite of those which would encourage retention). Review of student satisfaction literature, in light of the main research objectives of this project, was considered beyond the scope of this qualitative study. It is considered that the findings of this study may have relevant implications for work on assessing service quality in higher education and enhancing student satisfaction (any such findings will be indicated in the discussion); however, student persistence, not satisfaction, is the conceptual focus of this thesis.

Finally, whether or not literature regarding student engagement can be said to have been included and reviewed or not is less clear cut; this is due to the varying understandings and definitions of student engagement as a concept (Trowler, 2010). If we were to take the definition of engagement provided by HEFCE “...*the process whereby institutions and sector bodies make deliberate attempts to involve and empower students in the process of shaping the learning experience*” (2008), then no attempt has been made in this thesis to address student engagement specifically.

However, if we were to take the definition of student engagement provided by Hu and Kuh (2002) “...*the quality of effort students themselves devote to educationally purposeful activities that contribute directly to desired outcomes...*” (pg3.), then student engagement has been indirectly addressed in this thesis. Persistence, although not a term generated by students, is a student experience and understanding that experience requires a focus on what students themselves do, the time, energy and resources they devote to engaging with their education and what makes them wish to continue doing so. Although engagement as a body of literature has not been directly addressed and included in this review, the concept of student engagement should be considered relevant to student persistence, with the understanding that the experience of persistence is not entirely dictated by or encapsulated by engagement activities. In reflecting on their experiences of persistence, students may potentially reference as positive enablers of persistence, actions on behalf of the institution they attend which could be considered engagement activities. However, whether or not this will occur remains to be seen at this stage of the project. Due to the interplay between engagement and persistence, engagement and its importance will be recognised in the development of this thesis and the implications of any findings for work on student engagement will be acknowledged in the discussion. However, literature relating to what institutions and other sector bodies can do, and have done, to involve their students in shaping their learning journey has not been directly addressed.

2.3 Findings: Literature Review

Ultimately, 23 papers were found to meet the full eligibility requirements for inclusion in this literature review. The studies centre around two primary areas of focus:

- Factors that increase students' negative perceptions of and/ or feelings towards their course (i.e. factors associated with attrition).
- Factors that students identify as enabling or having the potential to positively enhance their perceptions and feelings towards their course, thereby ameliorating transitory or accruing negative thoughts, feelings and impulses encouraging them towards dropout. (i.e. factors associated with enhanced course completion rates and/ or those which can be seen to encourage those who are doubting their course or career choice to reconsider their doubts).

Of the 23 papers included in this literature review, 18 are empirical papers. Table 2.1 provides an overview of these papers and includes information on the: author(s), year of publication, research aims, methodological design, sample, main findings, conclusions and limitations of the research. The papers are organised alphabetically by author to assist the reader locate each paper discussed in the review.

The final six papers, included in this literature review, are systematic literature reviews, integrative literature reviews or discussion papers. Despite lacking an empirical focus, meaning these papers have not made use of students in their own data collection processes, they focus primarily on the student experience of their learning, and largely review literature which has utilised student self-report methods. These papers have been formative to this literature review and have therefore been addressed as part of the discussion presented here on the current state of knowledge regarding student experiences of, and perspectives on attrition, retention and persistence in undergraduate student nursing.

Table 2.1: Empirical Papers Relating to Student Experience Factors Associated with Attrition, Retention and Persistence

Decisions

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
Empirical Papers relating to student experience factors associated with attrition						
Brodie, Andrews, Andrews, Thomas, Wong & Rixon	2004	To explore & gain understanding of changes in the perceptions of nursing students regarding the nursing profession during their time on their courses and how these changes impact pre-registration student nurse attrition	Questionnaires, interviews and a focus group were used to investigate the experiences of students at two UK universities Data analysed using a grounded theory approach	Questionnaires (n=2845 questionnaires distributed to all students actively enrolled at both universities at the time of data collection n=650 respondents interviews (n=30 participants) focus groups (n=7) institution one response rate = 29.9% institution two response rate = 15.9%	Students were surprised by the high academic requirements but came to recognise the value of the knowledge, skill sets and responsibilities of nursing they came to acquire over the course of their learning Learning experiences reinforced societal and their own views of underpaid, undervalued nursing staff in an overworked profession that is poorly respected and has low morale	Public misconceptions of the nursing profession as non-academic must be corrected Whilst some negative student experiences can be addressed at the institutional level (e.g. lack of support) others require a cultural overhaul to improve working conditions, morale, pay and a healthcare system with a better image engendering more respect is achieved Author Identified Limitations: N/A Researcher Identified Limitations: Both participating universities were from the same area = possible geographical limits

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
				<p>questionnaires distributed to recent graduates n= 709 (out of 2845). Response rate = 8.1%</p> <p>94.5% of respondent = full time</p> <p>72.2% of respondents = adult branch</p> <p>15.7% of respondents = mental health branch</p> <p>9.9% of respondents = child branch</p> <p>18.5% of respondents = male, 78.3% = female, remainder did not declare</p> <p>No data provided re: age</p> <p>48.8% of</p>		<p>on generalisability of student experience.</p> <p>Although recently graduated nurses were approached during data collection, the small number of responses gained was added to the data collected from current students. No attempt was made to distinguish differences between attitudes and reflections of those actively studying as compared with those who had graduate and begun work</p>

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
				<p>respondents = European</p> <p>40.9% of respondents = African or Caribbean</p> <p>10.6% of respondents = "other" ethnic identity</p>		
Deary, Watson & Hogston	2003	<p>To investigate:</p> <p>What are the antecedents of stress and burnout in nursing students?</p> <p>What personal factors lead to attrition in nursing students?</p>	<p>Longitudinal, a battery of instruments was used:</p> <p>Alice Heim 4 test (Heim, 1970) – general mental ability</p> <p>NEO Five Factor Inventory (Costa & McCrae, 1992) – assesses aspects of personality</p> <p>Coping Inventory for Stressful Situations (Endler & Parker, 1999;</p>	<p>A complete cohort of students (n=168)</p> <p>No data available re: mode of study</p> <p>The majority were registered for study within the adult branch of nursing (no figures given)</p> <p>The majority were female (no figures given)</p> <p>Median age was 23 at data</p>	<p>Small significant increases in neuroticism.</p> <p>Significant increase in extroversion.</p> <p>Increase in emotion-orientated, avoidance and distraction-based coping mechanisms linked to increase risk of non-completion</p> <p>Psychological morbidity increased.</p> <p>Overall increase in stress.</p> <p>Ability was not correlated with other measures.</p>	<p>It is possible to identify aspects of personality which increase the risk of non-completion.</p> <p>One standard deviation lower re: agreeableness was associated with only a 65% likelihood of completing the course</p> <p>Increase in emotion-orientated, avoidance and distraction coping techniques show that students require practical advice in coping with course-related stress</p> <p>Overall increase in stress indicated that students find</p>

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
			<p>Cosway et al, 2001) – assesses participants use of coping strategies</p> <p>General Health Questionnaire 28 (Goldberg & Williams, 1988)</p> <p>Maslach Burnout Inventory (Maslach & Jackson, 1986) – scale to measure facets of work-related, professional burnout</p> <p>Stress in nursing students – questionnaire developed by authors.</p> <p>morbidity, stress, coping and burnout. Data was gathered on entry at 6 months, at 12 months and at 24 months</p>	<p>collection point 1, 23.5 at data collection point 2 and 24.5 at data collection point 3</p> <p>No data available re: ethnicity</p>	<p>Burnout measures were stable</p> <p>Personal Achievement measures increased significantly between time 1 & 2</p> <p>Those with “open, liberal and daring personalities were more likely to be emotionally exhausted</p> <p>Those who discontinued scored lower re: personality traits of agreeableness and conscientiousness</p>	<p>studying to be a nurse stressful</p> <p>Those who were less agreeable and less conscientious were more likely to discontinue their studies</p> <p>Author Identified Limitations:</p> <p>Measurement of attrition</p> <p>Small number of male participants</p> <p>Not all students were studying nursing via the same educational route (i.e. they were enrolled on a range of different programmes) this makes the sample less homogenous</p> <p>Researcher Identified Limitations:</p> <p>A high number of participants were lost from the study between data collection points causing potential</p>

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
						<p>problems with the representativeness of data,</p> <p>only 54% (rounded up to the nearest whole percentage point) of the originally recruited participants completed the study</p> <p>It is not clear how all assumptions re: personality traits and their correlation with the other measures were made and substantiated from the statistics provided</p>
Glogowska, Young & Lockyer	2007	Investigation of the factors which place students at risk of leaving their course and those factors which "protect" them	<p>Semi-structured interviews</p> <p>Thematically analysed using "framework" based approach (Ritchie et al, 2003)</p>	<p>49 overall participants</p> <p>30 second-year students who were currently enrolled and had persisted past their first year</p> <p>19 telephone interviews with students who had withdrawn from adult nursing courses</p>	<p>6 "push factors": academic challenges, burden of other demands, financial strain, lack of support, negative early experiences, illness/injury)</p> <p>4 "pull factors": determination, commitment to chosen profession, informal support, formal support</p>	<p>Highlight that attrition is a decision based on a spectrum of financial, social and institutional difficulties</p> <p>The push and pull factors affect both those who leave and stay, those who leave face a tipping point.</p> <p>Author Identified Limitations:</p> <p>All participants were from a single institution in the UK</p>

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
				<p>No data available re: mode of study</p> <p>No data available re: branch of enrolment</p> <p>Overall: 47 participants were female, 2 participants were male</p> <p>Overall: 25 participants were aged 18-21, 3 participants were aged 22-25, 10 participants were aged 26-35 and 11 participants were aged 36+</p> <p>No data available re: ethnicity</p>		<p>All students who participated were from the same cohort, we cannot be sure that the experience of this one cohort is typical and representative of what every cohort would experience</p> <p>Self-selected nature of the sample could mean that those who did not agree to be interviewed had significantly different experiences from those who agreed</p> <p>Some respondents to the call for participants (no figure provided) provided comments to indicate that they were angry with the university, however they declined to be interviewed, these more negative views, if gathered could have provided different dimensions to the data collected</p>
Hamshire, Willgoss & Wibberley	2012	Explore student learning experiences and their reasons for leaving their	Narrative interview approach (Flick, 2009)	16 discontinued students: 9 ex-allied health professional students and	A number of themes of negative experience were identified in student transcripts: ineffective placement organisation,	Students decision to leave was multi-factorial, however clinical placements acted as a "tipping point" in student experience

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
		healthcare programmes across the North West of England	Thematically analysed using “framework” based approach (Ritchie & Spencer, 1994)	<p>7 ex-nursing students.</p> <p>No data available re: mode of study</p> <p>No data available re: branch of enrolment</p> <p>Overall: 2 respondents were male; 14 respondents were female. Both male respondents were ex- allied health professional students, all ex-nursing students were female</p> <p>Overall: 11 respondents were 25 years and over, 5 respondents were less than 25. Of the ex-nursing students, 4 were 25+ and 3 were under 25</p>	problematic journeys and disappointing clinical experiences	<p>Clinical placement can therefore be seen as a key factor in withdrawal decisions</p> <p>Author Identified Limitations:</p> <p>N/A</p> <p>Researcher Identified Limitations:</p> <p>Small study sample creates possible limits on how representative findings may be</p> <p>Mix of nursing and allied-health professional participants in this study could result in some findings not being relevant to those attempting to improve student retention on pre-registration student nursing courses specifically</p>

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
				No data available re: ethnicity		
Higginson	2006	Explore some of the factors which cause students fear, worry and anxiety whilst studying to be a nurse	Data collected via semi-structured interviews. Five students were interviewed on two occasions Data analysed using a grounded theory	Five currently enrolled nursing students took part at a single institution No data available re: mode of study No data available re: branch of enrolment No data available re: gender No data available re: age No data available re: ethnicity	Students fears, and worries fell into two categories: experiences in the workplace and experiences in the academic environment. Experiences in the workplace that caused fear, worry and anxiety: worries about death, bodily fluids/ clinical procedures, auxiliary/role conflict, socialisation conflict Experiences in the academic environment that caused fear, worry and anxiety: examinations and financial worries	Among the small sample there were concerns over what the role of nurse entails. Concerns about money and examinations are not nursing specific they are common to all university students Worries about death, bodily fluids and clinical procedures are common to all healthcare workers but only nurses will have to clean a dead body and prepare it for viewing Student nurses do not get the chance to discuss their specific fears and worries whilst on their courses. Author Identified Limitations: Little can be drawn from such a small-scale research project

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
						<p>Researcher Comment:</p> <p>Whilst it is true that this study is extremely small, when brought into dialogue with other studies, the finding that placement is a tipping-point for student attrition decisions is supported</p>
Howard	2001	To investigate student nurses' experiences of the new education-led, rather than service-led, model of nursing education "Project 2000"	<p>10 students were interviewed, and their responses were used to develop questionnaire one.</p> <p>Questionnaire one: completed at the beginning of the course and again after year one</p> <p>Questionnaire Two: comprised rating scales of how stressed students felt, this was completed weekly for the first year of the course by a separate sample of students</p>	<p>Interviews: 10 students</p> <p>Questionnaire one: 76 students</p> <p>Questionnaire two: completed by a sub-sample of 30 of the original 76 questionnaire participants</p> <p>No data available re: mode of study of participants</p> <p>No data available re: branch of enrolment of participants</p>	<p>Seven areas of concern for students were identified: the theory component of the course, assessments, clinical practice, financial pressures, time management, personal development and personal difficulties</p>	<p>There are components of the project 2000 course which students find distressing</p> <p>Students perceived that coursework and assessments made an excessive demand on their time</p> <p>Students with multiple commitments felt that family was often neglected</p> <p>Student experience significant personal development however this can negatively influence personal relationships</p> <p>Counselling facilities should be made available to</p>

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
				<p>No data available re: gender of participants</p> <p>No data available re: age of participants</p> <p>No data available re: ethnicity of participants</p>		<p>students</p> <p>Finances are problematic for many students</p> <p>Author Identified Limitations:</p> <p>It could be argued that the restricted samples used in this research compromise external validity</p>
Jones & Johnston	1997	<p>To explore affective distress experienced by student nurses and how this compares to distress felt by other health professionals and the general female population.</p> <p>An exploration of coping mechanisms used and what types of coping</p>	<p>Cross-sectional, descriptive design examining two separate cohorts.</p> <p>Cohort one was screened at week 40 (following first clinical placement),</p> <p>Cohort two were screened at week 24 before their first clinical placement.</p> <p>Participants were screened using:</p> <p>The General Health Questionnaire</p>	<p>Cohort one:</p> <p>Number of participants =109</p> <p>No data available re: mode of study</p> <p>No data available re: branch of enrolment</p> <p>22 male and 87 female students</p> <p>comprised cohort one</p> <p>The mean age of cohort one was</p>	<p>At the time of the first placement both cohorts demonstrated significant affective distress, exceeding levels of medical students and the general female population.</p> <p>General health scores and the measure of direct coping has a significant negative correlation in both cohorts which took part. High levels</p> <p>of distress were associated with low direct coping scores.</p> <p>Student nurses in both cohorts suffered more</p>	<p>This study indicates that there is potentially an issue with student distress around initial, surgical and psycho-social ward placements.</p> <p>The determinants of this stress are complex, it is unlikely that attempting to address a limited number of stressors will prove effective in reducing overall stress.</p> <p>Intervention development must concentrate on helping students to develop positive coping strategies</p>

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
		are correlated with adaptive outcomes was also conducted	<p>(Goldberg & Williams, 1988),</p> <p>The Beck and Srivastava Stress Inventory (Beck & Srivastava, 1991),</p> <p>The Ways of Coping Questionnaire (Coyne, Aldwin & Lazarus, 1981) adapted by Parkes (1984)</p> <p>Marlow-Crowne Social Desirability Scale (1960)</p>	<p>25.6 years</p> <p>Cohort two:</p> <p>Number of participants = 111</p> <p>No data available re: mode of study</p> <p>No data available re: branch of enrolment</p> <p>18 male and 91 female students comprised cohort two</p> <p>The mean age of cohort two was 26.9 years</p> <p>Overall: the majority of students were adult nursing students (n=140),</p> <p>mental health nursing students (n=45), midwifery students (n=12), child nursing</p>	<p>intense distress directly before and after their first hospital placement. Their distress scores were greater than those of other health professional students when compared.</p> <p>Use of direct coping is associated with lower levels of distress and lower scores of total stress.</p> <p>Students in both cohorts perceived similar sources of stress, the top five most common causes identified were: fear of failure, lack of free time, long hours of study and the insufficient response of their institution to their needs.</p>	<p>Author Identified Limitations:</p> <p>N/A</p> <p>Researcher Identified Limitations:</p> <p>Single-institution project, we cannot speak to the generalisability of findings</p> <p>Despite identifying the need to teach and promote positive coping strategies among students no recommendations are provided as to how to achieve this</p>

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
				students (n=9) and learning disability nursing students (n=5)		
Last & Fulbrook	2003	Establish a consensus view of the reasons why student nurses leave their pre-registration programme	<p>Phase one: Exploratory phase of focus groups and interviews was used to gather multi-professional views about why students leave</p> <p>Phase two: A questionnaire was developed based on phase one findings. This was distributed to a panel of nurses the consensus level was set at 75%</p>	<p>Phase one: professionals were recruited from four professional groups: educators, managers, doctors and qualified nurses</p> <p>Phase two: 6 nurses who volunteered representing all three years of the nursing programme.</p> <p>No further information regarding participants is available for this study</p>	<p>With the exception of academic failure, it was considered no one issue caused attrition.</p> <p>A number of important factors which contribute were identified: theory practice gap, communication and operational factors between placements and university, feelings of not being valued, unmet expectations, and stress.</p> <p>Factors were acknowledged to have a cumulative effect.</p>	<p>Students need a more directive and supportive approach. Mentors should take a task-orientated approach to meet learning needs.</p> <p>Development of positive ward cultures is essential, good staff morale and high-quality placement experiences can contribute to increased retention.</p> <p>Some students have unrealistic expectations of nursing.</p> <p>Author Identified Limitations:</p> <p>It was not possible to elicit the views of ex-students. It cannot be assumed that consensus opinions of current students and opinions of former students are congruent.</p>

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
						Single university and single trust study, this limits generalisability of findings
Pearcey & Draper	2008	To explore the clinical nursing environment through the perceptions of first year students	Semi-structured interviews were used to collect data from participants. Inductive, exploratory study, a phenomenological approach was taken to data interpretation in order to understand the lived experience of novice learning students.	A purposive sample of 12 adult student nurses was selected through a volunteer selection process No further information regarding participants is available for this study	Interpretation of the interview data suggests that student nurses have concerns about excessive documentation on the wards, the completion of tasks and routines in a timely and sensitive manner and less time with patients than they would have expected.	Students brought issues of the dominance of paperwork into the answer of nearly every questions pointing to a mismatch of professional values with theoretically taught values. Students were uncomfortable with the poor communication with patients they witnessed and the idea that they may become as task focused and insensitive to individual patient needs and concerns as those qualified nurses whose behaviour they witnessed on the ward. Mentors and educationalists need to work more collaboratively to promote a positive learning experience for students. Educators may need to

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
						<p>impress upon students that clinical environments are not simply learning environments and quality learning experiences cannot always take precedent in clinical environments.</p> <p>Author Identified Limitations:</p> <p>Participants were limited in their clinical experience and theoretical knowledge.</p> <p>Volunteer sampling can lead result in biased samples which have increased experience of problems from the norm</p> <p>Participants may have felt the pressure of expectation to give particular answers.</p>
White, Williams & Green	1999	To achieve a better understanding of the basic problems faced by student nurses	A single university registry database was used to gather data regarding student intake, completion, transfer	70 discontinued students (36% of discontinued population)	55% of the 70 discontinued voluntarily 39% discontinued due to academic failure Younger were found to be	Reasons of those who considered leaving did not match the leaving reasons given by those who ultimately discontinued. The major difference

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
		<p>who consider leaving the CFP</p>	<p>and discontinuation data</p> <p>Questionnaire 1 – exit questionnaire for discontinued students</p> <p>Questionnaire 2 – complied for the study to measure student satisfaction among current students relating to CFP, assess if they had considered leaving and establish the seriousness of intent to leave</p>	<p>returned questionnaire 1 (exit questionnaire)</p> <p>Four cohorts of students nurses (315 students) were issued with questionnaire two (currently enrolled student satisfaction with the CFP). The proportion of students completing this questionnaire ranged from 74-91% per cohort, with an overall average completion rate of 82%</p> <p>No further information regarding participants is available for this study</p>	<p>significantly more likely to leave the CFP than mature students</p> <p>Male students were found to be significantly more likely to leave the CPF than female students</p> <p>A significantly higher number of students discontinued from child and mental health branches than from the adult branch of nursing</p> <p>Enrolled students who considered leaving the CFP did so because of: course content, course interest, organisation and workload.</p> <p>Responses of those who had left the CFP and provided their reasons on the exit questionnaire showed that for those who left the CFP reasons such as: disillusionment with the course, travelling and finances</p>	<p>between those who left and those who stayed was the level of disillusionment with the training and unmet course expectations</p> <p>Travelling was a major factor to those who left – perhaps they underestimated the physical and financial strain of travelling to and from placement</p> <p>Travel was equally as important to leavers as negative views of course organisation, mismanagement and poor staff attitude</p> <p>Questionnaire responses from those training and those who completed reported course-based problems as their primary concerns whilst on the course - this was not matched by the leaving reasons of those who discontinued</p>

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
						<p>Researcher Identified Limitations:</p> <p>The study's conclusions are based on examination of a small number of factors which were decided upon <i>a priori</i> by the researchers</p>
<p>Empirical Papers relating to student experience factors associated with a) enhanced completion rates or b) the reconsideration of inclinations towards course-withdrawal</p>						
Boyd & McKendry	2012	To gain a better understanding of the factors which enabled students to overcome potential difficulties faced whilst on their courses and make the decision to persist in their studies	<p>Data was collected in two phases over two consecutive academic years.</p> <p>Semi-structured interviews were carried out with final year nursing students in both phases.</p> <p>A Grounded Theory approach was taken to data analysis</p>	<p>Phase one – six students took part</p> <p>No data available re: mode of study</p> <p>No data available re: branch of enrolment</p> <p>All participants in phase one were female</p> <p>Four participants in phase one were younger than 21 years old,</p>	<p>Seven themes emerged of factors that appeared to play a major role in enabling persistence: the value of problem-based learning, the pivotal role of the placement experience, playing nurse? (that is students' awareness of occupying an intervening space between nursing activity but not being quite ready to adopt the full working professional identity), nursing career as a motivator, support of staff in times of crisis, staged persistence (the setting and attainments of</p>	<p>There appears to be a complexity of reasons which enables students to persist</p> <p>It is vital to consider the progress, engagement and support of students as a transitional continuum within a specific complex discipline</p> <p>We must move away from deficit-based discourse, consideration of both provision of transparency of choice in learning experience and development of professional identity in nursing education.</p>

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
				<p>the remaining two were more than 21 years old</p> <p>Phase two – five students took part</p> <p>No data available re: mode of study</p> <p>No data available re: branch of enrolment</p> <p>All participants in phase two were female</p> <p>Three participants in phase two were younger than 21, the remaining three were more than 21 years old</p>	<p>stages and short-term goals) and finally peer support.</p>	<p>Researcher Identified Limitations:</p> <p>Small study sample.</p> <p>Single institution study.</p> <p>Focus was less on the overall educational experience than the students' considerations of what they needed and what was enabling them to make the transition from student nurse to novice clinical professional.</p>
Bowden	2008	To examine the experiences of students who had considered leaving their course to	<p>Phase one, postal questionnaire:</p> <p>93 questionnaires were posted to former students who had successfully</p>	<p>46 questionnaires were returned (49% response rate).</p>	<p>Questionnaire responses demonstrate a high level of satisfaction with the programme among completers.</p> <p>Factors that prompted students to consider leaving:</p>	<p>Students personal resolve and their discussions of the formal and informal support mechanisms that were available to them give us insight into how students engage with their continuation decisions</p>

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
		<p>establish their reasons for remaining</p>	<p>completed their course.</p> <p>The questionnaire asked students if whilst undertaking their course they had considered leaving their programme.</p> <p>Phase Two, interviews:</p> <p>To be eligible for interview participants needed to have seriously considered leaving on at least one or more occasion.</p> <p>Semi-structured interviews were used to gather data in phase two.</p> <p>Data was analysed thematically.</p>	<p>Of these:</p> <p>48% (n=22) had never considered leaving)</p> <p>30% occasionally thought about leaving but did not give it serious thought (n=14).</p> <p>22% seriously considered leaving on one or more occasion (n=10).</p> <p>8 of the 10 participants who seriously considered leaving agreed to be interviewed.</p> <p>Of these 8: all were white, seven were female, one was male the age range was 19 – 42</p> <p>No further</p>	<p>academic issues – stress caused by exams and assignment writing stress, placement issues, financial issues and personal issues.</p> <p>Factors that enabled students to stay: coping strategies, university staff, peers, family and friends.</p>	<p>Success that institutions have supporting struggling or distressed students is arguably a better reflection of institutional practices than attrition.</p> <p>The quality of the students journey through higher education and the support that they receive is as important as their ultimate decision.</p> <p>Researcher Identified Limitations:</p> <p>Small sample.</p> <p>Single institution study. Sample only reflective of the experience of a single ethnic group.</p>

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
				information regarding participants is available for this study		
Clements, Kinman, Leggetter, Teoh & Guppy	2016	This study aims to explore student perceptions of education experiences that influence their professional commitment.	<p>Semi-structured interviews were used alongside data obtained from open-ended survey questions.</p> <p>Interview schedule related to experiences of the course (both clinical and educational), commitment, motivation and perceptions of support.</p> <p>Survey participants answered two questions:</p> <p>1. "If you have had any experiences in the last few months</p>	<p>171 survey participant representing 17 different universities which offer nursing courses took part.</p> <p>No data available re: participants mode of study</p> <p>No data available re: participants branch of enrolment</p> <p>89.5% of participants were female</p> <p>Mean participant age = 26.75 years</p> <p>61.4% of participants were white British,</p>	<p>Data was thematically analysed, and this resulted in three main themes: professional identity, commitment and social support</p> <p>Commitment was seen as essential to manage the demands of education</p> <p>Commitment had a role in buffering workplace stress</p> <p>Interviewees reported that they perceived commitment to be low in those who had withdrawn from the course</p> <p>Participants emphasised their developing professional identities as underpinning commitment – this was constructed of their perceptions of their abilities and relationships with staff.</p>	<p>Findings suggest that students consider professionalism and commitment to be intertwined or even synonymous</p> <p>Attention should be dedicated by educators to building and maintaining commitment throughout education</p> <p>Negative clinical experiences were seen as threats to commitment</p> <p>Negative relationships emphasised students sense of powerlessness in their clinical or educational environments, this reduced their sense of belonging and threatened the development of identity</p> <p>Fostering of positive professional identities is a</p>

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
			<p>that made you feel more committed to nursing please describe them briefly”.</p> <p>2. “If you have had any experiences in the last few months that made you feel less committed to nursing please describe them briefly”.</p> <p>Data was thematically analysed.</p>	<p>Black African were the second largest participating ethnic group (19.9%)</p>		<p>priority in order to enhance retention.</p> <p>Author Identified Limitations:</p> <p>Interview data could not be supplemented with qualitative survey data as it could not be known if this sample was suitably representative of the population.</p> <p>Researcher Identified Limitations:</p> <p>Interview sample was small</p> <p>No conclusions can be drawn based on this paper re: casual relationships between the factors identified by participants.</p>
Crombie, Brindley, Harris, Marks-Maran & Thompson	2013	To gain further understanding of The factors that influence the attrition and completion rates of year 2 students	Data was collected using document review, non-participant observation in practice settings, focus groups and interviews.	28 students were invited to participate in focus groups from an identified potential population of 200 students	<p>The study found that there were multiple factors which impacted upon retention and students desire to stay.</p> <p>These were: student identity and the organisation, fostering resilience, having</p>	<p>Practice time appears to have the most significant impact on the student learning journey.</p> <p>Healthcare organisations are rarely held to account for practice placements that fail</p>

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
			Ethnographic case study was used in two large London acute trust hospitals, partnered with the same Higher Education Institution.	All participants were from the same cohort. No further information regarding participants is available for this study	one eye on the finishing line and receiving support (or not) in clinical practice	to support and nurture students appropriately. Fear of reprisal can be significantly preventative when it comes to students reporting negative clinical experiences. Issues of confidentiality are a prime concern for students. Small ethnographic study based in one institution this limits the generalisability of findings. Author Identified Limitations: Small study Narrative from the student perspective and no consideration has been given to contextualising mentor and practice staff perspectives.
Hamshire, Willgoss & Wibberley	2013	To Identify factors that prompted students to consider leaving, and establish	An online survey was developed requiring detailed responses re: whether a student	1080 students completed the survey from 9 universities in the North West of	A thematic analysis identified three themes regarding why students questioned whether to continue on their courses: dissatisfaction associated	Findings emphasise that students only consider leaving when a number of factors combine to leave them feeling overwhelmed.

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
		what made them stay.	had ever considered leaving their current programme and establishing why they did not. Data was analysed both quantitatively (content analysis) and qualitatively (framework analysis).	England (an 11% response rate) 999 students answered the question have you ever considered leaving your programme, 465 students (47%) responded that they had, and provided detailed comments regarding this 55 students (12%) also detailed why they decided to stay. No further information regarding participants is available for this study	with campus-based learning and support, problems related to clinical placements and concerns and challenges around personal circumstances. A further thematic analysis of comments relating to why students chose to remain despite their doubts yielded the following four themes: Support from family and friends, personal determination, interesting and enjoyable placements, support from staff.	Comments made by students regarding why they decided to stay despite considering leaving give educators guidance as to where to direct support. Key factors within the remit of institutions to change are: dissatisfaction with campus-based learning and support and problems related to clinical placement. Author Identified Limitations: Extremely small number of students from the original sample provided reasons why they chose to stay, these may not therefore encapsulate the full range of factors that contribute to persistence decisions.
McKendry, Wright & Stevenson	2014	To explore student motivations, experiences and	Qualitative data collection using focus groups at two intervals in the year	44 first year and midwifery students	Students rely on university staff, fellow students, friends, family and those they currently know in the	Expectations and expectation confirmation or disconfirmation are crucial in student satisfaction. Those

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
		support requirements during their first year to determine the efficacy of institutional retention initiatives		<p>No data available re: participants mode of study</p> <p>No data available re: participants branch of enrolment</p> <p>42 females and 2 males participated in the study</p> <p>2 participants were aged 17 or under, 10 participants were aged 18-20, 9 participants were aged 21-24, 6 participants were aged 25-29 and 17 participants were aged over 30.</p> <p>No data available re: participants ethnic identity</p>	profession in order to maintain their motivation and help them negotiate the many time demands they face on the course.	<p>who have realistic ideas of the profession are more likely to be retained</p> <p>Encouraging a sense of belonging to the profession and the institution encourages retention</p> <p>Researcher Identified Limitations:</p> <p>Small-scale, single institution study</p> <p>With no data given re: branch of enrolment of participants we have no way of knowing if these findings would be branch specific or more generalizable</p> <p>Despite the provision of participants age data, no inferences have been made re: comparing responses from older students to those of younger students in order to establish if there are differences in perspective based on student maturity</p>

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
Royal College of Nursing (RCN)	2008	The aim of this survey was to report on students' own experiences, uncovering the realities of being a nursing student in the UK	An online survey was prepared and publicised from August 2008 – October 2008 on the RCN student pages of the RCN website, by email and through networks including the peer network of RCN Student Information Officers	4500 nursing students responded to this survey No data available re: participants mode of study 73% were enrolled on an adult nursing course 14% were enrolled on a mental health nursing course 11% were enrolled on a paediatric nursing course 2% were enrolled on a learning disability nursing course 1% were enrolled on a midwifery course 89% were female 11% were male 35% were 18-24 18% were 25-30	44% of students responded that they had considered leaving their course 74% of these reported that their personal tutor was not aware that they had considered leaving Why did students indicate considering leaving: 62% financial reasons 40% reported that debt of between £1500-£2999 had prompted them to consider withdrawal 37% reported that debt of over £3000 encouraged them to consider withdrawal 39% reported that their clinical placement experience had been a factor 15% reported that too much travel had contributed to them considering leaving 21% reported that insufficient support from a university	Better supported students would mean reduced student attrition Findings demonstrate students would value a range of academic support including: additional tuition, online support, helplines with the facility for telephone support while on placement, practical support with childcare places/ facilities Financial support is also of great importance Students also value the support of the RCN Being able to identify those at risk of leaving and ensuring they receive the necessary support and interventions has the potential to enable more students to remain.

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
				<p>47% were over 30 17% 35-40 19% were over 40</p> <p>No data available re: participants ethnic identity</p>	<p>tutor had caused them to consider withdrawal</p> <p>26% reported that personal circumstances were to blame</p> <p>19% reported issues with childcare were contributory</p> <p>Doubts over nursing as a career were reported by a minority (24%) and 7% reported feeling that they had chosen the wrong branch, and this had led them to consider withdrawal</p> <p>Why did they stay:</p> <p>85% reported they stayed on their course as they wanted to finish</p> <p>63% reported friends and family helped them to stay</p> <p>4% reported making alternative childcare arrangements enabled their continuation</p> <p>25% who had considered leaving reported that starting</p>	

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
					paid supplemental work enabled them to stay 15% reported that support from their tutor helped them decide to stay	
Wray, Aspland & Barrett	2014	Explore the views of student nurses on the factors influencing continuation	A cross-sectional survey design was used. Data constituted quantitative (Likert scale rated) answers and qualitative free-text answers	Nursing students from one Higher Education Institute in the North of England were recruited from across five cohorts of pre-registration nurses. The sample incorporated all four branches 594 questionnaires were distributed, 195 (32.8%) were returned. 75% (n=146) were adult branch students	Participants indicated that the drivers to leave were not as strong as the drivers to stay “Pull” factors: university support mechanisms, personal supervision, desire to become a nurse “Push” factors: financial issues, work-life study balance, placement staff being inherently biased towards the clinical area needs not their learning needs, lack of support from university staff with academic element of the programme, challenge posed by witnessing sub-optimal clinical practice.	Over half of respondents indicated that they had considered leaving the course There was little difference between those who had considered leaving and those who had not, they were both subject to the same push/pull factors Studies have often focused on what institutions can do to prevent attrition rather than building on and strengthening the student experience. Some attrition is necessary to ensure high quality, motivated entrants to the profession

Authors	Year	Aim	Method	Sample	Findings	Conclusions & Limitations
				<p>52.3% (n=102) stated that they had considered leaving the course</p> <p>No further information regarding participants is available for this study</p>		<p>Researcher Identified Limitations:</p> <p>Single institution study</p> <p>Study findings may not be generalizable outside of the "Northern England" geographical area</p>

However due to the distinctly different nature of these five papers, they have been tabulated separately. Table 2.2 provides an overview of these papers and includes information on the: author(s), year of publication, research aims, methodological design, sample, main findings, and conclusions. The papers are organised alphabetically by author to assist the reader locate each paper discussed in the subsequent review.

2.3.1 Factors associated with attrition

Factors which increase students' negative perceptions of and/ or feelings towards their course can be seen to separate into three varieties: individual factors (personal preferences, individual circumstances, academic capability, personality factors including coping-mechanisms and self-efficacy, stress, personal finances and feelings of being undervalued or taken for granted, institutional commitment), institutional factors (the nature of the educational setting, clinical placement issues, academic support issues, racial harassment, poor impressions of course organisation, perceived relevance (or lack thereof) of course content and the number of demands and responsibilities placed on students at relative levels of training); and finally political and professional factors (bursary and other financial provisions made for students, issues relating to the NHS including staffing levels, the overworking of nurses and the underfunding of services leading to low availability of equipment for both patient care and learning experiences, staff morale and ward atmospheres, negative perceptions of nursing in society and in the media and the undervaluing of the profession (Urwin et al. 2010).

Table 2.2: Literature Review Papers Relating to Student Experience Factors Associated with Attrition, Retention and Persistence Decisions

Authors	Year	Aim	Method	Sample	Findings	Conclusions
Literature Review paper(s) relating to student experience factors associated with attrition						
Eick, Williamson & Heath	2012	Systematic review to establish nursing students' placement-related reasons for leaving their programme	Major health literature databases were searched including literature from 1995-2011	18 papers were selected for review	The following factors were found to be associated with leaving: unpleasant experiences, issues of acceptance in the workplace, perceived lack of support, perceptions of nursing as a profession, perceptions of practical assessment, demographic characteristics of students, student personality factors, student ability to cope, student self-efficacy, emotional intelligence of students, challenges of academic work, burden of competing time demands, financial strain, negative early experiences, and illness or injury	Student leaving decisions are multi-factorial. Whether students' placement experiences influence decisions to leave a course is highly individualised. A student's personality and level of self-efficacy plays an important role in whether negative experience create perseverance and determination or the desire to leave. Despite variation in study design and data collection methods, findings were highly stable. Review focused on placement related reasons for leaving – there were 33 papers found to meet the international criteria for review, however only 18 of these were considered of sufficient methodological quality to be included.

Authors	Year	Aim	Method	Sample	Findings	Conclusions
						Methodological issues are rife within the body of nursing research. Lack of longitudinal studies of student experience.
Orton	2011	Review and discuss some of the underlying issues that may contribute to student nurse attrition	Discussion paper	N/A	Research has already identified a number of factors that contribute to the problem of attrition through student self-report measures. Discrepancy between expectations and on-the-job experience, the impact of stressors on students and stressing experiences and career commitment all intrinsically influence student decision making.	Student discontinuation is likely to be a complex and multi-factorial decision, this should be reflected not only in the design of research conducted into attrition but also in the design of strategies designed to improve attrition rates.
Urwin, Stanley, Jones, Gallagher, Wainwright & Perkins	2010	Discuss findings from an integrative literature review relating to contributory factors affecting the phenomena of student nurse attrition	Integrative Literature Review	123 records included: letters, opinion pieces, case studies and statistical reviews	Students are affected by factors at three levels: micro-(individual), meso-(institutional) and macro-(political and professional levels).	Factors relating to attrition are complex and interact. Concern with attrition is legitimate and strategies should be put in place to respond to contributory factors at each level. Some degree of attrition is necessary in order to retain professional standards. Need for further research into the area is indicated.

Authors	Year	Aim	Method	Sample	Findings	Conclusions
Literature Review paper(s) relating to student experience factors associated with a) enhanced completion rates or b) the reconsideration of inclinations towards course-withdrawal						
Cameron, Roxburgh, Taylor & Lauder	2011		Integrative Literature Review – CASP (2009) appraisal tools were used to evaluate literature found in electronic databases using specific research terms. Findings from the research literature were assessed using content analysis.	15 articles were identified and reviewed	Two broad themes emerged from the analysis: Programme (subthemes: profession and support) and Personal (subthemes: student characteristics and family).	Evidence appears to demonstrate that personal commitment and good support structures are essential to enabling students to remain on their programmes. Green and Baird (2009) use the term “resilience” to describe the way nursing students approached complex personal and educational challenges in order to remain on their programmes. Studies fail to indicate how to identify students vulnerable and which interventions would most benefit what students. The concept of “support” needs to be more clearly defined and articulated. Sample sizes need to be larger.

Authors	Year	Aim	Method	Sample	Findings	Conclusions
Leducq	2012	To draw attention to the first placement experience which is identified as a key transition that greatly influences continuation (or withdrawal) decisions	Discussion Paper	N/A	The first-year experience and first clinical placement are key transition points – the importance of the first year is reflected in wider retention literature.	<p>The theory-practice gap is a key factor in terms of whether students arrive in the clinical environment feeling prepared or overwhelmed</p> <p>Students idealised vision of nursing is challenged in the first placement</p> <p>Few studies have sought the student voice on this issue</p> <p>Mature students are more concerned with the dual role of parent/ significant other and student than the dual role of university learner and trainee nurse</p> <p>Work engagement literature in organisational psychology has positive ideas to lend to nursing retention research.</p> <p>Most institutions have not yet been successful translating what is known regarding attrition and retention into retention gains</p>

2.3.1.1 Individual-level Factors Associated with Attrition

The factors found to negatively affect students' perceptions of the course and their learning experience whilst on the course, at the individual level, are relatively stable across papers. The issues students face at an individual level that correlate with attrition decisions appear to be: the challenges of academic work (Glogowska, Young & Lockyer, 2007; Last & Fulbrook, 2003; Hamshire, Willgloss & Wibberley, 2013), time management difficulties (Howard, 2001), unmet expectations in terms of the course experience and content (Last & Fulbrook, 2003; White, Williams & Green, 1999; RCN, 2008; Howard, 2001), difficulties establishing and maintaining a work-life balance that is functional for them as an individual (Glogowska, Young & Lockyer, 2007; Last & Fulbrook, 2003; Hamshire, Willgloss & Wibberley, 2013), personal financial difficulties (Glogowska, Young & Lockyer, 2007; Howard, 2001; Hamshire, Willgloss & Wibberley, 2013; RCN, 2008), illness and injury (Glogowska, Young & Lockyer, 2007), personal relationship difficulties (Howard, 2001), and the impact of stress when combined with coping styles and personality traits (Deary, Watson & Hogston, 2003; Orton, 2011).

Struggles with the demands of academic work, issues with time management, and the associated negative impact on students' personal relationships, and unmet expectations in relation to the course can be seen, through the literature, to be highly interconnected. A survey study of 1080 allied health professional, nursing and midwifery students by Hamshire, Willgloss and Wibberley (2013) demonstrated that one of the most frequently cited reasons for considering withdrawal from studies was the workload; 26% of students reported that the stress of the high workload impacted them significantly and had implications for

their life-work balance. This same finding is reflected in Bowden (2008) who found that academic issues were cited most frequently by those students tempted to withdraw from their programme of study. Bowden's questionnaire study (see table 2.1), subdivided academic stress and struggles with the challenges of academic work into two categories: "assignment stress" and "exam stress". In relation to exams it was the simple fact of them which caused stress for students, especially for those who had either not encountered them before or not encountered them for a long time. Higginson's small-scale, single institution interview study (2006) with five currently enrolled student nurses, explored the fears, worries and anxieties of first-year pre-registration nursing students in more depth. One key theme which represented a focal source of major worry for students was named "worries about examinations". Higginson found that exam concerns were most prevalent among mature students (though by no means confined to them) and that examinations relating to physical sciences (particularly biology) caused the most concern.

However as regards assignment-writing, it was the fear of not being able to write in 'the correct way', as opposed to the mere fact of assignments (Bowden, 2008, pg. 51) that caused students stress. Fear of academic failure is a notable issue for nursing students and is linked with feelings of vulnerability and inadequacy. Poor grades or lower grades than expected can increase feelings of low self-confidence in their academic ability (Hamshire, Willgloss & Wibberley, 2013) and lead students to fear that they are attempting to achieve something which is beyond their scope. This particular fear, of overreaching themselves and failing, has been seen in previous studies to be particularly pronounced in more mature students (Glackin & Glackin, 1998).

Further to issues of self-confidence, Hamshire, Willgloss and Wibberley (2013) also found that the level and volume of academic work had been a shock to students, particularly when they began their courses (pg. 892). Students reported that assignment deadlines were often clustered together. This only served to increase the negative feelings in relation to their course and exacerbate their sense that they had not been fully prepared for either the rigours of the work or the high level of individual study expected of them.

Glogowska, Young and Lockyer (2007) conducted a small-scale, single-institution, qualitative study both with students who were currently enrolled on their courses and those who had withdrawn from the adult nursing course offered at the institution in question. They found that the demands of the workload were raised as a problematic issue by both the students who had left and the students who had remained on their course. Whether students come from an A-level school environment, where learning is highly supported, to a university environment, or whether they enter the course via a non-traditional pathway, students need to feel confident that they can meet the demands of their course and that they are being appropriately supported to do so. This is particularly essential in the early stages, when embarking on the course, if students are to develop commitment to their learning, their institution and a sense of comfort that they understand fully what is expected of them in academic terms.

For the students in the study by Glogowska, Young and Lockyer (2007), the level of guidance provided was not perceived as sufficient. Students reported confusion as to what exactly the institution expected of them, and when marks

were returned, students considered that there was an insufficient amount of feedback. This leads students to feel, in relation to poor marks, that not only have they underperformed, which encourages feelings of poor institution or course-fit, but that they do not have the information they need to improve in the future; this in turn serves to increase negative self-appraisal and promotes feelings of helplessness. Similar reflections by students can be seen in the study of Last and Fulbrook (2003). In phase one of this Delphi study current nursing students were interviewed (alongside other professional groups involved in nursing education) regarding why they felt students left their courses. Not only did all interviewed students agree that the workload is stressful, but when discussing the impact of the workload on them as individuals, students expressed feeling “despair” and “disillusionment” (pg. 452) regarding the volume of academic work that was required of them. These students reported finding themselves pre-occupied with the need to complete their assignments; they found this pre-occupation was not only cognitively invasive, but inhibitive of their wider learning experience. An explanation for the pervasiveness of stress and distress in students as regards their academic work may be found in Howard (2001). Howard conducted a two-stage, longitudinal, questionnaire study with a total of 76 students at a single institution. These students recognised that a reason for their high levels of stress was that all assessments were summative, and the consequences of failure would be discontinuation from the course (forced academic withdrawal). In fact, in his study Howard (2001) demonstrated that peaks in students’ self-assessed stress scores correlated directly, as we might expect, with assessment submission dates.

Balancing their academic work, placement requirements and family lives caused work-life balance conflict for many students, particularly those (generally older) students with family commitments (Howard, 2001). Some students perceived that in order to successfully prepare for and complete their assignments, travel to placement (and back), and complete the required clinical practice house, they were forced to neglect some of their family's needs in order to fulfil their course-related obligations. For some students this felt intuitively wrong and encouraged frequent considerations of withdrawal from the programme on the grounds of unfairness to the family (Hamshire, Willgloss & Wibberley, 2013, pg. 891).

Students that took part in the studies of both Hamshire, Willgloss and Wibberley (2013) and Howard (2001) considered that the most stressful aspect of assessments was their time-consuming nature, with those with families particularly aware of the negative effect on their family lives of preparing and producing assessments on their family lives. These students were aware that assessment deadlines and difficulties in their relationships with significant others often coincided. The identification of this trend by these students served to increase their sense of poor course-fit for them personally and promote negative feelings in relation to their courses.

Although reflections on the compatibility of their course requirements with their wider contextual family lives caused students stress and could result in increased negativity towards their courses, it was found that 'personal circumstances' per se were rarely identified by students as the fundamental reason for withdrawal decisions. Usually it was the combination of unexpected

home life problems, such as personal ill-health, a death in the family or problems with child-care provision which combined with students' wider negative evaluations of 'course fit' for them, resulting in a need to alter the parameters of the situation to enable students to feel able to cope, culminating in withdrawal decisions. Personal life problems served to act as a 'tipping point' for students, one last pressure to be juggled that created a sense of unsustainability in relation to their continuation on their course (Glogowska, Young & Lockyer, 2007). The RCN conducted a large online survey with nursing students between August and October 2008; of the 4500 nursing students who took part in this survey nation-wide, 26% (n=1170) reported that difficulties in their personal circumstances were responsible for any consideration they had given to leaving their courses and 19% (n=850) stated that particular problems securing suitable childcare arrangements were a major contributory factor.

Thus far connections between problems dealing with the academic elements of the course, the effect of this on students' self-confidence and difficulties with time management, particularly in relation to competing family demands have been evidenced. The final aspect of dealing with the academic side of the course for students at an individual level, which can lead to thoughts of withdrawal, is a perceived lack of connection between the challenging assessments that students are expected to complete or pass and their experiences of nursing on the ward or their pre-conceived expectations of what nursing would be (Howard, 2001).

Unmet expectations as a cause of academic withdrawal is a prominent theme within the wider body of research on attrition, retention and persistence (Davies & Elias, 2003; NAO, 2007; Yorke & Longden, 2008). In the context of nursing specifically the impact of unmet expectations or disillusionment with the realities of the course is pronounced. The classical stereotype of a nurse and what the job of nursing entails is based on what is known as “the Nightingale model” (Howard, 2001). This stereotypical vision of nursing purports an image of nursing as a care-based role, non-academic and non-scientific in nature, more concerned with patient comfort and the bedside than objective, curative work, which is considered to be the remit of medicine, and the concern of doctors rather than nurses (Howard, 2001; Orton, 2011). Students who enter nursing often profess a desire to become a part of a ‘caring profession’ and undertake a role that is primarily patient care focused (Orton, 2011, pg. 2). This stereotypical conceptualisation of nursing however, is incompatible with the reality that students encounter regarding the practicalities of nursing and training to be a nurse, particularly on post-Project 2000 courses. The changes to nursing training and education implemented as a result of the Project 2000 work, changed the fundamental style of training from an apprenticeship, ward-based model, to a university-based higher education model. Following Project 2000 and the introduction of university-based nursing courses the NMC requirements for registration as a qualified nurse changed. Alongside the 2300 required clinical practice hours, nurses are also required to complete a number of higher education credits (the exact requirement varies by course type). Previously these could be achieved at higher education diploma level or degree level dependent upon the course and institution, however the latest update to the standards for Pre-registration nursing education by the Nursing and

Midwifery Council, (2010) stipulated that all nursing education programmes should be delivered at degree level by 2013.

The academic demands of the course are a direct challenge to many students' pre-conceived ideas about the nature of nursing and concomitant expectations of what training to be a nurse will entail. Last and Fulbrook (2003) reported that 78% of the participants in their study found that the course did not meet their expectations. Some students are able to overcome the initial cognitive dissonance engendered by the recognition of this discrepancy between expectations and experience, while other students feel motivated to withdraw (Howard, 2001). In their study, conducted with both those who had completed their nursing course and those who had withdrawn, White, Williams and Green (1999) found that a major contributor to the withdrawal decisions of those who had voluntarily left the course was disillusionment with the training. The expectation/ experience gap created a sense that they had made a mistake in choosing nursing as their career. This study by White, Williams and Green (1999) focuses particularly on the experience of students during the common foundation programme (CFP) of nursing which encompasses the first 18 months of any course. During the CFP nursing training is highly theoretical, classroom-based and science focused. For students holding "Nightingale model" based conceptions of nursing, expecting to be taught the practical aspects of the profession, this initial focus on the theoretical serves to highlight and reinforce students' feelings of unmet expectations and poor career choice (White, Williams & Green, 1999; Orton, 2011). According to the RCN survey (2008) almost a quarter of respondents (24%) reported doubting, as a result of their educational experiences, whether nursing was the right career choice for

them, and indicated that this had contributed to their individual considerations as to whether or not they should withdraw from their course.

The literature demonstrates that financial strain is a factor which affects students at three levels: the individual, placement and political/professional. "The individual" refers to the impact of studying on the personal financial arrangements of individuals, and the increased financial strain that engaging in education (rather than paid employment) places upon individuals and their circumstances. The financial strain of placement refers to the costs incurred as a result of travel to and from placement locations, and finally 'political/professional' refers to the fact that the funding for nursing courses, bursary eligibility decisions, the amount of financial support student nurses can expect to receive and how this is decided upon are made by the government and associated committees. Students themselves have no power or control over these decisions, and thus these pre-set conditions are a constituent part of the political/ professional context in which undergraduate nursing students must operate over the course of their education. Here we will consider both the impact of study on personal finances, and the relationship between continued study and the maintenance of adequate personal finances.

In their study, Last and Fulbrook (2003) found that financial hardship was a constant issue for 94% of their participants throughout their time on their course, affecting the students in three main ways: Firstly, students found it difficult to afford the day to day practicalities of life whilst on the course, such as travelling to placement. Secondly, they found it difficult to engage in work to supplement their bursary due to the number of placement hours they were

required to work on top of their academic learning hours. Arguably this makes the sustainability of financial viability more difficult for nursing students than those on traditional non-vocational degree courses. As a result of the need to complete a sufficient number of placement hours to qualify, nursing students also lack the approximately seven-week holiday period that students in the majority of disciplines take for granted, making it difficult for them to work over the summer and accrue savings to help sustain them through the upcoming year. Finally, many students felt pressured by the knowledge of the debt they were accruing as a result of their time on the course.

Wray, Aspland and Barrett (2014) conducted a small-scale, single-institution, survey study in the North of England. This study also found financial hardship to be a significant factor in withdrawal decisions, with students who had considered leaving more likely to agree with the statement “I have struggled financially”, to a statistically significant degree ($\chi^2=25.241$, $df=3$, $p<.001$; pg. 1704). Howard (2001) reported that the means-tested bursary was inadequate for many students. These findings are reflected in the findings of “*Crying Out For Help*”, a student finance report produced in partnership by the trade union UNISON and the National Union for Students (2009). In this financial survey, it was reported that 50% of student nurses had considered withdrawing from their courses due to the insufficiencies of the bursary. Studies by Last and Fulbrook (2003) and Hamshire, Willgloss and Wibberley (2013) both reported that students encountered specific financial difficulties in relation to their placements. A number of students who took part in the study by Last and Fulbrook (2003), reported that the trip between the university campus and their placement site was a 70-mile round trip. Students in this study were able to

take a bus if their personal circumstances allowed it, however it should be noted that public transport is not always conveniently accessible to students. This depends on the local accessibility of public transport close to their home and the availability of bus and/ or train stops close to their assignment placement location. This leaves students in the position of using their personal vehicles in order to make placement journeys. This of course, comes with associated extra costs, such as insuring the car for commuter use, fuel (not all universities make provision for fuel reimbursement; Last and Fulbrook, 2003) and using the car for travel when on community placement for which students are also not always reimbursed by either their university or the NHS Trust responsible for their placement (Last & Fulbrook, 2003).

The only male respondent in the study by Bowden (2008) also reported an effect of living on the bursary in terms of his role in his personal relationship. For this respondent, his view of himself as the provider in the relationship, was negatively impacted by living on a small bursary; he reflected that it felt as though he had lost status by no longer acting as the main breadwinner and was no longer an adult. This traditional view of men as providers is common and likely to be influential on the potential withdrawal decisions of more than this one isolated individual. However, the prevalence of this attitude and the effect of this attitude on withdrawal decisions is not an issue that this thesis is well placed to speculate on.

Those students taking up work to supplement their bursary may be able to alleviate their immediate financial concerns, however the need to incorporate working time into their week adds a further time management pressure. This

potentially leaves students even less time to deal with the demands of the course and engage in positive self-care behaviours, further encouraging withdrawal considerations; this is particularly affecting for students with families (Hamshire, Willgloss & Wibberley, 2013; Howard, 2001). Students who take part in paid work to supplement their bursary and have responsibilities towards children and families particularly report accumulating demands on their time that leave them feeling exhausted with “...*little or no time for themselves.*” (Glogowska, Young & Lockyer, 2007, pg. 68).

Christie, Munro and Fisher (2004) reported that as a broadly discernible trend in non-discipline specific education studies, students who are reluctant to enter into debt will either withdraw from higher education or decide not to take that path at all, due to concerns over the amount of debt which they are accruing (pgs. 627-628). In terms of concerns over debt providing impetus to withdraw, this would appear to be borne out in the RCN data in relation to nursing education specifically (RCN, 2008). The RCN report “*Nursing Our Future*” reported that for these respondents the most common cause of concern encouraging students towards withdrawal from their studies were “financial reasons”. Of the 62% of respondents with financial concerns, 40% had accrued debt of £1500 to £2999, and 37% reported levels of debt exceeding £3000 which had prompted them to consider leaving their course (RCN, 2008, pgs. 10-11).

However, despite the multiplicity of financial concerns and difficulties student nurses have when studying, Glogowska, Young and Lockyer (2007) reported that finances represent more of a constant underlying stressor as opposed to a

significant factor which independently is demonstrably responsible for a high degree of attrition. Glogowska, Young and Lockyer (2007) indicate that the majority of students find ways to resolve their financial difficulties whether they be of temporary duration or ongoing and continue on their courses. However, they do report that as a stressor it is the factor most likely to negatively interact with other stressors such as time management difficulties, exhaustion, academic difficulties and so forth, encouraging students towards withdrawal decisions. If anything, financial hardship and the difficulties dealing with it are likely to push students past a 'tipping-point' from which they do not recover, rather than being directly responsible for withdrawal decisions.

There appears to be some debate within the body of literature that deals with attrition within the context of nursing as to whether stress itself is a fundamental contributor to attrition decisions (Jones & Johnson, 1997), or whether the more important consideration is the interaction of personality traits and coping styles with individual interpretations of their course experiences. Deary, Watson and Hogston (2003) produced a somewhat singular study, longitudinally evaluating the relationship between stress, burnout, attrition and personality measures. At a single university in Scotland, participants recruited to this study completed a general mental ability test (Heim, 1970), a five-factor inventory of personality traits (Costa & McCrae, 1992), a coping inventory assessing the use of various coping strategies (Endler & Parker, 1999; Cosway et al, 2001), a general health questionnaire (Goldberg & Williams, 1988), the Maslach burnout inventory (Maslack & Jackson, 1986) and a stress in nursing students questionnaire developed by one of the authors of the study. Questionnaires were distributed to participants on four occasions: at entry, following 12 months of study,

following 24 months of study and finally upon completion of the programme. Results demonstrated that the overall self-reported stress levels of the cohort increased over time spent on the course, which is perhaps to be expected. However, as stress increased reliance on emotion-orientated and avoidance-orientated coping mechanisms increased, whereas reliance on more functional task-orientated coping mechanisms decreased. This is an important finding in relation to attrition in nursing as Jones and Johnston (1997) have demonstrated in their questionnaire-based study with nursing and midwifery students (see table 2.1), that those nursing students who employed task-orientated coping techniques were less distressed (and therefore less likely to contemplate withdrawal from their studies), than those employing emotion or avoidance-orientated coping techniques. The use of emotion and avoidance orientated techniques in response to stressors has proved a successful predictive variable for first-year student nurse success (Orton, 2011). Those nursing students who employ these coping techniques also tend to display higher levels of neuroticism (Deary, Watson & Hogston, 2003), which puts them at increased risk of emotional exhaustion and therefore attrition based on negative personal negative assessments of their capacity to cope with the demands of the course on an ongoing basis (Deary, Watson & Hogston, 2003, pg. 78). These findings imply that those who cannot or do not make use of task-orientated coping are less likely to thrive on their learning journey and are also at increased risk of forced academic withdrawal by their institution as a result of poor performance.

2.3.1.2 Institutional-level Factors Associated with Attrition

The factors found to negatively affect students' perceptions of the course and their learning experience whilst on the course, at the institutional level are, in

the majority, neatly divided between poor clinical placement experiences and poor experiences of course organisation and provision at university. The key themes reported by students, across studies, appear to be: perceived lack of support in the clinical environment (Eick, Williamson & Heath, 2012; Hamshire, Willgloss & Wibberley, 2013; Last & Fulbrook, 2003; Urwin et al, 2010), perceptions of low levels of acceptance in the workplace (Urwin et al, 2010; Last & Fulbrook, 2003; Hamshire, Willgloss & Wibberley, 2012, Howard, 2001), clinical performance anxiety (Higginson, 2006; Last & Fulbrook, 2003; Howard, 2001; Urwin et al, 2010), poor perceptions of placement organisation (RCN, 2008; Hamshire, Willgloss & Wibberley, 2012, 2013), poor perceptions of course organisation (Urwin et al, 2010; Wray, Aspland & Barrett, 2014), poor perceptions of formal, academic support structures (Hamshire, Willgloss & Wibberley, 2013; Wray, Aspland & Barrett, 2014) and finally poor perceptions of communication links between clinical placement areas and points of academic support contact, such as link tutors (Hamshire, Willgloss & Wibberley, 2012; Last & Fulbrook, 2003).

Clinical placement experiences are well recognised within the literature as a pivotal factor in the learning journey of students, with negative experiences and negative perceptions of the clinical environment identified as key contributing influences on attrition decisions (Eick, Williamson & Heath, 2012; Leducq, 2012). RCN student survey data (2008) reported that four in ten respondents had considered leaving their programme of study due to experiences encountered on clinical placement which influenced their thinking negatively in relation to their course. But “clinical placement problems” as a category of difficulty is far too broad; consequently, efforts have been made to seek more

information from students, in order to break this down into the specific difficulties students encounter and concerns that affect students' thinking.

Feelings of ineptitude when entering placement, or what is known as the theory-practice gap (Leducq, 2012) is a dominant theme in students' reports of clinical placement problems. In the study by Last and Fulbrook (2003) 97% of respondents felt that the course placed too much emphasis on theoretical components, resulting in feelings of un-preparedness when entering clinical placement. Students appear to feel that following the CFP, when they enter clinical placement for the first time, despite having a large amount of theoretical knowledge, they lack clinical skills. Howard (2001) found similarly when analysing students' free-text questionnaire responses. Students who were, at that point in the course, lacking in clinical experience and understanding of the nursing profession, were unable to appreciate the wider-context of how theoretical knowledge they were being taught in the classroom related to the practice of the nursing on the ward. The focus on theory caused students distress as they were concerned that clinical staff they encountered on placement would expect too much of them (Higginson, 2006). For the students in Howard's study (2001) anxieties regarding clinical capability were compounded by the attitude of staff, who respondents found hypercritical and prone to engaging in negative comparisons between their clinical competencies and those of previous apprenticeship-model, hospital-based learners (pg.36). Students found this comparison distressing as changes to the training model were not something for which they can or should be held accountable for. Some participants were further distressed because they perceived that nurses on the ward would create circumstances in which they, as students, would fail to

demonstrate themselves as clinically competent. These students felt that such perceived instances of sabotage were being made on them both as individuals and as representatives of learners in the new model of nursing education “*They were setting you up to make a mistake, so they could turn around and say: ‘Project-2000 is not working’*” (Howard, 2001, pg. 36). Such experiences encourage feelings of vulnerability and upset in students at a critical juncture in their training and encourage doubt in students that they have made the right choice in training to be a nurse, giving rise to considerations of withdrawal.

Lack of encouragement and support from ward staff can be highly impactful for student nurses. Mentors are a particularly key influence on the clinical placement experiences of students. In practical terms all nurses, once fully qualified and part of the register, are expected to mentor students, at some point, on the ward. Whether or not all nurses should be mentors is a matter of ongoing professional discussion. Currently mentorship is not made optional, as it is widely recognised that were it so, there would be insufficient numbers of mentors available across hospitals to support students. However, it is a matter of common report by nursing students that not all nurses make good mentors (Last & Fulbrook, 2003). Some nurses are excellent role models for nursing excellence and provide the required support to student nurses on the ward. However, some mentors do not have the personal desire nor the aptitude in terms of their personality to fulfil the role positively, ensuring good placement experiences for students, whilst others admit that since the changes to nursing training that moved student nurses into universities, they no longer feel “*ownership*” towards students and their education, resulting in an increased apathy towards investing time and energy into supporting students with their

development (Last & Fulbrook, 2003, pg. 455). Poor staff and in-particular poor mentor attitudes towards students, such as a students should be “*seen and not heard*” perspective (Urwin, 2010, pg. 205; Hamshire, Willgloss & Wibberley, 2012), racial harassment and bullying (Urwin, 2010), being reprimanded in front of other staff and patients (Orton, 2011), feelings of not being a valued member of the ward team and accompanying feelings of being disrespected (Hamshire, Willgloss & Wibberley, 2013) or experiences of the course which the student perceives to constitute disorganisation and a lack of care for them on behalf of their institution or placement provider (Last & Fulbrook, 2003), can all lead students to feel disenchanting with their course, clinical work and even nursing in general, provoking thoughts of withdrawal.

Students appear to be fearful of what they may experience when on placement, and the expectations which may be made of them in relation to their patient care skills. The themes emerging from Higginson’s study (2006) into student nurses’ fears, worries and anxieties were dominated by placement-related concerns, namely: worries about death, worries about bodily fluids/ clinical procedures, and worries over their role on the ward (pg. 40). When entering the ward environment, particularly on their first placement, students face encountering patients who have passed away on the ward and those who are in the process of dying. Students who have no experience of death and dying appear to find it stressful to think that they may have to inform families of the passing of a loved one, or that they may have to make conversation with someone who is dying (Higginson, 2006; Bowden, 2008). They may also have personal fears of death or of approaching and touching the bodies of the dead which the prospect of clinical placement brings into sharp relief. It is generally

speaking part of the role of nurses on the ward to clean and prepare the bodies of the dead for collection by mortuary services, or for viewing by the family. Forced confrontation with any fears surrounding death and dying have the potential to be very discomfoting for students and promote negative feelings in relation to their courses. Higginson (2006) found similar concerns among his participants regarding bodily fluids and clinical procedures. Students reported concerns over how to respond in the face of patients who had experienced incontinence, vomiting or (in the case of one female participant) how, as a female, to handle washing a male patient who may have an obvious physiological response to being washed by a woman in a professional manner (pg. 42). Performing such tasks along with minor clinical procedures such as giving injections and taking blood pressure readings are a functional part of the day-to-day ward life of nurses, and students appear to understand and anticipate this. However, despite any opportunities to discuss their concerns and practise procedures before coming into in-vivo contact with patients, students' concerns persist. Inability to resolve their concerns or successfully overcome their fears in relation to the practicalities of patient care, has the potential to push student nurses towards considerations of withdrawal from their course.

Urwin et al (2010) reported in their literature review that students who feel asked to perform too many tasks may feel overwhelmed, especially if they perceive that too many demands are being made of them in the clinical environment, too early in their ward experiences. Similarly, students in the study by Wray, Aspland and Barratt (2014) who found themselves used as an extra pair of hands, felt that they were not given time to acclimatise to their

surroundings and learn new skills sufficiently. Being treated as another capable individual on the ward, led students to consider that their supernumerary status was not being respected, and that they are not being given time to develop and learn. Such circumstances encourage students to view their placement experiences negatively, to feel as though their development is not being afforded sufficient time and priority, and to consider working on a ward to be stressful and not a daily reality they are capable of, leading to considerations of withdrawal (Last & Fulbrook, 2003). Conversely students need to be challenged in order to consider the clinical placement experience worthy of their time and incorporation into their learning journey. Students who are placed in clinical environments which they do not feel provide them with sufficient opportunities to learn, evaluate their placement organisation and course-fit more negatively leading to considerations of withdrawal. Last and Fulbrook (2003) found that students do not perceive nursing home placements to be conducive to skill and practise development (pg. 454). Students considered the placement requirements to be too basic, leading to dull and uninvolved learning experiences, which in-turn promotes disengagement from the placement and disillusionment with the experience of nursing. Hamshire, Willgloss and Wibberley conducted two studies (2012, 2013) which confirm these findings. Further to the previously discussed paper produced in 2013, Hamshire, Willgloss and Wibberley conducted a separate study into the impact of placement experiences specifically, on students' withdrawal decisions (2012). Students interviewed as part of this study of placement experiences confirmed that when reflecting on placements, any tendency to rate them poorly was based on the feeling that they had not encountered opportunities to develop their skill base, or put their theoretical knowledge into practical action (pg. 184).

This led them to feel disenchanting with the clinical placement experience. Poor quality clinical placements with perceived poor development opportunities, as opposed to highly demanding and stressful clinical placements which left students feeling overwhelmed, appeared to promote increased negativity towards the course and institution as opposed to the profession of nursing. Students would seem to consider poor-quality placements a reflection of poor organisation at the institutional level, which if or when accompanied by short notice of where their placement will be located, encourages considerations of withdrawal due to dissatisfaction with the institution (Hamshire, Willgloss & Wibberley, 2012; Urwin, 2010).

Insufficient availability of positive learning and development opportunities however, is not the only factor which leads students to assess their placement experiences poorly and feel undervalued by the institution which provided them. Despite the development of mentor training programmes across institutions and by the RCN, completion of one of these courses is not a formal requirement for engaging in the mentorship of students, although it is of course preferred. It should be noted however that in order to act as a 'sign-off' mentor, that is a mentor able to sign paperwork which attests to the acquirement of competencies by a student, prior appropriate training must be completed. As a result of the policy that all nurses are expected to mentor in some capacity, at some point, not all nurses who mentor feel capable of doing so. The changes to the format of nursing education mean that many nurses providing mentorship now were educated under a different model of education provision leading them to feel insufficiently informed or ill-equipped to advise new student nurses who are being educated in an entirely different manner (Last & Fulbrook, 2003).

This can lead to assigned mentors who are unwilling or unable to fulfil their role suitably. Furthermore, not all nurses providing mentorship do so from an up-to-date knowledge base; nursing is a constantly evolving discipline with ongoing continued professional development requirements. If mentors are lacking in their knowledge of the latest clinical guidance, they are un-prepared to provide relevant and sufficient mentorship (Hamshire, Willgloss & Wibberley, 2012). Placement travel requirements can also result in negative situational appraisal by students and lead them to considerations of withdrawal. According to RCN survey data (2008), of the 39% who had considered leaving their course due to poor clinical placement related experiences, 15% reported that this was directly related to their perceptions of an excessive amount of placement related travel. Students without their own transport are required to rely on public transport services to reach their placements. A lack of understanding and flexibility in the face of poor services that are cancelled or run late, resulting in late arrival, causes students distress as they perceive that this is beyond their control (Hamshire, Willgloss & Wibberley, 2012). If, despite their best efforts to ensure prompt arrival, by attempting to arrange their travel suitably, or negotiating their placement hours to enable their travel arrangements, students encounter inflexibility and an unwillingness to understand individual circumstances, students are prompted to reconsider their engagement with the clinical placement in question and as a result the course (whether this is temporary withdrawal and results in transfer to complete their studies elsewhere, or whether withdrawal based on such difficulties is permanent is unknown and will vary from student to student). The final issue in relation to placement travel difficulties raised by students, is that of personal safety on public transport. Students in the study by Hamshire, Willgloss and Wibberley (2013) reported

that early starts and late nights in conjunction with a lack of personal transportation resulted in their use of public transport during unsocial hours (pg.892). This made some students feel that their personal safety was at risk due to negative experiences of using transport (as well as walking to and from said transportation) at such hours. Safety concerns, it could be assumed, would give any student rise to reconsider their engagement with the placement experience and as a result the course if accommodations to alleviate their concerns could not be made. It does not appear to be isolated circumstances of poor placement related experiences necessarily that push students towards reconsidering their place on a course, but rather, the unsympathetic and inflexible treatment of difficulties by placement providers and institutions, that lead students to feel undervalued and unwilling to continue on their courses (Hamshire, Willgloss & Wibberley, 2012).

Factors which negatively affect students' perceptions of the course and their learning experience at the institutional level occur within the educational as well as the clinical setting. Negative assessments of the learning experience in the educational setting appear to focus on: the organisation of the lectures (Wray, Aspland & Barratt, 2014) which appeared to some students to be taught in an order that lacks logic creating a sense of frustration, insufficient levels of academic support in relation to the completion of assignments (Wray, Aspland & Barratt, 2014) and the concomitant feelings of isolation that a lack of perceived academic support and poor tutor response times in relation to assignments engender (Hamshire, Willgloss & Wibberley, 2013), the depersonalising effect of large cohort and class numbers (Glogowska, Young & Lockyer, 2007) which lead some students to feel undervalued and part of a

faceless crowd in the eyes of lecturers and tutors (pg. 70), and finally poor communication between clinical placements and educational settings (Last & Fulbrook, 2003; Hamshire, Willgloss & Wibberley, 2012). Whilst some students reported difficulties communicating with their link tutor or personal tutor at the university during clinical placement periods (Hamshire, Willgloss & Wibberley, 2012), others felt that the university and clinical placement areas had an insufficient amount of contact between them. Contact was perceived to rely on the students that worked between the two sites (whatever institution and NHS Trust base that happened to be). This was deemed insufficient by students who considered this to be an inadequate flow of information between the two fundamental component areas of nursing education and created the sense that one area rarely fully understood what was occurring in the other (Last & Fulbrook, 2003).

2.3.1.3 Political and Professional-level Factors Associated with Attrition

The factors found to negatively affect students' perceptions of the course and their learning experience whilst on the course at the political/ professional level appear to be: the realisation of the undervaluing of the profession by society (Brodie et al, 2004; Last & Fulbrook, 2003), exposure to the reality of the state of the NHS, and what it is like to work for as an organisation (Brodie et al, 2004; Last & Fulbrook, 2003), and the experience of poor standards and sub-optimal clinical behaviour that contravenes taught philosophies and personal standards (Brodie et al, 2004; Last & Fulbrook, 2003; Orton, 2010; Pearcey & Draper 2008; Wray, Aspland & Barrett, 2014).

Through exposure to the realities of nursing training and clinical practice, and as a result of the realisation (for many) that the commonly-held, media-purported, image of nursing based on the traditional “Nightingale model” (Howard, 2001) is inaccurate, nursing students perceive becoming increasingly aware of how undervalued nursing is as a profession (Brodie et al, 2004; Last & Fulbrook, 2003). The most obvious manifestation, which students report perceiving, reflects the undervalued status of nurses is the poor salaries they receive which, (in contravention to their expectation and understanding of nursing salaries when they join the course) students increasingly come to consider, over the course of their education, do not adequately reflect the skill base which they are required to acquire in order to register as a qualified nurse. As nursing students engage with their course and compare themselves with their undergraduate peers studying in other disciplines, nursing students come to perceive that their comparative earning potential is significantly limited (Brodie et al, 2004). Cost-benefit considerations made by students regarding whether the time and energy they are expending is worth it, considering the undervalued status of the workforce they will be joining, prompts some nursing students to reconsider their career choice (Brodie, et al, 2004).

Clinical practice exposure to the realities of working in an overstretched, under-resourced NHS also prompts some students to reconsider their desire to register as a nurse. Although working for a private healthcare provider is an option, the majority of those who qualify as nurses will, as things stand, work for the NHS. Exposure to low ward morale, chronic staff shortages, and the lack of ward resources prevalent in the modern NHS, provides students with a growing awareness of the systemic challenges facing the NHS, and informs them in a

wider more contextual-sense, about the workforce they will be joining. The lived experience of the challenges faced by the workforce causes students to re-evaluate, as participants in the study by Last and Fulbrook (2003) termed it, whether they “*really wanted to complete their education to join ‘such a workforce’*” (pg. 455). Staff shortages on the ward can result in an added negative experience for student nurses. Assigned mentors often lack the time to dedicate to providing the guidance students need. Mentors are first and foremost clinical staff, and during staff shortages they may find that they are forced to prioritise clinical tasks in order to ensure proper service provision by the ward or clinical environment. The low availability of mentor time has been shown to correlate with the deterioration of students’ clinical performance, an antecedent of disenchantment with nursing and ultimately considerations of withdrawal (Last & Fulbrook, 2003).

Experiences of sub-optimal practice, and the elements of nursing which are incongruent with students’ expectations of nursing practice (such as the high level of paperwork required), learned professional values and personal standards can also be seen to be associated with decisions affecting attrition. When witnessing poor patient care and clinical practice students can find it difficult to accept what they have experienced, particularly if the agent in question is an admired role model (Wray, Aspland & Barrett, 2014). Students can perceive themselves to be encouraged towards the decision to drop out from their course as a result of these experiences in a number of ways: Firstly, the mere fact of witnessing poor practice can directly provoke a withdrawal decision by a student (Ibid, pg. 1711). Secondly, when a nursing student witnesses poor practice, depending on the danger it poses or the level of

unacceptability inherent within the behaviour witnessed, students may feel compelled to report it. Previous studies have demonstrated that students fear 'whistleblowing'. It would appear that students fear that rather than exposing poor clinical behaviour on the part of another, their actions will reflect negatively on them in the clinical environment, and result in victimisation or ostracisation by their peers (Wray, Aspland & Barrett, 2014). The experience of fear in relation to whistleblowing may make a student feel helpless and incapable of defending the needs of patients or upholding the standards of practice they expect of themselves, provoking withdrawal-orientated responses. Finally, if nurses witness behaviour which they consider to be in contravention of what they have been taught, or come to believe for themselves, about what a nurse should be, and how a nurse should behave, they may feel a sense of "moral suffering" (Pearcey & Draper, 2008). That is to say, if a student considers that their standards and values have been compromised or that to continue in nursing, to acclimatise professionally and be accepted into the workforce, they would have to compromise their values and standards and behave in ways similar to what they have witnessed, a nursing student may feel that they cannot make such a compromise, as it is too detrimental to both their current sense of self, and their sense of the nurse that they perceive themselves to be becoming. As such a student may perceive that they have no choice but to discontinue their studies.

2.3.2 Factors associated with a) enhanced completion rates or b) the reconsideration of inclinations towards course-withdrawal

The factors that influence and enable completion, and those factors which positively encourage students to re-evaluate pending withdrawal decisions, are

acutely different from those that influence attrition. It would be reasonable to assume that although the factors which enable completion and those which encourage re-evaluations of withdrawal may be similar, the devil, as it were, would be in the detail of how the factors operate within any given context. Unfortunately, however, the current literature does not distinguish adequately between those factors upon which students identify as enabling of completion, and those factors which students identify as operant in their decision to stay. These are currently treated as a homogenous group within the literature. Indeed, it is not always clear whether students in their responses are identifying enablers to their completion, or key factors which made them reconsider active withdrawal impulses, as it is not evident that students themselves identify a difference.

The number of papers which met all inclusion and exclusion criteria for review, with a focus on factors associated with enhanced undergraduate nursing course completion rates, or with the reconsideration of withdrawal decisions, is notably smaller than the number of papers with an attrition-focus. Nine papers only, found by the researcher, meet all the specified requirements. There is clearly a paucity of UK literature in this particular topic area, that specifically makes use of direct student-report on their experiences.

Seven factors can be seen to be positively associated with enhanced completion rates and/ or the reconsideration of inclinations towards course-withdrawal: 'motivation & commitment', 'support', 'staged-persistence', 'clinical placement', 'resolution of financial difficulties', 'expectation-matching' and as

their time on their course passes ‘recognition of the value of problem-based learning’.

2.3.2.1 Motivation & Commitment

The maintenance of motivation and commitment throughout the course, is a prevalent theme in the literature relating to student persistence on pre-registration nursing courses (RCN, 2008; Wray, Aspland & Barrett, 2014; McKendry, Wright & Stevenson, 2014). According to the online survey produced by the RCN (2008), 85% of respondents considered that they had maintained their place on their course in the face of difficulties to demonstrate their commitment to their desire to become a nurse, and in order to finish what they had started (pg. 12).

Nursing as an ‘end goal’ and the achievement of qualified, registered nurse status as the ‘finishing line’, encouraged students to overcome obstacles (Hamshire, Willgloss & Wibberley, 2013). Crombie et al (2013) reported that more than simply providing motivation to overcome a specific difficulty, those students who persisted on their course kept their ‘end goal’ in-sight and were more likely to compensate for negative experiences and emotions in general. Students in this position typically gave greater importance to the achievement of the goal, than the quality of the experience encountered during the process of achievement.

The future status of ‘qualified nurse’ was important in itself to the maintenance of students’ motivation. In times of difficulty, students who persisted relied on their sense of passion for the profession (McKendry, Wright & Stevenson, 2014;

Boyd & McKendry, 2012). Cameron, Roxburgh, Taylor and Lauder (2011) found that those who had chosen to persist rather than withdraw in the face of difficulties had done so because they had *“internalised the concept of ‘being a nurse’, rather than ‘doing’ nursing”* (pg. 1375). Many of these students reported previous experience of the ward environment, such as working as a Healthcare Assistant, which provided them with a sense of familiarity in relation to ward life and realistic expectations (see 2.3.2.6). Alternatively, students might themselves have previous experience of excellent personal care by a nurse. These experiences gave students tangible motivation and desire to become a nurse, which acted as protective factors against withdrawal impulses in times of difficulty (Crombie et al, 2013; Cameron, Roxburgh, Taylor & Lauder, 2011).

Being a parent can also be seen to be a motivating factor for students in terms of persisting in the face of difficulties (Crombie et al, 2013). However, whether this is to show their children what achievements are possible in life, to provide an example for their children that quitting in the face of adversity is not a positive course of action, to show children that their parent is more than just a parent, or whether motivation is drawn from the prospect of being able to provide a better future for their children, through acquiring a job with a good salary is not addressed in the article (Crombie et al, 2013). However, the idea that a nursing degree leads directly to a nursing career which is linked to stable job prospects, opportunities for career development and a good salary has been shown to be an important consideration for students, and protective in the context of withdrawal considerations (Boyd & McKendry, 2012, pg. 69).

Finally, the concept of now being the “right time” or “their time” was an important factor for students when considering whether to leave or stay on their courses (McKendry, Wright & Stevenson, 2014). Some students were aware that they had taken an opportunity to assert themselves and pursue their own ambitions and goals by taking up a place on a pre-registration nursing course. Despite any difficulties faced these students were loath to squander such an opportunity and this acted as a protective factor when considering their experience of and position on the course (pg. 875).

2.3.2.2 Support

The literature clearly demonstrates that the availability of and quality of support mechanisms available to pre-registration nursing students whilst on their courses is a key enabling factor for students in their efforts to continue on their learning journey and complete their courses. The right support, at the right time, helps to foster resilience in the face of adversity.

2.3.2.2.1 Peer Support

According to RCN online survey data (2008), 63% of respondents indicated that the support of friends and family was instrumental in enabling them to remain on their course and dissuading them from withdrawal decisions (pg. 12).

In terms of peer support, the availability of a peer group on the course, and the capacity of an individual to integrate successfully into that peer group, is a key determinant of persistence decisions (Clements et al, 2016). Clements et al (2016) found that successful social integration onto the course and the receipt of positive peer support in times of crisis is essential for the maintenance of

students' commitment to both their studies and to the profession (pg. 23). Commitment is a key antecedent of persistence.

A sense of pulling together to face difficulties and support each other is important to student nurses (McKendry, 2014; Bowden, 2008). When students support each other effectively in both a practical and emotional sense to overcome crises, it is a very bonding experience and creates a sense of ties that bind to the course (Clements et al, 2016). Being surrounded by a peer group who are experiencing the same daily reality of life and engaging in the same struggles, normalises struggles for students and makes difficulties faced seem more manageable. Students feel not only supported by the nurturing of others but empowered when it becomes their turn to be the voice of reason, or empathetic shoulder to cry on, in times of hardship for others (McKendry, Wright & Stevenson, 2014, pg.71). The desire not to leave friends that have been made is an important protective factor against withdrawal and encourages students' desires to persist (Boyd & McKendry, 2012).

2.3.2.2.2 Family Support

Positive experiences of family support are very enabling for students, as understanding families are a crucial factor in students' capacity to manage the many competing demands on their time which they face (Cameron, Roxburgh, Taylor & Lauder, 2011; Crombie et al, 2013).

Families are a safe space for students to discuss their fears and difficulties. Bowden (2008) found that supportive partners were particularly important to students, and of the three respondents who mentioned their partner, two had

significant others who were also nurses. A sympathetic presence with a thorough understanding of the rigours of training, able to fully understand what the job of nursing entails and therefore provide advice is a protective factor against withdrawal decisions (pg. 56).

Mothers also appear to wield influence over the withdrawal or persistence decisions of their daughters particularly. Bowden (2008) found that younger female students, especially those who still lived at home, were highly-influenced by their mothers' opinions, and relied on their practical and emotional support. As a result, these students afforded, perhaps unconsciously, a degree of control over their persistence and withdrawal decisions to their mothers (pg. 55).

2.3.2.2.3 University Support

According to RCN online survey data (2008), 15% of respondents indicated that the support of their personal tutor was a significant factor in their decision to stay on their course (pg. 12).

Appropriate academic support is very enabling. The role of personal tutors and advisors in providing both formal support in relation to assignments and placement problems (Bowden, 2008), as well as informal pastoral support is well documented (Cameron, Roxburgh, Taylor & Lauder, 2011; Boyd & McKendry, 2012; Way, Aspland & Barrett, 2013).

Flexibility on behalf of the institution appears valuable to students. According to the 2008 survey conducted by the RCN, 7% of respondents reported considerations of withdrawal due to feelings they had chosen the wrong branch

speciality. Allowing students to change branch during their training is associated with enhanced completion rates (White, Williams & Green, 1999), presumably this is due to the fact that if students feel that they have chosen the wrong branch, and they are not permitted to change, they will withdraw as their only remaining option.

Alongside the provision of support services, lecturers, tutors and placement staff also act as role-models for student nurses. Academic and clinical staff are sources of inspiration to students, exemplifying what they would wish to be in the future. Students find positive role-models reassuring as they can see reflected in these individuals their own passion for the profession, and it provides them with comfort to know that this is still operant for their role-models after so many years in the profession (McKendry & Wright and Stevenson, 2014). The identification of positive role models in relation to their course gives students a tangible example of the goal they are working towards and acts as a protective factor against withdrawal decisions.

2.3.2.2.4 Placement Support

Good quality placement support can be highly impactful in terms of encouraging students to persist and fostering the desire to stay (Crombie et al, 2013). Clinical mentors not only facilitate clinical learning but, similar to academic staff, can provide invaluable pastoral support for students at times of self-doubt and crisis (Boyd & McKendry, 2012).

Students who decide to remain in the face of difficulties on placement (or indeed in the academic environment), are subject to the same multiple

demands and stressors as those students who chose to withdraw. The difference would appear to be in the approach that these students take to conceptualisation of the problem, and problem-solving (Body & McKendry, 2014). Students who remain on their courses can be seen to take a pragmatic approach to problem-solving, enhancing positivity and their sense of their capacity to cope in the face of multiple demands. It has already been demonstrated in the course of this literature review that the employment of task-orientated coping techniques in the face of stressful circumstances is associated with more positive and adaptive outcomes for students (see 2.3.1.1).

2.3.2.3 Staged-Persistence (Boyd & McKendry, 2012, pg.71)

In Boyd & McKendry (2012) students who had chosen to remain on their course referred to their approach to dealing with problematic circumstances and temporal crises as “*staged persistence*” (pg. 71). Students acknowledged that the key to their persistence had been short term goal-setting; in order to breakdown the overall course and the requirements they must meet, into smaller more manageable and more immediately achievable goals. This allowed students a continued sense of success as they negotiated each small self-set goal, giving them something to celebrate.

This approach to overcoming obstacles and maintaining motivation and momentum on the course can be seen reflected in Crombie, Brindley, Harris, Marks-Maran and Thompson (2013). When discussing issues of negativity and prejudice in their experiences with clinical placement mentors, students identified that taking a pragmatic approach, in which they acknowledged that

placements were short-term and that they would be moving on, allowed them to persist (pg. 1285).

2.3.2.4 Clinical Placement

Clinical placement experiences provide students with the opportunity to experience clinical applications of the theory they learn in the classroom environment. Clinical placements enable students and foster in them a desire to persist in two main ways: first of all, they encourage the development of interpersonal ward skills and professional identity development, secondly, they provide students with the opportunity to “*play nurse*” (Boyd & McKendry, 2012, pg. 68).

2.3.2.4.1 Interpersonal skills and Professional identify development

Students report that in order to ‘survive’ on placement, in order to ensure positive experiences which, enable their continuation, students must develop and adopt a placement identity or ward personality (Crombie, 2013). From the students’ perspective, this persona involved observing what occurred around them, and asking questions (as is expected of a student) but ensuring not to do so in a way that clinical staff might find challenging or threatening. Students reported that they must accept decisions made and instructions given on the ward even if they appear contradictory and flawed, in order to be accepted as part of the ward team and not ostracised (Crombie et al, 2013, pg. 1284).

Participants reflected that although the adoption of such a persona is a depersonalising and at times aggravating experience (they are not just “the student”), they simply needed to take a pragmatic approach to it and not take

the depersonalisation to heart (Crombie et al, 2013). Ward work, or at least the completion of placements positively, required the development and adoption of a set of “*fitting in*” skills that cannot necessarily be theoretically taught or understood pre-placement experience (Crombie et al, 2013, pg. 1284).

More widely than developing a placement identity, clinical placement allows the development of students’ wider professional identity by exposing them to the realities of working in clinical environments, patient interactions, peer interactions, wider team working and clinical procedure delivery. Clements et al (2016) found that interviewees placed greater importance on the development of their clinical skills as opposed to their academic ones, highlighting the connection between their sense of skill development and increasing ability with the shaping of their commitment to their profession and growing sense of professional identity (Clements et al, 2016, pg. 23).

The mutually affecting dynamic between skill development, commitment, and professional identity underscores the maintenance of motivation which, as we have already shown, is crucial in providing students with a desire to continue (Clements et al, 2016, pg. 23). By enabling positive clinical placement experiences and promoting students’ developing sense of professional identity, continuation can be enabled by institutions (and the NHS Trusts partnered with them) in a very literal sense.

2.3.2.4.2 “Playing Nurse”

Clinical placements provide students the opportunity to “*play nurse*”, as opposed to have to take on the full role and responsibilities which they self-identified they were not yet ready for (Boyd & McKendry, 2012, pg. 68).

The importance of the first placement experience for students re: positive reinforcement of good profession-fit and course-fit have already been established (see 2.3.1.1). However, students identified that they were relying mentally upon the final placement as an opportunity to consolidate knowledge, experience and confidence, which they anticipated would help prepare them, and make them ready to take on the full burden of the nurse role as a registered nurse (Boyd & McKendry, 2012, pg. 68).

When students perceive that they have had an affirming placement experience, it positively reinforces students’ feelings in relation to their career choice, their course choice and provides them with a sense of career to look forward to (Hamshire, Willgloss & Wibberley, 2013; Boyd & McKendry, 2012). This is highly protective against considerations of withdrawal. To highlight the importance of positive placement experiences to students in affective terms, it should be noted that when choosing their first job, following graduation, students’ memories of positive placement experiences are so impactful, that their desire to re-enter that positive ward environment, by applying to wards where they have had such experiences, is more important to them when making this early career decision than the area of speciality of the ward itself (Crombie et al, 2013, pg. 1284).

2.3.2.5 Resolution of Financial Difficulties

The resolution of financial difficulties, that could potentially prove preventative to students' continuation on the course, was found to be a key factor associated with enhanced course completion rates. In their online survey, the RCN (2008) found that 25% of respondents who had considered leaving due (at least in part) to financial difficulties, had remained due to finding and taking up paid part-time work to alleviate the financial pressure on their circumstances, allowing them to reconsider withdrawal. Bowden (2008) also reported that a supportive family, and in particular a supportive partner, willing and able to take on some of the financial burden faced by the family, allowing the student in question to continue on their course with reduced financial concerns, is enabling.

2.3.2.6 Expectation-matching

The importance of the extent to which students experience a match between their pre-course expectations and the reality of study on their course has previously been shown here as a key factor in withdrawal decisions (see 2.3.1.1). However, it would appear that this is also a key factor associated with persistence decisions. Students who experience a positive match between their expectations and their experience report an enjoyable and productive learning journey (McKendry, Wright & Stevenson, 2014, pg. 875). Those students who feel positively in relation to their course and perceive good-course and good-institution fit are: firstly, less likely to consider withdrawal, and secondly, likely to perceive a sufficient number of positives in relation to their course to outweigh the negatives and encourage persistence.

2.3.2.7 Recognition of the Value of Problem-based Learning (PBL)

Students come to appreciate the value of problem-based learning, through engagement with the course, in the development of critical thinking skills and learner autonomy. Problem-based learning techniques serve to increase learner confidence, and encourage evidenced-based, informed approaches, to decision making (Boyd & McKendry, 2012, pg. 65).

Self-directed study is new to many university students, and independent study is a skill set that can be challenging to acquire, problem-based learning promotes and encourages independent learning, whilst providing a supportive framework for activity (Boyd & McKendry, 2012).

The promoted ownership of learning through this method is underscored in the clinical environment where students felt more able to put themselves forward for opportunities on placement and maximise their inclusion in different clinical scenarios in support of their learning (Boyd & McKendry, 2012. Pg. 68). Students who feel empowered and encouraged towards personal development and autonomy in their studies are more likely to feel engaged by their course, and less likely as a result to consider withdrawal.

2.4 Methodological Issues Prevalent within the Research Reviewed

There are a number of methodological issues prevalent within the body of research reviewed here that must be taken into account when considering the findings of the review. These issues can be divided into three main categories: those which limit the generalisability of the data gathered, those which affect the representativeness of the data gathered, and those which result from a lack of consistency across papers.

2.4.1 Methodological Issues limiting the generalisability of the data gathered

The three focal methodological issues which are prevalent in the papers reviewed in this literature review, which could potentially limit the generalisability of the data collected are: small sample sizes, geographically localised data collection (within a single-institution, or localised geographical area), single cohort data collection (studies in which all participants were from the same cohort of students).

Higginson (2006), Howard (2001), Pearcey and Draper (2008), Boyd and McKendry (2012), Hamshire, Willgloss and Wibberley (2012), Crombie et al (2013) and finally Clements et al (2016) all report low sample sizes ranging from five participants to 28, with the exception of Clements et al (2016) the sample sizes for which was 171 respondents. Despite this figure appearing large (especially when compared with sample sizes constituting less than 30 participants for the other papers included here) such data must be considered contextually. The study conducted by Clements et al (2016) consisted of two phases: a survey and follow-up semi-structured interviews (no data is provided in the published paper for how many of the survey participants agreed to take part in follow-up interviews). The survey was distributed to currently enrolled students across 17 higher education institutions offering pre-registration nursing courses. In the context of how many students could at any one time be registered on a pre-registration nursing course (no data is provided in the published paper for which branches of nursing were included in the study, or what year of study target students were enrolled for at the time of participation), 171 students from the potential pool available across 17 universities is clearly a

very small number. No breakdown in the data is provided as to how many students participated from each individual institution enrolled in the study, consequently it is also not possible to discern if a disproportionately high number of students took part at any one university as compared to the others. When reviewing studies with such small sample sizes, one cannot be sure that the sample recruited is suitably representative of the population under investigation. This being so it cannot then be safely assumed that findings can be generalized beyond the participating group of respondents. In studies such as that produced by Clements et al (2016), it is also not possible to discern whether the data is skewed: representing the views of students at one participating university disproportionately. Therefore, it cannot be said that the data produced in studies such as this, is sufficiently representative of the views of the students at all participating sites. Again, the data from this study cannot be safely generalised beyond the group of participating respondents.

Of the 18 empirical papers included in this literature review, 16 were conducted at a single-institution, one was conducted across two institutions in the same geographical area (Brodie et al, 2004) and one was a nation-wide pre-registration student survey conducted by the RCN (2008). The prevalence of single-institution studies is major factor in attrition, retention and persistence research within the context of pre-registration student nursing (Glossop, 2001). The local conditions established by the NHS Trusts in operation, the way in which the courses are individually structured and run, and the probable differences that one could expect in the demographic profile of the cohorts likely to be recruited in different geographic areas, result in the potential for a high level of diversity between institutions. What could be true for, and helpful to,

pre-registration nursing students in rural areas Northern England for instance, may not be true for, and helpful to, students on pre-registration courses in central London. The generalisability of data gathered via single-institution studies is therefore limited. In order to gain a more accurate understanding of those findings which are generalizable and those which are not, as large a number of relevant, single-institution studies as possible would need to be searched for corroborating data. Such an attempt has been made here, however there are limits to the accuracy with which such corroborations can be done, due to inconsistencies in the reporting of data between papers (see 2.4.3).

Just as we cannot assume that findings from one institution are directly generalisable to other institutions, we cannot assume that findings relating to attrition, retention and persistence within a single cohort can be generalised to other cohorts. Due to: course changes, funding changes, NMC requirement changes, local NHS Trust changes, lecturer changes, departmental restructures, and the potential differences in the demographic makeup of the different cohorts. We cannot assume that students from different cohorts are experiencing the same course, under the same conditions, even at the same institution.

2.4.2 Methodological Issues limiting the representative nature of the data gathered

There are seven focal methodological issues which are prevalent in the papers reviewed in this literature review, which could potentially limit the representative nature of the data collected: low numbers of male respondents, high participant

attrition from studies, the mix of participants recruited onto the studies which have been reviewed, the self-selected nature of many of the study samples, restricted samples, interviewer bias, and finally the nature of survey and questionnaire studies.

Although statistically there tend to be less male student nurses than female, low numbers of male respondents participating in studies is problematic methodologically. Of the papers reviewed here, seven (38%) report no data on the gender of participants whatsoever, therefore it cannot be known if the data collated in these studies is representative of the views of both the males and females on the course at the institution where the study was carried out. Of the papers reviewed here, five (27%) report exceptionally low numbers of male respondents (less than five in any one study). Consequently 65% of the papers reviewed in this thesis have an unknown or insufficient number of male participants, this puts researchers at risk of failing to suitably reflect any gender differences in educational experience on the course and differences in perspective on persistence experiences.

One study reviewed (Deary & Watson, 2003), suffered from a high participant drop-out rate. Participant attrition in any study with multiple data collection points is always a risk, longitudinal studies are particularly prone to participant attrition. However, Deary and Watson (2003) suffered 46% participant loss between data collection point one and data collection point three. Such levels of attrition undermine the usability of the study as the ultimate data set is not necessarily representative of the original sample recruited. Furthermore, the accuracy of calculations linking personality variables with stress levels, coping

styles, emotional exhaustion and likelihood of attrition are compromised. There are far more data points for earlier points in the study than at the latest point, no information is provided in the paper as to whether the authors took steps to address the inevitable skew and kurtosis of the data and if so what those steps were. Such a dearth of information regarding data handling procedures creates difficulties in the interpretation of the results as we cannot be assured under such circumstances that the data produced fully supports the conclusions provided by the authors.

One study reviewed (Hamshire, Willgloss & Wibberley, 2012) included a mixed pool of participants: nine ex-allied health professional (AHP) students and seven ex-undergraduate nursing students (branches unidentified). As the paper does not distinguish in its report of findings between experiences and perspectives provided by ex-AHP students, and those provided by ex-nursing students, it is possible that not all conclusions reached in this study regarding student experiences on their courses (and the reasons why they chose to leave) are accurately representative of the ex-undergraduate student nurse perspective.

In all studies reviewed, all participants were self-selected from a pre-determined pool of participants, with low eligibility criteria. The majority of the studies reviewed required that students merely be currently enrolled (n=15/18, 83% of studies reviewed) to be eligible for participation. Other studies reviewed required participants to be: ex-students (Hamshire, Willgloss & Wibberley, 2012), students who had considered leaving their courses but didn't (Hamshire, Willgloss & Wibberley, 2013) or a mixture of the above (Bowden, 2008). Self-

selected samples despite their advantages potentially have two fundamental disadvantages: Firstly, there is the potential that those who self-select for participation do so because they have personal grievances to express, or because they hold particularly strong opinions and wish to voice these and have them 'officially noted' as part of the research. Secondly, and this is particularly true for studies with the small sample sizes that we have seen here, grievances and negative views can have a disproportionately 'loud' voice. This potentially limits the representativeness of the information provided by participants in the study. To illustrate: White, Williams and Green (1999) reported that travel was a significant challenge for the discontinued students who took part in their study. Travel took up a large amount of time for these students, was expensive, placed strain on their sense of work-life balance and students felt that the university was demonstrating disorganisation and a lack of care towards them by placing them in placements so far from their university campus. In the context of this study, the 'grievance' of travel was significant. However, the sample of 70 discontinued students who responded to authors in this study constituted only 36% of the students who discontinued from that cohort of students. It is possible that the remaining 64% of discontinued students from that cohort did not consider travel to be such a significant challenge, there is no way of ensuring that the level of credence given to this grievance in this study is appropriate. Due to the manner in which the findings are reported by the authors there is also no way of knowing if travel was a significant challenge for one of the discontinued respondents or all the discontinued respondents who took part in this study; we are unsure of both whether this finding is representative both of the 64% who did not take part, and how representative it is of those who did take part.

Hamshire, Willgloss & Wibberley (2013) and Last and Fulbrook (2003) both sought to understand what makes students leave their courses; however, they did so by asking those who stayed their views on why their peers, who discontinued, decided to leave. This is problematic, as demonstrated by White, Williams and Green (1999) whose study targeted both those currently enrolled on a course and those who had discontinued. In this study it was found that the reasons for considering drop-out cited by those who were currently enrolled, did not match the reasons given for drop-out decisions by those who had withdrawn. There is nothing to say that the data collected by Hamshire, Willgloss and Wibberley (2013) and Last and Fulbrook (2003) is representative of the actual reasons why students discontinued from the cohorts under investigation.

The study conducted by Percy and Draper (2008) may have been subject to interviewer bias. The authors themselves acknowledge as a limitation on their study that when the interviewer is either known to the students or known to be involved in the nursing education department at the university where they study then students may feel pressured to give particular answers and therefore may not answer honestly. This tends to suggest that Percy and or Draper were involved in the nursing education department at the institution at which the study was carried out; this potentially could limit the representativeness of the data collected.

White, Williams and Green (1999), Howard (2001), Last and Fulbrook (2003), RCN (2008), Brodie et al (2013), and Hamshire, Willgloss and Wibberley (2013)

all conducted questionnaire/ or survey-based studies. In the context of a questionnaire or survey study, respondents are required to select a response from a pre-prepared list of possible options. This forces participants to select an option despite the fact that it may or may not be adequately representative of their experience or opinion. This therefore limits the representativeness of the data collected. Hamshire, Willgloss and Wibberley (2013) did provide the opportunity for participants to provide extra supplementary details to their answers should they so wish, but the low 12% figure of students who chose to do this is quite typical. Supplementary free-text boxes do not solve the problem of the representativeness of data in this context. Further to this, as we have seen in this literature review, attrition is typically a multi-factorial process (with the exception of forced academic withdrawal). If a respondent is only allowed to choose one reason, or 'the main' reason that they decided to leave their programme of study, the data collected may not be entirely representative of the reasons for attrition of any individual student.

2.4.3 Methodological Issues resulting from a lack of consistency in reporting across papers

As previously discussed a lack of consistency in the definition of and manner of calculating attrition across papers makes the examination of and comparison of reported attrition levels across papers difficult.

A lack of consistency in the reported demographic data of participants made available to the reader re: mode of study, age, gender, branch of enrolment, previous experience and ethnicity makes comparing the findings of studies,

corroborating findings across papers and making assumptions about the generalizability of those findings across cohort types and institutions difficult.

2.5 Implications of the literature for this study

What is evident from the literature is, there has been a clear move in the more recent studies, from deficit-based explorations of attrition, that seek to establish what makes students leave their programmes and approach the issue of enhancing retention from the perspective of resolving these attrition-causing issues, towards studies that seek to understand the enablers of retention, and the factors that positively impact those students considering withdrawal in order to encourage their persistence (RCN, 2008; Boyd & McKendry, 2012). The factors which enable retention, encourage reconsideration of withdrawal, and protect against withdrawal decisions can be seen to be separate from those issues which affect students and encourage them towards thoughts and acts of withdrawal from their courses. A key objective of this study is to explore those factors which the students identify as the most important and exert the greatest influence over their desire to persist on their course and how these factors interrelate. These factors have not, as far as is known, been investigated from the student perspective in the context of 'what has enabled retention', with a view to understanding not only how the factors operate 'protectively', against withdrawal, but also how they interact with one another in order to cumulatively affect the persistence experience of students.

The decision either to stay on or to leave a course is a complex multi-factorial consideration which is unlikely to be down to one single factor. Although students may well be able to identify the most stressful or most protective

factor(s) that impacted on their decision, or indicate their 'tipping point', there is nothing to suggest that researchers can identify a single factor (with the exception of forced academic withdrawal), that causes students to withdraw, or is the most important factor to students in terms of persistence. Therefore, any attempt to examine the factors which final year pre-registration nursing students perceive to be the most important and exert the most influence over their desire to continue on their programmes of study, and any conceptual model developed based on the elucidation of these factors, must be done in a way that enables the production of a non-hierarchical presentation of the information. Any conceptual model developed must represent more of an organisational matrix of information, rather than a hierarchical structure, with suitable flexibility to allow multi-directional relationships between the factors included.

Although the determinants of persistence have been investigated, there is no research, as far as is known to the researcher, which examines the relationships between the causal factors associated with persistence within the context of pre-registration student nursing in the UK specifically. Therefore, this study will represent an original contribution to knowledge in the construction of a model based on the exploration of the relationships between the factors associated with persistence decisions. Any such model must be capable of representing the student experience as accurately as possible therefore, student-report will be placed at the centre of the model development process and, where possible, students will have an active role in the development of any conceptual model produced.

Finally, any research conducted, and model produced must be sensitive to the notion that withdrawal is not necessarily a negative outcome. Although not the preferred or sought outcome when students join a course, withdrawal can be a positive choice from the student perspective which “...underscores ownership of an informed decision-making process and, thus, promotes flexibility in future learning and learner-autonomy” (Boyd & McKendry, 2012, pg. 62). Any research conducted in the context of undergraduate student nursing attrition and retention in the UK environment must respect the learners right to make this choice, and the institution’s concomitant right not to permit the persistence of all students in pursuit of the maintenance of professional standards (Duffy, 2002).

2.6 Chapter Summary

In this chapter, a detailed description of the literature search conducted, in support of the research aims and objectives for this project, has been provided. The exact rationale regarding what fields of literature have been addressed (or not) and why these decisions were made, as well as the inclusion and exclusion criteria used in the final selection of the 23 papers ultimately reviewed were explained in full. An exploration of the factors found to be associated with attrition (at the individual, institution and professional/ political levels), the enhancement of completion rates or the reconsideration of inclinations towards course withdrawal was conducted to establish a clear picture of how pre-registration student nurses’ experiences of their education and learning have already been understood and explored. The methodological issues prevalent in the research, and the implications of the literature review findings, have been highlighted in order to inform: the development of this study, the methodological

framework for this project, and method of data collection to selected for this study. These will be comprehensively addressed in Chapter Three.

Chapter Three: Methods & Methodology

3.1 Introduction

This chapter will address the process of data gathering and analysis used in the development of this study. The selection of a qualitatively focused methodology will be justified and in recognition of the relatively unknown status of the methodology employed in this study, the theoretical framework of the methodology will be explored and discussed in detail. This will be done in order to demonstrate fully how the selection of this methodology is in line with the research aims of the study. As is the case with any methodology employed, there are a number of methodological risks that must be identified and considered. This chapter will conclude with the researcher's reflections on plans to address and mitigate the methodological risks present in this study in light of Lincoln and Guba's (1985) four key criteria for ensuring methodological rigor and quality of research.

3.2 Qualitative Approach

As previously stated there are four main objectives in this study:

1. To take a continuation oriented, social constructionist approach to the examination of the factors which final year pre-registration nursing students perceive to be the most important and exert the most influence over their desire to continue on (rather than leave) their programmes of study.
2. To develop a conceptual model which explains the way in which the students themselves perceive that these self-identified factors interrelate.

3. To enable the discussion of the interrelated issues of pre-registration student nurse retention and attrition to continue in vocabulary which is meaningful to and utilized by the students themselves.

4. To provide information that could be instrumental in enhancing the understanding of those associated with and leading the development of nursing education as to why those students who choose to continue on their courses stay. It is the considered hope of the researcher that the information presented here may be used to a) improve the educational experience of undergraduate nursing students, b) assist in the generation of more effective strategies and interventions aimed at encouraging pre-registration nursing students to continue on their training programmes and achieve their degree and finally, c) increase retention and completion rates of pre-registration nursing courses in England.

It seems self-evident that if one wanted to know why students decide to stay on or leave a programme of education, the most productive way to elicit this information would be to ask them directly. Based on this assumption a quantitative approach would be inappropriate as it is difficult (if not impossible), to appreciate each individual's understanding of their own unique experiential journey, as reported to the researcher, through the filter of their own constructed reality using measures and scales. What is called for then is a qualitatively derived research paradigm which allows theory and concept, grounded in systematically gathered and analyzed data, to emerge from a holistic and sensitive approach to the phenomena under investigation.

3.3 Interactive Qualitative Analysis

In this study data was collected and analysed using an adapted version of Interactive Qualitative Analysis (IQA), a relatively novel qualitatively-focused data collection methodology and analytical framework developed by Northcutt & McCoy (2004). The theoretical foundation of IQA is something of a jigsaw which is pieced together from phenomenology, socio-constructivism and total quality management, with a nod to the additional influence from the ontological position, methodological objectives and coding terminology of Grounded Theory. It is the position of IQA that a systems perspective can be applied to the investigation of a phenomenon in order to produce a meaningful model of that phenomenon from the viewpoint of those who actively engage with it. There is an underlying assumption that a commonality of experience between participants will be encountered and that this commonality might be intensified by certain data collection methods. For example, survey questions can raise collective consciousness regarding a given issue; one-to-one interviews can provide rich detail regarding the lived experience of a phenomenon, themes which reoccur from participant to participant can then be extracted and used to inform the basis of interventions, peers in focus groups can influence others' responses and delimit the horizon of expectations as to what responses are expected (Kitzinger, 1995). Furthermore, it is assumed that this commonality can be explored and meaningfully mapped using Total Quality Management (TQM) derived conceptual processing tools (DeRemer, 2002) and grounded theory influenced coding techniques in a way that will lead to the identification of a holistic system of participant-identified elements, and the relationships between them, which will explain the phenomena under investigation from the participants' own perspective, in their own words.

IQA adopts the position of phenomenology that the subjective experienced reality of participants is the only reality and as such, researchers should attempt to understand and describe this reality as clearly and accurately as possible using the participants' own words or perspectives (Al Ariss et al, 2012). To this end, IQA relies on the participants not only to generate their own data, but to engage in preliminary analysis of that data, limiting the role of the researcher (at least in the initial data analysis phases) to that of facilitator. This is a marked departure from the traditional power balance of research, in which only the researcher is deemed qualified to interpret and analyse data produced by the participants (Bargate, 2014).

Socio-constructivism is not a single concept or theory, but is rather a collection of epistemic, pedagogic and psychological beliefs that emphasise the idea that knowledge and understanding is constructed via active and interactive group processes (Kanselaar, 2002). A full exploration of the broad academic debate regarding the socio-constructivist perspective is beyond the scope of this study. However, for the purposes of this work, suffice to say that IQA operates on the premise that reality is a construct of social systems (Bann, 2001). Based on this unquestioned (at least within IQA) apriorism, IQA adopts the position that individual and shared group realities can be uncovered and contextually understood via the interactions of individuals within the social group in which they participate (Bann, 2001; Al Ariss, 2012). The purpose of IQA-directed research then, is to characterise a socially constructed system in terms of the elements it contains and the relationships between them, in such a way as to reveal patterns of influence which can be used to explain the individual and group experiences of participants with the phenomena under investigation

(Northcutt & McCoy, 2004). In this sense we can see that the use of IQA is again justified as a methodology for this study as it tends towards the generation of explicatory and illustrative models of experience; such a model is one of the explicit aims of this study (as stated in 3.2).

In line with this stance, the predominant aspect of IQA is its focus on workshop activities which are designed to guide a group of participants through a cycle of inductive and deductive analysis followed up by semi-structured interviews; which explore the findings of the workshop participants in greater depth and detail. These activities lead to the production of a conceptual model of the phenomena under investigation, contextualised in thick descriptive accounts of the direct experience of the participants with the phenomena. Throughout the data collection and initial analysis phases of data handling the “...*voices of participants are privileged over that of the researcher...[privileging] the nature of socially constructed meaning*” (Northcutt & McCoy, 2004, p.4).

Total Quality Management (TQM) is a further foundational lynchpin of IQA. TQM is an integrated business management approach, aimed at the continuous improvement of services, processes and products in order to ensure that they meet and exceed, need and expectations (Talib, Rahman & Qureshi, 2010). TQM is founded on the principle that it is those who do a job that understand that job the best; these individuals are optimally positioned to understand the problems associated with their job and how to resolve those issues (Winston, 2011). It has already been established that the students themselves are best placed to reflect on their own journey/ experience of continuing on their pre-registration nursing courses. In this study TQM-derived conceptual processing

tools can be employed, without the need to make any priori assumptions about professional nursing identity and its development as experienced by the students. The focus here has been placed on the experiences of students as learners and their experience of remaining on their programme of learning. In this study their evolving identity as a nurse (or trainee nurse) is not directly addressed by the research process. It is possible however, that a sense of evolving professional identity may be highlighted by the students themselves as a reason for continuing on and therefore this may need to be discussed as a finding.

As has been previously highlighted, the workshop activities are focal within the IQA process; it is the data which is generated during these sessions which forms the basis of an IQA study. In the development of their participant-led workshop activities, Northcutt and McCoy have borrowed liberally from TQM toolkits, basing the procedural steps for Workshop 1 session around “*brainstorming*” (as developed by Alex Osborn for use in TQM; Osborn, 1957) and the development of systemic “*affinity networks*” (as developed by Jiro, Kawakita for use in TQM; Kawakita, 1986).

Within TQM brainstorming consists of participants expressing their ideas regarding how quality improvement can be achieved in relation to their product, within their service, or by their team. One thought or idea is written per sticky note and as many sticky notes are produced as is necessary for all the ideas of all team members to be represented. This technique is used in order to stimulate the flow of ideas and encourage team members to engage with the issues surrounding whatever product, service or process is under investigation;

it is however devoid of any analytic capacity. In order to create a structure within a potentially large and unwieldy set of data (the sticky notes), affinity diagrams are used to condense the data into a small number of focal, linked ideas (Sallis, 2014). During the creation of affinity diagrams, team members sort the sticky notes into groups which share a theme or underlying meaning. Once these groupings have been established, the team 'names' each group and attempts to organise them into a 'unified chart', making use of linking arrows to indicate the presence and directionality of cause-effect relationships (Sallis, 2014; Scupin, 1997). Finally, the team must then explain the chart which they have created; verbally and/ or in writing. This explanation must be suitably comprehensive to assimilate all generated data and provide explanatory veracity whilst simultaneously maintaining the separation between interpretation and description (Scupin, 1997).

The activities of Workshop 1 carried out under the auspices of IQA can be seen to consist of the exact steps which form the basis of TQM brainstorming and systemic affinity network development techniques (please see 3.6.1 for a full description of the procedural steps carried out in Workshop 1). However, whereas Northcutt & McCoy (2004) have chosen to incorporate TQM terminology into the research lexicon of IQA, in this study TQM terms have not been adopted in the same way. Simpler, non-specialist vocabulary has been used wherever possible in order to facilitate the understanding of the participants. This has been done as participants, as nursing students, are unlikely to have prior knowledge of either IQA or TQM and they may find specialist vocabulary and/ or the need to learn new terms in order to take part in the study confusing and/ or demotivating.

Although IQA shares outcome objectives and borrows certain terms from the lexicon of Grounded Theory and could be argued to share an ontological stance with Corbin and Strauss (1990, 1998), there are a wide range of fundamental characteristics of grounded theory which are notably absent from IQA (see Halberg, 2006 for a full list of the key characteristics of grounded theory). It is therefore important to note that whilst IQA is influenced by Grounded Theory it is not a method of producing a Grounded Theory, nor should it be seen as an iteration of the Grounded Theory methodology. Bearing this in mind there seems no need to address the full range of issues pertaining to the applications, adaptations, limitations and outright failings of Grounded Theory, all of which have been the subject of wide-ranging discussion (for an overview of these debates please refer to: Corbin & Strauss, 1990; Chiovitti & Piran, 2003; Glaser, 2008; Suddaby, 2006; Kelle, 2007; Walker & Myrick, 2006; Thomas & James, 2006). The discussion of Grounded Theory included here has therefore been limited to the influence of Grounded Theory on the development of IQA, those aspects of the methodology which Northcutt and McCoy (2004) have explicitly drawn upon or used in the development of IQA, and the commonalities of the two methodologies in terms of outcome objectives.

The fundamental outcome objective of the IQA process is to develop a theory (conceptual model), which emerges out of (or if you will, is situated or 'grounded in') the data. This can also be seen to be the principal objective of Grounded Theory. These qualitative methodologies share the common goal of producing a theory which accounts for action and outcome within a specific context (Gasson, 2009). Theories advanced according to the canons and procedures of either methodology should capture the interplay between conditions and the

way participants respond to those conditions adequately enough that the developed theory demonstrates transferability by retaining its power of explanation in other comparable contexts with similar characteristics (Corbin & Strauss, 1990; Gasson, 2009). However, it is here that the similarity between the desired outcomes of the two methodologies end. Grounded theory attempts to achieve both explanatory and accurate predictive power (Thomas & James, 2006), whereas IQA cannot possibly claim predictive capacity. As already stated IQA takes a systems perspective on the development of a conceptual model, which Grounded theory does not. The systems outlook of IQA requires that any conceptual model produced be viewed as a non-deterministic, nonlinear flow of information which is constantly subject to both existing and emerging patterns of influence and feedback loops. *“The essence of a complex, self-organising system is that their history can be known but not their future”* (Human-Vogel & Van Petegem, 2008, p. 476). Whilst it may reasonably be expected that it will be possible to identify drivers, outcomes and influences which allow for the identification of where challenges may lie, and interventions may be helpfully directed in order to improve outcomes, IQA cannot lay claim to the ability to make solid predictions regarding what the exact impact of changes in one area of the system will be on another area. Evidence-based predictions can be made, grounded in the model, on the basis of logical inference but caution must be exercised in terms of how far it can be claimed that it is possible to know how successful a particular intervention and/ or pattern of interference may be.

It could be argued that IQA and the iteration of Grounded Theory put forward by Corbin and Strauss (1990) share an ontological position i.e. have a shared

perspective of how a theory is derived. Although Northcutt and McCoy (2004) do not directly address the question of the ontological stance of IQA within their work, they do report that the methodology includes within its assumptions the ideas that both power and knowledge as well as the observer and the observed are dependent or interdependent (Northcutt & McCoy, 2004, p.16). The ontological issue at hand is whether or not theory is uncovered/ discovered within the data (the position of Glaser, 1978), or whether it is a question of interpretation (Corbin & Strauss, 1990). Strauss and Corbin appear to hold a similar position on this issue to that which is seemingly embraced by Northcutt & McCoy in IQA; the adoption of a relativist ontology in which the external world is not considered separate from the researcher but rather that reality is interpreted by and through the researcher or, in the case of IQA, by and through the participants as they actively engage with the data in Workshop 1. However, it should be noted that IQA does not go so far as to negate the need for/ or the role of a researcher, this would be an overly radical interpretation of the power balance established within the methodology. Although IQA places the responsibility for data collection and the initial steps of analysis in the hands of the participants challenging, the traditional roles of participant and researcher in the data collection process, the researcher still plays a key role in the evolution of the research: devising the study, selecting the IQA methodology itself, facilitating the data collection workshops, drawing up the conceptual model based on the data following the end of the participant led procedural-steps and finally discussing the conclusions that can be drawn from the data and its implications both for further research and in terms of what real world applications it may have. Theories advanced according to this relativist position should be seen then, as an interpretation which reflects consensus among the

participants as to what occurs when particular phenomena are experienced; they are theories established within a social context and influenced by subjective assessment (Gasson, 2009).

The manner in which IQA utilizes coding terminology borrowed from Grounded Theory has the potential to be very confusing to researchers and readers alike. Northcutt and McCoy (2004) define coding as “...*the name given by qualitative researchers to describe the way in which text is represented by abstraction* (p.95). So far this is unproblematic. However, as they continue to explain their coding processes Northcutt & McCoy (2004) mix together coding methods as supported by Glaser (1978) in his iteration of Grounded Theory and those methods advanced by Corbin and Strauss (1990) in their revised version of Grounded Theory (the coding practices of which are highly criticised by Glaser, 1992). This failure on behalf of Northcutt and McCoy to acknowledge and distinguish between the various iterations of Grounded Theory and provide clarity over which version of Grounded Theory they drew inspiration from and founded their coding approach on, results in a potentially very confusing jumble, particularly when one considers how mutually exclusive the authors of the various strains of Grounded Theory consider their approaches to coding to be. Space precludes a full discussion of the differences between Glaser’s approach to coding and the approach taken by Corbin and Strauss to coding, and indeed other issues of process and procedure which have caused rifts among Grounded Theory researchers, however an awareness of these long-standing issues is essential, and a full discussion of these issues can be found in Walker & Myrick (2006).

Northcutt and McCoy identify three stages of coding within the IQA process: inductive coding, axial coding and theoretical coding. It is acknowledged by the authors of IQA that the first step in the coding process (inductive coding) is comparable to emergent or open coding. This is a process by which researchers (or in the case of IQA, participants) identify themes within the data and begin to group the data into themes by processes of constantly comparing each piece of data to other individual pieces of data to ascertain whether it fits into an identified theme or whether a new theme will need to be created in order for the data to be suitably represented. IQA, Glaserian grounded theory and the iteration of Grounded Theory supported by Strauss and Corbin (1990) share a loosely similar approach to this initial open coding phase (except of course that IQA is the only methodology, to the researcher's knowledge, in which this is carried out by participants as opposed to researchers).

The second phase of coding within IQA, axial coding, is a process by which the themes into which the data has been sorted are refined and reorganised; it is at this stage that sub-themes emerge (for example a theme of "finances" may subsume related sub-themes such as financial concerns and financial support). In broad terms this is similar to an axial coding stage engaged in by Strauss and Corbin (1990), during which they also refine their 'categories' of data and identify 'sub-categories'. However, in Grounded Theory axial coding is done by the researchers, not the participants and the process requires so much more than the basic refining, reorganising, naming and identification of sub-themes or categories which occurs in IQA (for a full definition of axial coding by Strauss and Corbin please refer to Strauss & Corbin, 1990, p.96). It should be noted here that Glaser does not support the notion of axial coding in any way (Walter

& Myrick, 2006). In this study, at the axial coding stage, the participants were encouraged to look again at the way in which they have grouped their data into themes of shared meaning; they were asked to consider whether any themes would be clearer or better represented if there were a number of subthemes into which the data for any given overarching theme could be divided into. Participants were asked to name their perceived themes and any emergent sub-themes. They were also provided, at this time, with the opportunity to move any data that they felt on reflection had been misclassified in the initial data sorting phase, into other more appropriate themes. The concept of coding and the terminology of “*emergent*”, “*axial*” and later “*theoretical*” coding was at no point be raised with the participants. It did not appear necessary to introduce coding terminology and the potential confusion and misunderstanding that this may have brought with it to the participants. It was considered that a discussion which focused on “*themes*”, dividing the data into appropriate themes, refining, reorganising, naming and identifying the potential relationships between these themes was sufficient.

The final step of coding in IQA, theoretical coding, holds no counterpart in Grounded Theory. In IQA this stage of coding refers to a process in which perceived cause and effect relationships between the elements of the conceptual model are delineated. In this study, what IQA considers to be theoretical coding was be done via the expanded relationship table (please refer to Figure 3.2), which is completed by the participants in Workshop 1. Glaser (1978) does refer to a process of theoretical coding whereby the researcher conceptualises how the substantive codes generated in the earlier coding stages relate to one another and can be integrated into a cohesive theory

(p.72). However, this process bears no relation to the 'theoretical coding' which takes place in IQA, a process which is so foreign to both Strauss and Corbin's version of Grounded Theory and Glaser's iteration of the methodology that there is little basis for comparison. In big picture terms, both IQA and Grounded Theory engage in a process whereby data is fractured, selected, related and reintegrated, in order to produce a substantive theory (Walker & Myrick, 2006). The devil however is in the detail of how this process is performed. The procedural steps of theory-generation within the strictures of the two methodologies are intensely disparate and this cannot be overlooked.

3.4 Participants

Participants were recruited to take part in two separate study phases: a feasibility study and a main study phase.

3.4.1 Sampling

The non-probability, purposive sampling, technique of homogenous sampling (Patton, 1990) was used in this study. Homogenous sampling is an extremely valuable tool where the primary concern is not that the sample should necessarily be representative of a population but that it should focus on the specific characteristics of a population (Patton, 1990). In this case the essential criteria to be met are; participants must be third-year undergraduate student nurses and enrolled at one of the four institutions associated with this research. The universities with pre-registration nursing programmes which have been selected to take part in this study, have been chosen due to the fact they are within or close to the boundaries of the Health and Education Thames Valley Local Education and Training Board (HETV) area. HETV is the local body

responsible for NHS workforce planning and education across Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire; as such they have commissioned this study and consequently the researcher has striven to engage participating institutions as close to the HETV geographical area as possible.

3.4.2 Feasibility Study & Recruitment of Participants

The feasibility study provided the opportunity to trial and refine the data collection and analysis procedures. This initial phase sought to establish whether it would be necessary to restrict participant recruitment according to branch specialty. There are four branches of nursing (adult, child, mental health and learning disability); upon finishing the common foundation programme of training common to all nursing trainees, students continue specialised training according to the branch for which they have enrolled. Wood (2005) contends that nursing students within the four branches report experiential differences of their training, for example there are differences between branches in how useful nurses find the common foundation programme of training. However, inconsistency prevails in the literature as to whether attrition statistics differ significantly between branches in a way that may reflect experiential differences (Anjonwu et al, 2005). If branch specialty has the potential to exert an influence on 'drop-out' decisions, perhaps it may also exert one over decisions to 'continue'. It was necessary to establish whether this effect exists and potentially adjust our exclusion criteria accordingly before moving onto the main phase of the study.

At the feasibility study site only, three sets of workshops and follow-up

interviews were carried out (one for each of the three branch specialties taught at this site: mental health, paediatric and adult nursing) in order to establish whether there was a significant difference in the student experience of 'continuing on' between these branches of nursing. If a difference in the experience of remaining on their courses of study was found between the branches, the intention was to reflect this in the main study by the imposition of a further exclusion criterion, limiting participation to those undergraduate student nurses enrolled in the adult branch. The adult branch was selected for focus should this eventuality present itself, as it is the largest branch of nursing within the profession, with the highest number of trainees. If an experiential difference by branch were found, it would seem prudent to tailor the study's findings to the largest portion of the student body initially. Investigation of the phenomenon within the other branches of nursing could be addressed in follow-up studies. However, if no experiential difference by branch were found, pre-registration nursing students from all branches of nursing commonly taught at all participating HEIs would be invited to participate, during the multi-site phase of the project.

It is noted here that not all sites associated with this research provide teaching in all branches of nursing; this was not however considered a barrier to participation due in large part to this exploratory phase of the study. If differences in the experience of 'continuing on' became apparent, as we have stated, participation in the main phase of the study was to be limited to third-year nursing students within the adult branch, commonly taught across all participating sites. If no difference in the experience of 'continuing on' were to be found to exist between branches, then the branch in which participants are

enrolled would prove irrelevant to this study.

Participants were recruited by the researcher via a PowerPoint presented to student nurses at the end of regularly scheduled lectures (prior consent of lecturers was sought). This presentation sought to fully inform participants of the aims and objectives of the study, the time commitment involved in participating and the incentives being offered for participation (please refer to Appendix 1). Participants were provided with a participant information sheet (please refer to Appendix 3) at this time for their consideration.

At Site A, the feasibility study site, three sets of workshops (one set per branch specialty) were conducted consisting of 8-10 participants. Between 16-30 participants were recruited altogether. Follow-up interviews were conducted with three participants from each branch of nursing taught at this site. Participants for the interviews were recruited at the end of Workshop 2 (the final workshop) and eligibility for participation in the interviews was restricted to those who took part in both workshops.

3.4.3 Main Study Phase: Recruitment of Participants

Following the conclusion of feasibility study at site A, the researcher then carried out the same investigative IQA procedures (with any adjustments deemed necessary following the completion of the feasibility study) at three further sites: B, C & D. The main study involved multiple sites in order to ensure, as far as is possible, that any overarching conceptual model produced of the experience of continuing on, for students, would have sufficient transferability. If the study was only to be conducted at one site, the researcher

would run the risk of developing a case study conceptual model, based on that single site, which would be more limited in terms of its usefulness.

Participants at all three main study sites were recruited in the same manner as for the feasibility study (please refer to 3.4.2 for a full description).

At all of the three main study phase sites, one set of workshops only was conducted consisting of 8-10 participants. Follow-up interviews were conducted with three participants. Participants for the interviews were recruited at the end of Workshop 2 (the final workshop) and eligibility for participation in the interviews was restricted to those who took part in both workshops.

3.4.4 Exclusion Criteria

The exclusion criteria listed here were common to both phases of this study:

1. Recruitment was restricted to full-time, final year, nursing students enrolled on a three-year BSc nursing degree programme. It seems practical when investigating persistence to recruit from the final year of the course. This year group has the longest time period of experience on the course to reflect back on when engaging in workshop activities and 1:1 interviews.

2. A further exclusion criterion was imposed at the main study phase. Please refer to 4.7.2 for full details.

It would be essential for any nurse educator to be aware of the diversity in their classroom and to this end demographic data was collected at each site visited

in order to describe the student cohort effectively and contextualise the findings meaningfully. However, a nurse educator must approach their student body holistically, as a whole and educate them as such. Whilst sensitivity must be shown to diverse student needs there are feasibility limits to this; diversity must not be allowed to become divisive. With this in mind a consciously holistic approach was taken in relation to participant recruitment to the project; this is in order to gain a picture of the experiences of the student cohort as a complex body, which must be addressed as a whole. Participant recruitment was therefore as inclusive as possible in order to develop a model and produce information that is relevant to the entire student group and does not solely represent the thoughts/ experiences of any one identifiable subgroup at the expense of others.

3.5 Workshop 1 Procedure

It is important to note that in an IQA study, despite there being multiple steps to the procedure, there is no way to completely separate data collection and data analysis procedures as to an extent data collection and analysis occur simultaneously. This has implications both for the undertaking of the research (where the researcher is effectively a facilitator of participant-led analysis) and the reporting of the research (where the voices of the participants may feature more prominently in the Findings and Analysis chapters than one might normally expect). However, it is possible, to some extent, to separate the IQA procedure into 'participant-led procedural steps' and 'researcher-led procedural steps'.

All workshops conducted began with a number of researcher-led procedural

steps, before control of the workshop was handed over to the participants; all following activities were then participant-led. At this point the researcher became far less central to the workshop process, facilitating the discussion and ensuring good time keeping, as opposed to taking a leading role.

3.5.1 Researcher-led Step One: Consent & Questionnaire

At the beginning of all workshops conducted, before any activities began, all participants were reminded of the study procedure, with the aid of a PowerPoint presentation (please refer to Appendix 2). The strict nature of the confidentiality protocols to be adhered to in the course of this study were explained in detail, and each participant was provided with both a consent form (please see Appendix 4) and a demographic questionnaire (please see Appendix 5). Participants were also reminded, at this time, that following the workshop, and subsequent model validation process, there would be an opportunity to participate in a 1-1 interview. However, it was made clear that participation in the workshop in no way obligates any individual participant to agree to an interview. Participation in this second stage was clearly established as voluntary; and subject to a small further incentive (please refer to Appendix 2).

Each workshop session was audio recorded by the researcher to ensure that all possible data was captured; all participants were made aware of the audio-recorder and provided explicit consent to be recorded. Although said audio-recordings were used to ensure that no essential information provided by the participants in relation to the focal workshop activities had been missed by the participants themselves, as they wrote up their workshop activities in real time, no other audio-recorded data has been reported in this thesis. IQA does not

provide scope for the inclusion of such supplementary data in its write-up procedure.

3.5.2 Researcher-led Step Two: Warm up Exercise

All participants were invited to take part in a warm-up exercise (Please refer to Appendix 2, slide 6). Participants were asked to consider the question “*How do you feel about nursing and studying to be a nurse now compared to when you started your course?*” This warm up exercise in particular was chosen in order to encourage participants to begin reflecting on their experience of their educational journey on their course, attending to the effect which this experience has had on them as individuals.

The researcher ensured that every participant who had something to share was given the opportunity to do so in order to prevent participants with strong personalities dominating the group dynamic. The warm-up activity was limited to 30 minutes in length.

IQA does not provide scope for report or analysis of the warm-up exercise, within this methodology, this was a purely focusing stage which precedes the procedural steps of data collection and analysis.

3.5.3 Participant-led Step One: Brainstorming & Thought Card Generation

All participants were provided with a stack of index cards, identical in size, shape and colour, as well as an identical marker pen.

The researcher presented the participants with the following issue statement:

“Tell me about why you are still here. What has your journey or experience of continuing on your pre-registration nursing degree programme been?”

Participants were then invited to engage in brainstorming and thought card generation. This activity requires participants to write down everything they can think of in response to this issue statement on their index cards (hereafter known as thought cards) with the marker pen provided. Participants are instructed to use a new index card for each individual thought as a word, phrase or sentence, so that all index cards have one thought each only.

Participants were encouraged to engage in this activity in silence: *“...silence and privacy reduce undue influence by peers...or by the facilitator...and thus ensures authenticity and individuality of thoughts and reflection about the issue statement.”* (Northcutt & McCoy, 2004, p.91). Once all participants ceased writing all the index cards were laid out across the table.

Participants were provided with approximately 20 minutes in which to conduct this activity.

3.5.4 Participant-led Step Two: Organizational Stage

Participants were instructed to view all the cards generated as belonging to the whole group, rather than any one individual within that group. All cards were read aloud to the group by the researcher; at this stage the meaning of each card was clarified and agreed upon by the whole group. Northcutt and McCoy

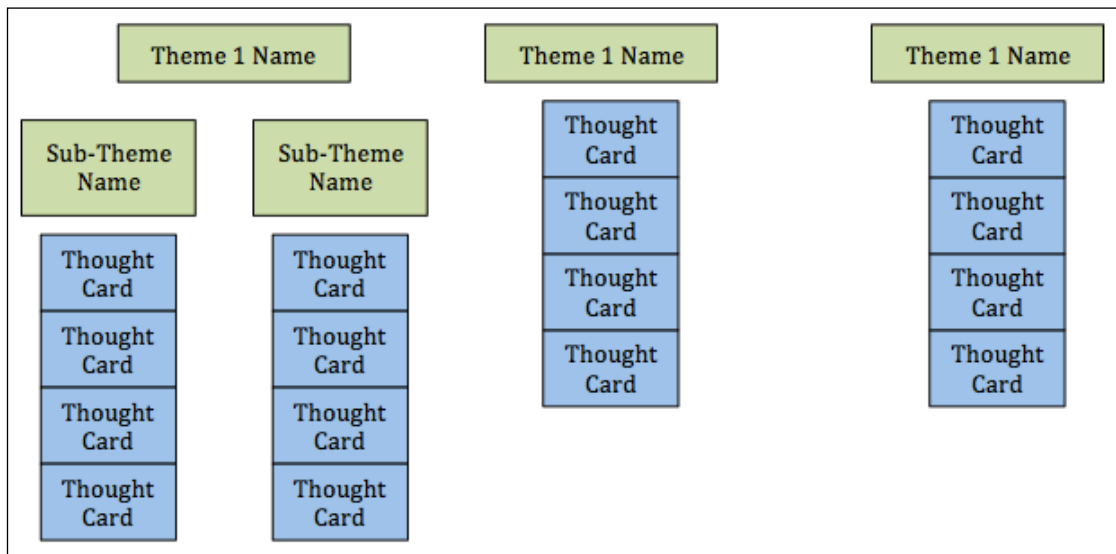
state that the intent is for participants to, “...arrive at a socially constructed, shared meaning of each card...” (Northcutt & McCoy, 2004, p.94).

The group was then asked to cluster and organize all the cards which shared a common theme or meaning. This was done entirely by the participants, without reference to the researcher. Participants were provided with approximately 30 minutes in which to conduct this activity.

3.5.5 Participant-led Step Three: Assigning Names & Ascribing Meaning

In this step participants were asked to refine and if need be reorganize the cards between their groups. The researcher facilitated a discussion during which the participants were encouraged to refer to the groups of thought cards as themes. The participants were asked to consider the meaning represented by each theme (group of cards) and give the theme a name. Any sub-themes which emerged were also identified and named. For example, a group of cards which were all concerned with the topic of money might be given the theme name of “finances”; within this broad theme sub-themes such as “money worries” might be distinguished. The names assigned to the themes by the participants were documented on separate index cards and placed at the top of each group of cards. The cards which formed part of particular sub-themes were organized into vertical columns to make the organization and categorization of each card clear and allow for any misplaced cards to be moved to a more appropriate theme. For an example of this please refer to Figure 3.1.

Figure 3.1. Workshop 1 Themes



(adapted from Northcutt & McCoy, 2004, p. 99)

Following this step, the researcher facilitated a further discussion of the themes during which a definition of each theme was produced, including its sub-themes where appropriate. This stage ensures that the full range of meanings for each theme is fully explored and explained (Northcutt & McCoy, 2004).

Participants were provided with approximately 40 minutes in which to conduct this activity.

3.5.6 Participant-led Step Four: Relationship Table

This is the final workshop activity which took place at Workshop 1. During this stage participants were asked to consider the relationships between all the themes developed and decide, where a relationship is perceived to exist, the potential directionality of that relationship. In order to analyze all possible relationships that could arise from the data, participants were asked to consider whether A influences B, whether B influences A or if no relationship exists between A and B for each pair of themes. Participant votes were recorded, for

each of these three options, in relation to every pair of themes. The relationship between each pair of themes, as indicated by the majority vote was then recorded in the Relationship Table using arrows. All arrows point toward the theme (in any given pairing where a relationship was deemed to exist) which the participants considered to be the driving theme within the pairing (i.e. the theme which was considered to exert an effect on the other). In Table 3.1 an example of the relationship table as completed by participants is provided, please note that this table contains illustrative data only.

Table 3.1. Relationship Table

Relationship Table				
Participant Data				
	1	2	3	4
1		←	←	←
2	↑		←	←
3	↑	↑		←
4	↑	↑	↑	

(adapted from Northcutt & McCoy, 2004, p.170.)

Once participants had come to a decision regarding the existence and directionality of the relationship between all the themes, participants were then asked to come up with an explanation of the relationship between each pair of themes, in their own words, or in the form of an IF/ THEN statement. These statements or explanations were then recorded in an expanded relationship table, please see Figure 3.2 for an example of this.

Figure 3.2. Expanded Relationship Table

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3	6																																																			
4	5																																																			
4	6																																																			
5	6																																																			

(adapted from Northcutt & McCoy, 2004, p.151)

Participants were provided with approximately 60 minutes in which to conduct this activity. This concluded the activities of Workshop 1.

3.6. The Conceptual Model

Following the end of Workshop 1 the researcher was in possession of: a list of themes (as identified by the participants), a list of all the thought cards

generated which belong to each theme and any sub-themes contained therein (as allocated by the participants), a small paragraph written by the participants which reflects the meaning represented by that theme as understood by the participants as a group, a relationship table which illustrates whether a relationship exists between each pair of themes (and if so the direction of that relationship) and an expanded relationship table which explains the participants perception of the relationship between each pair of themes in their own words or in the form of an IF/ THEN statement.

The majority view holds sway when it comes to indicating the direction of each relationship, however as it is not possible to guarantee complete consensus within the group regarding the direction of each relationship. The degree of consensus is important: if there are relationships where the majority vote is marginal, this may indicate an ambiguous relationship, as the participants are unable to be entirely clear as to the directionality between the two themes. This may indicate the presence of a feedback loop, or bidirectional relationship, that will need to be represented as part of the conceptual model produced.

Using this information, the researcher created a visual diagram (the conceptual model), which reflects how the students perceive the themes, (which they have identified) inter-relate in order to produce a positive decision to continue on their programmes of study, as opposed to a negative decision to leave.

3.6.1 Assigning Topological Zones

The methodology requires that all participant-generated themes must be assigned a position within the conceptual model, which is fundamentally a

diagrammatic representation of the factors that students perceive to exert influence on their positive decision to stay on their course and how those factors interrelate to produce this effect. When generating a conceptual model, based on IQA workshop data, there are five ‘topological zones’ into which themes may be placed, in order to show their function within the system model: primary drivers, secondary drivers, pivots, secondary outcomes and primary outcomes. In order to ascertain which of these ‘zones’ each theme belongs to the researcher must use the relationship table produced by the participants and add three further columns (please refer to Table 3.2 for an example of this).

Table 3.2 Researcher Adjusted Relationship Table

Relationship Table							
Participant Data					Added By Researcher		
	1	2	3	4	OUT	IN	Δ
1		←	←	←	0	3	-3
2	↑		←	←	1	2	-1
3	↑	↑		←	2	1	1
4	↑	↑	↑		3	0	3

(Northcutt & McCoy, 2004)

In accordance with the lexicon of IQA as set out by Northcutt and McCoy (2004), any arrow which was drawn pointing upward (as the driving theme was considered by the participants to be that which was listed column-wise in a given pairing), was referred to as an “UP” arrow, and any arrow which was drawn pointing left (as the driving theme was considered by the participants to be that which was listed row-wise in a given pairing) was referred to as an “IN” arrow. Table 3.2 illustrates the table as depicted in Table 3.1, however example figures have been added in red in the ‘OUT’, ‘IN’ and Delta (Δ) columns. In the table, each horizontal line depicts the arrows as drawn in relation to one theme

and its potential relationship with the other themes (as listed column-wise). The total number of OUT arrows for each theme is calculated (by totaling the number of arrows pointing up), the total number of IN arrows for each theme is calculated (by totaling the number of arrows pointing left), and a delta value is reported by subtracting the IN value from the OUT value. Once this step has been completed, the themes must then be placed in order of ascending delta value (this has already been done for the illustrative data shown in Table 3.2).

Based on the delta values calculated themes were assigned to one of five topological zones (as suggested by Northcutt & McCoy, 2004, p.173) to be included in the final model. These zones are as follows:

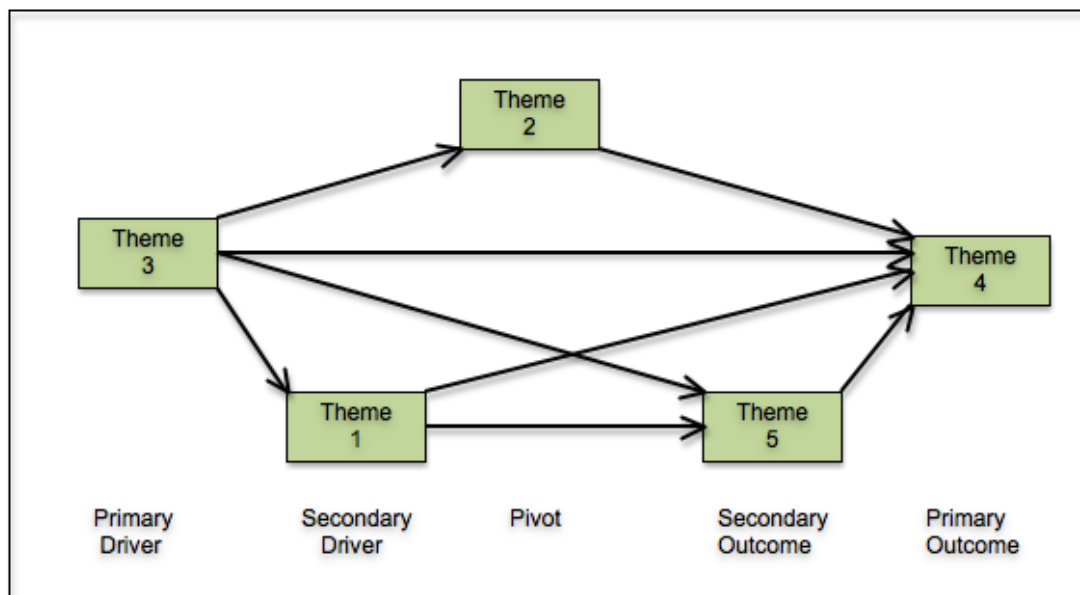
1. Primary Drivers: Primary drivers have comparatively high, positive, delta values; they are characterized by having all OUT arrows, but no IN's.
2. Secondary Drivers – Secondary drivers still have positive delta values; however, they have both OUTs and INs.
3. Pivots – Have a delta value of 0, they have an equal number of IN and OUTs.
4. Secondary Outcomes – Secondary outcomes have small negative values, they have both OUT and INs.
5. Primary Outcomes – Primary outcomes have comparatively large negative values; they are characterized by having all INs but no OUTs

3.6.2 Drawing the Conceptual Model

At this stage the conceptual model was drawn. Figure 3.3 shows an example of how the IQA methodology stipulates one should initially lay out and draw the

conceptual model. This example illustrates that the most productive approach to drawing a complex conceptual model is to set the affinities out in five columns (one for each of the topological zones referred to by Northcutt & McCoy, 2004). Connecting lines can then be drawn in as directed by the information contained in the relationship table (Perez-Greene, 2006).

Figure 3.3 Sample Conceptual Model



In figure 3.3 we can see that there are eight sample relationships represented between five sample themes. Any ambiguous relationships, i.e. relationships where a high number of participant votes were recorded for both the option of theme A influencing theme B and theme B influencing theme A, should be considered carefully when drawing the conceptual model. It is possible that these represent the presence of a feedback loop in the system that will be considered and incorporated into the model and this is why they are the subject of a lack of consensus by participants (Northcutt & McCoy, 2004).

3.7 Workshop 2 Procedure

Following the completion of the researcher's procedural steps in developing the conceptual model, the workshop participants were reconvened in order to validate the work produced by the researcher. Due to the potentially complex nature of the conceptual model and the large number of relationships which it can contain, all conceptual models drawn by the researcher were printed on A3 sized paper in order to make them easier for participants to read.

3.7.1 Model Validation

The participants from Workshop 1 meet again for Workshop 2 and are given the opportunity to view the conceptual model developed and ensure that they felt that this is an accurate representation of the work done by the group in Workshop 1. Any changes suggested by individual participants were discussed by the group and made by consensus. If a failure to reach absolute consensus regarding any potential changes to the model was encountered, it was decided that the majority vote would be deciding (Northcutt & McCoy, 2004).

3.7.2 Researcher-led Debrief Exercise

All participants were invited to take part in a debrief exercise. Participants were asked to consider the characterisation of nursing students who finish their courses as those who have 'persisted' or "*persisters*". Participants were asked to share their thoughts on this terminology, their considerations of its appropriateness and any recommendations for alternative interpretations of those who continue and/ or alternative language which they might consider more accurate and reflective of those who continue.

This debrief exercise in particular was chosen in order to provide the participants with an understanding of the position of this study within the existing literature on undergraduate student nurse retention and attrition.

The researcher ensured that every participant who had something to share was given the opportunity to do so in order to prevent participants with strong personalities dominating the group dynamic. The debrief activity was limited to 30 minutes in length.

IQA does not advocate, provide scope for the report of or analysis of debrief exercises.

3.7.3 Debrief Sheet

Upon the conclusion of Workshop 2, all workshop participants in this study were provided with a debrief sheet (please refer to appendix 7). This sheet contained further information regarding the purpose of this study, the workshop activities which they had undertaken and finally details of support services available to them at their home universities, should they feel the need to seek assistance or advice following their participation in the study. Contact information for the researcher, the supervisory team and Oxford Brookes ethics committee was also provided should the details given on the debrief sheet prove insufficient and participants wished to seek further information and/ or support.

3.8 Individual Reality: IQA Interviews

The final step in the IQA data collection process involved individual interviews, conducted with workshop participants who volunteered to take part in this further stage of data collection. Within IQA semi-structured interviews are used

as an opportunity to discuss the individual's personal experiences with/ of the themes. Although the workshop phase allowed for a great deal of information to be gathered, the process is limited in terms of the richness of detail that can be garnered. The interview stage of the IQA process, allows a more insightful understanding of the themes to be gained through the gathering of a thick descriptive layer of data (DeRemer, 2002).

3.8.1 Design of the Individual Interviews

A single interview was conducted with each interview participant in the IQA process. Before the interview began the interviewer discussed the purpose of the interview stage of the data collection process with the participant; confidentiality was once more assured and a separate consent form (please refer to Appendix 6) was signed by the participant to ensure that the participant clearly understood what participation in the interview entailed. All interviews were recorded by the researcher with the explicit consent of the interview participants.

The interview stage allowed participants to discuss their experiences of/ with the themes in greater depth and detail. All themes which arose from the workshop phase of data collection were discussed with the participant one by one (in no particular order) with questions such as "*what does the theme mean to you? Tell me about your experience(s) with this theme*" (Northcutt & McCoy, 2004; Perez-Greene, 2006). In this part of the interview the focal goal was to understand what the themes mean to the participant within the context of their own personal constructed reality.

was compiled into composite combined interview coding table for each workshop. Data from the Individual Interview Axial Coding Tables was transferred into an identically constructed Combined Interview Axial Coding Table, thus creating a combined database of Axial codes for each set of post-workshop interviews conducted (Northcutt & McCoy, 2004). Three interviews were conducted in follow-up, subsequent to each workshop, during both the feasibility and main study phases of the project.

3.8.4 Amalgamation of the Data

All data gathered during the individual interview stage of data collection was amalgamated with the workshop data by the researcher. A composite of key participant quotes made by those participants who took part in the individual interviews, as they related to each workshop respectively, has been provided for each participant-identified theme and sub-theme. This allows the workshop data, when read, to be contextualized in the lived-experience, of the participants in question, of each theme.

3.9 Strategies for Ensuring Rigour

In their authoritative work published 1985, Lincoln & Guba laid out four key criteria for ensuring methodological rigor in qualitative research: credibility, transferability, dependability and confirmability. These four criteria should be constantly and recursively addressed by the researcher throughout the study design, data collection and data analysis phases of the study in order to produce a sensitive analysis of the phenomena under investigation; in this case students' experiences of staying on, rather than leaving, their undergraduate nursing programmes. If an assessment of rigor is left until the end and done

post hoc, as opposed to conducted concurrently, this can lead to considerable problems with the validity of the data produced and any subsequent conclusions drawn from it (Morse et al, 2008).

3.9.1 Credibility

According to Lincoln & Guba (1985) credibility is the qualitative equivalent of internal validity in quantitative work and refers to an evaluation of whether or not the findings produced are a credible interpretation, grounded firmly in and drawn from the original data collected. In this study credibility will be assured by concurrently employing the strategies of member checks (with participants), triangulation and peer debriefing.

Member checks are built directly into the IQA methodology right from the start. Member checks require that all data gathered, and all interpretations and conclusions made on the basis of that data are constantly referred back to the study's participants. This is done to ensure that findings are, from the perspective of the participants involved, an accurate interpretation of the data.

Member checks were used in conjunction with data triangulation (Denzin, 1978): that is the use of multiple sources of information to verify the existence and nature of a phenomenon in the data (Perez-Greene, 2006). As part of the IQA process triangulation is achieved by crosschecking; the data from individual transcripts with the workshop generated data from the same site and examining topological zone assignment of themes deemed to be representing the same or similar concept(s) across sites. In terms of credibility, dependability and confirmability, differences in the relative strengths of the delta values, of themes identified as similar, in across site comparisons will not be considered relevant

in the context of this study. The important consideration, as far as this project is concerned, is that themes identified as addressing similar (or the same) concepts agree in terms of their topological position (as primary drivers, secondary drivers, pivots, secondary outcomes or primary outcomes) within the overall model developed at each individual site (Bann, 2001).

Finally, peer-debriefing was utilized in this study in order to reduce the impact of any personal, non-representative, researcher influence exerted on the development and analysis phases of the study. Engaging a peer (with no direct involvement in the project) in peer debriefing, challenges and highlights pre-conceived notions, providing a fresh perspective on the data.

3.9.2 Transferability

Transferability is the qualitative equivalent of generalizability and refers to the capacity of the study to be widely applicable (Lincoln & Guba, 1985). In this study we have sought to achieve transferability by designing a multi-site main phase to the study. This was done to enable the generation of thick analysis and interpretations of the phenomena of 'persistence' and 'staying the course' across a wider geographical area than would be possible with a single-site study. IQA is predisposed to the generation of such thick description and will allow us to draw out the commonalities as well as variability in student experiences across the sites, which must also be taken, into account during the development of any meaningful conceptual model.

3.9.3 Dependability

Dependability is the qualitative equivalent of reliability in quantitative work and

refers to a researcher's capacity to adequately defend the data collection, analysis and theory generation processes employed in a study (Shenton, 2004).

Lincoln & Guba (1985) emphasize the overlap between dependability and credibility contending that credibility is instrumental in ensuring dependability. In this project dependability will be ensured by: adherence to rigorous strategies, employed to assure the credibility of study findings, and by taking a suitably iterative and reflective approach to the data. This allows patterns in the data to emerge organically, creates room for adapting collection and analytic procedures depending on the active participant and researcher experiences as the study was carried out and provides scope for constant evaluation and re-evaluation of the efficacy of the process of the enquiry (Shenton, 2004).

3.9.4 Confirmability

According to Lincoln & Guba (1985) confirmability is the qualitative equivalent of objectivity. Fundamentally, confirmability is an assessment of how far the findings can be seen to be supported by the data as opposed to being contrived by the researcher. The IQA process is a data-rich one and this lends itself to the production of an extensive audit trail. At each stage it is possible to demonstrate how data was generated and document each step taken from the production of raw data to the reported findings. This transparency throughout all phases of the study greatly enhances the trustworthiness of the data and the conclusions drawn from it.

In this study confirmability was ensured by: 1. Fully documenting the workshop data generation and analysis process for each group of participants. 2. Fully

reporting all protocols for data generation during Workshop 1 and for drawing up both versions of the conceptual model produced (at each site) from the relationship table and finally 3. Recording the transcript lines used in the generation of axial and theoretical codes from both the 1:1 interviews and combined interview coding stages of data analysis. This enables any reader to review and track the data collected throughout the research process.

3.10 Reflections on Methodological Risk

There are a number of methodological risks which must be considered and guards against which must be built into the research process, in order to minimize their impact on the research as much as possible.

3.10.1 The adaption of IQA

As stated in section 3.3, IQA has not been applied in this study in the exact manner it was developed by Northcutt & McCoy (2004). Some alterations to the procedural and analytic steps of the research methodology have been made in order to mitigate a number of methodological risks that it was considered were present in the essential methodological design.

3.10.1.1 Workshops

Firstly, Northcutt & McCoy (2004) recommend that the activities required of participants be broken down into three short sessions, to be undertaken at three separate meetings of the participants. It was considered by the researcher that this would prove a barrier to recruitment; that requesting participants meet three times was unfeasible. Therefore, in this study, participants were only required

to meet twice with activities taking place across two workshops rather than three.

Furthermore, in this study the focus groups as recommended by Northcutt & McCoy (2004) have been renamed 'workshops'. This was done in recognition of the highly interactive nature of the sessions that participants would be involved in. The researcher considered that the essential nature of a focus group is that it is a facilitated discussion whereas a workshop requires a much more active participant role. This decision was made to aid in participant recruitment. Potential participants responded more positively to the concept of taking part in an interactive workshop, than in a focus group.

3.10.1.2 Simplifying the System

Northcutt & McCoy suggest that the researcher should produce two versions of the conceptual model, based on the participant data: (1) A 'cluttered' model, which contains all of the possible relationships between the themes, as identified by the participants and (2) an 'uncluttered' model, which rationalizes the system as conceptualized by the participants. Links which Northcutt & McCoy (2004) argue are redundant are removed: "*If there is an intervening variable, it remains, and the direct link that skips over the mediator or intervener is removed as redundant.*" (Northcutt & McCoy, 2004, p.178). The premise behind the need for these two versions of the model is that a 'cluttered' conceptual model containing all the themes and the possible relationships between them, as identified by the participants, is visually confusing and difficult to understand. It is argued that an 'uncluttered' model that removes these 'redundant' links can be more easily understood and should be provided in

conjunction with the 'cluttered' model, to provide greater clarity (Northcutt & McCoy, 2004, p. 176).

This has not been done in this study. It is the contention of the researcher that the removal of relationships from the model, irrespective of where that relationship may lie and what its function might be, fundamentally alters the meaning of the model. Should a model be produced which contains a high number of themes and a high number of relationships between them, such as would make understanding and interpreting the model difficult, this must be addressed in the presentation of results. A full model, however visually crowded should be provided. Alongside which further iterations of the model should be produced; rather than erasing relationships from the conceptual model altogether, these secondary visual representations of the model should 'zoom in' on specific pathways or loops, within the model, highlighting the direction, pattern of influence and importance of these.

At no time has any relationship been completely removed from any model, both direct and indirect relationships between themes have been represented as directed by the participants at all times.

3.10.1.3 Individual Reality

Northcutt & McCoy (2004) recommend that individual interviews be carried out with further members of the sample from which workshop participants were recruited, however the same individuals should not be allowed to participate in both workshop and interview stages of data collection. In part this is used as a 'member-checking device' (Morse et al, 2008). Northcutt & McCoy (2004)

recommend that individual interview participants engage in a two-part interview process; the first section consists of a semi-structured axial interview, in which participants are asked to consider the themes generated by the workshop group and discuss their experiences with each of those themes. The second section of the interview is termed by Northcutt & McCoy as a “*theoretical interview*” (p.200), during which participants complete individual relationship and expanded relationship diagrams based on which individual conceptual models of the experience under investigation are drawn. This allows for cross-checking between the individual and group system diagrams as a method of validating the model produced by the workshop group.

A number of potential problems with this approach were identified by the researcher. It was considered that the need to recruit separate participants for the workshop and the interviews would prove problematic, particularly during the feasibility study where the final year cohort of two out of three branches of nursing under investigation were small. From such a small potential participant pool it was considered a methodological risk to require separate participants to take part in the workshops and the interviews. Furthermore, Morse et al (2008) report that a key limitation of ‘member-checking’ as a device is that individuals may not be able to recognize themselves or their experiences in abstracted data presented to them for ‘checking’. This being so, how much greater then is the risk that separate interview participants may fail to relate to and recognize as representative of their experiences data that was produced by their compatriots on the course rather than themselves (however accurately representative the data may actually be).

In order to effectively mitigate the methodological risks presented here it was decided to utilize the individual interview stage of data collection differently within this study. Recruitment of interview participants was restricted to those who had taken part in the workshop exercises. This significantly reduced the risk that interview participants would fail to identify with the data, whilst simultaneously preserving the desire for a rich descriptive layer of data intended to provide a more insightful understanding of the themes generated in the workshop exercises. Consequently, although the axial interview was carried out as indicated by Northcutt & McCoy (2004), the theoretical stage of the interview process was deemed to no longer be necessary, as these participants had already been involved in the production and validation of the workshop-generated conceptual model.

3.10.2 Participant Attrition

Each 'set' of workshops carried out with participants comprises two workshops. In the first, data is generated, and the first steps of analysis are carried out and in the second, the conceptual model produced by the researcher, on the basis of the data collected in Workshop 1, is presented to the participants for discussion and validation. There is a risk of attrition of participants between the two workshops. If participants were to decide not to attend the second workshop, then all the participants involved in the original generation of the model would not be present to review the fully developed model presented by the researcher and this reduces the capacity of the second workshop to meaningfully validate the model.

In order to minimize the risk of participant attrition for each set of workshops

carried out there was a maximum intervening period of a fortnight between Workshop 1 and Workshop 2. This limits the time frame for individuals to drop out of either their nursing course, or from the study itself; due to apathy toward the second meeting as a result of waning in their interest since the first workshop. Carrying out the second workshop promptly also ensures that the data and its contextual issues as discussed at the first workshop are as fresh as possible in the minds of the participants when second workshop is conducted.

Only one interview was carried out with those participants who take part in the interview stage of the study. Therefore, the risk of participant attrition did not apply here. If insufficient numbers of participants were recruited to take part in the interview stage of the study, this would be reported as a limitation to the findings.

3.10.3 Researcher Presence & Influence

As is the case with any qualitative work carried out it is possible that the unavoidable presence of the researcher during the data gathering steps of the research may affect the authenticity of the responses given by the participants. Qualitative data collection procedures are reliant on the researcher's own individual skills and capacities as a facilitator and analyst (Merriam, 1998). The researcher may (however unintentionally or unconsciously) cause a bias in the findings of the study by imposing their own preconceived ideas and preferences, resulting in an unwanted influence on the participants and their responses (Al Ariss et al, 2012).

In order to minimize the risk of an adverse impact of the researcher's presence

on the data gained which could in turn undermine the validity of the conceptual model created on the basis of that data, a methodology was selected with a carefully crafted role for the researcher. When using IQA the researcher has a specific and limited role as facilitator at the workshop stages of data collection and validation. The presence of the researcher is made clear to all participants, but due to the manner in which the methodology unfolds at the workshop stage, the active participation of the researcher is kept to an absolute minimum. The researcher's role is restricted to providing a forum in which relevant data can be collected, ensuring that no methodological steps are missed or forgotten by the participants and finally timekeeping on behalf of the participants.

At Workshop 1 it is the participants themselves who generate data using the thought cards; the participants then clarify the meanings of these cards, sort them into groups of shared meaning (themes), possibly identifying sub-themes within the larger overarching theme groups as they go; they then name these themes as a group and produce a paragraph amongst themselves on what each theme (and sub-theme) means to them. The existence of and directionality of any relationships between the themes is then assessed and decided upon by the participants as a group activity without reference to the researcher.

The researcher leaves the first workshop with all necessary data required to build a conceptual model of the workshop group's experience/ journey of remaining on their undergraduate nursing course. The participants have no involvement whatsoever in the process of developing the conceptual model, however as can be seen in the procedure (3.6), this process is strictly governed

by the methodology. There is very little scope for the researcher to impose his/her own views as opposed to the views on the participant group during the production of the conceptual model from the relationship table produced by the participants. It could however be argued that the researcher has the potential to exert influence over the identification and placement of feedback loops within the system drawn. The researcher records the direction of the relationship between each set of themes as voted for by the participants, majority rules. However, those votes where the majority is slim, may represent ambiguous relationships or a feedback loop within the model, which causes confusion and a lack of consensus among the participants. Since there is no formal method for identifying a 'slim majority' this is a subjective assessment made by the researcher. In order to ensure that the researcher does not make assessments which are not congruent with the beliefs and perceptions of the workshop participants, the model, as developed by the researcher in line with IQA procedure, is presented to the participants at Workshop 2, in order for it to be checked and validated.

Any changes to the model suggested by the participants are discussed by the whole group and any alterations are agreed by consensus. It is made clear to all the participants that as individuals they should feel free to bring to the attention of the researcher and the group any aspects of the model of which they are unclear, or with which they disagree. In this way, the work of the researcher is constantly checked as it is referred back to the participants.

The individual interview schedules are developed on the basis of the workshop findings; all questions asked are directly related to the themes produced in the

workshops. Interview participants are asked in their interviews to consider the relationships between the identified themes for themselves, providing examples of their experiences with the themes and identifying any relationships within the conceptual model, developed from the workshop data, which they consider to be redundant (see 3.6 Procedure). Conceptual models and interview transcripts are then referred back to the individual with whom the interview was conducted for checking and corrections.

3.10.4 Member-checking

The process of continually returning findings and interpretations to the participants is known as member-checking and this is a well-established method of ensuring the credibility of findings. The participants and the strategy of member-checking are central within IQA. The degree to which the methodology relies on this tool to ensure safeguarding (against researcher influence and bias) and support methodological rigor is evident.

However, there are possible pitfalls when using this tool in the specific context of this study. Despite the participant-focused nature of the methodology, there are still opportunities for the researcher to (however unintentionally) exert a disproportionate influence on the findings of the research. The greatest potential for this, as has already been stated, is in the identification of ambiguous relationships and the placement of feedback loops within the overall system. All work done in this regard by the researcher will be checked by the participants at the second meeting of the workshop participants, however the assumption that the participants will question the researcher's interpretation of the data should be questioned. There is an imbalance of power between

researchers and participants that must be recognized (Human-Vogel & Van Petegem, 2008). It is possible that participants will view the researcher as a subject expert and will be reticent to question the interpretation of the data presented to them; they may simply accept the researcher's understanding of the data without question, or even if they perceive the interpretation to be problematic, they may lack the confidence to voice their concerns in the face of 'expert opinion'. In this study participants will be actively encouraged to approach the conceptual model presented to them in the second workshop session critically, to really consider whether it is an accurate representation of the Workshop 1 discussions; the researcher might have a greater level of understanding of the wider topic area under investigation, or even the research methodology utilized; however it will be reinforced to the participants that the workshop exercises are about eliciting and representing their experiences accurately and they are the experts on their own journey of 'staying the course'.

A further potential limitation of 'member-checking' as a device, is that individuals may not be able to recognize themselves or their experiences in the data presented to them for 'checking' (Morse et al, 2008). This is an especially salient concern for IQA. As can be seen in section 3.6, the participants end workshop one with the relationship table, in which they identify and vote on the direction of all possible relationships between all possible themes generated. The researcher then, takes this table and through a statistical process assigns each theme to one of five topological zones: primary drivers, secondary driver, pivots, secondary outcomes, primary outcomes. The themes are then drawn into the conceptual model according to their zone allocation and the relationships between them (as voted for by the participants in Workshop 1) are

indicated. It is possible that since the participants do not engage in any way with the process of drawing up the model from the relationship table, the resultant model may be too abstracted from the table they are familiar with and they may not perceive the model as accurately representative of the table they produced and therefore of their experiences. The feasibility study will provide the opportunity for the researcher to identify any problems that may exist in this regard. Should any difficulties pertaining to this point arise in the feasibility study, the researcher will add slides into the PowerPoint Presentation shown at the second workshop, which explains the process by which the researcher elicits the model from the table, in simplified non-specialist vocabulary. It is the assessment of the researcher that the contextualization of the model in the process of its development from the relationship table data, will be sufficient to address any difficulties in data/ model recognition encountered.

3.10.5 Sampling Bias

Purposive sampling is a well-documented non-probability sampling technique, however there are limitations on its efficacy which must be considered. It is possible that the sample may fail to represent what is usual in the population under investigation, or that it may fail to be as homogenous a group as intended (Al Ariss et al, 2012).

In order to ensure that the sample recruited was suitably homogeneous and that the participants are representative of what is typical in the population under investigation, safeguards were built into the research procedure. Basic demographic data on undergraduate student nurse cohorts is made available in the public domain by all participating sites, via the Academic Performance

Tracking Tool (APTT) at lead HEI for the project. Demographic Data Questionnaires (please refer to Appendix 5) will be distributed at Workshop 1 to all participants in order to gain a basic level of information regarding the student profile characteristics of those taking part in the study at any given site. The information gained from these questionnaires will then be compared with the student profile characteristics of the entire cohort as reported via the APTT at the same site. In this way, we will be able to ensure that the workshop participants recruited at all sites meet the requirement of homogeneity and are suitably representative of the student cohorts studying at the sites in question. If we find that the samples recruited at individual sites are not adequately representative of the undergraduate student nurse populations at those sites then we can a) attempt to engage in further workshop and interview activities at those sites in order to attempt to correct this discrepancy, b) if further participants cannot be recruited this discrepancy between the two sets of data will be reported in the study as a limitation to the findings.

3.10.6 Anonymity

The credibility and authenticity of the data generated by participants may be adversely affected if said participants are not confident of the anonymity of their data at all stages. If participants fear their honest participation in the study may have an adverse effect on their career/ relationship with those running their programmes of study, then problems with both participant recruitment itself and the usefulness of the data produced may be encountered.

During the workshop phase of data collection, all participants were be provided with identical thought cards (the same size, shape and colour) as well as

identical pens. This will make it impossible to determine which individual is responsible for the production of which thought cards.

All workshop and interview data was transcribed. As part of this process all personal information such as name, age, institution of learning, and so forth will be removed so that all data is fully anonymized. All recordings of workshop activities and interviews will be destroyed once transcribed. If published, information will be presented without reference to any identifying information regarding either the participants or the institutions involved.

All those who participate in an individual 1:1 interview will be presented with a transcript of that interview to read and they will at this stage have the opportunity to edit out any information, which on reflection they do not wish to share.

Data generated by the study will be retained in accordance with the University's policy on Academic Integrity. Any data generated must be kept securely in paper or electronic form for a period of ten years following completion of the research project, in accordance with this policy. Whilst participation is confidential, all participants will be informed that this can only be assured subject to legal limitations.

3.10.7 Verbal Report as Data

The IQA process relies on the accurate verbal report of participants on their internal cognitive processes: in the case of this study participants are considering the factors which influenced their decision making when they made

the deliberate choice to stay on their course as opposed to leave. Of course, it need not be the case that every student questions their position on their training course, where some may constantly question, others may never question, there is a range of possible experience in between and indeed some may experience a consistent conscious intent to remain on their courses with any processes of questioning and recommitting occurring at a sub-conscious level. Whatever the case may be, the study relies on participants verbally representing their internally experienced process of deciding to remain on their course as accurately as they can, as far as is possible. Nisbett & Wilson (1977) contend that when assessing and reporting on their cognitive processes participants do not introspect and report accordingly, but instead make use of “...*implicit causal theories about the extent to which a given stimulus is a plausible cause of a given response.*” (Rennie, Phillips & Quartaro, 1988). This is a claim which has created a wide-ranging debate, the discussion of which is outside the scope of this work. Suffice to say that a number of counter arguments have been produced which discuss the nature of verbal report at length, for a summary of these please see Smith & Miller, 1978; Rich, 1979; Cotton, 1980; Ericson & Simon, 1980; White, 1980; Morris, 1981; Adair & Spinner, 1981; Rennie, Phillips & Quartaro, 1988.

Via a verbal report it is possible only to gain access to that which is conscious (Morris, 1981), it is not possible to gain access to subconscious processes or indeed to information which participants intentionally conceal. An absence of external validation criteria makes any attempt to determine how far students are reporting a truthful account of their perspective (or rather a complete and truthful account), or any assessment of their intentionality futile. This study is

being conducted at multiple sites; overall six sets of focus groups and up to 24 interviews will be conducted. The consistent application of the methodology will allow us to assess whether different individuals and groups report a similar experience of the phenomena under investigation across sites, thereby increasing the credibility of individual accounts (Rennie, Phillips & Quartaro, 1988).

3.10.8 Language

There is a mutually affecting, bidirectional relationship between language, as the framework we use to construct our thoughts in order to share them, and the way in which the words we know and come to learn through others enable us to understand new concepts, shape and refine our thoughts and even to produce new thoughts (Halpern, 2002). The Sapir-Worf hypothesis of linguistic relativity (Sapir, 1960; Whorf, 1956) proved hugely influential at its inception and has sparked decades of debate as to just how far the language we use affects the way we think and effectively reifies the dominant concepts and categories in our cognition. The debate must be acknowledged; however, a full consideration of this ongoing polemic is outside the scope of this work. Here it is the contemporary position of Reiger and Kay (2009) which will be adopted: that language is influential upon but does not entirely determine thinking (or that which we are capable of thinking).

What is clear is that individuals are highly susceptible to the suggestion of the language which is used to frame a concept or outline a question, and they are not always conscious of the effects of language on their thinking (Halpern, 2002; Thibodeau & Boroditsky, 2011). In terms of methodological risk

researchers must consider the impact of the language that they themselves use when; outlining a study to potential participants, on a participant information sheet and when discussing issues pertinent to the topic with participants during recruitment, in an interview, focus group or workshop situation. Loftus & Palmer (1974) demonstrated that changing a single word in the question (or statement) directed at participants for their consideration could impact the participants' response. In this study students are being encouraged to explore their experience of choosing to remain on, rather than leave, their programmes of study. The actual language the students use when considering and discussing their persistence decisions is every bit as desirable (in terms of data collection) as the factors which participants identify as influential on their decision-making process and the relationships between these factors. A deliberate attempt has been made in this study to avoid using the terms: persistence, retention and attrition (which are used in existing literature to discuss undergraduate student nurses who stay and those who leave their courses) in participant materials (until the final debrief exercise during which participants are encouraged to engage with and evaluate these terms). This has been done in order to prevent participants from being influenced by these terms and any connotations these terms may have, as far as is possible. It is important to this study that students express themselves and discuss their experiences in their own words, in language which comes naturally to them. Should participants, either in the workshops or individual interviews, raise the terms "*persistence*", "*attrition*" or "*retention*" for themselves, this is not necessarily problematic. What is important, is that participants use language that is comfortable, natural and relatable for them, as opposed to adopting terms to discuss their experiences which they have been provided with (however unintentionally) by the

researcher.

However, it is not merely researcher influence that must be guarded against. In group situations such as workshop activities one participant may, with or without intentionality, influence the thoughts of another. If one individual is unsure how to express their thoughts, feelings and experiences, they may choose to adopt language which they hear another participant use. This 'adopted language' may indeed be appropriate or, conversely, they may alter the individual's thinking causing them to adopt another participant's point of view rather than accurately representing their own. Again, this is not necessarily a conscious process. Thibodeau and Boroditsky (2011) found that when one participant is witness to the use of metaphor by another to express themselves, these metaphors can influence said participant's decision making; and this effect is covert. Participants are not aware of the influence others may (or may not) be having on their own thought processes and responses. This consideration is especially relevant to activity one at the first workshop: the brainstorming activity. It is key during this activity that individual participants within the group be given the opportunity to express their thoughts and ideas regarding their experiences and decisions which they have made, free from the influence of the researcher or other participants. For this reason, the brainstorming activity will be done in silence. This prevents dominant personalities within the group from exerting undue influence over the thought cards generated and provides the participants with quiet uninterrupted time to reflect upon their experiences of the phenomena under investigation and frame their thoughts for themselves, in their own words, as unencumbered by their fellow participants as possible.

3.11 Ethical Approval

This study has been through the appropriate research and ethics procedures for the department of psychology, social work and public health and signed off by a research ethics officer before being submitted to and approved by the lead HEI's Research Ethics Committee (please refer to appendices 9-22).

3.12 Chapter Summary

This chapter addressed the process of data gathering and analysis used in the development of this study. The selection of a qualitatively focused methodology was explained and in recognition of the relatively unknown status of the methodology employed in this study, the theoretical framework of the methodology has been explored and discussed in detail. This was done in order to demonstrate fully how the selection of this methodology is in line with the research aims of the study. This chapter concluded with the researcher's reflections on plans to address and mitigate the methodological risks present in this study in light of Lincoln & Guba's (1985) four key criteria for ensuring methodological rigor and quality of research.

Chapter Four: Feasibility Study Results

4.1 Introduction

In this chapter the results of the feasibility study, conducted over the period September 2015-January 2016 at Site A, will be discussed. As previously stated, the feasibility study provided not only the opportunity to test the workability of the methods of data collection and analysis chosen, it also provided scope for an exploratory study. The privileging of the student voice and the engagement of research participants themselves in the coding and analysis of their experiences necessitates a good deal of extended quotation in this chapter, as a preliminary to substantive researcher analysis and exploration in Chapter 6.

Currently there are four branches of nursing: adult, child, mental health and learning disability. After finishing the common foundation programme common to all nurses, students undertake further learning tailored to the branch of nursing for which they enrolled. Inconsistency exists in the literature as to whether attrition statistics differ significantly between branches in a way that may reflect experiential differences (Anjonwu et al, 2005; Wood, 2005). It is possible that if experiential differences influence student decisions to leave a course, similarly there may be experiential differences between students from the different branches of nursing who *continue* on their courses.

Therefore, during the feasibility study phase of the project, three sets of workshops were carried out (one for each of the three branch specialties commonly taught across all three sites where the research was carried out: child, adult, mental health) to establish whether there is a significant difference

in the student experience of persistence between these branches of nursing. It was concluded that if differences in the experience of students of “continuing on” were found between branches, participation in the main phase of the study would be limited to undergraduate nursing students within the adult branch of nursing only.

4.2 Feasibility Study Participants

Three workshops were conducted with a total number of seventeen participants: six students participated in the paediatric branch workshop, five students participated in the adult branch workshop and a further six participants participated in the mental health workshop. From these seventeen participants, nine participants, three from each workshop group, agreed to participate in follow-up interviews over the phone. These interviews were used to explore participants’ lived experiences of each of the themes that were generated by the workshop group, allowing a more comprehensive understanding of each theme to be developed.

Table 4.1 illustrates the demographic data collected from the participants who took part in all three workshops conducted at the feasibility study site. What we can see from this table is that workshop participants were overwhelmingly female (88.2%). Only one of the five participants who took part in the adult workshop and one of the six participants who took part in the mental health workshop were male. Twelve of the seventeen participants across the workshops were aged 18-25, that is 70.5% of participants.

Table 4.1 Feasibility Study: Participant Demographic Data

Question		Paediatric Branch (N=6)	Adult Branch (N=5)	Mental Health Branch (N=6)	Overall (N=17)	
Gender	Male		1 (20%)	1 (16.7%)	2 (11.8%)	
	Female	6 (100%)	4 (80%)	5 (83.3%)	15 (88.2%)	
Age Range	18-25	5 (83.3%)	4 (80%)	3 (50%)	12 (70.5%)	
	26-34	1 (16.7%)		1 (16.7%)	2 (11.8%)	
	35-42			1 (16.7%)	1 (5.9%)	
	43-52		1 (20%)	1 (16.7%)	2 (11.8%)	
	53-62 Over 62					
Ethnic Grouping	White (British)	6 (100%)	4 (80%)	6 (100%)	16 (94.1%)	
	White (Scottish)		1 (20%)		1 (5.9%)	
	Mixed Heritage					
	Asian or Asian British					
	Black or Black British Chinese or Other Ethnic Group					
Is English Your First Language?	Yes	6 (100%)	5 (100%)	6 (100%)	17 (100%)	
Marital Status	No					
	Single	3 (50%)	4 (80%)	2 (33.3%)	9 (52.9%)	
	Co-habiting	2 (33.3%)	1 (20%)	3 (50%)	6 (35.3%)	
	Civil Partnership					
	Married Separated Divorced Widowed	1 (16.7%)		1 (16.7%)	2 (11.8%)	
Dependents	Yes			2 (33.3%)	2 (11.8%)	
	No	6 (100%)	5 (100%)	4 (66.7%)	15 (88.2%)	
Declared Disability	Yes	1 (16.7%)	1 (20%)		2 (11.8%)	
	No	5 (83.3%)	4 (80%)	6 (100%)	15 (88.2%)	
Declared Health Condition	Yes					
	No	6 (100%)	5 (100%)	6 (100%)	17 (100%)	
Highest Level Of Education	Less than 5 GCSE's or O Levels (grades A-C), NVQ1 or BTEC First Diploma					
	Fewer than 5 GCSE's or O Levels 9grades A-C), NVQ2 or equivalent	4 (66.7%)	4 (80%)	6 (100%)	14 (82.3%)	
	3 or more A level's, NVQ3, BTEC National or equivalent Polytechnic, University Degree, NVQ4 or equivalent	2 (33.3%)			2 (11.8%)	
Masters/ Doctoral Degree, NVQ5 or equivalent			1 (20%)		1 (5.9%)	
	Are You The First (Or First Generation) In Your Family To Go To A Tertiary Education Institution Of Learning?	Yes	1 (16.7%)	2 (40%)	3 (50%)	6 (35.3%)
	No	5 (83.3%)	3 (60%)	3 (50%)	11 (64.7%)	
Enrollment Status	Full-time	6 (100%)	5 (100%)	6 (100%)	17 (100%)	
Do you live in Halls or on Campus?	Part-time					
	Yes					
Residential Locale	No	6 (100%)	5 (100%)	6 (100%)	17 (100%)	
	Rural	1 (16.7%)		1 (16.7%)	2 (11.8%)	
How Many Miles from campus do you live?	Urban	5 (83.3%)	5 (100%)	5 (83.3%)	15 (88.2%)	
	1-5 miles	4 (66.7%)	5 (100%)	2 (33.3%)	11 (64.7%)	
	6-10 miles	1 (16.7%)		1 (16.7%)	2 (11.8%)	
	11-15 miles			2 (33.3%)	2 (11.8%)	
	16-20 miles			1 (16.7%)	1 (5.9%)	
	21-25 miles	1 (16.7%)			1 (5.9%)	
	26-30 miles 31-35 miles			1 (16.7%)	1 (5.9%)	
Are You Currently Employed at the same time as being a student?	Yes	2 (33.3%)	2 (40%)	2 (33.3%)	6 (35.3%)	
	No	4 (66.7%)	3 (60%)	4 (66.7%)	11 (64.7%)	
Do you have previous nursing related work experience?	Yes	2 (33.3%)	3 (60%)	1 (16.7%)	6 (35.3%)	
	No	4 (66.7%)	2 (40%)	5 (83.3%)	11 (64.7%)	
Have you previously held employment in healthcare/ care provision/ a hospital/ a carehome/ domicilliary or palliative care?	Yes	2 (33.3%)	2 (40%)	3 (50%)	7 (41.2%)	
	No	4 (66.7%)	3 (60%)	3 (50%)	10 (58.8%)	

One of the six participants in the paediatric workshop reported themselves as 26-34, whilst one of the five participants in the adult workshop reported themselves as 43-52. The mental health branch workshop had the highest degree of variability in the age of participants: three of the six participants (50%) were 18-25, with one participant reporting themselves as 26-34, one reporting themselves as 35-42 and the final participant reporting themselves as 43-52.

All seventeen participants reported their ethnicity as White. Sixteen of those who participated in the feasibility study identified as White British, with one participant identifying as White Scottish. All participants considered English to be their first language.

Marital status was split predominantly between those who considered themselves single (nine of the seventeen participants, 52.9%) and those who were cohabiting with a partner (six of the seventeen participants, 35.3%). The final two remaining participants were divorced and at the time of the workshop living with their parents. No one branch demonstrated as more likely to appeal to those who were single or those in a relationship than any other. Only two of those who participated in the feasibility study (12% rounded up to the nearest whole number) had children. Both participants who had children participated in the mental health branch workshop and identified themselves as 26-34 (with two children under the age of 18) and 43-52 respectively (with two children over the age of 18) respectively.

Two of the seventeen participants reported a declared disability; in the case of both students this referred to learning difficulties that required special

considerations in relation to marking or extra time to complete assignments and exams. These however were the only instances of difficulty reported by the participants, as no declared health conditions were reported by any of those who took part in the feasibility study.

Of those who took part in the feasibility study an overwhelming majority (82.3%), came to the course with entry qualifications of “three or more A levels, NVQ3, BTEC National or equivalent”. Given that we can see from the age profile of the participants that the majority were 18-25, this level of course entry qualifications is unsurprising. Two of those who took part in the paediatric workshop were engaging in their second undergraduate degree and already had an existing bachelor in another discipline. The male participant in the adult branch workshop, who self-reported as 43-52, entered the course with a master’s level degree in a different discipline.

It was found that 64.7% of those who took part in the feasibility study were not the first (or first generation) within their family to attend university, with just 35.3% reporting that they represented the first generation within their family to attend a tertiary education institution of learning.

All seventeen participants recruited were enrolled full-time on their nursing degree programme, however none of them lived on campus or in university-provided accommodation. All participants were privately housed in family owned or privately rented accommodation. Of these, 88.2% lived in an urban area, with 82.4% of those living within a 15-mile radius of the university campus,

leaving 17.7% (three participants) who lived 18-35 miles from campus and/ or in rural areas.

The majority of those who took part in the feasibility study (64.7%) were not engaged in part-time employment alongside their studies; however, they did rely on financial assistance from their families, or lived at home/ with family members in order to attempt to minimise living expenses. The remaining 35.3% of participants required a part-time job in order to support themselves and/ or their families during their period of study. No statistically significant correlations could be found however between age and dependents, age and employment, dependents and employment or marital status and employment (i.e. the need to contribute towards the living expenses of cohabitation). It is considered that this was due to the small number of participants involved in this qualitative enquiry.

Finally, in terms of previous experience in a nursing environment or a previous job in care provision, 76.5% of participants reported having either previous nursing work experience, a previous job in care provision or both. The lowest levels of previous nursing work experience were reported by mental health workshop participants, where only one of the six participants had branch-relevant work experience. Presumably due to the smaller number of mental health wards as compared to paediatric and adult nursing wards, mental health nursing work experience prior to the course is more difficult to attain. The highest levels of previous work experience in nursing were reported by the adult branch, where 60% of participants had managed to procure some sort of relevant work experience prior to the start of the course. Previous employment in a care role was slightly more evenly split; 41.2% of all participants had been

previously employed in a care role, leaving 58.8% with no previous caring experience.

4.3 Presentation of Findings

The findings from each workshop conducted during the feasibility phase of the study are presented sequentially using the same format including 1) each theme name, 2) the participants' summative paragraph regarding each theme, 3) a composite of key participant quotes regarding each theme, as amalgamated by the researcher, from the data collected from the individual interview stage of data collection, 4) the relationship tables, as completed by the participants and expanded upon by the researcher, and 5) the final drawn model, as produced by the researcher and validated by the participants.

Due to the large volume of data gathered during the individual interview stage of the study, subsequent to all workshops conducted, the inclusion of participant extracts in the "composite of key participant quotes", as produced for each theme and sub-theme, has been limited to only those which were deemed sufficiently indicative, and suitably relevant to the focal themes and topics under discussion by the researcher.

4.4 Paediatric Branch Workshop Results

A workshop group of six participants was recruited from among the second-and-third year students currently enrolled on the three-year BA Paediatric Nursing degree programme at the feasibility study site. Participants were asked to consider "*people, places, thing and ideas*" on which they have relied or that have been instrumental in their decision to remain on their programme of study.

Participants generated 41 responses on thought cards. Once sorted by theme, participants named these themes and produced a list of four themes and ten further subthemes. Subsequently the participants produced a representative statement and summative paragraph explaining the meaning of each theme and subtheme, to them as a group, in their own words.

Interviews were then carried out with three of the participants who took part in the original workshop, using an interview schedule developed based upon the data produced by the workshop group (please refer to Appendix 17). The three follow-up interview participants for the paediatric workshop have been renamed: Grace, Sophie and Mary. Participants were asked to discuss their thoughts and feelings and experiences regarding each theme and subtheme that their workshop group had generated. A composite of key quotes from each participant regarding each theme and subtheme has been created and amalgamated with the workshop data in order to provide greater detail regarding participants' understanding of and experience with each theme and subtheme. The following descriptions of the four themes and ten subthemes identified by the workshop participants comprise students' collective perceptions of what factors they as undergraduate paediatric student nurses, consider essential to their decision to stay on (rather than leave) their programme of study.

4.4.1 Theme One: Positives of the Degree

The first theme identified by students in the paediatric workshop was "positives of the degree". Students considered that this theme represented the reasons

why they took up places on this course and at this university specifically, and those reasons why they are “still here”.

Participants considered that the thought cards which they allocated to this theme could be further subdivided into three subthemes for clarity: course positives, university positives and placement positives.

4.4.1.1 Participants’ Summative Paragraph “Positives of the Degree”

A verbatim rendering of the participants’ summative paragraph is as follows:

Amazing teaching hospitals that link with our course. All round placement opportunities, amazing skills labs, outside lecturers (e.g. specialist nurses), cadavers, nurturing small cohort group. The fact we have formative drafts and feedback before our summative submission. Placement very close to where we live. Open day was “we want you” rather than “we need to assess you to see if you are good enough to come here.”

4.4.1.2 Composite of Key Participant Quotes Regarding the Theme “Positives of the Degree”: Participant Interview Data

Participants discussed the perceived positives of the degree in greater detail. Within the participant-identified themes of Course, University and Placement participants focused their comments on: the location of placement, the range of placements available (and their feelings regarding this variety), the quality of the course, the responsiveness of staff to feedback provided on the course, the usefulness of formative feedback and the positive impact of a good mentor experience. Indicative quotations are as follows:

4.4.1.2.1 Placement

“I’d say I think it’s such good quality that I think when we qualify it will benefit us massively.” (Grace, Transcript Lines: 245-246).

“...so, the variety of placements that the children’s hospital has, we’re talking about 8 or 9 wards or something...which gives you a good variety of different aspects of children’s nursing...So one of only a few centres in the country that specialise in specific forms of treatment...so you’re getting very kind of specific training in those areas and another area wouldn’t have had any of that training, so that’s been really good.” (Sophie, Transcript Lines: 182-187).

“...to be fair all mine have been positive...which I guess has helped...I think having people that...are willing to have students has been a really important part of the whole course. I know some people haven’t had that...and actually [this university] have stepped in and really supported the students that maybe haven’t had the best mentor, so actually [this university] has actually worked in partnership quite well with [the hospital] to actually support students who are struggling on placements.” (Sophie, Transcript Lines: 197-202).

“...kind of being flexible around me and my working, they’ve been really really good at discussing things and...giving opportunities so if there’s something with a patient...that...will be really interesting they’ll say well come and take that patient so that [you] can learn about this...which has been really good...it’s just helped reaffirm that I wanna stay on the course.” (Sophie, Transcript Lines: 202-209).

“...feedback from mentors, they’re very good at discussing strengths...they’re very good at saying you did this fine, you did that well and...I think the paperwork’s has helped focusing on areas, where to improve...” (Sophie, Transcript Lines: 209-211).

4.4.1.2.2 Course & University

“...the university and...the comments, the skills lab and the lectures and stuff, it’s such high quality that I don’t think we would have got at another university.” (Grace, Transcript Lines: 243-245).

“...I think that the formative feedback and the formative options are really helpful and that you know where you’re standing before you submit something as a summative...” (Sophie, Transcript Lines: 157-158).

“...we have a small cohort so our lecturers are very available to us has been really good...it just means that you know you can get in contact with someone quite easily.” (Sophie, Transcript Lines: 159-162).

“... the course is very and the university generally are very good at adapting something. So, if you said, “this didn’t work very well this year”, I know it doesn’t affect us, but they adapt it for the next year so that you know that what you actually say is really being influenced by people really living the process. It just means that you feel like you can give feedback because you know it will be...positive...for the next...year which I think is good...” (Sophie, Transcript Lines: 167-168).

4.4.2 Theme Two: Opportunities

The second theme identified by students in the paediatric workshop was “Opportunities”. Students considered that this theme represented planning for the future. No subthemes were generated by the workshop participants in relation to this theme.

4.4.2.1 Participants’ Summative Paragraph “Opportunities”

A verbatim rendering of the participants’ summative paragraph is as follows:

Looking past the course and remembering the long-term benefits of the degree. Not living in the here and now, remembering it opens you up to more than one job. The course is a stepping stone to many choices. It also gives you the opportunity to gain further education. Financial benefits once we graduate (vocational course).

4.4.2.2 Composite of Key Participant Quotes Regarding the Theme “Opportunities”: Participant Interview Data

Participants discussed their ideas of their opportunities in the future and their ideas of what “opportunities” as a concept means to them in greater detail.

Indicative quotations are as follows:

“...you’re then in a qualified profession...you should in theory be able to get a job quite easily whereas with some degrees they don’t leave you with much options when you’ve finished.” (Grace, Transcript Lines: 293-295).

“So being on placement and having...kind of on the job training gives you such a good idea of where you wanna work when you qualify and what you wanna do...” (Grace, Transcript Lines: 321-323).

“...well doing an actual vocational course has opened up the door to get a job pretty quickly at the end of it, it’s not one where we’re going to be waiting too long to have jobs, hopefully.” (Sophie, Transcript Lines: 233-235).

“...I’d say it is a stepping stone really because there are so many opportunities after you’ve done this degree...you can do a masters or you can do a degree in specialism nursing or go into community, or just anything really...there is such a massive opportunity afterwards...when we graduate that we go on and do anything really.” (Mary, Transcript Lines: 260-264).

4.4.3 Theme Three: People Who Support Us

The third theme identified by students in the paediatric workshop was “People Who Support Us”. Students considered that this theme represented “the supporting network surrounding us”.

Participants considered that the thought cards which they allocated to this theme could be further subdivided into four subthemes: Family, Placement, Friends & University.

4.4.3.1 Participants' Summative Paragraph "People Who Support Us"

A verbatim rendering of the participants' summative paragraph is as follows:

Relatives that we can go to after a hard day for support and advice. Support from key people in our lives as well as other students in the same position. Good feedback from placement mentors motivates us that we are doing something right. Lecturers are especially supportive and understanding, they try to make it their best interest to go out of their way to help you.

4.4.3.2 Composite of Key Participant Quotes Regarding the Theme "People Who Support Us": Participant Interview Data

Participants discussed their experiences of support and those who support them in greater detail. Indicative quotations are as follows:

4.4.3.2.1 Family

"...my family as much as they don't have a clue...how intense a nursing degree is, my parents in particular are so supportive and I know that if I've had a bad day they will be a shoulder for me to cry on...like my mum...it's just little things like that, where she says that she's proud of me, that I do...what I do...even if I'm not upset, even when I'm having a good day she'll just at random times say "I am really proud of you for what you do"." (Grace, Transcript Lines: 127-135).

"...my family provided financial support to some degree. Probably, not throughout the course, just as I have needed it as it were...emotional support, especially because my mum's a nurse, so having her to be able to talk to her when it's been difficult and things, but also when it's been good, you know,

being able to share with the kind of good stuff as well.” (Sophie, Transcript Lines: 93-97).

“... just having people to talk to and having people...that believe in me...when I go “argh I can’t do this, I can’t do this”, they go, I know you can do it, it’s fine you can do it and I know you’ll make a good nurse, just those...positive words of reinforcement are helpful to remind yourself of why you’re doing [it]...and...that you can do it.” (Sophie, Transcript Lines: 97-101).

“I’d say I’ve got my boyfriend here as well, that I haven’t mentioned. And he’s been fantastic as well...he’d helped me see the positives of staying at uni, going through it all...” (Mary, Transcript Lines: 181-186).

4.4.3.2.2 Friends

“...so I think when you do a nursing degree you don’t really have time to make a lot of friends just because it’s so unsociable, but the friends that I do have...they are very supportive because they know exactly what I’m going through, cause they’re all doing a nursing degree as well, so when you say you’re tired they know what tired means... they can support you and they can say...things that maybe other people can’t say and when you say “oh...I’ve had a really bad day...this has happened” they know, or they can put themselves in that situation so...they can be like really supportive.” (Grace, Transcript Lines: 148-157).

“...being able to discuss things with them and also sharing in essay writing and stuff like that, sharing ideas and sharing links and information...has been really helpful.” (Sophie, Transcript Lines: 109-111).

“...my house mates...they’re not on my course, but I’ve met them through coming to uni and they’ve all been really good, really good. They’re always really considerate about me being on shift late...they’ll put like dinner on if I finish a shift late and stuff like that, so that’s quite good.” (Mary, Transcript Lines: 147-150).

4.4.3.2.3 University & Placement

“...I would say that the mentor you get on the ward is quite a massive factor in how well you do that year.” (Grace, Transcript Lines: 185-186).

“...because then if you get on with your mentor and you feel like they’re on your side you can go home and just be, just feel like reflecting on the day whereas if you’re not getting on with that person you then go home ore stressed because you’ve had to deal with the person and their personality all day...I can remember working with somebody last year on the ward...and I just felt like the whole day she was...picking on me and just...not very pleasant to work with and that day I went home just really upset and stressed out because I just felt like the whole time I was just being like victimized...if that was my mentor for a whole year I would have struggled...I can imagine it would have been a totally different experience to the one I had.” (Grace, Transcript Lines: 189-199).

“...I was going to say in particular this year that I’ve been at university a lot of the staff on the ward...always sort of make comments like “oh I hope you can come and work here after you qualify”...those kinds of comments are really encouraging...this year I feel like I genuinely am working really well within the team...” (Grace, Transcript Lines: 206-211).

“...I think...having positive reinforcement from both lecturers and mentors has been really helpful and it...encourages you to think actually I can do this...support from university sort of with essays and essay deadlines and just getting a work-life balance has been really, ‘cause I work as well.” (Sophie, Transcript Lines: 123-126).

“...they’re very flexible in like saying well “you’ve got this deadline so let’s do that and then we’ll come back to you in a couple of weeks and see how you’re doing”, so just the regular check-ins have been really useful.” (Sophie, Transcript Lines: 126-129).

“...mentors on the ward and just the ward generally are very accommodating for students and they’re good at telling you what you can do and where you can get information and really good at kind of teaching you new things so you feel like you’re not a burden to them but actually that they wanna teach you and they wanna help you learn so that’s been really good.” (Sophie, Transcript Lines: 131-135).

“...in my first year my mentor was the most enthusiastic person I think I’ve ever met...the feedback we got from her was always really really positive and I think, if she hadn’t been so positive then I would probably have struggled a lot more with carrying on with the course a lot more than I did.” (Mary, Transcript Lines: 157-162).

“...lecturers wise, I have an academic advisor and she’s been absolutely fantastic, she’s been amazing, it’s just any problems I’ve had I’ll just email her

and we'll go in for a meeting and we'll literally just chat and have a cup of tea and you know be all fine and she'll...set plans for me and stuff if I was struggling to do assignments or anything like that. All the lecturers have been really good at contacting us all and if we have any queries or anything like that."

(Mary, Transcript Lines: 169-174).

4.4.4 Theme Four: Our Feelings

The final theme identified by students in the paediatric workshop was "Our Feelings". Students considered that this theme represented their ideas of their internal and external motivations.

Participants considered that the thought cards which they allocated to this theme could be further subdivided into three subthemes: Determination, Placement Motivation and Personal Motivation

4.4.4.1 Participants' Summative Paragraph "Our Feelings"

A verbatim rendering of the participants' summative paragraph is as follows:

The reason why we are here, and the reasons why we are continually motivated to carry on and not drop out. Passion. A reminder as to why we are entering the caring profession. Feeling like we are making a difference to individual patients we meet. When we can see why we are doing what we are doing – rewarding and reminds us why we are still here.

4.4.4.2 Composite of Key Participant Quotes Regarding the Theme “Our Feelings”: Participant Interview Data

Participants discussed their feelings in relation to the course in greater detail: their personal determination to succeed, the motivation that they feel they get from attending placement and their own personal, internal motivations for persisting on their course. This theme appears to be concerned with the “here and now”, keeping their motivation and their determination up to sufficient levels to keep them on the course until the end. Indicative quotations are as follows:

4.4.4.2.1 Determination

“...determination...just...within myself I feel like I’m determined to finish the course and qualify as a nurse just for sort of my own...self-worth and...feeling like I’ve actually accomplished something.” (Grace, Transcript Lines: 32-35).

“...after all that work...I had to do an access course as well to get onto the university course so that took a year prior to starting university...if I hadn’t then gone to university and carried it on, it would have been like a waste.” (Mary, Transcript Lines: 62-66).

4.4.4.2.2 Placement Motivation

“...this year I’ve been in the intensive care environment, there’s a lot more time for you to spend with your mentor, with patients, with doctors, so I feel like I’m getting a lot more like positive feelings from that experience...” (Grace, Transcript Lines: 42-45).

“...also again when you’re spending so much time with patients and their families, you get a lot of motivation from the family, especially when they’re...really positive or...they’ll be...a key moment where...within that key moment for example...where a mothers like really confided in you and said thank you so much for...helping my child there’s sort of like bits of motivation that I get...” (Grace, Transcript Lines: 47-51).

“It’s just extremely rewarding...knowing and seeing patients. One example I have is that there was a patient that had a brain tumour who had been on my ward and was extremely unwell and got transferred to the oncology ward and two months later came back and was like “oh I’m going home...I’m all clear” and seeing that you know it made me want to cry...it was just so amazing to know that I’d helped them and the fact that he’d remembered me when he came back up to the ward, was just amazing.” (Mary, Transcript Lines: 72-78).

4.4.4.2.3 Personal Motivation

“So that can be quite hard for me to be personally motivated but it’s just knowing that I need to get to it...having sort of deadlines to work to and knowing that things have to be completed by certain times just gives you...a timeframe and giving me something to work towards but...it can be difficult when you’ve got a lot of work that you need to complete but you just have to sort of sit at certain times just sit down and think right you’ve got x amount of months left and then you’ll have done this and then go and do this and that’ll make you feel better but yeah so motivation for me is quite difficult for me.” (Grace, Transcript Lines: 57-63).

“I’d say it’s very stressful and that’s quite an overwhelming feeling at times. I wouldn’t really say that there’s a lot of support with sort of dealing with that stress yourself, rather than somebody else giving you ideas on how to manage that stress.” (Grace, Transcript Lines: 83-85).

“...I think everything is a personal motivation really...Willingness to not give up I suppose, otherwise I’d feel like a failure in my eyes...pretty much everything is just a personal motivation to me all the time!” (Mary, Transcript Lines: 101-103).

4.4.5 Paediatric Branch Workshop Group Relationship Tables & Resultant Model

As their final workshop activity, participants considered the nature of any relationships which they perceived to exist between each pair of themes (Table 4.2); whether A influences B, B influences A or whether there was no perceived relationship between A and B.

Table 4.2 Paediatric Workshop Group: Relationship Table

Relationship Table							
	Opportunities	Our Feelings	People Who Support Us	Positives Of The Degree	OUT	IN	Δ
Opportunities	0	←	0	↑	1	1	0
Our Feelings	↑	0	↕↔	↑	3	1	2
People Who Support Us	0	↕↔	0	↕↔	2	2	0
Positives Of The Degree	←	←	↕↔	0	1	3	-2

Table 4.2 demonstrates that participants considered that there was a relationship between each set of themes considered, except for “People Who Support Us” and “Opportunities”, with two bi-directional relationships identified where participants considered the themes to be mutually affecting. Arrows in

the table are directed towards the theme which participants deemed to be the driving theme within each pairing (Northcutt & McCoy, 2004).

Participants' conceptualisation of each pairing was verbalised in the form of an IF/ THEN statement to provide greater clarity on their perception of how each pair of themes interacts, which can then be brought together to produce a map of the overall effect of these themes and the relationships between them on their choice to remain on (rather than leave) their programme of study (please refer to Table 4.3).

The data from tables 4.2 and 4.3 were used by the researcher to produce the final drawn model, Model 4.1. The final three red columns of Table 4.2 were used to designate the position of a theme within the model to be drawn. The distribution of themes within the final drawn model can be seen in Table 4.4.

Table 4.3 Paediatric Workshop Group: Expanded Relationship Table (Participant IF/ THEN Statements)

Theme Name	
1	Opportunities
2	Our Feelings
3	People Who Support Us
4	Positives Of The Degree

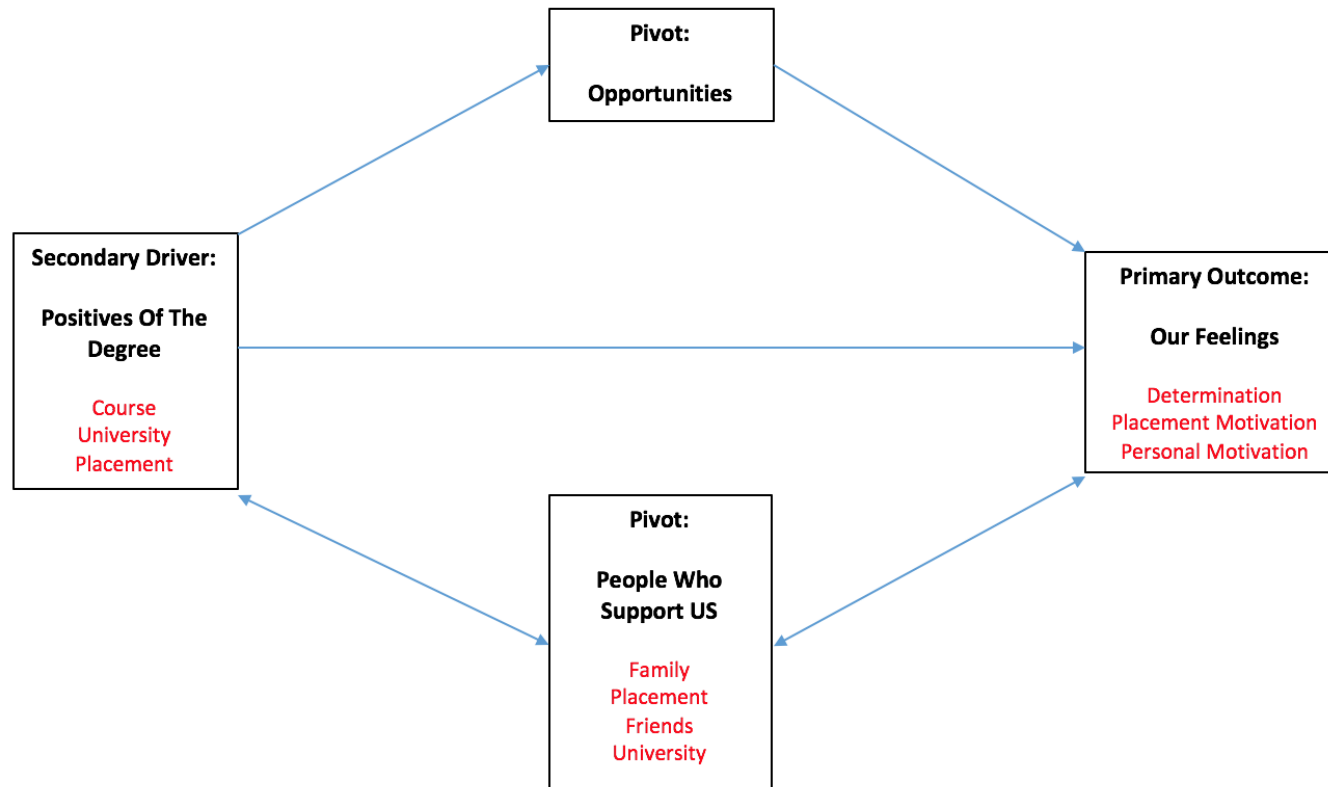
Workshop Themes Expanded Relationship Table	
Pair of Themes	The direction of the relationship between each pair of themes in the participants' own words or in the form of an IF/ THEN statement
1 > 2	IF we didn't have/ learn about the opportunities THEN it would affect our feelings and we would feel demotivated
1 < >3	No perceived relationship
1 < 4	IF we didn't have the fantastic course THEN our opportunities would be limited
2 <> 3	IF we didn't have people who supported us THEN we would find the course more emotionally challenging. IF we weren't emotionally engaged THEN we wouldn't be affected by or feel supported by the available support
2 < 4	IF there weren't any positives of the course THEN we would have an increase in negative rather than positive feelings
3 <> 4	IF there were less people supporting us THEN it would detract from the positives of the course and we wouldn't be so successful. IF the positive aspects of the course were less prevalent THEN we would receive less support/ feel less supported

Model 4.1 illustrates the pattern of influence as understood by the participants between the themes, explaining the phenomenon of remaining on their course from the perspective of the paediatric nursing workshop group. Once produced this model was fully validated by all members of the original workshop group.

Table 4.4 Paediatric Workshop Group: Final Designation of Themes

Designation	
Primary Driver (all in no out)	None In This Model
Secondary Driver (more in than out)	Positives Of The Degree
Pivots (Score zero)	Opportunities & People Who Support Us
Secondary Outcome (more out than in)	Our Feelings
Primary Outcome (all out no in)	None In This Model

Model 4.1: Pilot Site Paediatric Branch Final Model



Key

Themes are shown in black

Subthemes are shown in red

Arrows indicate the direction of the relationships between themes

4.5 Adult Branch Workshop Results

A workshop group of five participants was recruited from among the second- and third-year students currently enrolled on the three-year BA Adult Nursing degree programme at the feasibility study site. Participants were asked to consider “*people, places, thing and ideas*” on which they have relied or that have been instrumental in their decision to remain on their programme of study. Participants generated 34 responses on thought cards. Once sorted by theme, participants named these themes and produced a list of six themes and five further subthemes. Subsequently the participants produced a representative statement and summative paragraph explaining the meaning of each theme and subtheme, to them as a group, in their own words.

Interviews were then carried out with three of the participants who took part in the original workshop, using an interview schedule developed based upon the data produced by the workshop group (please refer to Appendix 19). The three follow-up interview participants for the adult nursing workshop have been renamed: Olivia, Holly and Rebecca.

Participants were asked to discuss their thoughts and feelings and experiences regarding each theme and subtheme that their workshop group had generated. A composite of key quotes from each participant regarding each theme and subtheme has been created and amalgamated with the workshop data in order to provide greater detail regarding participants’ understanding of and experience with each theme and subtheme. The following descriptions of the six themes and five subthemes identified by the workshop participants comprise students’ collective perceptions of what factors they as undergraduate adult student nurses

consider essential to their decision to stay on (rather than leave) their programme of study.

4.5.1 Theme One: Politics

The first theme identified by students in the adult workshop was “Politics”. Students considered that this theme represented their interest in “...staying in nursing for the positive change we could implement on patient care based on our own personal clinical experience”. No subthemes were generated by the workshop participants in relation to this theme.

4.5.1.1 Participants’ Summative Paragraph “Politics”

A verbatim rendering of the participants’ summative paragraph is as follows:

We want the leaders of the NHS to come from a clinical background and to represent the workforce and patients.

4.5.1.2 Composite of Key Participant Quotes Regarding the Theme “Politics”: Participant Interview Data

Participants identified no-subthemes within the overall theme of “Politics”, however participant comments focused on 1) the effect of budget cuts and policy changes on staff, their working environment and their capacity to train and 2) the impact of budget cuts and policy changes on the patient experience in hospital.

Indicative quotations are as follows:

“I guess it sort of mainly comes from like when, when we’re on placement, you can see...the effects that the political changes that are happening. The impact

on...patient care...the staffing is quite a big thing...and...it affects the way...that you're able to deliver care I suppose...but I guess it doesn't put me off staying in nursing because...I want that, I think that anyone in the NHS wants it to remain a free service, like we've grown up with..." (Olivia, Transcript Lines: 36-42).

"...it just makes you want to continue to be a nurse so that you can...help make changes to this and like I said before I came into nursing I didn't really have any interest in politics at all, so it just sort of something that goes on in the background and that's fine. And then ever since I've been a nurse and you see all the cuts that are happening and everything that's happened to the hospitals, and the way the media portray hospitals...It just makes you so passionate to make a change. And...it gives me a sense of identity...so yeah, I am really passionate about fighting for having a free healthcare system, having rights for everybody and access to free health care..." (Holly, Transcript Lines: 41-54).

"...I think that the politics made me...stay on the course because...it would be a travesty for me and it would really affect me in the future if I hadn't done all I can to try...to keep...that great patient care that I've seen, for everyone...I think that's driving factor for me to keep on going with the course and keep me passionate about it." (Rebecca, Transcript Lines: 53-59).

"I think the politics and nursing go hand-in-hand and I believe that a lot of people...before they entered the course they don't realize how much politics and nursing do coincide with each other...and I just think that having an interest in politics can really really develop your nursing skills and because I think that it's a lot about morals and a lot about who you are as a person and I think the politics it

all just entwined really..." (Rebecca, Transcript Lines: 66-72).

4.5.2 Theme Two: Support

The second theme identified by students in the adult workshop was "Support". Students considered that this theme represented the support that is essential to help students stay on the course.

Participants considered that the thought cards which they allocated to this theme could be further subdivided into three subthemes for clarity: Friend Support, Family Support and University Support.

4.5.2.1 Participants' Summative Paragraph "Support"

For this theme participants opted to produce a list of pertinent points as opposed to a paragraph of full sentences:

4.5.2.1.1 *Nursing friends – friends we study with understand the demands of the course and help prevent 'caring fatigue'.*

4.5.2.1.2 *Home friends/ family – provide an escape from the course and bring a sense of perspective*

4.5.2.1.3 *University support – supportive of both mental and physical health. The university acknowledge that everyone may have academic/personal struggles throughout the course and are effective at supporting students. However, there could be easier methods access.*

4.5.2.2 Composite of Key Participant Quotes Regarding the Theme “Support”: Participant Interview Data

Participants discussed their experiences of support and those who support them in greater detail. Indicative quotations are as follows:

4.5.2.2.1 Friend Support

“...I’ve got a really good support network from the people that I live with... we’re very good at keeping nursing off topic...keeping it away from being in the house. I think’s important because...with this degree, it’s very easy, when you’re on placement all day and then you come back from placement and...you’ve got academic work and things like that to do...it’s quite easy to fall into the trap of...constantly thinking about nursing.” (Olivia, Transcript Lines: 78-85).

“...first year was quite difficult because...I was living with 18 other nurses in halls...which at times was really quite difficult because nursing was just everywhere, you couldn’t even walk out your room without speaking about it and it just became...it was just...it was too much...I am very passionate about it but...at the same time you do need to have time for yourself ...” (Olivia, Transcript Lines: 86-91).

“I think; I think they actually offer me the most support out of everybody my university friends who are also nurses...they understand everything that you’re going through like nobody else does, and if you’re having a bad day like they constantly push you to do better...they are a massive, massive part of why I’ve stayed on this course...I had a really tough placement at one point and I just kept

bursting into tears and they were just like just don't worry holly and you can do this...they're just so great at supporting you.” (Holly, Transcript Lines: 96-107).

“...I think that to stay on this course you've got to have people who understand the type of day that you had or you can go back and speak to them about certain things, because I think with other friends who aren't university students or even adult nursing students, they don't necessarily understand that you've seen death, birth...all in one day so, unless you've actually seen it you can't...really understand I don't think.” (Rebecca, Transcript Lines: 87-92).

“...as a student nurse, as a nurse in general there's an element of separation from your work life in your personal life but I think as a student is quite a shock, especially in the first year when you first come across these situations because you just never seen them before, so...it is great to have that university to support...on the outside of placement...” (Rebecca, Transcript Lines: 92-96).

4.5.2.2.2 Family Support

“...well my friends from home and my family they...provide an escape...it's more just like a change of scenery. I go home and...if I was feeling stressed then they...put things back into perspective and then...its ok they just...remind you why you went to do it in the first place and that its normal to have days when you don't feel like...you want to continue but it's going to be worth it in the end...” (Olivia, Transcript Lines: 106-111).

“...it's nice to be able to get away from nursing sometimes and forget about your stresses. And sometimes they say to you...” oh I could never do what you're

doing” and that’s nice, you’re getting a boost because it makes you feel better about yourself.” (Holly, Transcript Lines: 119-122).

“...I live at home, so they are a very big part of my support system and...financially they support me quite a lot which is nice...obviously living with them, they’re a...quick fix for support if I need it, like my mum, she can give me a hug like nobody else can and things like that so...” (Holly, Transcript Lines: 123-131).

“I think, financially that support has...been essential because I wouldn’t have been able to afford to be on this course if my family weren’t earning the amount of money that they do, and if they weren’t supportive with the money...that they give me...because the NHS bursary doesn’t cover everything. So that’s a massive factor of me staying on the course...” (Rebecca, Transcript Lines: 109-121).

“...in my first year especially, I would ring my mum who is also a nurse...about a lot of things that happened during the day...because you’re...on your toes and everything in your first year, you’re so scared of doing anything wrong...I would just need that reassurance that she was there to speak to if I needed her.” (Rebecca, Transcript Lines: 114-121).

4.5.2.2.3 University Support

“...I always feel that they’ve been really supportive of me...I always know that there is somebody I can go to if I need help...my academic advisor has been very very supportive through various things that have cropped up as they do...I never

felt like I was going to be pushed off the course or anything, I felt like they were...supportive in me staying as opposed to "oh you're not well, you need to maybe think about...dropping out...[or] going back to the next cohort" sort of thing." (Olivia, Transcript Lines: 122-132).

"I have actually applied, and I got counselling...through [insert name of institution here] but I think I only got it because I applied during the summer holidays...because that was the time that I needed it..." (Olivia, Transcript Lines: 138-140).

"...recently I've had such good support from university in the form of my dissertation supervisor, he literally answered every ridiculous question that I had, he was always happy to meet me, and he gave me so much feedback, so he was really good." (Holly, Transcript Lines: 141-144).

"...throughout the whole of the degree I haven't found uni particularly supportive unless you access, it is a case of accessing them yourself..." (Holly, Transcript Lines: 144-145).

"...they're not [supportive regarding placement issues]. But then I've got another friend who has got mental health problems and they've supported her with that, they've got her counselling and things, so they, you know they are good in some senses. But maybe it depends who you have, maybe some people are just more supportive than other people..." (Holly, Transcript Lines: 171-175).

4.5.3 Theme Three: Placement Experience

The third theme identified by students in the adult workshop was “Placement Experience”. Students considered that this theme could be best represented by the statement *“positive placement experience consolidates our future practice and staying on the course”*. No subthemes were generated by the workshop participants in relation to this theme.

4.5.3.1 Participants’ Summative Paragraph “Placement Experience”

For this theme participants opted to produce a list of pertinent points as opposed to a paragraph of full sentences:

Enjoying placement

Having a supportive, proactive mentor who addresses your learning needs whilst on placement

Having a mentor who enjoys having a student (so you don’t feel like a burden)

Having a balance between academic and placement (sometimes completing assignments on time can be very stressful when having to work a 40+ hour week!)

Positive and constructive feedback from patients and mentors

Good team morale – feeling part of the team

Gain responsibility as a student

4.5.3.2 Composite of Key Participant Quotes Regarding the Theme “Placement Experience”: Participant Interview Data

Participants discussed their experiences of their placement experiences in greater detail. Indicative quotations are as follows:

"I've been quite lucky because all of my placements I feel...I've been really well supported, I think it is different depending on where you are...now I am with practice nurses which is...another specialist role and they have been very good at...almost like mothering you. They do really look after you, they make sure that you're supported..." (Olivia, Transcript Lines: 161-166).

"...all of my...mentors...they've all been very passionate about what they do...very motivating...wanting to teach...Which...sounds like it should come with it, but some mentors aren't very good at teaching. So, when you have a mentor that's really proactive and wants to teach and is organizing for you to spend time with other members of the team, like the multidisciplinary team its really nice because you feel like you're getting a lot out of the placement." (Olivia, Transcript Lines: 184-189).

"I think that's really important...having varied experience as well when you're on placement...Some...poor people have had very similar placements the whole way through...I think they're just a bit upset that they haven't had the chance to experience all there is to offer in nursing...if you're just doing the same thing over and over again you're not gaining the skills that your friends have and you get a little bit jealous..." (Holly, Transcript Lines: 221-232).

"...if you have a good mentor, you have something to aspire to be when you're a nurse as well and I've found that really important and you know the way they interact with patients or sometimes it's just the way that patients look at them and if you're left with the patient without your mentor and they say oh that nurse is so lovely and you think yeah I know she...or he is and I would really like to be like

them..." (Holly, Transcript Lines: 247-252).

"...patients, I think it's nice, it just reassures you that you're doing the right thing, when you're on the course...whether they give the feedback...to your face, or whether they give it to your mentor...it's always really nice to know that you're doing the right thing, that you're treating people how they want to be treated..."
(Holly, Transcript Lines: 253-256).

"...I had a really tough first placement in my first year where I was kind of thrown in the deep end I actually think that kind of toughened me up a bit, and I've just realized that you know things aren't going to be...sunshine and roses type thing, so that set me up really for my future placements and...really I think that you've got to have a lot of self-motivation to make the placement good for you..."
(Rebecca, Transcript Lines: 205-209).

"...there is...a major factor in that the mentors make the placement and if your mentors aren't very good then it really does make things...really hard because...if you are not feeling valued and you're not being made to feel like you are part of the team by your mentor, then you just don't feel like you're learning...you don't feel like there's a reason for you to be there." (Rebecca, Transcript Lines: 209-213).

"...I think it's that you often as a student nurse you feel a bit undervalued and you feel a bit...like...you're not really making a difference because you're not part of the workforce. So, when you get a card from patient and when you get...emails from your tutors and stuff...you realise that you really are making a difference

and the things that you are doing are making a change and having a positive effect on patient care...” (Rebecca, Transcript Lines: 229-234).

4.5.4 Theme Four: Motivation

The fourth theme identified by students in the adult workshop was “Motivation”. Students considered that this theme represented both the positive and negative motivators which are essential to staying on the course.

Participants considered that the thought cards which they allocated to this theme could be further subdivided into two subthemes for clarity: Positive Motivation and Negative Motivation.

4.5.4.1 Participants’ Summative Paragraph “Motivation”

For this theme participants opted to produce a list of pertinent points as opposed to a paragraph of full sentences:

4.5.4.1.1 Positive motivation

Nursing provides the prospect of working abroad

Learning new things and educating others

Following a patient journey and sharing the positive outcome with them

4.5.4.1.2 Negative motivation

Feel if we left the course would be letting people down

Leaving the course would be wasted learning, time and finances

Fear of being a ‘quitter

4.5.4.2 Composite of Key Participant Quotes Regarding the Theme “Motivation”: Participant Interview Data

Participants discussed both their positive and negative motivators in relation to their course. Indicative quotations are as follows:

4.5.4.2.1 Positive Motivation

“I think one of my big motivators is that with nursing you can do so many different things, you can specialise, you can go into teaching if you want to....” (Olivia, Transcript Lines: 209-210).

“I am not really sure at the moment about whether I would work abroad, I think I might, I like the idea of it but...I think at the moment I would want to stay...working for the NHS because I have been trained by the NHS...I want to stay in the NHS to keep it...a free service...so I don’t think I’d want to go whilst, whilst privatisation is...looming over us....” (Olivia, Transcript Lines: 214-219).

“...I’ve got a job that I’m gonna be able to go around the world with you know everywhere needs nurses...And then like you see programmes and you see nurses in different places and you think oh that’s so exciting that I can go and do that somewhere...I just find that a really exciting prospect.” (Holly, Transcript Lines: 275-281).

“I love learning new things and there’s so many courses you can go on and so many different paths you can take as a nurse as well, so I find that really cool...you can work your way up to different levels and you can be a director of nursing if you want to...” (Holly, Transcript Lines: 281-284).

“I think it’s very exciting and following a patient’s journey and sharing a positive outcome with them is always really really rewarding...it just makes you feel like you’re really helping people....” (Holly, Transcript Lines: 287-289).

“And actually with progression of your knowledge, you’re also positively impacting upon your patient care, so your patient care becomes enhanced because of your knowledge so is just a really great career...” (Rebecca, Transcript Lines: 270-272).

4.5.4.2.2 Negative Motivation

“...if I do sort of have days where I do...have like a negative day around the course, I do always think about like the amount of work I’ve put in, the grades I’ve achieved so far, if I was to leave it would just be pushing all that away.” (Olivia, Transcript Lines: 226-228).

“...if I left I think my family would be sort of I don’t think they’d be disappointed, I think they would just be sort of sad because...I’ve worked really hard sort of for the last year and a half...but...I think they’d support me...” (Olivia, Transcript Lines: 229-232).

“...I think the negative motivation is, quitting the course is completely out of the question for my family...sometimes I’ve been a bit I don’t know...having a bad day or I am not sure about this, and my family have just been like no, this is ridiculous you need to get a grip and just get on with it.” (Holly, Transcript Lines: 301-305).

“... you think you get a year in and you think what’s the point of just finishing after a year and then you get two years in and you’re like well like I am two years in I am almost there and then you get to doing your dissertation, having a meltdown and you think look you’re only three months away from qualifying you just need to get on with it.” (Holly, Transcript Lines: 305-309).

“...as unhappy as I am to say that I am negatively motivated it’s definitely the case... if I am doing something then I can’t just leave it...it would be pointless for me to have spent two years of my life doing a degree and then not come out with a degree I just feel I would have been wasting my time. And yeah money as well because you get into debt, which is not very nice, and then obviously with nursing there is a job prospect at the end of it. If you quit, you know you might get a job in a shop or something, but you know it’s not for definite...and it would be a bit embarrassing as well to leave the course...” (Holly, Transcript Lines: 309-319).

“...yeah I think a quitter that type of thing I think for me would be a thing of just letting myself down because...I just wouldn’t know what to do with my life if I didn’t do nursing.” (Rebecca, Transcript Lines: 290-296).

“...I think to be honest all this money that they have put into me being here...it would just be terrible to quit really so I think on the financial side of things again that’s how I’d feel like I’ve let them down, but actually emotionally think they would completely understand.” (Rebecca, Transcript Lines: 296-302).

4.5.5 Theme Five: Life Outside Of Nursing

The fifth theme identified by students in the adult workshop was “Life Outside Of Nursing”. Students considered that this theme could be best represented by the statement: *“It is important to have a balance between nursing and your own personal life.”* No subthemes were generated by the workshop participants in relation to this theme.

4.5.5.1 Participants’ Summative Paragraph “Life Outside Of Nursing”

For this theme participants opted to produce a list of pertinent points as opposed to a paragraph of full sentences:

Independence

Nursing offers a new type of independence for every individual

Personal and financial commitment

Invested emotionally and financially cannot afford to leave

Having a social life away from the course

Important to realise that you have a separate life outside of nursing

Not forgetting your own personal needs and identity away from being a student nurse

4.5.5.2 Composite of Key Participant Quotes Regarding the Theme “Life Outside of Nursing”: Participant Interview Data

Participants discussed the importance of their life outside of nursing to them and their decision to stay on the course in greater detail. Indicative quotations are as follows:

“My life outside of nursing is really...my friends...and I like to go running sometimes that gets me away from it a bit.” (Olivia, Transcript Lines: 266-268).

“...when I go back to visit my family, I think it is just good to have a balance because, it’s like anything I guess...you could consume yourself in it...because with the academic demands sometimes you feel like you have to come back and work after a full shift...on the ward and I think it’s important to remember that its ok to come back and watch TV if that’s what you wanna do...I think it’s just...looking after yourself as well.” (Olivia, Transcript Lines: 275-281).

“... it’s important to look after...myself on the course, so if I find that I am getting a bit too stressed out...doing well doing uni work I suppose...it’s enjoying the little things in life that don’t involve nursing, that’s what’s important.” (Holly, Transcript Lines: 352-355).

4.5.6 Theme Six: The Future

The sixth and final theme identified by students in the adult workshop was “The Future”. Students considered that this theme could be best represented by the statement: *“Nursing is a diverse career which presents many opportunities for the future.”* No subthemes were generated by the workshop participants in relation to this theme.

4.5.6.1 Participant’s Summative Paragraph “The Future”

For this theme participants opted to produce a list of pertinent points as opposed to a paragraph of full sentences:

Multiple goals for the future – within nursing and personal lives

Motivation to stay on the course due to job stability at the end of 3 years of study

Opportunities for further education/career progression

Opportunities to travel with nursing

4.5.6.2 Composite of Key Participant Quotes Regarding the Theme

“The Future”: Participant Interview Data

Participants discussed the importance of their concept of future to them and their decision to stay on the course in greater detail. Indicative quotations are as follows:

“...I want to specialise at some point and I think it is...exciting because you can literally do whatever you want with nursing...there’s not...one goal it opens up...so many more opportunities...if I wasn’t...enjoying one thing after six months I could move to somewhere else, I think...that’s quite a big driver for me for the future.” (Olivia, Transcript Lines: 301-307).

“I guess that is the big thing...the future...once you’re qualified as a nurse you can always come back to it so if I was to qualify, work for a year and then go travelling for a year, I know that when I come back from travelling I have a job to go back to. So, it is that stability, it provides stability.” (Olivia, Transcript Lines: 323-326).

“So, my future is a big decider in staying on the course, well definitely! ...I’ve already got a job lined up so, it’s just the fact that you can get a job straight away,

well even before you've finished the degree. I mean how many people can do that? Not very many people.” (Holly, Transcript Lines: 371-374).

“And you can get a job in somewhere that you really enjoyed working as well, so that's been a huge part of staying on the course...” (Holly, Transcript Lines: 374-375).

“It's definitely the focal outcome, I totally agree...because that's what three years of my life have been...it would be a bit silly to do all that and drop nursing and not go into it at the end of it.” (Holly, Transcript Lines: 386-388).

“...I think that with this it just made me realise how much I didn't know about life...before I came into nursing...I hit my 20s and nursing and I realised I definitely did not know anything about a lot of things and I think...it just makes me want to keep on going with it because I have just learned so much already I just think God like in another 10 years how much more will I have learned.” (Rebecca, Transcript Lines: 351-357).

“...I've already seen my progression from firstly to 2nd year and it's been, and I can see how much I've changed and how much I've learned, and this is just such a motivation to keep me going and it motivate me about my future and you know the future nursing really.” (Rebecca, Transcript Lines: 361-364).

4.5.7 Adult Branch Workshop Group Relationship Tables & Resultant Model

As with the paediatric workshop group, for their final workshop activity, participants of the adult workshop group considered the nature of any relationships which they perceived to exist between each pair of themes (Table 4.5); whether A influences B, B influences A or whether there was no perceived relationship between A and B.

Table 4.5 Adult Workshop Group: Relationship Table

Relationship Table									
	Politics	The Future	Life Outside Of Nursing	Placement Experience	Support	Motivation	OUT	IN	△
Politics	0	←	←	←	←	←	0	5	-5
The Future	↑	0	↔	↑	↑	↑	5	1	4
Life Outside Of Nursing	↑	↔	0	↑	↔	←	4	3	1
Placement Experience	↑	←	←	0	↑	↔	3	3	0
Support	↑	←	↔	←	0	←	2	4	-2
Motivation	↑	←	↑	↔	↑	0	4	2	2

Table 4.5 demonstrates that participants considered that there was a relationship between each set of themes considered, with three bi-directional relationships identified where participants considered the themes to be mutually affecting. Arrows in the table are directed towards the theme which participants deemed to be the driving theme within each pairing (Northcutt & McCoy, 2004).

Again, Participants' conceptualisation of each pairing was verbalised in the form of an IF/ THEN statement to provide greater clarity on their perception of how each pair of themes interacts, which can then be brought together to produce a map of the overall effect of these themes and the relationships between them on

their choice to remain on (rather than leave) their programme of study (please refer to Table 4.6).

**Table 4.6 Adult Workshop Group: Expanded Relationship Table
(Participant IF/ THEN Statements)**

Theme Name	
1	Politics
2	The Future
3	Life Outside Of Nursing
4	Placement Experience
5	Support
6	Motivation

Workshop Themes Expanded Relationship Table	
Pair of Themes	The direction of the relationship between each pair of themes in the form of an IF/ THEN statement
1> 2	IF the NHS is privatised THEN that changes the future/ our future of/ in nursing in the UK
1> 3	IF there are negative changes in Politics THEN this will impact our attitude & quality of life etc.
1> 4	IF there are negative changes in Politics THEN it will affect the quality of our placement experience eg. We will see the effects of cuts on the ward
1> 5	IF there are negative changes in Politics THEN the funds wont be there; the capacity to provide support will be decreased
1> 6	IF we want to change the politics and influence the future THEN we have to be motivated
2< >3	IF we have a stable job THEN it will lead to independence & improve our social lives. IF we have a balanced life that includes a positive life outside of nursing THEN it will have a positive impact on our future
2< 4	IF we have a positive placement experience THEN it will impact on our future career choices as to what specific area of nursing we want to work in
2< 5	IF we have good support THEN we will be better practitioners in the future, because we model our practice on our experience and pay it forward
2< 6	IF we are motivated to do well in our degree THEN we will achieve our future goals and be able to pursue our careers
3< 4	IF we have a good experience THEN this positively impacts our life outside of nursing
3< >5	IF you have a good life outside of nursing THEN this enhances your support and reduces your active need for support because you'll be happier. IF you have good support THEN you are better able to have a life outside of nursing
3> 6	IF you have a good life outside of nursing THEN you are more motivated to do well within nursing, to achieve in your studies and give better care
4< 5	IF you have a good support system THEN you have a good placement experience
4< >6	IF you have a good placement experience THEN it motivates you to do well in every area. IF you have good motivation THEN you are more likely to have a positive placement experience and achieve more through the placement experinece
5> 6	IF you have good quality support THEN you have increased motivation

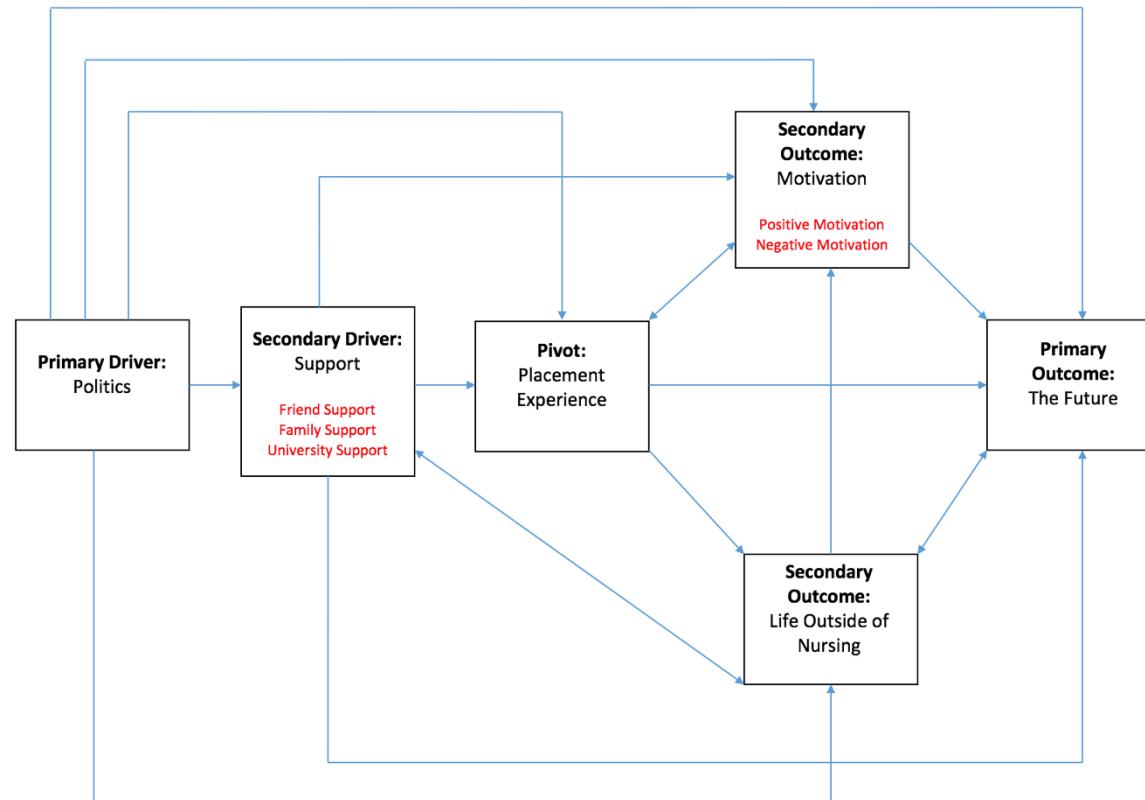
As with the previous workshop, the data from the similarly formatted tables 4.5 and 4.6 were used by the researcher to produce the final drawn model, Model 4.2. The final three red columns of Table 4.5 were used to designate the position of a theme within the model to be drawn, the distribution of themes within the final drawn model can be seen in Table 4.7.

Model 4.2 illustrates the pattern of influence as understood by the participants between the themes, explaining the phenomenon of remaining on their course from the perspective of the adult nursing workshop group. Once produced this model was fully validated by all members of the original workshop group.

Table 4.7 Adult Workshop Group: Final Designation of Themes

Designation	
Primary Driver (all in no out)	Politics
Secondary Driver (more in than out)	Support
Pivots (Score zero)	Placement
Secondary Outcome (more out than in)	Motivation, Life Outside of Nursing
Primary Outcome (all out no in)	The future

Model 4.2: Pilot Site Adult Branch Final Model



Key

Themes are shown in black

Subthemes are shown in red

Arrows indicate the direction of the relationships between the themes

4.6 Mental Health Branch Workshop Results

A workshop group of six participants was recruited from among the second- and third-year students currently enrolled on the three-year BA Mental Health Nursing degree programme at the feasibility study site. Participants were asked to consider “*people, places, thing and ideas*” on which they have relied or that have been instrumental in their decision to remain on their programme of study. Participants generated 55 responses on thought cards. Once sorted by theme, participants named these themes and produced a list of four themes and sixteen further subthemes. Subsequently the participants produced a representative statement and summative paragraph explaining the meaning of each theme and subtheme, to them as a group, in their own words.

Interviews were then carried out with three of the participants who took part in the original workshop, using an interview schedule developed based upon the data produced by the workshop group (please refer to Appendix 15). The three follow-up interview participants for the adult nursing workshop have been renamed: Elizabeth, Clara and Tom.

Participants were asked to discuss their thoughts and feelings and experiences regarding each theme and subtheme that their workshop group had generated. A composite of key quotes from each participant regarding each theme and subtheme has been created and amalgamated with the workshop data in order to provide greater detail regarding participants’ understanding of and experience with each theme and subtheme. The following descriptions of the four themes and sixteen subthemes identified by the workshop participants comprise students’ collective perceptions of what factors they as undergraduate

adult student nurses consider essential to their decision to stay on (rather than leave) their programme of study.

4.6.1 Theme One: Support

The first theme identified by students in the mental health workshop was “Support”. Students considered that this theme represented “the emotional and practical support offered by those around us.”

Participants considered that the thought cards which they allocated to this theme could be further subdivided into four subthemes for clarity: Family/ Friends, Peers, Uni Staff, Mentors/ Placement Staff.

4.6.1.1 Participants’ Summative Paragraph “Support”

A verbatim rendering of the participants’ summative paragraph is as follows:

Having family around us who encourage us, and in some cases inspire us by their connection to healthcare professions. The development of peer association and the support which comes with that. The development of professional relationships/friendships with other placement staff who can empathise with what happens on a daily basis. Having friends who aren't in the profession who you can have non-work-related conversations with. Good relationships can be built up with uni staff/lecturers which we can gain support from.

4.6.1.2 Composite Description of the Theme “Support”: Participant Interview Data

Participants discussed their experiences of support and those who support them in greater detail. Indicative quotations are as follows:

4.6.1.2.1 Family/ Friends

“...my family are all really proud of what I’m doing and that’s something to show off, that “my daughter’s...being a nurse”, I think that kind of encourages you a lot...” (Elizabeth, Transcript Lines: 144-146).

“...non-nursey friends...I think sometimes it is nice to have friends who don’t have anything to do with the course.... just so that you get a break from it and although you love your job you don’t want to talk about it 24/7.” (Elizabeth, Transcript Lines: 147-154).

“I think yeah just someone to talk to really that’s what my family have done because they only live an hour away and also to go...and just have basically a chill weekend which is really important just to forget about it for a bit. It’s quite full on at times when you’re on placement and you’ve got three assignments to do and also working you sometimes just need to have a break.” (Elizabeth, Transcript Lines: 158-162).

“... my mum was just really supportive of me doing something which I’m actually really passionate about...” (Clara, Transcript Lines: 36-37).

“I own a house which I’ve had to rent out for four years and move back in with her to financially be able to afford to do it...so without my mum’s financial help...I wouldn’t have been able to financially do it...” (Clara, Transcript Lines: 38-43).

“...I’m on a forensic ward at the moment and everyone finds it so interesting and wants to hear lots of stories of things that go on and obviously whilst I can’t tell them details and break confidentiality I can kind of give them an idea and they’re all “oh my god, how do you find that” and they are just really interested and...really supportive and tell me how great it is and stuff so it’s that kind of...support as well.” (Clara, Transcript Lines: 48-53).

“...my mother is actually in the same trust as me...and having that to be able to talk to her about it’s a real nice connector for us...We’ve always been close, but it brings us closer which is nice, and I know that if I was to start to struggle if I felt I couldn’t confide in anyone else I feel I could confide in her...” (Tom, Transcript Lines: 243-249).

4.6.1.2.2 Course Peers

“...my friends are great, there’s a supportive factor because we’re all going through it together and...we’ve known each other from the very beginning, we were in our first year and now we’re in our third year so we all know each other really well...we’ve had placements together...we’ve cried on each other’s shoulders...because of the stress that we’re going through throughout the three years....” (Elizabeth, Transcript Lines: 171-175).

“...I guess their support is much more...around the academic aspects of the course, being stressed about the same things at the same time and...they’d understand this. You’re like “oh crap I’m running behind with this essay” they’ll be very sympathetic to that...we have a Facebook group for our course, for our cohort and so that’s really handy so if we’ve got any questions about essays or anything, or if we are stressed we can just fire off a message into that group and someone will instantly reply with like the answer to the question that we have, or just the sympathetic “yeah I know what you mean.” (Clara, Transcript Lines: 60-66).

“...there’s a couple of newly qualifieds on the ward that I’m currently at and they’re great. They understand very closely what it’s like to be in the situation that I am...and they can aid with that very well.” (Tom, Transcript Lines: 272-274).

4.6.1.2.3 Uni Staff

“...the uni staff I think they’re amazing, I think particularly here...I think they’re so supportive and they really care about all their students.” (Elizabeth, Transcript Lines: 182-183).

“I think with mental health, I think it’s because there’s not that many of us and they know us all personally but...I’ve got a few friends who are adult nurses and they say that they just don’t get that. They can walk past their academic advisor and they won’t know who they are, they won’t know their name...” (Elizabeth, Transcript Lines: 183-187).

4.6.1.2.4 Mentors & Placement

“I think it can be both positive and negative. I’ve had some really amazing mentors which have made me the nurse that I want to be and have inspired me, particularly nurses who are newly qualified because you see that that’s going to be me in a couple of years and you see how far they’ve come.” (Elizabeth, Transcript Lines: 195-198).

“But I think if you see a really bad nurse you can think, you can kind have two sides you can kind of say “why am I doing this” and...also...it gives you an example of...what nurses shouldn’t become. But just, I guess its supportive in a way too.” (Elizabeth, Transcript Lines: 198-201).

“They’ve been really supportive, like emotionally for the students, which is really handy...and also some wards like the one I am on now...the psychologists come down and do support sessions and stuff but it’s not just the nursing staff it’s the psychologists as well who will come and do...group supervision when something happens.” (Clara, Transcript Lines: 91-96).

“So yeah, we really are really supported...in placement, I think everyone there understands how it can be daunting to start with definitely...” (Clara, Transcript Lines: 96-97).

“...my mentors on placements have been really supportive, the only issue that there can be is finding the time to pin them down to do the paperwork cause they’re so busy...” (Clara, Transcript Lines: 148-150).

“And that links back with the uni staff as well, 'cause we know if we have a problem with a particular placement or a particular mentor the uni staff are really good at coming in and coming in quickly and getting it sorted out.” (Clara, Transcript Lines: 176-178).

“I’ve had four placements including the one I’m on and I cannot fault any of the mentors I’ve had. There was one mentor on my second placement and we didn’t see eye to eye in what I aimed to achieve and the way we were going to go about that so I spoke to the ward manager and I swapped who my mentor was and the mentor I got for that placement eventually was great she was the best mentor I’ve had, so the ability to integrate as part of a team when you’re on placement is wonderful.” (Tom, Transcript Lines: 294-299).

“The consultant psychiatrists. Some of the are wonderful and some of them are not so wonderful and as a student nurse I feel, from the time I’ve spent with good doctors I feel I’ve actually learned a lot and a bit of consistency across that I think would be greatly appreciated...” (Tom, Transcript Lines:301-312).

4.6.2 Theme Two: Motivation

The second theme identified by students in the mental health workshop was “Motivation”. Students considered that this theme represented “[our] motivation to continue on the course. The reasons for not giving up.”

Participants considered that the thought cards which they allocated to this theme could be further subdivided into four further subthemes for clarity: Pride

of Friends and Family, Personal Pride, Placement, Positive Aspects of University.

4.6.2.1 Participants' Summative Paragraph "Motivation"

A verbatim rendering of the participants' summative paragraph is as follows:

The aspects of coming to Uni which have motivated us to continue, such as learning new things, looking forward to holidays and learning time management to manage.

The warm fuzzy feelings that we get when we explain what we do to other people and see their reactions. The sense of achievement when we are a part of our patients' positive outcome. The pride of the people who are important to us. Going to placement and being able to do what we are going to be doing as qualifieds and enjoying it (most of the time). Desire to better ourselves for our family.

4.6.2.2 Composite Description of the Theme "Motivation": Participant Interview Data

Participants discussed their motivations, who and what motivates them, in greater detail. Indicative quotations are as follows:

4.6.2.2.1 Placement

"I think that's the main thing really...the patients. All throughout my course...patients have really inspired me and they, it's working with them that makes you want to be a nurse and...it's helping someone in their recovery or in a crisis that makes you think I'm actually doing something, I'm making a difference in their life." (Elizabeth, Transcript Lines: 239-242).

“My first placement particularly I just, I felt overwhelmed...[but] I did feel a sense of pride, because I didn’t have much experience, so I was like I’m actually going into a career where I can change people’s life and I’m doing, I’m doing things for other people not for myself.” (Elizabeth, Transcript Lines: 243-246).

“...for me personally that’s down to the pride you find in yourself really isn’t it? ...as I say I believe I will be a good nurse and in one aspect of the patient’s positive outcome is a job well done and that’s really nice to see but there is the aspect...the fact that you have improved a person’s quality of life...and that’s a, it is a nice feeling at the end of the day...” (Tom, Transcript Lines: 212-216).

4.6.2.2.2 Personal Pride

“...throughout the three years you progress, and you do more stuff till you’re at that point where you think I can do this job. I think you develop so much in those three years and it does motivate you when you see...If someone would have told me that I would know what I know now, have the experience, I probably wouldn’t have believed them.” (Elizabeth, Transcript Lines: 267-275).

“...it’s strange how you look back at how much you develop and how much pride you do have in thinking that...” (Elizabeth, Transcript Lines: 279-280).

4.6.2.2.3 Pride of Family & Friends

“I think that’s really important [the pride of family and friends] ...my grandma had schizophrenia and I think my Dad...looks at it as if I’m helping other people...like his mum and that gives him pride.” (Elizabeth, Transcript Lines: 286-288).

“And also pride that, I think to outsiders it seems quite scary, a scary job but it’s not at all, I think when people say “ohhh I couldn’t do that I don’t know how you do that” I think that does motivate you because you think well I’m doing it and I really enjoy it.” (Elizabeth, Transcript Lines: 288-291).

“Now that I’m actually doing it I’m glad that my Mum’s proud of me, but it wasn’t a determining factor like determining motivation for me doing it in the first place.” (Clara, Transcript Lines: 301-303).

“It can be daunting at times...but to know that I’ll be going into work and everyday not knowing what’s going to come up, that is one of the primary reasons that I switched cause I could have done my old office job standing on my head and I was just so bored of it, so to go into placement and all these things come up in a day which you’re not expecting but you have to deal with...all these people that you have to deal with, that’s what I wanted. So, to continually do that on placement is motivating to carry on.” (Clara, Transcript Lines: 308-314).

“The most common one that people come up with is they want to take care of people and they want to help people who can’t help themselves as much as others can...and I would say that myself included, the people that I know, the people that have stayed on that would be a big motivation for them, it’s the patients.” (Tom, Transcript Lines: 107-111).

4.6.1.2.4 Positive Aspects of University

“...I don’t do any of the social stuff, but I think being involved in uni...it’s just a means to an end for me rather than a motivating factor to actually stay and carry on...” (Clara, Transcript Lines: 252-256).

“Ok so, my personal experience...the uni side of things...it’s really interesting I don’t like the academic side, I’m very much a last-minute sort of person, I tend to do the essays the night before, it’s a chore and I enjoy the placement side a lot more.” (Tom, Transcript Lines: 139-141).

4.6.3 Theme Three: Finances

The third theme identified by students in the mental health workshop was “Finances”. Students considered that this theme represented “being able to afford to do this and being able to live.”

Participants considered that the thought cards which they allocated to this theme could be further subdivided into three further subthemes for clarity: Ourselves, Government and Family.

4.6.3.1 Participants’ Summative Paragraph “Finances”

A verbatim rendering of the participants’ summative paragraph is as follows:

The financial aid provided by the government (bursary and tuition fees) which enables us to continue the course, including supporting dependents (i.e. child care). Support provided to some by their families, and themselves, to help with everyday living expenses (i.e. not paying rent, part time jobs).

4.6.3.2 Composite Description of the Theme “Finances”: Participant Interview Data

Participants discussed the financial enablement's that allow them to remain on the course and afford to live in more detail. Indicative quotations are as follows:

4.6.3.2.1 Ourselves & Family

“...in terms of what I do I have to have a part time job...to do the course, I think pretty much without that job I...wouldn't have any money...I still work now but when I'm on placement sometimes I can do seven days a week at work just to try and get money...and...without that...income I probably wouldn't have stayed at uni. Because my parents don't, they only give me money for food, so...I don't get that much support off my mum and dad.” (Elizabeth, Transcript Lines: 34-42).

“...I've had to apply for a hardship fund from university on two occasions, so the first time they gave me £600 and in September this year they gave me £1000. And I think without that...support from the actual uni, which is money you don't have to pay back I think I would have really struggled this year...” (Elizabeth, Transcript Lines: 92-95).

4.6.3.2.2 Government

“...it is good that we get that money and the course is funded but, but it's still not enough to live off...my student loan kind of tops that up and that pays the bills as well and things like that, but I think I've pretty much been in my overdraft the whole, throughout the whole three years...” (Elizabeth, Transcript Lines: 42-47).

“I think if you truly want to be a nurse I don’t think it matters. If I was in the position where you don’t get a bursary and I was applying for a course I’d probably still do it, but maybe someone with a family or someone doing a masters maybe they’d think secondly...about doing it...” (Elizabeth, Transcript Lines: 81-84).

“...well obviously starting with the government the bursary is obviously a very big help...personally, I think I probably could do it without the bursary. I’ve had very supportive parents who’ve helped...” (Tom, Transcript Lines: 40-42).

4.6.4 Theme Four: Goals

The fourth and final theme identified by students in the mental health workshop was “Goals”. Students considered that this theme represented “What we hope to achieve throughout, and at the end of, the course.”

Participants considered that the thought cards which they allocated to this theme could be further subdivided into four further subthemes for clarity: Confidence, Career Stability, Career Progression and Sense of Completion.

4.6.4.1 Participants’ Summative Paragraph “Goals”

A verbatim rendering of the participants’ summative paragraph is as follows:

During the course confidence is growing both academically and on placement. Existing confidence from past experiences has enabled us to achieve our goals. To have a stable, rewarding, enjoyable and interesting career once we have qualified, with a good chance of having a job at the end. Being qualified in a subject that will lead to lots of different job opportunities. Continued

professional development throughout our careers. Achieving a lifelong ambition/dream and looking forward to graduation day.

4.6.4.2 Composite Description of the Theme “Goals”: Participant Interview Data

Participants discussed the goals that they are working towards in regard to the course and when they have finished the course in more detail. Indicative quotations are as follows:

4.6.4.2.1 Confidence

“I think I came onto this course quite vulnerable and I didn’t really know what I was getting myself into...there were only four of us...who had no experience and...I didn’t feel any confidence...I didn’t really know what I was getting myself into. But I think...that confidence grew, on my first placement I had a really supportive mentor and she said...I think you’re really good at this job and I think getting that when I hadn’t had any experience and when I was quite scared I think that, that increased my motivation.” (Elizabeth, Transcript Lines: 308-318).

“I’m not sure that my confidence has grown...with regards to academic work...Definitely my confidence had grown in placement, from the first placement of the first year to now we are in our fourth placement...and we are second years...I’m doing things now that I would never have done at the start of the first year...so...definitely it’s in that side of things that confidence has improved.” (Elizabeth, Transcript Lines: 331-338).

“...as I said when I, when I was applying to do the course I thought I’d be...an ok nurse and a lot of that was to do with, on work experience that I’d done at various healthcare...I felt reasonably confident going into it and I would say as the course has gone on my confidence in myself has improved greatly.” (Tom, Transcript Lines: 329-335).

4.6.4.2.2 Career Stability & Progression

“I think with this course you go...in on the first day and they tell you that the chance of getting a job and is pretty much like 99% if you’re a qualified nurse it’s not going to be difficult to get a job. I think...that’s what I’ve always wanted...I’ll actually, I’ll have a career and I’ll come out of uni and I will actually have a job.” (Elizabeth, Transcript Lines: 329-336).

“...the career progression, you see how you can progress and within mental health and general nursing there’s so many different areas that you can go into so, I always think if I got bored in one area I could go to another area and I could constantly develop.” (Elizabeth, Transcript Lines: 341-344).

“I think it was definitely important to me that I’m able to progress after I graduate. Financially and for like satisfaction of doing it, it’ll be good to progress to charge nurse and then ward manager.” (Clara, Transcript Lines: 349-351).

4.6.4.2.3 Sense of Completion

“I think yeah that graduation day you’ll be like, this has been a really tricky three years so it’s done now...I know all my cohort are going to finish and think

thank god that's over and thank god we can do our job without writing all these assignments...I am really excited to be completed...but I'm also quite nervous because I'm so used to being "the student" but I probably say I'm more excited than nervous." (Eliz, Transcript Lines: 354-359).

"...yeah completion's important, I mean like I've said the...the whole uni aspect of [the] thing is just a means to an end." (Clara, Transcript Lines: 371-372).

"...it will be very nice to have responsibility for myself as opposed to a mentor being responsible...so not so much graduation day as opposed to starting to work and starting to do everything properly...and being proud of that hopefully." (Tom, Transcript Lines: 392-396).

"...I know this is going to sound really cliché but as nurses I don't think we should ever really be complete or finished, there's always stuff to learn...and yeah I don't, I don't think finishing the degree is the end of it." (Tom, Transcript Lines: 396-399).

4.6.5 Mental Health Branch Workshop Group Relationship Tables & Resultant Model

As with the previously conducted workshop, for their final workshop activity, the participants of the mental health workshop group considered the nature of any relationships which they perceived to exist between each pair of themes (Table 4.8); whether A influences B, B influences A or whether there was no perceived relationship between A and B.

Table 4.8 Mental Health Workshop Group: Relationship Table

Relationship Table							
	Motivation	Goals	Finances	Support	OUT	IN	Δ
Motivation	0	←	0	↑	1	1	0
Goals	↑	0	↑	↑	3	0	3
Finances	0	←	0	↑	1	1	0
Support	←	←	←	0	0	3	-3

Table 4.8 demonstrates that participants considered that there was a relationship between each set of themes considered, except for “Motivation” and “Finances”. Arrows in the table are directed towards the theme which participants deemed to be the driving theme within each pairing (Northcutt & McCoy, 2004).

As in previous workshops, participants’ conceptualisation of each pairing was verbalised in the form of an IF/ THEN statement to provide greater clarity on their perception of how each pair of themes interacts, which can then be brought together to produce a map of the overall effect of these themes and the relationships between them on their choice to remain on (rather than leave) their programme of study (please refer to Table 4.9).

The data from tables 4.8 and 4.9 were used by the researcher to produce the final drawn model, Model 4.3. The final three red columns of Table 4.8 were used to designate the position of a theme within the model to be drawn, the distribution of themes within the final drawn model can be seen in Table 4.10.

**Table 4.9 Mental Health Workshop Group: Expanded Relationship Table
(Participant IF/ THEN Statements)**

Theme Name	
1	Motivation
2	Goals
3	Finances
4	Support

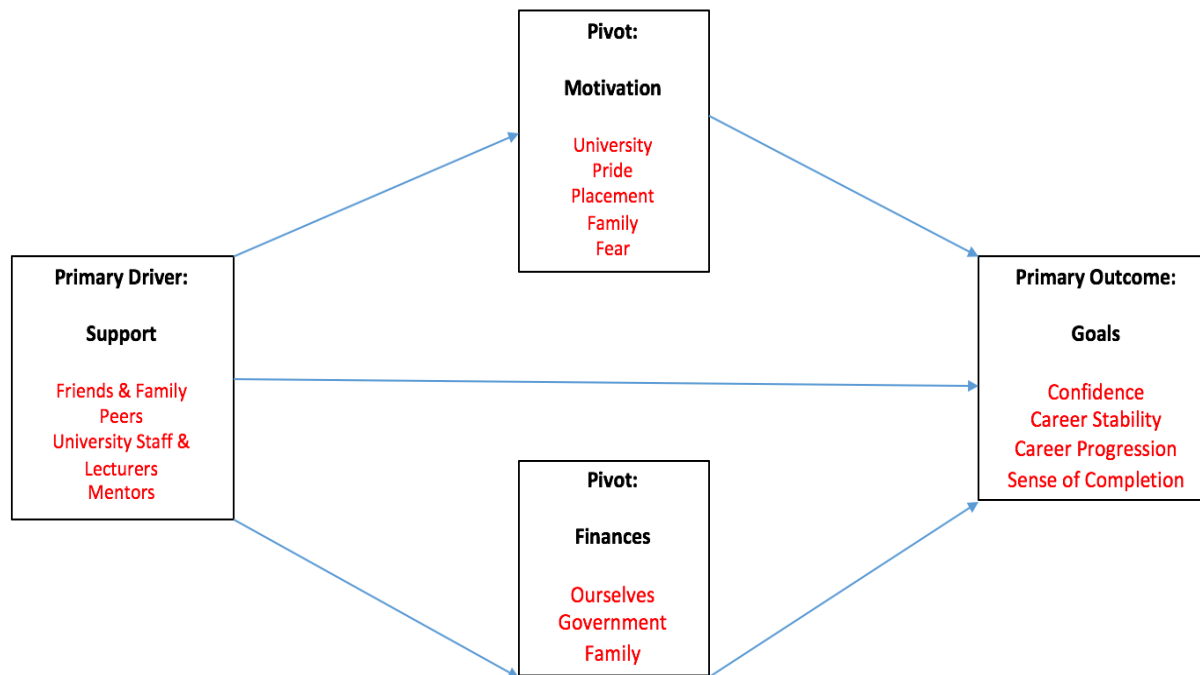
Workshop Themes Expanded Relationship Table	
Pair of Themes	The direction of the relationship between each pair of themes in the participants own words or in the form of an IF/ THEN statement
1 > 2	IF motivation is present THEN goals are more achievable
1 < >3	No perceived relationship
1 < 4	IF we have support THEN we have motivation to continue. IF we have support THEN motivation can increase
2 < 3	IF financial aid is present THEN goals are more achievable
2 < 4	IF we get plenty of support THEN we can achieve our goals
3 < 4	IF we have greater support THEN financial support becomes more accessible

Model 4.3 illustrates the pattern of influence as understood by the participants between the themes, explaining the phenomenon of remaining on their course from the perspective of the mental health nursing workshop group. Once produced this model was fully validated by all members of the original workshop group.

Table 4.10 Mental Health Workshop Group: Final Designation of Themes

Designation	
Primary Driver (all in no out)	Support
Secondary Driver (more in than out)	None in this model
Pivots (Score zero)	Motivation & Finances
Secondary Outcome (more out than in)	None in this model
Primary Outcome (all out no in)	Goals

Model 4.3: Pilot Site Mental Health Branch Final Model



Key

Themes are shown in black

Subthemes are shown in red

Arrows indicate the direction of the relationships between the themes

4.7 Discussion: Feasibility Study

In this investigation, the pilot study sought to answer two focal questions:

4.7.1 Feasibility Study Research Question One: Is the method of data collection workable in practice?

The pilot study confirmed that the methods of data collection and analysis chosen were indeed practicable, subject to two minor procedural amendments made during the pilot study.

Originally the researcher anticipated that the workshop activities in which the participants would take part to produce and analyse their own data would take place over the course of two workshops. This however, proved to be a barrier to participant recruitment. Consequently, the data collection phase of the project was amended to enable the warm-up exercise, all thought card related activities and the debrief exercise to take place in a single workshop. Participant validation of the model, drawn by the researcher on the basis of the workshop data occurred via email (please refer to Appendix 8). All participants were emailed a copy of: the thought cards which they had produced (typed up and separated into the themes and subthemes, as created and named by the participants themselves), a copy of the paragraphs produced by the workshop group which further described and explained the meaning of each theme as understood by the group, a copy of the relationship table and the expanded relationship table and finally a copy of the final drawn model with a full explanation as to how this was derived from the relationship tables. All participants were requested to email the researcher upon review of the materials sent out in order to validate or question the final model produced. All

participants from all workshop groups fully validated all models drawn and the participation rate for validation from those participants who took part in the workshops was 100%.

The researcher had planned to provide the participants with index cards on which to write their thoughts during the first stage of data generation within the workshop. However, upon further consideration the researcher substituted the index cards with sticky notes as there was no way to guarantee that every room with which the researcher was provided, across the four participating HEI's, would have a table big enough, or sufficient floor space, to lay all the index cards written by participants out and allow for the participants to review and cluster these into themes. Therefore, sticky notes were used. It was considered that as sticky notes can be placed on almost any surface in any room, the use of sticky notes would ensure that there would be some form of space that could be used for all the workshop activities.

4.7.2 Feasibility Study Research Question Two: Is there a difference in the experience of “staying” on a course between branches of nursing?

It is clear from the data collected that although some aspects of the experience of remaining on their course are the same or similar for students across all three branches of nursing, there were discernible differences in the way in which the overall experience has been conceptualised and mapped by workshop participants from the different branches. Table 4.11 shows a consolidated version of the distribution of themes table for all three workshop groups.

Table 4.11 Comparative Final Designation Of Themes Table

Designation					
Workshop Group	Primary Driver	Secondary Driver	Pivots	Secondary Outcome	Primary Outcome
Paediatric Branch Workshop Group	Positives Of The Degree	None	People Who Support Us, Opportunities	None	Our Feelings
Adult Branch Workshop Group	Politics	Support	Placement	Motivation, Life Outside Nursing	The Future
Mental Health Branch Workshop Group	Support	None	Motivation, Finances	None	Goals

As can be seen from the table (and the more in-depth participant data from the previous pages) “Support”, “Motivation” and a version of the future/ working towards the future (The Future, Goals, Opportunities), exist in all three models. However, the position of these themes within the models varies. The final six of the fourteen participant-identified themes from across the three branch specific workshops are branch specific constructions.

The model (Model 4.1) as developed in conjunction with the paediatric branch can be seen to be significantly different from the adult (Model 4.2) and mental health (Model 4.3) branch models. As opposed to the adult and mental health groups who were both driven by “Support”, and “Politics” in the case of the adult branch, the paediatric group were driven by “Positives of the Degree”. This theme consisted of the perceived practical positives of attending their specific course for them and their positive feelings as a result of these perceived practical positives. They appeared to be driven by what they felt the course could offer them and what it was doing for them. The paediatric group were the only group to view support received as a pivot rather than a driver, and their ideas of the future and working towards the future as a pivot rather than an outcome. Within the context of IQA pivots are defined as those elements which if experienced positively and/or sufficiently exert a positive effect on the

outcome of the model, however if they are experienced negatively and/ or insufficiently they exert a negative effect on the outcome of the model. Given that the outcome of the paediatric model is “Our Feelings” which according to participant data consisted of “Determination, Placement Motivation and Personal Motivation”, it could be said that by identifying support as a pivot within their model paediatric students are expressing a more external locus of control (Rotter, 1966) than their counterparts from the other branches. That is to say that those on the paediatric branch appear, on the basis of this model, to assign blame for any negative effect on the model outcome (their feelings) to external forces, such as a lack of proper support or insufficient promotion of their future opportunities to them by others. This is unlike the other two models produced over the course of the feasibility study. Both the mental health and adult branches acknowledge the importance of support, but for them it is a driving variable, a force that they can harness, a positive which they can use in order to achieve their outcomes: their future/ goals and their life outside of nursing.

The identification of “Our Feelings” as the focal outcome also marks the paediatric branch model out as significantly different from the mental health and adult branch models. The paediatric model is focused on “the here and now”, upon maintaining positive affect and motivation in relation to their decision to remain on their course and complete their degree. Disparately, the outcome for the mental health and adult branch participants is some version of the future and the achievements they seek in the future (such as completing their course, to name but one). They are not focused on simply maintaining their desire to continue in the here and now; they are looking at the end of the course and beyond.

The mental health and adult workshop final drawn models are the most similar of the three produced in the feasibility study. However, notable differences can be found between the two models. Both the mental health and adult workshop groups are driven by support, however the adult group also identified “Politics” as a driving factor. The adult branch participants felt themselves driven by the desire to work for the NHS, to fight for the survival of the NHS and for the promotion of political awareness among nurses. It is the opinion of the researcher that the identification of this theme as the primary driver within the model is the result of an emotional response on behalf of the participants. Although participants all expressed significant political passion and emotional investment in the theme, the workshop was held in the days following an announcement by the Chancellor of the Exchequer of significant further cuts to the spending budget of the NHS, this caused apparent consternation and outrage amongst participants on top of his 2015 Autumn statement indicating his intention to remove bursary payments for nursing students. The mental health workshop was held four months prior to this, just prior to Christmas at a time of considerably less political tension.

Participants from the adult branch were the only branch to indicate that the placement experience is pivotal for them; a positive or negative placement experience is make or break in terms of their decision to remain on the course. The pivots identified by the mental health branch were their finances (their financial capability to remain on the course) and their motivation (constructed of their personal pride, their desire not to let their families down and the positive aspects of university). The mental health branch participants alone indicated that financial capability was a significant consideration in whether or not they

would remain on the course. And, whilst motivation was a pivot for the adult branch who considered that they needed to invest emotional resources in maintaining sufficient levels of motivation to want to remain on the course, for the adult group motivation was an outcome. Model 4.2 indicated that from the perspective of the adult group, the driving forces of support and politics when coupled with a (pivotal) positive placement experience resulted not only in their outcome of a desired future but the motivation to work towards it; in their view motivation was a product of the placement experience.

Overall, we can see that the experience of remaining on their courses expressed by the three branch workshop groups is not the same. However, whether this is due to a genuine difference in the experiences of remaining for the students in the paediatric, adult and mental health nursing branches, or whether this represents a difference in the experience of remaining for these specific paediatric, adult and mental health nursing students is less certain. We are unable to extrapolate that all students within the respective branches, at the feasibility site, would agree totally with the models produced by the participants recruited from each branch. However, the feasibility study was conducted in order to see whether participant data would indicate a qualitative difference in the experience of staying between branch or not, and such a difference was found and cannot therefore be ignored. Therefore, the precautionary assumption was made for the main site phase of the study that a difference in the experience of remaining may well exist by branch. This necessitated a focus on one branch of nursing commonly taught across all sites at which the investigation was carried out during the multi-site phase of the study. The adult branch was selected as the focus for the multi-site phase, as it is the largest

branch of nursing within the profession, with the highest number of trainees. It was agreed prior to the start of the study, that in the event that an experiential difference by branch was found, it would be prudent to tailor findings to the largest portion of the student body initially. Further investigation within the other branches of nursing could be addressed in follow up studies; it is however outside of the scope of this particular project.

4.8 Chapter Summary

In this chapter the results of the feasibility study conducted at Site A were reported. IQA Workshops were carried out with participants recruited from the paediatric, adult and mental health branches of nursing at Site A, and follow-up interviews were conducted with three participants per workshop group in order to gain a deeper understanding of the participants' lived experience with the participant-generated themes included in each branch-specific final workshop model drawn. This data was used to establish whether the use of IQA was appropriate for this investigation and to determine whether an experiential difference of remaining on their courses could be found between participants from the respective branches of nursing. The feasibility study provided confirmation that IQA was indeed a practicable methodology for use in this investigation, generating sufficiently rich data to yield insights on the research question. An experiential difference of remaining on their nursing course was found between participants from the three branches investigated. This resulted in the decision to focus data collection within the adult branch for the main study phase of the project. The following chapter will address the findings of the main phase of the study.

Chapter Five: Main Phase Study Results

5.1 Introduction

In this chapter the results of the main phase of the study, conducted over the period January-April 2016 at Sites B, C & D will be discussed. The main study phase involved three workshops, with a total of twenty participants, across three further HEIs offering undergraduate nursing programmes which agreed to take part in the study. Geographically Site B was located in the South West region of England, Site C was located in the East Midlands region of England, and finally Site D was located in the West Midlands region of England. All workshops and follow-up interviews were conducted solely with adult branch nursing students, as directed by the interpretation of the feasibility study results.

5.2 Main Study Phase Participants

During the main study phase of the project three workshops were conducted with a total number of twenty participants: five students participated in the Site B adult branch workshop, nine in the Site C adult branch workshop and a further six students in the final Site D adult branch workshop. From these twenty participants, nine participants, three from each workshop group, agreed to take part in follow-up interviews over the phone. These interviews were used to explore participants' lived experiences of each of the themes that were generated by the workshop group, allowing a more comprehensive understanding of each theme to be developed.

Table 5.1 illustrates the demographic data collected from the participants who took part in all three workshops across all three further study sites. What we can see from this table is that those participants who took part in the workshops

were overwhelmingly female (90%). Male participants can only be found in the final Site D adult workshop where two out of the six participants were male. Age was far more distributed across the range in the main study phase than the feasibility study phase.

Eleven of the twenty participants across the workshops were aged eighteen to twenty-five, that is 55% as compared to the feasibility study's 70.5%. Across the three workshops conducted in the main phase of the study; four participants reported themselves as 26-34, three participants reported themselves as 35-42 and two participants reported themselves as 43-52.

Seventeen of the twenty participants reported their ethnicity as white (sixteen of those identified as White British, whilst one identified as White Scottish). That leaves three participants (15%) who identified as belonging to other ethnic groups: one identified as White Asian, one as Asian (Other) and the final participant identified as Black African. All three of these participants took part in the Site C workshop which was by far the most ethnically diverse workshop group which took part in either the main phase of the study or the feasibility study. Ninety percent of participants identified English to be their first language, both participants who identified English as their second language took part in the Site C workshop.

As in the feasibility study, marital status was split predominantly between those who considered themselves single (fifteen of the twenty participants, 75%) and those who were cohabiting with a partner (three of the twenty participants,

Table 5.1 Main Study Phase: Participant Demographic Data

Question		Site B (N=5)	Site C (N=9)	Site D (N=6)	Overall (N=20)
Gender	Male			2 (33.3%)	2 (10%)
	Female	5 (100%)	9 (100%)	4 (66.7%)	18 (90%)
Age Range	18-25	2 (40%)	5 (55.6%)	4 (66.7%)	11 (55%)
	26-34		2 (22.2%)	2 (33.3%)	4(20%)
	35-42	2 (40%)	1 (11.1%)		3 (15%)
	43-52	1 (20%)	1 (11.1%)		2 (10%)
	53-62				
	Over 62				
Ethnic Grouping	White (British)	4 (80%)	6 (66.7%)	6 (100%)	16 (80%)
	White (Scottish)	1 (20%)			1 (5%)
	Mixed Heritage				
	Asian or Asian British		1 (11.1%)		1 (5%)
	Black or Black African		1 (11.1%)		1 (5%)
	Asian Other		1 (11.1%)		1 (5%)
Is English Your First Language?	Yes	5 (100%)	7 (77.8%)	6 (100%)	18 (90%)
	No		2 (22.2%)		2 (10%)
Marital Status	Single	3 (60%)	7 (77.8%)	5 (83.3%)	15 (75%)
	Co-habiting	2 (40%)	1 (11.1%)		3 (15%)
	Civil Partnership				
	Married		1 (11.1%)		1 (5%)
	Separated			1 (16.7%)	1 (5%)
	Divorced				
Dependents	Yes	3 (60%)	2 (22.2%)	1 (16.7%)	6 (30%)
	No	2 (40%)	7 (77.8%)	5 (83.3%)	14 (70%)
Declared Disability	Yes	1 (20%)	4 (44.4%)	2 (33.3%)	7 (35%)
	No	5 (100%)	5 (55.6%)	4 (66.7%)	13 (65%)
Declared Health Condition	Yes		5 (55.6%)	2 (33.3%)	7 (35%)
	No	5 (100%)	4 (44.4%)	4 (66.7%)	13 (65%)
Highest Level Of Education	Less than 5 GCSE's or O Levels (grades A-C), NVQ1 or BTEC First Diploma		1 (11.1%)	1 (16.7%)	2 (10%)
	Fewer than 5 GCSE's or O Levels 9grades A-C), NVQ2 or equivalent		1 (11.1%)		1 (5%)
	3 or more A level's, NVQ3, BTEC National or equivalent	5 (100%)	3 (33.3%)	5 (83.3%)	13 (65%)
	Polytechnic, University Degree, NVQ4 or equivalent		4 (44.4%)		4(20%)
Masters/ Doctoral Degree, NVQ5 or equivalent					
Are You The First (Or First Generation) In Your Family To Go To A Tertiary Education Institution Of Learning?	Yes	4 (80%)	4 (44.4%)	2 (33.3%)	10 (50%)
	No	1 (20%)	5 (55.6%)	4 (66.7%)	10 (50%)
Enrollment Status	Full-time	5 (100%)	9 (100%)	6 (100%)	20 (100%)
Do you live in Halls or on Campus?	Yes				
	No	5 (100%)	9 (100%)	6 (100%)	20 (100%)
Residential Locale	Rural	2 (40%)	3 (33.3%)	3 (50%)	8 (40%)
	Urban	3 (60%)	6 (66.7%)	3 (50%)	12 (60%)
How Many Miles from campus do you live?	1-5 miles	1 (20%)	3 (33.3%)	2 (33.3%)	6 (30%)
	6-10 miles		1 (11.1%)	1 (16.7%)	2 (10%)
	11-15 miles	1 (20%)	1 (11.1%)	1 (16.7%)	3 (15%)
	16-20 miles		2 (22.2%)		2 (10%)
	21-25 miles	2 (40%)			2 (10%)
	26-30 miles		1 (11.1%)		1 (5%)
	31-35 miles				
35+	1 (20%)	1 (11.1%)	2 (33.3%)	4(20%)	
Are You Currently Employed at the same time as being a student?	Yes	3 (60%)	8 (88.9%)	6 (100%)	17 (85%)
	No	2 (40%)	1 (11.1%)		3 (15%)
Do you have previous nursing related work experience?	Yes	1 (20%)	6 (66.7%)	5 (83.3%)	17 (85%)
	No	4 (80%)	3 (33.3%)	1 (16.7%)	3 (15%)
Have you previously held employment in healthcare/ care provision/ a hospital/ a carehome/ domicilliary or palliative care?	Yes	2 (40%)	6 (66.7%)	5 (83.3%)	13 (65%)
	No	3 (60%)	3 (33.3%)	1 (16.7%)	7 (35%)

15%). Of the remaining two participants, one was married, and one was separated at the time of the workshop. Six of those who participated in the main phase of the study (30%) had children; participants with children were distributed across all three main study sites.

Seven of the twenty participants reported a declared disability; six out of the seven of these disabilities referred to learning difficulties that required special considerations in relation to marking or extra time to complete assignments and exams. The seventh participant had received orthopaedic surgery within the six months prior to the workshop. However, these were not the only health related difficulties faced by participants: five of the nine Site C participants and two of the six Site D participants had a declared health condition.

Of those who took part in the main study phase the majority (65%), came to the course with entry qualifications of “three or more A levels, NVQ3’s, BTEC National Equivalent.” Four of those who took part in the Site C workshop were engaging in their second undergraduate degree and already had an existing bachelor’s degree in another discipline. Three out of the twenty main phase participants had less than three A-levels or equivalent, two of those took part in the Site C workshop (making Site C participants the most diverse in terms of entry qualifications) the final participant took part in the Site D workshop.

It was found that those participants who took part in the main phase of the study were exactly evenly divided between those who were the first (or part of the first generation) within their family to attend university and those who were not.

All twenty participants recruited were enrolled full-time on their nursing degree programme, however none of them lived on campus or in university-provided accommodation. All participants were privately housed in family owned or privately rented accommodation. Of these, 60% lived in an urban area, leaving 40% of participants across the three workshops who lived in a rural area, 55% of these participants lived within a 15-mile radius of the university campus leaving 25% (five participants) who lived 16-35miles from campus and/ or in rural areas and a final four (20%) who lived more than 35 miles from the university campus.

The majority of those who took part in the main phase of the study (85%) were engaged in part-time employment alongside their studies. The remaining 15% of participants were not engaged in employment, however they did rely on financial assistance from their families or lived at home/ with family members in order to attempt to minimise living expenses.

No statistically significant correlations could be found however between age and dependent, age and employment, dependents and employment or marital status and employment (i.e. the need to contribute towards the living expenses of cohabitation). It is considered that this was due to the small number of participants involved in this qualitative enquiry.

Finally, in terms of previous experience in a nursing environment or a previous job in care provision, 63% of participants reported having either previous nursing work experience, a previous job in care provision or both. The lowest levels of previous nursing work experience were found in Site B workshop

participants, where only one of the five participants had relevant work experience. The highest levels of previous work experience in nursing were reported by Site D participants, where 83.3% of participants had managed to engage in some relevant work experience prior to the start of the course. Previous employment in a care role was more evenly split; both the Site B and Site C workshop groups were divided roughly 60/40 between those who had engaged in a previous caring role and those who had not. However, for Site D previous care experience was much higher with 83.3% of participants (5 out of 6) reporting previous employment in a care role.

5.3 Presentation of Findings

The findings from each main-phase workshop are presented sequentially using the same format including 1) each theme name, 2) the participants' summative paragraph regarding each theme, 3) a composite of key participant quotes regarding each theme, as amalgamated by the researcher, from the data collected from the individual interview stage of data collection, 4) the relationship tables, as completed by the participants and expanded upon by the researcher, and 5) the final drawn model, as produced by the researcher and validated by the participants.

Due to the large volume of data gathered during the individual interview stage of the study, subsequent to all workshops conducted at all sites, the inclusion of participant extracts in the "composite of key participant quotes", as produced for each theme and sub-theme, has been limited to only those which were deemed sufficiently indicative, and suitably relevant to the focal themes and topics under discussion by the researcher.

5.4 Site B Workshop Results

A workshop group of five participants was recruited from among the second- and third-year students currently enrolled on the three-year BA Adult Nursing degree programme at Site B. As before, participants were asked to consider *“people, places, thing and ideas”* on which they have relied or that have been instrumental in their decision to remain on their programme of study. Participants generated 40 responses on thought cards. Once sorted by theme, participants named these themes and produced a list of five themes and eight further subthemes. Subsequently the participants produced a representative statement and summative paragraph explaining the meaning of each theme and subtheme, to them as a group, in their own words.

Interviews were then carried out with three of the participants who took part in the original workshop, using an interview schedule developed based upon the data produced by the workshop group (please refer to Appendix 13). The three follow-up interview participants for this workshop have been renamed: Elaine, Katie and Rachel. Participants were asked to discuss their thoughts and feelings and experiences regarding each theme and subtheme that their workshop group had generated. A composite of key quotes from each participant regarding each theme and subtheme has been created and amalgamated with the workshop data in order to provide greater detail regarding participants' understanding of and experience with each theme and subtheme. The following descriptions of the five themes and eight subthemes identified by the workshop participants comprise students' collective perceptions of what factors they as undergraduate adult student nurses, consider essential to their decision to stay on (rather than leave) their programme of study.

5.4.1.1 Theme One: Good Support Network

The first theme identified by students in the Site B workshop was “Good Support Network”. Students considered that this theme represented ‘the support that enables you to carry on’. No subthemes were generated by the workshop participants in relation to this theme.

5.4.1.1 Participants’ Summative Paragraph: “Good Support Network”

A verbatim rendering of the participants’ summative paragraph is as follows:

Everyone else in the cohort is in the same position so if someone is upset we all know what each other is going through. The cohort is like a family. Support through the cohort Facebook page and meeting up outside university. Sharing articles with each other. Mentors shape the way you view the placement and also the way you view nursing as a career.

5.4.1.2 Composite of Key Participant Quotes Regarding the Theme “Good Support Network”: Participant Interview Data

Participants discussed their support networks, which they perceive enable them to continue on the course, in greater detail. Indicative quotations are as follows:

“...it is a lovely cohort and they are very supportive...I find it more difficult because I live so far out...so...I don’t sort of meet up with people like others do...I’ve got like a network of people who live more in my area, so I would meet up, they’re still part of the cohort but...we’ve got our own...group...” (Elaine, Transcript Lines: 46-52).

“...I have friends...that I’ve made on placement...that I will draw on...I use the Facebook page more to view the comments that are coming through and quite often somebody will post on there and say “oh, you know, I’m experiencing this problem” and I think “oh yeah I’m experiencing that problem too” and I will comment from time to time...” (Elaine, Transcript Lines: 57-62).

“I absolutely could not do it without my mum...my mum provides I’d say 95% of my child care...she adapts her lifestyle to fit into my course which is...brilliant I couldn’t ask for more really.” (Elaine, Transcript Lines: 80-99).

“...I think my mentors they’ve been great, but also I think it’s, it’s the nurses that you work around, with on the placement. I mean on my last placement...one of the charge nurses there, he almost took me under his wing as it were...and just gave me a different view to what the charge nurse actually is, the coordinating role actually is...so I don’t know if it’s necessarily mentors, it’s people I suppose that you just have, people that you come into contact with through being on placement.” (Elaine, Transcript Lines: 109-121).

“I would say more on my last placement...my mentor there was really good at...making sure I got like a really wide experience and making sure that I had different opportunities but, I felt more maybe on this last one, it was more of like a team effort because it would even be the doctors...it was more like a collaborative effort rather than like an actual just an individual mentor.” (Elaine, Transcript Lines: 128-137).

“We also have our...tutors...I’ve used them quite a bit because I found out that I was dyslexic, so I have used the support and advice...from the tutors and from the dyslexia team, for help with assignments and exam techniques.” (Katie, Transcript Lines: 58-60).

“...I think it’s been really important because...I’ve struggled a little bit and I think without my friends there from university who’re going through the same thing I don’t think I would have been able to manage...because they help, they proof read things for me, I think it’s just moral support you know, someone to say you know look we’re all going through it...we’re all in the same boat...” (Katie, Transcript Lines: 65-69).

“...on my very...first placement my mentor was absolutely brilliant...but...I have had experience where my mentor wasn’t as...I don’t know if accommodating is the kind of word, but they didn’t take other staff members’ words for...competencies which I had done and it made me, I don’t know, I felt like giving up on the course to be honest...we sort of clashed I think...I did have a bad time with that one...” (Katie, Transcript Lines: 79-91).

“...the cohort has been fantastic...I know we’ve said it, but we are like a family, there’s not one of us...you have your own little sets of people that I think you sort of tend to sort of go with, but overall if anyone had any questions I think anyone could approach anyone...” (Rachel, Transcript Lines: 41-46).

“It’s been quite hard [without my family nearby] but there always on the end of the phone and I know that so...that’s enough if you know what I mean.” (Rachel, Transcript Lines: 70-72).

“... I’ve always wanted a career in sexual health...because...one of my close family members has got HIV...So I’ve always...I’ve known it to be like a conscious thing...going there and having such a good placement and having such good mentors definitely made me think I really really want to do this...”
(Rachel, Transcript Lines: 123-131).

“I’m really lucky, I haven’t had a bad mentor...” (Rachel, Transcript Lines: 117-118).

5.4.2 Theme Two: Finances

The second theme identified by students in the Site B workshop was “Finances”. Students considered that this theme represented the ability to live whilst studying.

Participants considered that the thought cards which they allocated to this theme could be further subdivided into two subthemes for clarity: government funding and personal finances.

5.4.2.1 Participants’ Summative Paragraph “Finances”

A verbatim rendering of the participants’ summative paragraph is as follows:

Without the bursary we wouldn’t be able to complete the course. The other financial aids, such as tax credits and council tax exemption (and student loan) also support day to day living.

Despite the financial support from the government, some people still need support from other sources such as parents and their own savings.

5.4.2.2 Composite of Key Participant Quotes Regarding the Theme “Finances”: Participant Interview Data

Participants discussed their financial arrangements, which they perceive enable them to continue on the course, in greater detail. Indicative quotations are as follows:

5.4.2.2.1 Government Funding

“...I couldn’t do...it at all without the bursary or the additional support... because I have a mortgage...I’d have to sell my house...the stupid thing is because I have a mortgage I don’t get any other support through welfare benefits or anything, however if I was renting a place then I’d get more support than I do now, I could apply for housing benefit and stuff like that, but I don’t, I can’t have access to any of that because I have a mortgage.” (Elaine, Transcript Lines: 173-180).

“So it will pay my petrol, it will pay my food and it pays all the bills that come with the house and the mortgage, anything extra, anything that I want to do socially, or anything I want to buy for my daughter or anything I fund that myself...I couldn’t do the course without the money that I get from the government at all.” (Elaine, Transcript Lines: 186-190).

“I claim the NHS bursary and I also get the student finance loan...without these, I have children who live at home and my partner is self-employed so his money sort of varies month to month...without the bursary I would not be able to go to university...because I used to work I had to give up work to go to university and I’m quite lucky really that what I get from the NHS bursary covers what I used to

earn...and I know that for some students that isn't the case...if they were to get rid of the bursary then I wouldn't be able to carry on...I mean you start off I think it's at £21,000 when you qualify after doing three years of university and then to come out at that at the end when you have I don't know £9-, £18-, £20,000 debt...that you have to repay I couldn't do that personally.” (Katie, Transcript Lines: 116-134).

5.4.2.2.2 Personal

“...the course...it's very full on especially when you're on placement...you're doing 32 hours a week so it's just not possible [to work as well]. If I was single and didn't have a child, then I could probably go out and do extra shifts and earn extra money but...no...plus with the workload as well... obviously...I have to make time for myself and I have to make time for my daughter and I have to make time for my mum and my friends...it's that balance, it's just not possible...for me anyway...” (Elaine, Transcript Lines: 195-215).

“It's been quite good and I think, if I couldn't afford to do it and I'd had a bad experience then I probably wouldn't be able to remain on the course but I've had good support and one month I said to my Dad “oh I'm feeling a bit short this month” because of like the car MOT or something, the car broke then my Dad would say “oh use that £50 and put it towards that, so that's how I've sort of got support from my Dad...” (Rachel, Transcript Lines: 173-178).

5.4.3 Theme Three: Family & Relations

The third theme identified by students in the Site B workshop was “Family & Relations”. Students considered that this theme represented the motivation to please.

Participants considered that the thought cards which they allocated to this theme could be further subdivided into two subthemes for clarity: Making them proud and Letting them down.

5.4.3.1 Participants’ Summative Paragraph “Family & Relations”

A verbatim rendering of the participants’ summative paragraph is as follows:

To show family and friends what you can achieve and make them proud. Show children that you’re more than just a mum.

Don’t want to let family down. They would be disappointed if you didn’t see it through, especially if they have invested financially in your becoming a nurse. Also, they have given moral support to us.

5.4.3.2 Composite of Key Participant Quotes Regarding the Theme “Family & Relations”: Participant Interview Data

Participants discussed the motivation to stay on their courses provided by their friends and relations in greater detail. Indicative quotations are as follows:

5.4.3.2.1 Making Them Proud

“More so making them proud than letting them down...I’m the first...in my immediate family...to take a degree. Neither of my parents have got degrees...”

and I know that on graduation day my god my mum is just going to be a mess! Cause she's just going to be so proud of you know me and what I've achieved...so that is definitely a massive motivator." (Elaine, Transcript Lines: 264-269).

"I live with my partner...and he has...helped fund my way through university even though the bursary covers everything we still don't have the money...to go out places, so he is...funding that...and I think that I don't want to quit because I don't want to let them down and my children [I want to show them] that I can go off and do something, I am their mum but at the same time I'm going to be a nurse so I am going to go and help other people." (Katie, Transcript Lines: 172-177).

"...the times that I have you know thought to myself "oh I can't do this no more" or...had a bad shift and you think you know at the end of it my family is going to be proud of me and they're going to be the ones there watching me at my graduation or there in the morning when I go off to work because I've got this far. So yeah I think it's a very big part yeah." (Katie, Transcript Lines: 186-190).

5.4.3.2.2 Letting Them Down

"...I suppose I would be disappointed more in letting myself down I think...My mum would be disappointed if I gave up I know she would, but she'd never tell...But I think I would feel more of a personal sense of disappointment...and that's a driver for me for staying on the course..." (Elaine, Transcript Lines: 269-276).

“...I mean obviously it’s probably in the back of my mind... if I quit I probably would be thinking oh god what are they going to think of me.” (Rachel, Transcript Lines: 247-251).

5.4.4 Theme Four: Achievements

The fourth theme identified by students in the Site B workshop was “Achievements”. Students considered that this theme represented the motivation to do well and achieve personally.

Participants considered that the thought cards which they allocated to this theme could be further subdivided into two subthemes for clarity: Academic and Personal.

5.4.4.1 Participants’ Summative Paragraph “Achievements”

A verbatim rendering of the participants’ summative paragraph is as follows:

Once you achieve one thing it encourages you to carry on but also if you fail then you have the motivation to improve. Good results make you feel proud and competent.

Demanding course, once you’ve achieved you feel very positive. It is something we are very passionate about and therefore it means so much to us. Prove to yourself that you can do it. Proud to wear the nurse (student nurse) uniform.

5.4.4.2 Composite of Key Participant Quotes Regarding the Theme “Achievements”: Participant Interview Data

Participants discussed the motivation to stay on their courses provided by their friends and relations in greater detail. Indicative quotations are as follows:

5.4.4.2.1 Academic

“...I have really surprised myself with how well I’ve done on the course, cause I’ve had some really fantastic marks...I find that a motivator for me...because, it’s almost like getting that adrenaline rush when you see your marks...even though I really struggle with the work and...I find it difficult...when I get the marks through it makes me think you know oh my god all that work...all that effort, all that struggle and crying in front of my laptop and stuff...it was all worth it because this is the result...and then it makes you want to cry and continue to get those marks in future, in future modules.” (Elaine, Transcript Lines: 309-324).

“...I did have [doubts about my capacity to finish]. I failed an assessment...but I think by failing the assessment...[it] gave me a nudge really to...try a bit harder...I think you get yourself on a sort of equal plane where you’re sort of plodding along...but I think...by failing on one thing has gave me the push to sort of go forward and try harder.” (Katie, Transcript Lines: 218-222).

5.4.4.2.2 Personal

“I think, it’s, the personal achievements for me come more sort of when I’m in practice...” (Elaine, Transcript Lines: 333-334).

“I think also for me its increasing my confidence as well, it’s increasing my confidence in my own abilities but it’s also increasing my competence as well, I’m becoming more competent and I think for me that’s a big key I’m becoming more competent and more able as a nurse and I’m not starting to feel...not that I’m outgrowing being a student but I’m ready to take on the roles and responsibilities that come with the post.” (Elaine, Transcript Lines: 354-360).

“I think that getting to the...third year is a big sort of academic achievement for me because with dyslexia and things I think yeah that’s my biggest achievement, getting as far as I have done.” (Katie, Transcript Lines: 212-214).

“But having said that if I didn’t get a good grade, qualifying as a nurse a registered nurse would be a personal achievement no matter of the results I think...Yeah. To just qualify...Getting there and being able to look after patients and just be a nurse basically that’s what it’s been about...” (Rachel, Transcript Lines: 302-308).

5.4.5 Theme Five: Career & Ambition

The fifth and final theme identified by students in the Site B workshop was “Career & Ambition”. Students considered that this theme represented the motivation to make a difference and progress.

Participants considered that the thought cards which they allocated to this theme could be further subdivided into two subthemes for clarity: Portable and Making a difference.

5.4.5.1 Participants' Summative Paragraph "Career & Ambition"

A verbatim rendering of the participants' summative paragraph is as follows:

Having the possibility to move around with our skills is appealing. Varied career with lots of options to specialise. Conversions. Travelling.

Making a difference for patients and giving reassurance to families gives us job satisfaction. It is an empowering feeling to have the potential to change practice.

5.4.5.2 Composite of Key Participant Quotes Regarding the Theme "Career & Ambition": Participant Interview Data

Participants discussed the motivation to stay on their courses provided by their desire to make a difference in the world (and to their patients) and progress in greater detail. Indicative quotations are as follows:

5.4.5.2.1 Portable

"...nursing as a career...it's got so many different facets to it...that was one of the draws of going into adult nursing, was because it was so varied...and for me I think that's one of the main drivers for me...you weren't necessarily sort of going to be sort of staying...within the same type of nursing...There's so many different elements to nursing, so many different paths that you can take and that was one of the big appeals...I mean a nurse is a nurse in Britain as a nurse is in Mongolia, you might just not have the same resources that's all but you'll still have the same knowledge and...for me that was one of the things that I really wanted to do because I want to travel." (Elaine, Transcript Lines: 376-386).

“...nursing you can take anywhere and that I think that does drive people...and it’s quite easy because you always need nurses, every country always is going to need nurses.” (Rachel, Transcript Lines: 327-331).

5.4.5.2.2 Making a difference

“Just having a patient say thank you to you is just, even if it’s been the worst shift ever...it’s just such a lovely feeling...in my last placement, I had a patient...that had to go through the brain stem testing to confirm that they were you know legally dead and the family were donating her organs for transplant. I stayed with the family and...cared for the mother and the family was so grateful and I didn’t even feel like I particularly really did anything but...they were just so grateful...and it was just a really humbling experience...it’s things like that that make you realise why you’re in the job in the first place.” (Elaine, Transcript Lines: 408-417).

“...I came into nursing because my nan had Parkinson’s disease and...growing up I’ve seen the nurses how they were with her and I thought that’s what I want to do and so for me yeah it is making a difference to someone’s life...Also, to change all those bad nurses out there!” (Katie, Transcript Lines: 247-253).

“I think no matter what area of nursing you’re in you’re making a difference...I think you’re making a difference to someone’s life.” (Rachel, Transcript Lines: 329-333).

5.4.6 Site B Relationship Tables & Resultant Model

As their final workshop activity, participants considered the nature of any relationships which they perceived to exist between each pair of themes (Table 5.2); whether A influences B, B influences A or whether there was no perceived relationship between A and B.

Table 5.2 Site B: Relationship Table

Relationship Table								
	Achievements	Career & Ambition	Family & Relations	Finance	Good Support Network	OUT	IN	Δ
Achievements	0	←	↔	↑	↑	3	2	1
Career & Ambition	↑	0	0	↑	↑	3	0	3
Family & Relations	↔	0	0	←	0	1	2	-1
Finance	←	←	↑	0	0	1	2	-1
Good Support Network	←	←	0	0	0	0	2	-2

Table 5.2 demonstrates that participants considered that there was a relationship between each set of themes considered, except for: “Career & Ambition” and “Family & Relations”, “Family & Relations” and “Good Support Network”, “Good Support Network” and “Finance”. Arrows in the table are directed towards the theme which participants deemed to be the driving theme within each pairing (Northcutt & McCoy, 2004).

Participants’ conceptualisation of each pairing was verbalised in the form of an IF/ THEN statement to provide greater clarity on their perception of how each pair of themes interacts, which can then be brought together to produce a map of the overall effect of these themes and the relationships between them on their choice to remain on (rather than leave) their programme of study (please refer to Table 5.3).

The data from tables 5.2 and 5.3 were used by the researcher to produce the final drawn model, Model 5.1. The final three red columns of Table 5.2 were used to designate the position of a theme within the model to be drawn, the distribution of themes within the final drawn model can be seen in Table 5.4.

Table 5.3 Site B: Expanded Relationship Table (Participant IF/ THEN Statements)

Theme Name	
1	Achievements
2	Career & Ambition
3	Family & Relations
4	Financial
5	Good Support Network

Workshop Themes Expanded Relationship Table	
Pair of Themes	The direction of the relationship between each pair of themes in the participants own words or in the form of an IF/ THEN statement
1 > 2	IF you continue to achieve academically THEN it makes you more ambitious. IF you do well THEN it builds up your confidence and that influences your career decisions
1 > 3	IF you achieve THEN it makes your family proud
1 < 4	IF you didn't have the funding THEN you wouldn't be able to go and you wouldn't be able to achieve. IF you were constantly worried about your finances, if you didn't have the financial support THEN you wouldn't be able to concentrate and this would negatively affect your achievements
1 < 5	IF you have good support THEN it helps you to achieve. IF you didn't have that support THEN you'd find it hard to achieve. IF we didn't have the support from the uni (lecturers, support services, etc) THEN we wouldn't have been able to achieve this much/ got this far
2 <> 3	No Percieved Relationship
2 < 4	IF you didn't have that financial support THEN you wouldn't be able to do the course and pursue a career In nursing and make a difference
2 < 5	IF you don't have good support (cohort support, childcare help, mentor and university support) THEN you'd be more likely to give up, it would take away your ambition and consequently your career
3 > 4	IF you didn't have help fro your family THEN you wouldn't have sufficient finances to continue and finish the course, which would then affect "Achievements" as well as "Career and Ambition"
3 <> 5	Participants did not percieve a direct relationship between Family and Relationships and Good Support, however they did identify an indirect relationship between the two via achievement
4 <> 5	No Percieved Relationship

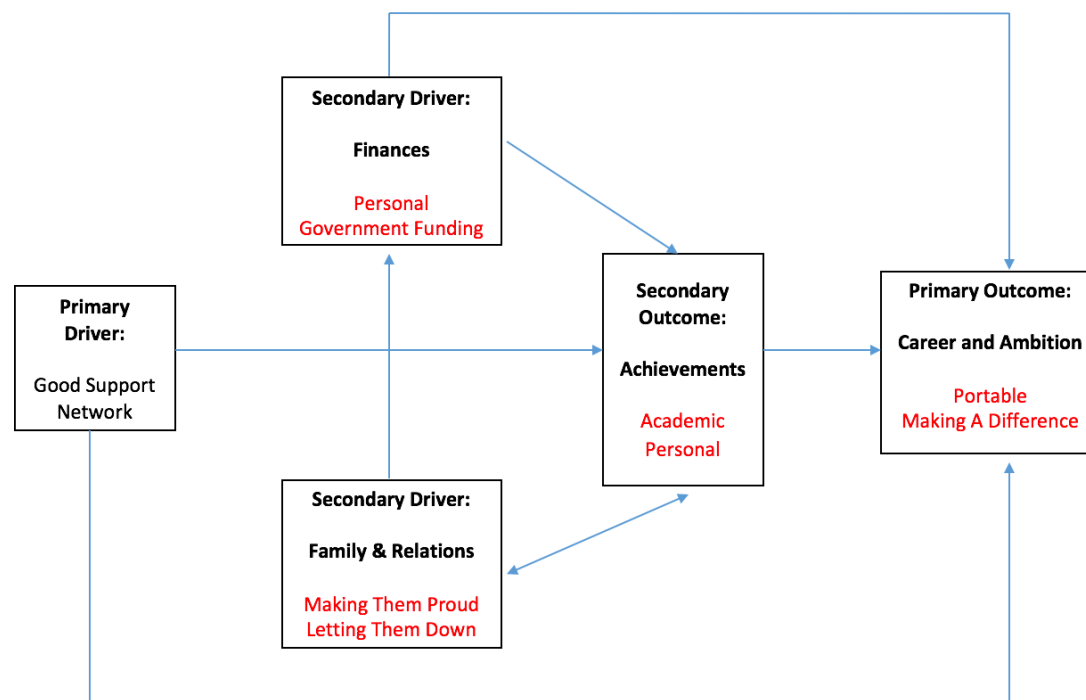
Model 5.1 illustrates the pattern of influence as understood by the participants between the themes, explaining the phenomenon of remaining on their course from the perspective of the adult nursing workshop group at Site B. Once produced this model was fully validated by all members of the original workshop

group. Participant validation of the model occurred via email. All participants were emailed a copy of: the thought cards which they had produced (typed up and separated into the themes and subthemes, as created and named by the participants themselves), a copy of the paragraphs produced by the workshop group which further described and explained the meaning of each theme as understood by the group, a copy of the relationship table and the expanded relationship table and finally a copy of the final drawn model with a full explanation as to how this was derived from the relationship tables. All participants were requested to email the researcher upon independent review of the materials sent out in order to validate or question the final model produced. All participants fully validated the model and the participation rate for validation from those participants who took part in the workshop at Site B was 100%.

Table 5.4 Site B: Final Designation of Themes

Designation	
Primary Driver (all in no out)	Good support network
Secondary Driver (more in than out)	Family & Realations, Financial
Pivots (Score zero)	None
Secondary Outcome (more out than in)	Achievements
Primary Outcome (all out no in)	Career and Ambition

Model 5.1: Site B Adult Branch Final Model



Key

Themes are shown in black

Subthemes are shown in red

Arrows indicate the direction of the relationships between the themes

5.5 Site C Workshop Results

A workshop group of nine participants was recruited from among the second- and third-year students currently enrolled on the three-year BA Adult Nursing degree programme at Site C. As before, participants were asked to consider *“people, places, thing and ideas”* on which they have relied or that have been instrumental in their decision to remain on their programme of study. Participants generated 41 responses on thought cards. Once sorted by theme, participants named these themes and produced a list of five themes and nine further subthemes. Subsequently the participants produced a representative statement and summative paragraph explaining the meaning of each theme and subtheme, to them as a group, in their own words.

Interviews were then carried out with three of the participants who took part in the original workshop, using an interview schedule developed from the data produced by the workshop group (please refer to Appendix 21). The three follow-up interview participants for this workshop have been renamed: Ava, Lucy and Lilly. Participants were asked to discuss their thoughts and feelings and experiences regarding each theme and subtheme that their workshop group had generated. A composite of key quotes from each participant regarding each theme and subtheme has been created and amalgamated with the workshop data in order to provide greater detail regarding participants' understanding of and experience with each theme and subtheme. The following descriptions of the five themes and nine subthemes identified by the workshop participants comprise students' collective perceptions of what factors they as undergraduate paediatric student nurses, consider essential to their decision to stay on (rather than leave) their programme of study.

5.5.1 Theme One: Support

The first theme identified by students in the Site C workshop was “Support”. Students considered that this theme represented “the supportive elements that have kept us on our course.”

Participants considered that the thought cards which they allocated to this theme could be further subdivided into two subthemes for clarity: Finance, Family & Friends and Faculty.

5.5.1.1 Participants’ Summative Paragraph “Support”

A verbatim rendering of the participants’ summative paragraph is as follows:

In order to stay on our course, we need support from the course, the NHS and government (in the form of the bursary), the faculty and our family and friends. Our family and friends not only support us emotionally but also financially where they can. When I have a bad day, I can go to my family and friends and talk about it and get a hug or a cup of tea, whatever makes me feel better. We get support from the faculty if we are struggling to complete an essay or if we need assistance in finding the right reading etc. We find Personal Academic Tutors and the support that these provide can be invaluable to us.

5.5.1.2 Composite of Key Participant Quotes Regarding the Theme “Support”: Participant Interview Data

Participants discussed their support networks, which they perceive enable them to continue on the course, in greater detail. Indicative quotations are as follows:

5.5.1.2.1 Financial Support

“I’ve had, obviously the NHS bursary and also a maintenance loan...it’s a really big thing to go from working full time to suddenly going down to £6,000 a year to live off and pay my bills...so that was kind of...a big step for me...I had to think about it seriously and take everything into account...I’m lucky enough that my family, if I do get really low, my family will help me on that, so financial support...” (Ava, Transcript Lines: 35-40).

“I get nothing, I literally get nothing, I get £80 per month to live off from NHS bursary because it’s based on my parents’ wage...not my income and we are just over the threshold...So I have to work extra hours at McDonald’s and...other things...just to get on with my course...God knows how people live away because I’m still at home...I’ve set up a loan with my Nan, she gives me £30 a month petrol money...” (Lucy, Transcript Lines: 35-43).

“...I get paid to go to placement...it’s...quite expensive to travel to placement. And they pay me, they used to pay me 33p per mile but they changed it to 28p but I don’t mind because I’m still getting paid for it so that’s quite helpful because without that I physically wouldn’t be able to go to placement because it’s so expensive driving a car...they also pay the hospital parking as well, and where I am on placement you have to pay £10 a day to park and that is really expensive...So it is a blessing the bursary is amazing in the sense that it pays for us to go to placement...” (Lilly, Transcript Lines: 35-48).

5.5.1.2.2 Faculty Support

“...my personal academic tutor hasn't been there for me, but there is plenty of other support out there if you can find it.” (Ava, Transcript Lines: 123-124).

“...my first [placement]...the mentor there was amazing she wanted to push me and to test me and I really kind of got to grips with that and she supported me a lot...I am still in contact with her now and she still asks how I'm getting on and if I need any help with anything to go back to her and to contact her she's happy for that.” (Ava, Transcript Lines: 136-141).

“...I've got to take care of my own learning, I can't expect someone else to kind of decide for me so the mentors are really helpful in backing you up...it's a big support especially when you're on placement for long hours and with long days.” (Ava, Transcript Lines: 156-160).

“[the learning support service]...they've been pretty amazing to be honest. The first year I thought “oh I'm alright I can do it by myself” but [the] reality is I needed her. She goes through my work and helps me unpick what an essay title is and what I need to do for it and we break it out into bite size bits and we email, I email her and I go and see her every other week to...go through what I've done and what needs to be done and without her I wouldn't have progressed to where I was because I think...I'm not academic at all. But she's been there, and she's been really good support and really good motivation for me.” (Ava, Transcript Lines: 281-288).

"I think it's about how much you put into it, to how much you get out of it in terms of outcome...they are there to help you they don't mind, [my tutor] turned around to me and said I think I've seen more than 10% of your essay but I'm going to help you. You can't ask for more... I wouldn't say..." (Lucy, Transcript Lines: 115-120).

"...gaining confidence and that's more practical support not from my personal tutor, it come from the faculty members and mentors on the placements...we have what's called a link tutor, someone who is linked to your placement area and I got an email on Monday to say...just to let you know I'm link tutor good luck and all the best wishes and if you have any problems contact me...just nice to know that it's there." (Lucy, Transcript Lines: 120-125).

"My first ever placement, I had a fantastic mentor I got an A on the placement. And that gave me the confidence...I was just...in awe of everything and to get an A in my first placement was just a bit like "oh" I can actually do this, I'm not too bad at this actually. They've always said to me don't be shy to come back Lucy, and I meet up with the ward staff and my mentor still asks me how I'm getting on so it's nice to feel part of the team...I've had a couple of bad placements, my last one knocked my confidence completely...[but] I don't go to work to impress my mentor, I do it and I go to see my patients, to make a difference to my patient lives, and complete placement as well." (Lucy, Transcript Lines: 143-157).

"I think yes mentors do have an impact because if you go into your first year and your first placement and it's absolutely horrendous, I think that you're going

to start thinking can I really do this? ...are all my other placements going to be like this? A lot of people go onto the ward and go "I don't wanna do this" and they quit. I think it's a lot more going to placement and the harsh reality of what we have to do as well." (Lucy, Transcript Lines: 157-161).

"...my tutor she is lovely...over this year she has been really supportive, I had a lot of issues at home...if I don't email her every couple of weeks or whatever she will message me and say..."is everything okay, do you need any support with anything?" and she is really helpful, and she just points me in a direction with stuff. My lecturers, not just my tutor but my lecturers they are really useful when it comes to writing essays and stuff and preparing for exams, especially this year, last year it felt like they weren't very helpful, but this year they're very helpful. If you have a question they answer it and they respond to in a way that they won't give you the answer, but they will point you in the right direction, because obviously they can't just give you the answers...a couple of my friends have failed some of their work and the lecturers have been like "oh just come see me and we can figure out what's wrong" and I think that's amazing the fact that they have turned something so negative into a positive thing. So you can learn from it." (Lilly, Transcript Lines: 157-173).

5.5.1.2.3 Friends and Family

"It's been across the whole board kind of we've got a Facebook page...I put up the post last night and within about half an hour I had 60 views 38 likes and the fact that everyone is feeling the same and feels the pressure as much as I am." (Ava, Transcript Lines: 101-104).

“My family have been amazing, they’ve supported me through the whole thing so far...my family live three hours away so it’s a big...ask to kind of be so far away from them...if I ever need any help or support they’re there for me, if I am having a problem with someone I can ring up my family and...just talk it through with them and they kind of share different perspectives from the outside.” (Ava, Transcript Lines: 169-175).

“...in the second year, I’ve kind of managed to push myself a bit more to make friends...I’ve...established a new kind of life up here at the end of first year, the beginning of second year...I’ve got a new partner, I’ve got a new set of friends, I’ve got a lot more support there...this year I feel more supported than I did in my first year. I think that the first year is quite scary for everyone, but the second year you kind of look back and you think well actually that support was always there I just never knew about it.” (Ava, Transcript Lines: 177-183).

“...It’s just those nice words everyone says, they say to me like “oh we’re so proud of you” and you do it to make them proud and you do it to show them that you were right I can do this...it’s just definitely a driving force and motivation to stay on course.” (Lucy, Transcript Lines: 172-177).

“...they give me hugs when I need one and they cheer me up, so they are quite helpful, and they put up with my moody behaviour because when you have had a very stressful day...you’re not the happiest of people and you’re also sleep deprived so that’s what I put my moody behaviour down to.” (Lilly, Transcript Lines: 206-210).

“I do have friends on the nursing course who understand what it’s like to be a student nurse, because without that it’s very very hard because not a lot of people really know what we go through...we have a group chat and all you have to say in the group chat is I have had a bad day and then they’re there and they know because we all have bad days.” (Lilly, Transcript Lines: 223-227).

5.5.2 Theme Two: Motivation

The second theme identified by students in the Site C workshop was “Motivation”. Students considered that this theme represented “the supportive factors that keep us going.”

Participants considered that the thought cards which they allocated to this theme could be further subdivided into four subthemes for clarity: Influence Others, Family, Determination and Time left on the course.

5.5.2.1 Participants’ Summative Paragraph “Motivation”

A verbatim rendering of the participants’ summative paragraph is as follows:

We have been motivated by past experiences and we want to continue that by being role models ourselves. For one of us, culturally its unusual for women to be educated past a certain age so being a role model to women from their background is very motivating. Family helps to keep our positive motivation levels up, whilst at the same time we feel motivated because we don’t want to let them down. Wanting to set a good example for our children. There is only a year/ a few months to go – the end is in sight! The ultimate goal is near. We are determined to succeed.

5.5.2.2 Composite of Key Participant Quotes Regarding the Theme “Motivation”: Participant Interview Data

Participants discussed their motivating factors, which they perceive enable them to continue on the course, in greater detail. Indicative quotations are as follows:

5.5.2.2.1 Opportunity to influence others

“...I’ve had time to kind of speak to some of the first years that kind of come in at the beginning and to be honest they’re in exactly the same position that we were...kind of rabbit in headlights didn’t know what to do at first...I was able to just sit and talk to them...I think it is important that we influence the new people coming in because the third years influence us...” (Ava, Transcript Lines: 205-213).

“I guess, I don’t think of myself as a role model like, I just do the best nursing I can do and that’s all that matters...I guess I am a role model if I do my job correctly...” (Lucy, Transcript Lines: 217-218).

“...I work in Boots, and...quite a lot of the girls I work with have said that they want to do nursing and they didn’t know how to go about it...so I basically said to them I was in the same boat and I know what you need. I went and did a health and social care BTEC, so I told them about it and how to apply and now they’re going to do nursing because of the fact that I told them, I guided them into the way, the way I did it.” (Lilly, Transcript Lines: 243-249).

“...quite a lot of my friends on Facebook actually want to do nursing and I keep getting messages...every couple of months from my friends, saying...do you

have any tips about this can you advise me about that can you look over my personal statement for my application, so I feel like I'm helping them and encouraging them..." (Lilly, Transcript Lines: 252-256).

5.5.2.2.2 Family

"My family have been amazing motivation for me. They've...pushed me when I've kind of wanted to give up on things...my family all along the line were like "You can do this! Keep going, you're almost there."" (Ava, Transcript Lines: 225-232).

"...my family are one of my main motivators, to make them proud. To show that I can do it..." (Lucy, Transcript Lines: 227-228).

"...my mum repeatedly tells me that, "you can do it"...And my boyfriend he tells me repeatedly, because sometimes I just get to the stage where I'm like "why do I do this?" and he said if it was easy everybody would do it, so I find that quite inspirational." (Lucy, Transcript Lines: 261-266).

5.5.1.2.3 Determination

"...at first I was...a bit lacking because I didn't quite know what to expect in terms of grades etc. and how the university set out. But the longer I've been on the course the more my determination has grown and my grades..." (Ava, Transcript Lines: 241-243).

"It's reaching the ultimate goal, like all right I've had a few knocks and that. It's never going to be an easy ride... [but my] personal determination is to be a

nurse, and no matter what happens if I break my back, if I have to defer a year, if I get pregnant, I'm still going to be a nurse.” (Lucy, Transcript Lines: 242-247).

“When I was in sixth form when I hated it, my teacher was telling me she couldn't see me as a nurse, she was...basically telling me not to be a nurse and she was trying to put me off doing it and because of that I'm like no I'm going to do it because you said I couldn't...I'm going to see her one day and going to be like excuse me I'm a nurse now.” (Lilly, Transcript Lines: 284-295).

5.5.2.2.4 Time Left On Course

“I think the fact that we've kind of grown. I think that's kind of really pushed time on, the fact that our knowledge...we've learnt a lot more...if I look back at year one I would have had no idea what half these surgeries are that I go and attend...and I really do hope that I can finish in good time and that is a good motivation to kind of keep going really...” (Ava, Transcript Lines: 267-272).

“It's nice to know that you passed your exams that you're getting so close to that goal. You reach milestones and that you're getting there, you can see the end.” (Lucy, Transcript Lines: 253-255).

5.5.3 Theme Three: Patient Care

The third theme identified by students in the Site C workshop was “Patient Care”. Students considered that this theme represented “the main reason we have kept going/ that we want to be a nurse is our patients.”

Participants considered that the thought cards which they allocated to this theme could be further subdivided into two subthemes for clarity: Making a difference and Feedback from patients.

5.5.3.1 Participants' Summative Paragraph "Patient Care"

A verbatim rendering of the participants' summative paragraph is as follows:

Patient feedback is important to us, because it can teach us; we can learn from our mistakes, from others' mistakes, identifies our strengths and weaknesses, lets us know if we are in the right profession or not. Feeling accepted and appreciated by our patients through their feedback and their interactions with us is important to us.

We want to make a difference in our patients' lives, by providing holistic care. We want to be there for our patients, sitting there holding their hand is enough to make us feel like we are making a difference. It makes us feel like we are giving back to society.

5.5.3.2 Composite of Key Participant Quotes Regarding the Theme "Patient Care": Participant Interview Data

Participants discussed their experiences with and the importance of patient care in greater detail. Indicative quotations are as follows:

5.5.3.2.1 Making A Difference

"It's a big...motivational thing. When you see someone come in and they're really not well or they've had really bad effects from not being well. To suddenly 6 or 7 weeks later to be up and walking...it takes your breath away, it's amazing

and to be honest you're a part of making that happen." (Ava, Transcript Lines: 313-317)

"I love my patients. I do it to see my patients every day...they come in than one minute and they're sad and...me just talking to somebody can make something better. That's what makes me happy...my first patient died on me, and that had an effect on my personal development, it's made me a more mature person." (Lucy, Transcript Lines: 270-274).

"...with that mind-set that is pretty much how I look after my patients...that Maya Angelou saying...something like people forget what you look like and people forget your name they will never forget how you made them feel..." (Lilly, Transcript Lines: 335-338)

5.5.3.2.2 Feedback From Patients

"...the importance of like patient feedback and stuff is like a big thing and that drives me as a person, as a nurse...knowing that...I can do little things." (Ava, Transcript Lines: 335-337).

"...if you...smile, or if you show positivity then people are more likely to pick up on that and...be positive in themselves, so even if you can do little things...and make them feel just that little bit better and that little bit more human...I think that's one of the best things that patients have actually taught me..." (Ava, Transcript Lines: 362-367).

“...I really appreciate hearing things from my patients...because it helps me to know what makes an impact.” (Lilly, Transcript Lines: 348-350).

“I got [feedback] the other day from a patient's family...You know it is gives you such a sense of joy and pride that somebody has come up to you asking if they can fill out a form to say how amazing you are. It just makes you feel as if you're doing the right things if you're in the right profession...” (Lilly, Transcript Lines: 350-353).

5.5.4 Theme Four: Personal Development

The fourth theme identified by students in the Site C workshop was “Personal Development”. Students considered that this theme represented “the development of our personal and professional selves.” No subthemes were generated by the workshop participants in relation to this theme.

5.5.4.1 Participants’ Summative Paragraph “Personal Development”

A verbatim rendering of the participants’ summative paragraph is as follows:

This theme is about evolving as a person, becoming a different/ better version of yourself and having a greater understanding of yourself. We are gaining new skills and we are changing as the result of our experiences.

5.5.4.2 Composite of Key Participant Quotes Regarding the Theme “Personal Development”: Participant Interview Data

Participants discussed the importance of their sense of personal development and their experiences of personal development in greater detail. Indicative quotations are as follows:

"I do think that I've changed and I'm more confident in what I say and more outspoken especially for my patients particularly if someone's not doing something right like a doctor or nurse or anything I always stand up for my patient and I will put my two cents in about what I'm thinking." (Ava, Transcript Lines: 381-384).

"...I never used to be able to sit down and take information in but now I've found certain ways in which I can absorb the lectures and things like that and also...studying at home I never used to be able to sit there for five minutes..." (Ava, Transcript Lines: 388-392).

"I've grown up astronomically...before I went to uni I was going to raves, I was going to festivals...my hair was pink like I was not a nightmare, I was just having fun I was young, but being on this course I've grown up a lot...If you're caring for someone else you have to be a lot more grown-up..." (Lucy, Transcript Lines: 294-297).

"Feedback from patients has furthered my personal development, and I'm constantly learning new things, I've got those basic nursing skills and I'm always learning how I can do things quicker, how I can do things better...we've all said like I'm a nurse now I can feel it. It makes you feel better." (Lucy, Transcript Lines: 300-306).

"...I think the thing that has changed me the most is when I am in an emergency situation...The first time I did that I didn't know what to do, I know you have a big red button that you press in an emergency situation, but I couldn't think of that

so I literally just ran to the doctors and they told me off, so yeah, it changes you, it's one of those things were obviously it is an ongoing professional development...I know that I'm such different person to what I was in October 2014 and I want to know what I'm going to be like in September 2017.” (Lilly, Transcript Lines: 387-400).

5.5.5 Theme Five: Ultimate Goal

The fifth and final theme identified by students in the Site C workshop was “Ultimate Goal”. Students considered that this theme represented “what we want.” No subthemes were generated by the workshop participants in relation to this theme.

5.5.5.1 Participants’ Summative Paragraph “Ultimate Goal”

This theme is about wanting to be a nurse is the reason why we are here. We want to graduate and have a degree in nursing.

5.5.5.2 Composite of Key Participant Quotes Regarding the Theme “Ultimate Goal”: Participant Interview Data

Participants discussed the importance of their sense of their ultimate goal(s) in greater detail.

“...my ultimate goal is to be a nurse, but I don’t want to be just a nurse I want to be someone who can stand up for people, to be able to kind of make a difference in people’s lives...in dealings with hospitals myself personally...I’ve come across a lot of nurses that are just there because it was just a career

choice rather than they want to be there. And they kind of show me that I don't want to be that person..." (Ava, Transcript Lines: 413-417).

"...being a nurse is kind of a stepping stone really to kind of being the person that I really want to be..." (Ava, Transcript Lines: 422-423).

5.5.6 Site C Relationship Tables & Resultant Model

Once again, in the final workshop activity, participants considered the nature of any relationships which they perceived to exist between each pair of themes (Table 5.5); whether A influences B, B influences A or whether there was no perceived relationship between A and B.

Table 5.5 Site C: Relationship Table

Relationship Table								
	Ultimate Goal	Personal Development	Motivation	Support	Patient Care	OUT	IN	△
Ultimate Goal	0	↔	↑	↑	↔	4	2	2
Personal Development	↔	0	↑	↑	↔	4	2	2
Motivation	←	←	0	↑	↑	2	2	0
Support	←	←	←	0	←	0	4	-4
Patient Care	↔	↔	←	↑	0	3	3	0

Table 5.5 demonstrates that participants considered that there was a relationship between each set of themes considered, with three bi-directional relationships identified between "Personal Development" and "Ultimate Goal", "Ultimate Goal" and Patient Care" and "Personal Development" and "Patient Care". Arrows in the table are directed towards the theme which participants deemed to be the driving theme within each pairing (Northcutt & McCoy, 2004).

Participants' conceptualisation of each pairing was verbalised in the form of an IF/ THEN statement to provide greater clarity on their perception of how each pair of themes interacts, which can then be brought together to produce a map of the overall effect of these themes and the relationships between them on their choice to remain on (rather than leave) their programme of study (please refer to Table 5.6).

Table 5.6 Site C: Expanded Relationship Table (Participant IF/ THEN Statements)

Theme Name	
1	Achievements
2	Career & Ambition
3	Family & Relations
4	Financial
5	Good Support Network

Workshop Themes Expanded Relationship Table	
Pair of Themes	The direction of the relationship between each pair of themes in the participants own words or in the form of an IF/ THEN statement
1 > <2	IF we didn't develop THEN we would not achieve our ultimate goal. IF we did not have the ultimate goal to aim for THEN we would not be motivated to develop
1 < 3	IF we didn't have motivation THEN we would not achieve our ultimate goal
1 < 4	IF we didn't feel supported THEN we could not/ would not achieve our ultimate goal
1 > <5	Patient care is the most important thing and a main reason we want to be a nurse. IF we did not care about our standard of patient care THEN we would not want to be nurses (our ultimate goal) in the first place. IF we did not have the ultimate goal of being a nurse THEN we would not work so hard for our patients, we wouldn't spend time with them in the first place. It is all about the patients for us.
2 < 3	IF we aren't motivated THEN we won't achieve our personal development
2 < 4	IF we don't have the support we need THEN we wont be able to develop
2 > <5	IF we develop as the course goes along, THEN this can impact upon patient care (positively). IF we provide good patient care THEN this helps us to achieve our personal development
3 < 4	IF we have good support THEN that gives us motivation
3 < 5	IF we give good patient care then it gives us a buzz and THEN we are more motivated
4 > 5	IF we have good support we feel more confident and THEN we provide better patient care

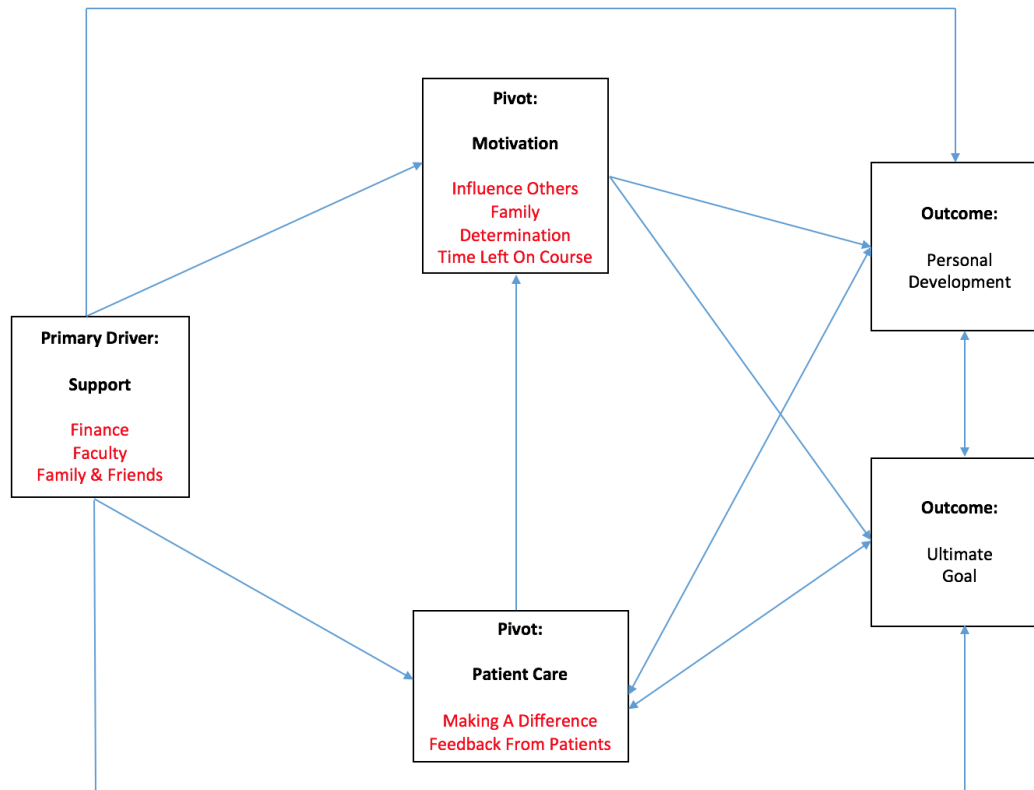
The data from tables 5.5 and 5.6 were used by the researcher to produce the final drawn model, Model 5.2. The final three red columns of Table 5.5 were used to designate the position of a theme within the model to be drawn, the distribution of themes within the final drawn model can be seen in Table 5.6.

Model 5.2 illustrates the pattern of influence as understood by the participants between the themes, explaining the phenomenon of remaining on their course from the perspective of the adult nursing workshop group at Site C. Once produced this model was fully validated by all members of the original workshop group. Participant validation of the model occurred via email. All participants were emailed a copy of: the thought cards which they had produced (typed up and separated into the themes and subthemes, as created and named by the participants themselves), a copy of the paragraphs produced by the workshop group which further described and explained the meaning of each theme as understood by the group, a copy of the relationship table and the expanded relationship table and finally a copy of the final drawn model with a full explanation as to how this was derived from the relationship tables. All participants were requested to email the researcher upon independent review of the materials sent out in order to validate or question the final model produced. All participants fully validated the model and the participation rate for validation from those participants who took part in the workshop at Site C was 100%.

Table 5.7 Site C: Final Designation of Themes

Designation	
Primary Driver (all in no out)	Support
Secondary Driver (more in than out)	None in this model
Pivots (Score zero)	Motivation & Patient Care
Secondary Outcome (more out than in)	Ultimate Goal & Personal Development
Primary Outcome (all out no in)	None in this model

Model 5.2: Site C Adult Branch Final Model



Key

Themes are shown in black

Subthemes are shown in red

Arrows indicate the direction of the relationships between the themes

5.6 Site D Adult Branch Workshop Results

It only remained for a last iteration of the methodology to be conducted at Site D. A workshop group of six participants was recruited from among the second- and third-year students currently enrolled on the three-year BA Adult Nursing degree programme at Site D. Participants were again asked to consider “*people, places, things and ideas*” on which they have relied or that have been instrumental in their decision to remain on their programme of study. On this occasion, participants generated 50 responses on thought cards. Once sorted by theme, participants named these themes and produced a list of six themes and nine further subthemes. Subsequently the participants produced a representative statement and summative paragraph explaining the meaning of each theme and subtheme, to them as a group, in their own words.

Interviews were then carried out with three of the participants who took part in the original workshop, using an interview schedule developed based upon the data produced by the workshop group (please refer to Appendix 22). The three follow-up interview participants for this workshop have been renamed: Eve, Jane and Lucas. Participants were asked to discuss their thoughts and feelings and experiences regarding each theme and subtheme that their workshop group had generated. A composite of key quotes from each participant regarding each theme and subtheme has been created and amalgamated with the workshop data in order to provide greater detail regarding participants’ understanding of and experience with each theme and subtheme. The following descriptions of the six themes and nine subthemes identified by the workshop participants comprise student’s collective perceptions of what factors

they as undergraduate paediatric student nurses, consider essential to their decision to stay on (rather than leave) their programme of study.

5.6.1 Theme One: Health Sector

The first theme identified by students in the Site D workshop was “Health Sector”. Students considered that this theme represented “wanting to change the system and be a part of something better. Changing thoughts, perceptions and influencing practice.”. No subthemes were generated by the workshop participants in relation to this theme.

5.6.1.1 Participants’ Summative Paragraph “Health Sector”

For this theme participants opted to produce a list of pertinent points as opposed to a paragraph of full sentences:

A vital public-sector service that strives to treat anyone who is in need regardless of any discriminating factors

Our opinions on healthcare are based on what we see so it’s important for us to educate/ re-educate the public

To contribute and make a difference to the public healthcare sector enabling a better future for free public health

As students we are inspired to make a positive change to healthcare be that NHS or private

Experiences in the NHS have given me faith and belief in free public health and that we can make a positive contribution.

5.6.1.2 Composite of Key Participant Quotes Regarding the Theme “Health Sector”: Participant Interview Data

Participants discussed the meaning of the theme “Health Sector” to them in greater detail. Indicative quotations are as follows:

“I just think we need to keep the NHS it is such a valuable system that we don’t appreciate...we don’t appreciate that it’s there and when it goes...we’re not going to...be able to bring it back, we have to look after it whilst it is here.” (Eve, Transcript Lines: 71-74).

“...I’ve worked in private and...public health care settings if that’s the right word and I’ve found that working as part of the NHS it was a lot harder...I know how hard it is now, I know what needs to change, so I know that when I go into practice and then I work my way up, I know what kind of leader I need to be.” (Jane, Transcript Lines: 42-45).

“...[I’m] very much of the opinion that free public health and our healthcare system needs to be looked at from a holistic perspective where healthcare is equally available to everybody and not favourable to somebody because of financial status or social status or anything like that, so that’s kind of my belief...the only way we can really make any appropriate changes...is by being within the system itself...I hope that being within the system I can influence

some sort of...positive change and that for me is in itself a good enough reason to be staying on the course..." (Lucas, Transcript Lines: 26-34).

5.6.2 Theme Two: Family

The second theme identified by students in the Site D workshop was "Family". Students considered that this theme represented their motivation to "...make our families proud and encouraged by the support that we receive."

Participants considered that the thought cards which they allocated to this theme could be further subdivided into two subthemes for clarity: Support and Motivation.

5.6.2.1 Participants' Summative Paragraph "Family"

For this theme participants opted to produce a list of pertinent points as opposed to a paragraph of full sentences:

Allow experiences to be shared and they are motivation to continue.

My family are the main reason why I want to succeed and they help me when I need it.

To make my family proud of me and to have their support throughout my career and study

A cyclical process, family have supported and motivated me to continue and therefore do my best for myself and for them

5.6.2.2 Composite of Key Participant Quotes Regarding the Theme “Family”: Participant Interview Data

Indicative participant quotes on their experiences of the support and motivation they perceive to have been provided by their families included the following:

5.6.2.2.1 Motivation

“...support wise...if I’ve had a bad day, [my family] they’re the first people I talk to...my Dad is the first person I would talk to and he really...motivates me in that respect, he really like brings me back to it and helps me.” (Jane, Transcript Lines: 67-70).

“...they’re...my escape as well. So...if I’m feeling really down they’re like right we we’ll come out for the day and like get your mind off things and refocus and stuff.” (Jane, Transcript Lines: 71-73).

5.6.2.2.2 Support

“...they don’t support me financially but emotionally they support me, because when times have been really tough...they do inspire me, just in those tiny words “I’m proud of you mum”, all you know my little girl is only five...and she goes “I told my friends you’re a nurse mummy” and just seeing her little face it makes me think you know what I’m proud...I doubt I would be doing what I’m doing if it wasn’t for my children.” (Eve, Transcript Lines: 99-116).

“...they’re definitely my motivation to do it because...I don’t want to have to go through the hardships that my family did... my parents split up and things like that, so my mum definitely struggled because she didn’t have the education

so...my opinion is...if I get this degree then...I will have that stable job and I won't have to worry about money and things like that.” (Jane, Transcript Lines: 73-89).

“...we've definitely had like health issues within the family, and...that's what spurs me on, because the care received inspires me...” (Jane, Transcript Lines: 89-91).

“...financial support they give...if I'm...running behind on something or I can't make it 'til next pay day they'll definitely...be the first people to offer...” (Jane, Transcript Lines: 99-101).

“...I currently live with my mum...I had a flat and moved away and moved back again for the simple reason that trying to support yourself whilst you're on a nursing course, you're obviously doing so much, so many...hours of placement are really quite difficult so if it wasn't for, very simply the financial support there then staying on the course would have been particularly difficult.” (Lucas, Transcript Lines: 58-64).

5.6.3 Theme Three: Placement

The third theme identified by students in the Site D workshop was “Placement”. Students considered that this theme represented their “make or break experiences in their training.”

Participants considered that the thought cards which they allocated to this theme could be further subdivided into two subthemes for clarity: Placement Support and Placement Experience.

5.6.3.1 Participant's Summative Paragraph "Placement"

For this theme participants opted to produce a list of pertinent points as opposed to a paragraph of full sentences:

Placement support coupled with experiences have made me proud and motivated me to continue

Driving force to continue

Being supported to develop my skills confident and competent practitioner

Placement inspires

A vital part of nursing education – gives you on the job training.

If placement is a bad experience you can count down the days and know you aren't required to be there forever and we can look forward to the end of that one/ look forward to the start of the next one.

5.6.3.2 Composite of Key Participant Quotes Regarding the Theme "Placement": Participant Interview Data

Participants discussed their placement experiences and the support that they receive on placement in greater detail. Indicative quotations are as follows:

5.6.3.2.1 Placement Experience

“...my placement experiences have been mixed but those experiences both negative and positive have just reinforced my feelings of wanting to make this...better...” (Eve, Transcript Lines: 135-137)

“...my first placement, that was make or break for me and if I hadn’t had such a good experience on that then I probably wouldn’t have maintained it because of the mentor support and even every single member of staff, every person there, that experience really built up my initial confidence...I had no previous care experience, so they really helped to build that up...” (Jane, Transcript Lines: 113-118).

“...my placement now, I wanna work there when I finish. I absolutely love it, I love the course now, I love everything about it and...it really consolidates what you thought nursing was and why you’ve gone into it, but if you have a bad one it definitely challenges you...” (Jane, Transcript Lines: 124-128).

5.6.3.2.2 Placement Support

“...I have had some really strong and powerful mentors...they’ve been brilliant and just watching them and how they work, I’ve had one mentor in particular...she said “it isn’t the money that keeps you here” she said “it is doing this job” she said “and you either feel it in that respect” she said “or back out now”...I didn’t need to think about what she said because it just resonated with me so much.” (Eve, Transcript Lines: 147-165).

“And then in the next aspect when I’ve had a negative mentor you know...they can make you feel shockingly bad...I found out what I want to be I certainly found out what I don’t want to be.” (Eve, Transcript Lines: 169-172).

“...my first mentor, because I have anxiety as well and I was so nervous, and she really built up my confidence in the small areas, she didn’t care if I didn’t have the knowledge, she just wanted me to be comfortable in what I did know and that meant the world and I still talk to her now actually.” (Jane, Transcript Lines: 140-144).

“...some of the specialist nurses and consultant nurses and doctors that I’ve met I have kind of been in awe of them and their knowledge so to speak about certain subjects so it’s made me just dream further about how I could push on you know thinking even further into the future so.” (Lucas, Transcript Lines: 134-137).

5.6.4 Theme Four: Finances

The fourth theme identified by students in the Site D workshop was “Finances”. Students considered that this theme represented their ideas of finances as “An abstract thing that can be both debilitating or enabling depending on individual scenario/ circumstance.” No subthemes were generated by the workshop participants in relation to this theme.

5.6.4.1 Participants’ Summative Paragraph “Finances”

For this theme participants opted to produce a list of pertinent points as opposed to a paragraph of full sentences:

Beyond my control

Part-time jobs (which can prove an extra stress) can supplement our finances in a much needed way

Not having to pay tuition fees and feeling that support from the government is essential and feeling like I am working towards a career in the public sector.

No tuition fees or loans inspired me to apply and has helped me to remain on the course.

5.6.4.2 Composite of Key Participant Quotes Regarding the Theme “Finances”: Participant Interview Data

Participants discussed their experiences of finances and attempting to finance themselves in more detail. Indicative quotations are as follows:

“...I’ve got...three jobs...I think having to have the extra job is an unnecessary pressure. Like it is necessary but it’s so unnecessary at the same time because...if there was more financial support for students then we wouldn’t have to work all these hours.” (Jane, Transcript Lines: 178-187).

“I have had to really negotiate with the company [where I work]...to make sure I can get a position...that allows me to work sometimes almost full-time hours when I’m either not...at university or if I’ve got...time off...the financial struggle is that you can get some months where you really don’t have university for three or four weeks like we did...over Christmas when I was able to work 30-40-50 hours a week because we were off university which can be quite tiring in itself obviously and accrue an amount of money. But that’s not your month’s earnings, that’s the earnings that then might have to supplement you for the

next three months whilst you are on placement...” (Lucas, Transcript Lines: 166-176).

“So I’ve luckily...had supportive parents, I’ve been able to live with them and been able to keep my car, but you know had that not been the case I would have had to get rid of my car to enable me to pay rent every month so that I would have somewhere to live...but then, then there would be this continuous fighting battle that so many of my peers are already on...of just trying to get to placement.” (Lucas, Transcript Lines: 201-206).

“...finances can either help or hinder dependent on your very individual scenario and I think we are already in a world that is doing that: helping some and hindering others based on their you know financial situation...” (Lucas, Transcript Lines: 242-245).

5.6.5 Theme Five: University

The fifth theme identified by students in the Site D workshop was “University”. Students considered that this theme represented their ideas of “University” as “a safe place to support and develop – ideals and values that underpin best practice. It is supportive through and through and understanding of individual preference.”

Participants considered that the thought cards which they allocated to this theme could be further subdivided into three subthemes for clarity: Peers & Friends Support, Education and Lecturer Support.

5.6.5.1 Participants' Summative Paragraph "University"

For this theme participants opted to produce a list of pertinent points as opposed to a paragraph of full sentences:

Many aspects of university have contributed to me staying: peers and friends have inspired me challenged me and supported me, lecturers have always been there to help, and my own learning has improved, greatly exciting me and enabling me to understand what I am doing and take it into practice.

There are many factors that make the Uni a reason to stay on the course.

Lecturer support, peer support or love for the course.

Being supported through all aspects of university life and course content from my peers, my lecturers and official support structures.

The support given by lecturers and how that helps us. The education we receive really affects our views and the support given by friends and peers does too.

Education is positive and provides a great knowledge base and opportunities.

5.6.5.2 Composite of Key Participant Quotes Regarding the Theme "University": Participant Interview Data

Illustrative quotations on this theme of "University" included the following:

5.6.5.2.1 Peer & Friend Support

"...I moved to Uni so I was one of those students that...didn't know anybody and I had moved away. So definitely without the friends that I've got now I would have struggled a lot because I've definitely felt accepted and supported

because you know I didn't go home to my family, I went home to a house full of strangers initially..." (Jane, Transcript Lines: 276-278).

"...we've been able to support each other through and through really and...I think that it's vital to have that support...because nobody is going to sail through any degree, particularly a degree that is filled with such emotional strain and stress for many it's the first time they witness a person dying or having to do last orders on a body or...seeing somebody undergo an MI for the first time, these are hugely distressing things that no matter how strong you are as a person you can't really prepare for because it's not really something that you can prepare for and I think that without that support that you would just go stir crazy, you wouldn't have any outlets, although you have family, you might have people on the outside, you might have partners etc...If they're not in the healthcare profession they can empathise but if nobody has that real concept, that real understanding of what that's like, you don't feel like the person you're talking to truly understands." (Lucas, Transcript Lines: 264-285).

5.6.5.2.2 Lecturer Support

"...I've had problems at uni...I have dyslexia and dyspraxia and they've been amazing, they've been really supportive and when I've done well they've told me about it and I've felt really good...they've been brilliant. I've had a couple of tutors that I've been able to talk to about things on a personal level and they've been amazing. They've pointed me in the direction for support that I needed, helped me to claim mitigating circumstances for my exams and stuff so yeah I can't fault them in terms of when I've needed them...The things are there on Blackboard, they are only an email away and some tutors will email you back

half past ten, eleven o'clock at night and they don't get paid for that..." (Eve, Transcript Lines: 325-338).

"...knowing that you've got somebody there if you need them was a huge thing because...I struggled with my essay writing I'll be honest...And...the best thing [was], nobody ever turned me away saying oh that's stupid go and find it [for yourself] ..." (Jane, Transcript Lines: 282-284).

"...I feel like I am not just one of the masses to them, they remember my name, they generally know who I am and that sounds like a simple thing but I think that's quite nice at times because I think they're teaching 700 students or something and it must be quite hard to be honest to remember that many people so that's such a simple thing to make it feel quite individualised I think." (Lucas, Transcript Lines: 302-306).

5.6.5.2.3 The Education

"...the impact of the education has been a huge thing because they give us the basis for placement so if we weren't getting the knowledge base that we needed then we wouldn't be able to perform at placement so the two kind of go hand in hand and the education that we get they don't just give us what we need they always give us context, so to me they always seem to go that extra little bit to make sure that we understand things and I find that really helpful..." (Jane, Transcript Lines: 304-308).

"And even, not necessarily the way that the education is, it could be the classroom or something can really impact upon the education we receive

they're quick to change...little things like that, it's not a case of we tell you, but you don't listen, like they listen..." (Jane, Transcript Lines: 313-317).

"I just think that...all the services that they offer to support students...I know that I talked a little about the mental health services because with my anxiety I see one of them, so for me personally that is a big thing...you know if I have a problem I go there and its never, like with any of the lecturers as well like nothing is ever a problem, you know if they, if they can do it then they will and if they don't know they'll find you somebody who does, its, you're never kind of left in limbo...they've helped me with day to day things that I wouldn't have known otherwise as well so sort of just like all round, all round the support given by the university has been amazing." (Jane, Transcript Lines: 331-340).

"...the support and inspiration through mentors and sort of senior nurses I have met, this little gain of knowledge has just made me want to gain and learn even more so again has probably inspired me to hopefully go on to take a masters or something afterwards, obviously I haven't yet finished my course, but I am thoroughly hoping that I will..." (Lucas, Transcript Lines: 325-329).

5.6.6 Theme Six: Personal Growth

The sixth theme identified by students in the Site D workshop was "Personal Growth". Students considered that this theme "contains many shared goals and ideas it is what makes us individual yet also shapes us into groups with like-minded people."

Participants considered that the thought cards which they allocated to this theme could be further subdivided into two subthemes for clarity: Individual and Career

5.6.6.1 Participants' Summative Paragraph "Personal Growth"

For this theme participants opted to produce a list of pertinent points as opposed to a paragraph of full sentences:

My own confidence has spurred me on

The opportunities have made me excited, driven and ambitious

Being able to make a difference and be proud of that whilst being able to grow as a person and a practitioner

Having the opportunity to personally grow and discover my passion, values, beliefs and drive to have a life long career.

The personal reasons for doing nursing and how the course has developed me.

It's also about the future and where I see myself, it looks at what doors nursing and my developed personal skills can open for me.

Wanting better and striving for it.

The willingness to make changes.

5.6.6.2 Composite of Key Participant Quotes Regarding the Theme "Personal Growth": Participant Interview Data

Participants discussed their ideas of what "Personal Growth" means to them in more detail. Indicative quotations are as follows:

5.6.6.2.1 Individual

“Yeah, that’s just it, everything I’ve said if you could just see me 4 years ago and if you could see me now...my personal growth has been amazing, physically I’m healthier, I am looking after myself better, I am more aware of my own health and my children’s health and my family’s health.” (Eve, Transcript Lines: 380-384).

“My education, my learning style, I’ve got a thirst for learning...I am enjoying it whilst it is here, and I am grabbing it with both hands and I am just looking for the ultimate job now that means I can just grow and grow and grow.” (Eve, Transcript Lines: 388-391).

“...I am very politically minded and I feel like this has driven me even further down the road...I personally would call that personal growth because that’s something that I truly believe in and being on this course meeting people, patients who are in very precarious situations has just for me really embedded...the idea of the importance of helping the under privileged...I think that this course has really compounded my personal views on society and enabled me to grow personally...” (Lucas, Transcript Lines: 347-355).

“...I guess the only thing I would add is it was something we talked about on the day, the link between I guess funds and opportunities...I have been fortunate enough that my financial situation has allowed me to see parts of the world...and again I think that has helped me grow and develop as a person...” (Lucas, Transcript Lines: 372-375).

5.6.6.2.2 Career

“...I am definitely becoming more confident in my knowledge and that’s very important as both a person and a practitioner...” (Jane, Transcript Lines: 375-378).

“And my level of care has grown, like I said I didn’t have any...history of caring before apart from...my college course, so that level as a practitioner has really really developed and all of this has just been from people I have spoken to and placements and university and just all of it.” (Jane, Transcript Lines: 381-384).

5.6.7 Site D Relationship Tables & Resultant Model

As their final workshop activity, participants considered the nature of any relationships which they perceived to exist between each pair of themes (Table 5.8); whether A influences B, B influences A or whether there was no perceived relationship between A and B.

Table 5.8 Site D: Relationship Table

Relationship Table									
	Placement	Health Sector	Finances	Family	University	Personal Growth	OUT	IN	△
Placement	0	↑	↔	↔	↔	←	4	4	0
Health Sector	←	0	0	0	↔	←	1	3	-2
Finances	↔	0	0	↔	↔	0	3	3	0
Family	↔	0	↔	0	←	←	2	4	-2
University	↔	↔	↔	↑	0	←	4	4	0
Personal Growth	↑	↑	0	↑	↑	0	4	0	4

Table 5.8 demonstrates that participants considered that there was a relationship between each set of themes considered, except for “Finance” and “Health Sector”, “Family” and “Health Sector”, “Personal Growth” and “Finances” with six bi-directional relationships identified where participants

considered the themes to be mutually affecting. Arrows in the table are directed towards the theme which participants deemed to be the driving theme within each pairing (Northcutt & McCoy, 2004).

Participants' conceptualisation of each pairing was verbalised in the form of an IF/ THEN statement to provide greater clarity on their perception of how each pair of themes interacts, which can then be brought together to produce a map of the overall effect of these themes and the relationships between them on their choice to remain on (rather than leave) their programme of study (please refer to Table 5.9).

The data from tables 5.8 and 5.9 were used by the researcher to produce the final drawn model, Model 5.3. The final three red columns of Table 5.8 were used to designate the position of a theme within the model to be drawn, the distribution of themes within the final drawn model can be seen in Table 5.10.

Table 5.9 Site D: Expanded Relationship Table (Participant IF/ THEN Statements)

Theme Name	
1	Placement
2	Health Sector
3	Finances
4	Family
5	University
6	Personal Growth

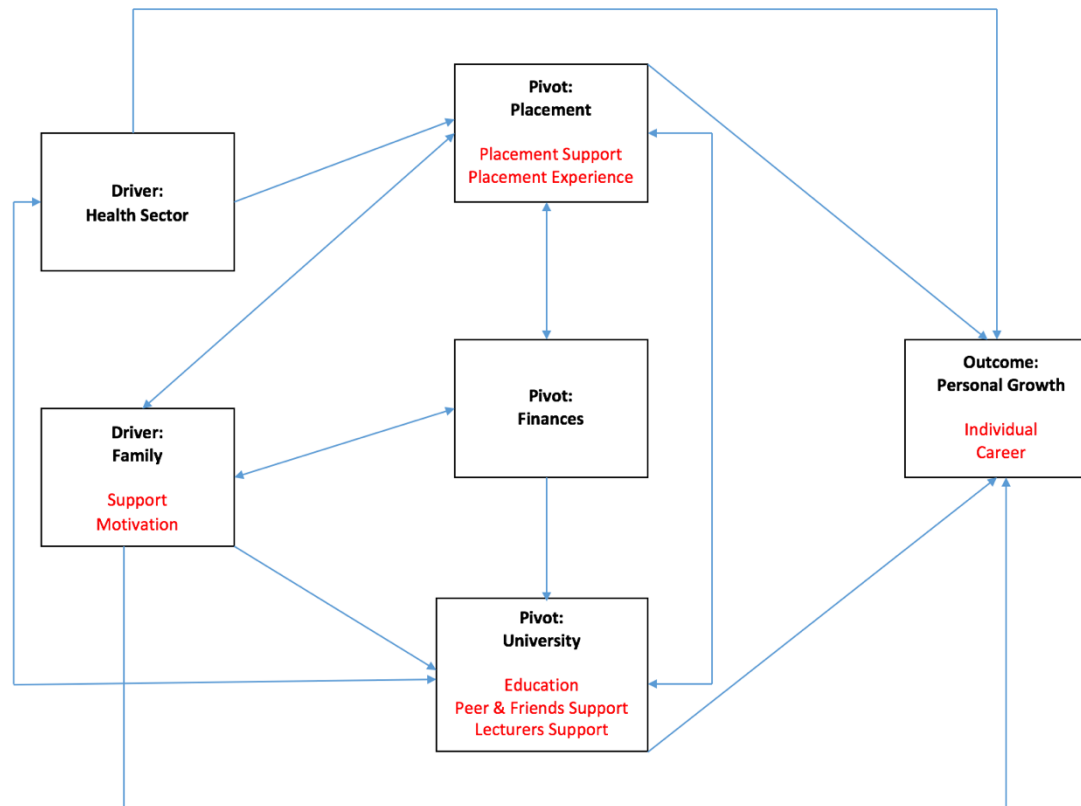
Workshop Themes Expanded Relationship Table	
Pair of Themes	The direction of the relationship between each pair of themes in the participants own words or in the form of an IF/ THEN statement
1 < 2	IF the healthcare sector doesn't provide a conducive environment and invest in good mentors THEN this negatively impacts upon our placement experience.
1 <> 3	IF we're having financial difficulties THEN we will experience difficulties with placement. IF we're on placement THEN the time commitment required limits the opportunities we have to work and increase our financial capacity.
1 <> 4	IF we're on placement THEN we have less time to spend with our families and there is an emotional impact on us of placement which then affects our families. When (IF) we have the support of our families, THEN we are better prepared to face any challenges that we might encounter on placement because we feel confident that we have the support we need to draw upon.
1 <> 5	IF placement experiences are good THEN we are provided with a good contextual understanding for our theoretical knowledge base gained at University. IF we have a good grounding in theory and learn valuable transferable skills THEN this contributes to and enhances our placement experience.
1 > 6	IF we have good placement experiences THEN we develop and grow as an individual and practitioner.
2- 3	No relationship was perceived to exist
2- 4	No relationship was perceived to exist
2 <> 5	The health sector provides policies, guidelines etc. to direct our learning. IF these change THEN this has a direct effect because changes then have to be made to the curriculum. Nursing education has moved into uni's IF there are changes made to the nursing education system THEN this will directly impact the health sector as the cost of nursing training will be moved into the health sector.
2 > 6	Our personal growth is inspired at least in part by our desire to have a positive impact on the future of the health sector. IF we experience personal growth, THEN it is inspired, at least in part, by our desire to have a positive impact on the future of the health sector
3 <> 4	IF we are struggling with finances this means we must work to supplement our income and it has a negative effect on mood which can THEN affect family life. IF we have family responsibilities THEN our finances can be negatively affected. IF they can THEN our families provide us with financial support.
3 <> 5	IF we have financial difficulties THEN we might drop out of university (we might have no choice). IF we attend uni THEN this negatively affects our earning potential (in the short term) and there are associated costs with attendance (travel, books, etc.)
3- 6	No relationship was perceived to exist
4 > 5	IF our family lives are in flux THEN this will affect our learning at university
4 > 6	IF we didn't have our families THEN our individual personal growth would be affected. We wouldn't have quite the same drivers and motivators.
5 > 6	IF we didn't have the support and the quality of education from the univeristy we enjoy, THEN our personal growth may not have been stimulated

Model 5.3 illustrates the pattern of influence as understood by the participants between the themes, explaining the phenomenon of remaining on their course from the perspective of the adult nursing workshop group. Once produced this model was fully validated by all members of the original workshop group. Participant validation of the model occurred via email. All participants were emailed a copy of: the thought cards which they had produced (typed up and separated into the themes and subthemes, as created and named by the participants themselves), a copy of the paragraphs produced by the workshop group which further described and explained the meaning of each theme as understood by the group, a copy of the relationship table and the expanded relationship table and finally a copy of the final drawn model with a full explanation as to how this was derived from the relationship tables. All participants were requested to email the researcher upon independent review of the materials sent out in order to validate or question the final model produced. All participants fully validated the model and the participation rate for validation from those participants who took part in the workshop at Site D was 100%.

Table 5.10 Site D: Final Designation of Themes

Designation	
Primary Driver (all in no out)	None in this model
Secondary Driver (more in than out)	Health Sector, Family
Pivots (Score zero)	University, Placement, Finances
Secondary Outcome (more out than in)	None in this model
Primary Outcome (all out no in)	Personal Growth

Model 5.3: Site D Adult Branch Final Model



Key

Themes are shown in black

Subthemes are shown in red

Arrows indicate the direction of the relationships between the themes

5.7 Chapter Summary

In this chapter, the results of the main study phase of the project were reported. IQA Workshops were carried out with participants recruited from within the adult branch of nursing at three further participating institutions of higher education offering a three-year BA (Hons) in Nursing. Follow-up interviews were conducted with three participants per workshop group in order to gain a deeper understanding of the participants' lived experience with the participant-generated themes included in each branch-specific final workshop model drawn. The next chapter will seek to integrate the results presented in Chapter Five with those from the adult branch workshop group as presented in Chapter Four. All findings will be discussed and brought into dialogue with existing literature relating to undergraduate student nurse persistence and theorised accordingly in order to connect and articulate not only the findings themselves, but their relevance and significance beyond the participants' own self-report.

Chapter Six: Discussion

6.1 Introduction

In this chapter, the findings of the main study (and those of the adult branch workshop, conducted at Site A during the feasibility study) will be discussed and orientated within the existing literature.

Across the four workshops conducted at the four participating HEIs the researcher identified five focal factors which the students appeared to perceive to be the most important, and to exert the greatest influence over their desire to 'continue on' their courses: Political Context, Support, Motivation, Placement/ Caring for Patients, Personal Goal Achievement. Whilst a number of subsidiary factors and considerations were identified, this chapter aims to show how these were the superordinate factors determining student persistence.

6.2 Discussion of Findings

As previously described, one workshop was held at each of the participating HEIs: Sites A, B, C and D. During these workshops, conducted with adult branch student nurses, participants were asked to consider "*people, places, things and ideas*" upon which they had relied or that had been instrumental in their decision to remain on their programme of study. Following each individual workshop, the detail of each theme was further explored in 1-1 follow-up interviews conducted with three of the participants who took part in the original workshop.

Following the generation of the themes during the workshop activities, the potential relationships between said themes were subsequently considered by the participants. During the workshop, participants were presented with a table containing all themes produced listed row-wise and column-wise and were asked to consider the existence of any potential relationship between each pair of themes in the table. As we have seen participants were asked to identify whether theme A influenced theme B, whether theme B influenced theme A, whether themes A and B were mutually affecting, or whether no relationship existed between themes A and B. Participants were then required to indicate the driving theme in each pair, by drawing an arrow in the table pointing toward the driving theme. As a consequence of the decisions made regarding those potential relationships, each theme was designated a role in a model, drawn by the researcher, on the basis of the workshop discussions. A single model was produced for each workshop group respectively. Within these models, themes were designated as primary or secondary drivers, pivots, primary or secondary outcomes:

A theme was considered a primary driver if it was designated as the driving theme in every theme pair which included the theme in question, and between which a relationship was deemed to exist. The key characteristic of a primary driver is that it “...*affects many other...[themes] but is not affected by others*” (Northcutt & McCoy, 2004, pg. 173).

A theme was considered a secondary driver if the number of times the theme was perceived to be the driving theme between a pair of themes, which included the theme in question and between which a relationship was deemed

to exist, outnumbered the number of times the theme was perceived to be the passive theme (i.e. the theme which was acted upon). A secondary driver “...*is a relative cause or influence on [other themes] ...in the system*” (Northcutt & McCoy, 2004, pg. 173).

A theme was considered to be a pivot, by the participants, if it was designated to be the driving and passive theme an even number of times as each pair of relationships, which included the theme in question, was assessed. Pivots act as a hinge within models, around which the functionality of the model turns.

A theme was considered to be a secondary outcome if the number of times it was perceived to be the passive theme between an ostensibly related pair of themes, which included the theme in question and between which a relationship was deemed to exist, outnumbered the number of times the theme was perceived to be the driving theme. “[A] *Secondary Outcome reveals a relative effect*” (Northcutt & McCoy, 2004, pg. 173).

A theme was considered to be a primary outcome if it was not designated as a driving theme in any theme pairing, and between which a relationship was deemed to exist. The key characteristic of a primary outcome is that it represents “[a] *significant effect that is caused by many of the [themes]...but it does not [cause any] effect [upon] other [themes itself]*” (Northcutt & McCoy, 2004, pg. 173).

The discussion of the themes identified within the data has been organised according to the placement of the themes within the final models produced,

beginning with those which were identified as primary drivers within the models and concluding with those themes designated as primary outcomes. Following the discussion of all themes, the conceptual models of the experience of persisting on a pre-registration nursing programme will be explored, contextualised within the existing literature, and examined for any novel contributions made to the existing state of knowledge on undergraduate student nurse persistence in the UK.

6.2.1. Theme One: Political Context

For the participants at Site A “Politics” represented the clear primary driver within their model. Workshop participants at Site D identified a similar driving effect of the importance of politics, and the political climate within which nursing operates (referred to as “Health Sector”), on their decision to remain on their course though at this site politics was not deemed a primary driver (indeed the model produced at Site D contains no primary driver, as no themes were identified which exerted an affect within the model without themselves sustaining an effect from at least one other theme).

The comments made at both sites A and D demonstrate that participants are cognisant of an increased political awareness within themselves, something which they perceive to be attributable to their ward-based experiences on the course so far. The statements made reflect a desire held by participants to remain on their courses and graduate to registered nurse status in order to: affirm and protect the NHS, to keep the NHS a free health service that is accessible by all, to improve patient care based on their own clinical experience and to change thoughts and perceptions of the NHS for the better. In this way,

the factor “political context” is in some respects a reflection of the participants’ developing passion for their profession. McKendry, Wright and Stevenson (2014) and Boyd and McKendry (2012) have previously identified passion for the profession and the evolution of this passion as underscoring students’ motivation to remain on their courses and their commitment to their courses. However, what is novel within this theme is the evidence for the contribution of participants’ frustration regarding the impact of politics, and the political climate in which nursing operates, on the practical realities of engaging in nursing within the NHS, and their individualised constructs of ‘passion for the profession’. Political/ Professional factors such as exposure to the realities of work in an over-stretched, under-resourced service have been previously linked to attrition (Urwin et al, 2010; Last & Fulbrook, 2003). However, such factors as motivators for students to remain on their courses, as operant in their development of a desire to stay and fight for the survival of the NHS (Site A: Rebecca, Transcript Lines 53-59; Olivia, 36-42; Holly, 41-54) and the improvement of services from within is, as far as is known, a novel finding.

Participants across both sites, can also be seen to be linking their newfound political awareness directly not only to their passion for their profession, but to their evolving sense of present and future self (Site A: Rebecca, Transcript Lines 66-72; Holly, 41-54; Site D: Jane, Transcript Lines 42-45; Lucas 26-34). Participants appear to be operationalising their sense of belief that they can make a difference to nursing now (by engaging in the re-education of the public based on their own first-hand clinical experiences), the future of nursing, and the future of the NHS, to underpin their growing sense of professional identity. The importance of an individual’s sense of developing professional identity, and

the crucial nature of that identity to students' commitment to their courses is not unremarked (Clements et al, 2016). However, the importance of political context, student nurses' conceptualisation of their place within that context, and their perception of their own potential to effect change if they were to remain committed to their courses does appear to be a novel finding as it relates to undergraduate student nurse persistence. It could be argued that the students in this study are using their positive aspirations for the professional group they consider themselves to be a part of (or which they aspire to join), and their perceptions of the role of this professional group to securing both the future of the NHS, and improved patient care, to compensate for negative course experiences (particularly those which can be seen from the research perspective to impact the learning journey of students at the political/professional level), and encourage their own persistence from within the self. The role of political context as a self-motivating factor positively influencing students' persistence decisions is a novel finding.

6.2.2 Theme Two: Support

Three out of four sets of workshop participants (Sites A, B & C) identified, in their models, "Support" or the need for a "Good Support Network" as a primary (Sites B & C) or secondary (Site A) driving factor, that keeps them on their courses. Participants at Sites A, B and C identified the support provided by friends, family and university faculty staff, subsuming these types of support into one overarching support related theme (separately identifiable in each model). Participants at Sites B and C also chose to subsume placement support within their support meta-theme, whereas participants at Site A orientated their discussion of the importance of placement support in keeping them on their

courses under the theme “Placement Experience”. In order to avoid repetition however, discussions of the importance of placement support as perceived by the participants at Site A as pivotal in their decision to remain on their course will be discussed here in 6.2.2.4 rather than in 6.2.4 “Placement/ Caring for Patients”.

Participants at Site D dealt with the concept of support slightly differently, identifying as key themes in their model: “Family”, “Placement”, “University” and “Finances”; these themes each have an element of support subsumed within them. Participants at Site D identified “Family” as a driving theme which deals with both the support and motivation students perceived their families to provide. Within the context of the model produced at Site D, family support was considered a driving factor, whilst suitable and sufficient placement, university and financial support were considered to be pivotal i.e. if sufficient placement, university and financial support were provided students found these to be enabling in regard to their decision to stay on their course. However, if insufficient support in any one of these areas was experienced students perceived that it may affect their decision to remain on their courses (or indeed leave them with no choice but to depart from their courses).

6.2.2.1 Peer & Friend Support

Participants at all four sites reflected on the support of their peers on the course, their friends outside the course, and the importance of this in relation to their decision to remain on their undergraduate nursing programme.

The data produced by participants across all sites indicates that students find their course peers a key source of support. Working alongside others who are experiencing the same highs and lows on their learning journey appears to encourage students to feel a strong sense of community with their fellow students and appraise the cohort as “all in the same boat” (Site C: Ava, Transcript Lines, 101-104, Lilly 223-227; Site A: Rebecca 87-92). In this way, positive experiences of social comparison (that is the process of comparing oneself, one’s status or one’s situation with that of perceived peers; Gibbons, 1999) appear to play a key role in pre-registration student nurse persistence. By appraising their peers as being “in the same boat” students have a context in which to consider any difficulties that they may encounter on the course, and this makes these difficulties almost automatically seem more manageable. Similarly, to the findings reported here, Clements et al (2016) also found that when students felt that they could pull together with others and support each other through moments of doubt and need on the course they were more likely to persist. Likewise, Boyd and McKendry (2014) found that participants in their study perceived that it was helpful to have a peer group around them experiencing the same course and managing the same difficulties, as it made the overall experience seem more manageable.

Tinto (1997) has hypothesised that the classroom is where academic integration is shaped, pointing to classrooms as the lynchpin of campus community. However, student nurses (as we have already considered) do not experience what could be referred to as a ‘typical’ learning journey, due to the large portions of time they spend on clinical placements, whilst on their courses. Consequently, students establish communities with their peers not only in the

flesh, in the classroom, but also in the online realm. This is clearly reflected in this study as students across sites actively addressed the role of social media in their support systems. Participants reported finding social media to be a positive support, as messages regarding the work, social meetings, information-sharing and requests for emotional support and empathy could be shared quickly with multiple peers and positive responses were forthcoming (Site B: Elaine, Transcript Lines 57-62, Rachel 41-46). The instant nature of social media messaging provides a 'quick fix' for students who may be in a state of emotional or academic crisis, and it could be hypothesised that in the context of nursing education, where students are isolated from the normal campus environment for large periods of time, and may indeed be isolated from their course peers as they are separated between various placements, these online communities that the students themselves establish are more important pillars of support than might be the case for students on other non-vocational courses. Of the twenty-five participants who took part in the four workshops under discussion here, nineteen (76%) were under the age of thirty-four, making them (respectively) members of generation Y (the millennials) and generation Z. There is cogent evidence that young adults who form part of these generational groups tend to place a high value on the instant gratification of social media and lack patience (Barnes et al, 2007; Anderson & Rainie, 2012). It might therefore be reasonable to expect that students from these generational groupings who are able to establish and access online support communities with peers and colleagues that provide them with instant emotional support, academic support, feedback and positive affirmations may be more likely to persist than those who are unable to do so and must therefore wait for email responses from personal tutors, link tutors, or placement mentors whose responsiveness to students

varies. These findings are, in part, supported by those of Clements et al (2016) whose study participants also reported that successful social integration on the course and the positive peer support in times of crisis that was resultant was a key factor associated with enhanced completion rates. However, the hypotheses made here regarding the importance of student-established online communities of support, and the potential of these to positively impact the learning journey of students, as indicated by the participants in this study, which may in turn result in increased persistence rates on undergraduate student nursing courses are (as far as is known) unique to this study.

Students at Site A indicated that although friends of theirs who were unrelated to nursing could not, from their perspective, really understand their experience as nursing students, they were still a valued source of support as they provided students with an escape from thinking about the course (Site A: Holly, Transcript Lines 119-122, Olivia 78-85, 106-111), and provided emotional support by reassuring students that they were capable of completing their course (Site A: Holly, Transcript Lines 123-131). This in turn appears to positively influence students' individual experiences of motivation. Student motivation also appears to increase when their friends regard them as special for being able to carry out their job role, a role which said friends consider to be beyond their own capacities. It could be hypothesised that in this regard there is a direct connection between student motivation to persist and their perceptions of the expectations of their peer group. It is possible that as a result of wanting to live up to their friends' view of them, and be considered worthy in their own minds as well that of their friends of this 'special status' (Site A: Holly, Transcript Lines 119-122), some student nurses are more likely to

persist. The original experimental paper in which the “Rosenthal (or Pygmalion) effect” was demonstrated (Rosenthal & Jacobson, 1968), has been used across disciplines to support a range of hypotheses. However, what this paper fundamentally demonstrates is the power of the self-fulfilling prophecy. In the original paper, those students who were advised that their teachers held high expectations of them in terms of their academic performance achieved more highly, in accordance with these expectations, than those receiving no such advice. What may be in evidence here, in the context of this study, is an example of what we might call the “Peer Pygmalion Effect”. In attempting to live up to their friends’ beliefs towards them, students come to fulfil those beliefs, and their strong desire to do so, results in their persistence.

6.2.2.2 Family Support (Practical & Emotional)

The importance of family support to student persistence was highlighted by comments made by participants at Sites A, B and C who perceived that the support of their families was a positive influence on their decision to remain on their course.

One participant at Site B commented that without her mother’s support in providing 90% of her childcare she would not have been able to continue on the course (Site B: Elaine, Transcript Lines 80-99). This indicates that families can play a key role in facilitating students to stay on their courses, providing the necessary practical support by assisting with day-to-day arrangements that makes persistence possible. More generally participants reported that having family available to talk to when they were struggling, to provide moral support and a sympathetic ear on a bad day, made them feel better and more able to

continue (Site B: Rachel, Transcript Lines 70-72; Site C: Ava 169-175, Lilly 206-210). The findings here regarding the importance of family support to students' decisions to remain on their courses are supported elsewhere in the literature. Crombie et al (2013), and Cameron, Roxburgh, Taylor and Lauder (2011) both reported that participants in their studies found positive experiences of family support very enabling when it came to whether or not they should (or could) remain on their courses.

A participant at Site A considered that her mother was particularly able, in her view, to provide support and an empathetic ear, as her mother is a qualified nurse. This meant that this participant felt that she could talk about the specifics of what had contributed to a bad day and receive not only emotional support but practical guidance that was grounded in real experiences about what to do going forward (Site A: Rebecca, Transcript Lines 114-121). It is possible that in talking to her mother, a figure that represents both comfort and support as well as in this case a professional role model, this student was able not only to gain emotional comfort but reassurance that her struggles did not equate to a poor profession-fit. It could be hypothesised that any student with access to informal support from qualified nurses, on a personal level, could use this support in order not only to gain advice in relation to specific events and appropriate ways of thinking and coping, but to reality test any fears of poor profession-fit they may have as a result of any negative ward experiences. Although this hypothesis is appropriate in the context of the data collected in this study, further work would be required to establish its accuracy and generalisability.

6.2.2.3 Faculty Support

The importance of faculty support in student persistence was reflected by participants at all four sites. Personal tutors and lecturers with whom individuals have formed connections were particularly mentioned across all four sites. Participants emphasised the support they were provided with in regards to finding the right reading materials and completing essays (Site C: Ava, Transcript Lines Lucy 115-120, 120-125, Lilly 157-173), dissertation support (Site A: Holly, Transcript Lines 141-144) and informal pastoral support from tutors (Site C, Workshop Materials; Site A: Olivia, Transcript Lines, 122-132; Site D: Jane, 331-340) throughout their learning journey, had proved operant at different times, upon their decision to remain on their courses. Participants at Sites B and C made particular reference to the dyslexia services available to them on their courses. This extra support with essay-writing and proof-reading appears to have provided students at these sites with enhanced confidence not only in relation to the quality of their written work but their concept of their own capacity to complete it (Site B: Katie, Transcript Lines 58-60; Site C: Ava, 281-288). Although the provision of dyslexia services does not appear to have been highlighted in previous papers as a specific enabler of persistence, perceived lack of academic support, stress, anxiety and concomitant self-esteem issues relating to the challenges of the academic work on an undergraduate nursing degree have been identified as factors associated with attrition (Howard, 2001; Last & Fulbrook, 2003; Gologowska, Young & Lockyer, 2007; Higginson, 2006; Bowden, 2008; Hamshire Willgloss & Wibberley, 2013).

Participants at Site D were particularly vocal about the faculty support which they received and indicated the positive impact that this had exerted on their

decision to remain on their courses. Participants at this site focused their comments on the supportive influence they perceived their tutors to be; this sense of support was interpreted by students via active tutor behaviours such as tutors taking the time to reply to emails back out of hours (Site D: Eve, Transcript Lines 325-338), providing extra context to the information given in lectures, to ensure that students understood the reason for learning what they must learn at each stage (Site D: Jane, Transcript Lines 304-308) making the effort to learn names, so that even in a cohort of 700 students interactions with their tutors felt personalised (Site D: Lucas, Transcript Lines 302x-306), and listening to their students i.e. being willing to change the location of a lecture to a different room if the students report finding that a given room is inappropriate due to its size, condition or location (Jane 313-317).

These positive experiences of students-lecturer/ student-tutor interactions appear to have provided participants at this site with inspirational and positive role models to both lean on in times of trouble and aspire to emulate as practitioners. Participant report indicates that the participants consciously recognise this and have allowed it to positively influence their persistence decisions (Site D: Lucas, Transcript Lines 325-329). As a result of the support that they have been provided with, and the time they perceive lecturers and tutors have dedicated to listening to them and proactively providing assistance, students engage in positive interpretations of course and institution-fit.

The importance of both informal pastoral support and formal support from figures such as personal tutors and lecturers with the academic side of the course, as seen in this study, has been previously identified as enabling of

enhanced completion (Bowden, 2008). However, what is arguably more evident in the context of this study, is that it is not merely the fact of interactions that is important to students, but the perceived quality of those interactions. It appears key in students' considerations of course and institution-fit that supportive structures not only exist, but that figures they identify as responsible for 'distributing' support, and enabling their access to supportive services, engage with them with good grace and in a timely fashion. We could perhaps hypothesise, in light of the data gathered, that if participants at site D were in receipt of the exact same support, from lecturers who were not as proactive in promoting and considering their students' well-being, not as keen to go 'beyond the call of duty' in advising and enabling students, and not as keen to make accommodations for students to enable a more pleasurable learning experience as far as is possible, the participants would not appraise their university support structures so favourably. Subjective assessments of the experience of receiving support appear to be as crucial a factor in encouraging student nurse persistence, as objective assessments of the availability of support.

6.2.2.4 Mentor/ Placement Support

As previously discussed, participants at Sites B and C identified the importance of the influence of their mentors on their decision to persist on their courses as intrinsic to their respective themes relating to support. By contrast the participants at Sites A and D discussed mentor support separately as part of their respective themes regarding placement experiences.

The responses of participants at Sites B and D allude to the crucial nature of mentor influence, suggesting that the attitudes and behaviours of individual

mentors are not only highly impactful on students in terms of how any given placement may be experienced, but also on how students evolving interpretations of the profession of nursing, and what it means to be a nurse (Site B: Elaine, Transcript Lines 109-121, 128-137, Katie 79-91; Site D: Eve, Transcript Lines 147-165, Jane 140-144). Participant comments at Sites C and D indicate that experiences with supportive mentors play a key role in building up student nurse confidence in both their ability on the ward, and their conviction that they have chosen the right profession (Site C: Ava, Transcript Lines 156-160, Lucy 143-157, 157-161, 120-125). It is clear from the data collected in this study that this experience of 'confidence-building' has been essential to participant persistence decisions, with particular focus noticeable within the data on the importance of receiving a positive mentor experience during the first placement encountered (Site D: Jane, Transcript Lines 113-118).

The attitude of mentors towards their mentee student nurses is a crucial factor to students' perceptions of feeling appropriately supported. It would appear, quite understandably, that from the student nurse perspective, proactive mentors who are keen to address their mentees' learning needs and appear to enjoy having a student to teach (even to the point of encouraging them to keep in touch once their placement has ended), provide students with the best experiences of placement support (Site A: Olivia, Transcript Lines 161-166; Site C: Ava, Transcript Lines 136-141, Lucy 143-157). One participant at Site D reflected that his best mentors had supported and inspired him not only to become a better practitioner of nursing but to aspire to attain further qualifications and specialist knowledge. This participant wanted to emulate not only his mentor's style on the ward but their advanced knowledge and

academic prowess (Site D: Lucas, Transcript Lines 325-329). Previous literature supports the finding we have, of the crucial nature of students' positive perceptions of placement support. Crombie et al (2013) and Body and McKendry (2014), also reported that good quality placement support is highly impactful in terms of enabling students' persistence, whilst Eick, Williamson and Heath (2012) demonstrated in their literature review that poor mentor experiences were highly correlated to attrition decisions.

However, participants in this study also demonstrated a capacity to make positive use of negative placement experiences. Participants at Site D demonstrated that although negative placement experiences can create thoughts of withdrawing, these individuals had used such experiences to reinforce their ideas of the type of nurse they wanted to be. Rather than feeling motivated to withdraw, these participants had used their negative mentor experiences to crystallise their ideas of the type of nurse they did not wish to become. This in turn encouraged students to persist by creating a resolve to be a better person and a better nurse than the individual they had encountered (Site D: Eve, Transcript Lines 169-172, Lucas 134-137).

Previous literature has not, as far as is known, explored the notion that negative mentor experiences can have a positive impact on students' persistence decisions, as has been reported by the students here. Previous studies have focused on the relationship between poor attitudes towards students (Urwin, 2010), the sense of not being valued or respected (Hamshire, Willgloss & Wibberley, 2013) and a lack of encouragement and support from mentors (Last & Fulbrook, 2003), with attrition decisions. However, what has been indicated

in prior studies is that students who engage in task-orientated coping (Deary, Watson & Hogston, 2003), who take a pragmatic and problem-solving approach to their difficulties (Crombie et al, 2013; Boyd & McKendry, 2014) are more likely to perceive that they can cope with demands and challenges, experience an enhanced sense of positivity, and complete their courses. The participants in this study have clearly taken a pragmatic view of negative placement experiences, developing a schema which allows them to make use of the experience positively, rather than allowing it to feed any negativity they may feel about their learning journey. Whether this practical approach and positive operationalisation of negative placement experiences is typical of students who choose to remain, or whether it is specific to the students who took part in this study is unclear.

6.2.2.5 Financial Support

Comments regarding financial support were subsumed at Sites A and C under the theme “Support” identified and reflected in the models produced at both sites. At Sites B and D however, the theme “Finances” was identified as a separate element within the respective site models produced. Irrespective of whether it has been designated in any given model as a separate theme or subsumed within the theme representing support, discussion of finances focuses on the financial support received which students perceived enabled them to remain on their programmes of study.

Participants at three out of the four sites (B, C & D) reported the sense that without the government bursary they would not have been able to choose to continue on their course (Site B: Elaine, Transcript Lines: 173-180, Katie 116-

134, Site C: Lilly 35-48; Site D: Workshop Materials). Students' reflections highlight that whilst living on the amount awarded to them through the means-tested bursary scheme was difficult, their experience of their learning journey would be negatively impacted were they not to be in receipt of any government-backed financial assistance. At Sites A (as a subtheme of support), B and C (as a subtheme of support) finances were represented within the respective site models drawn as a driving factor keeping students on their courses; a key element that enables them to take part on the course. By contrast at Site D finances were considered to be pivotal by participants, "*an abstract thing that can be both debilitating or enabling depending on individual scenario/circumstance*" (Thesis, Site D Workshop Materials, Finances, Representative Statement, pg. 63). This interpretation of finances as a pivotal enabler of continuation is well supported in the literature. The results of a 2008 RCN survey demonstrated that of those who had considered leaving, 25% stated that they had only felt able to stay following the resolution of financial difficulties.

The evidence compiled across all four sites suggests that there was a consensus among students regarding the means-tested bursary payments that they received. The comments provided by participants suggest that students felt compelled to seek supplementary funding from other private funding sources in order to cover their living costs during their studies. Participants appear to have relied on significant others (Site B: Katie, Transcript Lines 172-177), family and or their own savings (Site A: Rebecca, Transcript Lines 109-121; Site B: Elaine, Transcript Lines, 186-190, Rachel 173-178; Site C: Ava, 35-40, Lucy 35-43, 183-187; Site D: Lucas 58-64, 201-206, Jane 99-101), or further (extra-curricular) part-time work (Site C: Lucy, Transcript Lines, 35-40;

Site D: Jane 178-187, Lucas 166-176) in order to subsidise their learning. It could therefore be reasonably argued that financial support which enables students to continue on their learning journey as provided by the government bursary, family and via their own endeavours, exerts a crucial influence (that is not entirely under the control of the participants themselves), on the persistence decisions of individual student nurses.

The fundamental nature of sufficient financial support and the impact this has on student's persistence decisions is also reflected in the existing literature. Wray, Aspland & Barrett (2013) found that financial hardship, at varying intervals throughout the course, caused difficulties for 94% of the students who took part in their study. By contrast, Bowden (2008) reported that a financially supportive family, and in particular a supportive partner willing and able to share the financial burden of studying on the course in order to enable course completion, were key factors associated with students' persistence decisions.

6.2.3 Theme Three: Motivation

Two out of the four sets of workshop participants (Sites A & C) acknowledged "Motivation" as a theme of its own, within the respective models drawn at each site. In the model produced at Site C, "Motivation" was identified as pivotal. However, within the model produced at Site A, "Motivation" and "Life Outside of Nursing" (a theme which also relates to motivation, as it deals with self-care behaviours that participants felt they themselves engaged in, and ways of thinking that participants perceived they relied on, in order to maintain their levels of motivation) were designated as secondary outcomes.

Participants at Sites B and D dealt with the concept of motivation differently. Participants at Site B identified as key themes in their model: “Friends & Relations” (a secondary driver) and Achievements” (a secondary outcome), whilst the participants at Site D identified: “Family” (a primary driver), “Education” (a subtheme of the pivotal theme “University) and “Individual” (a subtheme of the outcome “Personal Growth”), as key themes in their model. All of these themes and subthemes, within the models produced at Sites A and D deal, in whole or in part, represent participants’ ideas of what motivates them to remain on their courses.

6.2.3.1 Family

Participants at Sites B, C and D stated that they were motivated by the idea of making those who had supported them through the process of the course proud, by finishing their studies and succeeding in becoming a registered nurse. There appears to be a connection between perceived motivation, family support and family pride. These elements seem to be interlinked, collectively promoting participants’ own sense of motivation, and creating something of a cycle between participants and their families (Site C: Ava, Transcript Lines 225-232, Lucy 261-266; Site D: Jane, Transcript Lines 66-70). For other participants, their motivation appeared to stem more from showing their friends and family what they were capable of achieving (Site B: Elaine, Transcript Lines 264-269) and demonstrating for their children that they are more than just a parent (Site B: Katie, Transcript Lines 172-177, Site D: Workshop Materials).

Existing findings regarding family support have been discussed previously (see 6.2.2.2) and the relationship between support and motivation reflected here in this study has previously been identified in the literature. Crombie et al (2013)

also reported the positive motivating impact of being a parent on encouraging persistence decisions. However, whereas here participants have been clear that they wish to set a good example for their children and demonstrate to them that they are more than a parent, in the study by Crombie et al (2013) the reason that participants found parenthood a motivating factor that positively impacted their persistence decisions is less clear.

6.2.3.2 Learning & Educating Others

Findings from Sites B, C and D suggest that participants perceive the education that they are receiving to be very motivating in and of itself. Alongside the opportunity to pass their learning along and act as a role model to others (other current or aspiring student nurses, or to set an example of what can be achieved to others of the same cultural and ethnic background).

At Site B participant discussion of the motivation they felt they derived from their educational experience was allocated to the theme “Achievements”. This theme was designated as the secondary outcome within the model produced by the workshop group. Data collected at Site B suggests that participants considered their motivation in this regard was a product of their experience of their education. Participants reported finding that the course is very challenging, but as a result when they achieve participants appear to feel very positive about themselves and their capacity to achieve on the course which provides them with motivation to continue (Site B: Elaine, Transcript Lines 354-360, Rachel 302-308). Participant comments also reflect an apparent perception that when students feel they are achieving on placement it is as a result of not only their own developing skills, but the education that they have

received, and their ability to see the connections between what has been learnt as a theory and its practical application.

Participants at Site D also reflected on the motivation they consider they receive from their experience of their nursing education. These participants allocated their discussions of this under the subtheme “education” within the overarching theme of “University”, designated a pivot in the model drawn by the workshop group. Participants at Site D demonstrate excitement and motivation in relation to their own sense of their growing knowledge. The comments made by these participants indicate that they have developed a love not only of nursing and its promise for their future, but also for the course itself. Participants consciously reflect on and express themselves positively in relation to the effect of the course on them as individuals (Site D: Workshop Materials).

Students’ positive reflections on their experience of the education that they receive at their given institutions has not, as far as is known, been specifically identified in previous studies as a factor linked to enhanced retention (although of course negative course experiences have been linked to attrition; Wray, Aspland & Barratt, 2013; Gologowska, Young & Lockyer, 2007). Herzberg’s two-factor theory of motivation (Herzberg et al, 1959) suggests that if an individual experiences what they perceive to be motivating factors, in the absence of negative demotivating factors (hygiene factors), or alternatively experiences a positive appraisal of the balance they perceive between these two sets of factors (in favour of motivating factors), they will experience increased motivation. Whilst it is possible that the participants who took part in this study only report their positive reflections of their experience of the education they received because they had no experiences of ‘hygiene factors’

to impart, it is unlikely. It could be reasonably assumed that students have not, in the context of this study, reported on 'hygiene factors' because they did not deem them relevant in light of the focal research question asked. Theoretically what may be in evidence here however, is that students who persist are more likely to evaluate their experiences of their learning journey and assess the balance between motivating factors and 'hygiene factors' positively. This positive appraisal and the resultant boost in motivation that it provides students could hypothetically lead to students, such as those who took part in this study, choosing persistence over withdrawal. Such positive appraisal may also reflect that students' positive perceptions of course and institution-fit, and these have been previously linked to enhanced completion rates in the existing literature (Hamshire, Willgloss & Wibberley, 2013; Boyd & McKendry, 2014). A further consideration here is that students may be experiencing a positive match between their expectations of the course and their experience on their course, leading them to feel positive and enriched by the course experience, a further previously identified positive enabler of student persistence (McKendry, Wright & Stevenson, 2014). However, without further elaboration on the part of the participants regarding what mechanisms may underpin their positive reflections on their learning experience, no definitive, verifiable, conclusions may be drawn.

As part of their driving "Motivation" theme, Participants at Site C appear to perceive themselves to be motivated by the opportunity to educate others and to act as a role model and point of contact for other current or aspiring student nurses. The data indicates that participants found it motivating to be able to speak to student nurses in junior years on the course, and pass on what they

had learned, giving support and advice to those who may need it (Site C: Ava, Transcript Lines 205-213). One participant had received requests for advice regarding how to enter nursing and the route into it which she took from fellow employees at her part-time job and from friends on social media. This participant found it motivating to be able to encourage and support others in successfully pursuing their dream, the way she had (Site C: Lilly, Transcript Lines: 243-249, 252-256). Likewise, whilst one participant at Workshop C came from an ethnic background, she stated, where it is culturally uncommon to educate women past a certain age, and past the basics of reading, writing and arithmetic. Comments made by this participant demonstrate a sense of pride in her perceived status as a high-achieving woman from her background, and a hope that she may stand as a role model to other young women from the same or similar backgrounds, as an example of what is possible when expectations are challenged (Site C: Workshop Materials).

Although the availability of positive role models for students to aspire to emulate has been identified by the previous literature as an enabler of student nurse persistence (Body & McKendry, 2014), the opportunity to act as a positive role model has not, as far as is known, been previously identified in the literature as a factor which students themselves consider a positive influence on their persistence decisions. However, it could be theorised that increased pre-registration student nurse motivation in relation to their role model status can be understood in terms of Maslow's hierarchy of needs (1943, 1954). Fundamentally Maslow's theory suggests that needs are hierarchic in nature and, as lower, more basic, needs (such as the physiological and the need for safety) are met, the fulfilment of "higher needs" (such as "esteem" and "self-

actualisation”) is sought. In 2007, Conley and Hsieh speculated that the way to enable individuals within any given organisational structure to achieve “self-actualisation” was to bring a functional operational definition to the concept, which is quite abstract in nature. Conley and Hsieh (2007) operationalised the concept as a clear understanding of role and role function, the place of that role within the organisation, and finally the importance of said role. Conley and Hsieh asserted that individuals were more motivated when they were made aware of the importance of their job to the organisation within which they function, when they felt valued and ultimately when they felt respected as a key part of the organisation. In the context of this study then, it could be suggested that as a result of acting as a point of contact and advice for present and aspiring student nurses, the students themselves experience a crystallisation of their understanding of their job role, and in reporting this information and providing advice to others, they come to appreciate its significance. It could also be hypothesised, based on the student report, that in acting as a role-model, students felt “looked-up to”, that is to say students may have felt respected and/or admired by those who came to them for advice and direction. It could be reasonably suggested that this sense of being respected, alongside reflections on their job role and its significance within the current (and potential future) context of nursing, was assistive to these students in achieving self-actualisation, which in turn led to increased motivation for these students to persist on their courses.

6.2.3.3 Self-Care Behaviours

In the pivotal theme entitled “Life Outside of Nursing”, participants at Site A specifically referred to the self-care behaviours in which they engaged which

they considered exerted a positive influence over their persistence decisions. Participant comments from this workshop appear to reflect that students perceived it to be important to ensure that they took sufficient time away from their studies to maintain a positive social circle and engage in tension-relieving activities to prevent both a sense of being overwhelmed by the course, and burnout. Participants suggested that activities such as socialising (Site A: Olivia, Transcript Lines 266-268), taking time out for yourself and visiting family (Site A: Olivia, Transcript lines 266-268, 275-281; Holly 352-355) allowed participants to ensure that their personal needs as individuals were being attended to and that they maintained an identity separate from that of “student nurse” (Site A Workshop Materials).

Previous literature has not, as far as is known, specifically identified taking time away from studying to engage in self-care behaviours that preserve individual identity and protect against burnout, as a positive factor influencing students’ persistence. However, the difficulties of maintaining a positive work/ life balance whilst on the course along with increased emotional exhaustion in response to the pressures of coping with the course have been positively, within existing literature as factors strongly linked with attrition decisions (Howard, 2001; Hamshire, Willgloss & Wibberley, 2013, Deary, Watson & Hogston, 2003).

6.2.3.4 Future

The workshop data from Site A indicates that students are positively motivated to remain on their course by the idea of what their future may hold if they were to complete the course and qualify. Participants appeared to rely, in times of

doubt, on the idea that a nursing degree would provide them with: opportunities to travel (because nurses are needed everywhere; Site A: Olivia, Transcript Lines 214-219, Holly 275-281), a varied career, during which they could be assured that they would not suffer from boredom or a sense of stagnation, as there are many different types of nursing and nursing environment they could choose to move between (Site A: Olivia, Transcript Lines 209-210), and the opportunity to be a part of patient journeys and share positive outcomes with them (Site A: Holly, Transcript Lines 287-289, Rebecca 270-272).

Participants in the study by McKendry, Wright and Stevenson (2014) identified that the idea of having a future identity as a nurse is motivating, and one participant in the study by Crombie et al (2013) mentioned being encouraged toward nursing as a career by her family who perceived (along with her) that it is a good option with prospects. However, at no point in the context of the literature reviewed in this study have the potential for travel (with their nursing skills), the potential for a varied career not limited to one nursing speciality or environment, and the potential to share positive outcomes with patients been specifically raised as motivators which positively impact upon students' persistence decisions. It could be argued however, that the motivation experienced by the participants in this study, the study by Crombie et al (2013) and the study by McKendry, Wright and Stevenson (2014), is the same type of motivation: expectancy motivation. It is simply expressed differently across the respective studies by the participating student nurses. Expectancy theory (Vroom, 1964; Porter & Lawler, 1968) "*...suggests that individuals acting through self-interest, adopt courses of action perceived as maximising the probability of desirable outcomes for themselves*" (Isaac, Zerbe & Pitt, 2001, pg.

212). Vroom's original theory, which has proved hugely influential in the field of workplace motivation, consists of three major components: expectancy, instrumentality and valence. Vroom hypothesised that if an individual may reasonably expect (expectancy: the subjective assessment of the probability of achieving the goal in question), the receipt of a desired reward (valence: the individual appraisal of the desirability of the reward on offer), if they attain a reasonably achievable target (instrumentality: the individual appraisal of the achievability of the goal set in light of the parameters of the situation presented i.e. the resources available), that individual will experience an increase in motivation. Although student nurses have not been conceptualised as workers *per se* in the context of this study, it could be theorised that Vroom's expectancy theory is directly relevant to the motivation students receive as a result of their considerations of the future. In the context of nursing education and training it could be reasonably expected that students who persist consider their long-term goal of achieving registered nurse status to be highly desirable. Students in this study also clearly value the associated benefits that they perceive to be directly related to the attainment of their long-term goal: work-enabled travel, a varied career, the opportunity to be a part of patient journeys and share positive outcomes with them. Their thoughts of the future could therefore be said to represent (at least in part) the valence assessments of students in relation to their motivation, and if as is indicated by the wider collection of themes, constructed here from the comments made by students across the workshops conducted, students consider their goal of achieving registered nurse status to be achievable in light of the resources they have available to achieve that goal, their considerations of the 'reward' on offer to them at the end of their learning

journey would be very motivating and result in the increased likelihood of student persistence.

6.2.3.5 Negative Motivators

Participants at Sites A and B discussed what they perceived to be the negative motivators which they consider have positively impacted on their desire to persist on their courses. Students at both sites appear to experience a renewed resolve to continue on their courses when actively considering those factors and experiences which they perceive have motivated them from a negative perspective.

For the participants at Site A their concept of negative motivation consisted of: the idea that if they left the course, they would be letting people down (Site A: Holly, Transcript Lines 301-305), leaving the course would make them a “quitter”, something they did not wish to be (Site A: Rebecca, Transcript Lines: 290-296), and that if they were to leave the course it would be a waste of the time, emotion and finances that they and family members had already invested in “getting this far” (Site A: Olivia, Transcript Lines 226-228, Holly 305-309, Rebecca 296-302). Participants at Site B reported similarly that not wanting to let themselves or their family down was a motivating factor which they perceived had positively impacted upon their persistence decision however, in a way quite different from the participants at Site A. At Site B participants appeared to perceive that failure itself could also be a helpful motivating factor. One participant at Site B specifically reflected that failing a module had been a highly motivating negative experience, as the failure itself had provided her with renewed determination and commitment towards her studies, in order to avoid

academic withdrawal (Site B: Katie, Transcript Lines 218-222). Chasing that long-term sense of achievement through a short-term disappointment has a positive influence, dispelling any potential thoughts of attrition as the long-term goal of achievement, the pride and sense of competency that passing would ultimately bring was considered worth persevering through any short-term difficulty (Site B: Elaine: Transcript Lines 309-324, Katie 212-214, Rachel 302-308).

One participant at Site D related what could be considered a very personal, if not unique, negatively motivating factor. This participant perceived that when tempted to quit she considered her family life growing up. After the breakdown of her family unit, this participant's mother struggled to support herself and her children as she was an unskilled worker with no work experience. This participant appeared to consider that by training to be a nurse, even if she perceived her earning potential would be limited throughout her lifetime, she would always be "skilled" and able to find herself a job (Site D: Jane, Transcript Lines 73-89). Although, as a consideration in persistence or dropout decisions, this circumstance and "negative motivator" is unlikely to be unique to this participant, it has the potential to be relevant to a smaller number of nursing students than other motivating factors highlighted here.

"Negatively Motivating", considerations regarding the waste inherent in dropping out, or the disappointment that might be felt personally and by others in regard to any decision by students not to complete their courses, have not been previously identified, by the researcher, within the existing literature as enablers of student persistence decisions. The previously discussed work of Deary,

Watson and Hogston (2003) on personality traits, coping styles and their interactions with stress may be relevant here, and able to shed light on how individual student nurses may respond to “negative motivators”. However, explorations of this would need to be carried out separately to this thesis, as the work done here is not capable of addressing this issue. Although family money struggles during childhood and the desire never to return to such financial instability has also not, as far as is known, been specifically raised in the previous literature as an enabler of retention on nursing courses, Boyd and McKendry (2012) did report finding that participants in their study considered the idea of a stable future career, with good job prospects and a good reliable salary a motivator of persistence.

6.2.4 Theme Four: Placement/ Caring for Patients

Participants at three out of the four sites (Sites A, C & D) considered the experience of caring for patients on placement and experiencing life as part of a ward team to be a pivotal factor in their persistence decisions. The model produced by the participants at Site B did not include a variable that focused on the placement experience, however the subtheme “Making a Difference” (a constituent element of the meta-theme “Career and Ambition”) does focus on the importance of providing patient care for the participants. The meta-theme “Career and Ambition” was designated as the primary outcome for the participants at Site B.

6.2.4.1 Positive Ward Experiences

Participants at Sites A and D particularly referenced the importance of positive experiences as part of a ward team, in terms of their decision to remain on their

courses. Enjoyment of the experience of working on the ward was considered a pivotal factor for participants at these sites. Participant comments indicate that good team morale on the ward (Site A: Olivia, Transcript Lines 161-166, 184-189), positive feedback from mentors and patients on their work (Site A: Holly, Transcript Lines, 247-252, 253-256) and the gradual increase in the amount of responsibility they were entrusted with (Site A: Workshop Materials) combined to give them a sense of pride in themselves, pride in the job they were doing and inspired them to continue their education and training (Site D: Workshop Materials).

The importance of varied placement experiences to the students was clear in terms of their apparent perception of the role of placement in providing them with sufficient knowledge of the areas they can move into when they qualify, and to prevent the onset of boredom (Site A: Holly, Transcript Lines 221-232). Participants were clear however, that the responsibility to prevent boredom and make the most of placements did not lie chiefly with the university and their capacity to provide experiential variety. Participants seemed to consider that it was important that student nurses themselves be motivated to make placements the best experience possible and get the most out of it that they can. This was a personal responsibility, not an institutional one (Site A: Rebecca, Transcript Lines 205-209, 216-219).

Whilst variety in placement experiences was clearly appreciated and considered a positive influence on persistence decisions, participants also appeared to feel drawn back to particular wards and working environments. The potential to return to the scene of a positively recalled placement experience in a

permanent working capacity in the future, once qualified, appeared to be a motivating factor for students, contributing to their decisions to persist on and complete their courses (Site D: Jane, Transcript Lines 124-128).

The importance of the availability of a variety of good placement experiences has been raised in the previous literature as a positive enabler of continuation (Boyd & McKendry, 2014). However, good ward morale, and the discovery of an area of nursing, or a particular ward on which they would like to work once qualified have not been, as far as is known, previously identified by students themselves, as factors which promote persistence decisions. That said, it should be noted that poor ward morale (Last & Fulbrook, 2003) has previously been identified as a factor associated with attrition.

Successful social integration whilst on the course (including professional integration on placement), has long been identified as a key factor influencing students' persistence and dropout decisions. Successful social and professional integration provides student nurses with a positive network of support to turn to in times of crisis (Clements et al, 2016), and provides students with a positive sense of course and profession fit (Boyd & McKendry, 2012; Hamshire, Willgloss & Wibberley, 2013). Positivity in relation to the sense of gaining more responsibility on the ward has also previously been identified in the literature as a factor which encourages students to persist (Clements et al, 2016). The sense of developing clinical skills has been seen to lead to the development of a professional identity for student nurses; skill development, commitment and professional identity are an established, mutually-affecting triad which, it has been previously demonstrated, underpins student motivation (Clements et al, 2016).

6.2.4.2 Patient Feedback and the Experience of Providing Patient Care

Participants at Sites C and D reflected at length about the importance they placed on the experience of providing patient care, how this served to increase their motivation, and encouraged their persistence on their courses.

The data collected indicates that students place particular value and emphasis on feedback and compliments from the patients themselves, on the quality of their patient care. Such feedback has a functional use for the students, allowing them to: learn from the mistakes of others whose behaviour they witnessed on the ward, to identify their personal strengths and weaknesses as a nurse and to gain an understanding of how well they fit the profession of nursing through the eyes of their patients (Site C: Lilly, Transcript Lines 350-353). Being accepted by their patients and having positive patient feedback as regards their goodness of fit for the profession of nursing was demonstrably important to participants (Site C: Workshop Materials; Lilly, Transcript Lines 348-350).

It also became clear that the sense of making a difference to the lives of individual patients was of fundamental importance to participants. By engaging in the provision of holistic care, even if that were through an act as simple as holding a patient's hand to give them comfort, students appeared to be imbued with the sense that they were making a positive change in the world and giving back to society (Site C: Lilly, Transcript Lines 335-338, Ava 335-337, 362-367, Lucy 270-274). These comments made by students indicate that they found this experience inspiring and motivating, reporting that even if they were only able to make a difference to one person, that would be motivation enough to

keep them on the course and ensure that difference was made (Site D: Eve: 135-137).

Previous literature has identified that the desire to care for patients is important, and positively influences student nurses to persist on their courses (Wray, Aspland & Barrett, 2013). Positive experiences of “playing nurse” on the ward allow the consolidation of students’ knowledge, providing them with experience and encouraging their confidence to grow (Boyd & McKendry, 2012).

However, within the previously conducted student-focused literature which has been reviewed in this study, a relationship between positive patient feedback and specific instances of providing patient care (which students find individually impactful and affecting), with persistence, has not, as far as is known, been previously drawn.

6.2.4.3 Reflections on “Theme Four”

It is the contention of the researcher that the elements of theme four “positive ward experiences” and “patient feedback and the experience of providing patient care”, represent further sources of motivation drawn on by the participants. The difference between themes three and four, which the researcher would posit lead to their separation by participants, is that whilst theme three focuses on the personal and educationally-focused elements of motivation, the sources of motivation reflected in theme four represent the ‘job satisfaction’ aspects of motivation, upon which students draw.

It is the position of the researcher that students gain motivation from their positive ward experiences, their engagement with patient feedback and the experience of providing patient care, as they have internalised the idea of being a nurse, they have clear ideas of what this means to them, what is needed from them in order for them to achieve the vision of the nurse they want to be, and a clarity of understanding regarding the rules and activities associated with nursing.

Self-Determination Theory (SDT; Deci & Ryan, 1985) acknowledges that individuals are subject not only to different levels of motivation, but that said motivation can spring from a range of underlying attitudes and goals (which are subject to change not only person-to-person, but also within the individual between activities and circumstances). SDT is complex, and its implications far-reaching, and as such a full discussion of this theory is beyond the scope of this study (for a full discussion please see Ryan and Deci, 2000). However, in terms of potentially gaining a theoretical understanding of the importance of the internalisation of 'nursing' for students, and its implications for persistence, SDT has much to offer. As a basic premise SDT distinguishes between two fundamental types of motivation: intrinsic and extrinsic. Intrinsic motivation refers to motivation an individual may perceive to engage in an activity because it is enjoyable, whilst extrinsic motivation refers to the motivation an individual may perceive in relation to engaging in an activity in order to achieve a separable outcome and/ or reward. As nursing education is designed principally for clinical integrity and patient safety rather than to stimulate intrinsic interest (which is not to say that there will not be students who will find it to be so), the focus becomes extrinsic motivation.

Ryan and Deci (2000) developed the sub-theory of “organismic integration” in order to explain the range of extrinsic motivation which may be experienced. Within this range, “*integrated regulation*” (Ryan & Deci, 2000, pg. 62) refers to the action (on behalf of the individual) of fully assimilating the required regulations, behaviours and activities associated with a given course of action, into the self via a process of self-examination, which allows these aforementioned elements to be brought “...*into congruence with one’s other values and needs*” (Ryan & Deci, 2000, pg. 62). According to the principles of integrated regulation the more a student internalises the concept of nursing, the rules and reasons for behaviour that go with it, the more these said elements become a part of the self as identified by the individual, and the more self-determined a student would therefore perceive themselves to be (as opposed to highly regulated and controlled by external forces). This sense of self-determined action is key, as Ryan and Deci (2000) consider extrinsic motivation to operate concurrently with perceived competence and perceived autonomy. Individuals who appraise themselves as lacking competence and/ or autonomy, in relation to a specific task or set of behaviours, are less likely to experience extrinsic motivation than those who consider themselves to be competent and autonomous.

Those pre-registration nursing students who make the decision to persist then, may be those who have brought the behaviours and rules of nursing into congruence with the self and as a result of this assimilation feel autonomously capable in their ongoing practice of nursing behaviours.

6.2.5 Theme Five: Personal Goal Achievement

In terms of the themes perceived by the participants to represent outcomes: two models (those produced at Sites A and B) had secondary outcomes and one single primary outcome, one model, (that produced at Site D), had no secondary outcomes, resulting in only one single primary outcome, and the final model (produced at Site C), had no primary outcomes reflecting the perceived existence of two secondary outcomes only. No theme could be identified, within the model produced at Site C, which represented an effect caused by one or more of the other themes, which did not itself exert an affect on other themes within the model.

The five remaining outcome themes to be discussed are: “The Future”, the single primary outcome within the model produced at Site A, “Career and Ambition” (subthemes “Making a Difference” and “Portable”) the single primary outcome within the model produced at Site B, “Personal Development” and “Ultimate Goal”, the two secondary outcomes within the model produced at Site C and, “Personal Growth” (subthemes “Personal” and “Career”) the single primary outcome within the model produced at Site D.

The subtheme “Making a Difference”, a constituent part of the overarching theme of “Career and Ambition” within the workshop model produced at Site B, has already been addressed and discussed in section 6.2.4 Placement/ Caring for Patients. The remaining elements of all themes which represent outcomes relate to participants’ perceptions of personal and/ or professional development, and their ideas of themselves and their professional future.

6.2.5.1 Personal and/ or Professional Development

Participants at Sites A, C and D discussed, as a part of the theme(s) designated as outcome(s) across the models produced at these sites, their sense of both their personal and professional development during their time on the course.

Participant comments indicate that they are consciously aware of a sense of becoming more rounded and knowledgeable (Site A: Olivia, Transcript Lines 301-307, Rebecca 351-357, 361-364). Participants at Sites C and D particularly reflected that they felt they had become a new version of themselves, healthier, happier, and more confident with greater self-awareness (Site C: Ava, 381-384; Site D: Eve, Transcript Lines, 380-384, Jane 375-378). Participants at Sites A and D demonstrated an awareness that the educational experiences they had been exposed to, had led them to a new understanding of the future and the opportunities available to them. This appears to create for participants a sense of maturing (Site C: Lucy, Transcript Lines 294-297) and discovering their own passions, values, beliefs and drives (Site D: Lucas, Transcript Lines 347-355). Participants indicated hope, excitement and a sense of ambition in their appraisals of the future, as they perceived that an even better version of themselves may yet exist, and an even better future than they had yet envisaged could be awaiting them, should they be willing to strive to make it a reality (Site D: Workshop Materials, Eve 388-391). For these participants, the course appeared to be not just about discovering what kind of nurse they wanted to be, but what sort of person they wanted to be (Site C: Ava, Transcript Lines 422-423).

Professionally, participants at Sites C and D also provided reflections on their sense of their evolution as a nurse. Participants stated that they felt that they had developed clinical skills on the ward which allowed them to react better and more quickly to patient needs. This resulted in feelings of *“I’m a nurse now”* (Site C: Lucy, Transcript Lines 300-306), as opposed to just a student. Students were able to recognise the ways in which they have changed and developed as they gained professional knowledge (Site C: Transcript Lines, Ava 388-392). This seemed to be a key source of motivations for the students who were excited by the promise of what more there was to come (Site C: Lilly, Transcript Lines 387-400). Participants expressed feeling proud of themselves for what they had achieved and inspired to persist by both witnessing positive nursing practice and considering the ongoing opportunities they would have to emulate that practice in the future (Site C: Ava, Transcript Lines 413-419).

It could be argued that the positive affect, demonstrated by students in relation to their perceptions of their own personal and professional development, reflects a sense of discontent with who they were and/ or their prospects in life prior to their engagement with the course. Whether this discontent is retrospectively projected, or whether it provided the catalyst for action (i.e. enrolment in a nursing course) is not always clear from participant to participant, across sites. However, Locke and Latham’s theory of goal-setting (1990, 2002) suggests that the process of setting a valued future goal is, at least initially, a discrepancy-based process. Intuitively it makes sense that it would be difficult to establish valued goals for the future, without first identifying what one perceives to be lacking in the present. Whereas participants made very definitive statements in relation to their goals for their professional future (see

6.2.5.2), “to be a nurse” was a clearly defined and sought goal, the concomitant personal and professional development gains made along the way appear to be a more emergent consideration for participants. They were not necessarily originally sought but furthering their own sense of development going forward has become a new dimension to their goals for the future. Locke and Latham (2006) contend that specific difficult goals lead to a higher level of task-related performance and, “...*feelings of success in the workplace occur to the extent that people see that they are able to grow and meet job challenges by pursuing and attaining goals that are important and meaningful*” (Locke & Latham, 2006, pg. 265). A consciously evolving sense of self then, and the continual refinement of specific goals for the future may be directly related to good task performance (which positively impacts self-efficacy (Bandura, 1997) a mediator of goal-setting behaviour), resulting in the decision to continue for those students who ultimately persist on their courses to completion.

Existing literature reviewed in this study has previously recognised the importance of participants’ sense of their own professional development. Clinical skill development, of which students are aware, and upon which they reflect positively has already been discussed in this thesis as a factor which positively impacts students’ persistence decisions (see section 6.2.4). As aforementioned, the development of clinical skills is closely linked to the development of an individual professional identity (Clements, 2016) and positive experiences of acting as a nurse on the ward and putting these skills into practice reinforces students’ perceptions of good profession-fit (Boyd & McKendry, 2014; Hamshire, Willgloss & Wibberley, 2013).

As far as is known, apparent student excitement as they reflect on how far they have progressed on the course so far, and the concomitant hope they appear to hold for how much more they may yet develop, is not a finding that is replicated in the existing literature relating to undergraduate student nurse persistence. Nor, as far as can be found by the researcher, has the importance of their sense of personal growth and development which appears, in this study, to run tandem alongside their sense of professional development, been previously identified as a factor which positively impacts upon the decision-making of pre-registration student nurses, in relation to persistence.

6.2.5.2 Professional Future

Participants at Sites A, B and C reflected upon, as a part of the theme(s) designated as outcome(s) across the models produced at these sites, their sense of their professional future, the promise the future holds for them should they complete their course and the motivation which this gives them to persist on their courses.

Students expressed a sense that their professional future, a career in nursing, was their ultimate goal, and the most fundamental factor positively influencing their decision to remain on their courses. Students were clear that “to be a nurse” was why they were on the course in the first place; it represented their focal goal and encapsulated everything they wanted for themselves in the future, and this gave them a firm determination to succeed, by their own standard, in completing the course. Participants at Sites A and B particularly considered that completion of the nursing course, conceptualised as a gateway to a nursing career, would provide them with job stability and varied job

prospects in a way that other non-vocational courses could not (Site A: Olivia, Transcript Lines 323-326, Holly 374-375). The opportunities that completing the nursing degree promised in terms of: the capacity to travel with their skill set and make a life anywhere in the world (Site B: Rachel, Transcript Lines 329-333), the potential to enjoy a varied career that could freely traverse a number of specialities and nursing environments depending on what any given individual might prefer, and access to further education at masters level and via continued professional development opportunities throughout their career (Site B: Elaine, Transcript Lines 376-386), inspired and encouraged students to persist on their undergraduate nursing degree courses (Site A: Workshop Materials). For further relevant discussion on participants' considerations of the future please refer to 6.2.3.4.

The conceptualisation of working as a nurse, as an end goal and finishing line which students can hold in their mind, and towards which they can work has already been seen to act as a protective factor against attrition. This gives students something positive to concentrate on and strive towards, which helps to compensate for negative experiences (which, somewhat inevitably) they may experience in one way or another whilst on the course (Boyd & McKendry, 2012; Hamshire, Willgloss and Wibberley, 2013; Crombie et al, 2013). However, the importance to students of the prospect of access to further educational opportunities, and the freedom not only to make a life anywhere with a transferable skillset, but to move between areas of nursing (with the promise that brings of not being "stuck" in a specialty or environment that no longer appeals) are, novel findings in the context of the literature reviewed in this thesis.

6.2.6 The Models

The clarity of the data suggests the methodological success of employing IQA methodology as a means of developing a conceptual model on a site-by-site basis. The application of IQA has enabled a detailed mapping of students' own perceptions of the factors which they consider exert the greatest influence over their persistence on their learning journey. Whilst the methodological approach has necessitated a good deal of student self-report and self-coding of the data collected, the accompanying foregrounding of student voice is surely salutary in a field where arguably too many models of attrition or persistence have been proposed without sustained recourse to the student experience.

Table 6.1, shows the themes produced by the students across all four participating sites, and the relative topological positions allocated, by the students, to those themes within the respective models produced at each site.

What we can see in the table is the high degree of variability in where themes that could be viewed as similar, or even essentially identical, produced across participating sites, have been placed within the respective models produced at those sites.

Three out of the four models produced (models A, B and C) across the participating sites include a theme named "Support", "Good Support Network" or some variant thereof. All three of these models reflect that participants considered support as a driver (either primary or secondary, depending on the

Table 6.1 Comparative Designation of Themes Table

Designation				
Topological Position	Adult Branch Workshop Group	Site B	Site C	Site D
Primary Driver	Politics	Good Support	Support (Subthemes: Finances, Faculty, Family & Friends)	
Secondary Driver	Support (Subthemes: Family Support, Friend Support, University Support)	Finances (Subthemes: Government Funding, Personal Finances) Family & Relations (Subthemes: Making Them Proud, Letting Them Down)		Health Sector Family (Subthemes: Motivation, Support)
Pivot	Placement Experience		Motivation (Subthemes: Influence Others, Family, Determination, Time Left on Course) Patient Care (Subthemes: Making a Difference, Feedback from Patients)	Placement (Subthemes: Placement Experience, Placement Support) Finances University (Subthemes: Peers & Friends Support, Education, Lecturer Support)
Secondary Outcome	Motivation (Subthemes: Positive Motivation, Negative Motivation) Life Outside Nursing	Achievements (Subthemes: Academic, Personal)	Personal Development Ultimate Goal	Personal Growth (Subthemes: Individual, Career)
Primary Outcome	The Future	Career & Ambition (Subthemes: Making a difference, Portable)		

model). The model at Site D however, reflects the decision made by participants to subdivide their ideas of the types of support they receive and spread those amongst other themes. In model D support is discussed as a part of the themes “Family” (a driving theme), “Placement” (a pivotal theme), “University” (a pivotal theme) and “Finances” (a pivotal theme). Support therefore across the four models is seen as either driving, or pivotal.

Three out of the four models produced (models A, C and D) across the participating sites include a theme which relates to “Placement” or the

“Placement Experience”. Participants at all three sites considered the theme regarding placement to be pivotal within the models they produced. However, model B makes no reference to placement at all. As part of the theme “Good Support Network” (a driving theme within the model, which contains no participant identified subthemes), the importance of suitable placement support and the impact of this on the student experience is referred to. However, participants in this workshop made no mention at all of the impact of caring for patients or the importance of patient feedback to them.

Two out of the four models produced (models B and D) across the participating sites include a theme named “Finances”. In the model produced at Site B the theme “Finances” was designated a secondary driver, whilst in the model produced at Site D, “Finances” was designated as pivotal. Models C and D however, reflect the decision made by participants to subsume discussion of the financial support which they receive, and the importance of that in their decision to persist on their courses, into the themes generated regarding support. As aforementioned the support-related themes were designated as drivers within both models by the participants at both sites.

Two out of the four models produced (models A and C) across the participating sites include a theme named “Motivation”, although the model at Site A is somewhat different as participants included a second theme relating to motivation in the model entitled “Life Outside of Nursing”. In the model produced at Site C the theme “Motivation” was designated as a pivot, whereas the two motivation-related themes generated at Site A were both designated as secondary outcomes, within the model, by participants. This is not to say

however, that the models produced at Sites B and D do not refer to motivation. As was the case with ideas of support in model D, participants at Sites B and D chose to split their ideas regarding the sources of motivation and spread those amongst other themes. In model B motivation is discussed as a part of the themes “Friends & Relations” (a driving theme) and “Achievements” (a secondary outcome), whilst in model D motivation is discussed as a part of the themes “Family” (a driving theme), “Education” (a subtheme of the pivotal theme “University”, and “Individual” (a subtheme of the outcome theme “Personal Growth”).

The theme regarding political context has not been discussed here as it was not applicable across all models, leaving only themes relating to participants’ ideas of their professional and personal future and their development to be discussed. A theme relating to the future, how participants perceive themselves to have grown and the promise of further development they consider the future holds exists within each model. Although not quite constructed in the same manner, these themes are highly similar and reflect the only theme type to be consistently designated as the primary (or only outcome/s) across all the models produced at all four sites.

Such a high degree of variability in terms of where such similar themes and sets of information were placed within the models could reflect one of three things. Firstly, it could merely reflect a methodological limitation. Interactive Qualitative Analysis allows, within its methodological steps, for each participant-generated theme to be placed within the model only once. Perhaps the participants at each site considered where best to place the theme to best reflect the operant effect of factor represented on them, within the methodological constraints

provided. Perhaps if given the freedom to do so, any given set of participants would have chosen to place one or more of their self-generated themes into the model multiple times, in more than one topological location. Secondly, perhaps participants at all sites placed the themes exactly where they meant to and did not feel affected or influenced by the methodological constraints of IQA. Perhaps participants at Site A, B and C simply found it more appropriate to consider the influence of financial support on their persistence decisions as driving, rather than pivotal as it was considered by participants at Site D. Perhaps the varying placement of such themes reflects a different interpretation and understanding of the information contained within the theme(s), and nothing more. Or finally, perhaps the choice was made by participants at some sites, to split information relating to support and motivation particularly, and subsume it amongst other themes, rather than to provide it with a theme of its own. This may represent a conscious or subconscious acknowledgement by said participants, that different elements of motivation and support impacted upon them differently and the best way to accurately reflect this within their model was to ensure that it could be spread amongst the topological positions of the models as they saw fit, by dividing it up.

Without further data, we are unable to draw any definitive conclusions as to what this apparent variation in theme interpretation and placement results from. However, what appears evident is the undesirability of predicting a composite meta-model, based on combining the data compiled across the four sites that took part in this study, as claims for universal applicability and accurate representation of the persistence experience of all undergraduate nursing students, would clearly not be possible.

6.3 Chapter Summary

As a result of the selected methodology of IQA, extensive and nuanced data, in the form of completed workshop documentation and follow-up interviews, was collated by the researcher. This data enabled the site-specific, student-generated, explanatory models of how the experience of persistence is perceived by students, in relation to their learning journey, to be contextualised in rich descriptive first-hand accounts of experience with the phenomena under investigation.

In this chapter, the five focal factors identified by the researcher, on the basis of the student-generated data regarding which factors students perceived to be the most important, and to exert the greatest influence over their desire to 'continue' on their courses, have been discussed. All findings relating to the themes generated have been orientated within both the models produced by the students in the context of this study, and the existing literature relating to undergraduate student nurse persistence. Additionally, the findings have been theorised in the light of Social Comparison Theory (Gibbons, 1999), considerations of academic integration, considerations of the "Rosenthal Effect" (Rosenthal & Jackobson, 1968), theories of motivation, Self-Determination Theory (Ryan & Deci, 1985, 2000) and Goal Setting Theory (Locke & Latham, 1990, 2002). This has been done in an effort to connect and articulate said findings in a context beyond the participants' own self-report, and in order to form a theoretical foundation for the conclusions, reflections and recommendations that are the focus of the next chapter.

Chapter Seven: Conclusions, Reflections and Recommendations

7.1 Introduction

In this chapter the conclusions that can be drawn as a result of bringing the findings of this thesis into dialogue with the original core research objective (and subsequent key research aims) will be indicated. The findings of the study will be reflected upon by the researcher, in order to inform any recommendations made for further work which could be carried out following the completion of this thesis. The original contributions to knowledge made through this thesis will be highlighted, and the limitations of the research conducted will be identified and discussed, alongside the researcher's wider reflections regarding the benefits and limitations of the IQA methodology in practice, before the researcher's final remarks regarding the project are made.

7.2 Conclusions

The overall purpose of this research has been to gain an understanding of the experience of 'staying the course' or 'persisting' on an undergraduate nursing degree from enrolment to completion (graduation), from the perspective of the students themselves. It was anticipated that the findings of the project could be instrumental in enhancing the understanding of those associated with, and leading the development, of nursing education as to why those students who choose to 'continue on' their courses stay. It was the considered hope of the researcher that the information presented here may be used to a) improve the educational experience of undergraduate nursing students, b) assist in the generation of more effective strategies and interventions aimed at encouraging pre-registration nursing students to 'continue on' their training programmes and

achieve their degree and finally c) increase retention and completion rates of pre-registration nursing courses in England.

In order to achieve this effectively, the investigation carried out here broke this objective down into three further key research aims:

7.2.1 Research Aim One

The first research aim addressed in this project was: to take a continuation-orientated, social constructionist approach to the examination of the factors which final year pre-registration nursing students perceive to be the most important and to exert the greatest influence over their desire to 'continue on' (rather than leave) their undergraduate nursing degree programmes.

Within the context of this thesis, this research aim has been successfully addressed. The researcher was able to identify five participant-generated themes which the students themselves perceived to be the most important and exert the greatest influence over their desire to continue their courses: Political Context, Support (subthemes: Peer & Friend Support, Family Support (emotional), Faculty Support, Mentor/ Placement Support, Financial Support), Motivation (subthemes: Family, Learning and Educating Others, Self-care Behaviours, Future, Negative Motivators), Placement/ Caring For Patients (subthemes: Positive Ward Experiences, Patient Feedback and the Experience of Providing Patient Care), Personal Goal Achievement (subthemes: Personal and/or Professional Development, Professional Future).

Despite the variation in the titles given to the themes, the differences in the way that the information regarding some themes (such as “Motivation”) has been split in different models (i.e. “Motivation” has its own separate theme within the models produced at Sites A and C whereas different types of motivation have been split and subsumed as subthemes within meta-themes themes at Sites B and D), and the differing operationalisations of the themes generated (i.e. “Motivation” has been designated as a primary driver, a secondary driver, as pivotal and as an outcome), the verbal-report data regarding the factors upon which students have relied, or that which has proved instrumental to them when making their decision to persist (or not) on their courses, has proved stable across all four research sites.

There were two themes which were not replicated in some manner across all participating sites. Firstly, the theme which dealt with the concept of politics and the political climate in which nursing operates within the NHS. This theme was found to be pertinent at only two of the four participating sites and was varyingly labelled by the participants “Politics” (Site A) and “Health Sector” (Site D). However, what this theme encapsulates is another type of motivation, designated and reported upon separately from other motivators perceived by the participants at both Sites A and D, suggesting that perhaps they see this motivating factor separately from the more tangible everyday sources of motivation that they readily reflect upon, but motivation nonetheless. It is perhaps to be expected that politics and the impact of politics and the political climate upon the motivation of individuals would fluctuate from person to person, dependent upon any given participant’s own state of political awareness, and also with time. Motivation itself is by no means a linear

concept and it is subject to both gradation and fluctuation, but in terms of political motivation (as we could perhaps term the themes seen in models A and D); we may also expect to see this fluctuate with changes in political context and the prevalence of healthcare and healthcare policy on the national political stage and in the public consciousness. Further discussion of this theme can be found in 7.4 Limitations.

“Life Outside of Nursing” as a theme, dealing with the need to take time away from the course to protect against burnout and a sense of being overwhelmed, generated at Site A was a singular find not replicated at the other sites. However, when the detail of this theme is examined, although it is true that Site A’s workshop group alone designated these behaviours as a set of thoughts and experiences meriting their own theme, similar experiences of taking time away from the course by spending time with family, and taking trips to see friends, can be seen within the theme of “Support” at Site C. There are three possible reasons for this: firstly, that participants at Sites B and D did not perceive themselves to engage in self-care behaviours in order to protect their own sense of motivation and actively support themselves. Secondly, it is possible that although these behaviours were engaged in by the participants at Sites B and D they were not considered one of the most important factors which exerted the greatest influence over their desire to continue on their courses, and therefore they did not report it, or finally; perhaps participants at Sites B and D do engage in self-care behaviours that are helpful to them, however their interpretation of the question was such that they did not consider the report of their personal efforts on their own behalf and their internal thoughts and feelings that keep them motivated and inclined to persist, were relevant. With the

exception of the theme “Life Outside of Nursing” and those outcome themes which refer, in part, to a student’s sense of motivation provided by their hopes for their personal development and professional future, all other themes generated relate to external factors: motivators, support structures, and their experiences during the course. It could be posited then, that participants at Sites B and D (and even to some extent Site C) interpreted the question to be referring to these external important factors keeping them on their courses, and in doing so did not consciously think to acknowledge their internal cognitive processes and schemas when generating thought cards at the workshop.

7.2.2 Research Aim Two

The second research aim addressed in this project was: to develop a conceptual model, which maps and explains the way in which the students themselves perceive that these self-identified factors interrelate.

Despite the many positive outcomes of this thesis, it must be recognised that one of the key, original, research aims was the production of a meta-model capable of explaining and mapping the ways in which the factors identified by the students as the most important and exerting the most influence over their persistence decision interrelated. Ultimately, in light of the findings of the project, such a meta-model was no longer deemed desirable. The data reflected that any attempt to produce such a model would not be appropriate, as there was no obvious way to produce a meaningful meta-model that would be accurately representative of the data captured, nor that would be likely to effectively capture and represent subsequent experiences of persistence on nursing programmes. Despite the fact that the project, in light of the data,

outgrew the concept of the production of a meta-model, it must be acknowledged that this original aim was not brought to fruition.

7.2.3 Research Aim Three:

The third research aim addressed in this project was: To enable the discussion of the interrelated issues of pre-registration student nurse retention and attrition to continue in vocabulary which is increasingly meaningful to and utilized by the students themselves.

This aim was achieved via the selection of the methodology employed in this study, Interactive Qualitative Analysis. As we have seen, the predominant aspect of IQA is its focus on workshop activities which are designed to guide a group of participants through a cycle of inductive and deductive analysis, followed up by semi-structured interviews; which explore the findings of the workshop participants in greater depth and detail. These activities led to the production of a conceptual model of the phenomena under investigation at each participating site, contextualised in thick descriptive accounts of the direct experience of the participants with the phenomena. Throughout the data collection and initial analysis phases of data handling the *“...voices of participants [were] privileged over that of the researcher...[privileging] the nature of socially constructed meaning”* (Northcutt & McCoy, 2004, p.4).

The reliance of IQA on the social constructivist paradigm of understanding knowledge i.e. that knowledge only exists within the mind, and there is no need or reason that it must match any real-world reality (Fox, 2001; von Glaserfeld, 1996; Rorty, 1979) was key to its selection as the methodology used in this

study. It is irrelevant if universities and nursing educators perceive that from an objective standpoint they are providing everything that is required in the best way possible, (unlikely though it is that any educator or university would have such an overarching confidence in their courses, services and support mechanisms). Such an assessment from the institutional perspective would be irrelevant, if the students' conceptualisation of what they need and what they expect from their learning journey, does not match any given university's assessment of what they need to provide to students, and what students expect from them in order to enhance their learning journey. That mismatch will result in the dissatisfaction and disaffection of students from their university. Whilst it can be said that the social constructivist standpoint does not have an original or paradigm-shifting contribution to make, as any findings are likely to be implied by common sense, or reachable via more broadly empiricist accounts of learning that are viewed as more traditionalist (Strike, 1997; Fox, 2001), it is the contention of the researcher that such an interpretation of social constructionism does not hold true in the context of this study. In the exploration of something experiential in nature (such as the learning journey of pre-registration nursing students and how to improve said journey), arguably the most essential factor is to ensure is that the central actors within the social system under observation (the university with its manifold stakeholders in undergraduate nursing research, and the students) have a shared understanding of the nature of the system in which they are operating.

That is not to say that from the social constructivist standpoint a “...*deep assumption of the existence of things in themselves, or of an external world independent of human minds*” (Fox, 2001, pg. 26) may not be accepted. The

objective acknowledgement that universities will have support mechanisms, thoughtfully designed courses and a range of services available to students is not under question. But one could posit that the longstanding failure to improve retention rates has been the result of a lack of common understanding between the central actors involved in the processes, and the language used thus far in the academic reporting of findings regarding retention and persistence, has the potential to be a significant factor in said lack of common understanding, or perhaps simply in distorting the messages of research leading to misinterpretations or a failure to acknowledge commonality in perspectives between stakeholders.

It has been a fundamental aim of this project to respect and promote the student voice and the student perspective throughout this thesis, challenging the prevalent prioritisation of “...*input from academic insiders while excluding the input from the students themselves*” (Joseph et al, 2005, pg. 67). Interpretations of data and experience from the academic perspective tend ultimately to be framed in specialist terms, more resonant for academic and funding communities, lacking clarity for the students whose learning experience it is ostensibly their purpose to understand and improve. A key motivator in the selection of the IQA methodology was that results could be easily shared with students, as they would be framed in terms more resonant to them as the community under investigation. This would enable a dialogue between student and educator to be easily entered into, as both parties would be speaking the same language, potentially leading to more effective interpretations of the student need and perhaps in turn, better ways to address it.

7.3. Recommendations for Further Work

Although this study was conducted across four sites; one located in the South West of England, one located in the South East of England, one located in the East Midlands and one located in the West Midlands, a wider application of the methodology to further nursing schools, in order to ensure that the verbal-data students report continues to be similar, and concentrate around the same essential topics, over a greater number of institutions and across a wider geographical area would be beneficial.

On the basis that such a replication of similar data is possible, further work should seek to develop and validate a set of interventions in support of universities who, as is recommended here, employ the IQA methodology at their own institutions in order to develop an institution-specific risk profile of attrition from their own undergraduate student nursing courses. This set of recommendations, once developed, could be provided to universities alongside the methodology as a toolkit. Universities could then pick and choose interventions from the toolkit which would best address their institution-specific needs, as identified in their risk profile. The toolkit produced should not be limited to addressing particular types of course-related weaknesses but should seek to encompass recommendations for improving any site-specific weaknesses identified by pre-registration nursing students, in relation to the entire gestalt of nursing education from the pedagogic to the pastoral.

In relation to the explorations of the findings and the theoretical orientations provided in chapter six, a number of further recommendations for future work that could be usefully carried out have been identified by the researcher:

7.3.1 Figured Worlds & Communities of Practice

Since the application of IQA to this field of enquiry has yielded extensive rich data into student perceptions, expectations and perspectives, further work could usefully be done into the 'figured worlds' of student nursing students.

"By 'figured world'...we mean a socially and culturally constructed realm of interpretation in which particular characters and actors are recognised, significance is assigned to certain acts, and particular outcomes are valued over others (Holland et al, 1998, pg. 52).

Individuals figure who they are through the activities that they engage in, and in relation to the various actors who populate the figured worlds in which they find themselves interacting (Urrieta, 2007). As interactions take place within their world identities that are lacking in relation to newly encountered stimuli and experiences are 'unfrozen' and undergo a process of development until they are 'refrozen' in relation to a given individuals new, functional (for them), understanding of themselves and their position within the system they inhabit.

Further work in terms of the figured world of undergraduate student nurses may also yield insights into professional identity formation and preparation, helping establish whether students identify themselves essentially as trainee nurses, apprentices who belong to a working world in a junior role that allows them to assimilate knowledge through sustained interaction with their peers and betters. Apprentice nurses who see themselves as required to study as a part of the activities for achieving the desired status within a community of practice (for a comprehensive discussion of the meaning of the term communities of practice and their functional role in learning and identity please see Wenger (1998)).

Alternatively do student nurses identify primarily as students with practical course aspects which they must pass in order to move forward in their desired career path? Further work which establishes whether both conceptualisations of self exist among groups of nursing students, and whether students who conceptualise one way are more likely to persist than those who identify in the other may prove beneficial and may be used to positively impact retention rates.

7.3.2 Positional Identity

The cross-site emphasis placed by students on the need for both positive experiences with university-orientated support structures (both formal and informal), as well as mentor/ placement-orientated support structures (both formal and informal) underscores the dichotomous position of undergraduate student nurses. They have a positional learning identity as well as a positional trainee practitioner identity, and these are experienced, and are subject to development, concurrently. In terms of further work, further investigations into the role of positional identity in persistence may prove beneficial. Students in this study have identified that feeling valued and a part of something (part of a team) is important to them clinically speaking; these feelings are associated with student assessments of a 'good placement experience'. Perhaps students who are more likely to persist have been provided, by the ward staff they encounter on placement, with a clearly delimited positional identity within the clinical community in which they are expected to function, which they are happy to assume. Investigations into whether persistence can be encouraged by providing wards and mentors with training in how to ensure a clear job role, and a clear positional identity for students in relation to their peers, senior nurses, doctors and other medical staff and the patients they will encounter may prove

beneficial. The varying 'actors' within the clinical placement setting, as identified above, may all have differing expectations of students and it is probable that students without clearly defined expectations and a positional identity that they can inhabit and maintain on the ward may struggle when in the clinical environment. Future work in this area may help to understand what mechanisms in relation to positional identity may be harnessed and used productively to encourage persistence and enhance retention rates.

7.3.3 Goal-Directed Behaviour

Students within this study appeared motivated by the idea that they could return to the scene of a positively experienced clinical placement in the future, in a full-time working capacity. Locke and Latham (1990, 2002, 2006) have previously established that specific goals are more assistive in the promotion of long-term motivation than vague goals. Further work may productively be done which investigates the impact on persistence of actively assisting students to examine the possible working environments open to them and encouraging them to identify a desire to pursue nursing in a specific type of setting or on a certain type of ward. It would be beneficial to know if encouraging students in this way, may lead to increased motivation to persist and therefore enhanced retention rates.

7.3.4 Intervention Development

Student report within this study highlights a number of interventions which could potentially be usefully developed in order to support students on their courses:

- The introduction of well-being sessions on courses to teach positive coping skills, stress management, identifying unhealthy coping mechanisms in order that students may be able to identify them in their own behaviour as they occur and giving them the opportunity to limit their reliance on such mechanisms.

- The establishment of writing workshops and academic writing training, dyslexia support was particularly mentioned by the participants in this study. As aforementioned perceived lack of support with academic writing and the concomitant problems with stress, anxiety and self-esteem this can create are highly correlated with attrition (please refer back to 6.2.2.3). The establishment of workshops or the addition to the curriculum of nursing of training, to aid students in learning how to write academically, may prove beneficial to improving student's self-efficacy and this may in turn translate into improvements in retention.

- The establishment and promotion of online support environments; students have demonstrated that the instant access to support via social media is an important factor in their perceived support structures. Students will inevitably set up their own, personal, social media-based communities, but the online realm is becoming increasingly relevant to student learning and support. It is possible that if students were to have access to their educators via direct and speedy communications as a result of their participation in online platforms, persistence and therefore retention rates may be positively affected.

- The establishment of peer role-model programmes. The students in this study have reported positively on the impact that their opportunities to act as role models have exerted on their persistence decisions. It is possible that the wider implementation of peer role-model initiatives may prove equally beneficial to undergraduate nursing students across nursing courses and may support enhanced completion rates.

It is known to the researcher that there are universities who already implement a range of support strategies, some along the same lines as are mentioned here. But as aforementioned, it is a characteristic of pre-registration student nursing research that many interventions in support of students are recommended, but the evidence-base regarding 'best practice' is scarce. Follow-up reporting on the successes and challenges of intervention implementation and outcomes is not common. Therefore, studies which seek to gather information regarding the various options for supporting students that are implemented on pre-registration student nursing courses UK-wide, through a range of mediums, which attempt to evaluate the practicalities of implementation of the varying strategies found, their relative successes and which attempt to develop new strategies, in collaboration with the students on what it is they feel they need, may prove advantageous and may be usefully used in order to promote student persistence.

7.3.5 Theories of Motivation

It came to the attention of the researcher when theorising the findings of this study, in a context beyond the participants' own self-report, that many of the theories that proved relevant and useful are prevalent in the fields of workplace

organisation and management (Maslow, 1943, 1954; Herzberg, 1959; Vroom, 1964). Although students in this study were not conceptualised as workers *per se*, this may prove a beneficial route to pursue. There is further support for this idea, in that previous studies have shown that student nurses prioritise and place more value on their developing clinical skills than they do on their educational ones (Clements et al, 2016). Further studies that focus on the identity of nurses as apprentices or workplace trainees and seek to establish the effect of workplace motivational strategies may bear fruit. If undergraduate student nursing motivation can be targeted and enhanced in this way, it may lead to the greater retention of student nurses on their courses.

7.3.6 The Implications of Self-Determination Theory (Deci & Ryan, 1985; Ryan & Deci, 2000)

This study has indicated that potentially Self-Determination Theory (Deci & Ryan, 1985; Ryan & Deci, 2000) may proffer a productive theoretical lens through which to view the importance of the development of a professional nursing identity, and the importance and process of the internalisation of the concept of nursing. Further work exploring the possible pedagogic implications of self-determination theory for the way in which the educational elements of the nursing course are taught, may give rise to recommendations regarding potentially productive (in terms of enhanced retention and positive identity development) changes in the way courses are taught (promoting learner autonomy, helping to underpin a sense of competency and encouraging the internalisation of the values of nursing).

7.3.7 Further Publications

Additional verbal report data was generated during the production of this thesis in relation to: students' perceptions of how far their understanding of the course and what it means to be a nurse had changed from the time they embarked upon the course to the time they took part in the study (the warm-up exercise); students' thoughts and feelings regarding the removal of the student bursary specifically; students' thoughts and feelings regarding the generic characterisation within existing literature of those undergraduate student nurses who complete their courses as 'persisters' (the debrief exercise); students' understanding and discussion of the flaws and problems they perceived with their course at their specific site of study, and the extensive concomitant recommendations made by them for what improvements should be implemented, and what should be done in practical terms in order to achieve said improvements. This data was not only unrelated to any of the key aims and objectives this thesis set out to meet, but it was considered by the researcher that IQA would not be the most beneficial methodological lens through which it could be explored and analysed. As such it was decided that this data should not be included in the body of the thesis but analysed separately using methodological approaches more amenable to the nature of the data gathered and published independently. Therefore a planned programme of additional publication and dissemination of this work will include substantive studies of the importance and impact of expectation-matching in terms of the course experience from the perspective of adult nursing students, the apparent limited availability of psychological support for adult nursing students as regards their placement ward experiences and how this diverges from their perceptions of their needs, the importance of debrief for student

nurses following traumatic incidents on the ward (irrespective of ward type), the impact of the stigma surrounding struggling with ward experiences and the effect of this on help-seeking behaviour and feelings of profession-fit, students reflections on the removal of the bursary and how they perceive this has affected their sense of their value to the profession, the wider healthcare service and the sitting government and finally a paper regarding students reflections on how nursing students appear to be perceived as a student body by those who both study and provide professional nursing training, and the impact of those perceptions on how nurses are portrayed and educated within the academic sphere.

7.4 Contribution to Knowledge

It is a well-documented issue within the existing literature that although many suggestions and recommendations have been made regarding how to improve the educational experience of student nurses, they have tended to be unhelpfully vague (Wray, Aspland & Barrett, 2013; Cameron, Roxburgh, Taylor & Lauder, 2011). Further support for students; for example, is a perfectly reasonable recommendation, but without further elucidation as to what it means (what kinds of support would be most effective? Do the students and their institutions understand the need for support in the same way? What support are students already finding useful and could these be enhanced, or would the education of the student body regarding their existence suffice?) such recommendations are of limited use.

In contrast, this thesis has identified five focal factors which students perceived to be the most important and to exert the greatest influence over their desire to

'continue' on their courses: Politics, Support, Motivation, Placement/ Caring for Patients and Personal Goal Achievement, have been identified. As a result of the workshop data and follow-up interviews carried out, each of these themes is contextualised in extensive explorations of what the students perceive each of these factors means to them. From the researcher perspective it is evident that all the themes generated relate to one of two focal concepts: **support**: peer and friend support, family support, faculty support, mentor/ placement support/ financial support, and **motivation**: the motivation provided by family, learning and educating others, self-care behaviours ("Life Outside Nursing"), negative motivators, positive ward experiences, patient feedback and the experience of providing patient care, personal and/ or professional development and professional future.

The elucidation of the focal elements key to the persistence journey of undergraduate student nurses as support, motivation and the symbiotic relationship between the two represents an original contribution to knowledge in this thesis. Although support and motivation have been previously identified as protective factors against attrition and relevant to the enhancement of completion, support, motivation and the inter-reliance of these two factors each upon the other, as a crucial relationship to target and attempt to positively affect the dynamic of, has not been previously identified as a, (if not the) fundamental building block of undergraduate student nurse persistence.

In terms of the content of the themes relating to these two concepts (support and motivation), and how the information has been interpreted and divided between these themes, the participants at each site differ slightly. In order to

maintain the integrity of the data produced by the participants at each site, a 'one size fits all' interpretation of the themes generated must not be proffered, nor consequently can such a synoptic conceptual model be drawn. Although initially, a universally (or at least generally) applicable meta-model, which maps and explains the experience of persisting on an undergraduate nursing course was sought as a component part of the anticipated original contribution to knowledge made within this thesis, ultimately, the discovery of the methodology and its agency in providing the students with the opportunity to engage in the data analysis and modelling processes, has proved more valuable than any attempts to produce such a meta-model (which as discussed in 7.2.2 is not possible).

It is the recommendation of the researcher, in light of the project, that each university which provides undergraduate nursing courses might productively engage with this methodology, or related forms of participant enquiry in order to actively engage and access the student voice. In doing so, universities will be able to gain clear, detailed feedback from their students regarding what they provide that their students specifically are relying upon and hear directly about what is missing or what else would be beneficial to them, as they engage with their learning journey, from the perspective of the students themselves. Although it was beyond the scope of this study to report, participants provided extensive anonymous feedback regarding where they perceived their respective institutions had room for improvement, and what shape that improvement should take, from their perspective (they also took participation as an opportunity to highlight and thank their course leads for what they perceive their institution does well).

One of the founding principles of the IQA methodology is 'Total Quality Management', an idea that proposes that it is those who do a job that are best equipped to evaluate and feedback on that job. The recommendation to universities that is being made here, considering the findings of this project, taps directly into this principle, providing students with a structured form of feedback, whilst at the same time allowing them considerable creative freedom within that feedback process, to develop what they perceive to be the most accurate representation of their learning journey.

By engaging with this methodology in this way, undergraduate student nurse educators would have the opportunity to develop both: an institution-specific risk profile for attrition from their courses, and a plan of action to address this risk profile, based on student feedback. This would allow universities, on an individual basis, to resolve their weaknesses in relation to their specific courses. Ultimately this will allow them to target areas of particular weakness, where possible, and improve the experience of 'staying' on a course for the students, which in turn has the potential to positively impact retention rates. This is a process which can be repeated with students as necessary. This would allow nurse educators to gain feedback at intervals, keeping their knowledge and understanding of their students' experience of their learning journey as up to date as possible, concomitantly ensuring that any interventions developed and implemented to improve the student experience, are as relevant and targeted as possible.

As previously stated, one of the key research aims of this project at inception was the production of 'a conceptual model'. But, as the project has gone along

it has become increasingly clear that the term 'conceptual model' is not necessarily appropriate. The term model implies something quite definitive. It implies something structured and complete (i.e. something that contains all relevant components of an ordered system). Even within the context of a model with the sensitivity and capacity to be recursive, it implies a closed and finished system of factors.

In retrospect, and in light of the data gathered in the course of this project, perhaps the more apposite notion from the outset might have been the notion of an 'experiential map' rather than 'conceptual model'. To propose a new model is often to imply that there was something lacking about those which had preceded, they missed something, or are no longer relevant, implying deficiency in some way. However, the recommendation here, is that universities should instead periodically seek to update and ensure the ongoing validity of the experiential map with which they have been provided by their students. This may be why 'map' appears to fit better than 'model'. A map can be drawn, or aspects of the map can be redrawn, when it is appropriate to navigate to somewhere new, or the need to respond to a changed context or reality emerges. 'Map' is less concrete and implies a journey, something ongoing to be developed as necessary, whereas 'model' has the potential to give the impression of something more definitive and has the tendency to imply not only an end product, but also something that is perhaps overly computational in nature, arguably less appropriate when we are discussing something as fluid and dynamic as a lived experience.

A further contribution to knowledge has been made in this thesis in relation to the concept of 'professional goodness of fit'. It has previously been established in existing literature that positive clinical placement experiences on the ward reinforce a positive sense of goodness of fit in relation to the nursing profession for students; such experiences encourage them to feel as though they have made the right choice in entering nursing training and pursuing nursing as a career (Boyd & McKendry, 2012; Hamshire, Willgloss & Wibberley, 2013). However, the findings of this study are slightly more nuanced in terms of what they demonstrate vis-à-vis profession-fit. In this study students reported that an intrinsic sense of goodness of fit for the nursing profession, was essential to their persistence decisions. However, students also reported that positive feedback in relation to their goodness of fit from both their mentors and their patients was also operant in their decision to remain on their courses. What can be seen here is that students' interpretations of their own goodness of fit operate at, or are affected at, three levels: personal, professional and patient. Previous literature has acknowledged that positive experiences of placement support are a key enabler of student completion (Crombie et al, 2013), whilst negative experiences with mentors or within the ward team are associated with student attrition decisions (Last & Fulbrook, 2003; Urwin et al, 2010; Hamshire, Willgloss & Wibberley, 2013). However, as far as can be identified, it has not been previously suggested that positive mentor experiences, as opposed to positive overall experiences of placement on the ward and an enjoyment of the ward environment, and positive experiences of patient feedback whilst on the ward, result in this tripartite impact on students' personal conceptualisations of their goodness of fit for the profession. As such, this constitutes a further original contribution to knowledge.

7.5 Reflections On IQA In Practice & Limitations of The Findings

In this section, the researcher will present their own reflections regarding the experience of using the IQA methodology, and any potential limitations that the iteration of IQA used here may have placed on the findings will be explored.

One of the manifold reasons for the selection of IQA as the preferred methodology for use in this study was the potential for the participants to produce a conceptual model, as termed within the methodology, of the experience of persisting on their courses. Not only were the elements of the system (the themes) identified and explored in terms of their meaning to the participants, they were subsequently arranged by the participants into a non-hierarchic system of perceived interaction between the elements. This potentiality was not, in the view of the researcher, in evidence in other qualitative methodologies available.

The extensive data produced by the students in relation to the themes and the exploration of their meanings brings the attention of the reader to the in-depth discussion of the themes, and to the almost granular level of detail provided by participants. By contrast, the models raise the attention of the reader back to the macro-level, providing the reader with an opportunity, to see how each theme fits into the wider context of the themes under discussion and how they interact and impact upon one another. The models also serve to remind the reader that despite the fact that students may choose to talk more about one theme than another or may detect more subthemes to some meta-themes than others, the information presented in the thesis is non-hierarchic. It may be that without the accompanying model, to remind the reader of this, any given reader

may impose an artificial hierarchy on the importance of the themes produced, based on which themes the students produced more or less data regarding, or in relation to their own understandings of the concepts under discussion.

Furthermore, the models produced serve to define the scope of what is relevant and how it may be influenced and understood in relation to the topic under investigation, at each site. Those concepts which have shared operations (the pivots) are easily identifiable, and those concepts which can be conceptualised and operationalised differently, or at multiple-levels, between participant groups can be recognised (i.e. concepts of motivation, support and the role of finances). This aids in the identification of which relationships, between which elements, may usefully targeted with interventions at which sites, and the potential for the success of individual interventions may be assessed, on a site-by-site basis, using the relevant model to each site as a frame of reference.

However, a limitation identified by the researcher in relation to the models is the, methodologically directed terminology, used in their production. The methodology forces students to identify drivers and outcomes as either 'primary' or 'secondary' within the model produced. This distinction may be artificial, and a product of the methodology under use, as opposed to an authentic reflection of the participants' understanding of the operations of the elements within the system. It is the contention of the researcher that in terms of the drivers identified within the various models produced, the distinction between 'primary' and 'secondary' is likely to be artificial and a result of the methodology. It is the view of the researcher, that the terminology of 'primary' and 'secondary' drivers, results in an artificial hierarchy in the relative importance of the drivers

identified, and this represents a limitation on the findings of the study. However, in terms of the outcomes the distinction between 'primary' and 'secondary' is, arguably, less likely to be artificial. Within the models produced, it could be contended that there is a difference in the 'type' of elements that were identified as 'primary outcomes', and those that were 'secondary outcomes'. It could be asserted that whereas those elements of the system designated as 'primary outcomes' (within those systems where separable primary and secondary outcomes were deemed to exist) represented focal goals, or ultimately desired outcomes (the focus of goal-directed behaviour). By contrast, those elements designated as 'secondary outcomes' represented 'other' effects produced as a result of the interactions within the system, they were outcomes indeed, but they fed back into the systems in other ways, and they did not represent focal goals.

Another of the multifarious rationales for the selection of the IQA methodology was the manner in which it privileged the voice of the participants in the initial phases of data collection and coding. This was deemed an essential factor, by the researcher, in the selection of the methodology, as it allowed for the most authentic representation of the student voice as possible. The voice of the participants themselves was used, in their own words, and the methodology offered the most promising limitation of the reflexivity of the author, as the methodology requires that the 'raw data' in effect be reproduced in the results, as opposed to a set of author-mediated data. This is uncommon, if not unmatched, by other qualitative methodologies in use in the broad field of education studies, with Jackson and Marsden's approach in their seminal *Education and the Working Class* providing one of the markedly few parallels:

“...when we use this [methodology]...we are not ‘illustrating’ the figures, or decorating a theme. The speaking voices are as basic as the tables. They are the theme.” (Jackson & Marsden, 1962, pg. 18).

However, it cannot be said that a) the way in which the data has been collected, and b) the way in which the data has been presented, have had no potential effects on the authenticity of the student voice, as delivered in this study. Both the workshops and the subsequent follow-up interviews were conducted with the same set of participants, and this results in a number of potential effects: Firstly, we should not reduce the comments and insights of participants, and in turn the undergraduate student nursing body, to any *“single, uniform and invariable experience”* (Silva & Rubin, 2003, pg. 2). The very nature of the methodology used, its processes and activities, encourage students to find commonality, and draws out the elements of experiences that are convergent, whilst potentially suppressing any divergent experiences. It is possible that the manner in which the methodology operates suppresses polyvocality among the participants. It should not be assumed that all students agreed in full with all aspects of the model, simply because they reported this to be the case. It is possible that they simply did so as they felt it was expected of them. This may represent a limitation on the findings of the study. It is also possible that the demonstrable weight of comments in relation to some themes, as opposed to others, does reflect the increased importance of some themes as opposed to others, from the perspective of the participants, and the manner in which the methodology requires the data to be reported suppresses this. This may also, have resulted on a limitation on the findings of the study. Secondly, the original methodology as written by Northcutt and McCoy (2004), recommends that the

workshops and the follow-up interviews should be carried out with separate participants, in order to ensure that the full range of possible themes, from the viewpoint of the participants, has been accounted for in reporting. However, in order to gain ethical approval for this project, it was necessary to adjust this element of the methodology and use the same pool of participants for both the workshops and the interviews. It is possible as a result, that this project has failed to capture the full range of themes that students may perceive to be relevant when reporting on the elements that have impacted their learning journey positively and resulted in their persistence. This may represent a further limitation to the findings of the study, however it is the contention of the researcher that this is unlikely. The verbal report of the students in relation to the themes, across all four participating institutions, in all four geographical areas targeted was, as aforementioned, remarkably stable. There is some divergence in experience, and the exact themes identified, but this is limited, and at no point did one group of participants receive information regarding the data produced by participants at another site, so no undue-influence was brought to bear on the nature of the data produced in that regard. It is the view of the researcher, that the multi-site focus of this project provides protection against the potential for the failure to capture all the relevant themes, as a result of using a restricted participant-pool, in order to carry out all the procedural steps of the methodology.

Finally, in terms of the way that the data has been collected there is one more issue to consider. In his paper "*Transformative approaches to student voice: theoretical underpinnings, recalcitrant realities*" (2004), Michael Fielding identified that when participants are selected in student voice work, to represent

the population under investigation, these participants not only speak about others (in the case of this study, as they identify and summarise what they perceive to be the commonalities of experience encountered by all undergraduate nursing students on their course), they ultimately speak for the wider population. This act of speaking for others, not merely about them, is problematic in student voice work, as the very language used by participants will likely be “...saturated with values, frequently [their] own. No descriptive discourse is, or can be, value free; advocacy and interpretation is thus” (Fielding, 2004, pg. 297). We cannot be sure that the wider student population at any given site shares the value set of the pool of participants recruited to represent them, therefore in-turn we cannot be sure that the data as reported is sufficiently representative of the student body under investigation and what they would value and interpret as important and prevalent within their learning experience. Whilst it is possible that this is true in the context of this study, the researcher would again contend that the highly-replicated nature of the results found, across sites, suggests that the project has been sufficiently successful in identifying what the students value and appreciate the most in their learning journey, which they operationalise in their decision to persist on their courses.

In terms of the way in which the data has been presented in this thesis there are also a several practical limitations to the findings, which must also be considered. Firstly, the original intent was to present the data collected over the course of this project in the context of the demographic data relating to each participating workshop group. In section 3.10.5 the need was highlighted, to protect against sampling bias, and ensure that the sample recruited at any given site was suitably homogenous, and representative of what is typical in the

population under investigation (all students in years one and two of their undergraduate student nursing course, enrolled on the adult branch) at any given site. To address this methodological risk, it was decided that demographic data would be collected from the participants via a questionnaire distributed at the workshop, and this data would then be compared to data available for the site through the University's Academic Performance Tracking Tool (APTT). Ultimately however this was not done, for two main reasons: Firstly, APTT data was not made available from the participating sites. Secondly, recruitment to the study was highly problematic. A visit to each class of students eligible for participation was made, following which two follow-up emails were distributed, by nursing educators at the participating universities, at each site. Despite this, it was difficult to ensure sufficient numbers of participants at each workshop. Consequently, even had the APTT data been made available, and the workshop groups recruited had proved unrepresentative, it would not have been possible to recruit further participants and engage in further workshops. Therefore, the unknown extent of the representativeness of the workshop groups who took part in this study, must be acknowledged as a limitation to the findings. Secondly, due to the methodological strictures of IQA vis-à-vis the reporting of the results, the voluminous nature of the data collected, and the word limit placed on the length of the thesis, it was not possible to report on all data produced by the students in both the workshops and the subsequent 1-1 follow-up interviews carried out at each site. Within their manual for IQA Northcutt and McCoy (2004) provide a framework for how data collated during the workshops and interviews should be presented. In doing so they define the scope of what is to be reported, provide a layout for how the data should be structured and presented, and (with or

without intentionality) concomitantly illustrate that upon which there is no scope for reporting. In the context of this study students produced data for which there was no protocol to report upon, as it was not directly related to any of the key aims and objectives which this thesis set out to meet. Restrictions placed upon what can be reported, imposed by the methodology of IQA, allow only for the report of data as related to the express research objectives as identified by the researcher, capacity is not provided within the methodology for new ideas and avenues of consideration, as identified by the participants, to be highlighted and explored. In this way the methodology masks, to some extent, the richness of the data gathered throughout the course of this study and as such, the restrictions on the report and exploration of verbal report data imposed by IQA should be acknowledged as a limitation in this thesis.

As aforementioned one of the focal reasons for the selection of IQA as the methodology for use in this thesis was the capacity the methodology provided for the production of a non-hierarchic conceptual model. Within IQA the verbal report data gathered is considered supporting or explanatory, whilst the focus of the methodology centres around the production of the model sought. Had an overarching conceptual model of the factors which pre-registration student nurses consider the most important in their decision to remain on (rather than leave) their courses not originally been sought, it is probable that a different qualitative methodology would have been selected by the researcher. The selection of thematic analysis for example, would potentially have allowed for those elements of the data considered beyond the scope of the study, to be included and reflected upon within the thesis. However, this is not necessarily the case. Such was the extent of the data collected that, in order to ensure that

there was sufficient space within the thesis for the researcher to engage with the data presented, it was necessary to ensure that only as much data as was needed to indicate and effectively represent each theme was included. Doubtless the selection of an alternative methodology would have allowed the entire body of collated data to be deemed relevant for inclusion however, such was the volume of data that it would have been necessary, irrespective of the methodology in use, to find ways to delimit what data was considered the most pertinent for inclusion in the thesis. Whilst the limitation imposed by the reporting procedures of IQA would have been avoided, the unavoidable need to limit the data included in the thesis would have led to new limitations which would have affected the findings and the researcher's subsequent engagement with those findings in new ways.

7.6 Concluding Remarks

Since 1995, when all nursing education was fully integrated into Higher Education Institutions, universities have sought to improve retention rates on the undergraduate nursing degree courses they provide (which is not to say that the issue with retention rates does not pre-date this move, indeed the relocation of nursing education into institutions of higher education was a move taken in response to Project 2000, an initiative driven in part by the need to address high attrition rates of trainee nurses). Institutions seeking to improve the retention of their student nurses have done so from the perspective of developing interventions and initiatives intended to increase retention, not from the perspective of understanding the student experience of persistence. Currently institutions are arguably failing to take sufficient time to understand the facets of the persistence experience which students encounter as a part of their learning

journey. The undergraduate student nursing body is treated as a 'black box' that policies are directed at, and initiatives go into, following which institutions watch the impact of what has been done on measurable outcomes such as attrition, in order to establish whether their actions have been successful. This may not be the most productive approach to increasing student nurse retention rates.

Something is missing. The perspective that institutions have traditionally taken in addressing retention is set, and the consequent feedback loop of useful information which they can use to positively affect their situation, is stuck. If attrition were to be reinterpreted not as the problem, but as a symptom, then the underlying condition is where the focus should be. If the underlying condition, in this case the experience of persistence, can be better understood and positively affected, then we might expect a commensurate improvement in the associated area of retention.

In this thesis a method for gathering, structuring and interpreting information relating to the undergraduate student nurse experience of persistence, has been provided: Interactive Qualitative Analysis. This method is capable not only of providing institutions with a clear idea of those factors on which their students are relying, to enable their persistence, but of mapping the interrelationships between these factors from the perspective of the students, and providing the students with a structured feedback mechanism to equip institutions with detailed information regarding where they consider the institution could do more, or indeed make adjustments to what it has in place, to improve their persistence experience. Furthermore, within the context of this thesis the

methodology has been deployed in an entirely novel manner, enabling the identification of key areas of intervention, and allowing the furtherance of the existing dialogue between students and their educators as regards the needs of undergraduate student nurses, and their experiences of persistence.

An apparently stable set of factors, which students across the four participating institutions, located in four separate geographical areas, perceived to be the most important and influential on their desire to remain on their undergraduate student nursing courses has been elucidated. These factors were: politics, support, motivation, placement/ caring for patients and personal goal achievement. Extensive recommendations for further work have been made. However, in the immediacy, and in direct follow-on from this project, the researcher would recommend that future work attempt to investigate whether the apparent stability of these factors holds true across a wider number of institutions which provide undergraduate nursing courses, and a wider geographical area. Should these factors remain as stable, the information gathered in relation to them, and any extra factors which may be discovered, should be used, in conjunction with the further recommendations made in this thesis, to inform the creation of a toolkit of interventions. This toolkit should be made available to all universities, enabling them to develop a plan of action to tackle the course-specific weaknesses identified in the risk profile developed using IQA. It is the view expressed in this research, based on the data collected, that interventions which aim to positively impact students' perceptions of support and motivation, and the symbiotic relationship between the two, will prove the most effective.

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Appendix 1 Recruitment Presentation

Slide 1: RECRUITMENT PRESENTATION

Sarah Gillespie

PhD Student Oxford Brookes University

Department of Clinical Healthcare

Slide 2: My Study

An exploration into what factors undergraduate student nurses consider essential to their decision to stay on (rather than leave their courses)

Slide 3: In a Nutshell

When so many others, across the country, leave. What has made you stay?

Slide 4: What Do We Have To Do?

You will take part in a workshop

Slide 5: Activities

Slide 6: Questionnaire

All students who take part in the workshops will be asked to complete a questionnaire

VERY quick tick box exercise

Questions such as: age, gender, ethnicity....

Slide 7: Warm Up Exercise

“How do you feel about nursing and studying to be a nurse now compared to when you started your course?”

Slide 8: Activity 1

Thought Card Generation

Slide 9: On the index cards in front of you:

Write 1 thought per card in response to the following:

“Tell me about why you are still here. What has your journey or experience of “staying” on your pre-registration nursing degree programme been?”

Slide 10: Activity 2

Organizing your thoughts

Organize the thought cards into groups of shared meaning (**themes**).

You might find that you end up with groups **AND** subgroups within them

Slide 11: E.g. “Superheros”

This could be a list of superhero’s:

Batman

Superman

Catwoman

The Invisible Girl

This group could be divided into themes by:

Heroes

Heroines

Villains

Romantic Interests

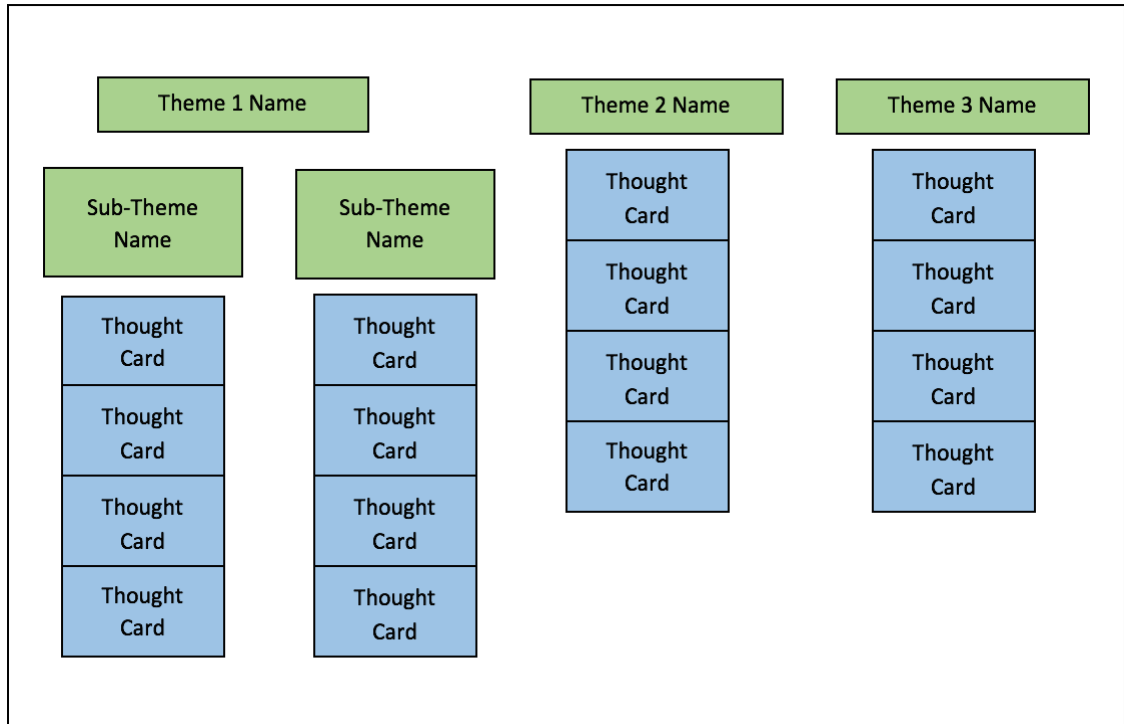
Spurned Lovers

Family Characters

Supporting Cast

Superhero Team

Slide 12: What Your Themes Will Look Like



Slide 13: Name that group !

Name each group with a name that reflects the meaning of the group of thought cards to you

Write a small paragraph that describes each named, grouped set of thought cards.

Slide 14: EG: Superheroes

Sub-Themes: Heroes, Anti-heroes

Representative Statement: *Motivation to act*

These are saviors of: individuals, cities, the world, they are celebrated and mythologized in comic books (or comic book based movies). These

superheroes' can be very influential on readers and may even influence readers behaviour.

What distinguishes a hero from an antihero is their motivation for action. Hero's are straight forward do-gooders, motivated to ensure justice/ fairness or "white knight" out of a strong innate moral code (e.g. *Captain America*, *Superman*). Antihero's have darker motivations and behave more like vigilante's trying their victims according to their internalized values/ in the court of public opinion. Often these types of heroes are recruited to the fold of superheroes by a tragic incident. Their heroic acts are often a way of trying to make up for what happened to them/ a loved one (e.g. *Rorschach*, *Batman*).

Slide 15: Relationship Table

All themes are listed in a column down the side of a page and in a row across the top. The relationship between each pair of affinities is then considered.

Does:

A affect B (an up arrow shows that the affinity in the row drives/ influences)

B affect A (an in arrow shows that the affinity in the column drives/ influences)

Is there no relationship between B and A (a "0" represents a lack of relationship)

Slide 16: Example: Relationship Table

	Adverse Events	Failure of Justice	Extraordinary Abilities	Love	Revenge
Adverse Events		↑	↑	0	↑
Failure of Justice	←		↑	0	↑
Extraordinary Abilities	←	←		0	0
Love	0	0	0		↑
Revenge	←	←	0	←	

Slide 17: Last Step

Group Debrief Exercise: It's a Secret for now

Slide 18: One more thing...

I will ask all workshop participants if they would be willing to be recruited to take part in a further 1 hour follow up interview to go in depth into the factors and issues which have arisen in the workshops.

From those who volunteer a maximum of 3 participants will be recruited for interview.

Slide 19: What's in it for me?

Participants who take part in a workshop will be compensated for their time with a **£20 Amazon voucher**

Participants who take part in a follow up interview will be offered a further **£10**

Amazon Voucher

Slide 20: If you'd like to join the fun ☺

If you wish to take part, please let me know

sarah.gillespie-2014@brookes.ac.uk

This email address can also be found on the participant information sheet

Slide 21:



Appendix 2

Workshop Activity Day

Slide 1: WORKSHOP 1 ACTIVITY DAY

Slide 2: My Study

An exploration into what factors undergraduate student nurses consider essential to their decision to stay on (rather than leave their courses)

Slide 3: In a Nutshell

When so many others, across the country, leave. What has made you stay?

Slide 4: Activities

Slide 5: Questionnaire

All students who take part in the workshops will be asked to complete a questionnaire

VERY quick tick box exercise

Questions will be on topics such as: age, gender, ethnicity and similar.

Slide 6: Warm Up Exercise

“How do you feel about nursing and studying to be a nurse now compared to when you started your course?”

Slide 7: Activity 1

Thought Card Generation

Slide 8: On the index cards in front of you:

Write 1 thought per card in response to the following:

“Tell me about why you are still here. What has your journey or experience of “staying” on your pre-registration nursing degree programme been?”

Slide 9: Activity 2

Organizing your thoughts

Organize the thought cards into groups of shared meaning (**themes**).

You might find that you end up with groups **AND** subgroups within them

Slide 10: E.g. “Superheros”

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This group could be divided into themes by:

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Romantic Interests

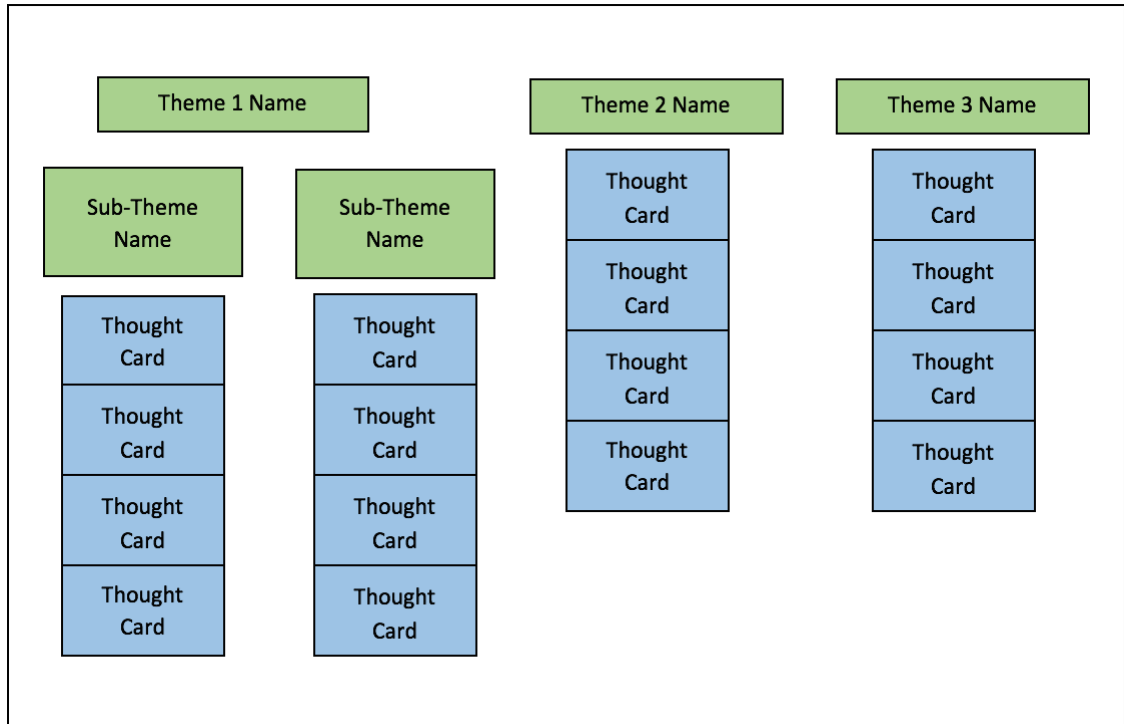
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Superhero Team

Slide 11: What Your Themes Will Look Like



Slide 12: Name that group !

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Slide 15: Example: Relationship Table

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Adverse Events		↑	↑	0	↑
Failure of Justice	←		↑	0	↑
Extraordinary Abilities	←	←		0	0
Love	0	0	0		↑
Revenge	←	←	0	←	

Slide 16: Last Step: The Group Debrief Exercise

The Big Reveal

Slide 17: Debrief Exercise

Previous literature on the topic of student's who stay on their courses, refers to those who remain as "persisters".

"...institutions retain and students persist."

(Rintala, 2012)

Slide 18: What is Persistence?

- The quality that allows someone to continue doing something or trying to do something even though it is difficult or opposed by other people.

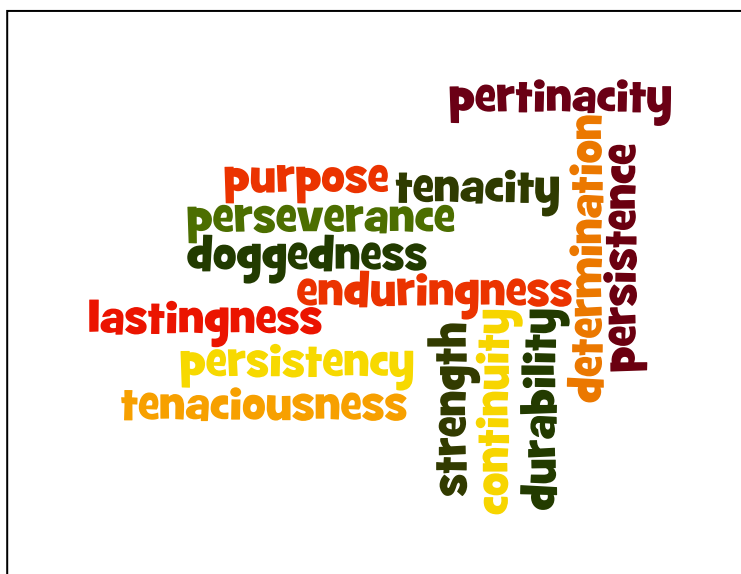
(www.merriam-webster.com)

- The quality of persisting; tenacity

- The act of persisting; continued effort or existence

(www.collinsdictionary.com/dictionary/english)

Slide 19:



Slide 20: What do you think?

Can you tell me what the words “persistence” and “perseverance” mean to you?

Can you tell me what the word(s) make you think/ how they make you feel?

Do they describe you and your journey on your course to this point?

Do you identify with these words/ terms?

What other words/ terms come to you when thinking of and describing your experience of remaining on your course?

Slide 21: One more thing...

Would any of you present be willing to be recruited to take part in a further 1 hour interview, to go in depth into the factors and issues which have arisen in the workshop?

I am seeking a maximum of three volunteers to take part in an interview.

Slide 22: What’s in it for me?

Participants who take part in a follow up interview will be offered a further

£10 Amazon Voucher

Slide 23: Interviews

If you would be willing to be interviewed, please either:

1) Let me know at the end of Workshop 2

2) Or alternatively email me at:

sarah.gillespie-2014@brookes.ac.uk

This email address can also be found on the participant information sheet

Slide 24: When Do I Get My Amazon Voucher?



Slide 25: Just Before You Go....

HAVE YOU RETURNED YOUR QUESTIONNAIRE?

Slide 26:



Appendix 3

Participant Information Sheet

Researcher: Sarah Gillespie

Email: sarah.gillespie-2014@brookes.ac.uk

Director of Studies: Dr Roger Dalrymple,

Second Supervisor: Prof Guida

de Abreu

Email: rdalrymple@brookes.ac.uk,

Email: gabreu@brookes.ac.uk,

01865 485523

01865 483773

Department of Psychology, Social Work and Public Health,

Faculty of Health and Life Sciences

Oxford Brookes University

OX3 0BP

15 January 2015

AN EXPLORATION INTO WHAT FACTORS UNDERGRADUATE STUDENT NURSES CONSIDER ESSENTIAL TO THEIR DECISION TO STAY ON (RATHER THAN LEAVE) THEIR COURSES

You are being invited to take part in a research project. Before you decide whether or not you want to take part it is important for you to understand why the research is being done and what it will involve.

Please take the time to read the following information carefully.

What is the purpose of the study?

The overall purpose of this research project is to gain understanding of the process or journey experienced by pre-registration student nurses of staying on their courses. This research will use the participant's own words, to explain what makes students remain on their programmes of study.

Why have I been invited to participate?

You have been invited to take part in this study as you are:

1. Over 18 (there is no upper age limit set for participants)
2. Enrolled for your second or final year on an undergraduate level degree-nursing course at your university.

Do I have to take part?

*No. It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form and you are still free to withdraw at any time and withdraw any unprocessed data *without giving a reason*. Participation in the workshops and interviews is considered separately. There is no obligation to engage in the interview stage if you agree to take part in the workshops.*

Should you choose not to participate in this study this is will have absolutely no consequences for you on your programme of study at your institution. Similarly, should you choose to participate this will provide you with no advantage on your programme of study at your institution.

Workshop– the workshop will last approximately 3 hours. Participants will: 1) Fill out a very brief questionnaire recording their age, gender, ethnicity, etc., 2) Take part in a warm up activity where they will be asked to compare how they felt about their nursing training when they began, to how they feel about it now, 3) Take part in 5 further thinking and writing activities designed to encourage them to actively consider and discuss in full what factors they perceive to have been important to them in their decision to stay on their courses and the relationships between these factors, 4) Take part in a short “debrief” exercise. Further specific details of these activities are available on request by emailing the researcher, please find the email address required below. At the end of the workshop participants will be invited to take part in a further 1-hour long interview with the researcher, to discuss the diagram and its themes in more detail.

Following this workshop, a visual diagram will be produced by the researcher, based on the workshop discussions. This diagram will show all those factors that participants revealed as important to their decision to remain on their course and the relationships between these factors. This diagram will be emailed to all participants for validation. If any problems/ disagreements arise among the participants regarding the diagram produced by the researcher, a second meeting of the participants will be convened to discuss the diagram in more detail: this may be done in person or via a group Skype meeting.

What are the possible benefits and risks of taking part?

Participants who engage in the workshop will be compensated for their time with a £20 Amazon voucher. These will be emailed to the participants following the workshop once an email has been received by the researcher validating (or raising problems with) the diagram produced by the researcher. The voucher is not conditional on validation; all participants will receive a voucher regardless of their feedback. Participants who volunteer and are selected to take part in a further interview will be offered a further £10 voucher in compensation for this extra time which they have dedicated to participating in the study.

It is not anticipated that the study will produce negative outcomes for its participants. However, reviewing their personal experiences and analyzing the factors and issues that affected their decision to stay on their courses, may cause students not only to reflect on their decision, but also to question it. It may bring to the fore doubts and focus the attention of the student on the stresses and negatives of their course experience. All participants will be provided with information about what support is on offer at their university (as part of a debrief sheet), for their use if students feel the need to seek advice and guidance following the workshop (or interview) activities.

Will what I say in this study be kept confidential?

All workshop and interview data will be recorded and transcribed, all personal information such as name, age, institution of learning etc. will be removed so that all data is anonymous. All recordings will be destroyed once transcribed. All those who participate in an interview will be presented with a transcript of

that interview to read and the opportunity to edit out any information, which on reflection they do not wish to share.

Data generated by the study will be retained in accordance with the University's policy on Academic Integrity. Any data generated must be kept securely in paper or electronic form for a period of ten years following completion of the research project, in accordance with this policy.

If published, information will be presented without reference to any identifying information (regarding either the participants or the institutions involved). Whilst participation is confidential, this can only be assured subject to legal limitations.

What should I do if I want to take part?

If you wish to take part please contact the researcher at: sarah.gillespie-2014@brookes.ac.uk

What will happen to the results of the research study?

The research is being conducted in part fulfilment of the requirements for the degree of Doctor of Philosophy at Oxford Brookes University.

The data will be used for the completion of my PhD thesis and may inform the basis of further academic papers I may publish dependent on my findings. All participants and programme leads at participating institutions will be emailed a summary of findings at the conclusion of the study.

How is this study being funded?

The Oxford Brookes 150th Anniversary Fund and Health Education Department Thames Valley are jointly funding this project.

Who has reviewed the study?

This study has been through the appropriate research and ethics procedures for the department of psychology, social work and public health and signed off by a research ethics officer before being submitted to and approved by the Oxford Brookes University Research Ethics Committee.

If you have any concerns about the manner in which this study was conducted, please contact the chair of the University Research Ethics Committee:
ethics@brookes.ac.uk

Contact for Further Information

For further information regarding this study please contact the researcher or supervisor, their contact details can be found above.

Thank you for taking time to read this information.

Miss. Sarah Louise Gillespie

(BA, MSc, MRes, MBPsS)

Appendix 4

CONSENT FORM: Workshop

Full title of Project: An Exploration Into What Factors Undergraduate Student Nurses Consider Essential To Their Decision To Stay On (Rather Than Leave) Their Courses.

Name, position and contact address of Researcher:

Miss Sarah Louise Gillespie, PhD Student, Department of Clinical Healthcare, Faculty of Health and Life Sciences, Oxford Brookes University, Gipsy Lane Campus, Headington, Oxford, OX3 0FL Tel: 07825 600103 E: sarah.gillespie-2014@brookes.ac.uk

Please initial box

- | | |
|---|--------------------------|
| 1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions. | <input type="checkbox"/> |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason. | <input type="checkbox"/> |
| 3. I understand that the workshop will be audio-recorded. | <input type="checkbox"/> |
| 4. I agree to take part in the above study. | <input type="checkbox"/> |

Please initial box

- | | Yes | No |
|--|--------------------------|--------------------------|
| 6. I agree to the use of anonymised quotes in publications | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I agree that my data gathered in this study may be stored (after it has been anonymised) in a specialist data centre and may be used for future research. | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Participant	Date	Signature
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Name of Researcher	Date	Signature
--------------------	------	-----------

Appendix 5

Demographic Data Questionnaire

Please answer the following questions about yourself, tick or write your response to these questions concerning student profile characteristics.

This will enable be to gain as accurate a picture as possible of the student profile of a student on a pre-registration nursing course at your institution.

1. **Gender:** Male/ Female

2. **Please place a tick next to the age range appropriate for you:**

18 – 25

26 - 34

35 – 42

43 – 52

53 – 62

Over 62

3. **The following sets out the Equality and Human Rights Commission approved categories as in the 2001 census. Please identify your ethnic group:**

White White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Scottish <input type="checkbox"/> White Welsh <input type="checkbox"/> White Other (please specify)	Mixed Heritage White and Black <input type="checkbox"/> Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Mixed Other (please specify)	Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Asian Other (please specify)
Black or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> Black Other (please specify)	Chinese or other ethnic group Chinese <input type="checkbox"/> Any other (please specify)	

4. Is English your first language: YES/ NO
If not, please specify both your first language and level of proficiency in English:
.....

5. Please place a tick next to the appropriate marital status:

- Single
- Living with partner
- Civil Partnership
- Married
- Separated
- Divorced
- Widowed

6. Do you have dependents: YES/ NO

7. If you answered yes to question 6, how many dependents do you have:

Under the age of 18 _____ Over the age of 18 _____

8. Do you have a declared disability? YES/ NO

9. Do you have any declared health conditions? YES/ NO

10. Please tick next to the highest level of your educational qualifications:

- Less than 5 GCSE's or O Level's (grades A-C), NVQ1, or BTEC First Diploma
- Fewer than 5 GCSE's or O Level's (grades A-C), NVQ 2, or equivalent
- 3 or more 'A' levels, NVQ 3, BTEC National, or equivalent
- Polytechnic/ University degree, NVQ 4, or equivalent

Masters/ Doctoral degree, NVQ 5, or equivalent

11. Are you the first (or of the first generation) within your family to attend a tertiary education institution of learning? YES/ NO

**12. What is your average GPA/ Grade on this course so far?
.....**

13. Please circle your enrolment status: Full-time/ Part-time

14. Do you live on campus or in Halls? YES/ NO

15. If You answered no to Q14, is your residence: RURAL/ URBAN

**Please indicate roughly how many miles from campus you live (you can use Google maps, or similar, to provide an estimate for this)
.....miles**

**16. Are you currently employed at the same time as being a student?
YES/ NO**

17. Do you have any prior nursing related work-experience (work experience is classified here as voluntary/ unpaid work engaged in purely for gaining experience): YES/ NO

**18. Have you previously had a job in healthcare/ care provision/ a hospital/ care home/ or domiciliary or palliative care? YES/ NO
If yes, please specify:**

Appendix 6

CONSENT FORM: Interviews

Full title of Project: An Exploration Into What Factors Undergraduate Student Nurses Consider Essential To Their Decision To Stay On (Rather Than Leave) Their Courses.

Name, position and contact address of Researcher:

Miss Sarah Louise Gillespie, PhD Student, Department of Clinical Healthcare, Faculty of Health and Life Sciences, Oxford Brookes University, Gipsy Lane Campus, Headington, Oxford, OX3 0FL Tel: 07825 600103 E: sarah.gillespie-2014@brookes.ac.uk

Please initial box

- | | |
|---|--------------------------|
| 2. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions. | <input type="checkbox"/> |
| 3. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason. | <input type="checkbox"/> |
| 3. I understand that the interview will be audio-recorded. | <input type="checkbox"/> |
| 4. I agree to take part in the above study. | <input type="checkbox"/> |

Please initial box

- | | Yes | No |
|--|--------------------------|--------------------------|
| 8. I agree to the use of anonymised quotes in publications | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I agree that my data gathered in this study may be stored (after it has been anonymised) in a specialist data centre and may be used for future research. | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Participant	Date	Signature
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Name of Researcher	Date	Signature
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Appendix 7

Participant Debrief Sheet

University ethics committee number 150909

Pre-Registration Nursing Student Persistence

Thank you for taking the time to complete this study. This sheet provides you with some further information about the purpose of the study and some of the measures we are interested in.

Ultimate Purpose of this Work

There are two fundamental goals that the researcher seeks to achieve with this study.

1. To produce a conceptual model which helps to explain to researchers and nurse educators why students think and feel that they stay on their courses why many of their peers leave.
2. To provide information that could be instrumental in helping nursing educators to determine better strategies and develop interventions to encourage nursing students to persist thereby increasing retention rates on pre-registration nursing courses.

Workshop:

All participants filled out a questionnaire, which included questions relating to age, gender, ethnicity, entry-level qualifications, marital status, number of dependents etc. It was a very brief tick box exercise and allows the researcher

to understand the make up of the group of participants who took part in the study and see how representative this small group was of the wider student body.

Warm up – Participants were asked to consider “how do you feel about nursing and studying to be a nurse now, compared to when you started your course?”

This exercise was intended to encourage student’s to identify changes in their thinking (i.e. is their passion for nursing as strong or stronger than ever, have they become disillusioned, etc.), and the evolution of their professional identity as nurses.

Exercises:

1. *Thought cards* – Students will be asked to consider the statement “Tell me about why you are still here, what has your journey or experience of “staying” on your pre-registration nursing degree programme been”. Participants were given index cards and asked to write one thought/ idea per card in answer to this statement.
2. *Organising the cards* – Once all participants stopped writing and finished generating cards, participants organised those cards into groups that share a theme or meaning. These groups are referred to as “affinities”.
3. *Naming the groups* – Participants named the affinities for themselves with a name that reflected the meaning of the group, of cards, to them.

4. *Describe the group* – Once all groups had been named the participants wrote a few sentences describing what the theme of the group, of cards, meant to them.
5. *Identify Relationships* – A table was made of all the names of all the affinities by listing them row-wise and column-wise. Participants considered if there is a relationship between each pair of affinities.

Debrief Exercise - Participants were informed about the status of pre-registration nurses who complete their courses in the literature that has been produced on the subject to date. Participants were asked to think about “persistence” and “perseverance” as words and decide if they think of themselves as “persisters”.

Participants were invited to consider what the words make them think and how the words make them feel. Participants were then asked to consider if these words describe their journey of “continuing” on their courses to this point, they were asked if they identify with these words.

Finally participants were invited to come up with any other words that they might prefer to use and talk about why they think these words may be better. Or to explain why they do identify with “persistence” and “perseverance” and why these words are appropriate.

The purpose of the debrief exercise was to understand whether the term “persistence” and the noun “persister” as used in the existing literature were

words that the participants could relate to: if they have meaning to the students, or if they are words which only have meaning theoretically in the minds of researchers and student educators who attempt to understand the interrelated phenomena of “those who stay” and “those who leave”.

The existing terms of “persistence”, “perseverance” and “persist” used to discuss undergraduate student nurses who complete, was withheld from the student’s who took part in this study until the debrief exercise. This was not an act of deception. However in research such as this participants are highly susceptible to influence, it was considered that it would be more beneficial to the study if participants were not preloaded with this terminology when taking part. However their opinion on this terminology was considered important and of interest to the research and researcher.

These activities provided the researcher with all the information necessary to understand (1) the factors, which the students identified for themselves, that said students perceived to be the most important and exert the most influence over their desire to persist (or not) on their courses (2) The way the students themselves consider these factors interrelate and affect one another.

The researcher took the information, as generated by the students during exercises 1-5 of the workshop and produced a visual diagram of it by following the steps of a method called “Interactive Qualitative Analysis” (Northcutt & McCoy, 2004).

This model was then emailed to the group. The diagram was evaluated by the student's individually and emails confirming (or denying) ratification of the model were sent back to the researcher. This step was done via email as it was considered by the researcher that the information and the relationships between the various parts of the information included in the model were produced by consensus during the workshop stage of the study. The act of returning the finished model to the students was regarded a validation exercise by the researcher and as such it was considered unnecessary to recall the students for a second meeting purely for this purpose.

If however participants could not agree the model and had questions/reservations as to its construction, the participants would then be recalled for a second time for a full discussion of the model. This second meeting it was agreed could occur either in person or via a group Skype depending on what proved most convenient for the participants.

Any changes agreed by consensus are made until the group would then be made until the group were happy that the diagram is an accurate representation of how the issues and concerns interact to affect their decision to persist (or not) on their courses.

Support Services At Your Disposal (This Section Was Made Site Specific**)**

Should you find that taking part in this research has caused you any distress, or for whatever reason you feel the need to seek any follow up support please visit this website:

****Insert appropriate university support services webpage address here****

Here you will find comprehensive information about support services and well being advice everything from self-help leaflets to information on how to contact the counselling service to advice on how/ through whom to access further support available to you through the university.

If you would like any further information or help, or to discuss this study and your involvement with it further, please contact:

The Researcher: sarah.gillespie-2014@brookes.ac.uk

The Project Supervisory Team: rdalrymple@brookes.ac.uk,
gabreu@brookes.ac.uk

The Chair of the Ethics (UREC) Committee: ethics@brookes.ac.uk

References

Northcutt, N., & McCoy, D. (2004). *Interactive Qualitative Analysis: A Systems Method for Qualitative Research*: SAGE Publications.

Appendix 8

Email to Participants Re: Model Validation

Dear All,

First of all a big thank you to you all for coming today to the workshop and lending your time to help with the completion of my study, I really appreciate it!!

There are a number of items attached to this email, **if you read the attachments here in the following order, it will make it easier to understand**, and I will use this email to guide you through the process of how I put the model together so that you can tell me if you agree with it or not.

1. First is "Thought Cards Typed Up" - this will remind you of all your thought cards and the themes/ sub-themes that you put them into
3. Second, "Themes, representative statements and summative paragraphs" **please read this next**. This will remind you of your descriptive paragraphs and what your themes mean.
4. The excel document comes next. This has two sheets in it if you look at the tabs at the bottom left one says expanded relationship table and one says relationship table. **Please look at the expanded relationship table first**. This shows which themes you think affect which themes and has IF/ THEN statements written based on what you said which summarise in a simple

statement your discussion of each set of themes and the way one theme influences the other(s).

Next please look at the relationship table tab. This is the one that might confuse you - but fear not it is easier than it looks!!! So what we have here are your themes listed as a row and a column, like we did on a big piece of paper earlier today.

If you remember you compared each pair of themes to decide if A influences B, if B influences A or if there is no influence between A and B. All the arrows point to the driving variable as you decided on the day so:

For example you decided that between "The Future" and "Motivation" your motivation affects your capacity to get to the future, so the arrow points to "Motivation" because its the driving force in that relationship.

You decided on the day that between "Support" and "Placement Experience", your sense of how supported you feel, affects your desire and the quality of the placement experience. So the arrow points to "Support" because that one is the driver.

The three columns "OUTS", "INS" and " Δ " have been added by me. OUTS means the amount of arrows pointing up, INS means the amount of arrows pointing left and Δ is the difference between the two. Doing this allows me to work out whether each theme is a driver (primary or secondary) a pivot or an outcome (primary or secondary). There is a small table beneath the main

relationship table saying what each of the themes comes out as and how that is worked out.

So for example there is one Primary Outcome in the model the future, which has all OUTS and no INS. Secondary Outcomes are those with more up facing arrows (OUTS) than in facing arrows (INS) so there are two themes that fit that description: "Motivation" and "Life Outside Nursing". Each one has been worked out and is written down in that smaller table below for you to see - the primary outcome has been differentiated from the secondary outcomes as the one with the highest score (of 4) in the Δ column of the bigger table, as opposed to the lower scores of 1 & 2, which the other two outcomes (recorded as secondary outcomes) received.

5. FINALLY please see the word document that has the drawn model on it. Each theme is placed in a row and its position in the row depends on whether its a driver, pivot or outcome - what they are is written in bold on each one and I have then drawn in all the relationships that you described to me on the day. This includes the bidirectional relationships you identified between: "Ultimate Goal" and "Personal Development", "Ultimate Goal" and "Patient Care" as well as "Patient Care" and "Personal Development".

Please let me know by email if you agree with the final model or not and if not why not.

If you don't understand anything there and you have questions because you want to understand before you decide whether to validate it or not please don't be shy email me and I will answer any question you may have in a 1-1 email.

I look forward to your emails as soon as you can manage it and then I will send out those £20 thank you vouchers.

Best Wishes

Appendix 9

Original Ethical Approval

Dr Roger Dalrymple
Principal Lecturer / Director of Studies
Department of Sport and Health Sciences
Faculty of Health and Life Sciences
Oxford Brookes University
Marston Road Site

2 April 2015

Dear Dr Dalrymple

UREC Registration No: 150909

An exploration of the factors both psychological and sociological that lead to pre-registration student nurses being able to complete their programmes of study

Thank you for the email of 30 March 2015 outlining your response to the points raised in my previous letter about the PhD study of your research student Sarah Gillespie, and attaching the revised documents. I am pleased to inform you that, on this basis, I have given Chair's Approval for the study to begin.

The UREC approval period for this study is two years from the date of this letter, so 2 April 2017. If you need the approval to be extended please do contact me nearer the time of expiry.

Should the recruitment, methodology or data storage change from your original plans, or should any study participants experience adverse physical, psychological, social, legal or economic effects from the research, please inform me with full details as soon as possible.

Yours sincerely

Hazel Abbott
Chair of the University Research Ethics Committee

cc Guida de Abreu, Second supervisor
Sarah Gillespie, Research Student
Jill Organ, Research Degrees Team
Louise Wood, UREC Administrator

Appendix 10

Ethics Amendment 1

Sarah Gillespie PhD Student
Department of Sport and Health Sciences
Faculty of Health and Life Sciences
Oxford Brookes University
Marston Road Site

8 July 2015

Dear Sarah

UREC Registration No: 150909

An exploration of the factors both psychological and sociological that lead to pre-registration student nurses being able to complete their programmes of study

Thank you for your email of 22 June requesting some changes to the original study approved by UREC on 2 April 2015.

I confirm that you have reviewed the participant material and wish to change the language used and the title of the study to make it less complex. You also wish to change the question used for warm up exercise in workshop 1, and move this to a debrief exercise in workshop 2; added a presentation to guide participants through workshop 2; rewritten the information sheet to make it more accessible, and developed a debrief sheet for participants. You have provided all the relevant updated documentation.

On this basis I give Chair's approval for these changes. The UREC approval remains the same as the original study, so until 2 April 2017.

Should the recruitment, methodology or data storage change from your original plans, or should any study participants experience adverse physical, psychological, social, legal or economic effects from the research, please inform me with full details as soon as possible.

Yours sincerely

Hazel Abbott
Chair of the University Research Ethics Committee

cc Roger Dalrymple and Guida de Abreu, Supervisory team
Jill Organ, Research Degrees Team
Louise Wood, UREC Administrator

Appendix 11

Ethics Amendment 2

Sarah Gillespie
PhD Student
Department of Sport and Health Sciences
Faculty of Health and Life Sciences
Oxford Brookes University
Marston Road Site

2 November 2015

Dear Sarah

UREC Registration No: 150909

An exploration of the factors both psychological and sociological that lead to pre-registration student nurses being able to complete their programmes of study

Thank you for your email of 30 October requesting amendments to the original study approved by UREC on 2 April 2015.

I confirm that you wish to recruit participants from the second year nursing students in addition to the final year to help with the response rate for your pilot study; and you will now only be undertaking one workshop instead of two and a debrief exercise will be carried out at the end of this workshop.

On this basis I give Chair's approval for these changes. The UREC approval remains the same as the original study, so until 2 April 2017.

Should the recruitment, methodology or data storage change from your original plans, or should any study participants experience adverse physical, psychological, social, legal or economic effects from the research, please inform me with full details as soon as possible.

Yours sincerely

Dr Sarah Quinton
Chair of the University Research Ethics Committee

cc Roger Dalrymple and Guida de Abreu, Supervisory team
Jill Organ, Research Degrees Team
Hazel Abbott, Research Ethics Officer
Louise Wood, UREC Administrator

Appendix 12

Ethics Amendment: Interview Schedule 1

Sarah Gillespie
PhD Student
Department of Sport and Health Sciences
Faculty of Health and Life Sciences
Oxford Brookes University
Marston Road Site

23 November 2015

Dear Sarah

UREC Registration No: 150909

An exploration of the factors both psychological and sociological that lead to pre-registration student nurses being able to complete their programmes of study

Thank you for your email of 18 November requesting an amendment to the original study approved by UREC on 2 April 2015.

I confirm that you wish to carry out a follow-up interview with 3-4 participants recruited from the Swindon workshop and you have provided a copy of your interview schedule for the UREC files.

On this basis I give Chair's approval for this change. The UREC approval remains the same as the original study, so until 2 April 2017.

Should the recruitment, methodology or data storage change from your original plans, or should any study participants experience adverse physical, psychological, social, legal or economic effects from the research, please inform me with full details as soon as possible.

Yours sincerely

Dr Sarah Quinton
Chair of the University Research Ethics Committee

cc Roger Dalrymple and Guida de Abreu, Supervisory team
Jill Organ, Research Degrees Team
Hazel Abbott, Research Ethics Officer
Louise Wood, UREC Administrator

Appendix 13

Interview Schedule 1

Thank you for agreeing to do this interview. With your permission, I will just let you know that this is going to be taped and everything in the interview will be confidential. The interview will be transcribed and no reference to your identity, the hospitals you have worked in or the university which you attend will ever be linked to the interview. Do you agree to be interviewed [consent form to be signed].

Could you begin by introducing yourself and giving some background information about yourself and what kind of nurse you are training to become?

Thank you. This study is designed to explore the factors which undergraduate student nurses consider essential to their decision to stay on (rather than leave) their courses. The workshop group identified several common themes that they felt described what factors they, as undergraduate student nurses, consider essential to this decision.

1. Good Support Network

This was the primary driving theme of the model as developed by the workshop group. That everyone else in the cohort is in the same position so if someone is upset, everyone knows what the others are going through. The workshop group described the cohort as being “like a family”.

The workshop group identified several types of specific support which they had found useful: the cohort Facebook page and meeting up outside university as well as sharing articles with each other.

Tell me about the support network that you feel you have in the cohort that you study with and the significance of this for you.

The workshop group also felt that mentors have a key role in shaping the way you view the placement and also the way you view nursing as a career.

Tell me about the mentors you have experienced in your time on the course and how they have shaped and influenced your experience on the course and your decision to stay on it.

2. Finances

A further (secondary) driving theme of the model as developed by the workshop group was Finance. Participants felt that without the bursary they wouldn't be able to complete the course and that the other financial aids, such as tax credits and council tax exemption (and student loan) also support day to day living. Despite the financial support from the government

however, some people have still needed support from other sources such as parents and their own savings in order to finance their course.

Tell me about your own experience with finances/ the funding of your course and how this has/ continues to impact upon your experience on the course and your decision to remain on it.

3. Family & Relationships

The theme of “Family and Relationships” as developed by the workshop group consists of two main threads:

- a) Making them proud - show family and friends what you can achieve and make them proud, showing your children that you are more than just a mum.
- b) Letting them down – not wanting to let family down. Feeling that they would be disappointed if you didn't see it through, especially if they have invested financial and moral support in your becoming a nurse.

Can you tell me about your own experience with your own family and relations whilst you have been on this course and your own sense of both these two strands of the theme: making them proud and letting them down?

4. Achievements

In terms of outcomes, there were two main ones. The first of which was “achievements”. Workshop participants reported that; once you achieve one thing it encourages you to carry on but also if you fail then you have the motivation to improve. Good results make you feel proud and competent.

However, participants in the workshop also recognised that it is a very demanding course, once you've achieved you feel very positive. It is something that you are all very passionate about and therefore it means so much to you. There is pride in proving to yourself that you can do it; you are proud to wear the nurse (student nurse) uniform.

Tell me about your own experience with personal and academic achievement on your course. How would you choose to separate the two different types of achievement out and how this has/ continues to impact upon your experience on the course and your decision to remain on it.

5. Career & Ambition

“Career and Ambition” was the primary outcome in the model.

There were two main strands to this theme:

- a) The portability of nursing as a career - Having the possibility to move around with your skills was considered to be appealing. This strand of “career and ambition” also included the fact that nursing is a varied career with lots of options for specialisation. There are many options for conversions and travelling.
- b) Making a difference – Participants felt that making a difference for patients and giving reassurance to families gave them job satisfaction. They felt that It is an empowering feeling to have the potential to change practice (poor practice).

Can you tell me about your own experience with career and ambition. What do these two stands mean to you and are they what you most think of when you consider “career and ambition” as a theme as an individual? Whilst you have been on this how have these two strands of the theme “career and ambition” influenced your course experience and your desire to stay on your course?

Finally, could you please look at the conceptual model diagram that resulted from the workshop discussions. Looking at it:

- a) *Is it what you would have expected the model to look like?*
 - *If so why/ if not, why not*
 - *What is different or missing from the model from what you would have anticipated? If so where do you think that these extra/ missing themes/ factors would have fitted within the model which has been produced?*
- b) *Is there anything particular that strikes you about the model as you look at it, any particular relationships or themes within the model or pathways through the model that interest you or you would like to discuss further?*
- c) *How do you think that this model could be used by nurse educators, what should they/ could they learn from it and do as a result?*

Thank you very much for taking part in this interview

Appendix 14

Ethics Amendment: Interview Schedule 2

Sarah Gillespie
PhD Student
Department of Sport and Health Sciences
Faculty of Health and Life Sciences
Oxford Brookes University
Marston Road Site

9 December 2015

Dear Sarah

UREC Registration No: 150909

An exploration of the factors both psychological and sociological that lead to pre-registration student nurses being able to complete their programmes of study

Thank you for your email of 8 December requesting an amendment to the original study approved by UREC on 2 April 2015.

You have provided an interview schedule developed for use in the follow up interviews with your participants, for which I give Chair's approval. The UREC approval remains the same as the original study, so until 2 April 2017.

Should the recruitment, methodology or data storage change from your original plans, or should any study participants experience adverse physical, psychological, social, legal or economic effects from the research, please inform me with full details as soon as possible.

Yours sincerely

Dr Sarah Quinton
Chair of the University Research Ethics Committee

cc Roger Dalrymple and Guida de Abreu, Supervisory team
Jill Organ, Research Degrees Team
Hazel Abbott, Research Ethics Officer
Louise Wood, UREC Administrator

Appendix 15

Interview Schedule 2

Thank you for agreeing to do this interview. With your permission, I will just let you know that this is going to be taped and everything in the interview will be confidential. The interview will be transcribed and no reference to your identity, the hospitals you have worked in or the university which you attend will ever be linked to the interview.

Could you begin by introducing yourself and giving some background information about yourself and what kind of nurse you are training to become?

Thank you. This study is designed to explore the factors which undergraduate student nurses consider essential to their decision to stay on (rather than leave) their courses. The workshop group identified several common themes that they felt described what factors they, as undergraduate student nurses, consider essential to this decision.

6. Finances

There were three sub-themes included in "Finances": Ourselves, government, family.

Participants felt that the financial aid provided by the government (bursary and tuition fees) enables them in a big way to remain on the course. This support from the government factors in such costs as supporting dependents (i.e. child care). However, students still felt that they also relied upon financial support provided (to some) by their families, and others to themselves, to help with everyday living expenses (i.e. not paying rent, part time jobs).

Tell me about your own experience with finances/ the funding of your course and how this has/ continues to impact upon your experience on the course and your decision to remain on it.

7. Support

There were five sub-themes included in "support": Family, Friends, Peers, Uni staff and Mentors/ Placement staff

Participants stated that having family around us who encourage us, and in some cases inspire us by their connection to healthcare professions is important. Participants were appreciative of both the development of peer association and the support which comes with that and the development of professional relationships/friendships with other placement staff who can empathise with what happens on a daily basis. Good relationships can also be built up with uni staff/lecturers from which participants can gain from.

Having friends who aren't in the profession was also considered a positive, people who you can have non-work related conversations with.

Can you tell me a bit about what support from: family, friends, peers, uni staff, mentors and placement staff mean to you. How have your experiences with these different types of support impacted upon your experiences on your course and influenced your decision to remain on it?

8. Motivation

There were four sub-themes included in “Motivation”: Uni, Pride, Placement and Family

Uni – Students felt that the aspects of coming to Uni which have motivated us to continue, such as learning new things, looking forward to holidays and learning time management to manage stress have been very motivating.

Participants also stated that the warm fuzzy feelings they get when they explain what they do for a degree to other people and see their reactions is also very motivating as is the sense of achievement when they are a part of a patient’s positive outcome.

Can you tell me a bit about how your experiences of the positive aspects of uni, the “warm fuzzy feelings” and being part of a patients positive outcomes have impacted upon your experiences on your course and influenced your decision to remain on it?

The final two aspects of “motivation” were: the pride of the people who are important to you (and the desire to better yourselves for their sake) and going to placement. Students reported that going to placement and being able to do what they are going to be doing as qualifieds and enjoying it (most of the time) was highly motivating.

Tell me a bit about how the pride of those who are important to you (and your desire to better yourselves for them) and your experiences on placement have motivated you and how this in turn has influenced your decision to stay on your course rather than leave it.

9. Goals

There were four sub-themes included in “Goals”: Confidence, career stability, career progression and a sense of completion.

Confidence - during the workshop the group stated that: during the course confidence grows both academically and on placement and that existing confidence from past experiences has enabled you to achieve our goals.

Tell me about your own experience with your own confidence (and how it has grown) and how this has/ continues to impact upon your experience on the course and your decision to remain on it.

There were two “career” orientated goals: **Career stability & career progression**. The workshop group stated that the idea of having a stable,

rewarding, enjoyable and interesting career once we have qualified, with a good chance of having a job at the end was another major goal. As is being qualified in a subject that will lead to lots of different job opportunities. Continued professional development throughout our careers

Can you tell me a bit about what career stability and career progression mean to you and how these have impacted upon your experience and your decision to remain on your course?

The final aspect of the theme “goals” was a “sense of completion”. That training in nursing is the achievement/ fulfilment of a life long ambition/dream and that there is a sense of looking forward to graduation day.

Can you tell me a bit about your own “sense of completion” and what this means to you? How has this impacted upon your experience and your decision to remain on your course?

Finally, could you please look at the conceptual model diagram that resulted from the workshop discussions. Looking at it:

- d) *Is it what you would have expected the model to look like?*
 - *If so why/ if not, why not*
 - *What is different or missing from the model from what you would have anticipated? If so where do you think that these extra/ missing themes/ factors would have fitted within the model which has been produced?*
- e) *Is there anything particular that strikes you about the model as you look at it, any particular relationships or themes within the model or pathways through the model that interest you or you would like to discuss further?*
- f) *How do you think that this model could be used by nurse educators, what should they/ could they learn from it and do as a result?*

Thank you very much for taking part in this interview

Appendix 16

Ethics Amendment: Interview Schedule 3

05/04/2017 Google@Brookes Mail - Paediatric Branch Interview Schedule: UREC 150909 study amendment request

To: Sarah Quinton <sequinton@brookes.ac.uk>, Louise Wood <p0073666@brookes.ac.uk>

Dear Sarah,

Today I conducted a workshop at Oxford Brookes with the Paediatric Branch and based on the data collected I have developed a semi-structured interview schedule to follow up with 34 of the participants in 11 interviews for a bit more in depth information on their lived experience of their course.

Please find attached the interview schedule which I have developed for use in follow up interviews with these participants.

Please let me know if this is approved for use as soon as is possible.

Best Wishes

Sarah

Miss Sarah Gillespie
(BA, MSc, MRes, MBPsS)
PhD Student (Psychology)
Department of Clinical Healthcare
Faculty of Health and Life Sciences
Oxford Brookes University
Gypsy Lane Campus, Headington
Oxford, OX3 0FL
Tel: 07495 824425

To: Sarah Gillespie sarah.gillespie2014@brookes.ac.uk

Cc: Sarah Quinton <sequinton@brookes.ac.uk>

Dear Sarah, cc Sarah Quinton

Thank you for sending through your interview schedule for the follow up 1:1 interviews with your participants. This all seems fine, and I have placed a copy on the UREC file for an adequate audit trail.

All the best

Louise

Appendix 17

Interview Schedule 3

Thank you for agreeing to do this interview. With your permission, I will just let you know that this is going to be taped and everything in the interview will be confidential. The interview will be transcribed and no reference to your identity, the hospitals you have worked in or the university which you attend will ever be linked to the interview.

Could you begin by introducing yourself and giving some background information about yourself and what kind of nurse you are training to become?

Thank you. This study is designed to explore the factors which undergraduate student nurses consider essential to their decision to stay on (rather than leave) their courses. The workshop group identified several common themes that they felt described what factors they, as undergraduate student nurses, consider essential to this decision.

10. Our Own Feelings

There were four sub-themes included in “Our Own Feelings”: Determination; placement motivation; personal motivation

Participants reported that these are the reasons why they are here, and the reasons why they are continually motivated to carry on and not drop out. Passion. A reminder as to why they are entering the caring profession. Feeling like they are making a difference to individual patients they meet. When they can see why they are doing what they are doing – rewarding and reminds them why they are still here.

Tell me about your own experience with your own feelings. What do determination, placement motivation and personal motivation mean to you. how have these impacted upon your experience on the course and your decision to remain on it.

11. People Who Support Us

This theme was about the support networks experienced by participants. This includes: Relatives that they can go to after a hard day for support and advice. Support from key people in their lives as well as other students in the same position. Good feedback from placement mentors motivates them that we are doing something right. Lecturers are especially supportive and understanding, they try to make it their best interest to go out of their way to help.

Can you tell me a bit about what support from: family, friends, peers, uni staff, mentors and placement staff mean to you. How have your experiences with these different types of support impacted upon your experiences on your course and influenced your decision to remain on it?

12. Positives Of The Degree

There were three sub-themes included in “Positives”: Course, University, Placement. This theme was defined as some reasons why participants came to this uni and why they have decided to remain. These included: amazing teaching hospitals that link with our course. All round placement opportunities, amazing skills labs, outside lecturers (e.g. specialist nurses), cadavers, nurturing small cohort group. The fact they have formative drafts and feedback before our summative submission. That placement very close to where they live are available and the attitude experienced on open day was “we want you” rather than “we need to assess you to see if you are good enough to come here.”

Can you tell me a bit about how your experiences of the positive aspects of uni, the course and the placements you have been on have impacted upon your experiences on your course and influenced your decision to remain on it?

13. Opportunities

This theme was defined as planning for the future, looking past the course and remembering the long term benefits of the degree. Participants reported the benefits of not living in the here and now – but remembering that it opens them up to more than one job. That it is a stepping stone to many choices and it also gives them the opportunity to gain further education. This theme also included the financial benefits once the participants graduate (vocational course).

Tell me about your own experience with your own considerations of the future and the opportunities that your degree opens up for you. Do you consider it a stepping stone to many choices and more a means to an end (that end being a nursing career) than anything else?

Finally lets discuss finances and the financial benefits you are likely to experience once you graduate as this is a vocational course, how has this impacted upon your experience on the course and your decision to remain on it.

Finally, could you please look at the conceptual model diagram that resulted from the workshop discussions. Looking at it:

g) Is it what you would have expected the model to look like?

- If so why/ if not, why not

- What is different or missing from the model from what you would have anticipated? If so where do you think that these extra/ missing themes/ factors would have fitted within the model which has been produced?

- h) Is there anything particular that strikes you about the model as you look at it, any particular relationships or themes within the model or pathways through the model that interest you or you would like to discuss further?*
- i) How do you think that this model could be used by nurse educators, what should they/ could they learn from it and do as a result?*

Thank you very much for taking part in this interview

Appendix 18

Ethics Amendment: Interview Schedule 4

Sarah Gillespie
PhD Student
Department of Sport and Health Sciences
Faculty of Health and Life Sciences
Oxford Brookes University
Marston Road Site

7 March 2016

Dear Sarah

UREC Registration No: 150909

An exploration of the factors both psychological and sociological that lead to pre-registration student nurses being able to complete their programmes of study

Thank you for your email of 4 March 2016 requesting an amendment to the original study approved by UREC on 2 April 2015.

You have provided a semi-structured interview schedule developed for use in follow up interviews with 3-4 of the participants who have previously taken part in a workshop, for which I give Chair's approval. The UREC approval remains the same as the original study, so until 2 April 2017.

Should the recruitment, methodology or data storage change from your original plans, or should any study participants experience adverse physical, psychological, social, legal or economic effects from the research, please inform me with full details as soon as possible.

Yours sincerely

Dr Sarah Quinton
Chair of the University Research Ethics Committee

cc Roger Dalrymple and Guida de Abreu, Supervisory team
Jill Organ, Research Degrees Team
Hazel Abbott, Research Ethics Officer
Louise Wood, UREC Administrator

Appendix 19

Interview Schedule 4

Thank you for agreeing to do this interview. With your permission, I will just let you know that this is going to be taped and everything in the interview will be confidential. The interview will be transcribed and no reference to your identity, the hospitals you have worked in or the university which you attend will ever be linked to the interview. Do you agree to be interviewed [consent form to be signed].

Could you begin by introducing yourself and giving some background information about yourself and what kind of nurse you are training to become?

Thank you. This study is designed to explore the factors which undergraduate student nurses consider essential to their decision to stay on (rather than leave) their courses. The workshop group identified several common themes that they felt described what factors they, as undergraduate student nurses, consider essential to this decision.

14. Politics

The primary driving theme within the model as developed by the workshop group was Politics. Participants passionately expressed that they are interested in staying in nursing for the positive change they could implement on patient care based on their own personal clinical experience.

Can you tell me about your own experience with the idea of “politics” and your desires to impact the system, to change it, to be part of keeping the NHS a free public service and the impact of this on your decision to remain on your decision to remain on your course?

15. Support

The second driving theme within the model as developed by the workshop group was support and this consisted of three main strands:

- 1) Friend support – friends we study with understand the demands of the course and help prevent ‘caring fatigue’.
- 2) Family support – home friends and family provide an escape from the course and bring a sense of perspective.
- 3) University support - supportive of both mental and physical health. The university acknowledge that everyone may have academic/personal struggles throughout the course and are effective at supporting students. However, there could be easier methods access.

Can you tell me about the support that you feel you have received from your friends, family and the university that you feel you have and the significance of these for you in your decision-making?

16.Placement Experience

Placement was a pivotal theme of the model as developed in the workshop. Participants stated that positive placement experiences consolidate future practice and motivate them to stay on the course. Participants stated that feeling part of a team was essential to their morale and motivation.

Can you tell me about the impact of the placement experience on you, how this has made you want to remain on your course, how this has affected your decision-making?

In terms of placement support participants specifically mentioned the impact of and importance of mentors and feedback (from both mentors and patients)

Can you tell me a bit about what support you have received from mentors and placement staff and what this mean to you? How have your experiences with this support impacted upon your experiences on your course and influenced your decision to remain on it?

17.Motivation

Motivation was one of two secondary outcomes in this model as directed by the participants.

Participants identified two types of motivation:

- 1) Positive motivation
- 2) Negative motivation

Positive motivation consisted of "...nursing provides the prospect of working abroad, learning new things and educating others and following a patient journey and sharing the positive outcome with them."

Can you tell me about what "positive motivation" means to you and how it impacts upon your decision to remain on your course?

Negative motivation consisted of "...if we left the course we would be letting people down, leaving the course would be wasted learning, time and finances" and there was a "...fear of being a 'quitter'".

Can you tell me about what "negative motivation" means to you and how it impacts upon your decision to remain on your course?

18.Life Outside of Nursing

A life outside of nursing was the second of the two secondary outcomes in this model as directed by the participants. Participants stated that it is important to have a balance between nursing and your own personal life.

Participants indicated that the career nursing provides them offers independence, that there is a personal, financial and emotional commitment that all students make but that it is important to maintain a social life outside of the course, that students cannot afford to forget their own personal needs and identity outside of being a nurse.

Can you tell me about your life outside of nursing, the importance of this, what it means to you and how it affects your decision to remain on your programme of study?

19. The Future

There was one focal outcome in this model: the future. Workshop participants reported that this theme was about the multiple goals and opportunities that nursing training offers them.

Tell me about your own ideas of your future the goals and opportunities you feel you are able to pursue/ have been provided with, what these mean to you as an individual and how they impact your decision to remain on your course.

Finally, could you please look at the conceptual model diagram that resulted from the workshop discussions. Looking at it:

- j) Is it what you would have expected the model to look like?
 - If so why/ if not, why not
 - What is different or missing from the model from what you would have anticipated? If so where do you think that these extra/ missing themes/ factors would have fitted within the model which has been produced?*
- k) Is there anything particular that strikes you about the model as you look at it, any particular relationships or themes within the model or pathways through the model that interest you or you would like to discuss further?*
- l) How do you think that this model could be used by nurse educators, what should they/ could they learn from it and do as a result?*

Thank you very much for taking part in this interview

Appendix 20

Ethics Amendment: Interview Schedule 5 & 6

Sarah Gillespie
PhD Student
Department of Sport and Health Sciences
Faculty of Health and Life Sciences
Oxford Brookes University
Marston Road Site

21 March 2016

Dear Sarah

UREC Registration No: 150909

An exploration of the factors both psychological and sociological that lead to pre-registration student nurses being able to complete their programmes of study

Thank you for your email of 19 March 2016 requesting an amendment to the original study approved by UREC on 2 April 2015.

Following your workshops at [REDACTED] and [REDACTED] Universities, you have developed a semi-structured interview schedule to follow up with 3-4 of the participants to gain more in depth information on their lived experience of their course. The UREC approval remains the same as the original study, so until 2 April 2017.

Should the recruitment, methodology or data storage change from your original plans, or should any study participants experience adverse physical, psychological, social, legal or economic effects from the research, please inform me with full details as soon as possible.

Yours sincerely

Dr Sarah Quinton
Chair of the University Research Ethics Committee

cc Roger Dalrymple and Guida de Abreu, Supervisory team
Jill Organ, Research Degrees Team
Hazel Abbott, Research Ethics Officer
Louise Wood, UREC Administrator

Appendix 21

Interview Schedule 5

Thank you for agreeing to do this interview. With your permission, I will just let you know that this is going to be taped and everything in the interview will be confidential. The interview will be transcribed and no reference to your identity, the hospitals you have worked in or the university which you attend will ever be linked to the interview. Do you agree to be interviewed [consent form to be signed].

Could you begin by introducing yourself and giving some background information about yourself and what kind of nurse you are training to become?

Thank you. This study is designed to explore the factors which undergraduate student nurses consider essential to their decision to stay on (rather than leave) their courses. The workshop group identified several common themes that they felt described what factors they, as undergraduate student nurses, consider essential to this decision.

20. Support

This was the primary driving theme of the model as developed by the workshop group. This theme was focused on the supportive elements that have kept you on your course.

The workshop group identified several types of specific support which they had found useful: financial support, faculty support, the support of family and friends.

On the day it was discussed that the NHS and government provide financial support via the bursary, council tax exemption etc.

Tell me about the financial support that you feel you have received and the significance of this for you.

As I am sure you are aware, and we touched on briefly in the workshop session, the funding arrangements for undergraduate student nursing are due to change following George Osborne's announcement in the last government budget. Can you tell me your thoughts on this?

The workshop group also felt that faculty have a key role in supporting you through your course. The role of Personal Academic Tutors specifically was mentioned.

Tell me about the faculty support you have received in your time on the course and how they have shaped and influenced your experience on the course and your decision to stay on it.

Interestingly, this workshop group did not raise the issue specifically of mentor support. Do you feel that you have anything about mentors and their role in shaping your course experience?

The workshop group mentioned the emotional support of family and friends and the importance of this for them as well as the financial contributions which they have received in support of their studies from their loved ones.

Tell me about the support that you feel you have received from your friends and family and the significance of this for you in your decision making.

21. Motivation

Motivation was a pivotal theme of the model as developed in the workshop. Participants felt that their motivation was made up of the driving factors that kept them on the course. These motivation factors were: influencing others, family, determination and the time left on the course.

Tell me about how:

- 1) The opportunity to influence others (as a role model)**
- 2) Your family**
- 3) Your determination**
- 4) And your thoughts regarding the amount of time you have left on your course**

Have impacted upon your experience of remaining on your course and your decision to remain on it?

22. Patient Care

The theme of "Patient Care" as developed by the workshop group was also pivotal within the model and consists of two main threads:

- c) Making a difference to patients' lives
- d) The importance/ impact of patient feedback on you as student nurses

Can you tell me about your own experience with the provision of patient care and your own sense of both these two strands of the theme: making a difference to patients lives and the importance/ impact of patient feedback?

23. Personal Development

In terms of outcomes, there were two main ones. The first of which was "Personal Development". Workshop participants reported that this theme was about the development of their personal and professional selves. Their evolution as a person and becoming a different possibly better version of

themselves with a greater understanding of themselves and a greater skill base.

Tell me about your own experience with personal development on your course. How you feel you have changed/ developed/ evolved and how this has/ continues to impact upon your experience on the course and your decision to remain on it.

24. Ultimate Goal

The final theme in the model was “ultimate goal”. This was the focal outcome for participants in discussion about what they wanted; their ultimate desire to be a nurse.

Participants reported that the main reason why they are “here” and continue to remain “here” is that they want to be a nurse, they want to graduate and have a nursing degree so that they can pursue nursing (as a degree is currently the only way to do that).

Can you tell me about your own experience with your idea of your “ultimate goal”? What does this mean to you as an individual? Whilst you have been on this course how has this fundamental goal and desire influenced your course experience and your desire to stay on your course?

Finally, could you please look at the conceptual model diagram that resulted from the workshop discussions. Looking at it:

m) Is it what you would have expected the model to look like?

- If so why/ if not, why not

- What is different or missing from the model from what you would have anticipated? If so where do you think that these extra/ missing themes/ factors would have fitted within the model which has been produced?

n) Is there anything particular that strikes you about the model as you look at it, any particular relationships or themes within the model or pathways through the model that interest you or you would like to discuss further?

o) How do you think that this model could be used by nurse educators, what should they/ could they learn from it and do as a result?

Thank you very much for taking part in this interview

Appendix 22

Interview Schedule 6

Thank you for agreeing to do this interview. With your permission, I will just let you know that this is going to be taped and everything in the interview will be confidential. The interview will be transcribed and no reference to your identity, the hospitals you have worked in or the university which you attend will ever be linked to the interview. Do you agree to be interviewed [consent form to be signed].

Could you begin by introducing yourself and giving some background information about yourself and what kind of nurse you are training to become?

Thank you. This study is designed to explore the factors which undergraduate student nurses consider essential to their decision to stay on (rather than leave) their courses. The workshop group identified several common themes that they felt described what factors they, as undergraduate student nurses, consider essential to this decision.

25. Health Sector

There were two driving themes within the model as developed by the workshop group. We will begin with the theme of “Health Sector” which focused on your desires to change the system and be a part of something better. Changing thoughts, perceptions and influencing practice.

Can you tell me about your own experience with the idea of “the health sector” and your desires to impact the system, to change it, to be part of keeping the NHS a free public service and the impact of this on your decision to remain on your decision to remain on your course?

26. Family

The second driving theme within the model as developed by the workshop group was family and this consisted of two main strands:

- 4) Motivation
- 5) Support

Can you tell me about the support that you feel you have received from your family and the motivation that you feel you have as a result of them and the significance of these for you in your decision-making?

27. Placement

Placement was a pivotal theme of the model as developed in the workshop. There were two aspects to this: placement experience and the support that was received on placement from mentors and placement staff.

Can you tell me about the impact of the placement experience on you, how this has made you want to remain on your course, how this has affected your decision-making?

In terms of placement support participants specifically mentioned the impact of an importance of mentors and the usefulness of other members of staff when you want to progress and learn more information.

Can you tell me a bit about what support you have received from mentors and placement staff and what this mean to you? How have your experiences with this support impacted upon your experiences on your course and influenced your decision to remain on it?

28. Finances

On the day it was discussed that finances are an abstract thing that can be both debilitating or enabling depending on individual scenario/ circumstance. Participants identified that they relied on the bursary but also that it could prove insufficient, that it was essential for them to supplement their incomes where they can by working extra jobs.

Can you tell me about any extra jobs that you have had to work, any activities you have undertaken to supplement your income, the pressure that this has exerted upon you and how you have overcome these pressures? Can you tell you about how these pressures have affected your decision to stay on your course and how you have overcome any challenges?

Participants stated that graduating without tens of thousands in student debt was a motivator to signing up and that feeling that support that the funding provides has proved essential to them.

Tell me about the financial support that you feel you have received via the bursary and though any other means and the significance of this for you.

As I am sure you are aware, and we touched on briefly in the workshop session, the funding arrangements for undergraduate student nursing are due to change following George Osborne's announcement in the last government budget.

Can you tell me your thoughts on this?

29. University

The participants reported that the university offered a safe place to support and develop ideals and values that underpin their best practice. Participants felt that the university is supportive through and through, understanding and responsive to individual difference.

Participants identified three main pillars in the theme of "University":

- 1) Peers & Friends Support
- 2) Lecturers Support
- 3) Education

According to participants, peers and friends inspire, challenge and support them and at the same time lecturers and official support structures make them feel that they have a safe space to develop and grow.

Can you tell me a bit about what support you have received from friends, peers and uni staff and what this means to you? How have your experiences with these different types of support impacted upon your experiences on your course and influenced your decision to remain on it?

In the workshop group participants stated that “Education is positive, provides a great knowledge base, opportunities and affects your views”.

Can you tell me about the impact of the education that you have received on you and how you feel the impact of this education has motivated you make the decision to remain on your course?

30. Personal Growth

There was one focal outcome in this model: personal growth. Workshop participants reported that this theme was about the development of their personal and professional selves. Their evolution as a person and a practitioner. Personal growth is a concept which contains many shared goals and ideas, it is what makes you individual yet also shapes you into groups with like minded people.

Tell me about your own experience with personal growth on your course. How you feel you have changed/ developed/ evolved and how this has/ continues to impact upon your experience on the course and your decision to remain on your programme of study.

Finally, could you please look at the conceptual model diagram that resulted from the workshop discussions. Looking at it:

p) Is it what you would have expected the model to look like?

- If so why/ if not, why not

- What is different or missing from the model from what you would have anticipated? If so where do you think that these extra/ missing themes/ factors would have fitted within the model which has been produced?

q) Is there anything particular that strikes you about the model as you look at it, any particular relationships or themes within the model or pathways through the model that interest you or you would like to discuss further?

r) How do you think that this model could be used by nurse educators, what should they/ could they learn from it and do as a result?

Thank you very much for taking part in this interview