

DProf thesis

Leading and managing change- Improving the progression and retention of nursing students

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Full bibliographic citation: McGrath, A. 2023. Leading and managing change- Improving the progression and retention of nursing students . DProf thesis Middlesex University

Year: 2023

Publisher: Middlesex University Research Repository

Available online: <https://repository.mdx.ac.uk/item/112290>

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Doctorate in Professional Studies in Health

Leading and managing change- Improving the progression and retention of nursing students

Programme Title: Leading and managing change - Improving the progression and retention of nursing students

**Research Project Title:
Interrogating the causes of attrition in the first year from pre-registration nursing programmes using Pragmatism**

A project submitted to Middlesex University in partial fulfilment of the requirements for the degree of Doctor of Professional Studies in Health, Faculty of Health, Social Care and Education

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Abstract

For current senior leaders in Health and Social Care education, a key performance indicator is to ensure that recruitment to pre-registration nursing courses achieves an ever-increasing target as a response to government policy and that student progression is maintained.

This mixed methods research project explores the complex issue of attrition which is a significant problem here in the UK along with the reasons why some pre-registration nursing students leave their course within the first year and why others in the same cohort stay to complete their course. As a result, Health and Social Care educational leaders are recommended to put measures in place to mitigate this complex problem. Data were collected over a three-year period from university records (n=1957) and exit interview paperwork (n=117) from a single institution, based in Southeast England, and included interviews with (n=3) members of staff involved in the recruitment and selection of students as well as (n=25) nursing students who left their course and (n=10) students who remained and completed their course. Deeper interrogation of the data through triangulation allowed a more detailed understanding of the complex issue of student attrition to emerge.

Students were recruited from three cohorts who commenced their studies in 2016, 2017 and 2018. Of the 35 students interviewed, (n=25) left the course for a variety of reasons such as financial issues, personal reasons, health or academic failure and (n=10) completed their nursing courses. The interviews were transcribed and analysed using Creswell's 5-step approach. Data collected from both data sets were triangulated and showed that the causes of attrition are multifactorial and that not one factor was responsible. However, the following factors: age, being male, and having undertaken a Business and Technology Education Council (BTEC) qualification compared to A Levels prior to commencing the course, were all significant factors linked to attrition. Poor academic preparation, financial hardship, and the need to work to survive on the course were also factors that were highlighted. For the students who completed their courses issues such as support both family and academic, persistence, fear of failure and tenacity were highlighted. Recommendations are made as to possible interventions that not only support students but enable them to progress to the end of their course.

Acknowledgements

Firstly, I would like to thank the students and staff who shared their experiences, stories insights, and thoughts with me because without them there would be no project. I would also like to thank my supervisors, Dr Sheila Cunningham, and Dr Gordon Weller, who helped spur me on and helped drive the project especially in the final stages, without which the project would have floundered; I would like to express my deepest appreciation and thanks for their knowledge and guidance throughout this project. Their diligence has helped keep my project on track. I would also like to thank my course directors and cohort leaders who helped facilitate the recruitment of students to this project. I would also like to thank Colleen Baston who provided me with university records and data. I would also like to thank Professor Warren Turner who has supported me throughout and who provided me with one of the most essential elements; “time” to gather my thoughts and put pen to paper.

This project has spanned several years, two universities and several changing roles during which time I have had many difficulties. Therefore, I would like to thank my colleagues for their support and for helping me remain enthusiastic and passionate about the work we were doing. It is important when undertaking projects like this that you have a circle of support and I would like to thank a few who have supported me along the way; especially Lynn McCullagh, who assisted me by reviewing drafts and offering some valuable insights as well as acting as a sounding board for my thoughts and approach to this project. For my colleagues such as Martina O’Brien, Peter Jones, Lesley Haig, and Noreen Sinclair who offered encouragement and support during some of the tough times along this journey. I would also like to thank Dr Louise Terry who continuously offered her support and functioned as reviewer of this work. I would also like to recognise the support provided by my family and friends without which I would not have progressed as I have.

Glossary of Abbreviations

APL	Assessment of Prior Learning
BERA	British Association of Educational Research
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CECE	Culturally Engaging Campus Environment
DBS	Disclosure and Barring Service
DipHE	Diploma in Higher Education
DH	Department of Health
ERC	Education Research Complete
FE	Further Education
HE	Higher Education
HEE	Health Education England
HEFCE	Health Education Funding Council for England
HEI	Higher Education Institution
INPlace	Used to manage placement allocation and monitor attendance hours
LETB	Local Education Training Board
NA	Nursing Associate
NAO	National Audit Office
NHSL	NHS London
NIP	Nursing for Initial Practice
NMC	Nursing and Midwifery Council
OH	Occupational Health
RCN	Royal College of Nursing
UCAS	University and Colleges Admissions Services
UKCC	United Kingdom Central Council
WHO	World Health Organisation

Glossary of Terms

Attrition: leaving nursing course prior to completion of a degree programme. Attrition will refer to either voluntary or compulsory withdrawal of a student from an undergraduate nursing programme before completion of the course of study.

Non-traditional student: A student who does not meet the standard university entrance criteria in terms of age or academic qualifications

Progression: Nursing students who move onto the next stage of their course; this occurs after year 1 and Year 2

Retention: Students who continue to be enrolled on their nursing courses without interruption

Social Integration: Positive formal and informal interactions of the student with the socialisation agents of the institution, academic staff and peers (Tinto, 1993).

Stayer: One who continues on their course for the 3 years duration.

Student: An undergraduate student currently enrolled on a nursing programme of study leading to the title of registered nurse with Bachelor of Science in nursing.

Traditional student: A student (usually aged 18 years) who enters university directly from a Further Education College having completed A Levels and GCSEs

Quasi Market: a quasi-market is a series of public sector reforms that introduced a competitive split between the purchasers and providers of public services (Le Grand, 1991).

Chapter 1: Introduction and context

1.1 Introduction

Attrition is a significant problem in the UK and this DProf thesis explores why first year nursing students leave their programme of study and the factors that influence whether they stay or leave. It is important that for the NHS to be effective it requires a steady stream of new nurses either from the UK or abroad to ensure it continues to function. Therefore, nurse education is high on the workforce agenda, and it has a significant political profile. Attrition from nursing courses continues to be a problem and whilst this is not new, the cost of student attrition in the UK is reported to be over £108 million (Waters, 2010) and this cost continues to grow. Consequently, student nurse retention is significant both in terms of the financial implications and future workforce planning. There is also the real-world problem of a worldwide shortage of nurses (Haryanto, 2019), along with changes to pre-registration nurse education provision and funding, plus high levels of nursing student attrition from universities in the UK (Chan et al., 2019) which provided the impetus for the research presented in this thesis.

The developed world has been criticised for trying to address shortages by recruiting from the developing world leaving their healthcare systems significantly under-resourced and decimating healthcare in poor countries (Hooper, 2008). Therefore, as a senior nursing educator with 40 years nursing experience, including student recruitment and selection, I have developed a keen interest in why students leave and why students stay and this interest has enabled me to identify that the reasons for attrition are multi-factorial and complex.

The evolving economic, ethical and political context of healthcare provision means that throughout this Professional Doctorate (DProf) journey there have been significant changes across the Higher Education (HEI) sector and within the nursing profession. Attrition is not new and when this DProf journey began the researcher was working as a Principal Lecturer at New College university and nursing students received a bursary whilst undergoing training. The bursary was a sum of money given to students to help them with their living costs whilst on their nursing course. Nursing had also moved to become an all-graduate

profession as a condition for registration with the NMC. However, on reflection despite the bursary, attrition was still a problem.

New funding arrangements for nurse education emerged in 2017 (Hubble et al., 2017), which required students to pay their own university fees creating both meaningful change and concerns regarding impact on some potential recruits (Glasper, 2016).

During this period of significant change and Government pressure, the nursing profession has also seen the advent of the nursing associate role; a lower registerable qualification with the NMC, which was introduced in 2018 (NMC, 2018). This new role was formed to bridge the gap between health care assistants and qualified nurses (NMC, 2020). It was introduced following the “Shape of Caring review” carried out by Lord Willis in 2015. The Nursing Associate role focuses on delivering person-centred, practical care whilst enabling registered nurses to undertake more complex clinical care (NMC, 2020). The profession has also seen the introduction of new Nursing and Midwifery Council standards for the education of nurses (NMC, 2020).

1.2 Attrition from Nursing courses

Attrition from nursing courses is not a new phenomenon (Jinks et al., 2014). Whilst this issue has been recognised, there appears to be no consensus as to the attrition rate. Some studies show the rate as between 12.6-25% (Andrew et al., 2003). Whereas others suggest it is around 20% (Buchan and Seccombe, 2004), whilst the RCN has argued that the true attrition rate from nursing courses is 25% (RCN, 2008). Previous data from the Higher Education Statistics Agency indicates that attrition rate for undergraduate students in 2011/2012 was 16.6%. This increased to 17.6% in 2012/2013 whilst in 2013/2014 the attrition rate remained at 17.6% (HESA, 2016). However, attrition continues to rise and some news reports are estimating that 1 in 4 students do not complete their studies (Jones-Berry, 2017). When comparing attrition across the four UK countries it is apparent that Scotland is seen as having the highest attrition rate with an estimated 30% (Waters, 2010; Johnston, 2011). Internationally attrition rates of 20% have been reported (Grayson and Grayson, 2003). Disturbingly there appears to be no simple formula to reduce attrition in nursing students because the factors that are linked to attrition are complex and are influenced by a wide variety of factors (Urwin et al., 2010). These include academic failure, family obligations, culture, and issues around clinical practice (Neiterman, 2013). However, whilst the reasons student leave is complex, HEIs may be able to put into place systems that can mitigate the problem.

The causes of attrition identified in the 1950s and 1960s, such as academic failure, personal challenges, and health challenges, persist (Jinks et al., 2014; Jones Berry, 2021). This is supported by White et al. (1999) who found that attrition is caused by academic difficulties, family problems, money, travel, stress, and health. However, Tinto (1997) urges caution as he believes that we should not focus on the variables but on the reasons that the students lack integration and commitment with the course and university. Yet when comparing with other health professionals, such as medicine and physiotherapy, there is a suggestion that factors other than clinical placements are key to understanding why student nurses leave, as the attrition rates from medicine are significantly lower at only 5.7% (Maher et al., 2013) whilst physiotherapy appears to have an attrition rate of 11% (Harris et al., 2014).

1.3 Costs of Attrition

Attrition presents a significant impact on already tight resources (Sabin, 2012). It was previously estimated that the costs of student nurse attrition to the UK may be as high as £99 million a year (Waters, 2008). However, further studies about students paying their own fees suggested that the actual cost is estimated at £17,000 per year per student, as this incorporates both the bursary and the teaching costs. However, as much of this financial burden now falls on the shoulders of students, it is equally important that we try to find ways to reduce this significant problem as students rely on a salary to help pay back their student loans.

Pitt et al. (2012) suggested that there are four areas that have an impact on attrition: demographic, academic, cognitive and personality/behaviour factors. In a study that utilised exit interviews, it was found that academic difficulties and wrong career choices were the main reasons for attrition, although finances, family, and health were also found to be important (Glossop, 2002). This study also noted that for almost half of those there were at least two reasons for leaving and it was suggested that any future research should explore the complexities of these interrelationships further (Glossop, 2002). Therefore, it would appear that the causes of attrition are more complex and probably not fully understood.

A report by the RCN highlighted that bad experiences on placement, accompanied by increased academic pressure, as well as finance issues has contributed to the attrition of student nurses (RCN, 2018). It is against a backdrop of short staffing, that nursing students are experiencing in practice as clinical placements equate to 50% of their course (RCN, 2018). Johnson and Cowin (2013) also highlighted the mismatch between the idealised perceptions of nursing and the harsh realities of placements as well as the academic

workload required to pass the course. However, a lack of support whilst on placement is a factor as to why students leave their courses (ten Hoeve et al., 2010). In order to try to dispel some of the negative images of nursing the Department of Health published a plan in 2019 which had a key aim of reducing attrition from undergraduate courses. One of the key approaches this plan identified was the need to strengthen the image and perception of nursing to encourage the next generation of nurses (NHS Interim NHS People plan, 2019).

However, the challenges of poorly staffed clinical areas and the pressures of service demands are also recognised as a cause of some newly qualified nurses leaving the profession (Toh et al., 2012).

1.4 Attrition Defined

A simple definition sees attrition as having two measures: a completion rate and a continuation rate (National Audit Office, 2007). However, attrition has also been defined as the number of individuals who leave a programme of study before it has finished (Mason and Matas, 2015). However, Gallie (2005) argues that attrition should be defined as being the number of students commencing the course minus those completing it. Others believe that it should be defined as a situation where a student withdraws or is unable to complete the course (McQueen, 2009).

For the purpose of this study project, attrition will be defined as students who leave the programme after they have been fully enrolled and have left for reasons other than temporary interruption (Urwin et al., 2010). However, it does this in full knowledge that this definition does not fully capture the nuances around attrition which includes those students who interrupt due to illness or pregnancy.

1.5 The bigger picture

Attrition is not a problem confined to the UK as there is an international shortage of nurses exacerbated by an ageing population and lower birth rates, (Kukkonen et al., 2016). Back in 2015 the World Health Organisation highlighted the ever-increasing age of the nursing workforce. It has been estimated that the average age of nurses in Europe is 41 – 45 years (WHO, 2015). It was also suggested that there would be a European shortage of 1 million health care professionals by 2020 (European Commission, 2012).

In the UK there has always been a considerable qualified nurse vacancy problem and in 2015 it was reported that the vacancy rate in London was 17% (RCN London, 2015). This was an increase of 3% since 2014. On top of this a survey carried out by HEE pointed out that 30% of newly qualified nurses had left London within five years which

adds to the overall attrition problem with fewer nurses qualifying. The RCN have recently submitted a report to the Health and Social Care Committee (HSCC) in June 2021, stating that the UK had 50,000 vacancies and that nearly one quarter of all nurses were considering leaving the profession (HSCC, 2021). This has been exacerbated by the increasing needs of older and sicker patients, budget cuts and prolonged staff shortages (Beech et al., 2019).

Yet despite recent interventions to increase the numbers of students in training, this issue was clearly known about previously and a report back in 2010 actually predicted this, estimating that there would be a shortage of 59,000 nurses by 2020 (Sermeus and Bruyneel, 2010.) In 2018, the Government put into place measures to increase the number of students in training, However, by that time there had been a two-year decline in the number of applicants and acceptance onto nursing programmes across the UK (Buchan et al., 2019). Recent NHS figures published in August 2021 suggested that there are currently 39,000 vacancies across the UK (NHS digital, 2021). Although the numbers vary, this raises the question as to why so little was done over the last 11 years to rectify this problem. In the next chapter the quasi market will be discussed as this approach has limited the numbers of students undergoing training which was clearly driven by finances and the desire by the DH over the last decade to reduce costs.

Over the years national and international publications continuously highlighted the problem around the nursing workforce; the Health and Social Care Select Committee Report in 2018, suggested that the nursing workforce was struggling to cope with demand (House of Commons Health Committee, 2018). The Health Foundation pointed out that the Government target of 50,000 new nurses would need to be reached by 2024 if the NHS was to fully recover from the Covid pandemic (Buchan et al., 2020). This was further emphasised in Oct 2021, by the Guardian newspaper highlighting that one in five nursing posts remained unfilled and that this had been exacerbated by the lack of recruits from Europe and Overseas (Ungoed-Thomas, 2021). The World Health Organisation also highlighted the challenges faced by nurses globally and called for increased investment in the nursing and midwifery workforce (WHO, 2020).

1.6 Recruitment and Selection

The entry criteria for nursing courses has changed over the years. In 1964, the Platt Report (Royal College of Nursing, 1964) recommended that applicants for nursing should have five subjects at General Certificate of Education Level (GCE) also known as “O Level”. However, this report was criticised by the General Nursing Council (GNC) who argued that nursing was moving away from its vocational ethos (Ousey, 2011). Students continued to be

employees and were paid from funding from the Regional Health Authorities. The Judge report (RCN, 1985) recommended moving nurse training into higher education. The report also highlighted that attrition from nursing courses was a concern, between 15-20% and that a further 30% failed to qualify as they did not meet the qualification criteria (Ousey, 2011).

The introduction of degree-only programmes in 2013, saw an increase in the requirements for entry which had traditionally been just 5 GCSES including Maths and English, to A levels or A level equivalents (Carpenter et al., 2012). Yet despite this, attrition rates continued to be a significant problem with one in three students dropping out in 2020 (Jones-Berry, 2021).

HEIs now require students to have “A levels” or the equivalent qualification to gain entry. However, anecdotal evidence would suggest that not all academic qualifications are equal, and this may impact on attrition from courses. This has led to a review of the Level 3 Business and Technology Education Council (BTEC) qualification as it was felt it needed to be updated (Hansard, 2021).

According to NMC education standards, applicants should undergo a face-to-face interview, be of good character and good health and have the required skills in numeracy and literacy (NMC, 2010). All applications are required to have a Disclosure and Barring Service (DBS) clearance undertaken and undergo an Occupational Health (OH) assessment. Whilst this is understandable in ensuring that the best candidates are selected there are several other issues at play when it comes to producing the successful nursing student. For example, they need to be able to work the required shifts, both day and night, be robust enough to deal with pain and suffering, as well as giving intimate personal care. Therefore, the need for emotional maturity and resilience are also important (Higher Education Academy, 2014). From personal experience from several universities this is something that is rarely considered during the recruitment and selection process. However, this may be something that universities should introduce when selecting students, as one of the issues raised within the literature review surrounding attrition has been the “wrong career choice” (Glossop, 2002). However, the HEE RePair project (2018) reported that 96% of students felt that they had made the right career choice when choosing healthcare. Therefore, it is important that Universities consider wrong career choice and mitigate this by providing applicants with enough knowledge and understanding of health care prior to application. This is supported by the Good Governance Institute (GGI) who suggested that student nurses need to be better equipped for the demands of entering a ‘challenging and often daunting profession’ (GGI, 2020). There was a recognised need for increased support for students on professional programmes but also recommendations that more work is done prior to the commencement of a programme to ensure that students are not ‘blindly committing to the

profession'. Francis (2013) concluded that universities should recruit students with a positive attitude to care. Subsequently HEE encouraged HEIs to recruit and select applicants who have had previous health care experience, although clearly this discriminates against the school leaver. With hindsight this did not prove to be effective as universities found this concept to be unworkable. Arguably, this was contrary to previous research that suggested that students with previous health care experience performed worse both clinically and academically (Kleebauer, 2014).

1.7 Recruiting the right students

Making the wrong career choice may be a factor in student attrition (Hughes, 2013). Therefore, if the university could ensure that students fully understood the profession that they were joining, along with the demands, the impact on work life balance, as well as the emotional labour of nursing it could be argued that attrition could be reduced. This is supported by Delgado et al. (2017) who pointed out that emotional dissonance can lead to stress and burnout and possibly attrition. Therefore, if universities can ensure that students are prepared for the challenges of a nursing career, this may reduce the number of students who leave. Also, providing students with a positive image of the university, promoting a realistic understanding of nursing as a career, as well providing an overview of the course is an important part of outreach work to recruit students who have a realistic understanding of nursing as a career and the challenges of the course (Hoeve, 2014). It has been suggested that students can undergo distress, anxiety, and depression as well as a reduction of their self-esteem at the beginning of the course (Palmer et al., 2009). It is also recognised that the first twelve months represent the highest point of attrition from university courses with approximately 10% leaving and up to 42% considering leaving (Thomas, 2012). Therefore, it is of no surprise that there is a clear need to enhance the students' experience of university in the first year. This includes the introduction of social integration events and techniques designed to enable them to deal with the issues they face. Students need to find a safe space and find a sense of belonging (Wilcox et al., 2005; Tinto, 2012).

Across several settings, changes to recruitment processes, especially how students were interviewed for a place on the course, led to the introduction of Mini Multiple Interviews (MMIs) in many HEIs. As the project developed it also became apparent that the student voice should be heard, so the university had begun to involve students in the interview and selection process.

Guidance from the NMC (2010) concurred by including the need to have face to face interviews, involving service users as well as clinical staff in the process. A study carried out at McMaster University in the United States concluded that the traditional approach to

interviews did not capture the non-cognitive variables such as interprofessional skills and professionalism and that the use of the mini multiple interview (MMI) approach allowed for a greater insight to the applicant's abilities and that they also reduced the effects of interviewer bias (Eva et al., 2004). This was supported by an evaluation of the MMI process carried out at Kingston University that showed it was a positive experience for both interviewers and interviewees (Perkins et al., 2012). Yet, any change is problematic, and Balogun and Hailey (2004) pointed out that the rate of failure for organisational change can be as high as 70%. This is supported further by Prderit (2000) who argued that not all employees react positively to change. However, change can happen and whilst it is not without difficulties by identifying champions and early adopters the change can occur (Kotter and Schlesinger 1979).

1.8 Nursing shortages- the impact on clinical placements and student nurse support

As previously mentioned, there is a significant nursing shortage in the UK. Therefore, inadequate staffing levels in clinical areas have a significant effect on nursing students; less staff means less student support and it has become evident that the cap on agency staff has put pressure on the profession's ability to mentor and support student nurses in practice (Rafferty, 2018). Alongside this staff morale is low and the challenges of working through a pandemic have taken their toll (Galanis et al., 2021). Following the Government's announcement offering a 1% pay rise in 2020, the RCN stated that there was a real risk that staff would leave as they felt undervalued (RCN, 2020). In December 2022, nurses went on strike for the first time since the NHS was formed, citing not just low pay but poor staffing levels as justification (Specia and Castle, 2022). NHS Trusts have tried to mitigate understaffing by using agency staff. For NHS Trusts, especially those in London, the use of agency staff equates to a considerable cost. According to Waters (2022) the cost of agency and bank nurses in 60 NHS trusts is approximately £1.7bn a year, although it is also suggested that the true cost across all NHS Trusts in England is approximately £8.9bn a year (Waters 2022). However, NHS Trusts are also required to make savings and one approach was to put into place a cap on spending for agency staff (Kings Fund, 2016; Rafferty, 2018). Nevertheless, some NHS Trusts have deliberately exceeded these limits to ensure they could provide a safe and effective service to patients. The Kings Fund (2016) noted that at least twenty Trusts exceeded the set limit which may suggest that safe staffing numbers on the wards was under threat. This issue was highlighted by a report in the Guardian newspaper in June 2022, which suggested that only a quarter of shifts have the right number of staff on duty (Khomami, 2022).

Faced with these challenges the health service continues to rely heavily on UK universities to supply qualified nurses to meet workforce demands. Output from HEI nursing programmes has a significant impact on the current labour market. Any shortfall from expected numbers has several consequences such as the need to recruit from overseas as well as the need to use expensive agency staff. Therefore, it is imperative for universities to minimise attrition and for the NHS to retain those who already trained. This has been the driving force behind the RePair project (HEE, 2020). Nevertheless, despite increasing numbers wishing to join the profession, attrition continues to be an issue, and this has implications for the financial viability of courses. University funding is lost due to poor student progression and the picture is not bright as some estimates suggest that over a quarter of all students will not complete their courses (RCN, 2020). Of those who do join the NMC register, it has been reported that substantial numbers are leaving across the UK. According to the NMC 22,500 nurses left the profession in 2021 (NMC, 2021). Previous large scale European studies have suggested that 13% of nurses have thought about leaving the profession (Hasselhorn et al., 2005). This was further supported by Heinen et al. (2013) who suggested that 9% of nurses were considering leaving the profession. Some European countries such as Sweden who have very similar programmes to the UK, have predicted 10-20% would leave the profession (Rudman et al., 2010). In response to this, HEE introduced the Capital Nurse programme in 2015 to try to improve retention of nurses in the capital and to ensure that London had the right number of nurses with the right skills (HEE, 2021).

1.9 Study Aim, Objectives and research question

The overall aim of this project is:

To interrogate the causes of attrition within the first year of pre-registration nursing courses in an HEI situated in the United Kingdom.

If research is about discovering and uncovering what is already there then my intention is to enable students to share their stories as they narrate their journey whilst on a nursing course. By doing this it is hoped that they will provide some valuable insights into the causes of attrition.

Therefore, the research question that this study set out to answer is:

What are the causes of attrition in the first year of nursing courses?

On the assumption that it would be possible to identify causes of attrition, to conduct the interrogation of these as stated in the study aim, the following objectives were set:

- to explore and critically discuss the factors linked to attrition and postulate how they impact on the attrition and progression of student nurses.

- to identify early on those at risk so that measures can be implemented to offer support and guidance designed to enable them to complete their course.

1.10 The iterative reflexive nature of this DProf research

As the DProf project developed, insights gained were integrated and woven into the fabric that made up the final professional requirements for this project. Role changes as well the myriad changes faced by the profession helped shape a wider understanding of attrition and that in some cases, understanding that some students leaving can be a positive outcome both for the profession and the individual (Boyd and McKendry, 2011).

Experiences gained over a 40-year career that included roles in clinical practice, education, the military, as well as senior leader roles at River Side University, have provided a firm foundation for me to address issues and the challenges faced. The experiences gained whilst 'Recruitment Lead' at the New College university, helped shape the project as one of the key areas in this role was the recruitment and selection of students. By stepping back and surveying the situation before acting, problems could be alleviated, and the wider team could be asked to help and share their expertise. As an insider researcher it is important to reflect on how my senior role could affect the way in which both staff and students reacted and responded to requests to take part, affect change, and help this project reach fruition. It is determined that work-based projects have the potential to yield tangible success for the employer as well as enabling the employee to develop and expand their knowledge and skills (Costley and Abukari, 2015). Therefore, the employee (insider researcher) will have a clear interest in ensuring that the project is a success (Costley, 2010). Nevertheless, insider researchers are in the best position to affect change within their organisations (Costley et al., 2010). This can be achieved by adopting a reflexive stance when considering the research approach, its design and interpretation, so the potential bias inherent in this project can be mitigated as reflexivity counters the biases that may be brought to the research. By reflecting on the data gathered, the lived experiences of students, and by questioning and offering an explanation as to why and how the findings are constructed it moves beyond 'reporting' , thus adding value to this enquiry (Hertz, 1997). Reflecting back and with hindsight, it is evident that some of the approaches and strategies used, especially in the early days, were flawed and my personal ability to deal effectively with arising issues was limited. However, as the journey progressed, it was clear that experiences gained improved both knowledge and skills which suggests that "the application and generation of knowledge is part of the same process" (Gray and Shubert, 2010:11).

Throughout this DProf journey there has been tremendous change experienced not only in the HEI sector, nursing education, student finance, but also in my personal and professional development as a nursing academic culminating in becoming Dean of a School of Nursing and Midwifery at River Side University. Alongside these changes it would be remiss to ignore the Covid-19 pandemic which has had a significant impact on all, not least the nursing student body, of which River Side university lost three to this terrible virus.

1.11 Personal and professional rationale for this research

My journey began as Director of Recruitment and Selection at New College university, a role which focused on the recruitment and selection to the four nursing programmes: Adult, Mental Health, Child, and Learning Disabilities. A target of 13% attrition was set by the Local Education board (LETB) but New College University was exceeding this target so missing significant income in the form of extra educational quality payments.

The main driver was to review the recruitment strategy and to significantly improve the recruitment figures. This included instigating a novel approach to recruitment influenced by how commercial companies reach out to customers and attract new ones. Measures were instigated to ensure the target set by commissioners was not breached by the university as this had financial implications. Therefore, for Higher Education Institutions, it was essential that commissioned targets were met, and attrition levels were reduced as highlighted by an editorial in the Nursing Times which stated, "Failing London courses could lose contracts if attrition isn't slowed" (Nursing Times editorial, 2008:24).

As pointed out previously the student demographic has changed and continues to change, therefore, there is potentially a considerable number of students that are dealing with a wide range of issues on top of their studies. However, it is also evident that most students are determined to stay and complete their studies (Castles, 2004). Exploring the issues surrounding progression and identifying why students were leaving was vitally important. From a nurses' and academics' viewpoint, it is a travesty that so many students do not complete their studies. Not only is attrition a significant waste of public money, but also a significant waste in time and effort from both the students' and the HEI's perspective. There is also a risk of unconscious bias in how universities operate that means that certain groups of students are more at risk of attrition than others (Kaur et al., 2021). This can extend to lecturer behaviours within the classroom towards certain groups of students such as men (Taylor et al., 2022) or minority ethnic groups (Forghani et al., 2019). Bias has been identified in clinical placement areas too (Pennington et al; 2022). It has been suggested by Brown and Cunningham (2020) that

the ever-changing demographics of the nursing body, along with an understanding of prior learning and teaching experiences, should always be considered by nurse educators. Therefore, the ever-changing demographic of students is also a factor that needs to be taken into consideration when focusing on attrition.

On moving to River Side university as the senior leader responsible for the recruitment and selection and actively involved in the development of the marketing and recruitment strategy and interviews, it became apparent that the resource burden on all parties of conducting MMIs was extremely high, as the university convened multiple interview panels over a period of months. This meant that the demands on the staff were excessive and inadvertently there were times when clinical staff could not be available or equally when service users had to attend hospital appointments. It also soon became evident that within the River Side University student body, there were several students who did not pass the modules required in their first year which could be linked to the university's admission criteria that actively encouraged students with non-traditional qualifications such as the BTEC and Key skills 2 in Maths and English to apply. A BTEC is a career focused qualification focusing on skills acquisition. A significant number of HEIs accept this qualification as equivalent to A Levels (Kelly, 2017). This led to the consideration as to what other factors may be linked to poor progression and withdrawal and a small project was undertaken which enabled the identification of potential factors linked to the students' withdrawal from the course. Factors included a lack of preparedness for academic work which made first-year coursework and exams extremely difficult leading to significant failure rates from some of the modules. Following this, a project involving a variety of initiatives was undertaken to try to help prevent avoidable attrition. The students' "lived experience" of the course and the multitude of problems they faced needed to be explored. Their collective voice could then be shared with prospective students to hear "from the horse's mouth" the everyday challenges of nursing and of being a student. Therefore, the integration of the student voices was an important part of the development of this professionally focussed DProf project.

1.12 Thesis Overview.

By identifying the reasons why students leave, there is an opportunity to gain a deeper understanding of the students' motivations to stay as well as potentially identifying the support required by students that will provide them with the best chance of success. In Chapter 2, a narrative review of the considerable sum of literature previously carried out surrounding attrition will be explored. The findings from this narrative review helped develop, shape, and influence the research project undertaken. Insights and themes that emerged from the literature review were employed in the interpretation of the

findings from both the qualitative and quantitative strands of this study to gain a deeper understanding as to whether attrition can be predicted and mitigated against.

Chapter 3 presents the research methodology. It explores the epistemology and ontology considerations as well as critically discussing the methods utilised to collect the data required. This chapter provides the rationale and justification for the mixed method approach employed and the importance of data triangulation of the data. Chapter 3 also explores the ethical considerations as well as providing a deeper exploration of the role of an insider researcher and the issues faced whilst undertaking a research project within their own organisations.

Chapter 4 explores and critically discusses the project activity undertaken in more depth. In Chapter 5 the results and findings from the data collected will be critically discussed and evaluated. Chapter 6 presents an interpretation of the results and acknowledges the limitations of the work undertaken. Chapter 7 draws the thesis to a close, identifying the original contribution to knowledge gained through this study and proposes a number of recommendations with particular focus on how HEIs can better prepare and support their students for the rigors of a nursing course.

1.13 Conclusion

This chapter has set the scene for a complex issue of potentially avoidable nursing student attrition, that is of vital importance to nurse educators. Despite the changes to nursing recruitment, finances, and student retention across the lifespan of this project, the recruitment to nursing courses within the UK currently does not appear to be a significant problem. For example, in the host setting for this study, following a slight reduction in the numbers of students recruited in 2017, recruitment to nursing courses proved extremely robust with over 23% more applicants in 2021 year (Universities and Colleges Admissions Service (UCAS), 2021.) Retaining students is an ongoing challenge across the entire HEI sector (Beer and Lawson, 2018; Hampshire et al., 2019; Kettell, 2020; Roberts, 2022). Considering a global shortage of nurses, attrition from pre-registration nursing educational programmes is a topic worthy of in-depth exploration as presented in this thesis.

The main premise of this project is that the causes of attrition can be more deeply understood and therefore higher education providers can develop strategies to support students whilst on their nursing journey thereby facilitating student retention and reducing attrition (McLaughlin et al., 2008). It is hoped that the findings and recommendations that emerge from this study will inform and shape attrition reduction initiatives across the wider HEI sector as well the NHS as clinical partners. To gain a deeper understanding of this

complex and wicked issue, the following chapter critically discusses and explores pertinent literature surrounding attrition over the past twenty years to establish clearly what is known and where the knowledge gap lies which this study aims to address.

Chapter 2 Literature Review:

2.1 Introduction

As highlighted in Chapter 1, attrition is a complex issue that affects the whole of the UK and that has implications for the future workforce as well as the viability of nursing courses. It also provided an overview of the changes in nursing education and the political and professional changes that underpinned these changes. This chapter will discuss and review previous research, particularly in terms of framing the reasons for student nurse attrition. Prior reading of the literature undertaken in preparation for this study highlights that student nurse attrition is not just a UK problem but is in fact a global one. Concerns continue across the HEI sector, the wider profession and in government circles about student nurse attrition that has been a problem for a considerable time with many students not completing their programmes of study, both nationally and internationally (Jeffreys, 2007; Yorke & Longden, 2008 and Prymachuk et al., 2009).

2.2 Aim and objectives of the literature review

This narrative review aims to critically evaluate the literature relating to the factors that influence student nurses' decisions to stay or leave their programme of study.

The overall objectives are to:

1. Identify the micro, meso and macro factors for student attrition from first year nursing courses of study.
2. Summarise the literature pertaining to student nurse attrition
3. Explore the reasons why student nurses choose to stay or leave their nursing courses.
4. Identify gaps in current knowledge in relation to student nurse retention and attrition.

2.3 Pre-registration nurse education- a brief history

Nursing in the UK is now degree-only entry and on completion of their 3/4 year courses nurses are registered with the NMC. It combines a mix of academia with practice placements. It is made up of 2300 hours of theory and 2300 hours of practice (NMC, 2018). In the 1980s and early 1990s prior to Schools of Nursing moving into higher education, student nurses were traditionally paid employees, and their training pattern was dictated by the hospital for whom they worked. This model has now developed and changed over the

years into the system in which students pay fees but are also given a £5000 bursary which was reintroduced in 2020. This significant change occurred over several years, firstly with the introduction of the nursing bursary and the fees paid by the NHS, to the present day where students pay their own fees and get a small bursary.

Nursing has undergone widespread changes from being pre-professional practical workforce to the professional nurse of the 21st Century where the scope of nursing practice has changed dramatically. William Harvey, a physician at St Bartholomew's Hospital in 1609, stated that a good nurse was "someone who could read a label on a bottle" (Yeo, 1995). Nursing has clearly moved on since then, however, looking back, the professional nursing evident today has its roots in the 1860s. It was by the efforts of people like Bedford Fenwick, a Matron at St Bartholomew's, that the professional register was formed (Yeo, 1995). Following the introduction of the NHS in 1948, the role of nurses and nursing continued to grow and develop further to reflect the health care needs and priorities of the UK population (Appleby and Thorlby, 2008). Even at the birth of the NHS there was a shortage of approximately 48,000 nurses. Nurses did leave the profession for a variety of reasons; many left due to the rules and regulations in place at the time that prevented nurses remaining in post if they got married; the Ministry for Health noted that "wastage mainly due to marriage was as great as ever" (Appleby and Thorlby, 2008). As we reflect on the previous 70 years since the birth of the NHS, it is evident that whilst some of the reasons for leaving the profession may have changed, attrition from the profession continues to be a significant problem. This was further highlighted in a recent House of Commons debate in March 2020, where it was highlighted, that nursing was facing a considerable recruitment problem and that on current trends by 2029 there could be a shortfall of 108,000 nurses (Nuffield Trust, 2019). A further report in 2018 showed that health care providers were showing a shortfall of over 100,000 staff (Health Foundation et al., 2018).

2.4 Overview of the development of nurse education in the UK

To provide a context for where we are now, nurse education as mentioned previously, has dramatically changed and evolved since Nightingale established the first Schools of Nursing. The training programme she introduced was two years long and students were known as "probationers". The entry criteria were decided behind closed doors and were individually focused, so it is impossible to know what criteria were used by training schools (Dingwall et al., 1998). This contrasts with admissions procedures today which are more transparent and in theory, all those who apply have an equal chance of being successful if they meet the minimum entry criteria.

The Nurses Registration Act (1919) saw the introduction of the General Nursing Council (GNC) and the first register emerged in 1922, which saw the birth of the State Registered Nurse (SRN) (Ousey, 2011). This dramatic change has led to a series of events which now sees nursing education being provided in universities rather than in Schools of Nursing. The training and education have also changed as training prior to the advent of Project 2000 focused on clinical skills acquisition rather than critical thinking and the use of evidence to inform patient care (Carpenter et al., 2012). It is worthy of note that a small number of nursing degree programmes emerged in the 1960s aimed at developing the future nurse leaders, with Edinburgh University offering a degree in Nursing in 1960, followed by the University of Wales in 1972. Figure 2.1 provides a clear overview of the changes that have occurred since 1972

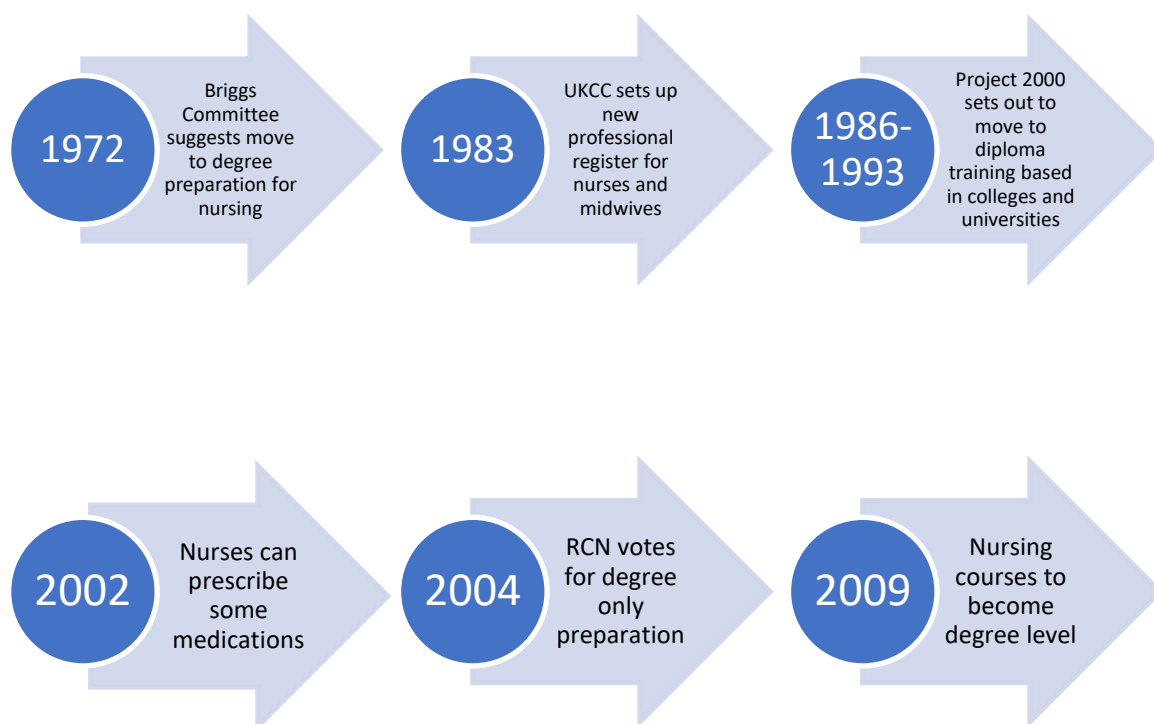




Figure 2.1: Overview of the evolution of Nurse education since 1972

Over the past 30 years there have been changes in the way nursing is taught; the changes in entry criteria and the movement of training into HEI's from Schools of Nursing, as the academic expectations of nurses increased. This process began with the introduction of "Project 2000" which replaced the dominant model of nurse training, which previously focused on skills acquisition (Griffiths, 2010). With Project 2000, the focus moved towards the integration of theory with practice, and the aim was to produce a nurse who was equipped to meet the needs of patients in the 21st century (Ousey, 2011). The new pedagogy was also designed to equip nursing students with the analytical and evaluation skills required to meet the ever-changing health and social care needs of patients and their families (United Kingdom Central Council, 1987).

Yet these changes were not without detractors; Makay (1998) noted that there were individuals and influencers who had trained under the old apprentice system who felt that their training was superior. It was also noted that nurses educated under the Project 2000 curriculum were not as confident in practice, unlike their predecessors, which was commented on by the Department of Health in "Making a difference" (DH, 1999). This document pointed out that new graduates were qualifying "without the full range of skills required for effective practice" (DH, 1999). Project 2000 students were also supernumerary, which had a major impact on the nursing workforce as this required more qualified staff to be employed; students were not seen as members of the workforce team and required more supervision (Roxburgh et al., 2008).

Up until 1995 the main nursing education continued to be provided by hospitals, with the London teaching hospitals perceived as being the most glamorous for nurse training

(Bircumshaw and Chapman, 1988; Nursing Standard Editorial, 1996). This meant that the London hospitals could pick and choose the students that could enter nurse training, and many set their entry criteria higher than the national entry criteria. Throughout the 70's and 80's applicants for nursing courses in the London teaching hospitals were required to either have or be studying A Levels if they were to be shortlisted. It is worth noting that attrition was still a problem, and in the 70's and 80's the majority of students were generally white, young, and female. While the demographics have changed it is evident that many of the reasons for attrition have changed over time or may never have been truly elucidated. The demographics across many nursing courses has changed, however this is evident in the Southeast and across all the universities in London offering nursing as a course (Buchan et al., 2019).

It was not until the late 1980s that saw the move to a more academic nurse with the development of the new Project 2000 curriculum, which became fully operational in 1993 (Carpenter et al., 2012). However, this was not without its critics with nurses being portrayed in the media as being "too posh to wash" (Scott, 2004). The National Audit Office (1992) reported that hospital managers were worried that students would not have the practical knowledge and skills to contribute to the overall care of patients once qualified.

2.5 Impact of the quasi market on nurse education

Following World War Two the allocation of resources was primarily determined by politicians as well as public sector professionals who argued that they were operating in the best interests of the public and that their approach in the post war welfare state was motivated by altruism (Le Grand, 2003). This approach generally continued until the late 1980s and early 1990s until there was a significant push towards more competition within the NHS and the creation of the purchaser and provider (Francis and Humphries, 1998).

Prior to the Labour Government coming to power, the DH published Working Paper 10 (1989), which changed the way in which nursing education was to be funded and this led to the introduction of consortia who would buy the nursing courses that were required (Corbett, 1998; Francis & Humphreys, 1998). In 2010 it was estimated that attrition costs were approximately £108 million per year (Waters, 2010) which prompted a further review of student funding aimed at reducing attrition at a local level (DH, 2010).

One key aspect of this change was the establishment of a complex quasi market. A quasi market is an internal market that involves contracting, purchaser choice and competition (Le Grand, 1991). However, it is important to highlight that the purchaser is not the direct recipient of the goods purchased. Therefore, as the purchasing choices of consumers are

key components of conventional market theory, Le Grand and Bartlett (1993) argued that conventional theory was inadequate when analysing a marketplace where purchasing choices are distinct from consumption, therefore, they termed this new approach as a “Quasi market”.

The quasi market in nursing education emerged following the publication of “Working paper 10: Education and training by the Department of Health” in 1989. It was an integral part of the white paper titled “Working for patients” (DH, 1989). It was then adopted as policy by the then conservative government in 1991 (Bartlett and Humphrey, 1998).

Working paper 10 advocated a value for money approach to education through competition, and that the commissioning of nurse education should be carried out by consortia whose main function was to co-ordinate workforce demand. Alongside this, the white paper argued for more robust competition within the HEI sector, and it advocated the lifting of many of the barriers restricting new entrants into the market. This was considered the most significant change to the education of nurses since the 1949 Nurse Registration Act (Burke, 1995).

HEIs were then encouraged to work to commissioned numbers which were set by workforce planners. This was despite significant nursing shortages across the UK and especially in London. HEIs were actively discouraged to recruit more nurses as it was felt by the NHS workforce planners that there were enough nursing numbers in the system and with more robust retention and recruitment from Europe (EU) and overseas, any vacancies would be filled (Health Education England, 2014).

After the introduction of fees, it was anticipated that there would be a reduction in applications. The RCN suggested that the decision to abolish the student nurse bursary and restrictions on education funding between 2010-2019 across the UK, made recruitment to nursing posts more difficult (RCN, 2020). Numbers applying to nursing courses did drop over a two-year period but unexpectedly, despite the Covid crisis, there has been an increase of approximately 32% to nursing courses this year (UCAS, 2021).

On paper this seemed like a sensible approach. However, there was a significant flaw as it was driven primarily by finance and with hindsight, fundamentally the lack of it. By focusing on the cost of education the numbers of students offered places on nursing courses dropped despite applications to nursing courses being high. The university sector was actively encouraged by the local education training boards to restrict the numbers of students selected and that government imposed limits were maintained (Stubbs, 2015). Universities clearly had capacity to educate more students, however, by restricting entry and by introducing a numbers cap, the financial burden of nurse education could be minimized. Yet

the numbers applying to nursing remained high. In 2015 there were over 200,000 applications for nursing places and yet only 22,638 applicants were accepted (Stubbs, 2015).

Strangely this policy did not apply across all of the UK nations; thus, an anomaly existed in that the commissioning of nurse education in England differed from the other UK nations. In England commissioning was carried out by consortia whereas it became centralised in the other nations. It has been argued that the English model was not an efficient method of commission (Francis et al., 1998).

The traditional relationship hospitals have with their schools of nursing disappeared and this was replaced by a business culture which altered the previous collaborative partnerships and shared understanding. This was further exacerbated by poor communication between Trusts and the education providers (Moule, 1999).

Universities were actively encouraged to introduce interview pre-tests designed to scale down the number of applicants called forward for consideration. The over-recruitment to nursing courses was actively discouraged with financial penalties being imposed (Stubbs, 2015).

Universities were warned that their income was under threat by commissioners if they exceeded targets (Stubbs, 2015). This was a strange policy considering a worldwide shortage of nurses (WHO, 2022), the need to recruit nurses from abroad and that approximately 10% of the total workforce came from outside the UK (Mundasad, 2014). Alongside this in 2014-15 the NHS was spending about £1bn on agency staff (RCN, 2015a). The RCN branded this approach as “the payday loan attitude towards workforce planning”.

The commissioning process finally changed when George Osborne, Chancellor of the Exchequer, discontinued public funding for student nurses in 2017. His rationale was that it would reduce the previously set artificial cap and create 10,000 extra training places. Therefore, it is evident that the previous policy did not work and this in turn impacted on the number of UK educated nurses in the workplace. However, it was argued that the removal of the bursary removed the only policy lever to incentivise recruitment to nursing courses (Rafferty, 2018).

In theory as the cap was lifted, this development would enable universities to increase the number of students on their courses (Merrifield, 2017). In reality there was an 18% drop in the number of applicants to nursing courses and applications from mature students dropped by 28% (Dean, 2017). Outsiders to the nursing profession would be rightly bemused by the

UK health workforce planning and the apparent confusion, chaos, and contradictions that illustrated this process (Rafferty, 2018).

Under these new changes further funding was to be made available to increase placement capacity. Health Education England (HEE) had offered £15 million funding for additional placements (HEE, 2021). Nevertheless, whilst applications to courses had increased by over 34% (UCAS, 2021), the availability of clinical placements as well as assessors and supervisors (due to significant staff shortages) continued to curtail the overall number of students that could be offered places on courses (Merrifield, 2017).

This has been further compromised recently by the Covid 19 pandemic where placement patterns changed to accommodate the movement of staff across clinical settings, as well as the loss of staff due to resignations, sickness, and deaths. Alongside this there was already a significant shortage of qualified nurses throughout the health service, more acutely in London (NHS England, 2017).

With hindsight it is clear that the workforce demand approach has not been successful for several reasons, and it is evident that not enough nurses have been trained over the last decade. Logically this does not make sense as the demand for care has increased significantly due to increasing numbers of elderly patients and people with co-morbidities (Rafferty, 2018). The staff shortages have also been exacerbated by frozen or capped pay, and the evidence has shown that more and more nurses are leaving the profession before retirement (Kings Fund, 2018). In conjunction with nurses leaving the profession, recruitment from the EU has dropped by 89% since the UK left the EU (Rafferty, 2018). This is supported by Royal College of Nursing (RCN) who reported that there has been a major collapse in the EU workforce (RCN, 2021). Consequently, in the short-term, this means that universities will be asked will be asked to recruit and educate more nurses. It is also evident that further pressure will be placed on universities to retain students and to put into place measures that help reduce attrition (HEE, 2020).

2.6 Approach to Literature review

This narrative review was undertaken to clearly identify the pertinent literature that surrounds attrition and the factors that influence why students leave their nursing courses. By reviewing the existing literature, potential gaps in knowledge could be identified and the current research surrounding attrition could also be evaluated. When conducting a literature review, researchers have the option of choosing from a variety of approaches and two of these were considered. These are systematic or narrative reviews (Henry et al., 2018). A systematic review allows researchers to synthesise and critically compare evidence by utilising

systematic methods, thus reducing bias (Moher et al., 2009). In contrast, narrative reviews provide an overview of the reasons for conducting the review as well as providing a summary of the research already undertaken. This form of review allows for a detailed and comprehensive discussion on a topic from both a contextual and theoretical point of view (Henry et al., 2018). Therefore, for this study a narrative review was undertaken, and it will be used to provide the context for this study, as well as to identify the key factors and variables that are already known to influence why nursing students leave.

2.7 Search strategy

A review of both quantitative and qualitative literature from the 1980s to 2021 was conducted and has included a wide range of published papers, reports, studies, news items and grey literature. The following databases were accessed; MEDLINE, CINAHL, PSYCHINFO, British Nursing index, Internurse, ERIC and MEDLINE. Grey Literature was identified by searching SIGLE. By accessing these databases, a wealth and breadth of literature pertaining to nursing, student attrition, student progress and resilience was accessed; by using a wide range of databases not only was nursing, health and medical literature reviewed, but also literature from the education sector which provided a broader perspective on student attrition from university. The following terms were used during the initial search of the databases; “Causes of attrition” OR Attrition OR Progression OR Retention OR Dropout, OR Quit OR Wastage AND “Foundation year” AND “Pre- Registration” OR Undergraduate AND Nurs*

However, due to the high hit rate some of the terms were removed as they generated deviant results that on review were completely irrelevant to this study. To further enhance this literature review, several digital nursing journals were scrutinised to ensure that no significant articles pertaining to attrition from nursing courses were missed.

The following digital journals published between 2000 and 2021 were also reviewed:

- Nursing Standard
- Nursing Times
- Journal of Nurse Education
- Nurse Education today

Inclusion criteria

- Articles published in English in the UK, US, Canada, Europe, Australia, and New Zealand as they have similar educational systems
- Articles exploring student nurse attrition

- Retrospective and prospective studies 1980-2021
- Peer reviewed
- Review articles

Exclusion criteria

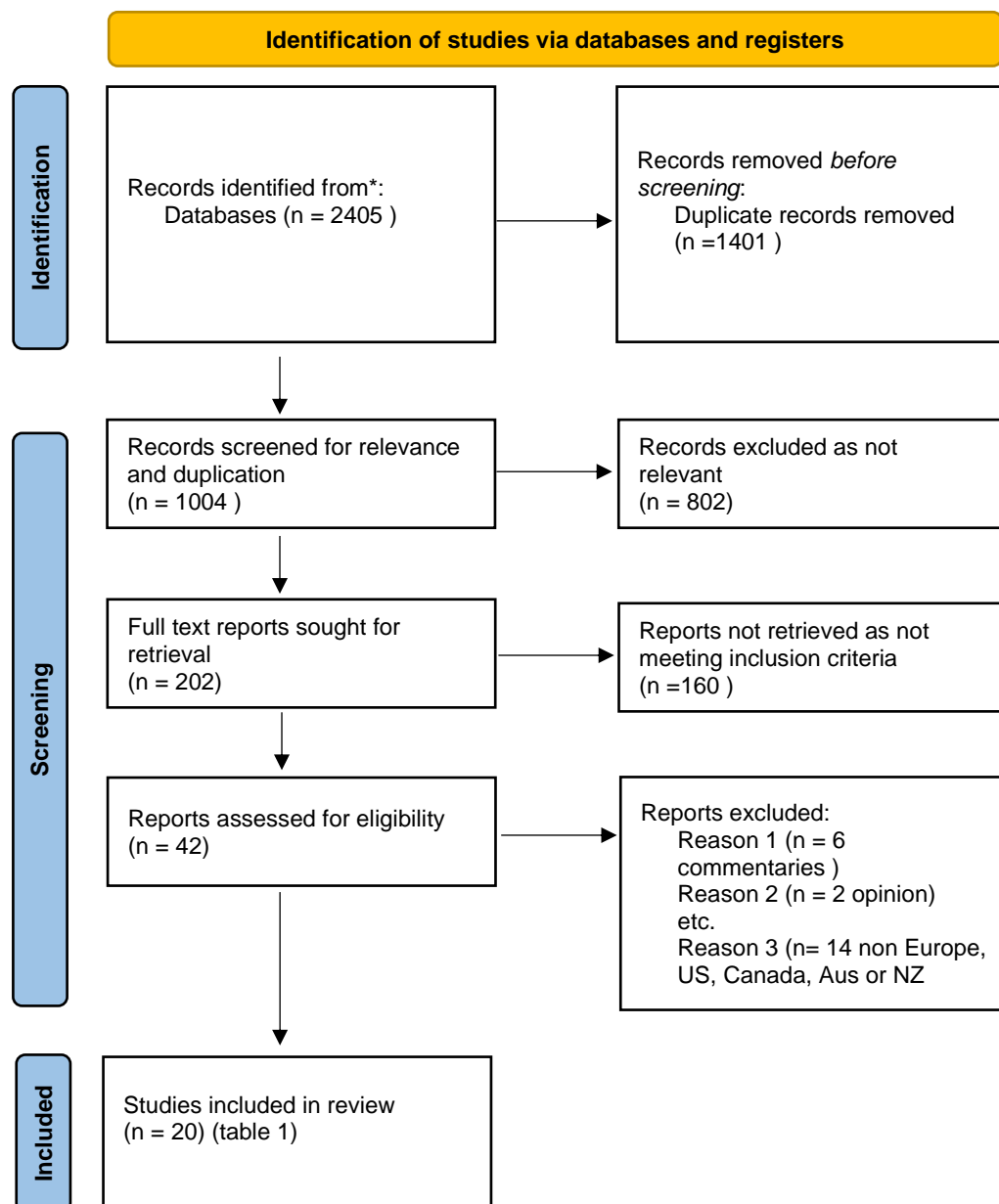
- Articles not published in English
- Articles older than 1980
- Commentaries
- Opinion articles.

On conducting the initial search over 900,000 'hits' were revealed; many were focused on the words "progression" and "retention" and nothing related to the topic under review therefore these were removed. Initially the review began by limiting the search to the past 15 years, but it soon became clear that there was a wealth of information pertaining to student nurse attrition and retention in earlier studies. Whilst the conditions, entry criteria and employment practices of nurses had changed greatly, it was felt that this early literature offered a deeper and broader insight into the profession of nursing and the reasons why students do not complete their course. Whilst the early literature discussed issues relating to nurse programmes that no longer existed, they did offer some insight and understanding of the issues faced by all nursing students and many revealed similarities faced by students in the past with those of today, so this filter was expanded from the literature many of the issues remain embedded and the literature offers clear direction on the areas that need to be explored when the semi-structured interviews were conducted.

It was equally important to explore the policies and guidance from the Nursing and Midwifery Council (NMC) as well as publications from the Department of Health (DH) and Health Education England (HEE) and their predecessors as these provided a broader view of policy and a broader context for this study. By reviewing the above documents, both historical and contemporary, a greater understanding of the direction and guidance provided by policy makers could be included in this study, thus providing a fuller understanding faced by Higher Education Institutes (HEI) today. The initial search revealed both quantitative and qualitative studies across the various databases, grey literature and the review of hard copy articles resulting in 2,405 articles being identified. However, screening excluded 1401 duplicate records. The abstracts of the remaining 1004 articles were then scrutinised to see if they had any relevance to this study which resulted in the number of articles being further

reduced to 201 articles due to not meeting the inclusion criteria. This led to more detailed review of the remaining 42 articles which were further reduced to 22 articles as there were commentaries, opinions and were from countries with very different nurse training viewed as being irrelevant to a UK context and so were excluded. However, countries who had similar training programmes to the UK such those in Europe, USA, Canada, New Zealand, and Australia, were included as they highlighted some of the issues faced by UK students (Beer and Lawson, 2017).

Fig 2.2: Identification of Studies via data bases and registers



Adapted from: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. (2021) *The PRISMA 2020 statement: an updated guideline for reporting systematic reviews*. BMJ,21;372:n71. doi: 10.1136/bmj.n71

2.8 Screening questions

Screening questions (CASP, 1999) Part A

1. Are the results valid?
2. What are the results ?
3. Will the results help locally ?

CASP (1999) Part B

1. Was there a clear aim for the study?
2. Did it address the aims of the study?
3. Was the sample appropriate for the aims?
4. Was the recruitment strategy for the research study appropriate?
5. Did the data collection procedures address the research issue?
6. Has the relationship between researcher and participants been adequately considered?
7. Have ethical issues been taken into consideration?
8. Was the data analysis sufficiently rigorous?
9. Are the findings clear and unambiguous
10. Was the sample size appropriate?
11. Were the results reported in sufficient detail?
12. Were the conclusions supported by results?

2.9 Synthesis of study findings

An integrative analysis based on thematic analysis was used in order to incorporate the 'micro, 'meso', macro' categorisation of reasons for student attrition (table 2.3). Appraising the quality of evidence is central to the credibility of the review. This narrative review began by exploring attrition from a multi-factorial lens as it was evident that there was no one issue leading to attrition from nursing courses (Prymachuk et al., 2009).

Throughout the literature several limitations were identified, for example small sample size (Stott, 2007; O'Brien et al., 2008 and O'Donnell, 2009); incomplete data (Glossop, 2002; McCarey et al., 2006; Mulholland et al., 2008 and Prymachuk et al., 2009). Poor response rates (Prymachuk et al., 2009), Some of the literature reviewed used quantitative methods to determine which variables were linked to attrition. Variables such as gender, age and qualifications were found to be significant (Mulholland et al., 2008; Prymachuk et al., 2009; McLaughlin et al., 2009). Andrew et al. (2008) suggested that students who leave in the first semester of year one, are unsuited or uncommitted to nursing and that attempts to keep them on the course are futile. Several studies focused on one HEI which limited their ability to generalise the findings.

MICRO FACTORS	MESO FACTORS	MACRO FACTORS
Financial hardship Age Preparedness Gender Academic background Health Ethnicity	Branch of nursing Academic/clinical skills failure Clinical placement	Recruitment and selection Widening participation

Fig 2.3 Micro, Meso and Macro factors associated with student nurse retention and attrition

Micro factors are personal to the student such as personal characteristics, finances and academic background. Whereas ‘Meso’ factors are related to student characteristics which are attributable to activities at the HEI such as field of nursing, clinical placement experience and academic support. ‘Macro’ factors refer to the professional requirements of nursing course, HEI policies and processes and national policies that may impact on students’ experience whilst at university.

2.10 Attrition in Nursing

The review highlights that over the past twenty years there has been a wealth of publications exploring attrition in nursing in the UK (Glossop, 2002; Andrews et al., 2003; Buchan and Seccombe, 2004; Prymachuk et al., 2008; O'Donnell, 2011; Hamshire et al., 2012; Crombie et al., 2013; Eick et al., 2013; Jinks et al., 2014; Merkley, 2015; Kukkonen, 2015; Mckeever, 2016; Tranter et al., 2018; Sanzone et al., 2021) and with an international perspective (Grayson and Grayson, 2003; Andrew et al., 2008; Abele et al., 2013; Harris et al., 2014; Walker and Clendon, 2017; Aloba et al., 2020). Some authors explored the factors that contribute to attrition (Wray et al., 2012) whilst others have looked at the potential mismatch between the idealised perceptions of nursing and the realities of academic work and clinical practice which impact on retention (Johnson and Cowin, 2013.) Suggestions as to how this problem can be tackled have been postulated (Ooms et al., 2013; Wilson et al., 2015; ten Hoeve et al., 2017). A Canadian review (2021) argued that if HEIs wanted to retain students they should focus on “at risk” and minority students and that HEIs should have systems in place that assist students to integrate into nursing courses (Mitchell et al., 2021).

However, despite efforts to mitigate this complex problem, student nurse attrition and retention continues to be a major cause for concern for universities (McLaughlin et al., 2010; Hamshire, 2012). To add to this concern, the UK government previously set targets to reduce attrition in England and so universities were required to cut avoidable drop-out rates by 50% by 2017 (Dean, 2016). Failure to do so meant that universities suffered financially as their funding from HEE was reduced.

It has been noted that attrition and academic underperformance is a factor amongst students who speak English as an additional language (Zheng et al., 2014). However, this has been disputed by a study conducted by Mulholland et al (2008) which showed that students born overseas in Non-English-speaking countries did not differ from the British born students. Nevertheless, the literature has also highlighted that lack of support, both academically and in practice, as something that could influence a student's decision about whether to leave (Wray et al., 2010; Eick et al., 2013). Therefore, the provision of good support is essential for students to remain on their course (Cameron et al., 2011). There are also a range of issues that are specific to the individual student including wrong career choice (Hughes, 2013); personality traits (Deary et al., 2003; McLaughlin et al., 2008); ability to deal with stressful situations (Deary et al., 2003) and levels of self-efficacy (McLaughlin et al., 2008).

2.11 Policy and political drivers

Attrition and retention are quality markers used by the Department for Business Innovation and Skills (DBIS) and these are being used in the UK to penalise universities with high dropout rates. Rates as high as 60% have been noted in first year cohorts (Mulholland, 2008; Griswold, 2014).

In March 2019, the then Higher Education secretary, David Hinds, stated that “Universities must do more to cut damaging dropout rates or risk undermining the progress made in improving access to higher education” (Hinds, 2019) Across the university sector, attrition and retention continue to be a problem and a report published by HESA in 2017, highlighted that students from a disadvantaged background were more likely to drop out of their university course (HESA, 2017). Yet this data does not portray the full picture; when reviewing the figures for those from disadvantaged backgrounds it is evident that most of them attend the “post 92 sector” universities; whereas the more affluent students, who are less likely to drop out, attend the Russell group and 1994 Group of universities (HESA, 2017). Therefore, it is the new universities that appear to bear the brunt of these issues.

Some authors have tried to identify the most likely groups to drop out and fundamental aspects which have not been highlighted of nursing courses, are male students (Stott, 2004; Eick, 2012); students with vocational rather than academic qualifications (Moody, 2004) and students from poorer backgrounds (DH, 2006). It would appear that there are a wide range of further possible causes. These include age, lack of clinical experience, exposure prior to starting a course, wrong career choice, distance from home and lack of support (Hampshire et al., 2013). It is essential that these issues are addressed strategically in a joined-up way by applying multiple interacting systems and processes to overcome the lack of success from simple solutions (Harris et al., 2009; Hampshire et al., 2013). It is important that we also look at how these solutions are monitored. The Department for Business Innovation and Skills (2016) concurred setting out how quality will be monitored with one of the key components of this monitoring as student retention and attrition.

2.12 Predicting success

Several studies have looked at whether success in nursing programmes can be predicted prior to the students commencing. This includes determinants such as age, sex, and academic qualification prior to coming on the course (Simon and Augustus, 2009; Herrera, 2013; Maley and Rafferty, 2019). This is an area to explore further as it would enable admission tutors to determine whether they could select those who would complete the course by determinants alone. By doing so, universities could select the 'right' candidates as well as potentially reducing costs by reducing attrition. However, there is potential that many good students would be rejected because they do not fit the ideal picture and who possess the potential for success if additional support is provided (Donaldson, 2010).

2.13 Academic Background

Much of the attrition from nursing courses occurs in the first year and this has been attributed to being unprepared for university (Andrew et al., 2008). This study included seventeen students who dropped out in the first year; seven students had left in the first semester and ten had left in the second. On reviewing the data, the author noted that students who left in the first semester did not feel fully prepared for university and had competing roles. Previous academic performance has been identified as an influencing factor for pre-registration nursing student attrition (Glossop, 2002; Last & Fulbrook, 2003; Pitt, 2012.) Prior attainment has also been identified as a barrier to greater equality in higher education (Hubble et al., 2021). Whereas a study carried out by Manchester Metropolitan university highlighted that students with vocational qualifications were more likely to drop out

and were less likely to obtain a good degree (Manchester Metropolitan University, 2020). This is further supported by the Reducing Pre- registration Attrition improving Retention (RePAIR) (2018) report that noted that 68% of students with access qualifications who commenced nursing courses found the academic workload a shock.

2.14 Gender

Traditionally there was disparity in numbers of women compared to men who commenced higher education. However, women are now much more likely to go to university than before and this has been the case for several years (Hubble et al., 2021). Across the wider university sector, the gap in the dropout rate between males and females were greater from those who came from disadvantaged areas (Hubble et al., 2021). From a nursing perspective, it has been suggested that male students are less likely to complete a pre-registration nursing programme than females (Kevern et al., 1999; White et al., 1999; Jeffreys, 2007; Stott, 2007; Mulholland et al., 2008; Prymachuk et al., 2009; McLaughlin et al., 2010; Eick et al., 2012). Men are also more likely to leave due to poor academic performance (Prymachuk et al., 2009). This may be due to the way in which male nurses are perceived. McLaughlin et al (2010) concluded that male students were more likely to leave because of stereotyping and the perceptions of 'male nurses', which in turn leads to them feeling uncomfortable and not wholly accepted by the profession. However, whilst it is true that stereotypes do exist, this study was carried out in Ireland where there may be more deep-rooted perceptions around the gender of nurses and this may not be replicated in English universities. Indeed, some studies have argued that gender was not an issue linked to attrition (White et al., 1999; Kevern et al., 1999). On the other hand, female students find the balancing act between home, children and studies can cause stress as they try to navigate between the demands of their studies and home life (O'Brien et al., 2009). At first glance it may appear that the numbers of male students leaving is significant. However, it is also important to note that women make up most nursing students and the percentages used in some studies do not always paint a 'true' picture. Nevertheless, within the literature reviewed there is no clear indication of the number of male students who left as a result of academic failure alone or whether there was any correlation between academic failure and the inability to provide for the students' learning needs (McLaughlin et al., 2008). Some studies have shown that male students are most likely to be asked to leave (White et al., 1999; Prymachuk et al., 2009). It was unclear from the studies as to whether the students who were asked to leave by the HEI did so because of disciplinary issues, academic or clinical skills failure. Therefore, this is another area that requires further exploration.

2.15 Age

White et al. (1999) and Kevern et al. (1999) found that there is a correlation between age and attrition. In fact, the age of students when they commence their course is a factor highlighted in several studies (Deary et al., 2003; Mulholland et al., 2008; McLaughlin et al., 2008; Prymachuk et al., 2009.) A retrospective study looking at demography and completion information collated from four cohorts of pre-registration nursing students found that students who were slightly older (by 3 years) were more likely to complete their course (Prymachuk et al., 2009) This was supported by McLaughlin et al. (2008) who found students under the age of 26 were more likely to withdraw. Two further reports indicated that attrition is more likely in students under the age of 25 (Supporting Professionalism in Admissions (SPA), 2013; Higher Education Funding Council for England (HEFCE), 2014). Two other studies also noted that when considering all variables related to attrition, that age was a good predictor of whether students would succeed (Moseley & Mead, 2008; Donaldson et al., 2010).

2.16 Health Issues

Several studies have noted that sickness and ill health as factors that are linked to attrition (White et al., 1999; Kevern et al., 1999 and Glossop, 2002). This would suggest that more robust pre-admission occupational health screening is required. However, the literature also shows that the number of students who leave due to ill health is like those suffering financial hardship which potentially could mean that there is a correlation with finance and ill health, especially if one considers the students' ability to heat their homes, feed their families and themselves which may lead to poor nutrition and mental health strain (Andrews et al., 2008). They also found that some students were suffering depression and malnutrition (Andrews et al., 2008). Again, this is an area that requires further investigation and exploration.

2.17 Ethnicity

A longitudinal study conducted by Mulholland et al. (2008) categorised participants based on country of birth and ethnic origin. They identified 85 countries of birth and placed participants into five groups: those born in the UK, Ireland or Zimbabwe and then other English-speaking and non-English-speaking countries. This study found that completion rates for students born in non-English-speaking countries did not significantly differ to those born in the UK.

This is comparable with the findings from the Evans (2013) study which noted that minority groups were more successful in completing their nursing course, than those from the UK. In contrast to these two studies, research in Australia found that native English speakers were twice as likely to complete their nursing course than non-English speakers (Salamonson et al., 2011). This is supported by the work carried out by Zheng et al. (2014) who postulated that attrition and academic underperformance is a factor amongst students who speak English as an additional language. Ethnic minority students also face several barriers such as racism, unconscious bias, lack of belonging whilst in clinical practice and this can then lead to attrition (Sedgwick et al., 2014). Nevertheless, a study exploring integration conducted by Bellefleur et al. (2009) suggested that ethnic minority students who engaged with the extra classes offered in year one, were most likely to complete the nursing course. However, Green (2020) noted that when ethnicity and diversity is recognised by nursing academics this can influence the attrition and retention rate.

2.18 Personal adjustments and preparedness

Being prepared for the rigors of a nursing course is not simply a question of knowing what a career in nursing entails and what is expected academically, it is related to the adjustments that students must make which include the academic, emotional, social, and geographic changes necessary for them adjust to being students in the HEI sector (Harvey et al., 2006). Several studies reported that students were surprised at the level of academic work whilst on the course (Lowe & Cooke, 2003; Fitzgibbon & Prior, 2006 and Ramsden, 2008). This may be due to perceptions held about nursing. Andrew et al. (2008) noted that some students left because they were unable to cope with the workload as well as life events and they feared academic failure.

Throughout this review a number of studies (Lowe & Cooke, 2003; Fitzgibbon & Prior, 2006, Andrew et al., 2008; Pitt, 2012, and Hubble et al., 2021) have explored the need for students to be prepared to enter nursing courses and they have concluded that students who were unprepared for university life quickly became disengaged and had poor integration and were more than likely to drop out (National Audit Office, 2007). Glossop (2002) noted that students leave due to academic failure, wrong career choice, financial problems or travel difficulties which would suggest that they may not have been prepared fully to undertake the course. However, another factor linked to preparedness is what Tinto (1975) referred to as academic integration. Tinto (1975) postulated that if the student is integrated

well into the HEI, they are more likely to complete the course. Similarly, the student's ability to relate with their friends, other students, teachers and administrative staff have better integration. This is supported by a study that suggests that integration and retention are directly related (Draper, 2008). In addition, Thomas (2012) argues that the creation of a sense of belongingness and engagement are critical to promoting retention.

2.19 Branch of nursing

Throughout the narrative review there were conflicting findings in relation to the impact of the branch of nursing on attrition rates. However, it is evident from the literature that there are higher attrition rates in both children's nursing and in mental health nursing branches (White et al., 1999; Prymachuk et al., 2009). However, Glossop's (2002) study noted that attrition was more likely to occur in learning disabilities (LD) nursing. Nevertheless, when analysing the data from the literature, it would appear the attrition rate from one branch assists the retention rate in another. For example, students transfer from LD nursing to Adult Nursing at the end of the first year; thus, LD has a higher attrition rate (Owen & Standen, 2007). Also, when comparing branches, it is notable that the age of students in Children's nursing is a lot younger and that may be a reason why student leave as it has been suggested that they are not mature enough to deal with pressures of caring for sick children (Buchan & Seccombe, 2005; DH, 2006 and Shepherd, 2008).

2.20 Clinical Placement

A key component of any nursing course is the practice component. A qualitative study conducted in the Northwest of England in which 16 students who had left their nursing course were interviewed, suggested that clinical experience was a key factor. This study revealed three main areas; "ineffective placement organisation", "problematic placement journeys" and "disappointing clinical experiences" (Hamshire et al., 2011:184). A recent study of 17 students from four universities carried out in the Netherlands, found very similar issues to those noted in the United Kingdom, reporting that student attrition is strongly linked to clinical placements and in particular the lack of support from mentors and the clinical teams (ten Hoeve, et al., 2017). McEvoy and Richards (2006) concurred and suggested that it was important to explore this further to find deeper levels of explanation and understanding. On the other hand, Prymachuk and Richards (2007) disputed this idea, arguing there was no evidence that links between placement issues and attrition.

Conversely, Eick et al. (2012) in a systematic review, noted that clinical experience was consistently mentioned as something that impacted on reasons for leaving a nursing course, arguing that a negative placement experience can have an impact on a student's decision about whether to stay on their course, whilst a positive clinical experience could be something that kept students engaged and ultimately enable them to complete their nursing course .

2.21 Academic Failures

Several studies have indicated that academic failure is a significant reason for student nurse attrition (Kevern et al., 1999; White et al., 1999; Glossop, 2002; Andrew et al., 2008; Prymachuk et al., 2008 and Donaldson et al., 2010). However, on reviewing the literature there appears to be a lack of data around whether attrition is caused solely by academic failure or whether it is combined with clinical placement failure. Nevertheless, attrition from nursing courses has been linked to difficulties with examinations (Kevern et al., 1999 and Fulbrook et al., 2000). This may be due to the fact that many access courses are based around coursework and the BTEC qualification does not have any formal exams so it is this lack of exam preparation that may have led to higher attrition rates (White et al., 1999). However, another study highlighted students leaving because they felt they would fail the exams so left before this could be confirmed. This raises the question as to why they felt they would fail, was it lack preparation, lack of support or just simply lack of application to study. Therefore, it is clear that this issue requires further exploration. Contrary to the view that exam failure is a significant cause of attrition, some studies have reported that they are not an issue (Jeffreys, 2007). Notwithstanding this, in the Green and Baird (2009) study the participants who left cited problems with coursework and workload and their inability to cope with the level of course work. It is also important to consider students who leave of their own accord and those asked to leave by the HEI.

The NAO (2001) argue that 25% of all attrition is due to academic failure. A factor that may be associated with academic failure is the students' external commitments such as paid work and their home lives which potentially can detract them from studying (White et al., 1999). However, it is evident that across the current literature there is no clear consensus as to whether academic failure is significant in why students leave and this is an area that requires further research.

2.22 Widening Participation

Widening participation has been high on the UK Government's agenda for a considerable period of time and there was a clear aim to attract more non-traditional students. The demographic changes in the population have resulted in a projected decline in young people to 600,000 by 2020 (DH, 2010). However, it is not just sufficient for non-traditional students to gain access to HE; they must also stay, progress, and successfully complete their nursing degree. The challenge is that HEI's may need to develop new ways of working in order to mitigate the factors that give rise to attrition and reduce the opportunity for social and cultural integration, thereby improving the student experience and retention (Rhodes & Nevill, 2004). However, It has been suggested that by allowing students entry onto courses from a wider entry gate, this has contributed to an increase in attrition rates (Moody, 2004; Prymachuk et al., 2009). However, Marshall and Jones (2002) refuted this strongly, noting that when comparing assessment outcomes, there were no reduction of academic standards. Yet the professions move to become all graduate may have had implications for students from non-traditional backgrounds. This change alongside the increase in fees and the removal of the bursary may have deterred applications from those who previously applied. This then had the potential to reduce the diversity of applicants leading to more narrow understanding of nursing care (Murphy, 2009). It is important to understand the definition of non-traditional students who belong to one or more of the following groups:

1. Mature students (over 21)
2. First in family to attend higher education
3. From lower socio-economic groups
4. Living in 'low participation areas'
5. Having non-traditional entry qualifications
6. Ethnic minorities
7. Having special needs

(Government White Paper 'The future of higher education', 2003)

However, this is a dated reference and it is important to note that nursing education in 2003 was completely different to nursing education today as universities achieve better league table standing if they have a higher entry tariff thus restricting entry for the non-traditional student (Barker, 2020).

Alongside this, government initiatives and policies are committed to widening participation and diversity in universities and the healthcare sector (Brennan et al., 2009; DBIS, 2016). Yet it is important to note that students from ethnic minority backgrounds are more likely to come from colleges in low income areas (Bodvin et al., 2018). Therefore, when exploring issues surrounding widening participation and diversity it is important to note that it is more than just increasing the numbers of various under-represented groups. It is also about ensuring that they have every chance to succeed and progress (Parry, 2003).

2.23 Conclusion

To summarise, it is evident from the literature that attrition is a complex issue and there are myriad of issues faced by students. This literature review has set the scene for this present study by exploring the complex issue of attrition along with previously identified factors that may contribute to the attrition and retention of student nurses. Although the literature has shown that in some cases a single issue is linked to attrition there is inevitably a number of issues that interact and lead to students leaving their nursing courses. It has shown that multiple factors are potentially responsible, however, the following factors are recurrent; gender, ethnicity, age, and clinical practice experience (Brodie et al., 2004). On the other hand, previous work has also urged caution when reviewing why students leave, suggesting that by 'focusing on maximizing retention risks mistaking symptoms for cause' (Yorke and Longden 2004: 132). Therefore, it is important that this project focuses on the root cause for leaving and not the leaving itself. The literature has also identified that the first year is key as it is a time for students to adjust, settle into their courses and the university way of working as well acquiring the requisite skills for survival on their programme of study (Trotter & Cove, 2005). In addition, nursing students have to develop the skills required to provide clinical care and adapt to the professional and cultural requirements of being a nurse (Kevern et al., 2004).

This narrative review has also provided a baseline of existing understanding regarding the issues and factors that surround attrition as well as some of the causes of attrition for pre-registration student. Nevertheless, this review has highlighted that most studies have focused on the 'micro' factors that are linked to attrition and there is a paucity of studies focussed on the student's perspective and their real-life experiences. Within the literature there is limited understanding of why students stay and the factors that drive them to complete their courses. The reality is that at some point during the courses the majority of students will contemplate leaving therefore there is a clear need for robust and easily accessible support systems and

a learning environment that is supportive and meets the student's needs(Prymachuk et al., 2009).

There is also a paucity of studies using a mixed methods approach as well the epistemology of pragmatism. Therefore, this research project set out to fill that gap in the literature by interrogating the causes of attrition within the first year of pre-registration nursing courses, and, through recommendations based on the study findings, offer potential ways to mitigate and reduce attrition from nursing courses in the future. The next chapter explains and justifies the study design and methodology.

Chapter 3: Project Design and Methodology.

3.1 Introduction

Research is an iterative process that is shaped by the personal experiences, race, history, social class, ethnicity, and gender of the people who are researching as well as those who are participating in the research (Denzin, 2012).

The knowledge gained by undertaking the narrative review should help shape the research approach and design as several themes linked to attrition have emerged and it is anticipated that the findings of this project will offer potential solutions to the complex problem of attrition. It is evident that several strategies, methods or tools will be required to fully answer the research question posed. Therefore, within this chapter the detail surrounding the planned research design and the ethical considerations will be discussed. Alongside this the epistemology and ontology considerations along the researcher's position as an insider researcher and the impact that this may have on the way the project develops will be critically explored. The data collection procedures, analysis, and limitations of the methods to be used will be critically explored and discussed.

Data will be gathered from semi structured interviews of staff, students who leave and students who stay (n=38), university records comprising exit data (n=117) as well as student enrolment data entry (n=1957) will be considered. As noted in the previous chapters, attrition is a complex problem with multiple factors. This wicked problem was first identified by Rittel and Webber in 1973 as dynamic, complex, and impossible to solve (Sherman and Peterson, 2009). The term wicked relates to the evolving nature of the problem and is often seen in educational policy development (Hamshire et al., 2019). They also point out that whilst single factors related to attrition can be mitigated, it is the multiple factors that are difficult to predict in terms of improving student retention, thus creating a wicked problem. This is supported by Jones-Schenk and Harper (2014) who argued that because there are a multitude of factors linked to attrition the ability to identify and target appropriate interventions remains a challenge. Nevertheless, by gaining further insight into the problem of

attrition and the factors that cause it, the researcher anticipates that measures can be put in place to mitigate this complex problem.

3.2 Bounding the study

The study will be carried out in a single HEI in the Southeast of England and will be known as: River Side University. The HEI currently offers courses in adult, learning disability, mental health, child health pre-registration nursing and midwifery. Participants will be drawn from all branches of nursing, and all will be undertaking the BSc Nursing course which commences once a year in September. Nevertheless, as this project will be located in one university the findings may only be specific to the local context. However, it is anticipated that there will be a commonality of the data that will be transferable to other HEI's as it is anticipated that many of the issues faced and mitigated at River Side University will be applicable to other HEI's (Williamson et al., 2020).

3.3 Rationale for Research Approach

On commencing this study, a wide range of approaches were considered with a focus on participatory methods and a broad methodological approach linked to transformative research (Creswell, 2009). The research design is a crucial aspect of any project and is critical in aiding the researcher in choosing the appropriate methods (Robson, 2011). Therefore, when considering the overall design, it was important to do this systematically (please see Figure 3.1)

As the overall aim of this project is **“To interrogate the causes of attrition within the first year of pre-registration nursing courses”** this points the research approach towards an inductive and mixed methods approach. The research question (see Chapter 1, section 9). requires a variety of tools to be used if it is to be answered fully. The research design will also provide a framework for the study, and it has been previously emphasised that it serves as a “bridge between research questions” and carrying out the research project (Durrheim, 2004: 29).

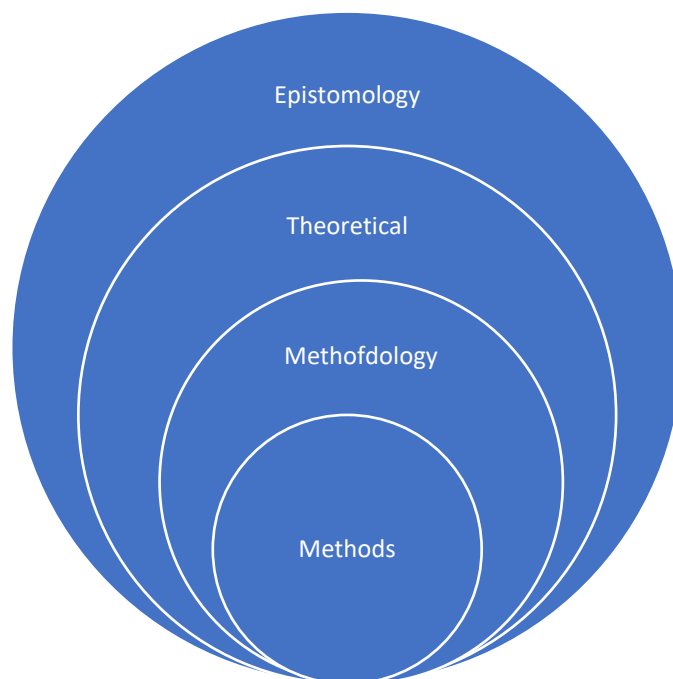


Figure 3.1 The research process

Adapted from the: The basic Elements of Research Process Crotty 1998, P 4)

By fully understanding the links between knowledge and action or simply “knowing”, researchers have the potential to change or transform practice (Biesta, 2010).

3.4 Research Onion

The framework and metaphor of the ‘research onion’ will be utilised to think holistically about the project as well as to capture visually a depiction of the research approach taken (Saunders et al., 2015) (Figure 3.2). Therefore, the onion offers the researcher a handrail to follow when they are considering their research design and approach. By commencing on the outside and peeling back the layers, the researcher can follow a path through the ‘onion’ and by doing so they can clearly identify the most appropriate path to follow whilst conducting their study.

Fig 3.2: Saunders Research Onion

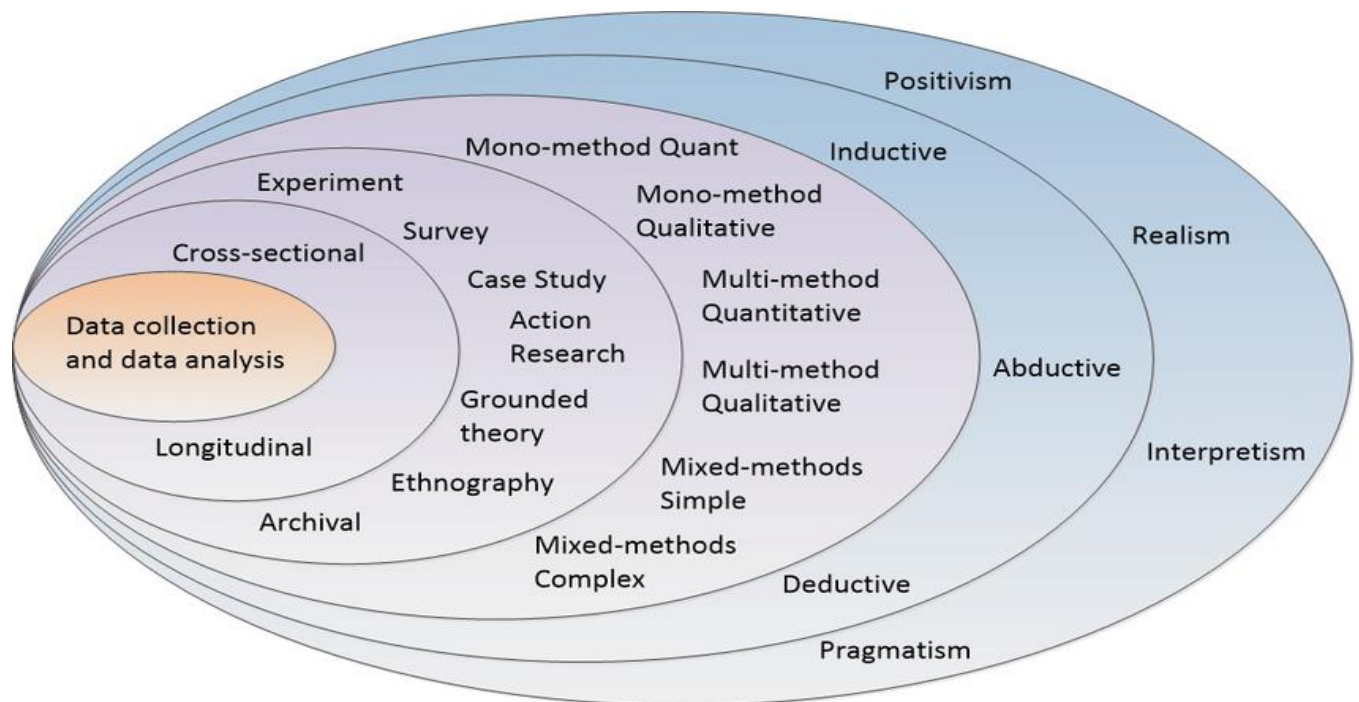


Figure 3.2: The Research Onion Source: © 2015 Mark Saunders, Phillip Lewis, and Adrian Thornhill.

This model provides a clear framework to follow as it ensures that all aspects will be covered within the study. Bryman (2012) emphasises that the “onion” is a useful and adaptable tool that can be used in a variety of contexts. It has several layers that can be peeled back, and each layer represents a research approach that could be taken. By using the onion, a path can be plotted through it. Therefore, after careful consideration the path this study will follow through each layer of the onion is:

- pragmatism,
- inductive approach,
- mixed methods,
- case study,
- cross sectional,
- data collection
- data analysis.

The outer layer represents the philosophical approach and the world view of the researcher. Mardiana (2020) reminds us that this sets the stage for the research process. The approach taken is pragmatism.

The second layer highlights the research focus, providing an opportunity to choose either a deductive approach which concentrates on the development of a hypothesis and the testing and challenging theory, or an inductive approach where themes are sought from the data collected which in turn shapes or develops theory (Woiceshyn and Daellenbach, 2018). This study will not be testing any hypothesis or challenging current theory therefore a deductive approach would not answer any of the research questions posed. Therefore, an inductive approach is favoured as data will be accumulated over a three-year period and this should provide an exceptional opportunity to capture and secure the narratives and decision making of students who leave their courses as well as those who chose to stay and complete.

Within the third layer are the options to choose either a qualitative a quantitative study or to choose a mixed methods approach. As both qualitative and quantitative data will be collected within this study, a mixed methods approach will be chosen.

The fourth layer of the onion allows for the research strategy to be considered. As this study will be situated in one HEI and involves change, methods such as an action research approach or case study approach will also be considered. It is clearly evident that an action research approach with its emphasis on change and problem solving may be a good fit for this study. However, as the focus is on students who leave the course, it appears unsuitable due to its limited ability to utilise the joint actions of the researcher and participants. Nevertheless, as the research progresses and findings emerge, it is anticipated that the university may wish to put into place a number of interventions to reduce attrition and improve progression. Therefore, the actions taken would lend themselves more to an action research approach. However, as action research involves the development, evaluation, and redefining of the action plan this would not fully answer the research questions posed (Hegney and Francis, 2015). In order to answer some of the research questions it is important that data is collected and analysed and that the students voice is heard, therefore the methods chosen need to allow for data be collected to be combined to provide a fuller picture. Therefore, as this study will combine data from university databases, exit interviews and in depth semi-structured interviews, this lends itself more to a mixed methods approach.

Timing is the bedrock of the fifth layer of the onion as this offers the researcher the opportunity to choose either a longitudinal or cross-sectional approach to the study. As the

data will be collected over a three year timespan and involve multiple cohorts of students from different branches of nursing a longitudinal approach was initially considered. However, as this study would not be looking at repeated observations of the same variables over time it was felt that a cross sectional approach may be a better choice. A cross sectional approach would allow for the collection of data from a wide variety of participants at single points in time during the research process (Kesmodel, 2018).

The core of the onion highlights how the data will be collected and analysed and it is anticipated that both sets of data will be analysed separately initially and then brought together and triangulated, thus gaining a deeper understanding of the data collected. Simons & Lathlean (2010) argue that the data can be analysed separately, and triangulation of the data can be undertaken during the interpretation stage.

3.5 Epistemology and Ontology Considerations

There are four main philosophical perspectives which inform each other, and which underpin knowledge and reality, and they are epistemology, theoretical perspective, methodology and methods (Fig 3: Crotty, 1998). Nevertheless, this perspective fails to recognise that ontology is equally important. Ontology deals with the nature of reality and how existence is understood (Marsh & Furlong, 2002; Bryman, 2001). Moreover, ontology mirrors the way in which we interpret facts (Don-Solomon et al., 2018).

Epistemology on the other hand, asks what constitutes valid knowledge and explores the ways in which we can obtain this knowledge. Crotty (2003; p3) observes that "Epistemology is the theory of knowledge embedded in the theoretical perspective and thereby in the methodology". It is concerned with the relationship between knowledge, truth, and belief. It has been suggested that there are three types of research epistemologies which enable us to determine what is valid knowledge: positivistic, interpretive, and critical research and from this theoretical perspectives such as critical realism, pragmatism ,feminism and post modernism arise (DeForge & Shaw, 2012). Epistemology is a theory of knowledge and it provides a justification for what can be regarded as knowledge, exploring the relationship between knowledge, truth, evidence, belief, reason, and reliability (Blaikie, 2000).

It has also been suggested that the epistemological and ontological approaches taken by researchers provides the legitimacy for how the research is carried out (Coghlan and Brannick, 2005).

A pragmatic approach to research or enquiry recognises the connectiveness between experience, knowing and acting (Kelly and Cordeiro, 2020). This approach can also enable researchers to focus on “real world issues” that affect an organisation (Patton, 2005;153).

It is abundantly clear from the literature that the philosophical underpinnings for research undertaken are not always made clear. It is postulated that this occurs because researchers do not fully engage in the philosophical and theoretical elements of the research design (Lipscomb, 2008). This may be because philosophical ideas can remain hidden in research (Williams, 1995 cited in Creswell, 2008). A worldview (Creswell, 2008) or paradigms (Lincoln and Guba, 2000) are actions guided by a set of beliefs. The set of beliefs held by researchers can lead them to choose from quantitative, qualitative, or mixed method approaches (Creswell, 2008). It is the premise of this study that by having a clearer understanding of the ontological and epistemological viewpoints, more coherence and credibility can be provided to the mixed methods approach chosen as this enables the utilisation of all available approaches to gain a better understanding of the problem. A pragmatic worldview approach will also provide a lens designed to interpret findings of the actions taken by students who stay and students who leave their nursing courses and these consequences.

Pragmatism as an approach was firmly established as a philosophical tradition in the 19th and 20th century by the work of Charles Pierce (1839-1914), William James (1842-1914), George Mead (1863-1931) and John Dewey (1859-1952). A Massachusetts intellectual club was formed by Pierce and James which began by discussing the inherent problems in just using a positivist philosophical stance. They rejected the view that reality can be accessed by using one scientific method (Maxcy, 2003). As a result of these discussions and subsequent challenges of the status quo, two new areas of inquiry were born: the theory of experience and the theory of truth (Carlsen, 2007). However, can this classical viewpoint be applicable in today’s world? Simply the answer is yes as Pragmatism is as useful today as it ever was. As a philosophical theory, pragmatism considers thought as an instrument for prediction, action and problem solving (Cojanu, 2014). This approach will be extremely useful when answering the research questions posed as they consider prediction, action and the importance of problem solving. A pragmatic approach to research or enquiry recognises the connectiveness between experience, knowing and acting (Kelly and Cordeiro, 2020). This approach can also enable researchers today to focus on “real world issues” that affect an organisation (Patton, 2005;153). Student attrition is clearly an issue that affects the HEI and therefore warrants further exploration. By fully understanding the links between knowledge and action or simply “knowing”, researchers such as myself have the potential to change or transform practice (Biesta, 2010).

It is also important that the research approach that will be used focuses on identifying and analysing the societal and psychological mechanisms, and their causal tendencies (Houston, 2015). As noted previously, attrition is a complex and wicked problem that requires further understanding and therefore the knowledge and beliefs that people hold cannot be separated from the contexts of use and possibilities for action (Carlsen, 2007). Kelly and Cordeiro (2020) remind us that alongside being an experiential process, the core principles that underpin pragmatism are that it emphasises actionable knowledge, cognizant that experience, knowing, and acting are interwoven. This approach reflects the researcher's belief in problem solving and acting in order to fix things that are not working correctly. Therefore, if a pragmatic approach is to be adopted within this project , it is clear that positivism as a research paradigm will be rejected (Crotty et al., 2018). To further add to why a pragmatist approach will be taken, it is obvious that society comprises several systems and structures which operate simultaneously and, in some cases, they reinforce each other, whilst in others they may contradict each other (Porter, 1998). Therefore, as pragmatism explores both values and assumptions in order to interpret and seek to change the world, it offers an approach that will address the aims of this project which are to understand, change and reverse attrition (Gray, 2014; Ansell, 2015). It is paramount that if the heterogeneity and complexity of attrition is to be highlighted then it is pivotal that a creative use of all strategies and methods is undertaken (Van Mens-Verhulst, 2014)

Pragmatism also recognises that individuals experience action and change differently. Therefore, as this study is exploring and reporting on the different perceived realities students face when deciding whether to give up their place or to stay on the course, it offers a unique way of understanding the decisions and actions taken (Onwuegbuzie and Leech, 2005). Pragmatism advocates that the researcher should harness a methodological approach that works best for the issue under investigation (Tashakkori and Teddlie, 1998). By employing methods that are relevant to the subject under investigation, pragmatism allows researchers to transition from the world of theory to the world of action (Kelemen and Rumens, 2012). Creswell and Clark, (2011) acknowledge that pragmatism is also closely linked to the use of mixed methods as a way of collecting data. This philosophical approach draws upon the strengths of both qualitative and quantitative methods to answer real life research questions (Kaur, 2016). Moreover, Denzin (2012) celebrates the fact that pragmatists recognise the construction of meaning through their experience and advocates for researchers to bring about social change. Therefore, as Denzin and others remind us, this research study should aim to establish an understanding of the truth behind why student nurses leave or stay on to complete their nursing courses and that this research brings about

change both within the HEI in the southeast as well as the wider sector (Denzin, 2012; Don - Solomon et al., 2018).

3.6 Methodological approach

The research questions sets out to answer why students leave their nursing courses in the first year. In order to fully answer this question, it was felt that no one method would be sufficient therefore the planned use of a mixed methods paradigm or worldview within this study draws on the strengths of both qualitative and quantitative methods to answer real life research questions such as why students may decide to leave a courses (Kaur, 2016). It has also been suggested by Creswell et al. (2003) that qualitative and quantitative methods are characterized by complementary strengths and by planning to use both methods it is possible to provide a more robust understanding of the phenomena being studied (Greene et al., 2001). The majority of the literature reviewed relied heavily on one method and there is a paucity of research exploring attrition utilising a mixed methods approach. Therefore, whilst the use of qualitative methods offers researchers the opportunity to explore human behaviour and it allows for the actions , behaviours and motivations to be revealed thus allowing the researcher to understand the nature and interactions of variables (Lakshman et al., 2000.) Whereas quantitative methods examine independent variables in ways that can be expressed numerically and by doing so inferences can be drawn. Results can be reproduced and predicted and it is considered more reliable(Lakshman et al., 2000). However, this approach also has limitations as it dismisses the experiences of individuals and the full picture is not revealed (Maher et al., 2018). Yet, qualitative research is also perceived as being less rigorous or objective and findings are less generalisable (Hagger and Chatzisarantis, 2011). Therefore, as neither approach on its own would allow for an in-depth interrogation of the complex issue of attrition, the proposed use of a mixed methods paradigm or worldview within this study draws on the strengths of both qualitative and quantitative methods to answer real life research questions (Kaur, 2016).

McCusker and Gunaydin (2015) agree that by using a mixed method design, pragmatic advantages can be gained as data collected can then be triangulated. By triangulating the data, different perspectives may be gained thus enabling a clearer picture and better understanding of the data as well as enhancing the rigour of the research undertaken (Rose and Webb, 1997). Flick (2009) concurs, identifying that combining methods would mitigate for the weakness inherent in using just one method. Therefore, it is postulated that the use of mixed methods offers the opportunity to discover new information and insights and understanding around attrition (McEvoy and Richards, 2000). A mixed method approach

offers researchers the opportunity to provide a more comprehensive picture of the “reality” or phenomena to be captured and therefore, in the present case, a better understanding of the issues surrounding attrition. The use of mixed methods allows the views and voices of students as well as the researcher to inform potential solutions to reduce attrition from the course. By using mixed methods when exploring complex research questions, pragmatic advantages may be gained (McCusker and Gunaydin, 2015) such as enabling the host institution to put into place a series of proven interventions to reduce student nurse attrition (Morgan, 2014; Moxley, 2002; Ormerod, 2006). However, as pointed out earlier, the use of mixed methods is not without issues. It has also been suggested that they can in fact make differences more apparent preventing a coherent account from emerging when the data are analysed (Gerrish and Lacey, 2010). Work carried out by Scammon et al. (2013) points out that mixed methods should only be used if both methods can provide a more comprehensive answer rather than using one method on its own. It was evident from the data collected that by using and analysing both approaches together rather than in isolation, a richer understanding of the reasons for attrition could be gained (Creswell, 2013; Johnson & Christensen, 2008; Johnson & Onwuegbuzie, 2004). This is also supported by Tashakkori & Teddlie (2010) who argued that by using mixed methods a more comprehensive understanding would be possible as the data can be triangulated. By triangulating the data different perspectives can be gained thus enabling a clearer picture and better understanding of the data as well enhancing the rigour of the research undertaken (Rose and Webb, 1997). Therefore, this mixed methods research study will be underpinned and shaped by the epistemology of pragmatism (Ansell, 2015; Creswell, 2009; Teddlie and Tashakkori, 2009). This approach sits well with a worldview which believes that there is a real world that is observable and independent of human consciousness (Denzin and Lincoln, 2011). Whereas, on the other hand, positivism searches for the truth of laws that govern behaviour so this would not work with a study that is exploring factors within an ever-changing environment such as student nurse education (Martin and Bortolotti, 2014). By gaining further insight it is hoped that measures may be put in place to mitigate this complex problem.

As this research study proposes to use a mixed methods approach, an appropriate epistemological platform will be required. To this end it is proposed that pragmatism will be the platform chosen as it can potentially offer a clear and focused underpinning for this study as well as providing potential opportunities to gain new insights, new knowledge as well as allow for evaluative judgements to occur (McEvoy and Richards, 2006). A mixed methods approach aimed at reducing bias and increasing both the validity and credibility of the findings, underpinned by the epistemology of pragmatism, will be adopted to produce the

final outcomes and recommendations (Creswell, 2009; Teddie and Tashakkori, 2009). This research approach sits well with the researcher's world view that there is a real world that is "*observable and independent of human consciousness*" (Denzin and Lincoln, 2011:11).

3.7 Mixed methods study design

Pragmatists believe that reliable and valid data can be generated from both qualitative and quantitative methodologies and that this data can enable researchers to fully explore issues and seek out causal explanations (Onwuegbuzie and Johnson, 2006). This approach is captured perfectly in a quote from Smith (1975: 273) who states:

"We are really like blind men led into an arena and asked to identify an entity (say an elephant) by touching one part of that entity (say a leg). Certainly, we might make better guesses if we could pool the information of all the blind men, each of whom has touched a different part of the elephant" (Smith, 1975: 273).

For me this quote captures the importance of seeing the whole picture and when related to the research methods used, it simply conveys that by using more than one method you increase the opportunities to fully understand the issues under investigation.

Halcomb (2018) concedes that a mixed methods approach may include techniques and strategies that utilise the two main paradigms (i.e., the interpretive / constructivist (qualitative) paradigms and the positivist, (quantitative) paradigms). There are several mixed methods research designs and these include convergent parallel, embedded, explanatory sequential and exploratory sequential (Creswell, 2011). For the purpose of this study explanatory sequential design is used as it is postulated that the qualitative data can help explain and contextualise the quantitative data collected (Subedi, 2016).

Therefore, the use of mixed methods within this project was to ensure that the results obtained were robust, valid, and credible and that the data collected would either converge leading to similar conclusions or complement each other, thus highlighting the different aspects that surround attrition (Heale and Forbes, 2013). This is supported by Gray (2009) who argues that the use of different data sources ensures that a broader perspective is gained. The project was designed to collect data from exit interviews, university databases, semi-structured interviews with students who left their course (n=25), semi-structured interviews with students (n=10) who completed their courses and interviews with staff involved in the recruitment and teaching of students (n=3). These will be discussed later in this chapter.

3.8 Triangulation

Triangulation is the collection and synthesis of different data sets from separate sources (Easterby-Smith et al., 2002). Furthermore, Cohen et al. (2000) believe that triangulation can increase the validity and credibility of research findings. Denzin (1970) cited in Noble and Heale (2019) argues that as each research method utilised exposes an alternative view of reality, data should be triangulated, and he proposed four different types of triangulation that can be used. These comprise data triangulation, investigator triangulation, theory triangulation and methodological triangulation.

This project utilises methodical triangulation as it combines and interprets data from both data collection strands and this ensures the limitations of each method are mitigated. Triangulation also provides a greater depth and richness to the overall understanding of the findings (Williamson et al., 2020). Quantitative data is focused on the factors and variables linked to attrition, whereas the qualitative data represented the students' story and narrative. This then ensured that the themes emerging from both the qualitative and quantitative data were accurately represented within this project. Therefore, it is acknowledged that by triangulating the data collected using mixed methods, the biases of one paradigm will balance out the other (Rocco et al., 2003; Creswell, 2009; Creswell, 2013; Denzin, 2010; McCusker and Guanydin, 2015). Nevertheless, triangulation is not the panacea for all as it adds to the complexity of the research. It may not always be applied in a uniform way and the way in which the results are blended may not be fully explained (Noble and Heale, 2019). Fielding (2012) emphasises that rigour is assured by mixing methods systematically by establishing proper integration and adherence to the original research design. Furthermore, in order to enhance the validity, rigour, and trustworthiness of this project the researcher targeted students who left the course and those who had thought about leaving but had completed. By focusing on those students who left, the credibility of the project was enhanced as it captured the views, thoughts and issues faced by students who withdraw and in contrast, those who complete their courses (Williamson, 2020). Additionally, Simons (2009) reminds us that the choice of methods and the reflexivity of the researcher can aid the understanding of the phenomenon under scrutiny.

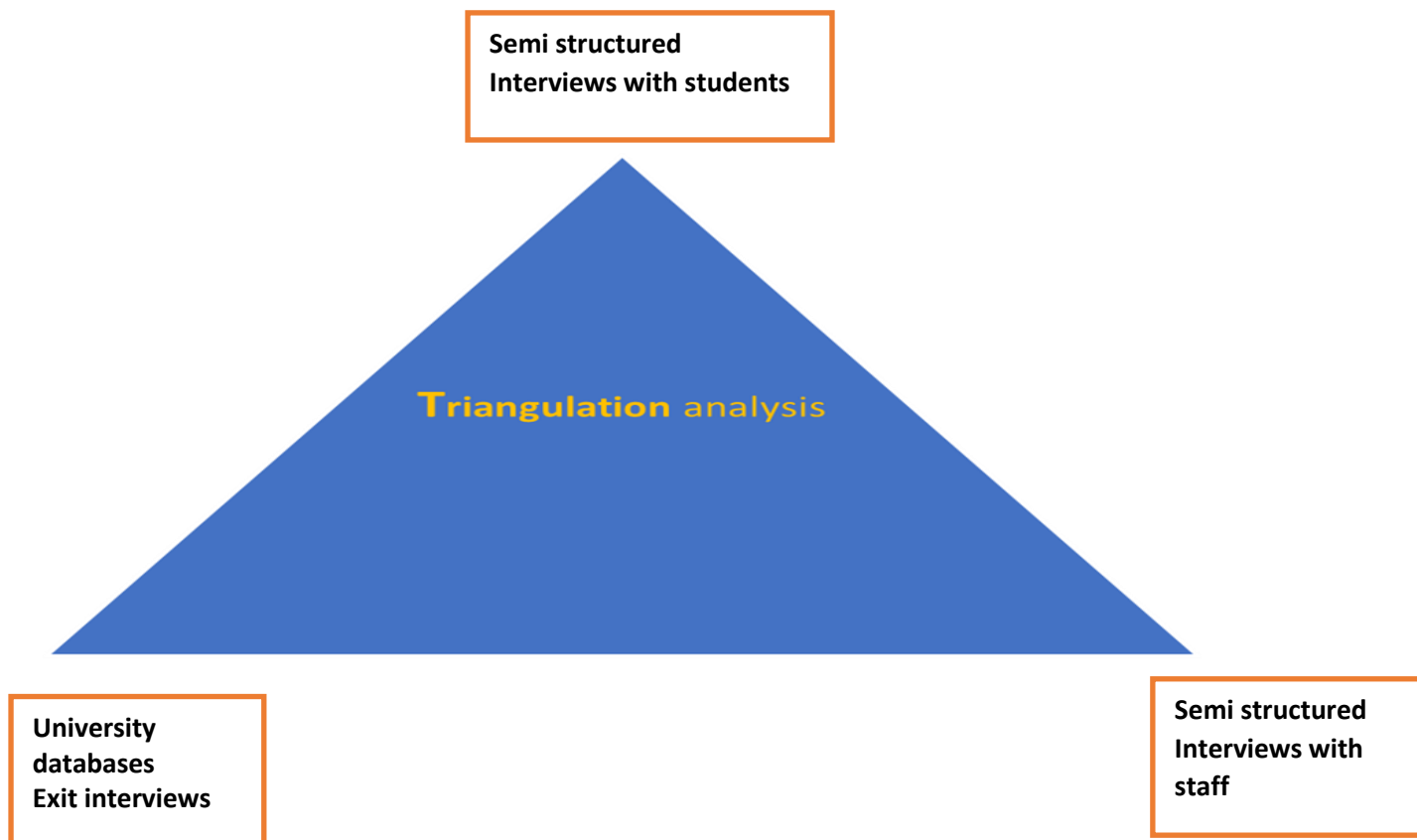


Figure 3.3 Triangulation analysis

3.9 Data collection strategies

Halcolm (2018) insists that researchers should carefully consider their reasons for using mixed methods and what they hope to achieve. This was considered, when designing this study, and it was felt that as the questions posed required a more comprehensive understanding of the true nature as to why students leave their courses. Therefore, after careful consideration it was felt that as no one data source or research method can independently answer the research questions, a mixed methods approach using multiple data sources was chosen as detailed below.

3.9.1 Pre-enrolment data

Anonymised pre enrolment numerical and textual data from university records was provided by the University data controller and this included student demographic data, tariff, entry route, as well as student term-time accommodation. It is anticipated that by using

quantitative data this offers the opportunity to explore whether attrition can be predicted and whether there were any correlations between the students' individual factors and their reasons for leaving.

3.9.2 Exit interviews

Exit interviews can provide robust data that can both inform retention strategies and contribute to understanding of academic persistence. The exit interview is a process that records that the student's journey in the chosen nursing programme has come to an end. These offer unique opportunities to collect data and diagnostic information. They allow for a greater understanding of the challenges and issues faced by students (Kacius et al., 2015). A set template is used for all students which has a list of categorisations of leaving reasons. The form is completed by a member of the academic staff and is then stored in registry who input the data onto an electronic database. This is usually carried out by the Course Director or in some instances the cohort leader. This process allows students and lecturers to have a dialogue and the opportunity to clarify the students' reasons for leaving. As a pragmatic researcher undertaking an unfunded, time-limited doctoral project, it was important that the quantitative data collected were sufficient in order to address the study aim. Based on historical data, a decision was made by the researcher and supervisory team that it would be manageable and feasible to review the exit interview forms of approximately (n= 154) students who leave. The exit interview forms will be collated and analysed to highlight any themes or patterns that emerge.

It has been suggested that exit interviews should be carried out on all withdrawing students (Tinto, 1997). This is because their use is consistent with student retention principals (Cuseo, 2006). However, the classifications of reasons used may not always capture the real reason that students leave (Kacius et al., 2015). Anonymised data will be extracted on a continuous basis from exit interviews carried out with students who leave the course in their first year. The information contained in exit interviews includes reasons for leaving, whether they are left due to academic failure or voluntarily withdrew. The reasons will then be coded and given a numerical value which should aid in the overall analysis.

3.9.3 University databases.

It was anticipated that the sample for student records would consist of all students enrolled onto the first year of a Mental health, Adult, Child or Learning disability nursing course over a

three-year period (n=1957) as this would provide enough quality data to allow for statistical power analysis (Murphy et al., 2014). Records are collected from students when they apply, when they enrol and when they commence their nursing course. Anonymised data will be collected as part of this process (n=1957) from individual student records of students who enrolled at Riverside university in 2016, 2017 and 2018.

3.9.4 Qualitative data

Determining an appropriate number of semi-structured interviews is challenging and depends heavily upon the study aim, methodology and researcher resources (Baker et al., 2012). However, qualitative studies tend to use purposively selected samples as opposed to probability samples (Patton, 1990). Some researchers argue that interviews should be carried out until saturation of the data occurs (Morse, 2015). The concept of saturation was first developed by Glaser Strauss (1967) and it is perceived as a guarantee of qualitative rigor (Morse, 2015). It refers to the point in the data collection that no new insights emerge and all the relevant data have been exhausted and that any theory that emerges is credible (Bryant and Charmaz, 2007). Work undertaken by Hennink et al. (2017) noted that in order to gain “meaningful saturation” and a better understanding of the issues, researchers should conduct between 16-24 interviews. A decision was made to aim to recruit (n=25) students who left the course in their first year and to recruit a sample of (n=10) students who remained and completed the course. It was also felt that gaining the views of academic staff would give additional insight in the problem of attrition therefore it was planned to interview (n=3) academic staff. Data were collected from individual semi-structured interviews which explored students’ decision making and reasons for leaving/staying as well as gaining an understanding of why students leave or stay from the staff perspective. In mixed methods research, semi-structured interviews offer the opportunity to add depth and supplement other quantitative approaches (Adams, 2015).

Prior to undertaking the in depth semi structured interviews a piloting of the interview schedule and procedure was conducted with (n=5) student participants who had left the course. This approach is known to help prepare researchers and allows for the questions to be reviewed and reworded if required (Polit et al., 2001). An advantage is that it may provide advance notice on areas where the research may falter (Van Teijlingen and Hundley, 2001). Therefore it is good practice according to De Vaus (1993:54) who stated, “Do not take the risk, pilot test first.”

Piloting can uncover potential problems but they also have limitations which include making assumptions on the basis of the pilot data (Van Teijlingen and Hundley, 2001). They can

contaminate the data if included in the main study, therefore the pilot interview data were excluded from the main interview data (Peat et al., 2002). It was expected that the main semi-structured interviews (n=25) would provide insight into the students' experiences and perceptions and allow factors linked to attrition to be explored further during the interview. Newton (2010) emphasizes that this approach offers the opportunity to collect rich data about students and their actions as well as their decision-making processes.

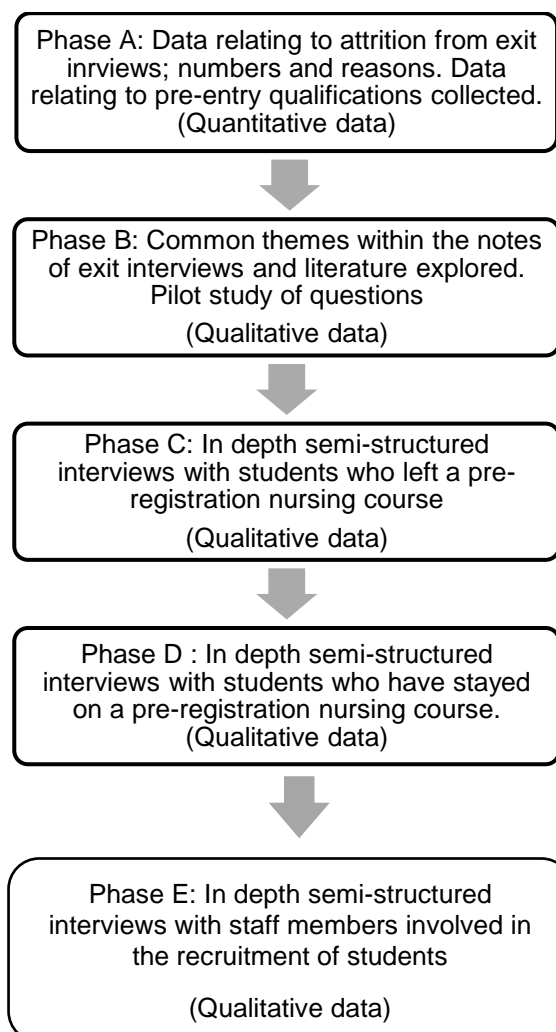


Figure 3.4 Phases of data collection

3.10 Data Analysis and Validation Procedures

Trustworthiness has been defined as methodological accuracy and adequacy of a research inquiry (Holloway and Wheeler, 2002). To ensure that the procedures undertaken were

trustworthy, four criteria needed to be satisfied: credibility, transferability, dependability, and confirmability (Guba and Lincoln, 1989). To ensure that this occurs it is important that there is confidence in the research findings and that participants' views are interpreted correctly (Holloway and Wheeler, 2002). This can be enabled by the researcher being immersed in the participants' world thus becoming more aware of the context of the study and therefore minimising any distortions that may arise. Also, by conducting the research over a three year period as well as being available over that period of time, participants will have the opportunity to ask questions and clarify any issues they may have thus built up trust with the researcher. This approach is supported by Krefting (1991, p217-218) who observed that an "Extended time period is important because as rapport increases, informants may volunteer different and more often sensitive information than they do at the beginning of a research project."

The questions posed in the interview schedules were reviewed by colleagues. As already identified, the interview questions were piloted with a small sample (n=5) of first year adult nursing students. Another strategy to ensure trustworthiness was that as the project progressed and findings emerged, support and guidance were sought from peers who could provide feedback on their perceptions of the findings (Guba, 1981; Pitney and Parker, 2009). This is supported by Corbin and Strauss (1990, p 19) who stated

"Creativity depends on the researcher's analytic ability, theoretical sensitivity to the subtleties of the action/interaction (of participants)" (Corbin and Strauss, 1990 p19)

Methods triangulation will allow the data from both approaches to be combined; the aim of collecting quantitative data is to highlight any potential factors linked to attrition whilst the semi-structured interviews should provide for an in-depth exploration of the data that was emerging from the quantitative data sets. This will then provide an opportunity to conduct a deeper analysis of the themes. In-depth analysis of the themes that may emerge will be carried out utilising Creswell's five step approach (Creswell, 2007; Jääskelä & Nissilä, 2015; Tashakkori & Teddlie, 2003).

Therefore, to enable a deeper and more insightful interpretation of the data it will be analysed separately and then brought together to form a more comprehensive overview. By doing so, more sense can be made of the data which enables a better and more detailed understanding (Maher et al., 2018). This will ensure that the process is rigorous and therefore it should validate the findings (Biggs and Buchler, 2007), They also point out that this approach will also allow for the researcher to reflect critically and creatively on the data (ibid).

Quantitative data from (n=1957) students were collected from university databases with the aim of identifying any potential factors linked to attrition. Data from students' exit interviews from those who had left in the first year (n=154) were analysed using the Statistical Package for the Social Sciences (SPSS). Statistical significance will be accepted as being $p \leq 0.05$.

Descriptive statistics will be used to summarise data such as age, sex, ethnicity, place of residence and whether they were the first to attend university. Categorical data were placed into cross tabulation tables and chi-square analysis was used to test for any association between appropriate variables (Greasley, 2008). Logistic regression was used to predict the discrete outcomes 'stay' or 'leave'. The predictor variables used were age, sex, educational qualifications, and extracurricular activities. Probabilities were used to assess how much each variable contributes to the odds ratio of 'stay' or 'leave', probability level was set at 0.05.

Scammon et al, (2013) point out that mixed methods should only be used if both methods can provide a more comprehensive answer rather than using one method on its own. However, it is anticipated from the data collected that by using and analysing both approaches together rather than in isolation, a richer understanding of the reasons for attrition may be gained (Creswell, 2013; Johnson & Christensen, 2008; Johnson & Onwuegbuzie, 2004). This is also supported by Tashakkori & Teddlie, (2010) who argued that by using mixed methods a more comprehensive understanding would be possible.

Table 3.5 : Research approach to answer the research question what are the causes of attrition in the first year of a nursing course?

	Research Approach	Information Gained
Qualitative	<ol style="list-style-type: none"> 1. In depth semi structured interviews with students who left the course 2. In depth semi structured interviews with students who completed the course 3. In depth semi structured interviews with staff 	<p>Themes emerged linked to attrition and reasons why students leave or stay.</p> <p>Academic staff perspective on why students stay or leave</p>

Quantitative	<ol style="list-style-type: none"> 1. Exit interviews 2. Student data on enrolment 3. Degree classification data 4. Attrition data 	<ul style="list-style-type: none"> • Age at start of programme • Sex • Ethnicity • College or school attended prior to start • Previous family academic history • Term time accommodation • Entry qualifications • Paid work on course • Degree classification • Reasons for non-completion • Attrition rates
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Most of the quantitative data was taken from the University records as well as exit interview forms whereas the qualitative data was collected via semi structured interviews. The knowledge and understanding that was gained from both qualitative and quantitative data sets enabled further analysis and interpretation (Thomas, 2016).

3.11 Data Collection

Both qualitative and quantitative data were collected from three cohorts of students who commenced their studies in 2016/17, 2017/18 and 2018/19. The research project was broken down into five phases (figure 3.4). These were labelled, phase A, B, C, D and E. At each phase data collection methods were utilised.

A detailed log/learning diary was also kept by the researcher throughout the project.

Information within the log was used as an extra data source during the analysis stage and it was used to provide further context and understanding of the problems. Prior to the interview stage a set of open questions was developed and piloted on a small number of students (n=3). This allowed for the semi- structured interview questions to be refined and developed further.

Drafts were forwarded to colleagues who had agreed to act as critical friends by offering to provide constructive feedback on my findings, my interpretations, as well as providing a sounding board for my ideas and thoughts as these developed and the project progressed.

Adding the lens of individuals not linked to the project helped to further establish the validity of the data collected (Creswell and Miller, 2000).

3.12 Quantitative data.

Quantitative student data were collected from university records, covering the years 2016-2019 (n=1957). The data collected on entry to the course included sex, age, ethnicity, previous health care experience; type and length, qualification on entry, whether students entered via clearing, literacy, and numeracy qualifications, and where they were going to live whilst on the course. Additional data were also collected, and this included sickness, engagement, and marks from course work and exams. This approach offered the opportunity not only to reveal any potential associations amongst the variables, but also any potential causation (Gray, 2014). The quantitative data collected also provided the context for qualitative findings (Foss and Ellefsen, 2002). The use of quantitative data also offered the opportunity to identify the relationship between the variables (Couchman and Dawson, 1990).

3.13 Ethical consideration

Prior to commencing this study, ethical clearance was obtained from both Hendon University as this was the institution I was undertaking my DProf and River Side University, as the study participants would be staff and students who worked or studied there and databases containing student information would need to be accessed for research purposes as opposed to student management purposes. The key tenet of ethics is “first do no harm” (Primum non Nocere) (Andrews et al., 2012), along with adherence to Hendon university’s code of practice for researchers. The British Educational Research association (BERA) guidelines (2018) underpinned the approach to this study and identified the need to identify any relevant ethical issues at each stage of the research project. By undertaking the research within an HEI, it is important to be aware of the potential risk this brings and the actual or potential exploitation of the power differential the researcher may have. As a senior leader within River Side University, it was important to be cognizant of this role and the power and influence this position had within the Organisation.

Participants were advised that by choosing to take part or not, there would be no implications for their time within the university or on the course. It is also important that

participants did not feel coerced into taking part (Creswell, 2009). As a senior member of the Institute's executive team, the researcher had to be mindful that staff and students might have felt obliged to take part because of the researcher's position and power within the university (Crosley et al., 2010). This was mitigated in several ways; firstly, information was provided on the staff intranet and on the students' virtual learning environment platform (VLE) informing them of the study. Secondly, interested persons were invited to contact the researcher directly. Research participants were then briefed and provided with information both verbally and in writing about the study and what would be expected of them.

Once they had the information, all participants were invited to take part, or they could withdraw their interest at that point. Informed consent was obtained from participants prior to the interviews being carried out. According to BERA (2018) researchers should remain open and sensitive to the possibility that participants may wish to withdraw their consent; therefore, every participant was given the option to opt out at any time. All participants had to sign a consent form. Interview data were anonymised and coded to avoid identification. Consent was also obtained from the HEI as they too had an interest in this work and the data gatekeepers were approached before the study progressed to inviting students and staff to participate. Staff and students who participated were advised that their comments would not be attributed to them directly and consent would be obtained from the Pro Vice Chancellor and the university's data controller to access any personal data. They were also informed that the transcripts of their interviews would be sent to them, with an invitation to review the transcript, make comments, and then return if they agree with the content or with comments. This was to help ensure the trustworthiness of the data collected and is known as participant or respondent validation (Birt et al., 2016). It was important that the students' voice and the true meaning of what they have said was not changed and that the true meaning of their words is reflected in the study report (Yeo, 1984). Participants were also assured that their information and data would remain confidential. The analysis and interpretation of data and its meaning is not without ethical implications (Sixsmith and Murray, 2001). Therefore, when analysing the data, it was important to note that content analysis also includes the ethical considerations of autonomy, nonmaleficence, beneficence and justice (Pietila et al., 2020).

3.14 Confidentiality

It was a key element of this project that participants felt comfortable and confident enough to discuss their personal stories and experiences with the researcher. It was important that

the data collected, along with the student and staff narratives were as authentic as possible. Therefore, participants were assured that their confidentiality would be maintained at all times and that they will not be identified. To this end, the following measures were taken and participants were assured that confidentiality would be maintained prior to any interview commencing. They were also asked to read the information pack and sign the consent form. The consent form also confirmed the participants' confidentiality. Once the interviews had taken place, they were given a participant code and any references to names and places were changed. Participants were sent a copy of their transcripts with names removed to ensure that their anonymity was maintained. Had any concerns regarding patient safety or unsafe practice be revealed through the interviews this would have been followed up and participants informed.

3.15 Insider researcher

When conducting research and especially research in an organisation that you work in, it is essential that the researcher considers their role, how they are perceived and the impact on the student and staff experience (Trowler, 2011). Therefore, it is important that bounding occur as this is key to the interpretation of findings. Insider research has been defined as being an insightful and reflective approach within a work setting (Robson, 2002). It has been increasingly common for researchers to select their own place of employment to carry out research (Coughlan, 2011; Zuber-Skerritt and Perry, 2002). This research was carried out in a School of Nursing and Midwifery at River Side University, a university that recruits students mainly from London and the Southeast. Insider researchers usually understand the culture of the organisation they work in, and they are familiar with the setting within which the research will take place and can establish a bond and intimacy with participants (Bonner and Tolhurst, 2002). This is supported by Teusner (2019) who points out that this approach enables the researcher to gain a deeper understanding of the organisation for which they work. It is also perceived as an appropriate and valid approach to undertake research as it provides important knowledge and understanding of what an organisation is really like (Brannick and Coughlan, 2007). As insider researchers usually have good understanding of the organisation and people they work with, this can help shape the study design (Brannick and Coughlin, 2007).

However, it is important to emphasise that there is a continuum for insider research (Trowler, 2011). At one end of this continuum the research involves people with a close working relationship with the researcher and the opposite end of the spectrum is where research is carried out on people in a part of the organisation that they have not worked with previously

(Fleming, 2018). The researcher was positioned on the end of the spectrum that meant he worked very closely with colleagues. When researchers are interviewing their colleagues, they need to establish both trust and rapport as well as reflexivity and this helps ensure good ethical conduct (McDermid et al., 2014). A reflective approach to interviews is important as this can reduce any harm to participants (Clark, 2006). Therefore, a reflective log was kept during the research.

On the other hand, being an insider researcher can also be problematic (Moules et al, 2004). Ethical issues need to be overcome, especially around privacy and confidentiality, and it is important that individuals cannot be identified (Fleming, 2018). As a senior education leader, it was important to maintain awareness of the power relationship between participants and himself (Wallerstein et al., 2019). Huxham and Vangen (2005) suggest that there are three types of power; power over (own gain) power to (mutual gain) and power for (altruistic gain) and that by sharing power the negative effects can be mitigated. It is also important that in order for qualitative research to be valid, researchers need to consider their position reflexively (Drake, 2010). It was also necessary to reduce any risk of being perceived as coercing participants to take part (Costley et al, 2010)

It is important to note being an insider researcher is not always negative as, in the case of this study. The new knowledge that was elicited could be used to help shape several interventions aimed at reducing attrition. For example, in some cases finance was perceived as a major obstacle for students to progress and so by directing students to the university's hardship fund, many were able to stay and complete their first year. Insider researchers, due to their knowledge of the institution, can also gain a more in depth understanding of the issues faced which can enrich the data collected (Sparkes, 2009). Consequently, they are best placed to affect change within their organisations (Costley et al., 2010).

Despite the potential problems, it has also been noted that there are advantages to being an insider researcher such as greater access to data (Mercer, 2007). By being an employee, the researcher was able to gain access to the full student data and this is something that external researchers may not have access too so readily. This study was carried out in an HEI that subscribes to the widening access agenda and has built a very good relationship with schools and colleges and has now incorporated secondary schools and colleges into the wider educational group.

One aspect of the researcher's role within the university is to ensure as far as reasonably practicable the progression and retention of students and this has provided a valuable insight and understanding of the issues which need to be addressed. As identified in Chapter 1, first year student attrition is a challenge for many UK HEIs so, whilst the results and

findings from this project may prove beneficial to the researcher's organisation but potentially to others, the researcher needed to be mindful as to the affect his presence may have had on the validity of the results.

However, as noted previously being an insider researcher can also be problematic (Moules et al, 2004). Ethical issues need to be overcome, especially around privacy and confidentiality, and it is important that individuals cannot be identified (Fleming, 2018). It has been suggested that qualitative research is not as good when it comes to "establishing the validity of research findings" (Patnaik, 2013;98). Researchers not only bring their experiences to a study, but they also bring their prejudices (Morse et al., 2002). Bias can occur at every stage of the research process and it can impact on validity and reliability (Smith and Nobel, 2014). However, by taking a step back and examining the motives behind the research questions posed and the desired outcomes, bias could be countered. It can also be reduced by choosing the most appropriate research design, as well as receiving feedback from peers (Johnson et al., 2010).

3.16 Conclusion

This chapter has explored the ontology and epistemology that underpins this research study. It has provided an overview of pragmatism and why this was the best approach for this study as it fitted well with the researcher's own world view and the way in which issues are tackled and an approach to problem solving. It has utilised the onion metaphor, a research framework to ensure that all areas were covered and considered, and subsequently looked at the way in which the research study was structured and my rationale for using a mixed methods approach and the need for triangulation. It has highlighted the importance of informed consent and has addressed the ethical issues when conducting this type of research project. The chapter has also highlighted and discussed the role of an insider researcher with all the inherent issues that surround being an insider researcher, both the problems and advantages faced and how these were overcome. It is clear that my position as a senior manager and researcher meant that it was important for me to identify my own biases, values and assumptions at the start of this journey. However, by being cognizant that the role had both power and position to influence the way this project proceeded. As a nurse with forty years' experience this has clearly influenced and shaped the way issues are perceived. Throughout this journey my awareness of the challenges faced by students and staff has been enhanced. Nevertheless, it would be remiss not to recognise that certain biases, both conscious and unconscious, exist that may shape the way in which data collected are perceived and interpreted .

This chapter has also provided a clear overview of how the research was designed and carried out as well as a discussion advocating why using a mixed method approach was perceived as the best option for this study and it has laid a firm foundation for the next chapter that will explore and discuss the project activity undertaken.

Chapter 4: Project Activity

4.1 Introduction

The total population for this research project will comprise students in their first year of a nursing course over a three year period . A combination of university data sets and semi-structured interviews were scrutinized, explored, and analysed, and the results triangulated. A descriptive research design was employed to determine the factors that surround attrition from all fields of nursing courses. This design was chosen as descriptive designs provide a good profile of people, events, and situations (Saunders et al., 2007).

The work undertaken during this DProf project is related to the academic roles held at two universities in the United Kingdom and specifically a role as Senior leader in Health and Social Care education. The dual issues surrounding the need to recruit a set target of students along with the problem of attrition, sparked a keen interest in this area. By exploring this issue further and by undertaking a deeper analysis of the issues, it soon became apparent that the work undertaken was not only relevant to the university but also to clinical partners and other stakeholders who have a profound need of qualified nurses.

It has been suggested that most HEI's have not been able to translate what they know about student retention into forms of action that lead to better student progression, persistence, and graduation (Tinto, 2006). Therefore, this chapter will provide an account of the research activities undertaken. The research activity included undertaking a literature review (Chapter 2), identifying the research questions (presented in Chapter 1), the permissions sought, the development of a semi-structured interview question set, the ethics application, the piloting of the interviews, the recruitment of students, and the collection, analysis and synthesis of data (as elaborated in the previous chapter).

As the researcher's DProf Journey progressed, when taking up a post at River Side University, one of the tasks allocated was to increase student progression and to revert the trends around student nurse attrition (Ooms et al., 2013; Wilson et al., 2015; ten Hoeve et al., 2017). Previous experience as recruitment lead and as a principal lecturer in Pre-registration nursing provided some insights into the issues faced by the recruitment teams and the demands placed on students especially in the first year of their course.

This chapter focuses on and details the activities undertaken during this DProf project journey and it will highlight the key areas of research within a coherent project. It will also build on the work carried out in the previous chapters.

Much of the work carried out was conducted as an integral part of the researcher's role as a senior leader in nursing education. However, it was influenced by the evidence, data collected and wide reading around the problems of attrition (Mulholland et al., 2008; Prymachuk et al., 2009; McLaughlin et al., 2009). Therefore, as the research aspect of the DProf journey came into focus, the emphasis switched to trying to fully understand the issues at play and the desire to mitigate the problems perceived around attrition (Beer, 2018). By undertaking this project within the workplace, the aim was to identify the causative factors and ideally put into place measures that mitigated these causes to reduce attrition from Riverside university. This project also supported the wider stakeholder strategic vision to reduce attrition across nursing courses, and to meaningfully contribute to an evidenced-based approach to support students on their journey and improve progression and retention (HEE, 2021).

4.2 Data collection and analysis

The first activity undertaken was to conduct a narrative review which aimed to critically review current literature as well as explore the themes and factors that emerged that were linked to progression and attrition. In Chapter 2, the approach to the narrative review along with the findings was presented. Several themes emerged that were linked to attrition from nursing courses. These were then explored during the interviews with participants. Data were also collected from exit interview forms and from university databases. A log/diary was kept during the project and my reflections, thoughts and words helped during my analysis and writing up this report. The approach and phases taken during this project can be seen in Figure 4.1.

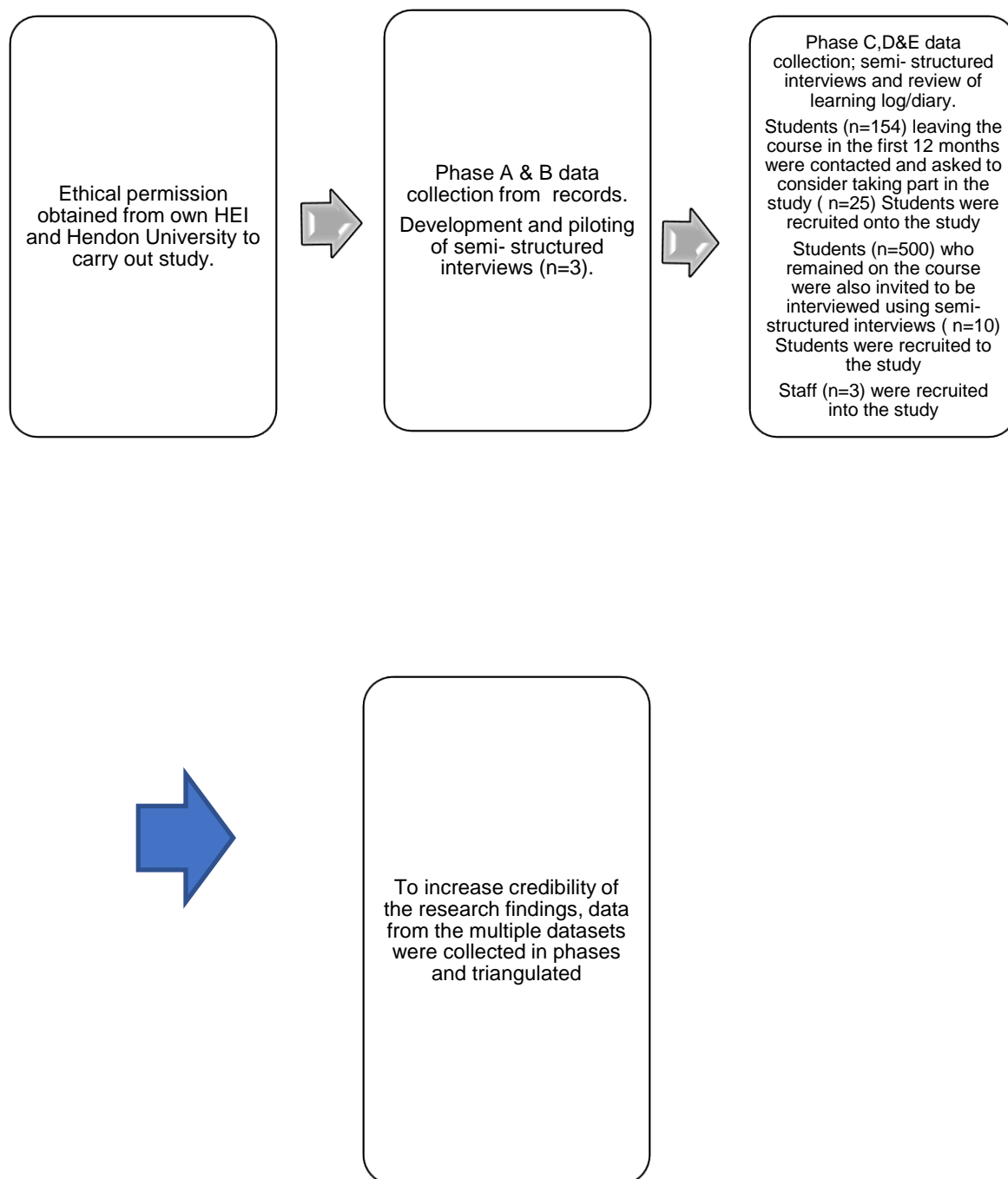


Figure 4.1: Procedure for Study & Data Sampling Strategy.

Once ethical clearance was given the data collection began. This began well; however, several issues arose that will be discussed later in this chapter.

4.3 Ethical approval

Ethics approval was sought from two HEIs, one where the project was situated and the other where the DProf was being undertaken (see appendix 4). The forms for both universities were similar and approval from Hendon University was swift and timely. Both forms incorporated a full risk assessment which ensured that participants' physical, emotional or psychological safety would be maintained through the project. However, the form for River Side University had to be resubmitted despite having similar information and this delayed the collection of data. The process and procedure conducted by both committees was rigorous and robust and this ensured that the project began on the right footing. Participants were provided information detailing the research project and its aims (Creswell, 2009.) As this project would be conducted by an insider researcher it was important that any risk that the participants may feel coerced into taking part would be reduced (Costley et al., 2010). There were no anticipated physical risks in taking part. Participants were provided with sufficient information prior to seeking consent. However, as this project sought to understand attrition and potentially change practice, there was a possibility that there would be resistance to change and that any proposals made may alienate colleagues and peers. Therefore, it was important to the power relationship between researcher and participants and to ensure that this did not become an issue. However, by ensuring that participants did not feel pressured and by being open and honest, the risk of a power imbalance was reduced (Humphries, 2002).

4.4 Student and staff invitation

Once ethical approval was granted, the researcher set out to recruit staff and students to the study. This required seeking permission from the Pro Vice Chancellor to approach students and the Dean to approach staff which was forthcoming. Purposive sampling was the method of sampling because it allowed for the selection of only those participants who were considered valuable to the project (Bernard, 2002). The initial invitation to participants was advertised on the students' Virtual Learning Environment VLE and the plan was to carry out a pilot with (n=5) participants. An information pack (see appendix 1) was provided to students who might be interested in taking part. The pack included a letter of introduction, a flier detailing the study, an FAQ along with the contact details of my supervisor and myself. Students who were interested in taking part were advised to contact the researcher directly and they were then forwarded further details of the study to be undertaken, including a participant information sheet as well as a consent form. However, recruiting participants to the pilot proved to be difficult and on discussion with my supervisor at the time, it was agreed that a pilot with three participants would suffice.

The Course Directors (CD's) and cohort leaders(CL's) were provided information about the research so that they understood the project. Key to the recruiting efforts were the Course Directors as they needed to inform the researcher when someone was leaving or contemplating leaving. On paper this approach seemed logical, but it was fraught with problems. Firstly, students left without informing the university and in some cases, they were gone for weeks before the university knew they were gone. The CDs were understandably busy and forgot to inform the researcher. This meant that students needed to be contacted after they had left, with a subsequent response rate which was approximately 50%. This impacted on the research as there was a potential that not all the essential information would be collected.

As the research was also investigating why students stayed on the course, an advert highlighting the study was placed on the students VLE, and the course reps were also informed about the study. Those who showed an interest were sent details and a flurry of emails was received requesting information and offering to help. However, whilst staff and students responded, it may have meant that participant self-selection could be biased, and it is likely that staff participants might feel compelled to take part as the researcher was their manager (Costley and Abukari, 2015).

This was mitigated by arranging a meeting with the admissions tutors. The purpose of this meeting was to create an open, warm, and flexible dialogue and to foster a commitment from them to take part in the research. It was also the opportunity to present the researcher and to describe and share the research to be undertaken. This meeting was also used to assure the admissions tutors that they did not need to take part if they did not want to. However, they were all keen to get involved as they could see that attrition was an issue. As time moved on, inevitably interest waned, and students had to be re approached to "sell" the project again. The recruitment of students into research studies is known to be a great challenge (Far, 2018). It is common for researchers to overestimate the number of participants for their research (Gul and Ali, 2010).

A pilot study was carried out. This was undertaken to test and refine the questions as well as gauge the participants' response. The initial plan was to interview (n=5) students who left the course, but this proved difficult in the short term and therefore only (n=3) students took part in the pilot. When discussing the pilot numbers with my supervisor it was felt that as long as we had 10% of the total interviews planned as 10% is seen as being sufficient (Connelly, 2008).

At the time there was a fear that the project would not gain sufficient participants as the initial invite appeared to have fallen flat and this worry was discussed with a supervisor. It was decided to approach the students again and posters were placed in the classroom lifts and

through their VLE. Students were sent information direct to their university email accounts. This resulted in some more students coming forward.

The students who took part in the pilot were all from the adult branch as students from other fields at that time did not volunteer. A suitable time to conduct the pilot with the (n=3) students was subsequently arranged. Following the pilot, the information sheet and questions were revised and this was then reposted on the students' virtual learning environment (VLE). Cohort leaders and course directors were sent details explaining the study and the requirement to interview students who were leaving, those who had recently left, and those who were thinking of leaving.

4.5 Data Collection

The university records of (n=1957) students were accessed over a three-year period spanning 2016, 2017 and 2018. Permissions were sought from the Pro Vice Chancellor Health and an approach was made to the data controller. Justification had to be provided in order to gain access to the data required. However, access to all pre enrolment and enrolment data was granted. Progression data was also accessed. This enabled the opportunity to gather data around a wide range of variables. An excel workbook was developed which incorporated a wide range of variables and this then provided the basis for analysis. Over the period that this research was carried out, n=154 students left their courses but not all of them took part in exit interviews. Therefore only (n=117) records were accessed. The data were entered onto a database using SPSS v15 software and analysed to determine if there was any relationships between the variables. Quantitative data was collected retrospectively covering a three-year period (2016-2019) relating to:

- Overall cohort size
- Number of students leaving each cohort
- Qualifications on entry
- Individual variables

A data capture form (Excel spreadsheet) was devised to record this information. A limitation of this approach is that exit checklists have prescribed categories which are guided by the information required by HESA and the LETB's and they may not capture the student's authentic voice, so this may limit the overall findings. Copies of exit interview documentation were also recorded.

4.6 Interviews

Semi-structured interviews were used because they offer the opportunity for the participant and researcher to have meaningful verbal exchange and they allow the areas of interest to be covered. However, they also offer flexibility and participants can expand and elaborate on their answers (Clough and Nutbrown, 2007). Semi structured interviews also offer the opportunity to prompt the participant with the aim of gathering further information (Clough and Nutbrown, 2007). Nevertheless, it is important to note that when using interviews to gather data it is important to be aware of power relationships, and other dynamics (Vahasantanen and Saarinen, 2013). The interviews were designed following the small pilot study of (n=3) and they incorporated many of the themes that emerged from the narrative reviews (see Figure 4.1).

The development of an interview guide contributes to the objectivity of the study (Kallio et al., 2016). An interview schedule was devised based on an extensive review of the literature (see Appendix 5), the pilot of (n=3) students and the data emerging from exit interviews as well as the researcher's experience working with pre-registration nurses. Questions explored the students' experience of the course, their reasons for withdrawing, their financial arrangements, how far they had to travel, academic and outside support networks, where they lived and their experiences whilst on clinical placement. The interviews also explored what could have been done to help them stay on the course. Participants were asked about their experiences on the course, the problems they faced, how they managed financially, whether they had some outside support and the preparation they had for undertaking academic study. Active listening is key and a proficient researcher should enable articulation. Therefore, the approach taken when interviewing participants was to try to make them feel as comfortable as possible during the interview. Interviews began with introductions and general chat about the weather, or how far they had travelled and asked them a little about themselves before going through the questions. Nevertheless, on meeting with participants, it soon became clear that the interview needed to be framed in a way to ensure that participants felt at ease and could answer as freely as they could. For example, following introductions, time was taken to explain what the research was all about and why it was important. Therefore, the first question needed to be as open as possible and it was framed in such a way that participants could elaborate on their answers .

“What was your personal experience of studying nursing at River Side University?”

This was followed up with the question

“Without thinking too much about it was there any event or issue that made you consider leaving/staying on the course?”

By asking students to reflect on events that affected them this could be explored further during the interview, and it also allowed for the opportunity to identify if there was a trigger point for the decisions made by the student

For students who completed their course, similar questions were asked. However, further questions were posed regarding whether they ever felt like giving up, and if so, what stopped them; the support they had, as well as exploring their coping mechanisms and resilience. For the staff group they were asked why they felt students left. Also, what we could do to mitigate the reasons for leaving, as well as their views on the mechanisms put in place to support students.

In depth semi-structured interviews (n=25) that aimed to capture the student's authentic voice were conducted with students who interrupted or withdrew from their nursing course. Students were identified as they were required to contact the student support team as well as their course director, prior to interrupting or withdrawing from the course. Following this ten (n=10) in depth semi-structured interviews were carried out on students who completed their course and registered with the NMC. Three (n=3) further interviews were carried out on members of the academic admissions teams.

All participants were sent the interview schedule prior to the actual interview. This approach enabled the students to provide informed consent but also to enable them to focus their thoughts which contributed to the rich and valuable data collected. However, it could be argued that by doing this, the students had time to rehearse their answers. Being a reflexive researcher, the students may have provided certain answers due to my role in the University and by sending the interview schedule beforehand, deductions may have resulted.

Therefore, to mitigate this effect, student answers were probed in some detail (Adams, 2015).

There was some flexibility with the semi-structured interviews as the sequence of the questions could be altered during the interview and more or less time could be given to different topics (Robson, 2011). Participants were informed that a copy of their interview

transcript would be forwarded to them and that if they wanted to make any changes to do so. This represented a second lens to validate their accounts (Creswell and Miller, 2000). Participants were also informed that they could contact the researcher if they had any further questions.

Throughout, a concerted effort was made not to lead when asking questions during the interview. However, this was kept to a minimum and on reflection participants had shared their stories without any real interference. However, they were also observed throughout for any signs that they were uncomfortable and did not wish to continue. By taking a more passive and observational approach during the interviews, the students and staff were more forthcoming as their stories became known (Shuttleworth, 2008).

As a senior leader there was potential that participants would be influenced, therefore the main aim was to ensure that the interview remained focused (Patnaik, 2013). Nevertheless, it was important to be mindful that as the researcher became more embroiled and invested in the research that there was a potential that his objectivity could be compromised, and biases could come to the fore. To mitigate this, the approach and initial findings were discussed with colleagues not invested in the project as well as with the supervisor, to gain a more independent perspective.

4.7 Recording of interviews

Over the whole project, (n=38) semi-structured interviews were undertaken and this include (n=3) interviews with staff participants (see Table 4.1.) As a DProf Student of Hendon University, a seminar on research methods was attended and it provided a backdrop on the importance of transcribing. Outsourcing the interview transcription to a professional service was considered. However, it was decided to transcribe all the interviews personally. All the interviews were recorded digitally by an IC recorder (ICD SX80). They were then downloaded onto a computer as MP3 files and transferred to a secure OneFile Dropbox. They were then transcribed verbatim which took on average about a day to a day and a half for each one. The transcripts were reviewed and corrected by the researcher and reviewed by a research colleague. The research participants were also given the opportunity to check and correct the transcripts when they were sent copies. Once the interviews were transcribed, the coding process begun. The data analysis for all activities took considerably longer than anticipated which potentially could render the results as being out of date. However, the themes that emerged continue to be issues that face students, therefore, whilst analysis took some time the findings were still pertinent. The research diary/log had also grown as entries

were added regularly. A considerable amount of time was spent checking and rechecking the work and when undertaking the thematic analysis, the use of software was not considered through a lack of understanding of the technology available, and this delayed the project further. On reflection by using software, further analysis and insights may have been achieved.

Table 4.2 outlines the process of interviewing, recording and transcribing interviews.

The interviews were conducted as follows:

Number	Participant Pseudonym	Interview mode	Recorded	Transcribed	Reviewed and corrected for accuracy only
1	WLSBU1 "Evelyn"	Face to face	Digital recorder	AM	CC
2	WLSBU2 "Ali"	Face to face	Digital recorder	AM	CC
3	WLSBU3 "Louis"	Face to face	Digital recorder	AM	CC
4	WLSBU4 "Edith"	Face to face	Digital recorder	AM	CC
5	WLSBU5 "Emma"	Face to face	Digital recorder	AM	CC
6	WLSBU7 "Hemi"	Face to face	Digital recorder	AM	CC
7	WLSBU8 "Samantha"	Face to face	Digital recorder	AM	CC
8"	WLSBU9 "Mia"	Face to face	Digital recorder	AM	CC
9	WLSBU10 "Ebok"	Face to face	Digital recorder	AM	CC

10	WLSBU11 "Sonia"	Face to face	Digital recorder	AM	CC
11	WLSBU12 "Lynn"	Face to face	Digital recorder	AM	CC
12	WLSBU14 "Yvonne"	Face to face	Digital recorder	AM	CC
13	WLSBU15 "Judith"	Face to face	Digital recorder	AM	CC
14	WLSBU16 "Venita"	Face to face	Digital recorder	AM	CC
15	WLSBU17 "Sian"	Face to face	Digital recorder	AM	CC
16	WLSBU18 " Niamh"	Face to face	Digital recorder	AM	CC
17	WLSBU19 "Willomena"	Face to face	Digital recorder	AM	CC
18 "	WLSBU20 "Dolores"	Face to face	Digital recorder	AM	CC
19	WLSBU21 "Sue"	Face to face	Digital recorder	AM	CC
20	WLSBU22 "Maureen"	Face to face	Digital recorder	AM	CC
21	WLSBU23 "Gosia"	Face to face	Digital recorder	AM	CC
22	WLSBU24 "Siobhan"	Face to face	Digital recorder	AM	CC
23	WLSBU25 "Adam"	Face to face	Digital recorder	AM	CC

24	WLSBU26 "Roxi"	Face to face	Digital recorder	AM	CC
25	WLSBU27 "Daisy"	Face to face	Digital recorder	AM	CC
26	RMLSBU1 "Rachel"	Face to face	Digital recorder	AM	CC
27	RMLSBU2 "Mary"	Face to face	Digital recorder	AM	CC
28	RMLSBU3 "Charlotte"	Face to face	Digital recorder	AM	CC
29	RMLSBU4 "Ewa"	Face to face	Digital recorder	AM	CC
30	RMLSBU5 "Greg"	Face to face	Digital recorder	AM	CC
31	RMLSBU6 "Nala"	Face to face	Digital recorder	AM	CC
32	RMLSBU7 "Kamari"	Face to face	Digital recorder	AM	CC
33	RMLSBU8 "Zendaya"	Face to face	Digital recorder	AM	CC
34	RMLSBU9 "Freda"	Face to face	Digital recorder	AM	CC
35	RMLSBU10 "Alison"	Face to face	Digital recorder	AM	CC
36	STADMIS1 "Neeraj"	Face to face	Digital recorder	AM	CC
37	STADMIS2 "Lory"	Face to face	Digital recorder	AM	CC

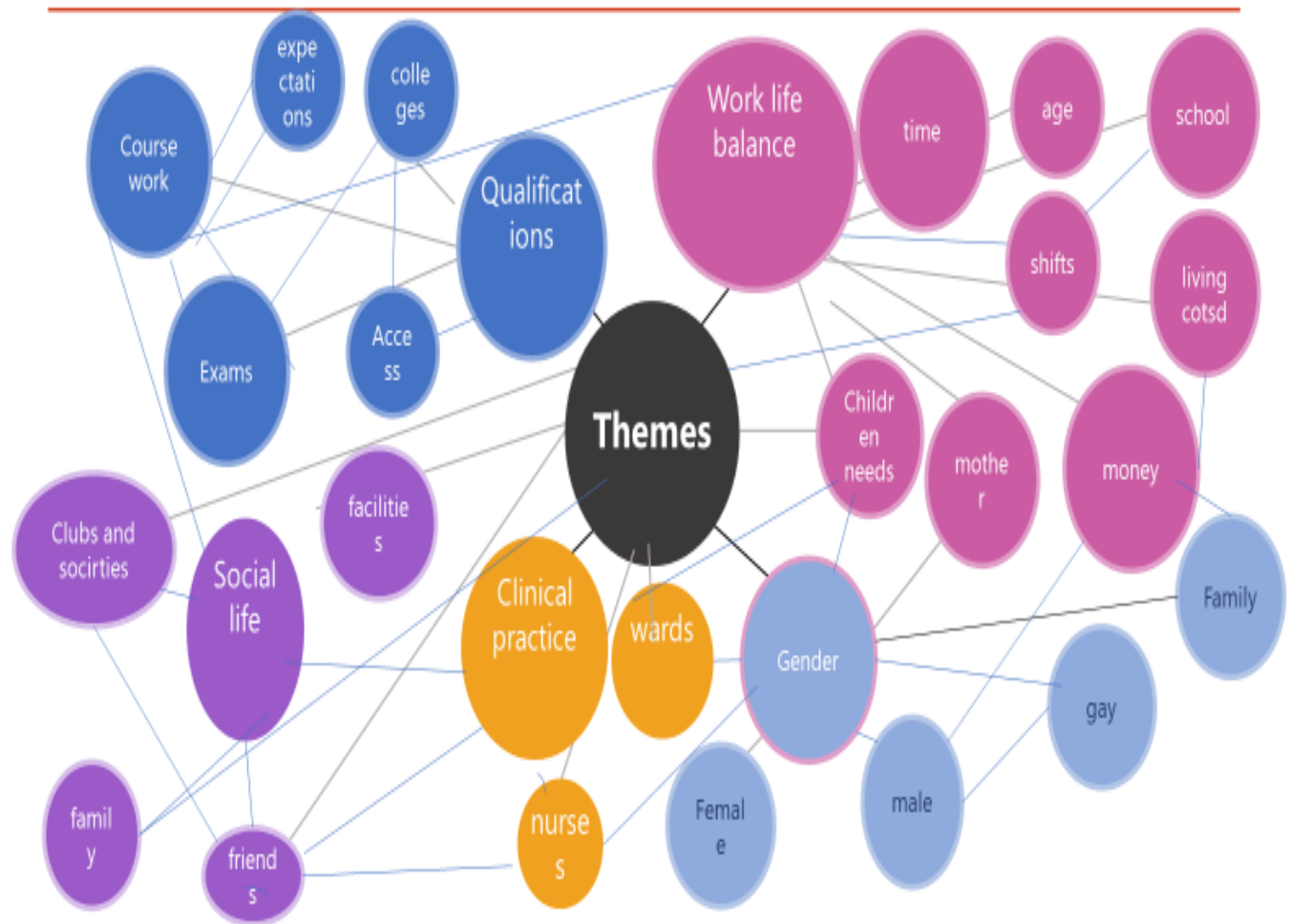
38	STADMIS3 "Esther"				
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Further demographic information on the students and participants can be found in Chapter 5.

4.8 Transcription and Analysis

When the interviews were concluded, they were transcribed verbatim using Creswell's approach (Creswell, 2009). The interviews were read and reread and the following themes emerged. Yet as the transcription progressed valuable insights were gained and recorded in the researcher log as well as being highlighted within the text and these may have been lost if a company had done this. Once all the interviews were fully transcribed, they were read and then reread, and it is evident that the analysis had begun in earnest. An inductive approach was taken as it was evident that some analysis had already started during the transcription phase. This is an interpretive process as researchers develop a better understanding of the meaning of utterances and how they can be translated (Bailey, 2008). The interviews were then transcribed and analysed using Creswell's 5-step approach (Creswell, 2009) to identify emerging themes which were then interpreted as the researcher endeavoured to make sense of the findings. The analysis then began by looking for broad themes during this phase of thematic coding analysis format (Robson, 2011). This allowed for common patterns to emerge across the data set. Therefore, a deeper analysis emerged as an overarching impression of the data was established and by making sense of the stories shared.

Thematic map



Colour Key

Entry qualifications
Social and family life
Work life balance
Clinical placements
Gender
Prof values and expectations

Figure 4.3: Thematic map

4.9 Conclusion

This chapter has provided an overview of the project activity undertaken. It highlights the challenges encountered, the rationale for the project and the phases that were undertaken throughout. Data were collected over a three year period and this chapter has also explored how the data was gathered and the analysis that has been undertaken. It has highlighted the considerations around the ethical principles that underpinned this study. It has also critically discussed the research approach and some of the obstacles that were overcome. This now leads onto Chapter 5 where the results of the work carried out will be critically discussed.

Chapter 5: Project Findings and Analysis

5.1 Introduction

Most of the students in this study were non-standard entrants to nursing in relation to age and academic qualifications. The students were predominantly female, from a variety of races and cultures, mainly self-financing, had children, non-resident and were the first of their families to have gone to university. This chapter will focus on the results obtained from the research undertaken at River Side University. The chapter has been broken down into three parts. Part 1 will focus on the findings and the analysis of the quantitative data collected. Part 2 will focus on the findings and analysis from the qualitative data and Part 3 will triangulate the findings and analysis from both parts by embedding the data to provide a complete overview of the project's findings (Creswell, 2007).

5.2 Ethical considerations in data analysis

They key issues that were considered were

- Ensuring participant anonymity during the transcription and reporting process
- Ensuring data is stored in accordance with data protection legislation and data protection policies.
- Ensuring participants are aware that they own the data.
- Ensure that the data is interpreted correctly. Therefore, the transcripts and analysis were shared with the participants as well as with colleagues who, as critical friends, offered further insights into the way the data were interpreted and ensure that researcher bias was recognised and taken into consideration during all stages of the project.

Pseudonyms have been used and no participant has been identified in either the qualitative or quantitative data. To ensure respondent validation, every participant who took part in the semi-structured interviews had seen a copy of the transcript and have agreed that it is a true reflection of the conversation that took place (Birt et al., 2016). No participant changed or withdrew their data.

5.3 River Side University withdrawal guidelines

Students can withdraw from a course citing their personal reasons however, in several cases students are withdrawn by the university.

Withdrawal

1. This is where the student decides that they no longer wish to continue as a student at the University and permanently withdraw from their course. Students are invited to an exit interview and asked why they are leaving. However as previously noted there are problems with exit interviews, and they might not fully capture the real reasons why the student is leaving.

2. Students may also be withdrawn from their studies by the University which also adds to the overall attrition rate, and it is therefore important that it is also considered, in the following circumstances:

a) Interruption or withdrawal due to concerns about the students physical or mental health in accordance with the Fitness to Study procedure.

b) Withdrawal for reasons of academic failure as set out in the Academic Regulations.

c) Withdrawal for failure to attend or engage with their studies.

d) Withdrawal for failure to comply with Home Office visa requirements, including requirements about academic engagement, if they are a visa sponsored student at the University.

f) Withdrawal for failure to comply with the enrolment terms or in the other circumstances set out in the enrolment terms in the timeframe specified by the University.

Taken and adapted from River Side University withdrawal and interruption procedures 2018

The previous chapters have laid out the literature review, methodological approach, and the project activity. Whilst undertaking this project it became evident that a mixed methods approach was the most appropriate as it provided a richer context to the data findings which will be triangulated and analysed in conjunction with the literature (Johnson and Onwuegbuzie, 2004; Teddlie and Tashakkori, 2009). This approach was used to explore why some student nurses leave their course in the first year whilst others choose to stay. Data were collected from university exit interviews (n=113), however, there are limitations linked to this approach and the data collect may not truly reflect the real reasons why students leave. University student record databases as well as semi-structured interviews

(n=25) carried out on students who left and (n=10) on students who stayed and (n=3) on staff members.

The demographic backgrounds of the students and staff can be found in Table 5.3 . The themes identified from the literature, as well as from the quantitative data obtained from the university databases, helped shape and develop the questions asked during the semi-structured interviews.

Creswell and Plano-Clark (2010) argue that data needs to be explored through the opposite lens, so qualitative data would be explored through the quantitative view and vice versa. Therefore, this chapter aims to present findings in an integrated way to enhance understanding of why students leave their nursing courses in the first year and why others stay. This chapter will explore and analyse the findings and how these impact on the student nurse journey, as well as demonstrating how the findings will address the aims and objectives of the research question. It will provide recommendations for future practice around the reduction of attrition not only at River Side University, but also in the wider HEI sector. Themes from the interviews that emerge will be analysed alongside the learning log/diary using Creswell's (2009) five-step approach:

1. Creating and organising files for data
2. Reading the text and forming initial codes
3. Describing the social setting, people involved and events
4. Analysing data for identifying emerging themes
5. Interpreting and make sense of the findings

5.4 The Emerging Themes

As the study progressed several themes began to emerge, and these included:

1. College and school qualifications
2. Preparedness
3. Academic Workload
4. Clinical workload
5. Support
6. Friendships
7. Extracurricular activities
8. Managing Money
9. Home life

10. Family
11. Wards and placements
12. Sex
13. Determination
14. Coping with the demands of academic study
15. Practice placement requirements
16. Travel

The sub-themes were then synthesised into the following themes

- Pre course qualifications
- Academic preparation
- Academic expectations
- Academic support
- Social interaction
- Monetary management
- Clinical practice experience
- Work life balance
- Gender (Male or Female)
- The need to succeed

During the period that this research was carried out (n=154) students left their courses in the first year out of a total of (n=1957) students from across all nursing branches. Students who leave usually undergo an exit interview, however 24% of the students who left were uncontactable, therefore no exit interview occurred. During the time span of this study only (n=117) exit interviews with students from all four nursing fields (Adult, Child Mental Health and learning disability) were carried out and recorded on the university system. Data from exit interview paperwork were collated however, exit interview data may not reflect the true reasons why students are leaving the courses (Pearce, 2004). This may occur because the categorisation of leaving reasons did not necessarily reflect students' complex reasons for dropping out of programmes. There is a tendency for the academic staff who conduct interviews to tick the box closely related to the students stated reason for leaving. This has potentially impacted on the results of this study as there are issues with consistency. Following discussion with the cohort leaders as to the reasons ticked on the exit form, they stated that the reasons that some students provided did not fit neatly into each of the categories and that this meant that staff had to choose the best fit. Therefore, within this

study it is noted that whilst exit interviews capture data, they do not fully reflect the full and comprehensive reasons why students leave. Nevertheless, several factors emerged as being key to why students left River Side University and these factors can be broken down into personal factors, academic factors, and application/entry factors (see table 5.3). It was felt that the questions posed within the semi structured interviews would mitigate for the shortcomings within the exit interviews.

As discussed in the narrative review, the Micro, Meso and Maco factors were identified. However, whilst a similar picture existed at River Side University, not all the factors identified within the narrative review were applicable and this data identified other factors (See table 5.3.)

Table 5.3: Factors linked with attrition from River Side University,

PERSONAL FACTORS	ACADEMIC FACTORS	APPLICATION/ENTRY FACTORS
Gender (being male) (n=5)	Clinical placements/experience (n=27)	Recruitment and selection (n=10)
Financial hardship (n=74)	Pastoral/tutorial support (n=4)	Academic qualifications on entry (n=21)
Age (n=7)	Welfare support (n=17)	
Ethnicity (n=3)	Academic failure- non continuation/withdrawal (76)	
	Academic support (n=19)	

Some students also identified multiple reasons for choosing to leave the course in the first year. Students (n=154) left from three cohorts of student nurses from all branches of nursing in 2016, 2017 and 2018. A database was developed from student records with explanatory variables such as whether they came through clearing or had undertaken an access course. Univariate and multivariate analyses were undertaken to identify potential factors linked to attrition from nursing courses.

Within the literature it was suggested that the time of year students leave was significant as it would help target interventions during these periods. Initial analysis using descriptive and inferential statistics was undertaken and Chi square was used to test whether seasonal variation for leaving the programme was significant. The Chi square test (Table 5.4) showed no statistically significant relationships between the quarter of an academic year and primary reason for leaving.

Table 5.4 Chi-Square Tests

	Value	Df	Asymp. Sig (2 sided)
Pearson Chi Square	44.528	36	.133
Likelihood ratio	47.744	35	.063
Linear by Linear Association	.000	1	.991
N of valid cases	154		

41 cells (78.8%) have expected count less than 5. The minimum expected count is .18

It is clearly evident from the data that there was a higher incidence of those leaving the course who did not have GCSE Maths and English but had a level 2 qualification (78%); those who undertook more than 20 hours per week of extra paid work (66%); those who commuted to the university (48%); those who came through clearing (46%); those aged over 40 (31%); white (43%); with BTEC qualifications (35%); male (24%).

On further analysis, age (odds ratio (OR) 1.79, 94% confidence interval 1.05 to 3.07 ($p = 0.032$); BTEC qualification (OR 1.48, 1.13-1.93 $p = 0.004$) and being male (OR = 3.80, 2.14 to 6.75) $p = 0.004$) were associated with a greater risk of attrition from the nursing courses at River Side University.

A logistic regression to assess the impact of independent variables on whether a student would complete the course or not was conducted. The following variables (age, gender, ethnicity, qualifications on entry, accommodation, working whilst on course) were all included. However, there were no statistically significant findings ($p = 0.274$), which would suggest that there is no statistical difference between those who stay and those who leave when comparing the above variables.

5.5 Student characteristics

The main sample frame for students who left comprised three first-year cohorts of student nurses from all branches of nursing who commenced their programme of study in Sept 2016, September 2017, and September 2018. The September 2016 cohort consisted of (n=698) students who were near the end of their first year, the 2017 cohort consisted of (n=615) students at the beginning of their first year and the 2018 cohort consisted of (n=644)

students at the beginning of their first year of the nursing course (See table 5.5). Of the (n=1957) students only 18% had a parent who had attended a higher education institution. Whilst students were from all four nursing branches, the majority came from the adult branch (56%); child branch (21%); mental health and LD branches (23%). Individual characteristics in relation to gender in all cohorts ranged from female students; 88.25% in 2016, to 86.96% in 2018. Whereas male students accounted for 11.75% in 2016 and 13.4% in 2018. Across the three cohorts with all nursing branches combined, the majority of students were female (88%), had children (42%) and were from an ethnic minorities background (67%). A significant number of students (73%) had undertaken a level three course to enable them to meet the entry requirements which were set at 260 UCAS points. 76% of students had undertaken key skills level 2 in Maths and English. For 82% of the students, neither parent had attended higher education.

Table 5.5 Numbers of students enrolled on all nursing courses

	2016	2017	2018
Adult	391	331	370
Child	147	117	126
Mental Health	139	148	129
LD	21	18	19
Total	698	615	644

Numbers of students per Branch of Nursing

5.6 Age

In higher education in the UK, students over 19 years of age are defined as adult students (DfE, 1995), and those aged 21 or over at the start of their programme are defined as mature students. It has been estimated that at least half of students are aged 21-24 and 40% are over 30 (UCAS, 2021). However, within this study the ages of students ranged from 18 to 55 years. However, within the child branch 71% were under the age of 24 and approximately 21% of the cohort were aged between 18-20yrs.

When considering mature students, the impact of age on student retention is well documented in existing research and mature students are more likely to leave (Mulholland et al., 2008; Pryimamachuk et al., 2009). This has been exacerbated by the pandemic and the move to online teaching as noted by the work of AdvanceHE. They point out that mature students undertaking online degrees are the most vulnerable to not completing their degree and they estimated that 43% of mature students do not finish (Payne, 2021). According to

UCAS (2021) mature students often must balance their academic studies alongside the need to work or their caring responsibilities. Of the 35 students interviewed as part of this study the majority (n=83 %) were aged 21 or over at the beginning of their nursing course. The increasing numbers of mature students on nursing courses may be due to the changes in demographics as well as from the increased opportunities for students to attend higher education due to Government widening participation initiatives (Lauder & Cuthbertson, 1998; Kevern et al., 1999). Older students are more likely to have outside commitments as well as having to balance family life, which may impact on their ability to complete the course (Prymachuk et al., 2009; O'Brien, 2009).

5.7 Ethnicity

There are still significant ethnic awarding gaps to the detriment of students from ethnic minority backgrounds (Cotton et al., 2012). It is also evident from this study that women from ethnic minority backgrounds face double the challenges and are stuck in the “double bind” of overlapping disadvantages (Patton, 2004). Racial inequalities in education have been documented over the years (Pryce-Miller et al., 2022). However, despite problems continuing to exist in the wider university sector, Riverside University mainly attracts applicants from the South and East (See table 5.6 below) and as a widening participation university, students from non-traditional backgrounds are actively encouraged to apply. As identified from table 5.6 there is a significant number of students from ethnic minority backgrounds living in the areas from which River Side university traditionally recruits.

Table 5.6 London Borough Ethnicity data

London Borough	White	Asian	Black	Mixed	Total Pop
Barking and Dagenham	99,000	55,000	51,000	16,000	222,000
Bromley	264,000	25,000	23,000	25,000	338,000
Croydon	224,000	78,000	61,000	30,000	392,000
Greenwich	158,000	61,000	55,000	19,000	292,000
Hackney	167,000	19,000	49,000	53,000	289,000
Havering	196,000	30,000	28,000	10,000	264,000
Lambeth	215,000	22,000	55,000	38,000	329,000
Lewisham	194,000	24,000	61,000	34,000	312,000
Newham	165,000	120,000	56,000	20,000	361,000
Redbridge	132,000	139,000	26,000	16,000	313,000
Southwark	183,000	26,000	79,000	33,000	321,000
Sutton	136,000	34,000	16,000	21,000	207,000
Tower Hamlets	161,000	123,000	16,000	26,000	326,000

Waltham Forest	188,000	32,000	34,000	29,000	282,000
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Ethnicity data London Boroughs (2020)

The ethnicity of the student population has changed across all nursing disciplines over the past five years. However, it has been within adult mental health that has seen the biggest changes. In 2016 the intake of white students onto the adult course was 46% and this reduced to 22% white students in 2021. In mental health nursing, 69 % of students came from an ethnic minority background in 2016, whereas it is now 81%. This is mainly due to the changing demographics of the boroughs that students are recruited from. As a university that prides itself on its widening participation agenda it also recruits from FE colleges that educate a large number of ethnic minority students. This change of the ethnic makeup of student nurses may be a factor contributing to the change in the attainment gap.

Tables Changes in Nursing ethnicity over a five year period from 2016-2021

Table 5.7 Changes in Adult Nursing ethnicity from 2016-2021						
	2016	2017	2018	2019	2020	2021
Asian	11%	10%	11%	9%	6%	6%
Black	34%	33%	47%	52%	60%	62%
Mixed	8%	3%	4%	4%	6%	8%
White	46%	51%	37%	30%	25%	22%
Other	1%	3%	1%	5%	3%	2%

Table 5.8 Changes in Mental Health and LD Nursing ethnicity from 2016-2021						
	2016	2017	2018	2019	2020	2021
Asian	7%	6%	11%	9%	0%	2%
Black	54%	64%	65%	65%	75%	76%
Mixed	8%	3%	11%	15%	4%	6%
White	30%	26%	12%	11%	20%	17%
Other	1%	1%	1%	0%	1%	0%

Table 5.9 Changes in Child Nursing ethnicity from 2016-2021						
	2016	2017	2018	2019	2020	2021
Asian	11%	19%	20%	21%	19%	23%
Black	10%	9%	10%	9%	8%	10%
Mixed	4%	3%	4%	2%	6%	4%

White	74%	68%	65%	66%	65%	62%
Other	1%	3%	1%	2%	2%	1%

When comparing other branches of nursing it is evident that the ethnic mix within the child branch shows a mean percentage of white students across all cohorts of 66% which is a marked difference when compared to the Adult or Mental health branches.

Table 5.11 Awarding Gap Adult Nursing over the past 5 years

	2016 Gap	2017 Gap	2018 Gap	2019 Gap	2020 Gap
Asian	14%	13%	12%	9%	6%
Black	12%	8%	6%	2%	-0.2%
Mixed	18%	15%	13%	13%	10%
White	25%	35%	33%	39%	42%
Other	14%	11	8%	8%	8%

As shown in Table 5.10, the awarding gap at River Side University between all groups other than black students remain. However, they are largely stable, yet it is noticeable that the awarding gap for black students has reduced. The reasons for this will be discussed in greater detail in the following chapter.

5.8 Gender

Nursing in the UK has traditionally been a female-dominated profession and although the number of men in nursing has increased over the last 10 years, this continues to be the case (Stevenson, 2003). Male nurses now account for 10.73% of the UK's nursing population (NMC, 2008). In the three cohorts included within this study the mean percentage of female students was 87%, with males making up 13%. Kevern et al. (1999) argued that gender was not an issue in terms of attrition from nursing courses, but Mulholland et al. (2008) suggested that male students are more likely to withdraw from their studies. Although this may be due to nursing being perceived as a poorly paid profession (Jeffery, 2004), this study concurs that gender is an issue. Childcare has also been cited as a factor leading to attrition (Waters, 2006) which would suggest that women are more at risk.

Table 5.11 Gender Breakdown nursing branch

Sex	Adult	Child	Mental Health	LD
F	85.53%	F 88.25%	F 86.96%	F 89.000%
M	14.47%	M 11.75%	M 13.04%	M 11.00 %

5.9 Accommodation lack / travel

The data revealed that most students (69%) lived in their own homes and commuted to the university or to their clinical placements. A smaller number of students (23%) continued to live with parents in the family home and 8% lived in student accommodation or in privately rented accommodation within walking distance of the university. However, this did not appear to have any bearing on attrition.

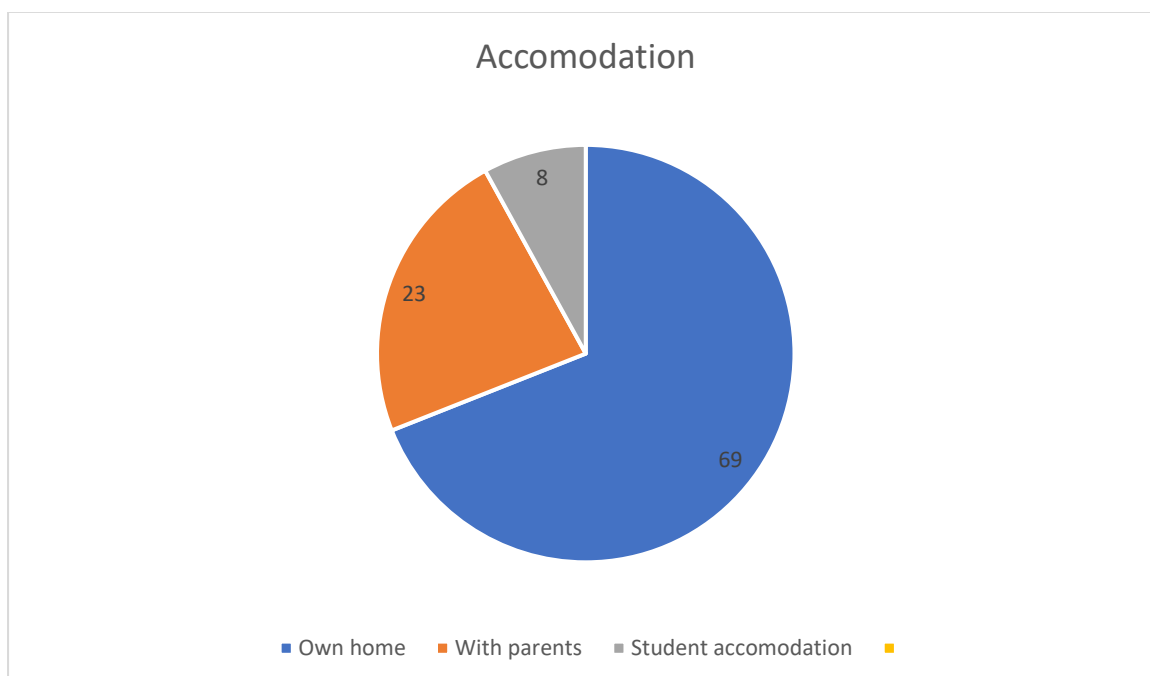


Figure 5:12 Where students live

Data obtained from university database

It is clearly evident that the majority of students at Riverside university live in their own homes thus necessitating that they travel to the university and to their clinical placements. This also has implications for the opportunities to engage socially in and around the university and get involved in university life.

5.10 Financial support

In 2017 new rules were introduced for the financial support of nursing students. From this period onwards students undertaking nursing courses were no longer entitled to an NHS bursary and they had to access funding via a student loan company. Therefore, within this study two groups of students were included; those who received funding with an NHS bursary and those who did not receive funding and had to take out student loans. For the first group of students, those in the 2016 cohort, they were entitled to have their fees paid by the National Health Service, receive a £1000 grant, be eligible for means tested bursaries, receive a reduced maintenance loan along with additional support for children and other dependants (<https://www.gov.uk/nhs-bursaries>). The second group of students, those in the 2017 and 2018 cohorts, had to pay their own fees. Within all cohorts 84% students reported that they also relied on financing from other sources. In the younger age groups, 17% reported that they had some support from their parents and 48% of students reported that they had financial support from their partners or spouses. Overall, 83% of the students gained extra income from part-time working, either in the health service as a health care assistant (HCA) (94.5%) or in the hospitality industry (5%) and a small number (5%) of students worked in other sectors. The data revealed that financial support did have an influence on attrition rates and in some cases at least 25% of student who left across all courses in the UK cited finance as the reason (NAO, 2021).

5.11 Qualitative data

Qualitative research involves the description and interpretation of human experiences in a way that promotes understanding and insights and/or challenges.

“Qualitative research is research that tells stories. That is not to say it tells falsehoods or fictions; what it does is to try to make sense of what is going on from the perspective of participants” (Abbot cited in McSherry et al., 2002; 30).

5.12 Qualitative Sampling

All students who had left a pre-registration nursing programme in the first 12-month period were included in this sampling (n=154). A stratified sampling matrix was adopted to maximise sample variation and demographics to include students from each nursing branch and from cohorts with different funding arrangements as well as participants with a variety of reasons for leaving the course (e.g., academic fail, practice fail, medical reasons, personal reasons etc.) as well as the demographic factors identified in the literature review. The participants who took part in this study came from three sample groups.

The first group and main sample study comprised students who had left their nursing pre-registration course in the first 12-month period from the 2016/17, 2017/18 and 2018/19 cohorts. Semi-structured interviews (n=25) were carried out on this group. The second sample for this study comprised students (n=10) who remained on their course for the full three years and the third sample consisted of staff members (n=3) who were involved in the recruitment and selection of students. All interviews were anonymised, and thematic analysis was undertaken using Creswell's five step approach.

5.13 Semi structured interviews

Overall, thirty-eight interviews were conducted (n=38). Participants included students who left in the first year, students who completed their nursing course, and three members of staff involved in the recruitment and selection of students. Some participants responded with both good and bad experiences. However, it was noticeable that those who left tended to focus on the negative experiences. In response to the second question, a number of participants talked about course work, how hard it was and how unprepared they were for the sheer volume of the work encountered. Others talked about family life, pressures and trying to cope as a mother, father, breadwinner, and the difficulties this had on being a student.

5.14 Data analysis

All students who left their BSc nursing course, or those who did not enrol in the first year during the years 2016-2019 (n=154), were potentially eligible for inclusion in the study.

However, on examination of the data, those who did not enrol and did not join the cohorts in the first few weeks (n=19) were excluded as these were outside the scope of this study. Of the (n=134) eligible students, (n=12) responded to the initial call to interview and these were followed up after contacts were supplied by the cohort leaders. Emails were sent to all the students with an additional recruitment of 15 to finally recruit 27 students to the study. The aim was to recruit about 25 students and so this number exceeded this, which was why the remaining 107 students were not contacted. However, two students then decided to opt out and the original target of 25 was realised.

The second tranche of students required were those who had completed their degree; therefore, a poster was placed on the final year students virtual learning environment asking for participants who had completed and passed their final piece of coursework and who were now awaiting registration. When designing the study several issues were considered and these included the time frame for the study, the requirements of the two ethical committees and the need to collect sufficient data in order to make it meaningful or that the data was saturated. However, the initial approach failed to generate the anticipated response which was hoped to be between (n=10) and (n=15). The initial level of response was (n=6), On discussion with the supervision team and researcher colleagues it was felt that (n=6) would not generate sufficient data and advice was received to try recruit at least (n=10) students. However, this was on the proviso that the interviews would continue as long as new information was being generated. Therefore, through the cohort leaders an additional (n= 4) students were contacted and they agreed to take part. It was anticipated that the voices of (n=10) students who completed their courses would result in provide sufficient information to understand why they remained on the course.

To gain another perspective (n=3) members of staff who were involved in the recruitment and selection of students were interviewed.

Table 5:13 Staff Interviewed

Staff ID/pseudonym	Gender	Ethnicity	AGE	Time in Nurse education	Number of quotes used
STADMIS1 "Neeraj"	M	Asian British	57	20 years	2
STADMIS2 "Lory"	F	White British	58	25 years	2
STADMIS3 "Esther"	F	Black African	48	13 years	2

Table 5:14 Students Interviewed

Student ID/ pseudonym	Gender	Age	Ethnicity	Complete or non- completion	Branch	Qualifications on entry	Parent attended HE	Year commenced	Quotes
WLSBU1 "Evelyn"	F	33	Black African	LE	AN	Access course	N	2016	1
WLSBU2 "Ali"	F	29	White	LE	AN	Access course	N	2017	1
WLSBU3 "Louis"	M	19	White English	LE	CN	BTEC	Y	2018	1
WLSBU4 "Edith"	F	45	Black African	LE	AN	Access Course	N	2018	1
WLSBU5 "Emma"	F	23	White English	LE	CN	BTEC	N	2016	xxx
WLSBU6 "Lou"	F	26	White English	LE	AN	Access course	N	2016	1
WLSBU7 "Hemi"	M	29	Asian Indian	LE	AN	Access course	Y	2017	xxx
WLSBU8 "Samantha"	F	22	White English	LE	LD	BTEC	N	2018	1
WLSBU9 "Mia"	F	29	Mixed	LE	AN	Access course	N	2016	1
WLSBU10 "Ebok"	F	36	Black African	LE	AN	Access course	N	2018	1
WLSBU11 "Sonia"	F	26	Black English	LE	AN	Access course	N	2018	1
WLSBU12 "Lynn"	F	42	White English	LE	AN	Access course	N	2018	xxx

WLSBU13 "Theresa"	F	38	White English	LE	AN	Access course	N	2016	1
WLSBU14 "Yvonne"	F	29	Black English	LE	AN	Access course	N	2017	xxx
WLSBU15 "Judith"	F	34	Black African	LE	AN	Access course	N	2016	1
WLSBU16 "Venita"	F	27	Black Caribbean	LE	MH	Access course	Y	2017	xxx
WLSBU17 "Sian"	F	46	White Welsh	LE	AN	Access course	N	2017	xxx
WLSBU18 " Niamh"	F	28	White Irish	LE	AN	Access course	Y	2016	xxx
WLSBU19 "Willomena" "	F	37	Black British	LE	AN	Access course	N	2018	xxx
WLSBU20 "Dolores"	F	31	Black African	LE	AN	Access course	N	2017	xxx
WLSBU21 "Sue"	F	25	White English	LE	AN	BTEC	N	2018	xxx
WLSBU22 "Maureen"	F	40	Black Caribbean	LE	MH	Access course	N	2016	1
WLSBU23 "Gosia"	F	33	White Polish	LE	AN	Access course	N	2018	1
WLSBU24 "Siobhan"	F	27	White Irish	LE	CN	Access course	N	2018	1
WLSBU25 "Adam"	M	41	White English	LE	AN	Access course	N	2017	2
WLSBU26 "Roxi"	F	28	Mixed	LE	AN	Access course	N	2018	xxx

WLSBU27 "Daisy"	F	31	White English	LE	AN	Access course	N	2016	xxx
RMLSBU1 "Rachel"	F	22	White English	CC	CN	A Levels	Y	2016	1
RMLSBU2 "Mary"	F	33	Black British	CC	AN	Access Course	N	2015	2
RMLSBU3 "Charlotte"	M	24	White English	CC	AN	A level	Y	2015	2
RMLSBU4 "Ewa"	F	35	White Polish	CC	AN	Access course	N	2016	1
RMLSBU5 "Greg"	M	25	White British	CC	LD	A level	N	2016	2
RMLSBU6 "Nala"	F	34	Black African	CC	AN	Access course	N	2017	1
RMLSBU7 "Kamari"	F	23	Black African	CC	AN	Access course	N	2017	2
RMLSBU8 "Zendaya"	F	32	Black African	CC	MH	Access course	N	2016	1
RMLSBU9 "Freda"	F	29	White English	CC	AN	Access course	N	2015	xxx
RMLSBU10 "Alison"	F	33	White English	CC	MH	Access course	N	2016	1

*Shaded students not interviewed formally although they were asked to make a comment

It should be noted that prior to the scheduled interview, two students (n=2) decided not to take part however, they were asked if they had any comments to add. No further comments were elicited.

"I don't want to discuss my reasons for leaving with you"

Lou 26 yr. old white British female adult nurse-

“I have left now and don’t want to come back”.

Theresa 38 yr. old white British female adult nurse

5.15 Characteristics of interviewed students who left and those who stayed

The age range for those who left the course within the first year (LE) was 19-46 with a mean age of 29 years. Twenty-one females (84%) and four males (16%) who left the course were interviewed. From that group of twenty five students (n=13) 52% came from an ethnically minorized community. Most students came from the adult nursing branch (n=17) 68%, and then the child branch (n=4) 16%, mental health branch (n=3) 12%, and learning disability branch (n=1) 4%.

Whereas the age range of the students who completed the course (CC) was 21-35 years with a mean age of 29 yrs. Eight females (80%) and two males (20%) were interviewed. Six were white (60%) and four were from ethnic minority backgrounds (40%). The majority came from the adult branch (n=6) 60%, mental health (n=2) 20%, child (n=1) 10% and learning disability (n=1) 10%.

Creswell’s approach for thematic analysis was utilised (Creswell, 2010). This is a process for investigating and exploring data to gain a meaningful understanding of the participants’ perspectives. Transcripts were read and re-read to become familiar with what the students were articulating. The aim was to identify any potential patterns. By reading the transcripts repeatedly the researcher was able to become more familiar with the issues being raised and this enabled them to form initial codes before identifying the emerging themes. The following quotes from participants represent the overall findings and whilst certain quotes have been in order to highlight the points made, similar points of view and thoughts were made by the other participants.

5.16 Pre course qualifications

The majority of those interviewed had undertaken a level 3 access course to gain entry onto the course. However, whilst many felt that they were prepared for the demands of the course, others clearly did not.

“My college never prepped me for this- there is no time, I am working long hours just to get the work done. I worked well in my HCA role and done well on my college course work, but I have struggled with this”

Adam 41 yr. old white British male adult nurse

Another student commented on the fact that the exams were too hard and that they were not expected to undertake exams at college

“I was used to doing course work, but the exams are just too hard. How am I expected to know so much?”

Gosia 33 yr. old white Polish female

However lecturing staff had another viewpoint.

“I think we should restrict entry to students with GCSES rather than functional skills as those without GCSEs are not in the same league and they require more and more support. If only we could insist on A levels, we would make our jobs so much easier”

Esther 48yr. old female lecturer

“By increasing the tariff, we will attract a better calibre of students, and this will improve our standing in the league tables. The VC goes on about how we can do this by improving our NSS scores however, a simpler way would be to increase the tariff”

Neeraj 57yr. old male lecturer

As universities strive to climb the league tables, one of the factors that can affect them is their entry tariff; universities can gain more points if they have a high entry tariff. A recent blog by the Vice Chancellor of the university of Leicester has called for this metric to be scrapped as it does not provide a level playing field as it measures a metric that has nothing to do with the university (Canagarajah, 2021).

5.17 Academic preparation, support, and academic expectations

Some students had a bad experience not only of the academic support provided but also of the attitude of some of the academic staff. Two students from the same cohort highlighted a member of staff as not being helpful

“xxxxxx xxxxxx is quick to feign a patronising sympathy but in reality, she is coldheartedly unsupportive. Students in my cohort have been extremely let down by this woman and she should be sacked by the university”

Evelyn 33yr. old Black African Adult Nursing

“She is an unhelpful, spiteful woman. I didn’t finish my course because of this horrible vile woman”

Mia 29 yr. old Mixed race Adult Nursing

Students also commented that they had not been prepared to write academic essays and that they were unsure about referencing and what was expected of them.

“No one has shown me what to do; the feedback I got didn’t help. How am I supposed to know what is descriptive and how many references- no one told me? It wasn’t like this in my college, they went through everything and showed you what to do. It was easy, (Silence) here no one cares, they just say get on with it”

Nala 34yr old Black African woman

However, lecturing staff had another perspective on this.

“Students today expect to be spoon fed. I don’t think they truly understand what being a university student is all about. I tell them that they should read around the subject however, they fail to do this and many of them don’t know how to write an essay. We do our best, but they don’t seem to get it”

Neeraj 57yr. old male lecturer

“My experience of first year students is that the majority of them are unprepared to write an essay- an academic essay and so we need to put on a transitional week to help them write essays as I spend at least half of my module on essay writing”

Lory 58yr. old female lecturer

It has been suggested by Seyedfatem et al. (2007) that nursing students face several challenges and are exposed to a variety of stressors and they require a robust support system which should help them develop coping mechanisms if they are to succeed on their courses. The use of study groups can be an effective way of supporting students and their learning (Sawyer and Benson, 2004). Recent research by Stadtfeld et al. (2019) suggests that social networks and friendships can affect the students’ academic performance. Therefore, it is important that we encourage students to get involved, to form study groups and develop good social networks if we wish them to succeed.

5:18 Social interaction

Students commented that there was no time for social interaction or time to get involved in university societies and activities. However, it is interesting that many of the older students were less likely to get involved in student union activities.

“I socialise with a few girls who I know from before, but I don’t have time for anything else, I need to work and look after my family- the university doesn’t provide anything I want. What would I want to go to disco for- they’re all just kids anyway it’s just too far away”?

Maureen 40yr old Black African female

“I know people involved in the student union, but that’s not me – I’d rather leave it for the younger ones- they get more out of it”

Ewa 35yr old white Polish female

“I am based at the Essex campus- there is nothing for us there. The student union are non-existent, and we all feel like the poor relative. Why don’t we have a bar and gym like they do at the main campus. I can’t be expected to travel all that way just to join things- the university needs to provide things here”

Ali 29 yr. old white English female adult nursing

Yet those who did get involved in some of the activities offered by the student union appeared to enjoy the benefits.

“I played rugby at school, and I am so glad that I have also had the opportunity to play at university and at a local club. I have a great bunch of mates and I can forget the stresses of coursework and exams for a while..... Having an outlet has clearly helped me get through the course and I would encourage others to get involved in sport”

Greg 25 yr. old male LD student

Clubs and societies allow students to meet up with other students and this enables them to connect with the wider university (Schier and Curtin, 2009). It has also been argued that if students can be socially and academically integrated, they are less likely to drop out of their course (Tinto, 1997; Brunsen et al., 2000; Draper, 2008). This is supported by Tinto’s work who pointed out that attrition can be reduced by increasing students’ academic and social interaction (Tinto, 1995, 1997, 2003). Some of the key factors that students have cited for remaining on their courses are family and tutor support, enjoyable placements, and a

determination to succeed (Hamshire et al., 2013). By fostering a positive work climate an individual's self-efficacy and resilience improves (Wang et al., 2019.)

5.19 Financial insecurity

Both cohorts of students were asked about any work that they had undertaken whilst on the course. Many of the students reported that they worked over 20 hours each week (n= 80%) in cohort 1 and n= 60% in cohort 2. All the students in both cohorts reported that they worked up to 12-15 hours a week. One student who left the course felt that the policy to make students pay fees was wrong and that they deserved more financial support.

“I couldn’t survive if I didn’t work, it’s not fair that we no longer get a bursary- how can anyone expect us to do this course without any money, it’s just not fair”

Edith 45 yr. old Black African female student

“I wouldn’t have been able to do this if I didn’t live at home- I know some girls who left cos they had no money. Without my family I don’t know how I could have coped”

Kamari 23yr.old Black African female- adult nursing

Staff members also recognised the importance of student finances and the strain that students were put under, and they felt that we needed a better system in place to support students.

“I have had to direct many of my students to student services and the financial hardships team..... How can they do well if all they focus on is their lack of money? The system is wrong, and we need to think hard about how we fund nurse training. Perhaps we should pay student’s a real wage when they are on the wards”.

Lori 48yr. old white English female lecturer

This is an important point, particularly during the pandemic when students were given paid jobs. Issues such as student poverty and financial difficulties continue to be an issue for nursing students (Correll-Smith, 2008; Unwin, 2010).

5.20 Clinical practice experience

Clinical experience forms 50% of the total course and is an integral aspect of the course. Therefore, it is important that students have a positive experience when working clinically. Negative experience when working clinically can lead to students leaving their programme (Bakker et al., 2019). However, throughout the literature direct and indirect racism was experienced by student nurses, issues such as a patient's refusal of care, lack of staff support, questioning of students' clinical competencies and micro aggressions (Miller and Nambiar-Greenwood 2022).

“They didn’t want us there, they were rude, racist and made my life hell”

Edith 34 yr. old black African female

“The ward was so busy- I felt like a health care assistant, I was just a pair of hands – I wasn’t there to learn, and the staff couldn’t help as they were too busy”

Siobhan 27yr. old white Irish female adult nurse

However, other students felt differently and enjoyed their experiences.

“I loved being on the wards- that’s what it is all about, I loved the children and chatting to them and their parents every day and the staff were great – I learnt loads”

Louise 19yr old white English Child nurse student

“My mentor was great- she made sure I was supported and that I could go and see things – like I went to the theatre to see an operation- it was really good, and I had a laugh with the patients and their families. I even got invited out for drinks with the nurses”

Rachel 22yr.r old white English female – Child nurse student

“I looked after a man who was dying. He was yellow and I had to clean him up- he had melena however he died the next day, but I was glad I was able to help him”

Kamari 23yr..old Female Black African Adult nurse student

As noted in Chapter 1 (p15) there is a perceived lack of support during clinical placements which been cited as one of the main factors influencing why students leave their courses (ten Hoeve et al., 2010).

5.21 Gender.

Students who are male appear more likely to leave from all branches except Mental Health where it appears more acceptable to be male in that field. Despite their lower numbers, males appear more likely to leave in their first year. Whilst this may be due to society's attitudes, within the profession, there are also some who hold a negative view of men in nursing.

"I forgot to do something for a patient and when the sister found out she raised her voice and said "Men- what do you expect" and she then walked off. I felt bad and wondered if she was right and that men had no place in nursing..... I spoke to my personal tutor xxxx xxxxxx who reassured me, and I think he went and spoke to the ward"

Charlie 24yr. old white English male adult nursing

"When people ask what I do and I tell them, sometimes you can see their eyes rolling and other times they go "Ohhhh" did you not want to be a doctor?" I don't think the girls get that reaction, that's because many people don't expect to meet a LD nurse who is a man and especially one my size (laughs)"

Greg 25 yr. old white male LD student

Some students have also highlighted that their masculinity and sexuality have been called into question when they tell people that they are a nurse. This has been highlighted within the literature and it has been succinctly captured within the statement that the gender imbalance exists within nursing due to the ignorance outside the profession and prejudice inside of it (O'Lynn, 2004). This is worthy of note as this study clearly highlights that despite it being 18 years since the O'Lynn study, stereotypes still exist.

"I thought about giving up so many times and asked myself if this was really the career for me..... I am sick of being asked am I gay when I tell people I am a nurse"

Charlie 24 yr. old white male – adult nurse

5.22 Work life balance

The need to work and juggle childcare puts a great deal of pressure on students and they miss deadlines and in some cases are unable to meet the demands of the course. Earlier research carried out by Muspratt (2003) noted that nearly a quarter of students submitted assessments late or failed to submit due having to work. This is eloquently captured in this quote from a female mental health student.

“It’s hard trying to get everything done. I must get my kids ready for school each day and I must do my work when the kids are in bed..... I am always tired and some days I just want to give up”

Alison 33yr.old white British female mental health

5.23 Tenacity and resilience

A theme that emerged quite strongly in both cohorts of students was their desire to succeed, self-efficacy, resilience, along with the drive to better themselves and to make their families proud. For most of the students they were the first person in their family to go onto higher education and they continued with the course and worked hard on their resits because they did not wish to be a failure or let their families down. For some it was a route to better things and that drove them to work hard and continue with their studies. This finding is consistent with those of other researchers (Milem & Berger, 1997 and Berger & Milem, 1999). Given that students enter university with their individual goals and a desire to complete the course, it is important that the HEI enables the student to integrate well into the university. It has been argued that the experiences students have can affect the departure decision (Tinto, 1997). Therefore, by enabling a positive university experience, this helps develop the students’ academic and social integration into the university. Whereas, if a student has a negative experience this reduces their social and professional integration. For example, negative social experiences, such as poor interactions with academic staff, will decrease the student’s integration into the HEI, and make them more likely to give up and leave.

“Of course, I did think about giving up but what would my family have thought? They needed this as much as me and that drove me. I couldn’t let them down; I couldn’t let myself down, so I studied hard, and it has worked out for me, thank God”.

Zendaya 32yr. old Female Black African Mental health

“When I started the course, I was excited, I was really pleased to have joined the nursing course, yet the level of work we were expected to do and stuff to learn was enormous and I never thought I could do it. However, XXX my Personal tutor kept encouraging me and I kept going, I don’t know how I did and I managed to get through and I worked hard for this. I am so pleased and glad I didn’t give up and it’s all down to XXX’s help”

Mary 3yr old Black British female adult nursing

5.24 Data synthesis

As explained in Chapter 3, by combining both quantitative and qualitative data it is clear that the majority of data were complementary to each other, however, some of the data collected were both divergent and contradictory. In mixed methods studies, data synthesis involves a deeper and more comprehensive analysis (Creswell and Plano Clark, 2011) which then allows a more comprehensive understanding of this complex issue of nursing student attrition to emerge.

By triangulating the data from both parts of this study it has highlighted a number of factors that are significant in both strands. For example, the qualification on entry as a potential issue that can lead to attrition. The two strands of the study have also provided insights into the complex issue of attrition. However, whilst age, pre-course qualifications, gender and finances have all featured highly in both data sets and are complementary, other issues such as social and professional integration were also highlighted. Therefore, this would suggest that the data are both reliable and credible (Noble and Smith 2015). The narrative literature review (Chapter 2) suggested that younger students are more likely to leave, however, this was not the case in this study. From this data set 31% students (n=48) who were over the age of 40 left the course. This may be due to the demographics of the students concerned. Many had children and a significant number had to work to make ends meet. Another factor is that in previous studies the numbers of older students compared to the number aged 18-24 years was smaller.

However, the data also revealed that the time of year students apply may have a bearing on whether they leave as it would appear that the further along in the application cycle, the higher the risk of leaving the course early. This is especially noticeable in students who come through the clearing process Figure 5.16.

Fig 5.15: When students apply, and dropout rates based on data from which years?

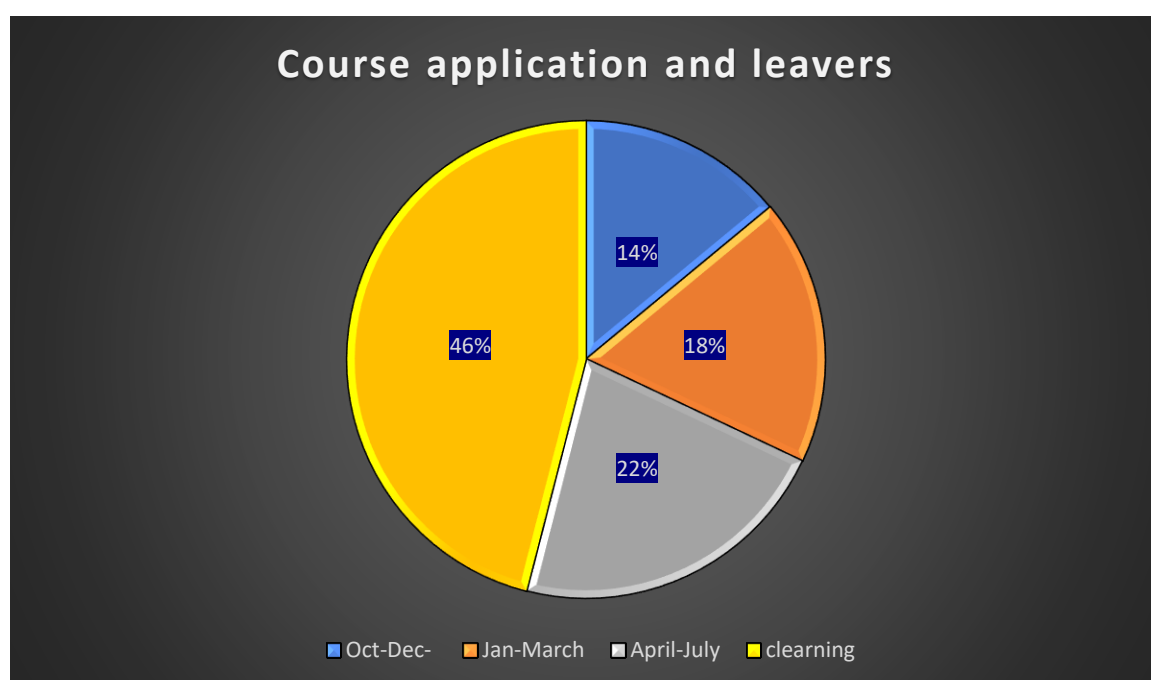


Fig 5.15: When students apply, and first year dropout rates based on time of year from 2016-2019?

Table 5.16 Degree classification September 2020 Graduation class

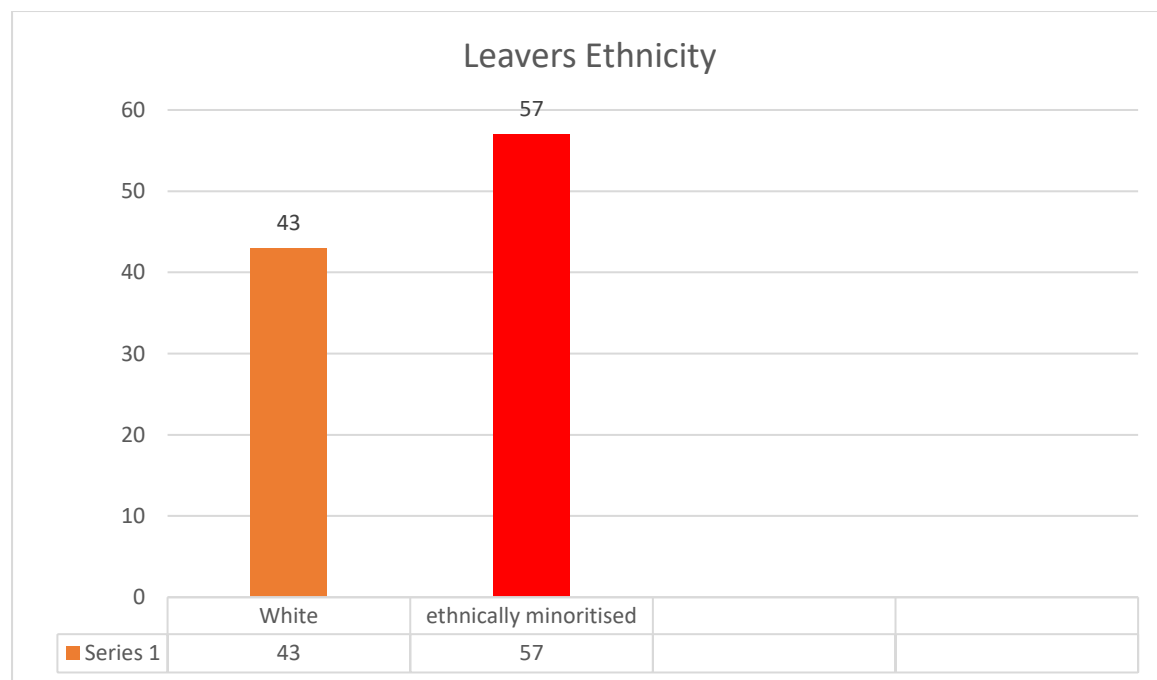
	No of First Class degrees	% of cohort	No of Access Students	No of BTEC students	No of A Level students
BSc Adult	45	13.59%	20 (44.4%)	1 (2.3%)	24 (53.3%)
BSc Mental Health	32	27.35%	15 (66.87%)	3 (9.37%)	14 (31.25%)
BSc LD	7	38.88%	1 (14.28)	0 (0%)	6 (85.71%)
BSc Child	14	11.96%	4 (28.57%)	0 (0%)	10 (71.43%)
Totals	98				

From the table (5.17) above it is noticeable that students with A levels tend to do well. BTEC students have not performed as successfully, and this is reflected in the number of students who leave their courses early. A further point to note is that there are many MH and LD

nurses who obtain a first-class degree. This may be due to a number of factors, for example, they are smaller in number and therefore have greater support from the team or, anecdotally, that the marking is less stringent.

The majority of students from ethnic minority backgrounds also come from a non-traditional background and they are usually the group most likely to leave their nursing course (Meeuwisse et al., 2010). Table 5.15 clearly shows that students from ethnic minorities are more likely to leave, but this needs further analysis.

Table 5:17 Ethnicity of those leaving between 2016-2019



Within the literature ethnicity is a factor and looking at the above chart it would appear that more ethnic minority students leave in the first year. This links well to previous studies focusing on British South Asian men which found that they were significantly more likely to leave their nursing course (Qureshi et al., 2018). In contrast, this contradicted earlier research carried out by Mulholland et al (2001) who identified no significant differences in students from different ethnic backgrounds. Therefore, it is important that a more comprehensive understanding is required of how ethnicity affects students and what may potentially mitigate avoidable attrition.

Findings from both data sets

From the data sets both qualitative and quantitative, it is clearly evident that gender is a significant issue so there is a fundamental need to address this imbalance in nursing. It has been suggested that greater efforts are made to recruit men onto nursing courses. However, it is unclear as to why men are not attracted to the profession in the first place. It may be due to society's perceptions regarding what is considered male and female work (Bonair and Philipsen, 2009). On the other hand, Kearns and Mahon (2021) argued that the paucity of men in nursing may be due to the pay and conditions as well as the status of nurses and nursing in our society.

A quote from one of the male students captures this:

"I was struggling, and I was finding the demands of uni as well as my family finances hard to deal with. I was like a fish out of water, I can honestly say I was not enjoying the course and it was a relief to go".

Adam 41yr. old white British male adult nursing

During exit interviews (n=62) 46 % were withdrawn after failing a module or modules at least twice and, in some cases, three times if they were allowed an exceptional third attempt. This was noted in BTEC students and that over a third of those leaving had undertaken a BTEC qualification to gain entry onto the course.

"This course was so much harder than I thought it would be . I did very well on my BTEC, but this was just too much".

Samantha 22Yr.Old female LD

During the qualitative stage it was clear that many of the students were unprepared for undertaking a degree and that they found the academic work hard. Staff reported that their personal students did not have the essay writing skills and some students reported that they found the exams hard.

"Two of my own students struggled with writing an essay, despite doing my best to support them they just couldn't get it. From recollection one got 19%, 19% that's shocking. We really need to do something about this"

Loly 58yr old female lecturer

The data collected have also highlighted that age is a factor. However, the findings within this project contrast with previous studies and reviews that suggest that older students are

more likely to complete their studies (Pryjaachuk et al., 2009). This is supported by a review carried out by Eick et al (2012) which found that being young was a significant factor in attrition from nursing courses. The data collected may just reflect the student body and as they are an older group it is no surprise that being an older student represents a significant number in those who leave.

Both data sets identified clinical placements as an issue and this links in well with previous research that suggested that students were dissatisfied with their clinical placements and that this then led them to leave (Prymachuk et al., 2009; Hamshire et al., 2011). A survey carried out by the Royal College of Nurses in 2008 found that nearly 40% of all students thought about leaving because of the experiences they have had whilst on clinical placement (RCN, 2008).

From the data it is evident that students without GCSE maths and English do not do as well as students with GCSE Maths and English. It is also notable that those with Key skills 2 are more likely to leave (see Figure 8).

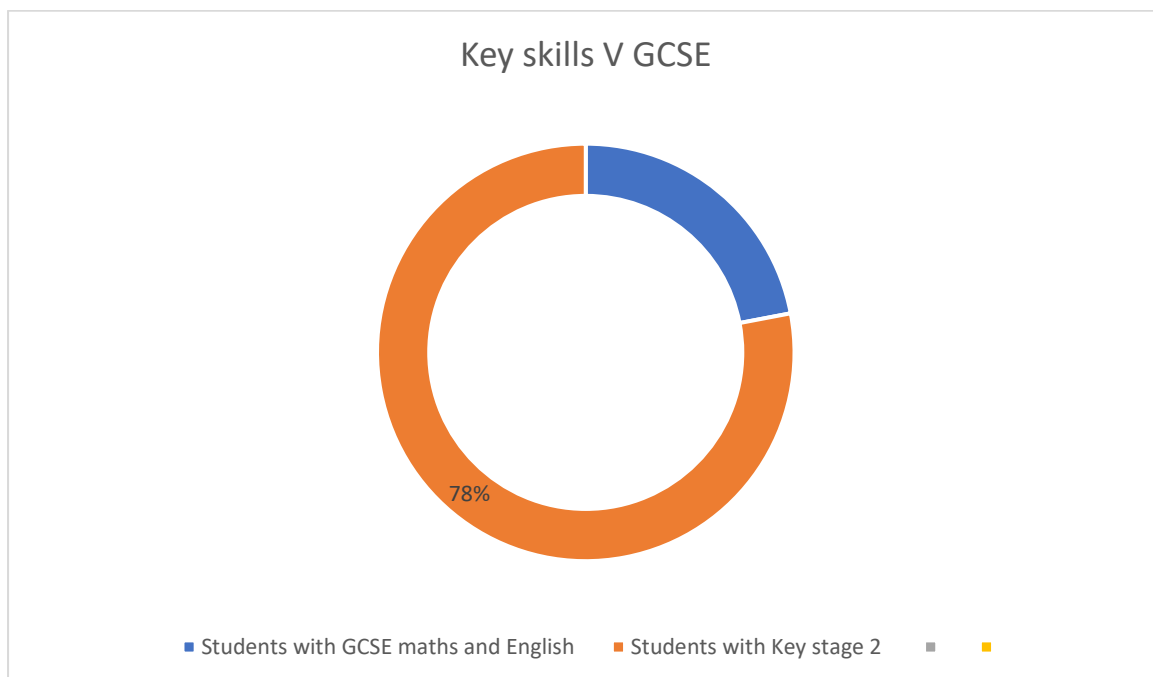


Figure 5:18 Maths and English qualifications

Figure 5.19 shows that students who have undertaken functional skills are more likely to leave. Within this study 78% of those who left had undertaken a functional skills qualification rather than the traditional GCSEs.

“ The maths we have to do for this course are nothing like what I was taught before and it is unfair that we have to get 100%”

At Riverside University students are expected to pass the numeracy and calculation test with 100% and it relates to drug calculations which is an important safety factor for patients. GCSEs are clearly the gold standard and whilst key skills level 2 are considered the equivalent, it is interesting to note that students with the traditional GCSEs are less likely to leave.

5.25 Conclusion

This chapter has explored the findings from both quantitative and qualitative data, and it has presented the findings individually prior to merging them. By doing so, a more coherent picture of the complex issues that surround attrition is provided as individual variables as well as narratives from the semi-structured interviews which reflect a more realistic portrait of the issues that surround attrition. Valuable insights into the issues students face have been highlighted as well as a more comprehensive understanding of the student journey and experience. This is especially important when considering students from an ethnic minority background as the findings from this study have clearly indicated racial bias exists and that this can be a factor as to why students leave (Lewis et al., 2021). It has also highlighted some of the drivers that make students stay and complete their courses and this is an area we can explore further to try improving the completion rates for all students.

The following chapter will critically discuss and explore the findings in further detail contextualising them with contemporary literature as well as making firm recommendations as to how to reduce attrition rates.

Chapter 6 Discussion and reflections

6.1 Introduction

This chapter will critically discuss and explore the results and findings from the data collected.

This project set out to achieve the following:

To interrogate the causes of attrition within the first year of pre-registration nursing courses in an HEI situated in the United Kingdom.

6.2 Discussion

Whilst exploring and analysing the data it is abundantly clear that attrition is a complex issue. One of the main conclusions of this project, other than the fact that attrition is multi factorial, is that we need solutions that tackle multiple issues at the same time. The data has clearly shown that there are several factors that are linked to attrition and many of these could indeed be addressed and mitigated against. Issues such as student finance are key issues to address. Financial hardship is a key factor in attrition and whilst universities have certain funds to support students and students can also apply to the student loans company for further support, it appears that this is not enough, and students are forced down the route of paid work in order to make ends meet. It is therefore important that students who are at risk are identified early on so that they can be directed to the appropriate support networks (Kukkonen et al., 2016). As pointed out previously nursing degrees are also unlike other traditional degrees in that students are required to complete a total of 4600 hours made up of 2300 academic hours and 2300 clinical placement hours. Whereas other non-medical degrees do not place the same demands upon the student. For example, a typical "Classic's degree" student would undertake 6-8 hours a week of lectures over a 30-week year. So, the workload and commitments that nursing students must make are far greater. Also, nursing students do not have the long holidays that other students have as their course spans a 45-week period. On top of this is the burden of shift work and night duty, along with the financial cost of traveling to placements which can impact on their ability to stay on the course. To mitigate this "Values based recruitment" was introduced. Values based recruitment began following the Francis report (Francis, 2013) and the development of the NHS values (Health Education England, 2014; Health Education England, 2016). Underpinning the policy change was a view that students with the right values would not only be good for the profession but that they would also remain on their course. A good applicant for nursing is generally considered as one who not only has the academic ability, but also one who demonstrates the values of the NHS, the values of nursing and who can complete their course (DFES,

2004). Subsequently, the Cavendish review recommended that all staff should be screened to ensure that they had the values required (Keogh, 2013). The Health Education England values framework was then introduced, aimed at ensuring that all students recruited to NHS funded training programmes understood and processed the values contained within the NHS Constitution (Health Education England, 2016). Values are also recognised as important factors in the motivation and reward of nurses (Hendel and Kagan, 2014).

An earlier study conducted in 2005 explored why some HEI's did well in retaining students from a non-traditional background and identified factors that had contributed to that success.

Factors that improved the success of non-traditional students included:

- The University provided a supportive and friendly environment and one that gave students a sense of belonging
- There was greater emphasis on supporting students during the early assessment periods
- Recognising importance of social dimensions
- Recognising that the pattern of student engagement in HE was changing (increasing part-time work by students, role of personal tutor) (University of Teesside, 2005)

However, another key finding was that students who enter pre-reg nurse education with a BTEC are associated with a higher risk of attrition. The BTEC offers a more career focused qualification, therefore despite the myriad changes since its inception, the current BTEC does not provide students with a comprehensive preparation for the rigours of academic life. Therefore, universities should consider removing it as an entry qualification to nursing courses. However, the BTEC replacement T levels coming in by 2024 may prove to be different as they are being designed by industry experts to run over a two year period. This includes a 9 week clinical placement and they prepare students for a wide range of health care roles. However, further research is required to underpin whether this will provide students with a firm basis to undertake a degree level qualification.

Previous studies have demonstrated that by having good "A level" entry qualifications, students are more likely to complete the first year and go on to complete their degree and that they had better academic outcomes than students with non-A level qualifications (Wharrad et al., 2003; NAO, 2007). For students entering higher education with access courses, it has been suggested that whilst they are motivated and keen to undertake study, they have less confidence in their abilities and their study skills are not as well developed as other students (O'Brien et al., 2009). Arguably, it is important that we tap into this motivation and encourage it by enabling the students to develop the study skills that they need. During

the period of this study the initial findings helped shape the way the course was taught. Riverside university introduced further study and academic skills into a first-year module to ensure that students are better prepared for the rigours of academic work. They also changed the timing of an exam to ensure students were better prepared.

As this project developed and as the data were being analysed, it soon became clear that further action needed to be taken and that interventions taken by Teesside should also be considered. A further area to develop was the outreach work, as the data collected were clearly pointing to the need to better prepare students for the rigors of nursing both academically and clinically and that that all prospective students need to understand what nursing all is about (RePAIR, 2018). Engagement with the FE colleges commenced, and there are further discussions with several colleges as to the best way the host institution can support potential students and help prepare them for being a university student. An option currently being explored is for staff to provide a study skills and academic writing module at the colleges. By adopting a more integrated approach and by working with colleges to help students move into higher education, we can potentially improve the outcomes for students (Briggs, Clarke, and Hall, 2014).

It would also appear from the data that some students have a need to succeed and as described in this study a “fear of failure.” A more appropriate term is the one described by McClelland (1961); cited in Kolodziej (2010) that this is considered as “achievement motivation” and is the drive within individuals to accomplish success and improve one’s performance. An individual’s belief about their capabilities can spur them on to achieve their goals (Bandura, 1986).

This study also noted that that students who can cultivate support from family, friends, and their colleagues are more likely to stay. This may be due to the support enabling them to cope with the stress involved in working as a nurse and it can enhance an individual’s quality of life (Kowitlawkul et al., 2019). It was previously pointed out that caring for children can impact on whether students stay or go (Waters, 2006). Previous research has also highlighted that juggling personal and family commitments with academic workloads was a factor in students desire to leave (Gale et al., 2015). It is also evident that there is a need for further support for students both within the classroom and out in clinical practice. This is especially important for male nursing students who, despite their smaller numbers, are more likely to leave (O’Lynn, 2004). Students report several issues with their clinical practice and in some cases, it can be pure luck whether they have a good experience or not. It should be noted that not all student’s complete placement evaluations, and this is essential if we are to identify and address poor placements.

6.3 Placement support

One of the issues highlighted, not only in the literature but throughout this study, was the perceived lack of support for students whilst on placement both from the clinical staff and the university. Research carried out by Last and Holbrook (2007) highlighted that students felt that they did not get support from university staff whilst on placement and that this impacted on their experience of the placement. This has been a key factor during the pandemic where students felt they needed more psychosocial support as they felt that the experience was both physically and mentally stressful (Ulenaers et al., 2021). Therefore, it is essential to have a more robust link lecturing and support system in place to provide the support that students require. East Lancashire Hospitals Trust increased the support contact time between students and the practice education team, and the attrition rate reduced from 22% to 8% (Keavey, 2016). Arguably, as universities move to work with increasing numbers of clinical providers, the system of a link lecturer linking with one or two wards is no longer practicable. For example, River Side University has three campuses that serve over seventy clinical providers. Therefore, there is a need to address the student support required in a different way. One thing the pandemic has allowed us to do is to meet remotely. Technology has changed dramatically, and this could be used to enable teaching staff to offer greater support from afar. Mobile technology can be utilised to allow for better and more productive communication with students. This can be via one-to-one meetings or group meetings via TEAMS, ZOOM, SKYPE or FACETIME with students where they can share their experiences, their fears, thoughts, anxieties and to provide a discussion forum. Clinical colleagues also recognise the importance of the students' experience on clinical placements and by working together and by using new technology we can potentially offer better support. Whilst this may not eradicate all issues it could potentially make the experiences of students during their clinical placement more positive.

6.4 Social integration

A further finding has highlighted the need for better social integration, better support networks and for students to feel a sense of belonging to the university and to the profession. Activities that promote engagement and belonging include supportive and peer-mentoring relationships, meaningful interaction between staff and students, confidence and identity as a student all help retain students on their courses (Draper, 2008). According to the Reducing Pre-registration Attrition and Improving Retention (RePAIR) report one option that will enable this is the introduction of buddy schemes to support students (RePAIR, 2018). In this Australian study it was suggested that attrition could be reduced by introducing

better pastoral care and an integrated mentoring programme (Maher and Macalister, 2013) By doing so they found that they provided more opportunities for closer contact between the faculty and students. They also linked up new students with mentors who are completing the same course.

At River Side University peer support in clinical skills has been introduced , and further work around the NICE student champions scheme has just commenced. The NICE student champions support other students to understand and interrogate the NICE database and this is already impacting on the pass rates for the evidence based practice module. In effect, it appears that HEI's that have robust student engagement and belonging systems are better able to retain students (Adusei-Assante and Doh, 2016).

6.5 Gender

Nursing has traditionally been a female dominated profession. Over the years the number of male nurses has increased slightly; it was estimated that in 2008 that male nurses accounted for 10% of the profession (NMC, 2008) and in 2019, they accounted for 11% nationally (Radford, 2019). However, these figures are averages and different parts of the UK tend to attract higher numbers, such as London and the southeast. The percentages of men within this study ranged from 11.75% to 14.47% with the mean across the three cohorts of 13%.

Within the literature some studies suggest that male students are more likely to leave their course (Mulholland et al., 2008). However, other studies found that being male did not make you more likely to withdraw from your studies (White et al., 1999; Kevern et al., 1999). However, as this study has shown, men continue to face challenges as some people believe that nursing is not a suitable career for them (Meadus et al., 2011). Male nurses have also reported job dissatisfaction due to gender-based stereotypes especially around their masculinity and sexuality (Rajacich et al., 2013; Weaver et al., 2013). However, whilst it is true that stereotypes do exist, many studies have been carried out in countries where gender of nurses may be perceived as an issue. However, in the UK, especially in the larger cities, this may not actually be a problem (White et al., 1999; Kevern et al., 1999). However, male students also experienced discrimination and inequity due to their age, sex, gender, and sexual orientation (Walker et al 2023). Equally, in a study carried out in Canada, it highlighted that male nurses were perceived as less competent and more deviant (Kermode, 2006; Clow et al., 2015). Therefore, whilst this study found similar issues, this must be viewed through a UK lens as laws, attitudes and support for gender equality are different.

As a father of young children, the researcher was once asked to talk to a primary school class about his job. The children were informed that two jobs were held as a soldier and a nurse and they looked confused, the soldier they could understand but not the nurse. Despite being around 6yrs old they were incredulous and could not conceive that a male was a nurse. This clearly shows that there is a need to explore how children are socialised and provide more positive images of men in nursing. Therefore, if more men are to be attracted to the profession, there is a need to rebrand it from its female-centric image and this needs to start as early as preschool (Thompson and Watson, 2020). A further issue highlighted within the literature as being a factor, is the perceived low socio-economic status of nursing; specifically, for those who choose nursing as a second career (Jeffreys, 2004). Once again, it is important that we promote the large variety of career options open to nurses and the potential salaries which should demonstrate that nursing is not necessarily a low paid job.

6.6 Age

It has been noted within the literature that the age of students during the course can impact on whether they complete the course or not. From the data collected it was noticeable that a significant number of students on the course at River Side University were “mature students”. This may be due to the approach taken by the university, which sees itself as an inclusive and local university serving the demographics of the local population. Whilst the previous literature has explored a wide range of factors that at first glance appear similar, they should be viewed in a different lens as the makeup of cohorts; the demographics and ethnicity issues are not the same as the factors that affect the host institutions’ student body. The education system is different which is degree entry, whereas previously this was at diploma level and some studies have been carried out overseas in completely different educational systems to the UK.

Older students are also more likely to have other commitments that may prevent them from fully engaging with the course and taking a more active part in student activities. Eick et al. (2012) suggested otherwise when they pointed out that mature students found their clinical placements easier because of previous work experience and maturity. It had been suggested following the Francis Report (Mid Staffordshire Inquiry Report, 2013) that universities should focus on recruiting and selecting students who had previous healthcare experience. It was thought that these students would have a better understanding of what nursing entailed and so would be familiar with the requirements of the job and stay on the course (Health Education England, 2014). However, a study carried out in Scotland noted

that students with previous health care experience were more likely to leave the programme (Stenhouse et al., 2016). However, whilst some literature suggests that a student's clinical placement experience is key to them remaining on the course, this study has highlighted that in the current climate and post Covid-19, that placement experiences are key to retaining students and this is area that would benefit from further study and exploration.

6.7 Pre Course Preparation

The literature has highlighted the importance of better preparation of students for study skills, and better understanding of what is expected clinically. As nurses deal with human frailty each day, students also need to be able to cope with the emotional demands of the job (Gray, 2010). This is especially poignant within child branch students who not only have to care for sick children, but in many cases also must look after the anxious parents as well (Allen, 2021). It has been suggested following the Francis report (ref) that students should have undertaken some form of clinical experience prior to commencing the course. However, whilst this may be practical for those already in a clinical job it would discriminate against those who did not have this experience. Even if universities were to offer this opportunity, there is clearly not the capacity for more students in the clinical areas. Therefore, we need to consider other ways in which potential students can have a better understanding of what it means to be nurse.

As this project developed it soon became apparent that whilst there is commonality between the literature and some of this project's findings, the ability to predict those who will drop out has not been possible. An area not covered within this project was the students' engagement with the course. This has now been rectified by the introduction of the StREAM project which hopefully will alert personal tutors to students who are at risk-as the algorithms used can pick up on whether the student is engaging with any of the online systems and online learning, therefore allowing them to work with the student and get them back on track. However, this initiative is in the early stages and thus far it has not produced any results or findings. This is an area that needs to be followed up as it offers the opportunity to evaluate whether data around student engagement can be used to reduce attrition.

It has been evident from the data collected and from listening to the student's personal stories that the university needs to build a more robust partnership with our students and by providing them with a good support network within the university, attrition may be reduced. Work carried out at the University of Sheffield argued that it is critical for HEIs to create a sense of belonging and engagement if they wish to improve retention (Thomas, 2012). The

RePAIR report (2018) noted that personal tutors and student support mechanisms were important. Therefore, it is important that this support begins as early as possible. The work currently being undertaken at River Side University aims to commence student support in the colleges and prior to the student starting their nursing course. It is hoped that this approach will enable us to provide students with a more realistic expectation of the academic workload, the world of nursing as well improving their academic and study skills. By doing so it is anticipated that this will improve the transition from their college to university. It is hoped that this initiative can reduce attrition even further. Based upon the work carried out during this project, the literature review, and the findings from this project several recommendations will be made.

6.8 Ethnicity

Greater numbers of students from ethnic minority backgrounds are entering higher education (Higher Education Funding Council for England (HEFCE), 2017). However, throughout the literature, concerns have been expressed around attainment as well as retention of students from ethnic minority backgrounds (Cotton et al., 2015; Smith, 2017). This is supported by Bunce et al. (2021) who noted that students from ethnic minority backgrounds are less likely to achieve a good degree. This may be due to the issues they face whilst on the course. As Students from ethnic minority backgrounds have reported that they have encountered racism as well as cultural and/or religious microaggressions which made them consider leaving (Miller 2023). This is supported by a report by the [Equality and Human Rights Commission](#), (2019) which suggested that one in 20 black, Asian and minority ethnic students cited racial harassment as the reason for leaving their studies. Therefore, the success rates of students from different backgrounds has rightly come under scrutiny. A finding from this study has shown that more students from ethnic minority backgrounds leave and many of these students commute as they have their own homes. Similarly, research carried out by Fielding et al. (2008) noted that gender, entry qualifications and socio economic backgrounds all had a part to play in the attainment of ethnic minority students. They also pointed out the males from minority backgrounds did less well than other students. Another study suggested that this may be due to ethnic minority male students adopting a surface learning approach (Dart et al., 1999, Ridley, 2007).

Linked to the discussion in section 6.4 on social integration, a study conducted in 2008 noted that ethnic minority students would spend less time in clubs and bars compared to white students and that they were less involved in university based activities (Stuart et al., 2008). However, this may be due to events which are organised that do not serve halal or kosher food and are focused on copious amounts of alcohol consumption (Hopkins, 2011).

Another study noted that in universities with a mostly white student demographic, led ethnic minority students to feel that they did not belong and that they were socially isolated (Davies and Garrett, 2012). Dhanda (2009) also noted that ethnic minority students face barriers caused by cultural differences.

However, whilst recognising the issues faced by ethnic minority students, the findings from this research study have shown that the attainment gap can be altered (see table 5.10).

Nevertheless, there continues to be an attainment gap in other ethnic minority groups although this appears to be improving. A possible reason for this change is the introduction of blind marking, better student support and the recruitment of more ethnic minority staff to ensure that there is better representation of the student body (Bernard et al., 2011).

Another factor that may be helping is the decolonisation of the curriculum. It was evident that previous curricula were restrictive and lacked diversity, equality and inclusion. Yet it could simply be because Riverside University now attracts a large number of students from ethnically diverse backgrounds that creates better opportunities for integration and the students feel a greater sense of belonging (Read et al., 2003).

6.9 Finances

Throughout this study a common theme that emerged in virtually all the interviews carried out was the need for better financial support for students. It is abundantly clear from student narratives that the funding arrangements on nursing courses are not ideal. Lately measures have been instigated by the DH to mitigate this and the introduction of the £5000 bursary will clearly help. Arguably this does not go far enough. What the Covid pandemic has clearly demonstrated is that students can be paid for the work they do. Therefore, there is a need to think about new and novel approaches to the way in which nursing education is delivered and how nursing students are funded. Do students need to spend 2300 hours in clinical settings? Could new technologies provide virtual placements or should the current approaches to delivery be reviewed to come up with something different. The exit from Europe has also offered an opportunity to move away from the “shackles” of hours. Currently there is no evidence that by undertaking a certain number of hours better prepares as a nurse. The NMC are currently undergoing a review of the hours required and will be proposing a number of models going forward (NMC, 2022). Firstly, students need to be exposed to the full student experience and the only way this can be realistically done would be to elongate the course to four years as they do in Scotland. There are several advantages to this in that the student year would shorten from its current 45 weeks. Placements could be spread out more and students could spend more time at university

whilst still meeting the 2300-hour target. Alternatively, we could introduce a “Year in Industry” to the course. Nursing students would spend the majority of the first two years at the university, then spend a whole year on clinical placement, getting paid, prior to returning to complete the course. If the number of hours were no longer an issue, we could look at more hybrid models within the current three-year time frame. Nevertheless, we would need a radical change in the way that the NMC perceives how nurse education is structured and delivered. Yet again the pandemic has shown that it can be done, and the introduction of the emergency standards has shown that as a profession we can be more amenable to change (NMC, 2020). It is evident from the student narratives that the current framework is not the best fit and therefore, we need to be more flexible and more adaptable to the ever-changing health education landscape.

6.10 Study limitations

Looking at the data collected with a critical eye, it is a concern that the focus of the study had a very narrow band. Whilst attrition is a problem that affects all HEIs, the data collected have been from one institution only, so this is a significant limitation of this study.

A further limitation is that the study focused on year 1 of the nursing courses only, however, students also leave in year 2 and year 3, yet the data collected is linked with one group.

The numbers interviewed is a potential limitation as there were (n=154) students who left during the time 2016-2019, yet only (n= 25) were interviewed. Therefore, there is a potential that significant data were lost.

In the beginning the intention was to collect data at the New college University as well as Riverside university; however, as a former staff member, access to data and permission to interview students was not forthcoming. Therefore, the data could only be collected from one institution only. There is also the potential that not all the reasons why students leave were captured, and therefore, some valuable and insightful information may have been missed thus limiting the findings of this study.

This study is also just a snapshot in time, and it would have been more useful to track students over a period of years utilising a longitudinal study design to fully grasp their lived experiences as well as understand the issues they faced.

Some of the data collected took place prior to the change in funding in 2017 so it may be beneficial to repeat the investigation just on cohorts who are self-financing.

Comparisons could also have been made after the introduction of an intervention to see if it made any real impact, for example the introduction of the study skills onto the first-year module.

Reflecting upon the work carried out, it would have been vastly improved if it had taken a more UK-wide approach. This would have required several universities to work together for a common goal and by having this wider information, the findings from this project would have been more applicable to all. With hindsight, collaboration should have been sought with other institutions.

A further limitation is that this project has been undertaken during a period of change to the funding of nurse education and to the educational standards. Therefore, it would be prudent to revisit this study in order to evaluate if there has been any impact from these changes.

Lastly the Covid 19 pandemic limited the ability to gather further data and conduct further interviews and therefore there is the possibility that further insights into this complex issue were lost.

6.11 Publication and dissemination

Going forward it is important that the findings from this work are disseminated widely. Therefore, in collaboration with the supervision team, several papers from this project will be prepared for publication as well as presenting at conferences. By publishing, the new knowledge from this study can be shared along with interventions that were developed as a result of the emergent deeper understanding of pre-registration, first year nursing student attrition. This alerts others to ways in which they can address local issues and provide a better experience for their students and staff.

6.12 Reflections on a journey

In a previous role at the New College university, that was firmly embroiled in the issues that surrounded student nurse recruitment at that time, it soon became apparent that whilst we could attract students onto the programme, keeping them on the course was another issue altogether. The experiences gained in that role and during the initial stages of the doctoral programme enabled a successful move to another HEI and to take on a Head of Department job. This move enabled further consolidation of the learning undertaken on the DProf and strengthened the desire to continue to develop knowledge, understanding and application of leadership. At that time, it was evident that participation in the overall DProf programme

offered the opportunity for critical reflection not only of personal values, learning and approach to leadership, but also on the research pathway to be undertaken.

Now thinking back on the journey that began some time ago a lot has changed both professionally and personally. There were times throughout the journey that direction was lost, and the burden of the doctorate was felt. On commencing the course, the experiences gained were thoroughly enjoyable and transformative. This class group was passionate with real vision, drive, and enthusiasm. However, despite the ups and downs experienced along the way growth as a person has occurred, as well as growth within both academic and military careers. New insights to the world of higher education and the military have been developed. Prior to commencing this doctorate, several attempts were made to source a suitable programme that could be completed in the quickest time possible. The course at Hendon University appeared to be well structured and offered the opportunity to gain credits for the experience gained previously. Due to previous experience of undertaking a part time evening degree it was felt that this doctorate could be completed in a four-year period. Throughout a long career, from being a student nurse to becoming a senior leader in education the ability to work and study at the same time was firmly established. Therefore, an assumption was made that the commitment to study at doctoral level would follow a similar pattern. Hindsight is such a wonderful thing and as both education and military careers progressed, the time devoted to the doctoral studies got squeezed more and more and it became apparent that there was at risk of falling behind. On reflection the move to River Side University, as the role undertaken meant that the demands of this programme could not be met if the initial approach taken continued. Following the loss of the original supervisor and because further changes in supervision have also occurred, this was a setback and enthusiasm for the project declined. It became easier to ignore the demands of the programme and get stuck into the world of work and this saw a drift away from the doctorate. However, due to the perseverance and guidance from the current supervisorial team things got back on track and the work began once again.

When this journey began, it soon became apparent that it was much more than that and as knowledge and understanding grew, the ability to take advantage of the opportunities that arose along the way also grew. The experience and skills gained enabled successful transformation, growth, and the opportunity to lead a large Department of Adult Nursing and then a large School of Nursing and Midwifery. On joining the department, there were several issues to overcome. River Side University was sitting at the bottom of the league tables and the department's NSS score was poor. However, within a year an upward journey had begun and as the team developed, further achievements were made. Good leadership offers a

direction of travel, and it also pertains to the transformation of resources to achieve the goals and objectives of an organisation (Salmela et al., 2012). Leadership is also linked with change whilst management is seen as a maintenance activity (Bush and Middlewood, 2011). It is also important to point out that leadership is not just about leading from the front, it also entails metaphorically walking alongside others and supporting and encouraging them (Kane-Urrabazo, 2006). On reflection it is evident that that leadership skills that have developed and changed over the time of this project, there has also been personal growth whilst taking this journey.

The vision at the beginning of this journey was that students commencing nursing courses at River Side University would remain on the course for the duration and graduate as qualified nurses. Whilst the expectation was that this was achievable, as it was felt that by simply addressing the individual issues related to attrition it could be fixed. However, it soon became apparent that attrition is a complex problem and that fixing one issue sometimes leads to other issues down the line. For example, during a discussion with one of the supervisors about the introduction of our four-year programme which was perceived as an excellent way of preparing students for a nursing career, the issue of further costs and debt that students were taking was not considered. This is especially poignant as one of the issues that has been highlighted throughout this study has been finance, yet one of solutions posed was to add to the student's financial burden. Despite this the four-year course could be a fantastic conduit for the BSc Nursing, and students could be better prepared for the rigors of academic and clinical roles which may increase their chances of completing.

As the journey on this DProf programme progressed the way problems were approached by the researcher both in his research and leadership role dramatically changed. The approach to thinking about things, supporting, developing, and motivating staff through the multitude of changes in higher education altered and this enabled further change to occur both personally and professionally. Good leadership empowers and motivates others to deliver and innovate (Turnbull James, 2011). A further component of this DProf programme was to try to change the way in which River Side university deals with the progression and attrition of students. By bringing in and championing changes to the recruitment pathway, introducing Mini Multiple interviews which were designed to test values and knowledge in a unique way as students had to think outside of the box, as well as being instrumental in the introduction of a four-year programme designed to develop students' study, numeracy, and literacy skills, all involved change,; change in the way we recruited students, change in the way we supported students and change in the way we identified students at risk.

Throughout a career where a more proactive and robust approach to problem solving was taken as well as being regarded as a problem solver and fixer amongst colleagues, rather than tackle issues head on as would be my normal response, the DProf was put to one side and the regular role and job took preference. By reflecting upon this journey, understanding has been deepened and it has allowed recognition of both the positive and negative personal traits within as well as gaining further insight into how situations are reacted too (Bulman and Schulz, 2008). One trait noted is my belief is that change is good and exciting and that a great deal of energy and drive is expended when something is new and needs developing. However, it is clear that the personal traits do not extend to being a completer finisher and that there is a continuous scanning for something new to get involved in. Thinking back to a clinical role whilst working as a charge nurse in a London hospital, my link lecturer described me as a “butterfly”. I laughed at the time but on reflection, she had a valid point.

This trait was evident when data collection began. Initially enthusiastic, contacting staff, talking with students, and putting into place a timetable for interviews. Things were happening and I was embarking upon an exciting aspect of the study. Despite the initial enthusiasm it soon became difficult to make time to transcribe the interviews. It was not until a student contacted to ask if a copy of the transcript could be sent that work was undertaken to begin the transcription process. However, time was still precious and the employment of an outside company was considered.

As these reflections are being written, the question “What if” continuously emerges; what if the project was started earlier could a better more detailed project have been produced? What if the data were analysed earlier, would it have allowed for a deeper and more detailed and more comprehensive interpretation of the data. On reflection, it is abundantly clear that time and space were required to work on this project. However, having a busy job can sometimes prevent this from happening. This point was brought home during a military exercise in Germany when the Commanding Officer took the whole senior team away for coffee and called it his “white space time” as it allowed him the time to sit and reflect. By doing so he was ready for the challenges to be faced and it allowed him to be more productive. Within the university, a supportive manager would regularly ask about my doctorate and how it was progressing. There was disappointment in his face when he was informed that it was either going slowly or not at all. He was very much aware that the role of head of department was busy however, he was willing to provide the time away from work.

Without this time, it is certain that the project would not have been completed. By working through each chapter, the parts began to merge and form the more cohesive whole that you see now. On its own, each chapter had its own merits but when linked together it has become more alive and as the work on each chapter developed my thoughts began to focus on the recommendations that would be made.

As this DProf programme is fundamentally about change, the opportunity to take what learning has been gained and use this to bring about change within River Side University, to change the way students are supported, to change the way in which they are received and to change the way they are prepared for the rigours of a nursing course. It is evident that this DProf has also enabled my growth and development as a leader both academically and militarily.

Chapter 7. Conclusions and Recommendations

7.1 Introduction

As this work progressed the world faced a pandemic at a level previously not seen and the last three years have seen major changes across the health sector and within the profession of nursing. The pace of change has increased and appears to be a constant feature of nursing today. Everyone has had to be more agile, reflexive and flexible in dealing with issues and the profession is in a completely different place than it was three or four years ago. As these recommendations are being written, nurses are out on strike demanding better pay and conditions. The needs of students has changed and whilst this study will make recommendations based on the findings, it is important to note that this work is only one point in time and that changes made now will need further review and evaluation later.

One of the outcomes set within this project was to inform future approaches to student nurse progression and attrition within the HEI sector. By ensuring that data collection instruments included in-depth individual narratives of students' experiences, this enabled the capture of the student experience and their individual voices. This in turn increased the depth of understanding of the issues faced and expectations of undergraduate student nurses from all fields of nursing.

When deciding the aims and objectives of this overall DProf programme, particularly in terms of framing the subject of leadership and change in higher education. The publication of the Francis report added to this "perfect storm" by recommending that on every shift patient's needed allocation of a named key nurse responsible for coordinating their care needs (Francis, 2013). Subsequently, NHS employers were required to increase their qualified staffing levels, with an impact on the high levels of unfilled posts throughout the country. To counter this, we have seen new targets for nursing recruitment and Department of Health rhetoric has suggested that we could increase nurses in training by up to 50,000 (Ford, 2020). However, it has been pointed out that the Government's pledge is not based on any form of modelling (Ford, 2020). Whilst universities have responded by increasing the numbers of students recruited onto programmes, there has not been a significant uplift in the number of clinical placements available. This has meant that HEIs are having to work hard to create placements and placement models as well as establishing new links with providers across the NHS and the private and voluntary sectors.

It is also important now that we focus more specifically on the reasons for attrition and address the issues more strategically. This chapter will draw on the research findings and provide several recommendations based on the findings from this study as to how the problem of attrition can be tackled at this point in time.

Throughout this DProf Journey the aims were to:

- Critically review, analyse, and evaluate the experience and knowledge gained throughout a career in nursing education.
- Highlight an ability to manage personal learning, and to mitigate problems.
- Critically reflect on the realities of a professional nursing and education practice career.
- Lead on a major change management initiative in relation to student attrition and progression to enhance learning.
- Develop strategies to enable sustainable change within an organisation.
- Demonstrate the ability to interpret existing knowledge and to create new knowledge in the field of student progression and attrition.
- Develop a critical appreciation and understanding of research philosophies and a range of methodological approaches and methods of enquiry.
- Articulate the relevance of the total DProf programme to the profession and the nursing HEI community.

An overall recommendation based on the finding that social integration as well as academic support need to be improved will be that River Side University student services, student networks and academic support need to be reviewed and refocused. It is hoped that by having good student support networks, that this will improve the student's resilience and ability to cope with the demands of the course.

There is also a clear need to offer students the opportunity to socialise and mix with other students as this will help them integrate more as this has been a constant theme noted within the literature and the findings of this study and this is a similar finding to the work of Tinto (1975) and Draper (2008).

7.2 Recommendation 1 – HEI requirement

The data collected from exit interviews needs to be robust and more than a tick box exercise. It is evident from River Side University as well as the literature, that the complex reasons for students leaving are not captured successfully. Therefore, we need to ensure that our exit interviews capture further details and information about our students as this will help us provide a better understanding of the reasons that students leave. Currently the data is collected by the course director and administrative teams. However, with cohorts so large, staff may not really know the students and it is possible that key information is lost.

Therefore, a recommendation based on the findings from this research would be for the personal tutors to carry out exit interviews as they should have a better relationship with their students. Traditionally students would have to attend the meeting at the university. However, a by-product of the pandemic has been the wider use of remote systems such as Microsoft Teams and by adopting a more remote approach to meetings and exit interviews, students may be more inclined to take part.

The data collected also need to be shared widely as this will allow lecturers and wider teaching teams to have some understanding of the reasons students leave and the issues they face. However, as with any exit interview the person leaving has no real incentive to complete it, which is why many go uncompleted. We therefore need to devise ways that enable students to share their thoughts and views and one option would be to invite them back to a lunch time event where they can meet with senior staff in an informal setting and be part of a group discussion where they can share their views and experiences in a safe and supportive space.

7.3 Recommendation 2 – The HEI sector

It was recognised that there is no clear definition of attrition for nursing courses throughout the UK and as demonstrated within this project the way we classify attrition needs to be addressed. The term is clear (reduction) but the amount/type/reason is not.

Currently students leave for reasons linked to themselves, whilst others leave because they have been withdrawn from the programme due to failure. There is also a need to capture those who interrupt the programme due to pregnancy, health and personal reasons and then return at a later date. This is supported by Urwin et al. (2009), who argue that retention is not just the opposite of attrition. To help shape this discussion it is suggested that the definition used by the National Audit Office and Health Education England is not helpful as it does not present the full picture of the causes of attrition. Therefore, by having a common definition

that is used by all institutions and stakeholders, this should enable a truer picture of the problem across the UK that would shape the ongoing management of this complex issue.

7.4 Recommendation 3 – The HEI sector

The literature has indicated that good student support and integration is key in the reduction of attrition from nursing courses. A significant number of students have indicated that they have thought about leaving at some point during their course (Bouden, 2008). Therefore, this recommendation should be adopted by the wider university sector. At the beginning of this project, it was hypothesised that if the students were better supported and better prepared for university life, along with the demands of the course, then attrition rates would reduce. The introduction of pre-enrolment and induction weeks can provide our students with better socialisation and integration into academic life (Tinto, 1997). A more contemporary argument linked to Tinto's social integration model, postulates that by having a more culturally engaging campus environment (CECE) that reflects and responds to the needs of culturally diverse student then attrition will reduce (Museus, 2014). As mentioned previously the University of Sheffield introduced a peer mentoring scheme which supported students through the transition into the university, provided students with a sense of belonging and this in turn reduced withdrawal rates (Thomas, 2012).

Rather than just focusing on attrition, HEIs should consider retention and why students remain on their course; this is an area that further research can explore. HEIs can also explore and review whether any of the measures initiated actually impact on retention rates.

7.5 Recommendation 4 -The HEI sector

From the literature as well as the findings from this project, it is evident that many students are unprepared for the level and amount of work they encounter when they start at university. Within the RePAIR (2018) report, 68% of students were unprepared for the academic workload. This project has also highlighted that students with BTEC and access courses do not do as well as those with A Levels. This may be due to the nature of the courses, how they are taught and the expectations of both staff and students. On paper BTECs are considered equivalent to A Levels yet they do not appear to prepare the students for the academic rigours of a nursing course. This may be due to the focus which is on credit accumulation rather than the whole subject. Therefore, a further recommendation for this study is aimed at all HEIs to put into place a support system that aids the transition of students from college to university and to work with FE colleges on how the shortcomings of BTEC courses can be overcome. By providing better support it is anticipated that this will

provide students with a firm foundation as well as help them integrate more easily when they come to university (Boyd and McKendry, 2012).

7.6 Recommendation 6 -Riverside University

Universities now provide a great deal of support to students, be it disability and dyslexia services (DDS), mental health and wellbeing, carers support as well as academic support. However, from the interviews with students, not all students appear to be aware of the university support services available to them. Therefore, there is a need for Riverside University to develop either an online or hard copy resource that they can have access to as well as providing drop-in sessions that promote the support services available. A recommendation would be to develop an online resource or app for students to book appointments for the university services via their phones/tablets. This would ensure better student support, integration and assistance when required and should help with their transition to university.

7.7 Recommendation 7 – The HEI sector

It was evident from the findings in this study that some students do not integrate academically or socially (Tinto, 1993). Therefore, the provision of that support for students is essential. As noted within this study a lack of preparedness impacts on the students transition into university student life (Alson et al., 2008). Linked to student support and greater preparation, the RePAIR (2018) report has recommended the introduction of buddy systems as these can assist with professional student integration, cultural and social capital and therefore the student's success (Taylor, 2012). There is a system in place at the University of Leicester where students are allocated a "Mother" or "Father" at the beginning of the course to support their integration as well as act as a resource for the students who are transitioning. Whilst feedback from this initiative is anecdotal, it would appear to be a success. By introducing a Buddy system in which senior students support new students it is envisaged that students will feel more supported and empowered to deal with issues that they would normally seek academic help for, thus increasing the student's resilience (Thomas and Revell, 2016). By providing peer student support, students may not feel as reluctant to ask questions and this could reduce any potential anxiety levels they may have (Leese, 2010). This is another area that requires further research to determine if student resilience is increased by this intervention (Robinson et al., 2009). From the work carried out already on the clinical skills peer tutors as well as the "NICE " Champions, the senior students are excited and highly motivated to take part. There is potential that both sets of students would benefit; the junior students would obtain support from senior students.

7.8 Recommendation 8 – Clinical stakeholders/HEE and HEIs

As noted from the literature as well as the findings from this study, clinical placements are key. They form fifty percent of the nursing course and therefore they are an extremely important element of any nursing programme. Trust partners need to ensure placements are fully ready for students, that they have the appropriate number of practice supervisors and assessors. Clinical stakeholders also need to address the culture within their organisations as it is evident from the findings in this study that bullying and racism continue to exist. From the report at East Lancashire hospitals, it is clear that the practice education facilitators also have a role to play. Whilst their role is fundamentally about education and educational support, there are times when they get drawn into the workings of the hospital. This was evident during the pandemic; however, students did not have access to an education facilitator. Staff from the university were able to step in and this mitigated some of the issues. The pandemic has offered an opportunity to relook at the support students receive in practice. By taking the practice education facilitators back into the HEI sector where they are employed by the university, this would allow more flexibility in the support and guidance they offer students. This will need to be explored with all stakeholders as it clearly has implications for HEIs, HEE and NHS Trusts. However, in the past, clinical tutors were a fixture on the wards and this model of education could focus on the support and development of student nurses whilst in practice. Therefore, by introducing a new style of clinical tutor to providing greater clinical placement support to students it is hoped students would have a better clinical experience.

7.9 Recommendations for further research

If attrition is to be fully mitigated, there is a clear need for further research to be undertaken which will explore the expectations and experiences of student nurses from all branches in both the academic and practice settings. To enable this to occur the following three research studies are proposed.

- A Longitudinal study over three to four years to identify how student expectations change over time and to identify the strategies used by ethnic minority students to succeed whilst on their nursing course.
- A Longitudinal study over three to four years to ascertain whether prior experiences of health impacts upon students' experiences in the university and in clinical practice.

- A comparative study in which potential students are provided with pre course support, teaching and development prior to commencing their nursing course.

7.11 Conclusion

To summarise, this DProf programme has enabled an interpretation of existing knowledge by undertaking a comprehensive literature review developed, as well as expanding knowledge and overall understanding of the complex issues surrounding change in the HEI sector where traditional power, and influence, patterns are clear (Plesk and Greenhalgh, 2001). By undertaking this project and study a more detailed understanding was gained of the ethical issues that underpin projects and study at doctoral level. It has also highlighted how my professional practice has developed and expanded over the course of this DProf. By designing and instigating this study, a wide range of skills have been developed which has enabled the communication of complex or contentious information effectively.

Throughout this DProf programme I have endeavoured to work collaboratively with colleagues and students to ensure that their voices are heard and that the final project captures their narrative in order that processes and support can be put into place. Therefore, by focusing on change and the contributions made to the change process within River Side University, this work clearly demonstrates the ability to lead and manage change and an ability to utilise and manage resources accordingly. By adopting the recommendations, it is anticipated that students' experiences will improve and that this may lead to better preparation and social and professional integration. However, it is important to note that the findings from this study are at one point in time and due to the myriad of changes faced by the profession that will need further review and evaluation,

It is evident from the reflections that the problems and issues faced along this journey have been identified and, in some cases, mitigated however, it is also important to recognise that this DProf journey has been transformative, leading to significant growth as a leader within the HEI and nursing sectors.

It was Lao Tzu who said,

“ The journey of a thousand miles begins with one step”

Tzu, L, (1996) Tao te Ching (A Waley Trans) Wordsworth Editions

At times and on reflection the road travelled has sometimes been winding, however, by taking that first step back onto this journey, it is clear that the roles of educator and army officer have strengthened and developed over this time. Hindsight is valuable in that it

allows the opportunity to see and perceive things more clearly after the event. However, the findings from this project as well as the literature review have shown that this issue remains a complex problem. Nevertheless, by working with key stakeholders such as students, staff, NHS trusts, and HEE and by providing better social and professional integration and by stepping into our students' shoes and seeing the issues faced, there is a distinct possibility that attrition can be reduced.

A quote from one of my favourite books captures this perfectly, from "to Kill a Mockingbird"

"If you can learn a simple trick, Scout, you'll get along a lot better with all kinds of folks. You never really understand a person until you consider things from his point of view, until you climb inside his skin and walk around in it"
Harper Lee (1960).

Throughout this journey the issues faced by students has become more transparent, which has led to several recommendations and it is right that HEIs like River Side University and our clinical stakeholders put into place measures that fully support and encourage student social and cultural capital which should facilitate their growth and development and also enables them to achieve their goals.

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Information sheet

Interrogating the causes of attrition in the first year from pre-registration Nursing programmes using Pragmatism

Hello

Thank you for taking the time to read this, which explains what the study is about, and what your participation would mean for you. My name is Anthony McGrath. I am a researcher undertaking my DProf at Hendon University and I also work at River Side University. This study is part of a wider study exploring the factors that contribute to students leaving nursing courses. The aim of this part of the study is to explore **your** reasons for non-completion of your Nursing Course. Before you decide if you want to take part or not, I want to tell you why the study is being done, and what you can expect if you do take part. Please take your time and discuss it with your colleagues, friends, and families if you wish. Please feel free to contact me if you have any other questions.

What is the study about?

We wish to explore with you the reasons for not completing your course.

Why have I been chosen?

You have been given this information because you recently left your course leading to registration as a nurse.

Do I have to take part?

No. It is entirely up to you to decide whether or not you want to take part. If you decide to take part you will be asked to sign a consent form. Even if you decide to take part, you can change your mind at a later stage. You are free to stop at any time without giving a reason. No questions will be asked if you decide to stop.

What will happen if I decide to take part?

If you decide that you might wish to take part, please complete the reply slip, and send it back to me.

- Take part in an interview which will be recorded.
- Written consent will be obtained from you prior to the interview

You will be given a consent form. You only sign this form if you agree to take part in the recorded interviews. You will be given a copy of the consent form to keep.

If you are happy, I will then record the Interview. I will then transcribe the interviews. This will take about a month to two months. If you would like I can send you a copy that you can keep. You can make comments on the transcript if you wish and return it to me.

What happens if I decide not to continue?

You have the opportunity to decide at any time that you no longer wish to take part. That is fine and your wishes will be observed. If you decide that you do not wish to have your views recorded during the interview included in the study they will be removed.

What happens after the interviews?

I will label the recording with a code number. Participants will not be identified in any way. The tape and transcript, identified only by the code number will be kept locked in a secure place at the University.

If you would like I can send you a copy of the interview transcript. You will then be asked to read the transcript and consider if there is anything else you may wish to add or remove.

I will use the information gathered in the interviews to write my report. I will send you a copy of the report when it is finalised.

You can contact me if you require any further information.

All data used will be strictly within the terms of the Data protection Act (DPA 1998)

Where can I get more information?

Anthony McGrath

School of Health and Social Care

River Side University

103 Borough Road

London SE1 0AA

TEL: 0207 815 8015

Thank you for taking the time to read this. If you wish to discuss your potential participation or any aspect of this study, please feel free to contact the above.

Information sheet

Interrogating the causes of attrition in the first year from pre-registration Nursing programmes using pragmatism

- Why do students stay?

Hello

Thank you for taking the time to read this, which explains what the study is about, and what your participation would mean for you. I am a researcher undertaking my DProf at Hendon University and I also work at River Side University. This study is part of a wider study exploring why students leave nursing courses. The aim of this part of the study is to explore the experiences of students whilst on a nursing course and explore why they have continued to stay on the course. Before you decide if you want to take part or not, I want to tell you why the study is being done, and what you can expect if you do take part. Please take your time and discuss it with your colleagues, friends, and families if you wish. Please feel free to contact me if you have any other questions.

What is the study about?

We wish to explore with you the main motivations for you staying on your course.

We would also like to explore with you whether you ever felt that you would give up and what stopped you.

Why have I been chosen?

You have been given this information because you are currently on a course leading to registration as a nurse.

Do I have to take part?

No. It is entirely up to you to decide whether or not you want to take part. If you decide to take part you will be asked to sign an online consent form. Even if you decide to take part, you can change your mind at a later stage. You are free to stop at any time without giving a reason. No questions will be asked if you decide to stop. Your course or future will not be affected in any way if you decide not to take part.

What will happen if I decide to take part?

If you decide that you might wish to take part, please complete the reply slip, and send it back to me.

- Take part in an interview which will be recorded.
- Written consent will be obtained from you prior to the interview

You will be given a consent form. You only sign this form if you agree to take part in the recorded interviews. You will be given a copy of the consent form to keep.

If you are happy, I will then record the Interview. I will then transcribe the interviews. This will take about a month to two months. If you would like I can send you a copy that you can keep. You can make comments on the transcript if you wish and return it to me.

What happens if I decide not to continue?

You have the opportunity to decide at any time that you no longer wish to take part. That is fine and your wishes will be observed. If you decide that you do not wish to have your answers to the questions included in the study they will be removed.

What happens after the questionnaires are completed?

Participants will not be identified in any way. Your answers identified only by the code number will be kept locked in a secure place at the University. At the end of the study all interviews will be destroyed.

I will use the information gathered from the interviews to write my report. I will send you a copy of the report when it is finalised.

You can contact me if you require any further information.

All data used will be strictly within the terms of the Data protection Act (DPA 1998)

Where can I get more information?

Anthony McGrath
School of Health and Social Care
River Side University
103 Borough Road
London SE1 0AA

TEL: 0207 815 8015

Thank you for taking the time to read this. If you wish to discuss your potential participation or any aspect of this study, please feel free to contact the above.

Title: **Interrogating the causes of attrition in the first year from pre-registration Nursing programmes using pragmatism**

Principal Investigator: Anthony McGrath Please initial box next to each statement to indicate your agreement.

Initials

- 1 I confirm that I have read and understood the information sheet dated **XX XX XX** for the above study and have had the opportunity to ask questions.
- 2 I have been given a copy of the information sheet to keep
- 3 I understand that my participation in this study is voluntary and that I am free to withdraw
at any time, without giving any reason, without legal rights being affected.
- 4 I understand that any data collected will be processed and stored securely in compliance with
the 1998 Data Protection Act
- 5 I agree to take part in the above study.

Name

Date

Signature

Name of person taking consent

Date

Signature

Investigator

Date

Signature

1 copy for **File**; 1 for **Participant**.



School Health & Education REC

The Burroughs
Hendon
London NW4 4BT

Main

Switchboard: 0208 411 5000 23/06/2017

APPLICATION NUMBER: 1781

Dear Anthony Mcgrath

Re your application title: Interrogating the causes of attrition in the first year from pre-registration Nursing programmes
using critical realism Supervisor: Sheila Sue Cunningham Dyson

Thank you for submitting your application. I can confirm that your application has been given approval from the date of this letter by the School Health & Education REC.

Although your application has been approved, the reviewers of your application may have made some useful comments on your application. Please look at your online application again to check whether the reviewers have added any comments for you to look at.

Also, please note the following:

1. Please ensure that you contact your supervisor/research ethics committee (REC) if any changes are made to the research project which could affect your ethics approval. There is an Amendment sub-form on MORE that can be completed and submitted to your REC for further review.
2. You must notify your supervisor/REC if there is a breach in data protection management or any issues that arise that may lead to a health and safety concern or conflict of interests.
3. If you require more time to complete your research, i.e., beyond the date specified in your application, please complete the Extension sub-form on MORE and submit it to your REC for review.
4. Please quote the application number in any correspondence.
5. It is important that you retain this document as evidence of research ethics approval, as it may be required for submission to external bodies (e.g., NHS, grant awarding bodies) or as part of your research report, dissemination (e.g., journal articles) and data management plan.
6. Also, please forward any other information that would be helpful in enhancing our application form and procedures - please contact MOREsupport@mdx.ac.uk to provide feedback.

Good luck with your research.

Yours sincerely

Gordon

Dr Gordon Weller

Chair: School Health & Education REC

Semi structured interview questions

Participants Make them feel as comfortable as possible during the interview.

Ensure consent is obtained

Begin with introductions and general chat about the weather, or how far they had travelled and ask them a little about themselves before going through the questions.

Explain to participants what the research was all about and why it was important.

1. Would you mind sharing your age with me?
2. What was your personal experience of studying nursing at River Side University?
3. Without thinking too much about it was there any event or issue that made you consider leaving/staying on the course?
4. How did you find out about nursing as a career?
5. Why did you apply for nursing as a course?
6. What do you like about the nursing course?
7. What do you dislike about the nursing course?
8. As a man undertaking nursing have you faced any issues/discrimination?
9. As a woman undertaking nursing have you had any issues, problems etc
10. Can you share with me the qualifications you have prior to starting the nursing course?
11. Do you have GCSE maths and English or do you have Key skills 2
12. Have you worked in Health prior to starting this course?
13. Did you feel prepared to undertake this course?
14. Have you been working whilst on the course-If so why?
15. How many hours on average would you work each week?
16. How do you manage financially?
17. How do you manage your work life balance?
18. What could the government/university do to assist you?
19. Do you live in your own home- is so how far away is it from the university?
20. Do you travel to the university or do you live in halls?
21. How do you travel to university/placement?
22. Can you let me know on average how much this costs?
23. If you live in halls how are they?

24. Do you socialise with your class group/hall friends or with individuals in your class or within the university
25. If yes what do you do? If no what do you prefer to do instead?
26. Are you aware of the extra curricula activities available at the university
27. Are you involved in any university groups or societies
28. If yes how often do you go – If not why don't you get involved
29. What placement areas have you been on?
30. How did you find your placements?
31. If the placement was good why was this?
32. If the placement was bad why was this?
33. Is there any placement you would never wish to back to?
34. If yes why?
35. What support have you gotten from the university?
36. Do you see your PT regularly
37. How often do you see the Cohort leader or Course director?
38. From your perspective where do you get the most support from?
39. what could the university do to support you better?
40. any one thing that made you decide to leave?

Have you ever thought about leaving? Can you share with me why?

What made you stay?

What could we have done as a university to help you whilst on the course