

Sisterhood *'We'll pull each other through.'*

**The Lived Experience of Mature Female Students on a Bachelor of Nursing
(Adult) Programme: An Interpretative Phenomenological Analysis.**

Thesis submitted in partial fulfilment of the degree of

Doctor of Advanced Healthcare Practice

Owena Simpson

2021

School of Healthcare Sciences

Cardiff University

Summary

The purpose of this research was to explore and gain insight into the lived experiences of mature female students undertaking a Bachelor of Nursing (Adult) programme. It explored the challenges and barriers faced by the students and investigated the factors that support students who have considered leaving, to stay and continue with their studies.

Interpretative phenomenological analysis provided a methodological framework and analytical approach which enabled an exploration through the theoretical lens of the lifeworld, of participants' individual and shared lived experiences. Eight female, mature students who were at the end of their second year of the programme at a Higher Education Institution in South Wales participated in semi-structured, face-to-face interviews, which were analysed idiographically before group level analysis was undertaken.

This research expands on current literature regarding the needs of this growing student nurse demographic. The key finding of the study has surfaced the power and role that belonging played in the student nurses' experiences across all elements of the programme. The concept of belonging is fundamental in fostering a positive student experience. The participants highlighted the importance of feeling accepted, valued and included within the nursing and university environments. Findings showed that the students' ambitions towards the end goal of becoming a Registered Nurse were the strongest motivator and had the greatest influence on their drive to continue their studies, even when they struggled. However, the course-related challenges also had a significant influence on their decisions to stay or go. The academic pressures and clinical placement experiences varied throughout the course caused an acute period of stress for some or resulted in an accumulation of challenges leading to feelings of being unable to continue with their studies. Participants emphasised the importance of support from various sources as key to progression, however, peer support was highlighted as most important in influencing their continuation by providing encouragement and support throughout the programme.

Each student had a unique history, their past and present social and psychological experiences were multifaceted and complex. These differences influenced and shaped each individual and resulted in varying degrees of resilience and different motivations to continue. Every student had a dynamic set of circumstances and this study demonstrated that the identification of 'at-risk' students, purely based on demographics or information on a Curriculum Vitae, is problematic and potentially futile.

This essential insight and understanding of mature female students' meaning-making could be used to tailor University support systems, and thus inform curriculum development and support systems for maximising student retention. These findings are important for ensuring that services continue to develop and provide effective support to maximise retention and completion and, ultimately, increase the number of students entering the Nursing and Midwifery Council register.

Acknowledgments

I would like to thank the eight participants who kindly volunteered to be interviewed and be part of my study. This thesis is a product of their stories and their experiences. I would like to express my deepest gratitude and thanks for their contribution.

I could not have completed this programme without the encouragement of my husband Peter, his support throughout has been invaluable. I would also like to express my appreciation to my friends and family for their support and words of encouragement throughout my Professional Doctorate studies.

Finally, I would like to thank Dr Paul Gill and Dr Sally Anstey for their support and guidance and to my supervisors Dr Clare Bennett and Dr Steve Whitcombe for their unfaltering support during the final stages of this thesis. Their encouragement and guidance in helping me develop my skills and proficiency in Interpretative Phenomenological Analysis has been fundamental to this study.

Thanks to you all.

Contents

Contents.....	iii
List of tables.....	vi
List of Figures.....	vi
Glossary.....	vii
Prologue.....	viii
PART ONE – BACKGROUND TO THE STUDY	1
Chapter 1 – Introduction.....	2
1.1. Motivations for undertaking this study	2
1.2. Current challenges facing the nursing workforce	3
1.3. Initiatives to increase nursing workforce numbers	6
1.4. Recruitment to undergraduate nurse education programmes	8
1.5. Widening participation	9
1.6. Challenges in measuring attrition	10
1.7. What we know about attrition in undergraduate Bachelor of nursing programmes.....	11
1.8. The implications/impact of attrition	11
1.9. Factors that influence student nurse attrition.....	12
1.10. Focus of this study	14
1.11. Approach employed.....	15
1.12. Organisation of the thesis.....	16
1.13. Summary	16
Chapter 2 - Review of the literature	17
2.1. Search strategy.....	17
2.2. Attrition and retention in nurse education: An overview	20
2.3. Widening participation	26
2.4. Academic challenges.....	29
2.5. Support systems.....	31
2.6. Personal problems	33
2.7. Clinical placement challenges	35
2.8. Age and sex	37
2.9. Well-being/self-efficacy	38
2.10. Summary and rationale for further study	40
Chapter 3 – Philosophical positioning.....	42
	iii

3.1.	Epistemological, ontological and axiological stance	42
3.2.	Phenomenology	43
3.3.	Hermeneutics	44
3.4.	Interpretive phenomenological analysis	44
3.5.	Why Interpretative phenomenological analysis in preference to other qualitative approaches?	47
3.6.	Lifeworld as a theoretical lens	48
3.7.	Ontological, theoretical and methodological 'fit'	51
3.8.	Summary	52
Chapter 4 - Study design		54
4.1.	Introduction	54
4.2.	Research procedure	55
4.3.	Sample	55
4.4.	Data collection	57
4.5.	Data analysis	59
4.6.	Ethical issues	62
4.7.	Enhancing the quality of the study through reflexivity	64
4.8.	Summary	66
PART TWO – THE STUDENT NURSES’ EXPERIENCES		67
Chapter 5 - Presentation of Findings		68
5.1.	Introduction	68
Idiographic Account		69
5.2.	Caroline	69
5.3.	Rhian	77
5.4.	Emily	87
5.5.	Erica	95
5.6.	Rosie	102
5.7.	Linda	106
5.8.	Lucy	114
5.9.	Sue	121
5.10.	Summary at Group level	128
5.10.1.	Superordinate Theme 1 – Commitment, Passion and Ambition Trump Adversity	130
5.10.2.	Superordinate Theme 2 - Juggling Roles	131
5.10.3.	Superordinate Theme 3 – Particular Support Needs for a Particular Student	134
5.11.	Summary	137

PART THREE – LOCATING THE THESIS IN THE WIDER CONTEXT	138
Chapter 6 - Discussion.....	139
6.1. Introduction	139
6.2. Superordinate Theme 1 – Commitment, Passion and Ambition Trump Adversity	141
6.3. Superordinate Theme 2 – Juggling Roles	146
6.4. Superordinate Theme 3 – Particular Support Needs for a Particular Student	154
6.5. Summary	163
PART FOUR – STUDY EVALUATION	165
Chapter 7 - Conclusion and Recommendations.....	166
7.1. Limitations.....	166
7.2. The emergence of new understandings	167
7.3. Recommendations	170
7.4. Programme content and structure	170
7.4.1 Flexibility.....	171
7.4.2 Peer support.....	173
7.4.3 Formal support	175
7.4.4 Pre-entry preparation.....	177
7.5. Conclusion.....	178
7.6. Future research.....	178
Chapter 8 – Reflexive Epilogue	180
APPENDICES	183
Appendix 1 - Promotional Poster -English version.....	184
Atodiad 1 - Poster Hyrwyddo – Welsh version	185
Appendix 2 – Copy of Email sent to Student email account.....	186
Appendix 3 - Participant Information Sheet (PIS).....	187
Appendix 4 - Consent Form.....	191
Appendix 5 – Interview Schedule.....	193
Appendix 6 – Data Analysis Extract.....	194
Appendix 7 – Ethical approval – Cardiff University.....	197
Appendix 8 - Ethical approval – HEI – Study Location	198
References	199

List of Tables

Table 1 Electronic databases searched.....	17
Table 2 Identification of search terms.....	18
Table 3 Techniques used to search for themes.....	62
Table 4 Superordinate and subordinate themes that emerged from Caroline’s transcript with supporting questions.....	74
Table 5 Superordinate and subordinate themes that emerged from Rhian’s transcript with supporting questions.....	83
Table 6 Superordinate and subordinate themes that emerged from Emily’s transcript with supporting questions.....	92
Table 7 Superordinate and subordinate themes that emerged from Erica’s transcript with supporting questions.....	99
Table 8 Superordinate and subordinate themes that emerged from Rosie’s transcript with supporting questions.....	104
Table 9 Superordinate and subordinate themes that emerged from Linda’s transcript with supporting questions.....	111
Table 10 Superordinate and subordinate themes that emerged from Lucy’s transcript with supporting questions.....	118
Table 11 Superordinate and subordinate themes that emerged from Sue’s transcript with supporting questions.....	125
Table 12 The relationship between the subordinate themes and emergence of superordinate themes.....	129

List of Figures

Figure 1 Relationships between themes.....	140
--	-----

Glossary

BN	Bachelor of Nursing
BTEC	Business and Technology Education Council
CASP	Critical Skills Appraisal Programme
CINAHL	Cumulative Index to Nursing and Allied Health
ERIC	Educational Resource Information Centre
HB	Health Board
HEIW	Health Education Improvement Wales
HCSW	Health Care Support Worker
HESA	Higher Education Statistics Agency
HEI	Higher Education Institution
IPA	Interpretative Phenomenological Analysis
IT	Information Technology
NMC	Nursing and Midwifery Council
NHS	National Health Service
PIS	Participant Information Sheet
RN	Registered Nurse
RCN	Royal College of Nursing
RePAIR	Reducing Pre-registration Attrition and Improving Retention
UCAS	Universities and Colleges Admissions Service
WP	Widening Participation

Prologue

I have worked at the University for 16 years and for four of these years was deputy course leader for the under-graduate nursing programme. I have also been a personal tutor to students undertaking the undergraduate nursing course throughout my time at the University and this has involved me supporting many students through various crises during the programme and being aware of the numerous difficulties that many students encounter during the three-year course. However, despite adversity most of the students continue and successfully complete the course and achieve their goal of becoming a qualified nurse. I care about nursing and feel passionate about the student experience and how this can be maximised by understanding the factors that are important and relevant to the particular student groups that enrol onto the undergraduate nursing programme. The University has a strong focus on student support and anecdotally students note how grateful they are for the support that they have received during the course. I feel strongly that part of my role as a nurse educator is to support our students to achieve. I care about practice and therefore am undertaking this study in order to identify the factors that students at this University suggest affect their motivation to stay on the course and become qualified practitioners and as a result aim to increase understanding which will be able to inform and improve practice.

The personal motivation to undertake this study was to explore retention within the context of a specific university. It is important to look at the factors that influence retention and recognise that the findings from this literature informs current and future thinking. However, the issues that affect and influence the students at the university within this study have not been specifically examined. The study was conducted in a post 1992 university, which is located in a post-industrial area of South Wales. It is a largely socially deprived area with high unemployment and limited career opportunities. The undergraduate nursing course within the institution, traditionally recruits large numbers of students from widening participation routes and therefore have many of the characteristics associated with poor attrition. This results in key features of today's student nurse who is studying at this University is likely to be female, mature, has accessed the course via a widening participatory route and will live in the areas close to the University. To develop a deeper understanding of what factors affect the mature female student, from a widening participation background, at this University to stay and complete the course are important. It was hoped that this study would provide an essential insight into the students' needs and will thus inform the continuing changes and developments to support systems to maximise student retention.

PART ONE – BACKGROUND TO THE STUDY

Chapter 1 – Introduction

This chapter provides an overview of the thesis. It commences by briefly highlighting the current position of nurse education. It outlines the challenges that pre-registration nurse education faces in light of ongoing Registered Nurse (RN) workforce shortages and the changes to the Higher Education sector brought about by a Widening Participation policy and increasing numbers of mature non-traditional learners. The chapter provides an outline of the aims and objectives of the study and introduces the research approach adopted. It concludes by providing an overview of the structure of the thesis and a synopsis of each section.

1.1. Motivations for undertaking this study

I have worked in nurse education at a large post-1992 University located in a post-industrial, largely socially deprived area of South Wales for 16 years. During this period, I have been deputy course leader for the under-graduate nursing programme and I have been a personal tutor for undergraduate nursing students. In this role, I have become cognisant of the numerous difficulties students sometimes encounter during the three-year programme, but despite adversity, many continue with their studies, complete the course and achieve their goal of becoming a qualified nurse.

Over time I have become increasingly interested in understanding the factors that affect students' motivations to stay on the course and become qualified practitioners. The focus of this study was, therefore, to explore the lived experience of mature, female students on a Bachelor of Nursing (BN) (Adult) programme at one Welsh Higher Education Institution (HEI), who have considered leaving, but remain on the course. My interest was underpinned by a desire to inform and improve practice in relation to the kind of support student nurses require and, consequently, contribute to addressing the current workforce shortfall in nursing.

Below I outline the key issues addressed by the body of literature available, but in brief, a review of the literature revealed that there was substantive literature exploring the broad

issue relating to students' attrition and research focusing on the specific challenges for nursing students and those students from widening participation backgrounds. However, there was a paucity of research which investigated the experiences of mature female student nurses, from widening participation backgrounds, *during* their programme of study. I therefore came to realise that this was an area worthy of further investigation.

1.2. Current challenges facing the nursing workforce

There is currently an international nursing shortage which is driven by an ageing population and increasing demands for health care (Drennan and Ross 2019). Coupled with shrinking resources, there are now significant challenges for meeting the healthcare needs of the population (NHS England 2021). Political uncertainties, potential changes to migration patterns and the fluctuating global economy coupled with the increasing pressure since the response to Covid-19 began has provided further challenges for healthcare resources and delivery (The Health Foundation 2020). Nurses are an important component of the healthcare workforce and are the largest professional group within the healthcare system. Registered Nurses work across almost all care settings, including hospital and community-based care environments. They represent 30% of the Welsh National Health Service (NHS) workforce, and account for 32% of the overall Health Board (HB) revenue expenditure. In contrast, medical staff account for 8% of the workforce and 21% of the cost (Evans et al. 2015). Arguably the overall effectiveness of the healthcare system is therefore dependent upon a viable nursing workforce (National Audit Office 2020).

Many challenges exist in ensuring that sufficient numbers of nurses are available to provide care in the complex and rapidly changing care environments of the NHS and in social care. A report by the Health and Social Care Select Committee which examined workforce burnout and resilience identified a link between staff shortages and burnout (Health and Social Care Committee 2021). In the most recent report by the Royal College of Nursing (RCN) Wales (2019) they stated that in 2019 there were 1651 Registered Nurse vacancies within the NHS alone, with the care homes sector reporting significant Registered Nurse vacancies too. However, Woodham et al. (2021), on behalf of The Health Foundation, explored the impact of the Covid-19 pandemic on the future supply of nurses in England. They recorded

approximately 87,000 RN vacancies in England, while Skills for Care (2019) found that in the adult social care sector, 10% of RN posts are unfilled, implying around 5,000 vacancies in this sector (NHS Providers 2019). The Kings Fund (2019) estimate that by 2030 the vacancy crisis could spiral to a shortfall of 108,000 full-time equivalent RNs. One factor that contributes to this predicted shortage is that the nursing workforce is ageing. The RCN (2020) found that in 2015 17.3% of registrants were aged 56 or over, in 2020 rose to 20.8%. The number of older registrants will continue to rise resulting in higher numbers of registrants reaching retirement age in the next decade (RCN 2020).

Additionally, over the past 20 years, the role of the nurse has evolved with nurses continuing to meet and embrace the increased use of technology and the complexities of patients' care needs (Brown et al. 2020). Major advances in medical treatment and interventions have resulted in patients living longer with many comorbidities and complex health care needs (Kirkwood 2017). Improvements in clinical interventions such as in anaesthetics and surgical techniques, have resulted in patients having shorter hospital stays (Parkes et al. 2021). For example, in the 1990s, a patient undergoing an elective, uncomplicated hip replacement would be an inpatient for approximately 10 days. Today, that same patient would expect to be discharged after four days, with care being continued by community nursing teams and the patients' family and carers (Meng et al. 2021). This has resulted in patients having greater care needs both in hospital and community settings. Nurses' workload plus greater numbers of patients with acute and complex needs have resulted in a greater level of demand and increased complexity of care required from RNs in all healthcare environments (Huber et al. 2021). These ongoing developments mean that nurses must often undertake new roles and functions traditionally carried out by doctors, such as the duties associated with the advanced nurse practitioner, critical care outreach and chronic disease management (Cody et al. 2020; Van Schalkwyk et al. 2020). These changes to the roles and responsibilities of the RN have resulted in a greater number of diverse, often senior nursing positions being created which, in turn, means there are fewer nurses who can fill ward and community-based positions (The Health Foundation 2019a; Anderson et al. 2021).

Further factors worthy of consideration are general staffing levels and changes to the skill mix of the nursing workforce. These issues are reported to be adding pressure to nursing teams, which can, in turn, cause chronic job stress and poor job satisfaction, resulting in high rates of staff turnover (Bridges et al. 2019; Senek et al. 2020). Inappropriate staffing levels and poor patient outcomes were linked in the Francis Report (2013), which was published following a public enquiry into the systematic failure to provide care for patients in a Mid-Staffordshire Hospital. Guidance was consequently published by NHS England (2013) and the Nurse Staffing Levels (Wales) Act (Welsh Government 2016) which focus on nursing, midwifery and care staffing capacity and capabilities as well as mandates for staffing levels. RCN (2010) highlighted that having the right number of staff alone is not enough. They suggested a minimum ratio of 50:50 RNs to Health Care Support Workers (HCSW) for older people's ward environments (RCN 2012), although they state that the ideal ratio is 65:35 registrant to HCSW. The pressures of accountability for patient care, which includes the tasks and care delegated to HCSWs, can lead to stress among RNs (Lawless et al. 2019). With financial constraints being a problem across healthcare services in the UK, in some areas, RNs are being replaced by 'up-skilled' HCSWs (Bridges et al. 2019). Skill mix can affect registrants' perceived ability to provide safe, confident and competent care for their patients (Havaei et al. 2019).

Care environments are often highly stressful, and reports of nurses becoming 'burnt out' and leaving the profession before retirement age are commonplace (Hill 2017; Wolf et al. 2017). Difficulties in filling vacancies and the continuous lack of staff available to provide patient care results in great challenges for the profession. This means that clinical environments which are carrying these unfilled vacancies are either having to manage with fewer RNs on each shift or by relying on expensive agency and overseas staff at an additional cost to the HB. The RCN (2018) stated that during 2017-18, total spend on agency nursing staff to cover for staff shortages was £927 million, with that bill expected to continue to rise as a result of persistent nursing workforce shortages and the substantial effect of the response to the Covid-19 pandemic.

1.3. Initiatives to increase nursing workforce numbers

Various initiatives have been introduced in an attempt to increase the number of RNs within the system. Many Universities deliver Return to Practice nursing courses, a programme of study which allows previously RNs readmission onto the Nursing and Midwifery Council (NMC) register. A further opportunity introduced to address the shortfall in England has been an additional nurse associate role as part of the NHS apprenticeship scheme. This new role allows HCSWs to progress to a nursing degree through the apprenticeship route (Attenborough et al. 2019).

Recruitment of overseas nurses is another initiative adopted to fill nurse vacancies in the UK, however this has come under scrutiny with some stating that we should grow our own capacity and work on retaining our nurses rather than stripping much needed nurses from developing countries (Castro-Palaganas et al. 2017; Jones-Berry 2019).

Another significant national and international strategy for addressing the shortage of RNs has been to increase the number of students enrolled onto pre-registration nursing programmes. Currently, HEIs in Wales are allocated specific student nurse places and thus funding for universities and bursary payments for students. Indeed, Health Education Improvement Wales (HEIW) has commissioned an increase in the number of places on undergraduate nursing programmes (Welsh Government 2019) with the aim of increasing the number of qualified nurses who join the RN workforce. However, the success of this increase is based on the number of students who are not only recruited onto undergraduate nurse programme but who also complete the course, guaranteeing a continuing supply of RNs.

Professional registration of a nurse in the UK requires the successful completion of an undergraduate degree programme, traditionally a three-year full-time course, which comprises equal theory and practice hours to meet the regulatory requirements (NMC 2018). The overarching aim of the programme is to prepare nurses who are safe, competent and confident practitioners who can provide compassionate and dignified care for their patients (Department of Health 2016; Nathoo et al. 2021). Nurse education has

continuously transformed to meet the challenges of balancing the caring and practical elements of the nursing role as technology changes and the complexities of patients' needs increase (Montgomery et al. 2017). To become a RN in the UK, students are required to enrol onto a nursing programme within a HEI and choose one of four fields of practice: adult, mental health, learning disabilities or child. Successful completion of the programme results in the student obtaining a BN qualification, entry onto the NMC register and, thus, the ability to work as a qualified nurse in their specific field of practice.

Predictions about future workforce needs suggests that, whilst there is an overall upward trend in the number of nursing staff, due to the increase numbers of nursing students outlined above, it is clear that this increase remains insufficient in meeting future health and social care demands (RCN 2020). However, these findings clearly predate the Covid-19 pandemic, but as the country and the world recovers from the pandemic, the impact on the workforce in terms of individuals choosing to study nursing and those continuing to work as nurses will become clearer, this may have a positive impact or may have a further detrimental effect on the nursing workforce in the UK and other nations (Senek et al. 2020).

Nurse education is currently confronted with a significant challenge; to satisfy the needs of the healthcare service a greater number of nurses need to register. This requirement for an increase in student numbers to meet the demands of complex healthcare needs and environments, coupled with the widening participation agenda, can result in pressure from all sectors to increase student retention from enrolment to registration. Although reasons for student attrition from undergraduate nursing courses are well documented (Kukkonen et al. 2016; Ten Hoeve et al. 2017a; Wray et al. 2017; Bakker et al. 2019; Hamshire et al. 2019) it is necessary to explore the characteristics of those students who have accessed the course through the widening participation routes since they are often mature and have family commitments, experience financial pressures, come from lower socioeconomic groups with little experience of University life and have various atypical HEI entry qualifications (Young 2016). These factors can provide additional challenges for the student and there are suggestions that the UK widening participation agenda has contributed to the increase in attrition (Mishra 2020). However, importantly mature students bring a variety of

benefits to the nursing programme with them a range of life skills, previous work experiences and maturity and are motivated towards a career as RNs (Christensen and Craft 2021). Of note is that mature students once graduated also provide a stable and sustainable workforce that will continue to support the local community (O'Brien et al. 2009; Walker et al. 2014). Few researchers have explored the experiences of this particular student group. While scholars have examined attrition and retention issues for general nursing students, understanding the needs of mature women who have accessed the programme through the widening participation route and who have considered leaving but remain on the course had not been examined prior to this research study.

1.4. Recruitment to undergraduate nurse education programmes

Nurse education has evolved, its move from hospital-based programmes into Universities in the 1990s resulted in challenges for nurse education systems (Smith et al. 2014). The concurrent expansion of the higher education sector has resulted in an increase in student numbers and a greater diversity of learners entering University and the profession (Mills et al. 2020). All HEI nursing departments dedicate time and money to the recruitment and admission of students onto the undergraduate programme. An emphasis on values based recruitment and selection processes have been adopted in an attempt to ensure that students who enrol onto the course fully appreciate the role and possess the appropriate values, attitudes and behaviours (Groothuizen et al. 2018). The Francis Report (2013) was the catalyst for the commencement of values based recruitment to emphasise the importance of core values and standards and to ensure that these are shared throughout healthcare organisations (Roberts 2013). Recruitment strategies within nursing departments vary, but students typically undertake a face-to-face selection process, which explores, amongst other things, their commitment to and enthusiasm about a career in nursing and have an understanding of the demands of the undergraduate programme (Al-Alawi et al. 2020). Academic requirements for a University place have traditionally been measured by obtaining the necessary A-level Universities and Colleges Admissions Services (UCAS) points or completion of previous programmes of study allowing access onto the BN or Post Graduate Diploma programmes. Achievement of both the academic requirement

and satisfying the criteria set for the selection process results in the student being offered a place on the undergraduate nursing course.

However, since the late 20th century, there has been a change in the characteristics of students enrolling onto nursing degree programmes, with an increase in those with entry qualifications beyond A-levels and in individuals who are the first generation of a family to access a University course (Wainwright and Watts 2021). There is also a growth in the number of older students with dependents enrolling. Bolton and Hubble (2021) reported that in 2019/2020 mature students (aged 21 and over) accounted for 37% of all undergraduate entrants in England. According to the RCN (2020) the average age of a student nurse in 2018 was 29 which is notably higher than other students accessing higher education (Wray et al. 2017), which might also suggest a failure to attract sufficient numbers of 18 year old students coupled with the demographic drop in the population of 18 year olds (Buchan et al. 2019).

University departments are seeking to include students from diverse backgrounds who are usually under-represented at such institutions (Marginson 2016; Heaslip et al. 2017; Mishra 2020). Therefore, nursing programmes, in line with the rest of higher education, have needed to expand admission pathways to enrol students who have attained qualifications through other education and training sectors. These include access to healthcare courses, business and technology education council (BTEC) qualifications and HCSW education nursing programmes. This broader suite of educational courses has provided an opportunity for a wider range of students to access the undergraduate programme by increasing entry pathways rather than an over-reliance on the traditional base of A-level school leavers.

1.5. Widening participation

The changes to accepted entry qualifications means that Universities have embraced the widening participation agenda (Evans et al. 2019). This has resulted in a diverse group of students accessing University education which aims to improve opportunities for groups of potential students who have backgrounds that make accessing higher education a challenge

(Wainwright et al. 2019). It has been identified that student retention can be problematic among this cohort as these factors are associated with increased attrition rates (Lopez et al. 2018) and so provides challenges for nurse education programme providers (Mills et al. 2020). Factors that can specifically affect the widening participation student group are examined further in Chapter 2 (section 2.3).

It is important that nurse education attracts, recruits and retains people from varied backgrounds to secure a high quality and diverse nursing workforce that can meet the needs of our communities and offering employment opportunities for individuals from widening participation backgrounds (Heaslip et al. 2017; Christensen and Craft 2021).

1.6. Challenges in measuring attrition

Increasing retention on undergraduate nursing programmes is of importance, not just to the HEIs, but also to HEIW, who currently fund Welsh courses and pay student bursaries. Ensuring students successfully complete the course, resulting in entry onto the NMC register and the ability to work as a RN, is also of concern to the HBs, as this affects their current staffing levels and future workforce planning.

The Reducing Pre-registration Attrition and Improving Retention (RePAIR) study by Health Education England (2018) defined pure attrition as the difference between the number of students beginning a programme and those who complete it within the standard pathway of that programme. However, the Higher Education Statistics Agency (HESA), define student continuation as those who remain an active student within the same HE provider or obtain a qualification, even if that is not the one they originally aimed for (HESA 2019). The RePAIR project recommended creating a standard definition for attrition across all healthcare programmes (Health Education England 2018), however no single definition has been accepted yet. It is therefore clear that these variations in definitions of attrition and completion rates make comparison difficult.

1.7. What we know about attrition in undergraduate Bachelor of nursing programmes

Despite the lack of a universal definition, completion rates for nursing students remain low both nationally (The Health Foundation 2019b) and internationally (Ten Hoeve et al. 2017a). The UK-wide attrition rates from nursing programmes in 2017 was 24%, of the 16,544 UK nursing students who started three-year degrees and were due to finish in 2017, some 4,027 left their courses early or suspended their studies and across individual Universities, it was found that attrition rates ranged from 50% to as little as 5% (The Health Foundation 2019a). It is suggested that these extreme variations may relate to differences in how the Universities measure and interpret the data (Kings Fund 2019). In a study commissioned by The Health Foundation and the Nursing Standard (Jones-Berry 2020) the regional differences in attrition rates from under-graduate nursing programmes in 2016/17 were recorded as 23% in Scotland, 25% in England, 12% in Wales and 10% in Northern Ireland. Again, it is not clear why these differences exist, but Wray et al. (2017) have also suggested that this could be a result of differences in reporting mechanisms.

There can be tension between retention figures and the need to maintain professional standards on nursing programmes, however, some attrition is necessary and it is the role of the educationalists to be the gatekeepers to the profession (Health Education England 2018). Some degree of attrition is therefore inevitable and necessary if we are to meet the NMC's standards. However, there is pressure to maintain and support students to complete their programme of study from enrolment to graduation as league tables include completion rates which may, in turn, adversely affect recruitment (Turnbull 2018).

1.8. The implications/impact of attrition

Student attrition is a salient issue for nurse education. Attrition figures feature prominently in many HEI league table calculations and are one of the key metrics used to measure a University's performance (Turnbull 2018). Meaning that an increase in attrition can result in a drop in subject area and University league table positions (Guardian University Guide 2021). Attrition impacts the HEIs and HBs who have invested funding and staff resources in supporting students to progress. There is also the wider, politically-based issue of accountability within public services, since it is important that an accurately calculated

number of nurses undertake undergraduate training so that commissioners fund neither too many nor too few places, which would result in a shortfall in newly qualified nurses. Predictions about the needs of the future workforce result in HEIs being allocated specific student nurse places and thus funding and bursary payments for the students in Wales (Welsh Government 2019). The financial impact of attrition in undergraduate nursing in the UK is estimated to be £100 million per annum (Wray et al. 2014). The estimated cost of training a nurse is approximately £66,000 (Curtis and Burns 2018), therefore failure to complete the course results in wasted educational fees and input, as well as wasted bursaries, which are paid out to students, in Wales, each year. It is therefore important that HEIs, HBs and commissioners are aware of why student nurses leave or consider leaving their programmes and that interventions and support systems are developed to maximise student retention through to professional registration.

Additionally, it is important to consider that withdrawal or discontinuation from the course may have a high personal cost to students (Markussen 2017). Successfully obtaining a University place and commencing the course requires much effort, and failing to complete may be considered 'wasted' effort (Department of Education 2020).

1.9. Factors that influence student nurse attrition

The reasons students leave nursing courses are multiple. They are often interlinked with students' experiencing academic, personal and social challenges as they progress through their higher education programme (McDonald et al. 2018). These challenges can have a negative impact on the overall student experience and are linked to attrition rates (Bakker et al. 2019).

Research has been consistent in highlighting the reasons why students leave undergraduate nursing programmes. Family and financial pressures (Jevons and Lindsay 2018; Meyer et al. 2021), the wrong career choice and unmet or unrealistic expectations of the course and of the job all play a role (Ten Hoeve et al. 2017b; Bakker et al. 2019; Chan et al. 2019). Undergraduate nursing students at greater risk of attrition are those with lower entry qualifications and they are less likely to complete (Pryjmachuk et al. 2009), while Brimble

(2015) found that older students tend to have higher completion rates than their younger counterparts, although those with childcare and financial problems are at greater risk of leaving the course prior to registration. This suggests that many factors interplay, making it difficult to clearly identify the characteristics of 'at-risk' students.

A peak time for attrition within undergraduate nursing programmes is within the first term of the first year; typically when students find they have made the wrong career choice, or that the course does not meet their expectations (Ten Hoeve et al. 2017a; Wray et al. 2017; Cingel and Brouwer 2021). Research has examined students' reasons for leaving at various stages of nursing programmes (Bakker et al. 2019; Christiansen et al. 2019; Mills et al. 2020) as well as factors which enabled student nurses to complete their courses (Sabin et al. 2012; Boath et al. 2016; O'Brien et al. 2017; Bumby 2020). However, limited research has been conducted exploring the factors that affect students *during* a nursing programmes. Data within the HEI suggest that students at the end of the second year of the programme are particularly vulnerable to attrition because this is a particularly stressful period, with academic requirements having usually increased, pressures of work placements having intensified and students reporting an accumulation of personal pressures and stressors. The prospect of another year of study might also feel unsurmountable, meaning continuation on the course appears difficult. Jevons and Lindsay (2018) refer to the 'middle years slump' phenomenon, which relates to students' low self-efficacy, their perceived poor performance and lack of confidence about their own capabilities as they commence their second year of study. Authors of the RePAIR study (Health Education England 2018) found that 41% of students experienced a year two 'wobble' and considered leaving the course. Attrition at the end of the second year is not only seen as 'wasted' time for the individual, but it is also wasteful in terms of educational fees (Wray et al. 2014). Exploring the factors that influence students to continue at this challenging time will provide insight into the support required to maximise retention in this group.

1.10. Focus of this study

This study was conducted in a post-1992 University located in a post-industrial, largely socially deprived area of South Wales. The University's undergraduate nursing course traditionally recruits large numbers of students from widening participation routes, many of whom have the characteristics associated with attrition. As a result, the student nurse at this University is likely to be female, to have accessed the course via a widening participatory route and to be mature. With 54.41% of nursing and midwifery students at this University aged over 26 years which is substantially greater than the all-Wales average of 40.9% (HEIW 2020). However, the undergraduate nursing course at this University has an attrition figure of 10.2% which is well below the target of 12% set by the Commissioners (HEIW 2020).

The literature presented above and in Chapter Two provided a compelling need for this study. Establishing a deeper level of understanding of the factors that resulted in those who have considered leaving but chose to remain, provided a greater opportunity to understand the needs of this particular group. It also offered a different perspective by talking to these participants and exploring what enabled them to stay. Understanding these factors has provided useful data and a deeper understanding of their needs. This has also helped to guide student support and identify the key factors that support retention in this student group and, ultimately, increase the number of students entering the NMC register.

The research question for this study was therefore:

What factors influence mature, female students from widening participation backgrounds, progressing from year two to year three on the BN (Adult) programme who have seriously considered leaving to remain on the course?

The aim of the study was to:

To explore the lived experiences of mature, female students from widening participation backgrounds who have considered leaving but remain on the BN (Adult) programme.

The procedural objectives of the study were to

Provide a critique of the current body of literature pertaining to the experiences of student nurses from WP backgrounds undertaking the BN (Adult) programme who have considered leaving but remain on the course.

Interview female student nurses who have considered leaving, but remain on the course about the experiences, regarding the factors which influence and motivate this student group to stay and to develop a greater understanding of their specific support needs to help focus interventions to maximise student achievement.

Critically analyse and synthesise the findings from the literature and qualitative interviews through the lens of Ashworth's Lifeworld.

Disseminate the knowledge that emerges as a result of this study to nurse educationalists, nurses, policy makers and the wider University departments to contribute to future curriculum and institutions' support system developments to promote success in this student group.

1.11. Approach employed

This study employed Interpretative Phenomenological Analysis (IPA) as both a methodology and a method throughout the study. Ethical approval was granted in December 2017 from the School of Healthcare Sciences Research Ethics Committee at Cardiff University and the Faculty at the University which is the location of the study for their approval to access student participants. Confirmation of approval from both institutions is provided in Appendix 7 and 8. The study has adhered to the approved proposal throughout. Eight participants were recruited between January and March 2018. Data were gathered using individual face to face interviews at the University and interviews lasted between forty-nine and ninety-four minutes. All interviews were recorded and transcribed verbatim and subsequently analysed as suggested by Smith et al.'s (2013) guidance.

1.12. Organisation of the thesis

This thesis is divided into four parts. The first part consists of four chapters and sets the scene for the study by providing the structural and theoretical context. Part Two is concerned with the student nurses' experiences idiographically and at the group level. Part Three discusses the student nurses' experiences in the wider context of theoretical and conceptual frameworks and the final part of the thesis, Part Four, provides an evaluation of the study and makes recommendations for future research and practice.

1.13. Summary

This chapter has introduced the background to the study and provided an outline of the personal and professional interest in the subject. It has situated the topic within the current challenges faced by nurse education and workforce challenges. In the next chapter the literature relating to the issues of attrition and retention, with a particular focus on the challenges experienced by undergraduate nursing students, are presented.

Chapter 2 - Review of the literature

This chapter explores the current state of thinking about the factors that influence nursing students' decisions as to whether to stay or leave their studies as well as the specific characteristics linked to attrition and retention in undergraduate nursing programmes. The main focus will be on the UK, with comparisons made to other countries where relevant.

Understanding which factors contribute to students' decisions about whether to leave their undergraduate nursing programme or to continue their studies is important for developing and providing appropriate support and thus enhancing the student experience. The ultimate aim of increasing retention in the undergraduate nursing programme is to ensure greater numbers of students join the RN workforce.

2.1. Search strategy

The literature review was conducted prior to data collection. However, to remain consistent with a phenomenological approach to research, it was essential to ground my thinking in the participant accounts. Therefore, engaging with literature in this was important in identifying what was already known about attrition and retention in HE with a particular focus on nursing students. In order to ensure that the review took account of new literature, the literature search was repeated on a number of occasions. This process provided the opportunity to identify any new literature which ensured that my study remained contextually located and addressed up-to-date literature. To provide a contemporary view on current issues relating to nurse and/or education a systematic approach was used to search electronic databases. Table 1 details the electronic databases accessed.

Table 1: Electronic databases searched

Cumulative Index to Nursing and Allied Health (CINAHL)
Educational Resource Information Centre (ERIC)
Science Direct
PubMed
British Nursing Index
Scopus

In addition to these electronic databases, other internet sources were also accessed throughout the search and included Google Scholar, the Nursing and Midwifery Council, the Royal College of Nursing, the Department of Health and the Quality Assurance Agency for Higher Education.

A search strategy was employed to identify relevant research papers. The search terms used were intentionally broad to capture the relevant literature. Boolean operators were used to maximise the search results (Polit and Beck 2020). Table 2 provides a summary of the search terms used.

Table 2: Identification of search terms

Concept one:	Concept two:	Concept three:	Concept four:
Attrition	Student group	Background	Psycho-social
attrition retention withdrawal wastage 'course completion'	student 'student nurse' undergraduate nurs*	'widening access' 'widening participation' 'under-represented groups' non-traditional mature	resilience self-efficacy 'student support'

The terms in each individual column were linked with 'or' to create a search. The searches outlined in the columns were then connected using 'and' to create the final literature search used. Search terms were revised, expanded and narrowed as ideas and information were gathered during the process.

Data limits were set from the year 2000 to the current date. These parameters were set to provide a focus on contemporary data which were most likely to reflect the current student profile and experiences, although earlier pivotal works exploring retention and attrition were also accessed through back-chaining.

Identifying inclusion and exclusion criteria enabled literature that was not relevant to the broad purpose of the research to be excluded. Papers were included if they were: research papers or empirical studies, with undergraduate nursing students; presented in the English language and focused on the topic and the research question of this study. International literature was included to provide a global context to the challenges faced in nurse education. Studies were excluded if they focused on post registration nursing students, were non empirical studies, unpublished dissertations, editorials or discussion papers. An iterative process was also followed, whereby hand searching of reference lists and citations of relevant literature was undertaken.

Critical appraisal of the literature was supported through reference to the CASP checklist (Critical Skills Appraisal Programme). This tool provided guidance and helped to determine the strengths and limitations of the qualitative research methodology used within the studies (CASP 2021).

The following literature review has been presented as a narrative summary across eight key areas: attrition and retention, widening participation, academic challenges, support systems, personal problems, clinical placement challenges, age and sex and wellbeing. These will be discussed in turn, starting with attrition and retention.

2.2. Attrition and retention in nurse education: An overview

Predicting the success of students from enrolment through to registration onto the NMC register is challenging. Reviewing the literature revealed multiple factors that contribute to student nurses' attrition from the programme; it is evidently difficult to understand the complex interactions that can eventually lead to students' decision to leave a course. A plethora of research has been conducted to understand why students leave their studies and what factors can be implemented to increase persistence (Tinto 1975; Pike and Kuh 2005; Seidman 2005; Andrew et al. 2008; Bakker et al. 2019). These authors have explored attrition and retention from various perspectives both internationally and in the UK and have considered the diversity and range of interventions that have influenced and supported progression and success. The research highlights that various predictable and unpredictable issues influence student success and these issues may be both personal and/or institutional.

An overview of the historical context of student nurse attrition in the UK is provided in a study by Glossop (2002). Quantitative methodology was used to explore exit interview data of 105 students who had discontinued their studies between 1996 and 1999 in an attempt to establish why nursing students left the programme. It was found that family difficulties were cited most commonly (mentioned by 17% of the students), followed by academic difficulties, financial problems, ill health and wrong career choice (all approximately 11%). Similar findings were found a decade later by Wray et al. (2012) who used a retrospective cohort design to explore the reasons given by students from five cohorts of nursing students at one English University for leaving their studies. Quantitative data were collected from the University's information system. Data of 695 students were used and the reasons why the students considered leaving fell into five similar main categories: personal issues, including family difficulties, placement experiences, wrong career choice, academic and financial difficulties.

Rodgers et al. (2013) sought to gather data and thus understanding from a different perspective, but found comparable findings. The views of 18 key personnel involved in selection, recruitment and retention from all 10 Scottish Universities that provided pre-

registration programmes were gathered. Benchmarking data on recruitment, retention and attrition was gathered, they also used semi-structured face-to-face or telephone interviews. These Scottish HEIs reported that their exit data were collected either by an exit questionnaire or in an interview with the programme leader. The study authors concluded that as each HEI gathers attrition information in different ways, comparison becomes difficult, but established that reasons for leaving are complex and multi-factorial. It was ascertained that most attrition occurred in year 1, with the most common reason given as 'personal', which included health, welfare, social and financial reasons.

It is worth noting the categorisation of problems is different within each study and therefore definitions and comparisons are problematic. For example, Bowden (2008) lists financial problems as a separate category, whereas Rodgers et al. (2013) classified financial issues under personal factors, therefore making clear links more difficult to identify. Interestingly, those citing personal problems in Rodgers et al.'s study (2013) were poor attendees who were also failing. However, it is not clear if one preceded the other. It is reasonable to conclude that poor attendance is likely to result in students not being fully aware of the assessment requirements and not accessing supervisory advice and support, and thus potentially affecting their academic performance. Rodgers et al. (2013) also found that students who were failing and subsequently left were less likely to complete the exit questionnaire. It is, therefore, important to note that this as a limitation of the study. In other research studies, such as Hamshire (2017) and Mills (2020) the most vulnerable people are not reached and some voices remain lost, thus a complete picture of the factors that affected them are not heard. This current study aims to address this deficit by exploring the experiences of those students who considered leaving but remained on the programme.

A study exploring some of the challenges of student retention on a nursing programme was conducted by Glogowska et al. (2007). This multi-method study examined and compared factors influencing student retention and attrition within nursing students at one University in the West of England. A questionnaire was distributed to the entire second year student nurse cohort. Students were asked if they had ever considered leaving the programme and,

if so, if they would be prepared to be interviewed. Interviews were conducted with 30 students in their second year who had considered leaving but remained on the course. Students who had withdrawn from their studies between 2002-2004 were also identified, of the 81 students known to have withdrawn, 19 former students agreed to be interviewed. Data from the interviews were analysed and compared and themes were identified and presented thematically. Six push factors were identified, which were potential drivers for leaving the course, and which were relevant to the two participant groups. Glogowska et al. (2007) found that those students who remained had remarkably similar problems to those who left their studies, highlighting that a set of circumstances that was tolerable for some students can become unbearable for others. They highlighted a spectrum of financial, social and institutional challenges experienced by those who remained and those who withdrew. The findings also highlighted the ways in which issues interact and how students can struggle with multiple difficulties but for those individuals that stayed the determination to achieve their personal goal provided crucial motivation (Glogowska et al. 2007).

Glogowska et al. (2007) found that an understanding of the academic challenges of the course was a meaningful factor for both groups, and that those who had accessed the course via non-traditional college routes were surprised by the level and volume of academic work. Ill-health or a sudden personal crisis could become the 'tipping point', with only one person who stayed reporting ill-health, while five of those who left their studies identified issues relating to their physical or mental health. Lack of support was another factor where there was an important difference between those who stayed and those who decided to leave. However, the notion of support is also subjective; the way that people constitute support will vary from one person to the next. Findings from the study suggested that informal support from family and friends was a factor in their decision-making, with some students who had left the course reporting that their circumstances made it difficult to socialise and make friends, while those living off-campus felt they had missed out. The interviews identified that those who had chosen to live at home with their parents did not develop close and personal links with others on the course. They did not have the same sense of 'belonging' and lacked the support networks that those who lived on-campus had developed. The age range of the participants within this study was between 18 and 36+ and

therefore specific needs of the mature student nurses were not identified. Therefore further study exploring the specific needs of the this student group is necessary.

Similarly, other research has focused on what factors influence students who have considered leaving and their decisions to stay on their course. Consistent with the literature above, Wray et al. (2014) explored factors that influenced students' continuation on the pre-registration programme. Students from five different cohorts at one English inner-city University, across all four fields of nursing were surveyed. Of the 594 questionnaires sent, 195 responded. Of these 52.3% of students had considered leaving. Whilst acknowledging that the study location was an inner-city University and the age of the participants were not specified the results provide an interesting insight into the factors that influence continuation. The 'pull' and 'push' factors that affected students' ability and motivation to continue on the course were explored. The push factors supported the findings from previous studies, as they included – finances, personal issues and placement pressures (Glogowska et al. 2007; Bowden 2008; Kenny et al. 2011; Crombie et al. 2013). In terms of the 'pull' factors which resulted in students continuing on the course, student integration was found to be an important factor in retention and institutional identity was given a high priority. It was found that those who had a permanent address in the HEI area, as opposed to those who lived near the HEI at term time only, were more likely to complete the programme. It was suggested that those who permanently lived nearby had a close, established network of friends and family who could offer support during the programme. Social isolation experienced by new students was described as a factor for disengaging with the course, suggesting that social integration and 'engagement' in the programme were linchpins to student success and continuation (Wray et al. 2012).

Hamshire et al. (2013a) conducted a quantitative study which was one aspect of a larger mixed methods study, and explored factors affecting retention in nursing, midwifery and other allied health students among participants from nine universities across the north-west of England. The sample included all students studying on NHS North West commissioned programmes between March and June 2011. The authors were unable to provide a definitive number of students invited to take part in the large study, as cohort numbers were constantly changing due to enrolments, students stepping on and off courses and

discontinuations. However, the estimate sample population was 10,000 students in total and of this sample, a total of 1080 responded to an online survey. Participants were asked 'have you ever considered leaving your current programme?' Of those who answered this question (n=999), 465 (47%) stated that they had considered leaving. They were then asked to further outline the factors which resulted in them considering whether or not to stay. Using thematic analysis, three main reasons were identified which led to students considering leaving their studies: dissatisfaction with academic support and workload, difficulties with clinical placements and personal concerns and challenges. However, it was also identified that an accumulation of factors often led to the students contemplating leaving. This study examined the experiences of students on a variety of health professional programmes and at various stages of their programmes. Although interesting insights data were gained, identifying the specific challenges for nursing students who are likely to have different experiences of their programme, such as anti-social and variable shift patterns was limited by the design.

These findings support earlier qualitative studies (Bowden 2008; Shelton 2012). A UK based study (Bowden 2008) and an American study (Shelton 2012), also explored student nurses' persistence in staying and finishing their studies despite having contemplated leaving. Both studies reported the main contributing factors to students persisting with the programme were faculty staff availability, institutional support and timely feedback, which highlight the importance of support during their studies. Shelton (2012) found that when students perceived that they were studying within a supportive and caring environment, they were more likely to progress on their programme and seek support when needed.

To explore reasons that influenced student nurses to stay, an American quantitative, retrospective study by Jeffreys (2007) examined institutionally held data capturing the progress and success of 112 student nurses at one college. It was determined that amongst the factors that supported students to remain was faculty guidance and helpfulness, integration and the support of friends. Although this is an American study and nurse education systems will not mirror those in the UK, acknowledgment of the support factors that are universally required are important to recognise.

Similarly Knight et al. (2012) conducted face-to-face interviews to examine the experiences of two groups of nursing students who had completed their studies at one New Zealand School of Nursing, 18 who had completed in 2010 and 13 who had completed in 2009. Following a thematic analysis of their findings, they found that support was a broad theme that emerged strongly. Support from family, friends and the educational institution were important influences on students' decision to stay. It was also found that the ambition of becoming a qualified nurse was critical to students' motivation to succeed. Nonetheless, the retrospective design of this study created challenges in terms of student recall. It could be argued that, following the successful completion of the course, reflecting on the difficulties of the course may have become skewed and accurate memories of the challenges are minimised and perhaps forgotten.

Fifty per cent of the undergraduate nursing programme is spent on clinical practice placements. Therefore, to capture the influence of this significant element of the programme and thus the effect on students' overall experience, Crombie et al. (2013) conducted an ethnographic study and focused on the clinical practice element of the nursing programme. It was found that the clinical placement experiences emerged as the most important feature influencing attrition. A self-selected group of 50 nursing students in their second year of their studies at one London based University were studied using non-participant observation in practice settings, focus groups and interviews. Whilst the self-selecting nature of the participants is acknowledged as a threat to validity, the study examined factors that enhance rates of completion and found that resilience was important, as well as student and organisational identity, nonetheless clinical placements and placement mentors have the greatest impact on student retention. Indeed, Sheridan et al. (2019) conducted a quantitative study, examining data collected from 242 Irish nursing students at one University and also reported that poor mentorship and managing situations with difficult mentors caused considerable stress and influenced students' continuation. In addition, Crombie et al. (2013) found that good mentorship and support was pivotal to student satisfaction and that a positive placement experience is more important to the students than the speciality and nature of the placement.

These studies provide an important insight into issues relating to attrition and retention. However, the variation that may exist between the demographics of the institutions and common student characteristics at individual institutions and local areas cannot be identified. Moreover, many of the studies use amorphous terms such as personal reasons or financial concerns to categorise reasons for leaving prematurely, which are unhelpful in that they do not identify what aspects create the greatest risks for attrition. Another issue is that students' decisions to leave are individual and are in keeping with a range of personal characteristics such as motivation and resilience. The authors of these studies explored the broad nursing student cohort, but did not identify any particular characteristics which influence nursing students' decision to stay or leave their studies, these include the significance of the support and experience during the clinical practice element of the programme. Support from others, including family and friends were also identified as factors that support continuation with their studies.

Thus, although there is a significant body of research that explores the broad themes of attrition and literature exploring the attrition issues for nursing students, there is a paucity of research exploring the factors that affect students during their studies. Therefore, this current study will address this gap by increasing understanding of these factors while they are being experienced and will provide further insight and add to this important body of literature.

2.3. Widening participation

Nurse education, in line with higher education, has adopted a widening participation agenda, with the aim to include students from diverse backgrounds who are traditionally underrepresented within student groups at Universities (Draper et al. 2014).

In a document about strategies for widening participation in higher education (Higher Education Funding Council for England 2001), it is noted that there is no single definition for widening participation. Decades later, a universal definition for widening participation does not appear to have been adopted it is noted that there is no single definition for widening

participation, which continues to be a challenge when comparing data and service provision (Thompson 2019). Variations in the interpretation of the term has resulted in Universities having different priorities and interventions (Bateson et al. 2016; Harrison 2018a). The Joint Information Systems Committee (2020) state that student groups included under the widening participation banner are:

- Students from ethnic minorities
- Schools in financially disadvantaged areas and underrepresented communities
- Those who have experienced care or are carers
- Those who have on going physical and mental health challenges
- Students with disabilities or additional needs
- International students or those with literacy or language differences
- Those who are the first in their family to enter tertiary education

In nurse education the need to increase student numbers to meet the demands of complex healthcare needs and environments, coupled with the widening participation agenda, can result in nurse educators working within a diverse, complex and demanding context (Northall et al. 2016). Young (2016) notes that the widening participation agenda targets 'non-traditional' students. Christensen and Craft (2021) affirms this, stating that students accessing nursing today are more likely to be doing so whilst raising a family. 'Widening participation' learners, therefore, often face additional stressors including financial pressures and caring responsibilities for children and elderly relatives. This can present additional complexities to the student journey and influence attrition.

Cuthbertson (2004) found that students with personal problems are at risk of non-completion. These characteristics were identified in an American correlation study and explored the link between stressors and academic performance (Goff 2011). The convenience sample consisted of 53 American student nurses in their final year of study of which 92.5% (n=49) were female and aged 20-54, while 18.9% (n=10) were married and 23.1% (n=12) had children. It was suggested that student nurses are likely to be older, have family commitments and have had several years out of education prior to starting their

studies, reflecting similar characteristics to those students from widening participation backgrounds in the UK, therefore providing a useful comparison. Students bring with them differing backgrounds, experiences, skills, knowledge and abilities. Other studies support these findings and suggest many students will have had care work experience or been previously employed as a HCSW (Hasson et al. 2013b; Snowden et al. 2018). One of the consequences of the widening participation agenda is the expansion of admission pathways for these traditionally underrepresented groups, including students from Access to Healthcare courses and HCSW Education Nursing programmes (Williams et al. 2013; Draper et al. 2014). The additional personal challenges and responsibilities that many students from diverse backgrounds experience mean that they have characteristics attributed to attrition due to the need to manage competing demands and trying to juggle commitments, which may eventually compromise their health and wellbeing and affect their perceived ability to continue with their studies (Chan et al. 2019).

Student nurses make a personal investment in terms of both time and money to access their courses. Many will have already completed courses to obtain the necessary qualifications to access the undergraduate nursing programme and substantial time and effort will have already been committed to pursuing a career in nursing. A descriptive study by Wilkes et al. (2015) explored the reasons students chose to enter nursing. An open-ended question relating to their reason for pursuing the career choice was included in the survey. One key reason cited by the participants was that the programme allowed them to progress academically and offered an opportunity to access tertiary education. However, the personal accomplishment of becoming a qualified nurse and the career prospects on completion of the programme were dominant reasons given and influenced the students' drive to undertake and complete the programme. The desire to continue to learn and the associated educational and career opportunities the role afforded were also expressed as a reason for their career choice.

The findings of these studies outline the challenges relating to the diverse needs of this student group, both for the student and for the HEI in supporting their educational journey. In relation to the current study, it is widely accepted that students from widening

participation backgrounds have diverse needs and responsibilities beyond their studies. The changes and the diversity of the nursing student group, away from the traditional University student profile, as outlined in section 1.5, means that the specific needs of the mature female student are complex and challenging to identify. However, importantly, Priesack and Alcock (2015) state that although mature students will have various responsibilities, they also have life experiences and are used to negotiating work and family demands. They are often resilient and have developed strategies to manage their time and challenges. They are an important group that contribute to the RN workforce, they are more likely to be domiciled close to the University where they are studying, are more likely to be embedded within their local community and therefore work locally on graduation (Kings Fund 2019).

As demonstrated in this review, nursing students from a widening participation background have been underrepresented in the literature and when they have been included it has largely been as part of a larger study exploring general student nurse retention and attrition or as part of studies investigating a variety of students from widening participation backgrounds. This study aimed to address this gap by exploring the specific needs of the nursing student accessing the BN (Adult) programme through a widening participation route and exploring the specific challenges they experience during their studies.

2.4. Academic challenges

Offering places on courses to students with 'widening participation' entry qualifications provides an opportunity for admission onto a programme of study that students might otherwise not have been able to access (Thomas 2020). Those entering Higher Education via widening participation routes will often have non-standard entry qualifications (Baker 2020). A retrospective cohort study, exploring routinely collected demographic and completion data on 1259 nursing students across four cohorts studying at one large English University found that nursing students who had lower or minimal educational qualifications on entry were less likely to complete their course than those with higher-level qualifications (Prymachuk et al. 2009).

To determine the relationship between conventional and non-conventional qualifications, a longitudinal study of one undergraduate nursing course in the UK was carried out by Wharrad et al. (2003). A multi-linear regression analysis was used to explore data on 181 students, and the results showed that those with traditional academic qualifications, for example A levels, were more likely to complete than those with non-traditional, vocational qualifications, such as NVQ, BTEC or Access qualifications. However, interestingly the methods of assessment are not identified. Traditional examinations might be more familiar to the traditional A level student, whereas the clinical placement assessments would not provide a clear advantage to this student group. Kenny et al. (2011) identified that mature students needed longer to complete academic work due to competing demands and they also required additional study support. The latter was influenced by the complex and diverse educational needs that mature students often present with, with some having a long study or educational gap and thus joining the programme without a strong foundation in study skills. However, Prymachuk et al. (2009) asserts that there are no grounds for discriminating between entry qualifications and state that it is the level of study that is important rather than whether it is vocational or academic (Prymachuk et al. 2009).

A more recent study exploring the impact of entry qualifications on student nurse retention was conducted by Northall et al. (2016). A mixed-methods design was used to examine retention, academic success and experiences of Australian nursing students who accessed the undergraduate programme following previous completion of nursing-related courses. The students completed competence-based vocational pathways rather than meeting traditional entry requirements. Students thus had 'advanced standing' (meaning that completion of relevant courses had enabled them to truncate the undergraduate programme and commence directly at year two). Baseline administrative data of the nursing students undertaking the programme at the University in Sydney was accessed initially (1093 students). It was established that 109 had advanced standing and those students were subsequently invited to participate via letter and follow up email. The second phase of the study resulted in 10 students being interviewed about their experiences on the programme. The research identified that there was a lower retention rate for those accessing the course via the advanced standing route than for standard entry students (97%

versus 95% $p=0.015$). Northall et al. (2016) suggested exercising some caution with this route, and identified that by missing the first year and the connections which are created during that time, students felt underprepared for University pedagogy. This can result in students feeling ill-equipped to step in at the beginning of year two and meet the challenges and expectations of University systems and academic requirements (Northall et al. 2016). The study demonstrated that students were often the first in the family to attend University and, as a result, did not know what to expect and often had limited family and peer support.

2.5. Support systems

Cuthbertson et al. (2004) carried out a comparative survey to explore family and financial problems faced by mature students in Australia and Scotland. Postal self-completion questionnaires were distributed to male and female students, undertaking pre-registration nursing programmes in Australia ($n = 118$) and Scotland ($n = 160$). The overall findings were remarkably similar for both groups of students. It was found that large numbers of the students reported that they often felt like leaving the course. However, students were unlikely to cite social problems as reasons for considering stepping off the course. Students reported challenges on their time and thus their ability to socialise with their peers due to the demands of managing household duties which, in turn, affected their ability to integrate with the cohort; these were reported as social challenges. Although useful key areas relating to the students' experiences were identified, the quantitative nature of this study limited the understanding gained. Stuart et al. (2011) who undertook a survey of diverse undergraduate students and found that those from widening participation backgrounds find it difficult to integrate socially within higher education environments. Similarly, a review by Cameron et al. (2011) explored the social experiences of widening participation students and their sense of belonging and found that students who would be unlikely to report their reasons for leaving as being as a result of the social challenges of undertaking a course. They argued that it is important to consider how the social experience and family responsibilities of the student may affect and influence their experience and ability to integrate into the student group. Likewise, Last and Fulbrook (2003) asked 32 final-year student nurses to form an expert panel as part of a Delphi study to explore their opinions on why their peers had left the nursing programme. The results found that mature students

had additional support needs and conflicting demands between study and their family commitments, and these needs were not considered. In addition, it was identified that students undertaking undergraduate nursing programmes, had to contend with the additional pressures of undertaking a professional qualification where they are simultaneously learning and 'working' which led to many external pressures and inflexible programmes, which sometimes proved too much of a challenge for those who had to juggle shift work, study and family life.

In examining course related support, O'Brien. (2009) conducted focus groups to explore the experiences of 115 mature students in nurse education in Ireland. It was demonstrated that support structures had not developed to accommodate those accessing University education through widening participation routes, suggesting a tension between the needs of the mature student and the expectation that they had to fit into existing structures. These authors stressed a need for a curriculum that provides greater flexibility and support mechanisms for this student group. In view of the increased number of 'non-traditional' learners entering nurse education, it is necessary to ensure that student support interventions are available and are targeted correctly to meet students' needs and, as a result, enhance the potential of student success.

Similar findings were reported from a mixed methods study at a University in London, (Wainwright et al. 2019), that investigated experiences of final-year students from a widening participant background. The findings indicated that identity, support and resources need to be better understood and that the experiences of and support needed by those from underrepresented groups in higher education need to be addressed to improve the lived experience for these students. A number of studies found that those students who felt supported by the tutoring and mentoring provided by their faculty were more likely to succeed on their nursing courses (Uyehara et al. 2007; Dante et al. 2011; Abele et al. 2013). However, using discourse analysis, Jackson and Steven (2020) reported that tension existed between nursing students and the support offered and engagement in University systems. Eight lecturers and seven student nurses who had recently commenced the nursing programme at one British University were interviewed. The findings revealed that students

felt isolated from the wider University community, affecting access to University support systems. University support services often follow traditional office hours and due to shift patterns and non-standard timetables. The study identified that student nurses can experience restricted access to University support systems as well as social systems for example joining societies, and reduced opportunities to meet students from the wider University community, which also provide important support opportunities.

2.6. Personal problems

Authors of previous studies have sought to identify the relationship between nursing students' personal problems and the risk of non-completion of their studies (Kevern and Webb 2004; Dante et al. 2011; Jeffreys 2014). A comparative study of mature nursing students (defined as 26 years and over) studying in Australia (n=118) and Scotland (n=160), found that course-related problems were similar in both groups (Cuthbertson et al. 2004). Although the Scottish students were more likely to report problems with childcare ($p=0.003$) and caring for elderly relatives ($p=0.002$) than their Australian counterparts. It was surmised that this may be due to the demographics of the students in each country or a reflection of the difference in support services available in Scotland. However, data were not collected to support this.

A further study explored the role of partners in providing support (O'Brien et al. 2009). Qualitative methods were used to explore the experiences of mature (23 years or over) pre-registration students (n=115) who were undertaking the general, psychiatric and intellectual disabilities nursing programme in Ireland. Three discipline specific focus groups were conducted to gather information from 28 mature students. Results showed that the level of support participants received from their partners had the greatest impact on their ability to continue on the programme and achieve their goal of becoming RNs. Support in this study was defined as practical, emotional and financial. Interestingly, they stated that women were supported by their partners if they balanced their studies with household tasks such as cooking and cleaning and therefore minimal disruption to the home's routine, but this did not apply to male students. They found that relationship difficulties were often experienced during full-time study and note that unless the student were encouraged and supported

emotionally as well as practically (such as with domestic duties), the course often became too difficult to complete. However, the authors state that others continued regardless of partner support, suggesting that there are other factors to be considered.

Shelton (2012) found that non-traditional students have multiple responsibilities outside of the academic environment, which all compete for the students' time and attention. A quantitative design was used to examine the interaction of the background variables of 458 non-traditional nursing students. Variables included - age, gender, financial resources, family educational level, family responsibilities and employment. It was found that a key factor influencing continuation with their studies focused on the students' financial situation and this influenced their academic success or failure. Interestingly findings from the Welsh Government (2021) suggest that students from widening participation backgrounds may be less able to address any financial debt accumulated by leaving the programme. Due to an increased probability that those accessing the course from a widening participation route come from a socially deprived area where fewer alternative job opportunities are available. Financial difficulties and academic performance are often related and this was explored further in a qualitative study by Burston (2017). In this study 'time available for study' was explored and Vickery's time poverty formula was used to explore the effect of time on task completion. A reduction in time available - time poverty, was experienced if there was insufficient time available to complete necessary tasks within a given deadline. Students who need to work to support their finances therefore often experience time poverty. Burston's (2017) study utilised time-use data surveys and questionnaires to establish the working patterns of 250 graduates aged between 21-45+ enrolled on a full-time one-year post graduate diploma in primary education at one University in Australia. Students failed to submit academic work on time or were submitting work that was not to the standard required because they were having to work. Students recognised that needing to working had a negative effect on their studies as they were unable to dedicate the necessary time to produce work to their highest standard. The additional stress of poor financial resources played an important role in success or failure, while having adequate financial means was an important influence on retention for the non-traditional student. While working excessively is associated with lower engagement and poor academic performance, conversely,

undertaking paid work in healthcare while studying can increase students' financial independence and can improve self-esteem, confidence and competence (Phillips et al. 2012). Irrespective of the number of hours worked, Mitchell (2020) found that students reported their work had a negative impact on their studies as it affects the time they are able to dedicate to their course work. However, Christiansen et al. (2019) found that financial pressures were a key driver in seeking part-time work whilst studying. A mixed methods multi-institutional study at four tertiary centres, three in Australia and one in New Zealand was undertaken with a purposeful sample of 50 first year undergraduate nursing and midwifery students. Face-to-face interviews were conducted to explore the students' motivations for working and how they juggled study and other commitments while engaging in paid work. Nursing students cited financial reasons as the main driver for working, citing a need to support themselves and their families. However, seeking part time work alongside the course requirement was often problematic. Long and inflexible shift patterns, weekend shifts and the high academic workload meant it was difficult to find part-time work. Students also identified the hidden costs of the course, such as travel expenses for placements. Those who had children highlighted the cost of child-care, which was higher than they had anticipated due to inflexible shift patterns.

2.7. Clinical placement challenges

It is important to consider that some students come to nurse training with relatively little knowledge of the nurses' role. One systematic review, identified that some students will leave the course if they have a poor clinical placement experience, or if the role is different to what they were anticipating and that most students who leave the programme do so in the first year, with the majority of those students leaving after the first placement (Eick et al. 2012). Andrew et al. (2008) interviewed 17 students who had left their course in the first year at one University in Australia. Most of those who left in the first semester (n=7) had decided to leave because they quickly realised that they were not suited to the role of the nurse. Furthermore, Hamshire et al. (2012) found that students cited their clinical placement as the 'tipping point' that triggered their departure. Telephone interviews were conducted using a narrative prompt to obtain 16 students' rationales for leaving their healthcare courses at one English University. The purpose of the study was to explore the

students' experiences of University and to understand the circumstances which initiated their decision to leave their studies prematurely. Students noted that they were able to manage their studies and other elements of the course, but that the additional stressors of the clinical experiences influenced their decision to leave. Key factors were poor organisation around placement schedules, difficulty accessing placements and disappointing clinical experiences. However, the numbers of students volunteering to participate in the study was small which has implications on the wider application of the findings. The participants in this study included seven nursing students and nine allied health professions who were all at different stages of the course. Therefore, these students will have had various experiences and expectations of their clinical learning placement making comparison difficult.

Support during clinical placement experiences was the focus of an ethnographic case study conducted by Crombie et al. (2013). A range of data including non-participation observation, focus groups and interviews from a self-selected group of 50 second-year, adult nursing students studying at a London University was examined. The results showed that the level of mentor and staff support provided during clinical placement experience was identified as an important factor in the students' decision about whether to stay or go. Crombie et al. (2013) note that although 50% of the students' course is spent in clinical practice, the healthcare organisations which fail to nurture and support students are rarely held to account for their part in student attrition and retention. The NMC (2018) provide standards that outline the requirements for supporting student nurse learning and the role of the mentor as well as the requirement for RNs to undertake this role. Several studies, exploring the experiences of British nursing students found that mentors do not always demonstrate that they are prepared for the role (Gidman et al. 2011; Crombie et al. 2013; Wilson 2014; Foster et al. 2015). One further mixed-methods study found that nurses recognised this role but did not always feel adequately prepared to teach and supervise students (Cusack et al. 2020). It was also found that the wide-ranging responsibilities of teaching and supervising a student can be a complex additional component to nurses' day-to-day role. Cusack et al. (2020) concluded that greater recognition and support of nurses is required in undertaking the role of mentor to students.

2.8. Age and sex

Mature students represent an important component of the widening participation student nurse cohort (Heaslip et al. 2017) and at the HEI which is the location of this study, the percentage of mature students, aged 21 or over, recruited onto the undergraduate nursing programme in 2019/20 was 76.9% (HEIW 2020). UCAS (2017) define mature students as being 21 or older at the commencement of their studies. However, Kenny et al. (2011), in their Australian action research study, define mature students as aged 23 and over. They explored mature students' access and success in nurse education and found that older students were more likely to graduate than younger students. This may be due to older students being more aware of their career choice and what the role of the nurse entails through employment experience (Kenny et al. 2011). O'Brien et al.'s (2009) Irish study, also define mature as an individual who is 23 years or over and they found that mature students are more inclined to work locally and stay in the profession once qualified and found that being a 'mature' student in the undergraduate nursing programme is linked with higher completion rates. This finding was supported by Pryjmachuk et al.'s (2009) retrospective study which examined routinely held demographic and completion data for four cohorts of nursing students undertaking their studies at a large English University. They attempted to establish patterns in the types of students who left the programme, with the aim of targeting support for 'at-risk' students. Data from 1259 students with completion data available for 1173 students was examined. Across the cohorts non-completers exceeded 25%. It is unclear why data on the remaining students was not available. Interestingly, the ratio of those who had resigned from the programme to those who were removed was approximately 3:1. One of the key findings of the study was that the odds of completion increased with the students' age. Those aged 40 on entry to the course were more than twice as likely to complete as 20-year-old students. Interestingly Christensen (2021) also noted that mature students, upon graduation, are a stable and sustainable nursing workforce that will continue to support the local community.

An earlier study by Mulholland et al. (2008) analysed data from 1808 records of nursing students' (1444 female and 354 male) who had started studying at an English University during 1999, 2000 or 2001. A longitudinal study, exploring the relationship between

diversity, progression and attrition rates was undertaken using data on country of birth, ethnicity, age, gender, educational qualifications on entry, application route and absence rates. The median age of the students was 25.1 (range 17.6-58.8). A linear effect was found; students had increasingly higher odds of completion as they got older, with those who were 33 years or older being more likely to complete than 26-32 year-olds. They also found that men were less likely to complete the programme than women, a finding which is supported by Pryjmachuk et al's. (2009) study. These findings are consistent with data from The Higher Education Academy (2011), who note that the sex of the student can have an impact on retention, with male nursing students being less likely to complete than their female counterparts. Male students have cited feelings of isolation and exclusion from both an academic and clinical perspective as reasons for leaving the course (The Higher Education Academy 2011). This may relate to the continuing gender imbalance within the profession, with the NMC (2021) stating that only 11.4% of the registered nursing workforce was male, a figure which has remained largely unchanged for five years. Similarly, the findings relating to this gender inequality is also seen in the HESA report (2016), where it is stated that the number of male nursing students is now 11.6%, up from 11.5% a decade earlier. O'Brien et al.'s (2009) study also identified that gender issues remain a dominant issue in nursing and nurse education. This Irish qualitative study exploring the experiences of 28 mature student nurses, found that female students experienced greater challenges as they continued their role as 'home-makers' whilst also balancing their studies, while men did not appear to experience the same level of difficulties within the social realm, arguably making it easier for them to return to education. Although the statistics above suggest that this has not made a significant difference in the number of men who have joined the NMC register in England and Wales.

2.9. Well-being/self-efficacy

Well-being can be referred to as a state in which someone can develop their potential, work productively and creatively, and have a positive relationship with others in their community (Beddington et al. 2008). In a critical review of organisational socialisation literature, Houghton (2014) suggests that nurse educators have a responsibility to enhance the academic environment to ensure that the student has the best possible educational and

placement experiences since this will enhance students' feelings of self-belief and a sense of belonging within the student group and the profession. Priesack and Alcock (2015), completed a quantitative study and used a small cross-sectional survey approach using questionnaires to gather data from 108 undergraduate nursing students at one University in the UK. The aim of the study was to explore the students' wellbeing and self-efficacy whilst undergoing the programme. Self-efficacy is described as the learners belief in his/her own ability to achieve their goal (Bulfone et al. 2021). Priesack and Alcock (2015) noted that the combination of academic work and clinical placement experiences can lead to stress and affect health and wellbeing. However, their findings also identified that student nurses had higher levels of well-being and self-efficacy when compared to the general student populations. The authors argued that while improving access to nursing degrees is important, transition into higher education can make students feel vulnerable and lacking in personal efficacy but effective induction activities, good quality support and consistent timetabling are mechanisms that can positively affect students' self-efficacy. They also asserted that for those students who have accessed the course from non-traditional routes it is imperative to have a sense of belonging within the learning and clinical environments and that this has a positive effect on self-efficacy.

Hamshire et al. (2017) found that there was a link between low self-esteem and students' performance. They used an online survey to compare student responses in 2011 (n=1080) and 2015 (n=1983), regarding students' perception of their learning environment. The results found between the groups were strikingly similar and that low self-esteem can result in students feeling anxious and depressed and lead to reduced academic performance and motivation. This is a finding that is supported by the earlier work of Gibbons (2010), who explored self-efficacy in nursing students. A questionnaire to 171 final year nursing students in Ireland was administered and it was established that high self-efficacy can result in a student feeling positive about themselves and having confidence and a higher motivation to succeed. They noted that how feedback is given and the interaction between the student and nurse educators provides important opportunities to promote self-efficacy, provides valuable support and develop resilience.

Stephens (2013) notes that self-efficacy and wellbeing are indicators of and important resources for resilience that positively impacts student retention. Stressing that facilitating effective support systems throughout the course will help to increase resilience and arguably should be fostered in nursing students, who can then adapt and maintain function and recover quickly when faced with adverse and challenging situations. Indeed, a grounded theory study by Reyes et al. (2015) where 38 Canadian nursing students were interviewed to explore their understanding and experience of resilience found that resilience is a dynamic and contextual process that can be developed and is not a personality characteristic or trait. It was identified that students 'pushed through' the course, with the participants using this phrase to describe their experiences of resilience and used the process of pushing through and not allowing the challenges in their academic lives and their extracurricular demands, including family commitments and social pressures to stop their progression and achievement of their goal. The author notes that the additional stress of incidents experienced whilst on clinical placements, insecurities about clinical competence and team working as well as the impact of life events can all affect students' wellbeing and self-efficacy.

2.10. Summary and rationale for further study

This chapter has presented a review of the existing literature that explored the factors that surround attrition and retention in undergraduate nursing programmes internationally. Despite emerging evidence about the factors that contribute to attrition and retention in nurse education (Mulholland et al. 2008; Pryjmachuk et al. 2009; Wray et al. 2012; Dante et al. 2013), there is a lack of research on the factors that specifically contribute to retention for mature, female students who have accessed the programme as a consequence of the widening participation agenda. Authors of existing literature have found several factors which affect retention for students undertaking the BN course in general (Urwin et al. 2010; Hamshire et al. 2013a) such as age, gender, socio-economic factors and academic backgrounds (Mooring 2016). However, few scholars have explored specific issues impacting 'non-traditional' nursing students *during* their studies, meaning their needs are not well understood. This research, therefore, aimed to explore, through a qualitative lens, the experiences of mature female students engaging in the BN (Adult) programme. The

study sought to explore individual perspectives from participants that are under-represented in the literature and explore how they, as individuals, understood and made meaning of the lived experience of their educational and professional student nurse journey as they successfully negotiate and continue on the programme.

In the next chapter I present the underpinning theoretical and philosophical positions for my research study. I provide a rationale for my chosen methodological approach before moving on to outline the practical methods that were used to collect and analyse the data.

Chapter 3 – Philosophical positioning

In this chapter, I outline my epistemological, ontological and axiological positioning and how this aligns with my research question. The philosophical, theoretical and methodological underpinnings of the study will also be explored and justified.

3.1. Epistemological, ontological and axiological stance

The ontological, epistemological and axiological stance that I brought to this study is situated within the interpretivist paradigm (Bunniss and Kelly 2010) as I believe that multiple realities exist and that every individual experiences and interprets situations differently (Panza and Gale 2008). Ontology, which is defined as the philosophical study of existence, being and reality (Jacquette 2002), I believe that reality is dynamic and individuals' views and opinions constantly transform, are contextual and adjust as a result of experiences and position in life. This was evident in the data collection phase of this study, both for me and for the participants with the participants' stories constructing and co-constructing their realities, meanings and understandings of their lived experiences and how they encountered these in unique and subjective ways. Epistemology is defined as the philosophical study of the nature, scope and theory of knowledge (Charles 2013) and epistemologically I believe that reality happens and develops as a result of our engagement with our world. Within the context of this study, I anticipated that the knowledge obtained would be transactional and subjective and would be co-created between me and the women being interviewed. Having considered my ontological and epistemological position my axiological stance, which is the study of values and beliefs and the role that they play when conducting research (Tashakkori and Teddlie 2010) was considered. A key purpose of the research study, as part of a Professional Doctorate, was to gain new understandings and to positively impact on practice, specifically, on nurse education provision. I hoped that the understanding and knowledge that emerged from the data would be of value to students, lecturers, mentors, teams developing nursing curricula and the wider University student support services.

3.2. Phenomenology

Phenomenology is a study of 'being' and can be defined as a humanistic research approach focusing on what it means to be human (Larkin et al. 2006). Human behaviour is viewed as being influenced by subjective experiences rather than by external objective influences (Albertazzi 2018). Smith et al. (2013) suggest that we take for granted many of our experiences of the world but once we stop to self-consciously reflect, that is, on seeing, thinking, wishing and remembering, then "we are being phenomenological" (p.13). Philosophers have presented various interpretations of phenomenology and there are various methods employed within these traditions. All are committed to exploring the individual's point of view, and their behaviour and actions are viewed as the outcome of their understanding and interpretation of their world (Giorgi 2009).

Historically phenomenology can be broadly split into two main approaches: descriptive phenomenology, emanating from the philosophical beliefs of Edmund Husserl who is often regarded as the founder of phenomenology (Husserl 1970) and interpretative phenomenology from the philosophical traditions of Martin Heidegger (Heidegger 2010) (Reiners 2012). Both approaches agree that phenomenology is concerned with the lived experience, but the emphasis in Husserl's descriptive phenomenology is on the process of bracketing and reduction, in an attempt to arrive at an objective understanding of the essential features of a phenomenon, which is unrestricted by prejudice or preconception (Dowling 2004). However, Heidegger's hermeneutic or interpretive phenomenology aims to interpret hidden meanings and this perspective features worldliness and suggests that human existence involves being in the world. Heidegger believed that it was not possible nor helpful for the understanding of a phenomenon if the experience was separated from the contextual world in which it sat. Brooks (2015) summarised that a link between 'what' and 'how' is important for exploring 'what it means to live in and among a world which is experienced by each individual in their own way' (p. 642). Therefore, our relationship with the world is individually contextual and interpretative. This notion was an important concept which Heidegger referred to as 'Dasein', translated as 'being in the world', meaning that an individual is unable to distance themselves from the world and therefore is co-created with the world and individuals. Therefore, as the focus of this study was on mature

female students' experiences of being-in-the-world in relation to their journey through the undergraduate nursing programme, it aligned clearly with Heidegger's concept of hermeneutic phenomenology.

3.3. Hermeneutics

Hermeneutics can be described as the art of interpretation (Flick 2018). Kinsella (2006) suggests that hermeneutic thought informs qualitative research with its emphasis on understanding and interpretation, rather than explanation and verification. Kinsella (2006) argues that hermeneutic interpretation recognises the importance of history and language in interpretations. Our history is not something external to us, it shapes our being and directs how we make sense of the world we inhabit. Hermeneutics represents the analytical dimension of phenomenology where meaning is accessed through the interpretation of text, attending to the obvious but exploring hidden content that may reveal deeper meaning of phenomenon (Smith et al. 2013). Walker and Dewar (2000) assert that an individual is embodied and embedded in the world, in a particular social, institutional, political and cultural context. The focus on context and the participants' world was particularly salient to this study, as the aim was to interpret and increase understanding of the lived experienced and practises of mature female students as they experience and navigated their way through their undergraduate nursing studies. This research therefore aligned with a hermeneutic approach, where the attribution of meaning is a key factor for developing an understanding of the phenomenon (Smith et al. 2013).

3.4. Interpretive phenomenological analysis

To retain the integrity of the phenomena that I was studying, I needed to adopt an approach that would allow me to immerse myself in the participants' experiences in order to fully understand how they navigated their way through their undergraduate nursing journey. I decided to employ Interpretive phenomenological analysis (IPA) because it draws from various phenomenological frameworks which resonated with this study, for example it is influenced by the philosophical tenets of Husserl with his emphasis on Heidegger, Merleau-Ponty, and Sartre. These different traditions of phenomenology study the conscious

experience from the subjective or first-person point of view (Smith et al. 2013). Heidegger's phenomenology focuses on interpretation or hermeneutics, which aims to interpret phenomenon and uncover hidden meaning. The work of Merleau-Ponty, Heidegger and Sartre, view the person as embedded and immersed in a world which is influenced by objects, relationships, language, culture, projects and concerns. Each situation being different for each individual and influenced by our relationships to the world, rather than being individuals in isolation (Bulmer Smith et al. 2009).

Interpretative phenomenological analysis is also informed by hermeneutics – which is a detailed and meaningful analysis of the participants accounts and offering insights into their lived worlds and idiography - providing a case by case and a systematic analysis (Peat et al. 2019). Interpretative phenomenological analysis is explicitly idiographic in its commitment to exploring people's lived experiences and was of particular value to this study since it was concerned with exploring the participants' particular lived experiences of undertaking the undergraduate nursing programme as mature, female students.

Interpretative phenomenological analysis has two primary aims: to provide a comprehensive examination of what an experience is like for an individual and to illuminate how particular individuals make sense of what is happening to them (Smith 2012). It facilitates a focus on *how* the individual tells their story, develops an understanding of the connection between what people say and their cognitive, linguistic, and emotional state (Alase 2017). It also explores how different aspects of an experience can impact on individuals, by exploring the role of language in describing the experience and by exploring how people ascribe meaning to their experiences in the way that they interact with the environment (Nizza et al. 2021). This focus on the inner perceptions and lived experiences of a specific group of people resonated with the aims of this study.

Smith et al. (2013) suggest that rather than concentrating on the general, IPA's idiographic focus is the opportunity to develop greater empathy for how people cope with the challenges and barriers encountered during experiences. My aim was not to merely ask what the challenges of undertaking the programme as a mature female student were, I

wanted to explore the individual's experiences, struggles, feelings and thoughts in order to gain a deeper understanding of the decision making processes that influenced and impacted on the individuals as they engaged in what can be described as a major experience in their life (Hodges et al. 2005). IPA is concerned with existential meaning, understanding the constant interaction between participant and context within both their social and their personal life. This interpretative stance recognises the benefit of developing a full and interesting understanding interpretation of the data rather than a wide exploration in research terms (Brocki and Wearden 2006). My intention was not to produce findings that would be generalised to the mature student nursing population as a whole, but as Willig (2013) suggests, it was envisaged that findings from the research would generate new understandings and these findings may resonate in others.

This study has employed IPA as both the method and its methodology since it is concerned with how people understand and make sense of their experiences. Its focus on an idiographic approach allows for a fine-grained and detailed analysis of the phenomenon being investigated (Harper and Thompson 2011). This study is well-suited to this idiographic approach, since the research aimed to explore the lived experiences of female, mature students undertaking the undergraduate nursing programme and to capture an account that is rich, detailed and reflective. The use of IPA as a method provides structure for novice researchers while also allowing for freedom of thought and action (Larkin et al. 2006). Data analysis is iterative, a method employed to develop understanding, and requires the experience to be examined in several ways in order to make sense of and rebuild the experiences. This was important in the context of the current study as it provided opportunity for focus on the idiographic analysis and the search for patterns across cases.

Interpretative phenomenological analysis is a critical realist approach (Shaw 2010) and this resonates with my ontological perspective, recognising that an individuals' world is shaped by social situations, cultural influences and linguistic practices (Alase 2017). IPA focuses on the hermeneutic circle which is concerned with the dynamic relationship between the whole and the part, Smith et al. (2013) states that "to understand any given part, you look to the whole; to understand the whole, you look to the parts" (p.28). This stance aligned

with the aims of this study because it allowed detailed analysis of each case and facilitated further exploration and assisted in answering the research question at the core of this thesis.

Interpretative phenomenological analysis encourages participants to describe and reflect on their experiences. They are interpreting, making sense of their experiences and the researcher is also carrying out an interpretative activity in making sense of what the participants tell the researcher. This is known as the *double hermeneutics*, where the researcher can access the participants' experience based on what they say, however, the researcher is also seeing this through their own experientially informed lens (Harper and Thompson 2011; Smith et al. 2013) .

Sense making draws upon interpretation grounded in the participants' accounts, to attend to the taken-for-granted meanings and to make visible what is normally hidden, which allows the researcher to look for meanings embedded in the human experience (Wagstaff et al. 2014). IPA acknowledges that it is not possible to access someone's life-world, but recognises that to give meaning to how events or objects are experienced requires interpretative activity (Biggerstaff and Thompson 2008). Therefore, the study employed IPA using a lifeworld lens to capture the lived experiences of the participants. IPA advocates the in-depth focus on uniqueness of the individual experience by ensuring that the participants' voices are heard and reflects the desire to explore in depth the reasons behind the participants' thoughts, beliefs and behaviours regarding their journey on the undergraduate nursing journey.

3.5. Why Interpretative phenomenological analysis in preference to other qualitative approaches?

A range of qualitative approaches were considered for this thesis. For example, grounded theory, which seeks to establish claims for a broader population by using theoretical sampling and continuing to collect and analyse data until no new themes emerge, (Brocki and Wearden 2006) however grounded theory was discounted, as establishing a theory was not the aim of the study. A further approach that was considered but quickly discounted

was an ethnographic methodology. The aim of my study was to explore individuals' reasons for staying on the course, therefore observing and studying the culture of the participants or the social setting would not have provided the relevant data to answer my research question.

My role as a researcher was to get close to the participants' personal world. A phenomenological approach was deemed the most appropriate as it would provide an opportunity to gain the insight required into the meaning of human experiences, and to develop a deeper understanding of the lifeworld of individuals (Gerrish and Lathlean 2015). I decided to employ an interpretative phenomenology rather than descriptive phenomenology as it resonated more closely with my study aims. My intention was to go beyond description and investigate context and meanings embedded within the participants' experiences of undertaking their undergraduate nursing programme. In order to do this, I needed to ask the participants to describe, for example, the factors that had made them consider leaving, explore their interactions with others and their experiences of being a non-traditional student. It was hoped that the interview process would provide an insight into their lifeworld and the influence of factors such as personal history, culture, peer attitudes and beliefs would be highlighted. An additional part of the research process was to analyse the data further and employ the double hermeneutic process of trying to make sense of what the participants are trying to make sense of (Smith and Osborn 2008). In IPA the researcher must ask more questions about the data, for example: What was the person actually saying? Do I see anything within the narrative that the participant was unaware of? What was the person trying to tell me? I understood that to answer these questions and do justice to my participants I would adopt IPA as my research method that would follow a 'dual aspect of analysis' to try to make sense of someone else's mental and social world.

3.6. Lifeworld as a theoretical lens

A central aim which phenomenology strives to achieve is an understanding of individuals' lived experiences and, their lifeworld, which links closely with phenomenological research and the use of IPA. Both Husserl (1970) and Heidegger (1962) referred to the lifeworld as

central to their philosophical approaches, which are now used in both descriptive and interpretative phenomenology, to access the lifeworld of participants. The use of Ashworth's Theory of the Lifeworld (Ashworth 2003b), located and explored the variance, individuality and uniqueness of lived experiences, which are at the heart of qualitative research (Shoemaker et al. 2000). The theory aligns closely with IPA and Smith et al (2013) assert that IPA is concerned with detailed exploration and micro analysis of actual slices of human life and although every event will be experienced differently, there are certain fundamental aspects of being alive that we share and that are all part of the lifeworld. For instance, although all participants of this study were mature female students undertaking the undergraduate nursing programme, their experiences and their social, cultural and psychological backgrounds were different and thus their lifeworld perspectives were different. Events and experiences, past, present and in the future, exert an effect upon students. How a mature, female student nurse who has considered leaving the course and then decided to stay, experiences their time on the course and how this impacts their lifeworld was the focus of this study.

Ashworth referred to the parts of the lifeworld as 'fractions', (Ashworth 2003b) to denote that they are not separate elements but are all interconnected parts of a whole. He identified seven fractions of the lifeworld (Ashworth 2016). Below, I have applied each fraction to this particular student and the participants' experiences:

- *Selfhood* – Social Identity. Sense of self, whether there is change in identity. A feeling of own presence and voice and is connected implicitly and often explicitly with relationships with others. What does the situation mean for social identity?
- *Sociality* – Relationship with others. Other people play a significant part in our lifeworld. The impact that returning to education has on relationships with others, work colleagues, friends and family. How are others implicated in an experience and how does the situation affect relations with others?
- *Embodiment* – Physical and emotional feelings. How does the situation relate to feelings about one's own body, including gender, 'disabilities' and emotions? How does doing the course affect the participant both physically and emotionally?

- *Temporality* – Sense of time. How does time, duration or biography influence the nature of the experience? How the present is affected by the past and relates to visions of the future.
- *Spatiality* – The spaces occupied. How the situation alters because of the places individuals go, such as where students decide to study, experiences, placements and University.
- *Project* - Activities. How the situation relates to belief in the ability to carry out activities –seen as central to life.
- *Discourse* – Use of language. The terms used to describe how the situation impacts on life.

Since his original study (Ashworth 2003b) was completed, Ashworth (2006) has added a further fraction – *Moodedness*, which denotes the feeling or tone of any situation.

In his phenomenological account of the lifeworld, Ashworth (2006) stated that selfhood, sociality, embodiment, temporality, spatiality, project, discourse and moodedness are the interwoven essential features and essence of the lifeworld. The use of the lifeworld approach enables a deeper understanding of participants' lived experiences (Ashworth 2016). The fractions of the lifeworld are always connected and are about the lived experience through intentionality, the relationship between a person and an object or effect of their experiences. In this study, the focus is the students' experiences of the undergraduate course. Dahlberg and Dahlberg (2020) suggest that when we experience something, we cannot avoid meaning, any event or occurrence is experienced as something which has meaning for us. Any experience is interlinked with the rest of the individuals' lifeworld. The lived experience of the student is explored within a lifeworld perspective in which both structures and dynamic features of the lifeworld are identified. By investigating the individual participants' lifeworld, it provides opportunity to enrich the description of the experiences as it allows the research to speak in first-person terms of the individual's involvement in their lived environment (Ashworth 2016).

As the fractions of the lifeworld were explored, it provided a congruent framework which resonated with the data from my study. It provided an opportunity to reflect the common

elements of what it is like to undertake the adult nursing programme as a mature female student whilst also highlighting the complex, individual nature of the experience. Using the lifeworld lens facilitated an opportunity to explore the participants' social acts and experiences and the development of deeper understandings through an examination of participants' selection and interpretation of events and actions (May 2011). Although Ashworth's study of the lifeworld (Ashworth 2003b) was the key theoretical framework used, additional theory was also applied, for example Bourdieu's (1985) work, focusing on social capital and habitus was of value at a later stage of the analysis and was included within the discussion chapter in order to provide an extra layer of interpretation.

3.7. Ontological, theoretical and methodological 'fit'

A feature of this study is its epistemological, ontological, axiological and methodological congruence. Ontological congruence exists between the relativist position adopted in this study and IPA. The work of Merleau-Ponty, particularly around embodiment, aligns with the theoretical lens of the lifeworld and IPA. Smith et al. (2013) notes that we are all meaning-making beings, who are always immersed in a linguistic, cultural and physical world and our experiences are interpreted in the context of the participants' social and personal relationships, with the researcher forming part of this. In line with the epistemological stance of this study, in IPA the research process and outcomes are co-produced. Finlay (2009) describes that data is co-created and recognises the relationship the role of the researcher in generating the data, the analysis and the meaning-making.

The theoretical 'fit' of a lifeworld lens with IPA has also been established since both are concerned with understanding the lived world. The relationship between the essential features and human universals, defined by the fractions of the lifeworld; self, sociality, embodiment, temporality, spatiality, project discourse, and moodedness, can be regarded as a basic structure of interpretation of the lifeworld of a person. Using IPA enables the researcher to understand and 'give voice' to the concerns of these students undertaking the undergraduate nursing programme and to contextualise and 'make sense' of these claims and concerns' (Larkin et al. 2006, p. 102). The lifeworld lens as the theoretical framework appeared to fit and complement IPA and my ontological position by providing a lens to

explore and interpret the phenomenon from a context of ongoing personal, social relationships and experiences. Ashworth's (2003a) lifeworld theoretical framework has informed the analysis process in mapping the results to achieve an understanding of the individuals' lived experience, and although each participants life experiences are different there is a shared reality for the students in terms of their journey on the undergraduate nursing programme.

3.8. Summary

The epistemological assumptions underpinning this study assert that knowledge is subjective, dynamic, contextual and co-created. Interpretative phenomenological analysis aligns with the relativist ontological stance by 'offering detailed, nuanced analysis of particular instances of lived-experiences' (Smith et al. 2013, p. 37), the research participants shared their own stories and therefore research findings represent multiple constructed realities. Axiologically, it was acknowledged that the research was being performed within the values of the researcher and the participants. In light of this, this study adopted a research perspective which related very closely to the ontological perspective presented and accordingly sought to illuminate the experiences of the participants in relation to their lifeworld. I decided on this theoretical lens as it provided a congruent framework that resonated with the data enabling a deeper understanding of how participants' lived experiences were influenced by time and others in the world and were surrounded by things that have meaning, whilst they engage in activities that become projects (Finlay 2013). Therefore investigating the participants' experiences through the lifeworld lens enriches the descriptions of their experiences by allowing the research to speak in the first-person in terms of the individual's involvement in their lived environment (Ashworth et al. 2003). The fractions of the lifeworld are always connected in experiences and interlinked with the rest of an individual's lifeworld.

The use of Ashworth's (2003a) philosophical framework has helped inform the analysis process in developing a deeper understanding of the meaningful world that is lived and experienced. The research used IPA with its emphasis on the idiographic and interpretation

and sought to understand the multiple realities of the participants the manner by which participants encountered their journey on the undergraduate nursing programme.

Chapter 4 - Study design

4.1. Introduction

This chapter begins by reaffirming the research aim and objectives. Having discussed the philosophical underpinnings of the study, this chapter will now explicate the research design used to achieve the objectives of the study.

The aim of the study was to:

To explore the experiences of mature, female student from widening participation backgrounds who have considered leaving but remain on the Bachelor of Nursing (Adult) programme.

The procedural objectives of the study was to:

Provide a critique of the current body of literature pertaining to the experiences of student nurses from WP backgrounds undertaking the Bachelor of Nursing (Adult) programme who have considered leaving but remain on the course.

Interview student nurses who have considered leaving, but remain on the course about the experiences, regarding the factors which influence and motivate this student group to stay and to develop a greater understanding of their specific support needs to help focus interventions to maximise student achievement.

Critically analyse and synthesise the findings from the literature and qualitative interviews through the lens of Ashworth's Lifeworld.

Disseminate the knowledge that emerges as a result of this study to nurse educationalists, nurses, policy makers and the wider University departments to contribute to future curriculum and institutions' support system developments to promote success in this student group.

This chapter provides details of the study design, the method used to gather data and the iterative approach to analysis and interpretation. Ethical considerations addressed along with the role of reflexivity throughout the study are discussed.

4.2. Research procedure

In keeping with IPA, data were collected by undertaking one-to-one semi-structured interviews which provided a meaningful dialogue and allowed me to gain insight into how the respondents made sense of their experiences. Eight participants were interviewed for my study. Smith et al. (2013) argues that a sample size of between eight and ten interviews is reasonable for an IPA study. It was envisaged that this would provide sufficient data for the development of meaningful points of similarity and differences between the participants. The primary interest in IPA is the detailed account of individuals' experiences. Smith et al. (2013) assert that successful analysis requires time, reflection and dialogue and that larger datasets can inhibit this process.

4.3. Sample

This study aimed to develop an understanding of the challenges specifically experienced by female, mature students from widening participation backgrounds undertaking the BN (Adult) nursing programme at one HEI in Wales. Purposive sampling (Godwill 2015) was employed to recruit mature, female student nurses from the same cohort, all full-time students undertaking the BN (Adult) programme at one HEI in South Wales at the end of the second of their three-year programme of study.

Students were recruited into the study if they met the following inclusion criteria:

- Student on the BN (Adult) programme at the end of the second year (March 2016 cohort)
- Female
- Aged 21 years or over
- From a widening participation background
- Had considered leaving the programme on one or more occasion

The exclusion criteria were:

- Male
- Under 21 years
- Studying other fields of nursing or any other health related programme of study

- From other cohorts and thus at different stages of their undergraduate nursing programme
- Had never considered leaving
- Had left their studies and therefore were not current students on the undergraduate nursing programme

As outlined within section 1.10, the student nurse at this University, which is the location of this study is likely to be female. Therefore, the justification for the focus on mature female students reflected the largest demographic of the student cohort. The exclusion of non-mature, male or those from other identifiable groups, for example those who do not identify as male or female was to also ensure that the sample was homogenous, a feature advocated for IPA studies (Smith et al. 2013). Interpretative phenomenological analysis researchers work with homogenous groups of participants to develop a deeper understanding of the overall perceptions of the lived experience. Creswell (2018) argues that it is imperative that the participants have similar lived experiences of the phenomenon being analysed. Homogenous sampling deliberately reduces variation and provides opportunity for a more focused inquiry to understand a particular group of people especially well (Polit and Beck 2020). Using a purposive homogenous sample meant that those interviewed would have key characteristics and thus provide data that would be relevant to the research question (Bryman 2015).

Recruitment was via advertisement in the form of:

- A poster (see Appendix 1) placed in the student union area on campus and the cohort's noticeboard.
- Same poster on the cohort's virtual learning environment.
- Email sent to all students within the cohort (see Appendix 2) with a Participant Information Sheet (PIS) (see Appendix 3) and a consent form (see Appendix 4) attached.

Contact details were supplied on the poster and within the email, and students were asked to contact me directly if they were interested in taking part. Once the participant got in

touch, I was able to discuss any further questions they had about the study and provide a Participant Information Sheet where required.

Within three days of the first email being sent to the group, six email responses were received, but no further responses thereafter. A repeat email to the cohort was sent two weeks later, at which point a further four participants responded. On receipt of each email, the students were contacted individually to discuss the study and given an opportunity for any questions and then a convenient time and place for the interview was arranged.

Although the initial sample size was ten participants, two participants failed to respond to any attempts at further contact. The final sample was therefore reduced to eight. Smith et al. (2008) suggest that 'IPA studies usually benefit from a concentrated focus on a small number of cases' (p.51). Given the complexity of human beings and their experiences, IPA focuses on the experiences of a small number of participants to provide rich, high-quality data rather than large quantities of data (Alase 2017).

The sample consisted of four participants aged between 22 and 30, they were not married and did not have any children. The other four were aged between 34 and 45, were all married and had children. Three of the participants had previously completed a degree, three had undertaken the access to nursing programme at local Further Education colleges and two had acquired the entry criteria required by undertaking the health care support worker education nursing programmes.

4.4. Data collection

Data were collected between January and March 2018 using semi-structured, one to one interviews; the method recommended for use in IPA studies. Interviews may initially appear to be an easy, straightforward way of collecting data, almost like a natural conversation. However, this perceived simplicity is misleading. Denscombe (2003) suggested that interviews are full of hidden risks and that to prevent failure, careful planning is required. Using semi-structured interviews allows opportunity for further exploration of attitudes and experiences which can be expanded upon and allows for a rich insight (DiCicco-Bloom and Crabtree 2006). As a theoretical perspective, phenomenology uses unstructured methods

for data collection and this allows the participant to expand on their responses and highlight their lived experiences without the restraint by set questions (Gray 2014). The interview questions were discussed with my supervisors and devised based on examining the existing literature whilst considering my research question and the aims of the study. The interview schedule (Appendix 5) had key questions and were designed to gain in-depth understanding and was followed as a guide, with open-ended, non-directive questions forming the basis of the interview. Prompts were used as necessary to obtain richer data, for example, 'what did you mean?' and 'how did that make you feel?' to allow the participants to talk freely about their experiences and for the interview to develop easily and follow a conversational approach (Noon 2018). One essential criterion for participation was that they were aged over 21. This meant they were classed as mature students (UCAS 2017) and therefore categorised as accessing the course through widening participation entry criteria. Questioning the participants about their demographic details in this way encouraged rapport before funnelling down to more specific questions related to the course itself (Brinkmann and Kvale 2015). A pilot interview was conducted with a friend's daughter who had recently completed the programme. As a novice researcher this was an excellent opportunity to practise my interview style and establish my questioning technique and helped focus my supplementary questioning ensuring the interview 'flowed' and provided the opportunity for the participant to speak freely. As a novice researcher I felt anxious about my interviewing technique, therefore following the first interview and transcription, I discussed my interview technique and the data I had obtained with my supervisors. To ensure trustworthiness and rigour I read the first transcription thoroughly, whilst listening to the audio tape, to ensure the transcription was an accurate representation of the interview prior to the commencement of the second and subsequent transcription. However, as the number of interviews increased so did my confidence and I was more able to facilitate the participant led, dynamic and interactive exchanges that are one of the characteristics of a good IPA study (Smith et al. 2013).

Each participant was interviewed in a quiet room within the University. It was anticipated that each interview would last no longer than 60 minutes. The eight interviews varied in duration with a mean of 63 minutes, with a range of 49-94 minutes. Field notes were

written up immediately after each interview. These notes outlined my general impression of the interview, for example, the tone of the conversation, the non-verbal communication and how easily the respondent was able to retrieve the information for the discussion. These notes were helpful when initially interpreting and analysing the data from each transcript. All interviews were recorded and transcribed verbatim. Due to time pressure, I enrolled the services of a transcribing service to obtain verbatim transcriptions.

I had anticipated that some of the participants might recall some upsetting issues and was mindful of the impact such recollections might have on the participants and wanted to ensure appropriate steps were taken to minimise this risk and deal with it in a professional capacity. Two participants became upset during their interviews, when this occurred, the interviews were paused, time given for the participant to regain control of the situation and reminded that we could cease the interview immediately if they wished. I also acknowledged that I did not want to cause them harm or increased anxiety. Both participants wanted to carry on with the interview following a brief pause. Appropriate plans and actions to take in such a situation had been considered, contact details for the University's student support services where professional interventions, including counselling, would be available. Neither of the participants took up this offer and both commented on how surprised they were at their reactions during this interview process. At the end of the interview the information about the support services was reiterated, should they feel that they would benefit from further support at a later date.

4.5. Data analysis

Data were analysed following Smith et al's. (2012) cyclical, iterative process of fluid description and engagement with data which consists of six steps:

1. Reading and re-reading
2. Initial noting
3. Developing emergent themes
4. Searching for connections across emergent themes
5. Moving on to the next case
6. Looking for patterns across themes

The first step required me to carefully listen to the interview recordings whilst reading and re-reading the transcript, allowing active engagement with the data. Initial noting involved exploring the transcript again, first making descriptive comments on the subject content and noting the linguistic qualities, which included pauses, laughter and stutters to offer maximum possible context and use of language. Attending to the linguistic qualities of the data is important in IPA. Smith et al. (2013) notes that exploring language use helps to focus on how the content and meaning was presented. Following this, the focus was on developing conceptual comments, which provided a more interrogative and conceptual level. An example of these notes is given in Appendix 6. Smith et al. (2013) suggested taking time with this process and to avoid doing a 'quick and dirty' (p. 82) reduction and synopsis of the data. This process facilitated an appreciation of the rich and detailed content of each interview. This was a challenging stage; I knew the overall content and 'feel' of each interview but trying to attach meaning to sentences and words whilst still staying close to the participants' stated meaning was difficult. To overcome this I ensured that my focus was not on the participants exact statements; instead my attention was directed to making sense of what the interviewee was trying to make sense of. At this stage I asked myself three questions:

- What is this participant actually saying?
- What are they trying to tell me?
- Do I see something in their narrative that they are unaware of?

Smith and Osborn (2008) express this process of trying to understand what the participants are trying to make sense of as the double hermeneutics, a fundamental aspect of IPA.

The next phase of the analysis was the careful development of emergent themes (step 3). Shaw (2010) stresses that themes 'are not waiting to emerge but are borne out of close readings, careful considerations and systematic interpretation' (p. 196). This was done by exploring my early notes whilst also remaining close to the original text and ensuring that these emerging themes best captured the essential qualities of each of the interviews.

Initially, I focused on larger, descriptive sections of the participants' accounts. To understand the individual experience, the process of descriptive analysis required me to identify key words, phrases and stories that appeared to be important to each participant. I

then began to group descriptive sections on flip chart sheets and iteratively ‘themed’ these (step 4). These initial emergent themes were developed with the supportive interview segments to ensure that the themes were data-driven (Shaw 2010).

The process of identifying emergent themes is a fusion of the researcher and participants’ perspectives of the phenomenon being investigated, by moving between parts and the whole of the transcribed data, the ‘hermeneutic circle’ (Smith et al. 2013). It was important at this stage to suspend any judgements and presuppositions through the process of reflexivity, thus ensuring that I focused on what was present in the data rather than what was assumed to be present (Emery and Anderman 2020). During data analysis, the need to keep focused on the aims of my study while remaining cognisant of IPA’s philosophical underpinnings. The main intention was to illuminate the ‘lifeworld’ of the participants, to examine the relationship between their cognitions, accounts and actions, and for this to be achieved by the idiographic and hermeneutic processes ensuring that analysis was developed by following an inductive, data-driven method (Eatough and Smith 2008).

The process detailed above was repeated for each participant. It was acknowledged that the analysis of the first transcript had the potential to influence the analysis of subsequent transcripts, however I endeavoured to observe IPA’s idiographic commitment and bracketing any emergent ideas and concepts until all transcripts had been analysed. On completion of analysis and identification of a table of themes for each of the interviews (step 5), identification of recurrent themes (step 6), was carried out to establish the connections between cases, whilst modifying or re-framing existing themes drawn from each case (Smith et al. 2013). The master table of superordinate themes were then identified and patterns of similarity and differences between participants’ experiences were identified and demonstrated through the development of superordinate themes. A summary table of the subordinate themes and the development of the subsequent superordinate themes is detailed in Table 12.

The hallmark of good IPA work is that the researcher has captured the similarity and differences, convergence and divergence within the participant group’s experience (Nizza et al. 2021). A variety of methods was used to organise the themes and identify super-

ordinate themes based on my data and the various methods and techniques outlined in table 3 (Smith et al. 2013).

TABLE 3: Techniques used to search for themes - adapted from Smith et al. (2013, pp. 96-99).

Technique	Description
Abstraction	Putting 'like with like' and giving this cluster a new name
Subsumption	Where an emergent theme is highly important and becomes a super-ordinate theme
Polarisation	Clustering of contrasting relationships e.g positive and negative emotions around the same experience
Contextualisation	Patterns of themes around a particular life event or key moment in the individuals life
Numeration	Where the frequency of the theme is measured across the data

It was necessary to consider these various methods when establishing the final list of super-ordinate themes to ensure that they were not identified purely based on prevalence, or numeration but, more importantly, because of their richness and relevance to the research aim.

The final stage resulted in three superordinate themes being created as presented in Table 12. Hefferon and Gil-Rodriguez (2011) propose that there is no rule around the number of themes and concepts which is appropriate. However, a smaller number of themes provides an opportunity for a comprehensive, thorough analysis and interpretation of the data (Dickson et al. 2008).

4.6. Ethical issues

All participants were made aware of the aims and purpose of the study and that their participation was voluntary. The PIS (Appendix 3) made it clear that participants were able to voluntarily participate in the study and they could withdraw from the study at any time with no penalty. I verbally reinforced this at each interview. At the beginning of each

interview, the study was discussed again with the participant to ensure clarity, and a written consent form (Appendix 4) was completed by each participant before they took part in the interview. A stipend was not offered to participants to avoid any students feeling coerced to participate in the study. Beneficence was maintained throughout the study process. This was to ensure academic integrity and to ensure that the process would produce outputs that are worthy of dissemination.

However, it was also recognised that non-maleficence was possibly problematic for this research study. The interviews had the potential to cause distress for some participants as they may recall difficult circumstances. In preparation for this, I allowed time to pause and possibly stop the interview and ensured that an opportunity for a debrief was factored into every interview schedule. Participants were informed of the University's student support services where professional interventions, including counselling were available. However, following the informal debrief and discussion after each interview, the participants did not want any additional support.

Participants were also made aware, both before the interview commenced and within the PIS, that in the unlikely event that any practice was revealed which was unsafe or of concern (for example practice which compromises professionalism or negatively impacts on the nurse) as a registrant, I was obliged to act on this by informing the appropriate person at the University (NMC 2018). No unsafe or poor practices were disclosed during any of the interviews.

An ethical challenge that arose during the interview process related to my insider status. Burns et al. (2012) note that blurring of boundaries can occur due to role uncertainty and ambiguity. This confusion occurred with two participants who saw me as a lecturer rather than a researcher and asked me for some advice. I prevented this from becoming an ethical dilemma by explaining my role within this process as a researcher and I was able to signpost them to their academic supervisor and to student academic support services available at the University.

Participants were made aware that interviews would be recorded and transcribed and that they would be referred to anonymously within the study, via the use of a pseudonym. Participants were given the opportunity to read through completed transcripts and check them for accuracy, this process of respondent validation provides opportunity for exploring the credibility of the results and can increase the trustworthiness of results (Birt et al. 2016), however, no participant requested to do so. Each participant's anonymity was protected and they were informed of the Data Protection Act (Great Britain 1998), which meant that they could ask to view any of their personal data kept by me. To ensure confidentiality was maintained, a list cross-referencing participants' names and pseudonyms was stored in a separate, password-protected folder. All information collected in the study will be securely stored for 5 years and will be subsequently destroyed in adherence with the Cardiff University Research Integrity and Governance Code of Practice.

On confirmation of ethical approval from the School of Healthcare Science's Research Ethics Committee at Cardiff University, the documentation was presented to the Faculty Ethics Committee at the University which is the location of the study for their approval to access student participants. Confirmation of approval from both institutions is provided in Appendices 7 and 8. The study has adhered to the approved proposal throughout.

4.7. Enhancing the quality of the study through reflexivity

Reflexivity can enhance the credibility and is crucial in any qualitative study (Langdrige 2007) as the role of the researcher has the potential to impact on the data that is generated. Therefore, in order to champion the trustworthiness and integrity of the research, it is important for researchers, through reflexivity, to understand how their subjectivity and position can influence the research (Finlay 2017). In order to do this, throughout the research process I employed strategies such as supervision, discussion with peers and keeping a reflexive journal to ensure integrity and trustworthiness of my study.

Smith et al. (2013) recommend the use of Yardley's (2000) guidance for the validity and reliability of qualitative research, suggesting that attention should be paid to four broad

principles: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance.

Sensitivity to context was maintained through providing the participants with a voice and allowing the reader opportunity to check the interpretations whilst also ensuring sensitivity to the existing literature and theories and demonstrating an understanding of the socio-cultural setting and background of the study. To ensure sensitivity to the data, verbatim extracts are presented in this study to support the discussion, giving the participants a voice and allowing the reader to check the interpretations being made. Smith et al.(2013), states that the auditor needs to ensure that the findings and account produced is a credible one – but not the *only* credible one. The aim of IPA is not to find one single answer or truth, but to ensure the account is a legitimate, coherent one which pays particular attention to the words of the participants. This is achieved by providing verbatim extracts which are ‘central’ to IPA and which allows the reader to assess the interpretations made (Brocki and Wearden 2006) .

When considering *commitment and rigour*, Yardley (2000) suggested an in-depth engagement with the topic area as well as competence in the study methodology were essential. As a novice researcher, support and reassurance was required. Recognising the need to ensure participants felt able to speak freely within the interviews as well as any potential power imbalance they might have felt were important to consider throughout. The reflective process helped me to formalise the processes and ideas and to analyse the words and transcripts of each of my participants.

Smith et al. (2013) suggested that *transparency and coherence* refer to how clearly the stages of the research process are described and followed within the thesis, ensuring there is consistency between the methodology and the research. I provide transparency by including details and an audit trail of how the study was undertaken from the initial paperwork and the steps followed throughout the research processes through to the final document.

The last principle Yardley (2000) identified is *impact and importance*, which can be demonstrated by evaluating whether the research provides the reader and the wider research community with anything interesting, new or useful. One of my research aims was to examine the factors which support mature female student nurses to stay on their course at one HEI in Wales. Developing a deeper understanding of the factors specific to this student group will provide additional insight into the potential support systems that can help retention and thus increase the number of student nurses who complete the programme and join the RN workforce. This is examined further in the discussion section.

4.8. Summary

This chapter initially presented a rationale for my chosen methodological approach, namely interpretative phenomenological analysis. It then provided a discussion around the methods used to recruit participants, data collection and analysis of data. Principles of quality assurance, ethics and the considerations of my position as a researcher throughout the process are highlighted. The next chapter will present the findings of each participant before providing a cross-case analysis.

PART TWO – THE STUDENT NURSES’ EXPERIENCES

Chapter 5 - Presentation of Findings

5.1. Introduction

The following chapter presents the idiographic descriptive analysis of each of the participants' conversations. Each idiographic account commences with a brief biography of the participant which is followed by interpretative commentary to provide a comprehensive analysis of the data. A table of emergent subordinate and superordinate themes for the individual transcripts is provided at the end of each account. At the end of the chapter, cross-case analysis at a group level is presented.

Throughout, extracts that capture participants' lived experiences have been coupled with an interpretive commentary to provide a comprehensive analysis of the data. The participants' voices are preserved in the accounts given through the inclusion of direct quotations. An example of an interview transcript and corresponding data analysis is provided in Appendix 6. The idiographic themes connect and interweave to reinforce the experience and perspective of each participant as they navigate the challenges and continue their studies on the undergraduate nursing programme. The use of cross-case analysis, in the final section of the chapter, enables an exploration of the converging and diverging experiences of the group. A table is provided within the group analysis section, demonstrating an audit trail of how subordinate and superordinate themes were identified.

All the women were enrolled in the same cohort and were at the end of the second year of the Bachelor of Nursing (Adult) programme. Each participant was interviewed in a small meeting room at the University. Eight accounts will now be presented in the order in which participants were interviewed.

Idiographic Account

5.2. Caroline

Caroline was 45 years old, she grew up in an Army family, moving frequently as her father took posts in various locations. Caroline married a man who was also in the Army and, thus, her regular relocations continued until her husband was seriously injured and medically discharged. She had four children ranging from 13 to 26. Caroline and her family lived in a medically adapted home approximately 20 miles from the University.

Caroline had not previously had an opportunity to pursue a career, due to constantly moving home but, inspired by the care her husband received, she decided to become a nurse. She undertook an Access to Nursing Course and enrolled on the Bachelor of Nursing (Adult) programme.

Caroline described the pressures and challenges she experienced whilst undertaking the programme in terms of the course as well as her personal and family life. She was determined to achieve and talked about the mechanisms of support she found helpful for enabling her to continue her studies.

Caroline started the interview by talking about her motivations to become a nurse and indicated that enrolment and completion of this course was a way of doing something for herself.

I want people to see me and know me as a nurse. I've always been linked to someone else...my children's mother, a wife and a daughter. Now I want to be recognised as someone in my own right, I want my own career and want to be known and recognised as Caroline the nurse. For years I have concentrated on looking after my family, but I've done that and I feel that it's my turn now.

This course was an opportunity for Caroline to be recognised as an individual and as a 'student nurse' rather than a 'wife', 'carer', 'mother' or 'daughter'. She wanted to be recognised as an individual in her own right. Her self-image and concept of self was important and underpinned her determination to achieve her goal. There was a strong feeling of this being the right time. Undertaking this programme and exiting with a degree,

a professional registration and access to a career pathway would be perceived as a huge achievement by Caroline. This influenced and motivated her to continue the course. She talked of circumstances and family commitments, meaning that she had not been able to focus on a career for herself - until now.

Caroline did not have high expectations of herself academically, her motivation was to qualify as a nurse and the 'academic journey' itself was less important to her:

Everyone's going on at the minute about 'oh I'm going to get a 2:1'..... do you know what, I just want to pass and become a qualified nurse... and if I fail an essay I just have to re-do it....a bit more supervision and re-do it.

She made it clear that she was not motivated to attain a high degree classification but was instead working towards a pass. Caroline was focused on completing the course and obtaining registration; this end goal was crucial, and failure was not an option. She made reference to her resolve and reinforced this by repeatedly stating 'I'm not a quitter' and 'I've just got to get on with it' throughout the interview. She demonstrated self-determination and clearly recognised the need to persevere.

Caroline described her academic insecurities and their impact on her position on the course:

Every time we've got essays, I struggle, I just don't want to be making a fool of myself, cause I don't write very well at all. I get really stressed out over that and that is a time that I want to leave that's when I think I can't do it....I can't do it...and then I can sit there for about four hours and I'll still be on the first question and I'll just look at it and then I'll go do something else then because I can't answer the question.

Caroline spoke of feeling overwhelmed by the pressures of the course and how the assessment requirements made her consider leaving. Her use of negative and defeatist language around her academic abilities recurred throughout the interview - 'can't do it' 'can't answer the question'. Yet, she continued to complete her assessment and progress on the programme. Interestingly, 'making a fool of myself' was a phrase that Caroline used twice during her discussions, suggesting that she did not want to be judged and appear 'less' than her peers. Her image and desire to prove to others that she was able to achieve was important to her.

A negative placement experience also made Caroline question whether she could continue with her studies:

You wake up and you just think, have I really got to go in again, I dreaded going in...I thought to myself I don't think I'd cope if I had another placement like that.

The negative language used suggested feelings of anguish and the strain of the requirements of the various elements of the course was evident, with Caroline using terms like 'stressed', 'can't do it' and 'don't think I'd cope'.

Caroline undertook the course whilst maintaining a family life. She constantly felt under pressure to function as a wife, mother and student nurse:

I just find it difficult having so many things going on at home, trying to juggle everything, I have just got to try and fit everything in. So when my son comes home...I'm always shouting to him to keep the noise down...it's because, I think, I just need a rest...and something else will always happen and I never get that day of rest so I leave it later and later to start [the assignments]. I'll then go and sit in my car to get away...so yeah, I go and sit in the car for a bit.

The pressure and perceived need to juggle various roles caused Caroline considerable stress, '[there's] so much going on, [I feel I] can't do it anymore', also triggering her to consider leaving the programme. Caroline's repetition of certain words, for example 'rest' and 'later' suggest that she was exhausted and needed a break from her coursework before tackling assessments. The language used also suggested feelings of guilt about taking time away from her domestic roles. Her exhaustion affected her relationship with her son, whilst finding a solution to the lack of her own space seemed difficult too. Her reference to sitting in the car suggested some resentment around the difficulties of not having her own space away from the family pressures. A place to escape to which was quiet and where she could sit in solitude, away from the daily challenges of family and University life, provided a space for some respite.

Caroline's commitment to the course, despite the pressures of her home life, was testament to her resilience and determination:

I could have nearly quit...the past six months have been a really hard time for me...really really could have quit...but I'm not a quitter...I am not a quitter. I have been here two years now...I've never...I've not so much as missed a lesson in the whole two years.

Her level of engagement with the programme as well as her motivation to complete were evident. Her repetition of language demonstrated an unwavering commitment to the course and provided an insight into her mind-set. There was a tension and conflict in the language she used, she reinforced that she was not a quitter, however she had seriously considered leaving.

Despite her perceived academic struggles, Caroline distinguished between academic success and the job of being a nurse and reassured herself that the struggle with her academic work would not affect her ability to be a competent nurse:

OK...so my writing isn't great, but the clinical aspect of it is probably what keeps me going because I know that...all that aspect is fine, that tells me that I can do it...I know I'm a good nurse. So if it was all clinical placements and no essays I'd be fine [laughs].

The words she used to describe herself as a 'good nurse' demonstrated self-confidence in her clinical abilities and suggested that being a good nurse was represented purely by her clinical ability and that the academic work was not as important. This presents a duality in her concept of self, with repetition in phrases and a distinct divide between her strength in her practical ability, 'I can do it', and her academic weakness 'I just can't do it', suggesting her need to prove to herself and reassure herself that ultimately, she will become a good qualified nurse.

Caroline reiterated this and attempted to compensate for her academic insecurities by focusing on the support and feedback she received from clinical practice and her mentor:

So my essays aren't great but my clinical practice as far as I am concerned and from the feedback I get is absolutely fine so I try and weigh it all up. My mentor wrote me a brilliant piece...'I think you are brilliant' and that tells me that I can do it...

She discussed a mentor who helped her justify her existence on the course, a sense of acceptance within the role and her credibility as a student nurse. Caroline emphasised the positive words of encouragement received from her mentor and patient feedback, reinforcing her need to seek affirmation that she was going to make a good nurse and to compensate for her lack of confidence in her academic abilities.

Throughout the interview Caroline's determination and tenacity were unmistakable. She spoke of the influence of her upbringing on her fierce independence and motivation to continue despite the struggles experienced:

We [parents] are not very close, they are not interested at all.....they don't really pay much attention to what I do. So I just get on with my own thing, I don't worry too much about what they think...I just get on with it...When my children were growing up, my husband was away so much, I had them on my own most of the time and we would move regularly with his job so we didn't have family and friends around, so I just got used to adjusting all the time...I didn't have much choice, I just had to get on with it.

Caroline's language 'get on with my own thing', 'I just get on with it', demonstrated her independence, drive and her self-determination. She had always had to do things on her own and she focused on the challenges of having time to be with her peers:

They have their little groups [her peers] they offer for me to join them when they have their get togethers...but I find it difficult having so many other things going on at the minute, you know, I've got to make sure my husband and my son are alright, and then I'm on placement and University, I just haven't got time to do much else.

She had difficulties making close friends with her peers and stated that finding time to meet friends outside of University or clinical placements was not easy. Caroline identified other external support systems as crucial in enabling her to continue with her studies:

I think this uni, it is really good at helping...I know there are a variety of things...or people you can go and see for help. I think most of them [the lecturers] will, if they can, see you... I think that if I walked past the office and knocked on the door...most of them say 'come on in...what can I do'...so yeah they are helpful...

She suggested a need for a supportive infrastructure where impromptu reassurance and guidance was provided and talked of supportive strategies which helped her to organise her learning, including the student support facilities and support from lecturers.

Table 4 provides an audit trail and demonstrates the relationship between Caroline's words and the identification of subordinate and the emergent superordinate themes.

Table 4: Superordinate and subordinate themes that emerged from Caroline’s transcript with supporting quotations

<u>Superordinate Theme 1 COMMITMENT, PASSION AND AMBITION TRUMP ADVERSITY</u>		
<i>Subordinate theme</i>	Quote	Page line and number
Opportunity for a professional (rather than personal) role	<i>I want people to see me and know me as a nurse. I’ve always been linked to someone else...my children’s mother, a wife and a daughter. Now I want to be recognised as someone in my own right, I want me own career and want to be known as recognised as Caroline the nurse. For years I have concentrated on looking after my family, but I’ve done that and I feel that it’s my turn now.</i>	Pg 6 Line 38-41
Determination to pass	<i>Everyone’s going on at the minute about ‘oh I’m going to get a 2:1’..... do you know what, I just want to pass and become a qualified nurse...</i>	Pg 23 Line 28-29
<u>Superordinate Theme 2 JUGGLING ROLES</u>		
<i>Subordinate theme</i>	Quote	Page line and number
Academic insecurities	<i>Every time we’ve got essays, I struggle, I just don’t want to be making a fool of myself, cause I don’t write very well at all. I get really stressed out over that and that is a time that I want to leave that’s when I think I can’t do it....I can’t do it...and then I can sit there for about four hours and I’ll still be on the first question and I’ll just look at it and then I’ll go do something else then because I can’t answer the question.</i>	Pg 9 Line 14-17
	<i>I try to do the essays and that’s when I think I can’t do it..I can’t do it, that’s when I think I’m going to have to leave....</i>	Pg 10 Line 2-3
Difficult placement experience	<i>You wake up and you just think, have I really got to go in again, I dreaded going in...I thought to myself I don’t think I’d cope if I had another placement like that.</i>	Pg 10 Line 30-32
Personal and family life	<i>I just find it difficult having so many things going on at home, trying to juggle everything, I have just got to try and fit everything in. So when my son comes home...I’m always shouting to him to keep the noise down...it’s because, I</i>	Pg 8 Line 17-22

	<p><i>think, I just need a rest...and something else will always happen and I never get that day of rest so I leave it later and later to start [the assignments]. I'll then go and sit in my car to get away...so yeah, I go and sit in the car for a bit. because I think I just need a rest, I just need a day of rest...day of rest and something else will always happen and I never get that day of rest.</i></p> <p><i>[there's] so much going on, [I feel I] can't do it anymore</i></p> <p><i>Something else will always happen because I've had so much going on...it is a juggling act...it is a juggling act</i></p>	<p>Pg 19 Line 2</p> <p>Pg 21 Line 22</p>
<p><u>Superordinate Theme 3 PARTICULAR SUPPORT NEEDS FOR A PARTICULAR STUDENT</u></p>		
<i>Subordinate theme</i>	Quote	Page line and number
Resilience, and self-management strategies	<p><i>I could have nearly quit...the past six months have been a really hard time for me...really really could have quit...but I'm not a quitter...I am not a quitter. I have been here two years now...I've never...I've not so much as missed a lesson in the whole two years.</i></p> <p><i>They have their little groups [her peers] they offer for me to join them when they have their get togethers...but I find it difficult having so many other things going on at the minute, you know, I've got to make sure my husband and my son are alright, and then I'm on placement and University, I just haven't got time to do much else.</i></p> <p><i>and if I fail an essay I just have to re-do it...a bit more supervision and re-do it... I keep going, this is just one hurdle, I've just got to get on with it'</i></p>	<p>Pg 18 Line 15-17</p> <p>Pg 21 Line 15-17</p> <p>Pg 12 Line 31</p>
Desire to have her own identity	<p><i>Caroline the nurse</i></p> <p><i>I want people to see me and know me as a nurse.</i></p>	<p>Pg 6 Line 40</p> <p>Pg 6 Line 38</p>
Support from others	<p><i>I think this uni, it is really good at helping...I know there are a variety of things...or people you can go and see for help. I think most of them [the lecturers] will, if they can, see you... I think that if I walked past the office and knocked on the door...most of them say 'come on in...what can I do'...so yeah they are helpful...</i></p> <p><i>but then when you go on placement and people say to you you know you've done really great...you've done really really well...we'd take you back you know and things like that...it just...it tells you that you can do it...you can do it...</i></p>	<p>Pg 22 Line 11-13</p> <p>Pg 14 Line 39-40</p>

<p>Tenacity</p>	<p><i>We [parents] are not very close, they are not interested at all.....they don't really pay much attention to what I do. So I just get on with my own thing, I don't worry too much about what they think...I just get on with it.</i></p> <p><i>When my children were growing up, my husband was away so much, I had them on my own most of the time and we would move regularly with his job so we didn't have family and friends around, so I just got used to adjusting all the time...I didn't have much choice, I just had to get on with it.</i></p>	<p>Pg 4 Line 21-25</p> <p>Pg 5 Line 8-10</p>
<p>Clinical confidence</p>	<p><i>OK...so my writing isn't great, but the clinical aspect of it is probably what keeps me going because I know that...all that aspect is fine, that tells me that I can do it...I know I'm a good nurse. So if it was all clinical placements and no essays I'd be fine [laughs].</i></p> <p><i>'I know I am a good at the job and I'll be a good, qualified nurse. It instils the belief in myself that I should...when patients...or when the mentors are saying to me you did brilliant today...you know...and my last two placements is exactly what they have said and that's a nice feeling to know that you are learning and you are maintaining you know what you need to learn but for somebody else to recognise that as well....you know I mean my last placement they have said that they would take me back.</i></p>	<p>Pg 17 Line 30-32</p> <p>Pg 17 Line 6-9</p>

5.3. Rhian

Rhian was a 34-year-old married woman who had two young boys, aged eight and two. Her husband was in full-time local employment. Rhian and her family lived approximately 20 miles from campus. Rhian was the first participant to respond to my email advert, she was interested in my study and was eager to be involved. Rhian appeared confident and articulate and was enthusiastic throughout the interview, she appeared relaxed and was keen to tell her story.

Rhian wanted to become a nurse when she was 18. She had done well at school and felt that she was persuaded to do a law degree by her parents. Rhian did not enjoy her well-paid job in legal services, did not feel fulfilled and said she lacked purpose, '*there was something missing*'. She therefore decided, many years later and despite her parents' disappointment, to pursue a career in nursing. She began a part-time Access to Nursing course, whilst remaining in full-time employment. It was during this time that her mother sadly died, soon after a cancer diagnosis. Rhian had not had any formal caring roles before this, but that experience reinforced her desire to become a nurse and reinforced that she had made the right career choice.

Rhian started the interview by outlining her motivation and commitment to achieving her goal of becoming a RN and spoke of her desire to become a nurse from a young age but felt her father had pushed her to follow a different route. The care the family received during her mother's illness from the local nursing teams was hugely motivating for Rhian:

All the times I would say, I want to be a nurse, they were like, no, you need to get a good career, you know, where you'll be earning so and so, I don't know, I just followed through on it. My dad was frustrated when I said I was I was going to go and do my nursing now.....but if I could make one person feel how they made us feel in such a vulnerable situation... that would be like my life made, it would be amazing... it's what I've always wanted to do and I just thought, I've got to do this now, I'd love to be in this position with a family, providing that support, I now come home every day smiling whereas before, it was just awful.

Despite the initial negativity from her family, Rhian stated that her father was now proud of her. She felt that her mother would also be pleased she was following her passion now too. Rhian's use of language demonstrated her passion for the role, '*fulfilling*', '*having a*

purpose, *passionate* and made a strong statement that it was *absolutely what I need to be doing*, reinforcing her inner strength and determination to pursue and justifying her change in career.

Rhian recognised that she had high expectations of herself, she was ambitious and was already considering her long-term career pathway:

To come up to my mid-30s and have a complete change of career, they think... you know, they're like... wish we could do it. I wish we had the guts to do it, you know? So I have got to finish and do well to prove to everyone what's possible...I don't want to just come out of it with just a pass I'd like to think of progression in my career and maybe doing a master's...I don't want to stay as a staff nurse.

Her language implied that she was tenacious and self-motivated and that *'just passing'* was not an option. Rhian was ambitious and was driven to achieve, a characteristic which stemmed from her upbringing. She appeared to focus on status within her profession. Rhian's parents did not seem to afford the same level of prestige to nursing as they did law, therefore Rhian wanted to be more than a *'staff nurse'* and felt she had a lot to prove to herself, her friends and family.

On exploring Rhian's career pathway, Rhian spoke confidently about her previous degree, her job and then the decision to pursue her ambition and start her nursing journey. However, Rhian's confident tone relating to her previous degree contrasted with her subsequent words, revealing her need to re-structure her ideas about her own capabilities:

Far more intense than I thought it was going to be. I had no idea, no idea. 'Cause I've done a degree, I was like oh, well I've done a degree. I think it's the 50/50 with the placements and... you know, and being in uni and... yeah. I think the intensity is more specifically, I think due to my circumstances. You know, being older, you've got other responsibilities, being a busy mum of two young children, having the guilt of leaving them, you know, to come and do something I want to do, which is selfish.

The intensity of the workload necessitated a change in her organisation and time-management skills. The resulting time pressures left Rhian feeling *'selfish'* and *'guilty'*, the words she used stated that she perceived her motivation to follow her ambition as being selfish, a definite fact with no space to disagree. There was an interesting switch between the use of *'you'* and *'I'*, suggesting that she recognised that everyone had other

responsibilities, but 'I' was the only one being selfish. Rhian's entire family had to adjust to University life. Contradictions in her image of her role in the family existed:

He's [husband] more of a full-time parent than I am, you know, he's around more than I am... it's little things, like organising food for when I get home from work, he'll make sure it's all done. He'll make sure the uniforms are done... it's the little things, it just makes life easier.

Rhian wanted her home and family life to carry on with minimal disruption and she criticised herself for not being around for the children, whilst also implying that she had consciously taken a back seat and accepted that during the course, that was the way it needed to be.

However, Rhian's language also described tension:

It's difficult to have the balance between that [more reading and studying], and being a mum, being a wife, being a sister, and spending time on doing things that... it's very easy to overlook because you get so absorbed.

Although her husband had taken on many parental duties, Rhian continued to use strong gendered language to emphasise the struggles of trying to juggle her roles and responsibilities. During the interview, her body language changed, she sat back in her chair and became pensive when talking about the tensions involved in trying to be 'everything to everyone'. Rhian's motivation to succeed coupled with her desire for other elements of life to carry on unchanged were a burden for her:

I feel I have to do bank shifts, a minimum number a week, just to be able to get us through with our food shop, so day to day stuff's covered, but anything more, I feel like I shoulder that responsibility. I've had quite a few issues throughout the course with illness, which I think is probably more brought on by all this stress [laughs]. I've never been as ill before I started this course, honestly!

The change in the family's financial situation appeared stressful. Rhian undertook additional shifts as a health care support worker to supplement the family's income. Rhian also used the phrases like 'carry on as normal', 'shoulder the responsibility' and 'not missing out', suggesting anxiety, blame and a burden of responsibility for the challenges and pressures she felt she had placed on the family. These pressures appeared to affect Rhian's health and well-being, her repeated use of 'I' could also suggest that she perceived that she alone was responsible for bringing in the additional income and that she had to do that.

Rhian's transcript was full of emotion. She made reference to feelings of guilt throughout the interview. She referred to adding additional pressures on the family and '*making life chaotic for us all*', however, immediately defended her position by reiterating '*that I am doing this for our future*'. Her passion and drive towards her goal were evident and she felt sure the course would enable her to achieve her ambition and a better position for the family, so that it would '*all be worth it in the end*'. However, she seemed to feel a huge burden of responsibility to succeed and prove to others what was possible:

I've put everything on the line, I've put all my eggs in one basket really. But when I think about coming this far, I've come too far to quit now. You know, I've left a well-paid job, despite not liking it...there's a lot at stake. My friends are really proud of me, they say to come up to my mid-30s and have a complete change of career, they think...you know...wish we could do it, you know? So I've got to finish...

Her reference to putting '*everything on the line*' '*all eggs in one basket*' and '*got to finish*' suggested that she saw no way of going back and that the perception of others was also important to her. Throughout the interview. Rhian repeated the point that leaving the course, or failure were not options. Rhian appeared self-motivated, ambitious and hard-working. However, she referred to the pressures and expectations of the course:

Bubbling pot this degree. The pressure builds up.

Her use of the phrase a '*bubbling pot*' suggested feeling that she was able to control and keep a lid on the situation but at times circumstances became difficult to control:

You know, the pressure's on...even though I've done a degree, you know, it's... the academic side of things didn't worry me coming into the degree until I'm suddenly in it [laughs] and now these assignments actually matter, I've used the University study skills team, they're fantastic, the help I've had with my essays, with supervisions, has been amazing, it's been great...invaluable... I just really want to do well.

The pressure and intensity were much higher than Rhian had expected and despite her academic confidence, she had surprised herself by feeling it necessary to access the University support systems, which proved helpful for her success:

I think the biggest thing motivating me is having a career. I wake up every day and I think, oh, I'm doing something that I absolutely love... I think it [positive patient feedback] spurs me on...because I think half the reason I was having my wobbles is that I just don't feel like I'm good enough... So I think by having that positive feedback, it builds you up a bit more.

Despite having doubts and ‘wobbles’ throughout the course, the prospect of working in a profession that offered job satisfaction and career opportunities motivated Rhian to continue. Receiving positive feedback from patients, mentors and clinical colleagues was an inspiration resulting in Rhian embracing the role. This feedback confirmed that the stress would be worth it as her confidence in her ability to succeed in the role was developing.

Support from several sources was an important contributor to Rhian’s perceived ability to continue. Support with childcare was imperative, while her husband’s influence on her achievement featured heavily too. Her words suggested that she valued his encouragement and that his approach reinforced her desire and motivation to continue:

‘Cos my husband won’t let me quit! My husband is a lot to do with it...He knows me so well...I’ve never been a quitter

Rhian valued the peer support, she described a strong allegiance towards her group of friends and the entire cohort. This bond had a profound effect on how she felt; she suggested that her peers understood the course pressures and provided a level of understanding and support that others could not:

Unless you’re going through it, I don’t think you can truly understand...I think it’s maybe more valuable because we’re all here for a reason, and we made a pact that we would pull each other through, no matter how bad things got. We’re going to pull each other through and we will get through this, and we’re going to graduate. I’d be really lost without the girls that I’ve made friends with on the course.... they are not just people that I know from the course, we are much more than that, we know each other so well, yes, so really good friends....

The reference to this peer group cohesion suggested a strong sense of belonging to a closed and select group. Her use of the phrase ‘pull each other through’, suggested that they had developed a strong bond and that they could not survive the course without each other. They were able to offer support with the course issues but had developed strong social support networks too. There was a sense that Rhian was offering the support as well as receiving it with the course appearing to be like a tug of war between the factors that resulted in her considering leaving the programme (the PUSH factors), and those which influenced her to continue (PULL factors).

Rhian took responsibility for her learning but also talked of the extrinsic motivators which influenced and drove her to continue:

My son said 'I'm proud of you, mummy'...that's all I want is for my children to be proud of me...and my husband, well he's amazing...I'm just lucky that he's there to pull me back down to earth and say right, come on, you can do this, It's something that you have desperately wanted to do...you can do it.

Confirmation that her husband and children were supporting her achievements and encouraging her to complete was important to Rhian and motivated her to continue. Rhian also referred to how she felt others saw her:

The thought of being a qualified nurse, looking after people and sometimes getting people better was something I really wanted to follow through...a sense of purpose really...and I know I can do it, to have a job where you are valued by people means so much...

It was important to her that she was able to complete the course and follow her ambition of becoming a RN, this was something that she had always wanted to do, so she felt pressure to be successful. The drive to show people what is possible was motivating her too. Table 5 demonstrates the relationship between Rhian's words and the identification of subordinate themes and the emergent superordinate themes

Table 5: Superordinate and subordinate themes emerging from Rhian’s transcripts with supporting quotations

<i>Superordinate Theme 1 COMMITMENT, PASSION AND AMBITION TRUMP ADVERSITY</i>		
<i>Subordinate theme</i>	<i>Quote</i>	<i>Page and line number</i>
Lifetime ambition of becoming a nurse	<i>All the times I would say, I want to be a nurse, they were like, no, you need to get a good career, you know, where you’ll be earning so and so, I don’t know, I just followed through on it. My dad was frustrated when I said I was I was going to go and do my nursing now.....but if I could make one person feel how they made us feel in such a vulnerable situation... that would be like my life made, it would be amazing... it’s what I’ve always wanted to do and I just thought, I’ve got to do this now, I’d love to be in this position with a family, providing that support, I now come home every day smiling whereas before, it was just awful.</i>	Pg 2 Line 14-20
	<i>without sounding very clichéd about things, this is absolutely what I need to be doing, I feel so passionate about the job, having a purpose and the thought of giving something back to somebody at a time where they need it or you know, things aren’t quite going right, that is so fulfilling..</i>	Pg 2 Line 25-27
	<i>I can’t explain, it’s just something I feel has always been in me, my previous job, it was so unfulfilling, to be unhappy, it’s just not worth...I’ve been there and it’s not worth it.</i>	Pg 3 Line 6
Self-motivation for career pathway	<i>To come up to my mid-30s and have a complete change of career, they think... you know, they’re like... wish we could do it. I wish we had the guts to do it, you know? So I have got to finish and do well to prove to everyone what’s possible...I don’t want to just come out of it with just a pass I’d like to think of progression in my career and maybe doing a master’s...I don’t want to stay as a staff nurse.</i>	Pg 14 Line 20-24
	<i>The degree. It’s not something I think you can switch off from very easily, you know? I’m always thinking that I should be doing, or maybe I should be doing some more reading or I should... there’s always a</i>	Pg 5 Line 43-46

	<i>constant... I should be doing more. Because eventually...I don't want to stay as a staff nurse, I'd like to progress, I want to get a minimum of a 2:1 so that I can do my Masters</i>	
<u>Superordinate Theme 2 JUGGLING ROLES</u>		
<i>Subordinate theme</i>	Quote	Page and line number
Juggling roles and responsibilities	<i>I think it's the 50/50 with the placements and... you know and being in uni and... yeah. I think the intense is more specifically I think to my circumstances, trying to juggle things, I just feel torn between everything</i> <i>But then it's difficult to have the balance then between that [the academic work], and being a mum, being a wife, being a sister, and spending time on doing things that... it's very easy to overlook because you get so absorbed.</i>	Pg 13 Line 41-43 Pg 4 Line 48-50
Impossible desire to maintain home life	<i>He's [husband] more of a full-time parent than I am, you know, he's around more than I am... it's little things, like organising food for when I get home from work, he'll make sure it's all done. He'll make sure the uniforms are done... it's the little things, it just makes life easier.</i> <i>It just seems that when I'm on placement for a while than when I'm in uni, lots of chopping and changing making life chaotic for us all</i> <i>I'd like to think that, you know, they will see that I've... whilst I haven't been very present at the time being, it's that I am doing this for our future</i>	Pg 7 Line 25-27 Pg 6 Line 33-34 Pg 14 Line 3-6
Ensure family income maintained	<i>One of the biggest things for me, I think, is financial. 'Cause our childcare bill is, well, over £800 a month. And just based on my husband's income, you know, it's a lot of... I feel I have to do banking so that we can carry on as normal and do some nice things, so they are not missing out we can go out for a meal or take the kids to the cinema, you know.</i>	Pg 16 Line 42-44

	<i>I feel I have to do bank shifts, a minimum number a week, just to be able to get us through with our food shop, so day to day stuff's covered, but anything more, I feel like I shoulder that responsibility. I've had quite a few issues throughout the course with illness, which I think is probably more brought on by all this stress [laughs]. I've never been as ill before I started this course, honestly!</i>	Pg 17 Line 4-7
Differing circumstances and expectations	<i>Far more intense than I thought it was going to be. I had no idea, no idea. 'Cause I've done a degree, I was like oh, well I've done a degree. I think it's the 50/50 with the placements and... you know, and being in uni and... yeah. I think the intensity is more specifically, I think due to my circumstances. You know, being older, you've got other responsibilities, being a busy mum of two young children, having the guilt of leaving them, you know, to come and do something I want to do, which is selfish.</i> <i>Bubbling pot this degree. The pressure builds up. It's far more intense than I thought it was going to be. I had no idea, no idea. 'Cause I've done a degree before. I think it's the 50/50 with placements aswell...I think the intensity is much greater than I expected.</i>	Pg 13 Line 42-45 Pg 9 Line 25-27
Everything on the line	<i>Yeah, like I say...I've put everything on the line, I've put all my eggs in one basket really. But when I think about coming this far, I've come too far to quit now. You know, I've left a well-paid job, despite not liking it...there's a lot at stake. My friends are really proud of me, they say to come up to my mid-30s and have a complete change of career, they think...you know...wish we could do it, you know? So I've got to finish...</i> <i>I don't for one minute regret it. It's tough, but I don't for one minute regret taking the leap of faith, ...I know it will all be worth it in the end</i>	Pg 14 Line 30-33 Pg 2 Line 28-29
<u>Superordinate Theme 3 PARTICULAR SUPPORT NEEDS FOR A PARTICULAR STUDENT</u>		
<i>Subordinate theme</i>	Quote	Page and line number
Feedback from clinical placement	<i>I think the biggest thing motivating me is having a career. I wake up every day and I think, oh, I'm doing something that I absolutely love... I think it [positive patient feedback] spurs me on...because I think half the reason I was having my wobbles is that I just don't feel like I'm good enough... So I think by having that positive feedback, it builds you up a bit more.</i>	Pg 20 Line 6-9

	<i>by giving me positive feedback [the mentor], it definitely helps. Makes me think oh, maybe I am doing better than I thought. It spurs me on.</i>	Pg 20 Line 25-28
University support	<i>You know, the pressure's on...even though I've done a degree, you know, it's... the academic side of things didn't worry me coming into the degree until I'm suddenly in it [laughs] and now these assignments actually matter, I've used the University study skills team, they're fantastic, the help I've had with my essays, with supervisions, has been amazing, it's been great...invaluable... I just really want to do well.</i>	Pg 11 Line 43-46
Support from family and peers	<i>'Cos my husband won't let me quit! My husband is a lot to do with it...He knows me so well...I've never been a quitter.</i> <i>My husband's great, I'm very lucky. If I've got work to do, he'll make sure that the boys are entertained, so he takes them out for me to get on with essays, or revision or whatever it is.</i> <i>Unless you're going through it, I don't think you can truly understand...I think it's maybe more valuable because we're all here for a reason, and we made a pact that we would pull each other through, no matter how bad things got. We're going to pull each other through and we will get through this, and we're going to graduate. I'd be really lost without the girls that I've made friends with on the course.... they are not just people that I know from the course, we are much more than that, we know each other so well, yes, so really good friends....</i>	Pg 10 Line 3 Pg 13 Line 19-22 Pg 14 Line 18-23
Making family and friends proud	<i>My son said 'I'm proud of you, mummy'...that's all I want is for my children to be proud of me...and my husband, well he's amazing...I'm just lucky that he's there to pull me back down to earth and say right, come on, you can do this, It's something that you have desperately wanted to do...you can do it.</i> <i>They [friends] are all proud of me, to have a complete change of career...you should try to follow your dreams, I want to show them that it is possible, they think... you know, they're like... wish we could do it. I wish we had the guts to do it,</i>	Pg 13 Line 47-48 Pg 14 Line 29-30
Self-concept	<i>The thought of being a qualified nurse, looking after people and sometimes getting people better was something I really wanted to follow through...a sense of purpose really...and I know I can do it, to have a job where you are valued by people means so much.</i>	Pg 3 Line 2-3

5.4. Emily

Emily was 30 years old. She was in a relationship and lived with friends in a rented house close to her parents, approximately 20 miles from the University. Emily was friendly, confident and articulate. It was a relaxed interview where Emily spoke freely and was keen to share her story.

Emily had various jobs before becoming a carer, the role which made her realise she wanted to pursue a career in nursing. She enrolled on an access to nursing course and subsequently the BN programme. Emily's father became acutely ill shortly after she commenced her studies, affecting her perceived ability to continue on the programme. Alongside this, the academic challenges, financial pressures and the need to juggle her various roles were additional burdens. A difficult experience with her mentor also contributed to Emily considering leaving the programme. Of the eight participants, Emily was the closest to leaving the programme. She had started the process of suspending her studies with a view to returning after a year. However, at the last moment, she withdrew the application and continued. Support from various people encouraged Emily to stay on the course, this, alongside her resilience, motivated her to continue.

Despite her difficulties, Emily spoke confidently and passionately about her career choice:

You know you're actually doing what you want to do...you're actually putting your theory into practice...it's so fulfilling and I think that's the ultimate reward. It is the ultimate motivation...I'm doing something I enjoy, I really want to do this. I've been a carer, I desperately want to be a nurse, I know I can do it, I know, I hope anyway, that this hard work will be worth it.

Using words and phrases like 'fulfilling', 'reward' and 'doing something I enjoy' suggested that her clinical placement experiences provided her with the motivation to continue. Emily's sense of accomplishment drove her towards her goal. The sense of commitment and enthusiasm is evident in the words that she uses, for example: 'desperately' and 'really want to do this'. However, the dichotomy in her language outlined the contradictions in the challenges and motivation to continue:

I have worked so hard to get to where I am today...I've done two years of study before I could even get on this nursing course, I've worked really hard. Thing is I have always done my best and I've always done well...but since my dad's been ill, I'm

going to accept that I haven't given as much as I could have and my results may not be as good as I expected...but this course is hard, so much pressure, but then when I'm on placement, I know it's what I want to do. Thing is, you have to take the rough with the smooth, I keep telling myself keep going, it'll be worth it in the end...

Emily refers to the hard work but looks ahead, anticipating the achievement of her ambitions. Her resilience and determination to continue were demonstrated in her words which offered consistent evidence of her work ethic and a strong sense of ownership over her future career. Emily implied that she was always trying her best. This was juxtaposed with the acceptance that this had not been an easy journey and that her expectations of herself had changed.

Emily found the changes in her father's ill health frightening. Trying to continue the course was difficult. She used the metaphors 'a roller coaster ride' suggesting experiences that alternate between excitement and feeling happy, with feelings of sadness and disappointment and to 'run through mud' suggesting significant energy and effort was required to keep going and surviving. Emily used these metaphors to describe her journey, speaking of the pressure of supporting her parents whilst trying to continue and negotiate the challenges of her studies.

Emily expressed the stress of trying to juggle everything as a student nurse:

It's challenging, trying to juggle everything, it's the sheer workload along with placement, working, being with my parents and you know maintaining relationships and everything...it accumulates...it's difficult. I feel guilty that I don't have time to really spend with my Dad, and as a student nurse...everyone is looking at you as a nurse...I am giving that time to other people but I can't give it to him...it's really hard.

Appearing to be a competent, caring student nurse was important to her. However, doing this while providing support for her family was difficult, leaving her feeling torn.

Undertaking this course also meant Emily felt that she had missed out on some elements of life:

I feel I'm at a stage where I want to get a mortgage...you think about goals you had a few years ago....to own my own home but it all goes on hold.

She intimated that life was on hold while she completed her studies, so she could not do the things she expected to do at her stage in life and compared herself to others. She also appeared to suggest that she was missing stability and a secure base in her life. She had thrown herself into her studies at a time when things had changed within her family. However, Emily did not want to go back to how things were before. This was a short-term sacrifice for long term gains. Speaking of leaving the course, she said:

I knew I would regret it. I'm 30 now, I know I didn't want to end up going back to what I did before the course - 'cos it would have been no point really.

Financial pressures were an additional concern for Emily:

You get a bursary and a student loan...you feel like you are doing a full-time job but you are not getting paid for doing a full-time job. You do bank shifts and you just feel knackered...

Having worked full-time before commencing the course, now surviving on a bursary was difficult. Emily needed to work bank shifts to supplement her income, which created time pressure and additional stress:

I keep using the word sacrifice...just so many sacrifices...you can't do some of the things you used to enjoy doing, I feel I'm missing out you know on certain hobbies and holidays and going out for meals...you've had your independence and then suddenly it's gone.

Emily changed to using 'you', this use of the second person when she became annoyed and emotional and use of phrases such as 'sacrifice', 'independence...gone' and 'missing out' suggested that she felt like a victim who was forfeiting regular social events to pursue the course.

Emily's own confidence when caring for her patients and the academic nature of the course also caused Emily anxieties, she was stressed because of the pressure she put on herself to achieve and she recognised the responsibilities of patient care:

It's very challengingit pushes you to the limit as in workload and developing yourself academically ...I know I put a lot of pressure on myself. The more you understand the more questions you have and ultimately the more sort of scared you are about how much responsibility it is in nursing.

Emily demonstrated a strong sense of determination and accountability towards her role and learning. She used strong language to illustrate her ambition to do well and to be a

good nurse but was fearful of getting things wrong and recognised the accountability that accompanied the role. A clinical placement experience emphasised Emily's fragility and her disappointment and the lack of appreciation for her hard work:

You feel underappreciated and sort of bit unworthy...also the old cliché of being referred to as 'the student' that really, really goes through me, it is really derogative and it makes you feel inadequate and just a bit....I felt a bit rubbish a bit sort of down some days.

The pressure she already felt appeared to increase her vulnerability. Emily's language 'underappreciated', 'unworthy', 'really goes through me', 'derogative' and 'a bit rubbish' implies that she felt undervalued and of not belonging within the nursing team. She suggested that the mentor and other members of staff lacked respect and an appreciation of the challenges of being a student nurse. When on placement and working with nursing teams, Emily aspired to be identified as part of the nursing team and thus a part of this profession, however, she often did not feel this sense of belonging with Emily suggesting that they were like 'outsiders looking in'. It appeared that feeling appreciated was vital for Emily's emotional resilience and for her self-esteem, not being called by her name appeared to make her feel invisible and her contribution to the team not seemingly appreciated.

Emily focused on the various support mechanisms she valued:

It is difficult going to University and getting to the end of this course...it's really challenging, you need all the support you can get really.

She referred to the course as 'like climbing a mountain' suggesting a difficult and steep one-way journey but with an end goal and a sense of achievement in reaching the summit.

Recognition that help was required in reaching this summit was explored.

Support from her family, friends and partner were very important to her:

A shoulder to cry on, I think it's just where you think you are going a bit sort of mad on your own if you've got good friends and family who know you, you can talk to them and then you think, oh it's not so bad, I can get through it. Just talking things through...it's the simple things, but it really helps.

Emily also valued peer encouragement:

We all get back together and we all talk about our placement and sometimes have a laugh about things that have happened and we all share the stresses and we say, come on, we can do this, we all sort of gee each other along.

Her peers' understanding of the course pressures and their shared common goal provided a team approach towards achievement.

Emily was the only participant who had accessed additional student well-being and central University services. She arranged an appointment to meet with a University counsellor and she found this process helpful. Her personal tutor also provided support throughout the course. She described the importance of understanding her options and having a personal tutor with whom she could discuss her concerns:

I've always felt like I can go and have a chat with my personal tutor...and it's not about practical issues and academic issues...but sometimes, a lot of the time you have a chat with someone who understands the pressures of the course and discuss my options and then I feel better 'cos I can then make decisions...I also went to see the University counsellor which helped loads, 'cos of course they know you are trying to deal with everything, the counselling did help me get through.

Emily had seriously considered leaving but was now determined to continue, having invested time and energy into reaching her goal. Emily's determination and ambition to achieve enabled her to continue. Her tenacity was evident:

I'm still here because I'm very stubborn... But I wouldn't change it now...I'm so glad I stayed...even though I was...as I said I was ultimately...I was there....I was hanging on by a thread....right I'm done....I'm going...but now I'm glad I talked myself into staying.

Her use of the metaphor '*hanging by a thread*' to describe how close she was to leaving the programme suggested that her position had been very uncertain with a high chance of not succeeding in her goal. Any slight change to her situation would have resulted in her leaving her studies, however, her determination to continue had resulted in her reconsidering this option. Although many people supported her, she was ultimately the only one who could decide to persevere. Table 6 demonstrates the relationship between Emily's words and the identification of subordinate themes and the emergent superordinate themes.

Table 6: Superordinate and subordinate themes emerging from Emily's transcripts with supporting quotations

<u>Superordinate Theme 1 COMMITMENT, PASSION AND AMBITION TRUMP ADVERSITY</u>		
<i>Subordinate theme</i>	Quote	Page and line number
Dedication to future career	<i>You know you're actually doing what you want to do...you're actually putting your theory into practice...it's so fulfilling and I think that's the ultimate reward. It is the ultimate motivation...I'm doing something I enjoy, I really want to do this. I've been a carer, I desperately want to be a nurse, I know I can do it, I know, I hope anyway, that this hard work will be worth it.</i>	Pg 14 Line 38-40
	<i>I have worked so hard to get to where I am today...I've done two years of study before I could even get on this nursing course, I've worked really hard. Thing is I have always done my best and I've always done well...but since my dad's been ill, I'm going to accept that I haven't given as much as I could have and my results may not be as good as I expected...but this course is hard, so much pressure, but then when I'm on placement, I know it's what I want to do. Thing is, you have to take the rough with the smooth, I keep telling myself keep going, it'll be worth it in the end.</i>	Pg 12 Line 37-40
<u>Superordinate Theme 2 JUGGLING ROLES</u>		
<i>Subordinate theme</i>	Quote	Page and line number
Torn loyalties	<i>It's challenging, trying to juggle everything, it's the sheer workload along with placement, working, being with my parents and you know maintaining relationships and everything...it accumulates...it's difficult. I feel guilty that I don't have time to really spend with my Dad, and as a student nurse...everyone is looking at you as a nurse...I am giving that time to other people but I can't give it to him...it's really hard.</i>	Pg 5 Line 19-21
	<i>you are sort of trying to run through mud...it's a tough</i>	Pg 4 Line 5 Pg 3

	<i>roller coaster ride – lots of highs and lows all the time that’s for sure</i>	Line 42
Life is on hold	<i>I feel I’m at a stage where I want to get a mortgage...you think about goals you had a few years ago....to own my own home but it all goes on hold.</i> <i>I knew I would regret it. I’m 30 now, I know I didn’t want to end up going back to what I did before the course - ‘cos it would have been no point really.</i>	Pg 13 Line 7-8 Pg 13 Line 18-20
Surviving on a bursary	<i>I keep using the word sacrifice...just so many sacrifices...you can’t do some of the things you used to enjoy doing, I feel I’m missing out you know on certain hobbies and holidays and going out for meals...you’ve had your independence and then suddenly it’s gone.....especially when you’ve had you know sort of you know working life before and you’ve worked full time you’ve had your own money you know...</i> <i>You get a bursary and a student loan...you feel like you are doing a full-time job but you are not getting paid for doing a full-time job. You do bank shifts and you just feel knackered.</i>	Pg 4 Line 31-35 Pg 5 Line 2
Not belonging	<i>You feel underappreciated and sort of bit unworthy...also the old cliché of being referred to as ‘the student’ that really, really goes through me, it is really derogative and it makes you feel inadequate and just a bit....I felt a bit rubbish a bit sort of down some days.</i>	Pg 4 Line 14-16
<u>Superordinate Theme 3 PARTICULAR SUPPORT NEEDS FOR A PARTICULAR STUDENT</u>		
<i>Subordinate theme</i>	Quote	Page and line number

<p>Importance of friends and family</p>	<p><i>It is difficult going to University and getting to the end of this course...it's really challenging, you need all the support you can get really.</i></p> <p><i>The course feels like climbing a mountain, yeah, you need lots of support</i></p> <p><i>A shoulder to cry on, I think it's just where you think you are going a bit sort of mad on your own if you've got good friends and family who know you, you can talk to them and then you think, oh it's not so bad, I can get through it. Just talking things through...it's the simple things, but it really helps.</i></p>	<p>Pg 5 Line 31</p> <p>Pg 5 Line 34</p> <p>Pg 5 Line 38-40</p>
<p>Support through University</p>	<p><i>I've always felt like I can go and have a chat with my personal tutor...and it's not about practical issues and academic issues...but sometimes, a lot of the time you have a chat with someone who understands the pressures of the course and discuss my options and then I feel better 'cos I can then make decisions...I also went to see the University counsellor which helped loads, 'cos of course they know you are trying to deal with everything, the counselling did help me get through.</i></p>	<p>Pg 6 Line 30-34</p>
<p>Stubborn</p>	<p><i>I'm still here because I'm very stubborn....</i></p>	<p>Pg 12 Line 16</p>
<p>Determination to achieve</p>	<p><i>But I wouldn't change it now...I'm so glad I stayed...even though I was...as I said I was ultimately...I was there....I was hanging on by a thread....right I'm done....I'm going...but now I'm glad I talked myself into staying.</i></p> <p><i>It's very challengingit pushes you to the limit as in workload and developing yourself academically ... I know I put a lot of pressure on myself. The more you understand the more questions you have and ultimately the more sort of scared you are about how much responsibility it is in nursing.</i></p> <p><i>I think determination is a massive thing for me...I'm going to finish now...I've got to do it.</i></p>	<p>Pg 17 Line 39-40</p> <p>Pg 9 Line 15</p> <p>Pg 13 Line 2</p>
<p>Peer support</p>	<p><i>We all get back together and we all talk about our placement and sometimes have a laugh about things that have happened and we all share the stresses and we say, come on, we can do this, we all sort of gee each other along. She [peer] says come on we are all in this together....I'm here for you and just reminding me that you know....that I'm not on my own and she's there ...so very, very simple things and just a good night out as well sometimes just.....</i></p>	<p>Pg 6 Line 22-23</p>

5.5. Erica

At 23, Erica was the youngest participant. On arrival at the interview she giggled nervously and seemed embarrassed at being there. Following discussion and reassurance that I was indeed interested in hearing her story she started to relax and spoke freely. Erica was quietly spoken, the interview felt comfortable and she was keen to share her background and her experiences of undertaking the programme. The interview lasted sixty minutes.

Erica lived with her parents, had a partner and no children. Erica completed her A-levels at the local further education college and had many family members who were Registered Nurses, so she felt it was the natural career to pursue.

Erica spoke of her ambition of becoming a Registered Nurse as her key motivator. She spoke of wanting to be a good nurse and this being her ultimate goal '*having a positive impact on someone's life*' and '*helping people makes me feel really good*'. She said:

My mother's always said, patients want a nurse that's going to be there and support them when they're not feeling well...not someone who is going to sit and write paperwork all day...and I think I've always taken that on board. I want to be a good nurse...you can hear them, as you're walking out of the bay, "oh, she's really lovely, she's got time to be with you...to sit and talk...she's going to make a great nurse". And you think, helping people makes me feel really good, that you are having a positive impact on somebody's life.

Her mother had provided an outline and a perception of what she felt made a good nurse, something that Erica had always remembered, however interestingly, these portrayals could be seen as describing the role of a carer rather than a modern-day nurse. This confirmation from patient feedback supported her perceptions and when discussing this she sat up and appeared proud of how she was perceived by the patients and this feedback provided Erica with satisfaction in the role and the impetus to continue.

Erica initially struggled with the clinical elements of the programme. A significant challenge that Erica described was the impact of not having any formal caring experience before commencing the programme:

I think because I've never worked in care...it wasn't what I was expecting, I didn't realise how much responsibility I was going to have. I'd never done personal care,

this particular patient needed total support and I was a bit shocked really. I hadn't realised how unwell the patients were going to be, I felt so out of my depth, I didn't know what to do, I think halfway through [my placement] I just broke down, I can't do this, I can't be a nurse, [laughs].

The responsibilities surprised Erica, who felt that her lack of previous caring experience led to feelings of inadequacy, 'feeling out of my depth' and 'can't do this'. The realisation of the level of dependency of some patients and how much responsibility she would have as a student nurse also appeared to be an emotional burden for Erica. Her perceived lack of mentor support during her first placement resulted in her feeling inadequate, anxious and constantly questioning her ability to become a nurse. She seriously considered leaving the course. However, Erica spoke of the support received from the health care support workers and she was grateful for their guidance her during her placement experiences:

The HCSWs were really brilliant, really supportive, they were really great, they looked after me and I think if it wasn't for them, I probably would have quit in my first few weeks.

Her use of words such as 'brilliant', 'great' and 'supportive' showed her appreciation of the attention they gave her, her emphasis and overuse of 'really', reinforcing her sense of relief of being 'looked after', supported, accepted and belonging as part of their team.

As Erica gained experience and her confidence grew, a different placement experience also made her reconsider and motivated her to continue:

I think because I started to feel like I knew what to do a bit more and I was starting to enjoy learning, my next placement was much better and my mentor was great. The more time I spent on the district, the more I was enjoying it, and I think the anxiety stopped then 'cause I thought... I think I've found something I'd like to go into [laughs].

Erica's desire to become a nurse, along with support from various routes, patient feedback and job satisfaction motivated her to continue. She stated how much she valued her mentor's support, which gave her the impetus to carry on.

The support and reassurance from her peers also helped her to keep going:

My friends from University too...when I was having my doubts about being a nurse they were good, they were really supportive. I think they helped a lot to be honest. They could see I was quite anxious and just chatting with them, they would talk

things through with me and just say things like, try one more placement, every placement is different and you'll have a new mentor, don't leave until you have had a few different placements. You'll make a great nurse...just give it a chance.

The bond they developed influenced Erica's confidence, reassuring her that she deserved to be there and that nursing offered different opportunities. Sentiments reinforced in guidance given by Erica's relative who was a male RN:

I went to the next placement with a bit more of an open mind because I've never done anything like this before...I've got to learn how to be a nurse and I think that helped. That chat, just that bit of support from him [her relative], just... helped.

Erica spoke repeatedly about her relatives support. He encouraged her to keep going and advised her of the diverse nature of the nursing role. He also discussed with Erica the need to have realistic expectations of herself and how she needed 'to learn to be a nurse'. The support received from others and the experiences gained helped her to become more confident in the clinical element of the programme.

When Erica recollected her initial feelings about her first placement she appeared tense. However, when we talked about subsequent placements, the difference in her demeanour and facial expressions were clear. She said:

In the beginning, you don't know what to do...then you get more confident, and being a student, I know my mentor's always there. So if I'm starting to struggle with something, I can just ask, can you come and watch me do this, or can you show me how to do this and then I'll have a go when you show me.

Erica appeared more confident in her clinical ability, the switch from 'you' in the beginning to 'I' in the present day, suggesting a sense of confidence and ownership - her attitude and expectations of herself had changed. Erica expressed her determination to keep going. Interestingly she stated that she had gained confidence in her clinical ability and was happy to ask for help, suggesting a feeling that she belonged enough to admit her lack of experience.

Interestingly, as Erica gained in clinical confidence, she then felt stressed about the academic elements of the course:

I'm struggling a bit with the academic side now, in my second year. So it's like it's completely switched in my second year.

When exploring her experiences, we spoke about her academic studies and moved on to talk about the assessments, she then appeared to become uncomfortable, avoiding eye contact, she seemed reluctant to talk about this, there was a long pause in her speech while she considered what to say next:

I don't know. I don't want to come into University and be like, she's dull, what's she doing on this course? I'm dull, I'm obviously too dull to pass this course, I don't want to feel like I'm being judged I suppose.

The silence appeared to suggest that Erica felt embarrassed to discuss this situation, she stated that she had failed an assessment. Erica seemed to fear that she was now unworthy of being on the course, being judged by others and considering her 'right' to be on the course. She suggested others would 'find her out', her lack of self-belief was evident. She repeatedly described herself as 'dull' suggesting that she felt stupid and boring. She appeared to be experiencing imposter syndrome.

However, her motivation and tenacity was evident

I've just got to keep going, try my best, if I fail, I've got to redo it...I've got to pass. I just hope I can get through it and I hope that it will all be worth it in the end.

Her lack of self-belief in her academic ability continued, her use of the words 'I hope' reinforcing her lack of confidence but willpower to persevere. Her wish to become a RN and the accompanying wage and job security 'I can have a career and start having an independent life' increasing her motivation her to continue and she hoped that the effort was going to be worth it in the end.

Table 7 demonstrates the relationship between Erica's words and the identification of subordinate themes and the emergent superordinate themes.

Table 7: Superordinate and subordinate themes emerging from Erica’s transcripts with supporting quotations

<u>Superordinate Theme 1 COMMITMENT, PASSION AND AMBITION TRUMP ADVERSITY</u>		
<i>Subordinate theme</i>	Quote	Page and line number
Job satisfaction	<i>My mother’s always said, patients want a nurse that’s going to be there and support them when they’re not feeling well...not someone who is going to sit and write paperwork all day...and I think I’ve always taken that on board. I want to be a good nurse...you can hear them, as you’re walking out of the bay, “oh, she’s really lovely, she’s got time to be with you...to sit and talk...she’s going to make a great nurse”. And you think, that helping people makes me feel really good, that you are having a positive impact on somebody’s life.</i>	Pg 2 Line 14-20
Secure career	<i>I can have a career and start having an independent life.</i>	Pg 17 Line 15
<u>Superordinate Theme 2 JUGGLING ROLES</u>		
<i>Subordinate theme</i>	Quote	Page and line number
Lack of experience	<i>I think because I’ve never worked in care...it wasn’t what I was expecting, I didn’t realise how much responsibility I was going to have. I’d never done personal care, this particular patient needed total support and I was a bit shocked really. I hadn’t realised how unwell the patients were going to be, I felt so out of my depth, I didn’t know what to do.</i> <i>In the beginning, you don’t know what to do...then you get more confident, and being a student, I know my mentor’s always there. So if I’m starting to struggle with something, I can just ask, can you come and watch me do this, or can you show me how to do this and then I’ll have a go when you show me.</i>	Pg 2 Line 15-17 Pg 4 Line 29-31

Academic challenges	<i>I'm struggling a bit with the academic side now, in my second year. So it's like it's completely switched in my second year.</i>	Pg 11 Line 38
Lack of self-belief	<i>I think halfway through [my placement] I just broke down, I can't do this, I can't be a nurse, [laughs]</i>	Pg 2 Line 18
Being judged	<i>I don't know. I don't want to come into University and be like, she's dull, what's she doing on this course? I'm dull, I'm obviously too dull to pass this course, I don't want to feel like I'm being judged I suppose.</i> <i>I don't want to come into University and for them to think, she should be able to do this, I should be able to just get on with it. And I have had a big wobble, I was like, the lecturers are going to find out that I shouldn't be on the course and be like, oh God, what's this, what has she written?</i>	Pg 15 Line 25-26 Pg 15 Line 48-50
<u>Superordinate Theme 3 PARTICULAR SUPPORT NEEDS FOR A PARTICULAR STUDENT</u>		
<i>Subordinate theme</i>	Quote	Page and line number
Peer support	<i>My friends from University too...when I was having my doubts about being a nurse they were good, they were really supportive. I think they helped a lot to be honest. They could see I was quite anxious and just chatting with them, they would talk things through with me and just say things like, try one more placement, every placement is different and you'll have a new mentor, don't leave until you have had a few different placements. You'll make a great nurse...just give it a chance.</i>	Pg 9 Line 16-20
Family support	<i>I went to the next placement with a bit more of an open mind because I've never done anything like this before...I've got to learn how to be a nurse and I think that helped. That chat, just that bit of support from him [her relative], just... helped.</i>	Pg 6 Line 31-33
Tenacity	<i>I've just got to keep going, try my best, if I fail, I've got to redo it...I've got to pass. I just hope I can get through it and I hope that it will all be worth it in the end.</i>	Pg 15 Line 4-5

<p>Positive clinical experience</p>	<p><i>The HCSWs were really brilliant, really supportive, they were really great, they looked after me and I think if it wasn't for them, I probably would have quit in my first few weeks.</i></p> <p><i>I think because I started to feel like I knew what to do a bit more and I was starting to enjoy learning, my next placement was much better and my mentor was great. The more time I spent on the district, the more I was enjoying it, and I think the anxiety stopped then 'cause I thought... I think I've found something I'd like to go into [laughs].</i></p>	<p>Pg 4 Line 39-40</p> <p>Pg 5 Line 18-21</p>
<p>Patient feedback</p>	<p><i>And you can hear them [patients] saying...she's going to make a great nurse...that makes me feel really good, that you are having an impact on somebody's life.</i></p>	<p>Pg 2 Line 19-20</p>

5.6. Rosie

Rosie was 28 years old and in a relationship. She did not have children and lived with her parents approximately 15 miles from the campus. Rosie's dialogue was articulate and she spoke in a frank manner and her frustrations with her personal circumstances were evident throughout the interview.

Rosie began the interview by outlining her motivations to pursue her goal, she spoke of her passion for the role and the opportunities that being a qualified nurse would bring:

I do think it is the best job in the world. I have enjoyed most of my clinical placements. I love the patient interaction. As a qualified nurse, there's like unbelievable scope to just do so many different things...I know I am doing the right thing. I've always known from the beginning of the training that I would want to progress. I'm not in a huge rush, I know that it's a long trek, but I just know that there are avenues I'll be able to pursue...I wouldn't want to any sort of dead-end job. I am not phased by the academic side really, that's all ok and as a qualified nurse, there's unbelievable scope to just do so many different things.

Rosie saw being a RN as offering the potential for challenges and opportunities, which motivated her to continue. Successfully obtaining recognition as a Registered Nurse appeared to hold status for Rosie. The use of travel terminology such as 'avenues' and 'trek' juxtaposed with 'dead-end' implied that she saw the course and her future as an interesting, varied journey.

Before starting the programme Rosie had been in full time employment as a carer and thus was receiving a wage and was financially independent. However, on commencement of her studies she had terminated this contract and was now financially reliant on her bursary:

I know you're getting your bursary, but it barely covers my outgoings. Well, it doesn't, so it's hard. I think disheartened is the word... having worked full-time for a bit, the change in not earning is really hard.

She had found the change from earning a full-time wage to receiving a minimal bursary and returning to live with her parents challenging. Financial challenges featured heavily as a key reason Rosie gave for considering leaving the programme and her frustration over her lack of financial independence permeated the entire interview:

'Cos my friends, you know...now that we are older...we are living slightly differently now, and you see people from school, like buying houses and getting married and stuff and you think...I haven't even finished my nurse training yet.

Rosie felt she had taken a step backwards, comparing herself to her friends who were all buying their homes and getting married, feeling that she was being left behind. Rosie stated that she was getting older so she had to '*see this course through now*'. She made reference to her age on numerous occasions during the interview suggesting a comparison of her situation as a mature student with her perception of others of her age '*settling down*'. These words suggest self-criticism and a sense of displacement, and perhaps resentment that she was a student and wished that she was following a 'traditional' pattern of life and responsibilities.

Rosie contemplated returning to her previous role as a HCSW, which she enjoyed but recognised this would only offer short-term gain:

I think it would be easier and I would be better off if I went back to my old job as HCSW, because with the enhancements and everything...I had a good wage and I enjoyed that job, but I know I would get frustrated quickly. I've got to do this now and I know I'll be better off in the future.

Her use of the phrase '*better-off*' suggested financial improvement. However, after further probing, Rosie implied that it was a measured decision to continue on the programme, as she would likely become frustrated and not '*better-off*' from a career perspective if she returned to the HCSW role. She was ambitious and wanted a role with challenges and opportunities. She was finding the course reasonably enjoyable, especially the clinical placements. The prospect of being a qualified nurse with job security and career opportunities gave Rosie the impetus to continue. Although the themes that emerged from this interview were not as broad in scope as the others, several important themes emerged and Table 8 outlines how the emerging themes from Rosie's transcript were generated.

Table 8: Superordinate and subordinate themes emerging from Rosie’s transcripts with supporting quotations

<u>Superordinate Theme 1 COMMITMENT, PASSION AND AMBITION TRUMP ADVERSITY</u>		
<i>Subordinate theme</i>	Quote	Page and line number
Best job in the world	<i>I do think it is the best job in the world. I have enjoyed most of my clinical placements. I love the patient interaction. As a qualified nurse, there’s like unbelievable scope to just do so many different things...I know I am doing the right thing.</i>	Pg 16 Line 5-7
Career opportunities	<i>I’ve always known from the beginning of the training that I would want to progress. I’m not in a huge rush, I know that it’s a long trek, but I just know that there are avenues I’ll be able to pursue...I wouldn’t want to any sort of dead-end job. I am not phased by the academic side really, that’s all ok and ss a qualified nurse, there’s unbelievable scope to just do so many different things.</i> <i>frustrated with the situation. I’ve got this long left, but I am really looking forward to finishing I can get a job and then do further courses and keep learning so I can get even better at my job and look for promotion.</i>	Pg 17 Line 31-33 Pg 20 Line 4-6
<u>Superordinate Theme 2 JUGGLING ROLES</u>		
<i>Subordinate theme</i>	Quote	Page and line number
Loss of financial independence	<i>I know you’re getting your bursary, but it barely covers my outgoings. Well, it doesn’t, so it’s hard. I think disheartened is the word... having worked full-time for a bit, the change in not earning is really hard.</i>	Pg 6 Line 8-9

Frustrating comparison to others	<p><i>'Cos my friends, you know...now that we are older...we are living slightly differently now, and you see people from school, like buying houses and getting married and stuff and you think...I haven't even finished my nurse training yet.</i></p> <p><i>Even the people I was at University with are all settling down and I've still got another year to go</i></p> <p><i>it's tough at the moment, but I keep telling myself I've got to see this course through now, things will get better</i></p>	<p>Pg 8 Line 5-6</p> <p>Pg 8 Line 9-10</p> <p>Pg 14 Line 20</p>
<u>Superordinate Theme 3 PARTICULAR SUPPORT NEEDS FOR A PARTICULAR STUDENT</u>		
<i>Subordinate theme</i>	Quote	Page and line number
Self-motivation for a better future	<p><i>I think it would be easier and I would be better off if I went back to my old job as HCSW, because with the enhancements and everything...I had a good wage and I enjoyed that job, but I know I would get frustrated quickly. I've got to do this now and I know I'll be better off in the future.</i></p> <p><i>frustrated with the situation. I've got this long left, but I am really looking forward to finishing I can get a job and then do further courses and keep learning so I can get even better at my job and look for promotion.</i></p>	<p>Pg 8 Line 23-25</p> <p>Pg 20 Line 4-6</p>

5.7. Linda

Linda was a 38 year-old married mother of three children, aged 18, 15 and 11. This was a very interesting interview and was the most memorable of them all. I felt a warmth towards Linda as she discussed her challenges and her incredible lack of confidence. Linda spoke freely and honestly and needed reassurance that what she was discussing was of relevance to the study and often asked *'is this alright?'* Linda's insecurities in her abilities, which contrasted with her motivation to continue and her resilience were evident throughout the discussion and her persistence and tenacity were admirable.

Linda lived in a valley town approximately 15 miles from the University. Having been a 'stay at home' mum for many years, she then worked as a HCSW on a busy medical ward. Her motivations to achieve her goal of becoming a RN and the journey to achieving this became the focus of the first part of the interview. With encouragement from her colleagues, Linda enrolled on various courses so that she could complete a two-year part-time HCSW nurse education programme, this then allowed Linda to gain a place on the undergraduate nursing programme.

Linda's transcript was characterised by her desire to progress in her career and become a qualified nurse:

I've always loved being a HCSW, but I always felt like I could give the patients something more. Once you've done your job as a HCSW, you can go anywhere and do your job as a HCSW, nothing changes...It's the same thing...you can't progress much and you can't really make decisions and you always have to report to the qualified and I was just getting more and more frustrated with it...but as a qualified nurse, you've got loads of other avenues to go down, there's so many other options and opportunities available to you.

While there was job satisfaction in her previous role as a HCSW, she was frustrated by her lack of responsibility and decision-making power. She wanted to be able to do more for the patients. Linda spoke of the opportunities that she believed being a RN would afford her, saying that undertaking the course would *'all be worth it in the end'*.

However, the academic journey had been challenging for Linda:

I never went to school, I used to go bunking. I hated school, absolutely hated it. Wouldn't go, hated it. I was more interested in going bunking. I didn't get any qualifications. 'cause I never went to school and I'm just probably just a bit thick...It's like I know how to spell it, but then when I go to write it, I think oh my God, and that is really difficult...I'm just stupid...

Linda left school without any qualifications, she had not engaged with the education system as a child, repeating the fact that she '*hated school*'. It appeared that her educational experiences as a child had had a negative effect on her perceived academic abilities as an adult, Linda believed she was '*stupid*' and '*thick*'. Despite passing all elements of the programme comfortably, she was hyper-critical and insecure about her academic abilities, and this infiltrated the entire interview. She insinuated that she regularly questioned her position and felt that she was not worthy of being on the course. She constantly compared herself to her peers, she feared being judged and considered that others found academic work much easier than she did, suggesting that she thought they were more able than her:

Other people can just write an essay, no problem. I've got to really work at it though. But it's probably...probably 'cos I never went to school...I'm probably just a bit thick. Then they said I had to do a PowerPoint presentation. I didn't know what they were talking about. I think the younger ones found it much easier than maybe the older ones because they... perhaps it's a different way of schooling that they may have been used to doing things like that and I'm not good at IT, just dull with that stuff.

Linda's hesitation and repetition of the word '*probably*' suggested that she was trying to make sense of why she was struggling with the academic element of the course. When I asked her who these '*other people*' were there was another long pause and the double hermeneutic was almost tangible as Linda considered how she felt and was trying to make sense of her own interpretations:

I think people perhaps don't show it. They may portray that they are all hunky dory, and everything is cracking, but perhaps inside, perhaps they're in the same boat as me, I don't know.

There appeared to be recognition that '*perhaps*' others struggled too, Linda was clearly reflecting on her own and her peers' behaviour and recognising that her own insecurities were overwhelming, and thus she was not aware or even able to consider that others might be having anxieties of their own.

Linda continued to struggle with her lack of engagement at school and her resulting lack of qualifications:

I never thought I could go to uni, never thought that that option would be available. I never went to school, wouldn't go, hated it. So I didn't do my GCSEs, I never did anything like that...it's only later, once I'd had my kids and then I thought oh, you know, there are other options out there and I thought - it could become a reality.

Linda did not think that going to University was for people like her, she was the first in her family to access a University education and having left school without any qualifications, Linda had not considered that this was an option for her. However, it appeared the desire to be a role model for her children and ensure they did not repeat her experience was a driving force for Linda. Realising some years previously that there were options for engaging in education as an adult, meaning she *could* achieve had been life-changing for Linda:

Yeah, I think I have improved because people look at me sometimes and say my God, you can tell you're in uni. So I think it has changed me, yeah, I am just doing lots more, not just work and home, I am working hard on my assignments and my husband says that I use bigger words now [laughs]. All my friends on the ward, my friends outside of work, the kids and my family, I want them to see that you can do it, if you work hard and put your mind to it, anything is possible.

Linda's language focused on her ambition to achieve and her desire to show her family and friends what was achievable which made her feel proud of what she had accomplished. She reflected on people's new opinions of her and of the responsibility of being a role model.

However, Linda felt under pressure to continue with her various roles whilst studying, which was stressful for her:

'Cos you've got like a million other things going on as well, and they say that you should make uni your priority, which it is, but...when you've got a family, bills, and... that is your priority first and foremost. I just think I have to be able to prioritise.

She referred to her commitment to the course and the struggles of trying to juggle all aspects of her life. There was contradiction in her words when she talked of the challenges of prioritising her commitments:

Couldn't have Christmas...you're just so worried about everything coming up, so I think we all felt totally overwhelmed with the amount of work over that short space of time. So we didn't have Christmas day or Boxing Day in our house, my sister did it all so I didn't have to think about it. We haven't been anywhere, no holidays or

anything since I've been on the course, just no time and I can't think about doing anything like that. All of that can happen after I've finished the course.

Linda demonstrated that she had prioritised her family, but was very hard on herself and still criticised herself for not being able to do the impossible; put both her family and her studies as her number one priority. The workload and assessment schedule around Christmas added to Linda's stress. She felt life was on hold for her and her family while she was on the course and was reassuring herself that normal life would resume as soon as she completed her studies.

The various assessment methods caused anxieties for Linda, while her lack of confidence and fear of being observed and judged by others added to her distress:

When they said, you've got to do a group presentation, that was the worst. I cried when I got to the car, I cried all the way home, I cried all night. I can't do it...I've got to pack it in, I can't do it. It's standing up in front of those people having to pretend I know what I'm talking about. Then the written exam I did...I think I wrote like a three-year-old.

This extract demonstrated Linda's critical tone when referring to herself, she compared her work to a child's, suggesting continuing insecurities and feelings of being unworthy. Linda's self-criticism was sad, the emotions that she experienced and the description of her response to the need to 'pretend that I know what I'm talking about' and 'wrote like a three-year old' reflected how little confidence she had in her own abilities. Perhaps her feelings were due to her lack of academic achievement at school, which continued to affect her self-belief in adulthood and suggested her need for constant reassurance.

However, Linda was confident about her patient care and her commitment to achieving her goal was supported by this apparent confidence in her abilities in clinical practice. She portrayed herself as a confident clinician and a 'doer', having worked as a HCSW for many years:

Yeah. I think if I could just do the practical side of it, I would be cracking [laughs]...Dealing with patient care and everything else on placement is fine, I can do it, but I can't write about it...it's just putting it into words. I think it's just my confidence again. My mentor said the notes were fine. But it's... I don't know. I just talk myself out of it, I'm just being ridiculous.

She described a positive and self-assured image of her experiences in the practical and patient care elements of the programme. However, it became apparent that she lacked confidence in writing patient notes and '*writing things down that other people have to read*'. Further probing about this resulted in Linda becoming tearful. When discussing her insecurities about her University based academic assessments, she spoke in a matter-of-fact manner. However, speaking about the written elements of clinical placements was different for Linda, and her academic insecurities were evident again, however this time, she felt that she was being judged as part of her clinical competence and this appeared to have a greater importance, suggesting that Linda felt this would impact on how others would view her ability to be a good nurse.

Realising the need to achieve the necessary qualifications to pursue her ambition of becoming a RN resulted in Linda demonstrating motivation and drive. Linda's tenacity and dogged determination to continue were clear to see:

I'm just knackered...my community placement, they let me work Monday to Friday. But that was for five weeks, and then working every weekend, I may get one day off and then you've got loads of washing, cleaning and try to spend time with the kids...but I've just got to keep going, whatever comes my way, just keep going. It's just hard, it is hard...but I'm stubborn. I'm quite independent and I've just got to do it, and I don't ask anybody for anything, I just try and get on with it, which is really bad.

Linda demonstrated her motivation to continue with obvious tenacity, resilience and commitment, despite the challenges.

Linda saw encouragement from her peers within the cohort - '*the girls*', as a powerful means of motivation and support:

I think if one of us left I think it would bring the rest of us down. I don't want to let people down... because you don't want to be the one to say 'girls, I'm packing it in', I can't do that. So I think we all just keep going for each other.

She referred to the importance and influence that belonging to the strong friendship group had on her continuation, but she also appeared to feel under pressure to complete the course so as not to disappoint and let others down, suggesting that one individual leaving would affect the motivation of the others in the group to continue. An audit trail of the development of the subordinate and superordinate themes that emerged from Linda's transcript are summarised in the Table 9.

	<p><i>I think people perhaps don't show it. They may portray that they are all hunky dory, and everything is cracking, but perhaps inside, perhaps they're in the same boat as me, I don't know.</i></p> <p><i>'cause I can't spell, so that really stresses me, if they say to me, oh, can you write me a care plan, I'm like that... right, okay. So I take it, and I go and sit somewhere else and I'll have like a practice, cos I worry that I am writing things down that other people have to read</i></p>	<p>Pg 23 Line 4-5</p> <p>Pg 11 Line 37-40</p>
Being a role model	<p><i>I never thought I could go to uni, never thought that that option would be available. I never went to school, wouldn't go, hated it. So I didn't do my GCSEs, I never did anything like that...it's only later, once I'd had my kids and then I thought oh, you know, there are other options out there and I thought - it could become a reality.</i></p> <p><i>Yeah, I think I have improved because people look at me sometimes and say my God, you can tell you're in uni. So I think it has changed me, yeah, I am just doing lots more, not just work and home, I am working hard on my assignments and my husband says that I use bigger words now [laughs]. All my friends on the ward, my friends outside of work, the kids and my family, I want them to see that you can do it, if you work hard and put your mind to it, anything is possible.</i></p> <p><i>I say look you can do this, it is an option, you can go to University'.</i></p>	<p>Pg 3 Line 25-27</p> <p>Pg 6 Line 33-36</p> <p>Pg 6 39</p>
Juggling responsibilities	<p><i>'Cos you've got like a million other things going on as well, and they say that you should make uni your priority, which it is, but...when you've got a family, bills, and... that is your priority first and foremost. I just think I have to be able to prioritise.</i></p> <p><i>I'm just knackered...my community placement, they let me work Monday to Friday. But that was for five weeks, and then working every weekend, I may get one day off and then you've got loads of washing, cleaning and try to spend time with the kids...but I've just got to keep going, whatever comes my way, just keep going. It's just hard, it is hard...but I'm stubborn. I'm quite independent and I've just got to do it, and I don't ask anybody for anything, I just try and get on with it, which is really bad.</i></p>	<p>Pg 21 Line 49-51</p> <p>Pg 17 Line 35-38</p>
Life on hold	<p><i>Couldn't have Christmas...you're just so worried about everything coming up, so I think we all felt totally overwhelmed with the amount of work over that short space of time. So we didn't have Christmas day or</i></p>	<p>Pg 20 Line 35-39</p>

	<i>Boxing Day in our house, my sister did it all so I didn't have to think about it. We haven't been anywhere, no holidays or anything since I've been on the course, just no time and I can't think about doing anything like that. All of that can happen after I've finished the course.</i>	
Pressures of assessments	<i>When they said, you've got to do a group presentation, that was the worst. I cried when I got to the car, I cried all the way home, I cried all night. I can't do it...I've got to pack it in, I can't do it. It's standing up in front of those people having to pretend I know what I'm talking about. Then the written exam I did...I think I wrote like a three-year-old.</i> <i>When I've got to do the assessments...my stress levels are through the roof, we're waiting now for our results from our presentation and essay and I am dreading the results...and then the written exam, that was really intense.</i>	Pg 6 Line 48-51 Pg 9 Line 28-29
<u>Superordinate Theme 3 PARTICULAR SUPPORT NEEDS FOR A PARTICULAR STUDENT</u>		
<i>Subordinate theme</i>	Quote	Page and line number
Determination	<i>if you work hard and put your mind to it, anything is possible. It's hard...but I'm stubborn, I just try and get on with it, but I struggle.</i>	Pg 16 Line 23-24
Support of peers	<i>I think if one of us left I think it would bring the rest of us down. I don't want to let people down... because you don't want to be the one to say 'girls, I'm packing it in', I can't do that. So I think we all just keep going for each other.</i>	Pg 7 Line 48-49
Clinical confidence	<i>Yeah. I think if I could just do the practical side of it, I would be cracking [laughs]...Dealing with patient care and everything else on placement is fine, I can do it, but I can't write about it...it's just putting it into words. I think it's just my confidence again. My mentor said the notes were fine. But it's... I don't know. I just talk myself out of it, I'm just being ridiculous.</i>	Pg 18 Line 36-39

5.8. Lucy

Lucy was a 36 year-old married mother of two children aged 11 and 6. This was an interesting interview, Lucy spoke in frank and open way about her difficult background and her tenacity and drive to achieve was clear throughout the interview.

Lucy left school at 15 and had various jobs until the age of 20. It was during a career fair that she learned about opportunities open to her and enrolled onto an Access to Nursing course and subsequently the BN programme. This had happened 10 years previously but, due to becoming a single mother, continuation on the programme was not possible. She left the course during the first year - a decision she bitterly regretted. Lucy then completed a degree in criminology, which fitted in with her lifestyle at that time. She had returned to the undergraduate nursing programme and was now realising her ambition of becoming a RN. During the interview Lucy appeared happy and comfortable to talk about her difficult upbringing and her academic history. She laughed and spoke freely and explained that she was motivated to become a Registered Nurse, despite her family's lack of encouragement: *'you need to get out, get a job and pay your own way – what do you need a degree for?'*

Lucy explained that the job satisfaction and the end goal of becoming a RN motivated her to continue. However, when we moved on to discuss why she had considered leaving the programme, the atmosphere within the interview changed. Lucy sat up and sighed and said *'it was one episode really, just one placement, the first placement of my second year':*

I can deal with busy, and people needing my help.... but lack of regular, experienced staff, the lack of leadership – it was just awful, I was taking a beating every shift I was there, mentally and physically. I went there dreading it, it felt like I had worked a full week's worth of shifts in one shift. It just wasn't nice...That's all I did was sleep and watch telly, sleep and watch telly...the house was a mess, it was just awful. I just wasn't doing anything.

This challenging experience changed Lucy's attitude towards her future on the programme. As she talked about this placement, she started to cry. This was a woman who appeared stoic, had experienced many challenges and was *'happy to go it alone'* saying *'if I have got a job to do, I just get on with it'*. But this was different. Lucy appeared angry, frustrated and upset. Her word *'beating'* suggested punishment, assault and victimhood. The lack of staff

and mentor support had a detrimental effect on the experience but, more importantly on her wellbeing.

During this placement, Lucy felt powerless and fragile:

I didn't see that there was anything I could do. If I did escalate it, what would happen? Would this come back on me? If there isn't a problem and I've escalated it, you know, I could have got people into trouble for no reason.

She doubted her abilities and lacked the confidence to escalate her concerns. This involved a shift in her perceived self, a realisation that she could not 'sort this out', so was resigned that this is 'just how it is'. Her words suggested that she was trying to justify the situation to herself, she 'didn't want to make a fuss'. In contrast, Lucy considered learning as something that she had control over. She sorted things out for herself and did not ask for help from others. Her perceived inability to 'sort' the placement out as well as her anxieties, resulted in Lucy not feeling empowered to escalate and her questioning her judgement.

Once Lucy left the placement, she felt empowered to talk about it:

It's taught me a lesson, that I must not put blinkers on and just get on with the work that needs doing, I can see I need to step back and go and tell someone if necessary.

She was made aware that action had been taken and students had temporarily been removed from the placement until staffing and mentorship support had been addressed. This provided Lucy with confirmation that things had not been 'alright', so she was right to speak out and should do so again. However, this negative clinical placement experience affected her position on the course and she considered leaving, but regret after leaving the course previously motivated her to continue:

I had to come back after that placement because I knew I would regret not finishing this course, because I'd regretted it for so long after the last time. I have got to do it, I'm so chuffed to be back on the course, I really want to finish and become a nurse and my husband always says to me, this is something you've wanted to do for so long, come on, you can do it...for you, you have to stick with it and keep going. I felt ashamed that I hadn't finished the first time around. I am so pleased that I am doing it now, I feel proud that I am going to be a nurse. Knowing that I can go to work and enjoy what I'm doing, even though it's hard and challenging...

She questioned her ability to continue, but her self-determination and resilience were apparent, her ultimate goal of becoming a qualified nurse motivated her to continue. The support of her husband and her close peer group was crucial for Lucy. She used positive language to illustrate her feelings of being 'proud', 'pleased' and 'chuffed to be back on the course'. Her regret at not completing the course previously encouraged her to carry on, knowing that she would be doing a job that she enjoyed. She referred to her desire to become a RN and articulated that it was something she was doing for herself, however, the support Lucy received from her husband and peers helped her and augmented her ambition to carry on.

Lucy grappled with the emotional effects of her poor placement experience. She emphasised acceptance and realisation that this was just one placement and other placements were different:

My next placement was absolutely fantastic because I felt supported. It was busy, we were short-staffed sometimes, but the ward manager came to me and said...come to me when anything needs doing. And that's what we did. I loved it [laughs]. It's feeling wanted... I didn't get that from the other ward at all.

The kindness of subsequent mentors had been important for securing Lucy's emotional resilience and a sense of self which extended beyond her learning. This support and feeling of being valued were factors that strongly influenced subsequent clinical learning experiences, her use of 'we' suggesting a feeling of teamwork, integration and of belonging, and the development of an identity as part of the nursing profession. Being busy on a clinical placement was not a concern, but feeling 'in control', working within realistic expectations and feeling appreciated provided positive reinforcement for Lucy about her role as a student nurse.

Lucy described what support from her peers looked like. Interestingly, she preferred to use social media rather than meeting people face to face:

There are the four of us, we've become really good friends. We have a private group messenger and I told them about my placement. They were just giving me little pointers to get through each shift. Talking about... yeah, telling me that their placements were good, which was awful to hear, but seeing that it isn't all like this, and there are different opportunities out there, and yeah, just providing different avenues and ways of thinking. They're able to understand that a busy shift is a busy

shift, and the way I was describing it, they were able to say yeah, you're right. That isn't how it's supposed to be. So I think without them [pause]...they were just always there for me and they just kept me going...they just understood what I was going through.

Lucy spoke fondly of her peer group seeing their support as vital and she hinted that she may have left the programme had it not been for their support. She suggested that they were a constant source of support throughout the difficult experience on her clinical placement and their shared understanding of placement experiences offered a level of support that was invaluable.

Lucy spoke of some insecurities but demonstrated significant determination and tenacity:

I think it was a little bit of competitiveness in me as well, that no, I am going to finish this. I'm not going to let this get me. I had to have that, I had to... you know. Even though I thought it might break me, it'll be fine, 'cause I can deal with that at the end. Right now, I'm going to get through it. It's having determination.

The vocabulary Lucy used throughout the interview demonstrated her resilience and her motivation to continue, such as '*not going to let this get me*', '*determination*' and '*get through it*'. Her determination influenced her continuation, yet there was tension between the challenges to her resilience and her drive to complete. She used self-talk to empower herself and cope with the challenges.

Table 10 provides a summary of the development of the superordinate and subordinate themes that emerged from Lucy's transcript.

Table 10: Superordinate and subordinate themes emerging from Lucy’s transcripts with supporting quotations

<u>Superordinate Theme 1 COMMITMENT, PASSION AND AMBITION TRUMP ADVERSITY</u>		
<i>Subordinate theme</i>	Quote	Page and line number
Job satisfaction	<i>I am so pleased that I am doing it now, I feel proud that I am going to be a nurse. Knowing that I can go to work and enjoy what I’m doing, even though it’s hard and challenging...</i>	Pg 8 Line 29-30
<u>Superordinate Theme 2 JUGGLING ROLES</u>		
<i>Subordinate theme</i>	Quote	Page and line number
Difficult clinical placement experience	<i>I can deal with busy, and people needing my help.... but lack of regular, experienced staff, the lack of leadership – it was just awful, I was taking a beating every shift I was there, mentally and physically. I went there dreading it, it felt like I had worked a full week’s worth of shifts in one shift. It just wasn’t nice...That’s all I did was sleep and watch telly, sleep and watch telly...the house was a mess, it was just awful. I just wasn’t doing anything.</i>	Pg 10 Line 2-5
Feeling powerless	<i>I didn’t see that there was anything I could do. If I did escalate it, what would happen? Would this come back on me? If there isn’t a problem and I’ve escalated it, you know, I could have got people into trouble for no reason.</i> <i>will it reflect on me because I can’t see when a bad situation is bad? Or not bad? Do you know, or is it just how it is, I just struggled to make myself talk to someone, I didn’t think it was my place to do that, I couldn’t sort this out.</i>	Pg 16 Line 34-35 Pg 22 Line 15-17

	<i>'cos I didn't want to make a fuss and I thought i can't go and tell them about how I feel, I don't want to show anyone how pathetic I am. I didn't want to blame anyone, but eventually I had to say something and I didn't like it.</i>	Pg 22 Line 21-23
<u>Superordinate Theme 3 PARTICULAR SUPPORT NEEDS FOR A PARTICULAR STUDENT</u>		
<i>Subordinate theme</i>	Quote	Page and line number
Motivation to complete	<i>I had to come back after that placement because I knew I would regret not finishing this course, because I'd regretted it for so long after the last time. I have got to do it, I'm so chuffed to be back on the course, I really want to finish and become a nurse and my husband always says to me, this is something you've wanted to do for so long, come on, you can do it...for you, you have to stick with it and keep going. I felt ashamed that I hadn't finished the first time around. I am so pleased that I am doing it now, I feel proud that I am going to be a nurse. Knowing that I can go to work and enjoy what I'm doing, even though it's hard and challenging...</i>	Pg 8 Line 26-30
	<i>It spurred me to carry on... Cos I always knew when I came back onto the course I could just get on with the assessments, they don't bother me too much but the regret that if I didn't carry on that I would have, I'd carry around regret.</i>	Pg 24 Line 25-26
Husband's support	<i>my husband always says to me, this is something you've wanted to do for so long, come on, you can do it...for you, you have to stick with it and keep going</i>	Pg 9 Line 20
Mentor support belonging to the nursing team	<i>My next placement was absolutely fantastic because I felt supported. It was busy, we were short-staffed sometimes, but the mentor, she [mentor] would say come to me when anything needs doing. And that's what we did. I loved it [laughs]. Its feeling wanted... I didn't get that from the other ward at all.</i>	Pg 15 Line 40-43

Peer support	<p><i>There are the four of us, we've become really good friends. We have a private group messenger and I told them about my placement. They were just giving me little pointers to get through each shift. Talking about... yeah, telling me that their placements were good, which was awful to hear, but seeing that it isn't all like this, and there are different opportunities out there, and yeah, just providing different avenues and ways of thinking. They're able to understand that a busy shift is a busy shift, and the way I was describing it, they were able to say yeah, you're right. That isn't how it's supposed to be. So I think without them [pause]...they were just always there for me and they just kept me going...they just understood what I was going through.</i></p>	Pg 18 Line 15-22
Determination to achieve	<p><i>I think it was a little bit of competitiveness in me as well, I am going to finish this. I'm not going to let this get me. I had to have that, I had to... you know. Even though I thought it might break me, it'll be fine, 'cause I can deal with that at the end. Right now, I'm going to get through it. It's having determination.</i></p> <p><i>you need to get out, get a job and pay your own way – what do you need a degree for?'</i></p> <p><i>if I have got a job to do, I just get on with it, I am happy to go it alone, because I can work on my own, I know I can. Then I just thought... I'll put it in a box at the back of my mind, I'm not going to think about it again.</i></p> <p><i>It's taught me a lesson, that I must not put blinkers on and just get on with the work that needs doing, I can see I need to step back and go and tell someone if necessary.</i></p>	Pg 25 Line 4-6 Pg 3 Line 31 Pg 11 Line 5-6 Pg 16 Line 49-50

5.9. Sue

Sue was a 26 year old woman who had committed much of her working life to becoming a RN. She was single, did not have any children and lived with her parents in a village close to the University. Sue cared for her grandmother who had recently been diagnosed with dementia. This was the shortest interview, lasting forty-nine minutes. Sue spoke freely throughout the interview and appeared relaxed but became quite animated at times when talking about the demands of the course coupled with her caring responsibilities. The academic pressures of the programme added a further burden to Sue's situation, meaning she had contemplated leaving the programme several times.

Sue spoke passionately about her ambition to become a qualified nurse and stated she had never considered any other career:

When I was with the practice nurses, I absolutely loved that experience and it made me think all the crappy, stressful situations have been... I think the good moments I had on my placement overrode the crappy, stressful situations...I want to be looking after people, caring for people, it's all I have ever wanted to do, I love it. I thought, yeah, I know I've made the right decision here.

Her use of contrasting language, 'crappy' and 'stressful' versus 'I love it [being a student nurse]', 'all I've ever wanted' and 'I've made the right decision' reflected her determination to reach this lifetime goal despite her current family difficulties.

Sue suggested that future job opportunities also motivated her to continue:

It's keeping me motivated. I've got a job lined up, I'm thinking I've got to keep working my butt off to make sure I can finish and step into that job. I just can't wait. It's what I am working for.

When she started to talk about finishing the course, her demeanour and linguistic style changed, her speech softened and she visibly relaxed, she began to speak in a more positive and excitable way and her body language became more animated, suggesting enthusiasm for her future career.

However, the challenges of completing the course and reaching her goal of becoming a RN was stressful and the pressures of her caring responsibilities were evident:

I get so stressed out with it. 'Cos my mother struggles to cope with my Nan's progressive dementia...me and my mother get into heated debates and I have said, well, I'll just quit my degree then and I'll go and care for Nan. It's been various different things like deadlines and then something's happening with my grandmother and it's like an explosion and I can't cope, and I just get a bit stressed out with the explosion of various things all colliding together.

Sue's words suggested a feeling of being held to ransom by her caring responsibilities, the strain and weight of the responsibilities were palpable, and her words were said with emotion and forcefulness. This was a non-optional role that she felt her mother expected her to undertake. The unpredictable nature of her grandmother's condition resulted in increased pressure on Sue's time. She felt that this impacted on her ability to commit sufficient time and energy to the course, affecting her ability to continue. Sue used language used in war situations to describe the pressure of the situation, 'explosion', 'colliding' and 'tornado' suggesting that she felt the experience was like a battle between her home life and the requirements of the course. Sue became animated when referring to the intense nature of the situation.

These caring responsibilities had a significant effect on Sue's ability to dedicate time and energy to the course:

Coming home from uni, see my grandmother for an hour, then think, and breathe, now I've got to do some work, but sometimes all my plans go off track. The combination of how my Nan is and those tight schedules, it was just...I felt like I either had to prioritise one or the other

Sue's sensitivity to her grandmother's and her mother's needs were difficult from a practical and emotional perspective. She tried to be organised and plan her time. However, this plan was often disrupted. Sue used the phrase 'off-track' suggesting a diversion from a controlled route. Any deviation to this journey caused tension, stress and potential failure. This resulted in Sue feeling that she was falling behind with her academic work. The assessment schedule resulted in a sense of panic for Sue:

I'm stressed because I've got all these assignment to submit and I think the way year two was structured ... it was like literally deadlines, deadlines in such a short space of time. I get so stressed out around all the deadlines of my essays and exams and an endless list of things to do, I feel like I just can't cope with it all...'cos I just haven't got time to do it all. Just feels like everything is just bunched together.

Her use of phrases such as *'stressed out'*, *'can't cope'* and *'haven't got time'* illustrate the strain and pressure she was experiencing. Her repeated reference and pressure of speech when referring to *'deadlines, deadlines'*, all *'bunched together'* and a feeling of the *'endless list of things to do'* illustrated her feelings of being overwhelmed by the pressures of the academic element of the course and the lack of flexibility.

Sue was clearly motivated by her goal of completing the course. She appeared frustrated that her peers had the energy to aim for high classifications:

They [peers] go on about wanting to get a first...and I'm thinking, as long as I pass, I'll be happy with that...I just want to qualify and be a nurse, I can't think about getting a first anymore.

Sue removed herself from these discussions, stating that she had thought about aiming high, but had not discussed it with her peers. Due to the feeling that she was struggling with the academic work, she did not want to discuss her potential low classification and risk *'being found out'* by her peers. Interestingly, Sue stated that she did not want to share her home circumstances with her peers either:

I don't feel like I want to talk to them [peers] about anything that may be going on. I just want to be a student like them, I don't want to talk about my life caring for my grandmother, it's good to be away from it while I am in uni and on placement...I always go back to that one friend all the time to have a chat about things, 'cause she knows... she knows a lot about the situation with my grandmother, so she sort of understands.

Sue's desire to provide a different persona to different groups of friends suggests dissonance and a desire for dual identities, that of student and her private life suggesting a desire to be like her peers and not wanting to be different, she wanted her peers to see her as a student nurse and not as a carer. Sue described confiding in an old school friend and spoke of sharing the challenges of her home life with her. Suggesting that she would rather share the challenges with a friend who knew the family and the circumstances, meaning she did not have to explain to her peers about her caring responsibilities and this having the potential to change their perception of her.

Sue aimed to complete the programme and become a RN and did not appear to have thought about the future beyond this time:

..I'm thinking, I know I'm a good nurse, I just want to be a nurse so I'll be happy with just a pass, because I've worked my butt off to get to this point [laughs] and I've overcome quite a lot to get to this point...I'm not going to quit, I'm more motivated than ever to get through now.

She was just aiming to pass the course; and 'get through' the next year was challenging enough. Interestingly, although Sue reported challenges, she suggested that, in hindsight, she was glad she undertook the course as a mature student. She referred to herself as 'happier' and 'more motivated than ever to get through and complete the course now that I am older', contrasting with other comments where she stated that she could not concentrate on the course and simultaneously care for her grandmother. Sue had reflected on this and felt that the advantages of studying as a mature student outweighed the disadvantages. Table 11 provides an audit trail and demonstrates the relationship between Sue's words and the identification of subordinate themes and the emergent superordinate themes.

Table 11: Superordinate and subordinate themes emerging from Sue’s transcripts with supporting quotations

<u>Superordinate Theme 1 COMMITMENT, PASSION AND AMBITION TRUMP ADVERSITY</u>		
<i>Subordinate theme</i>	Quote	Page and line number
Personal achievement	<p><i>When I was with the practice nurses, I absolutely loved that experienced and it made me think all the crappy, stressful situations have been... I think the good moments I had on my placement overrode the crappy, stressful situations...I want to be looking after people, caring for people, it's all I have ever wanted to do, I love it. I thought, yeah, I know I've made the right decision here.</i></p> <p><i>I have moments where I think, oh this is why I'm doing this now. I just can't wait to step into the job once I've finished...just doing the job, without the pressure of assignments ever again [laughs]</i></p>	<p>Pg 12 Line 24-27</p> <p>Pg 11 Line 46-47</p>
Job opportunity on completion	<i>It's keeping me motivated. I've got a job lined up, I'm thinking I've got to keep working my butt off to make sure I can finish and step into that job. I just can't wait. It's what I am working for.</i>	Pg 13 Line 22-23
<u>Superordinate Theme 2 JUGGLING ROLES</u>		
<i>Subordinate theme</i>	Quote	Page and line number
Juggling responsibilities	<i>I get so stressed out with it. 'Cos my mother struggles to cope with my Nan's progressive dementia...me and my mother get into heated debates and I have said, well, I'll just quit my degree then and I'll go and care for Nan. It's been various different things like deadlines and then something's happening with my grandmother and it's like an explosion and I can't cope, and I just get a bit stressed out with the explosion of various things all colliding together.</i>	Pg 6 Line 21-25

Torn loyalties	<p><i>Coming home from uni, see my grandmother for an hour, then think, and breathe, now I've got to do some work, but sometimes all my plans go off track. The combination of how my Nan is and those tight schedules, it was just...I felt like I either had to prioritise one or the other.</i></p> <p><i>the conflicts between the things and I'm doing... that's one thing I've said to myself, I want to try and like control things a bit better. I can still be a nurse and look after my grandmother, I've just got to split my time but I always feel guilty and torn.</i></p>	Pg 7 Line 30-33 Pg 15 Line 3-5
Dual identity	<i>I don't feel like I want to talk to them [peers] about anything that may be going on. I just want to be a student like them, I don't want to talk about my life caring for my grandmother, it's good to be away from it while I am in uni and on placement...</i>	Pg 9 Line 15-17
Being judged	<i>They [peers] go on about wanting to get a first...and I'm thinking, as long as I pass, I'll be happy with that...I just want to qualify and be a nurse, I can't think about getting a first anymore.</i>	Pg 13 Line 4-5
Pressure of assessments	<i>I'm stressed because I've got all these assignment to submit and I think the way year two was structured ... it was like literally deadlines, deadlines in such a short space of time. I get so stressed out around all the deadlines of my essays and exams and an endless list of things to do, I feel like I just can't cope with it all... 'cos I just haven't got time to do it all. Just feels like everything is just bunched together.</i>	Pg 7 Line 21-24
<u>Superordinate Theme 3 PARTICULAR SUPPORT NEEDS FOR A PARTICULAR STUDENT</u>		
<i>Subordinate theme</i>	Quote	Page and line number
Value of friendship outside of course peers	<i>I always go back to that one friend all the time to have a chat about things, 'cause she knows... she knows a lot about the situation with my grandmother, so she sort of understands.</i>	Pg 9 Line 18-19

Tenacity	<p><i>..I'm thinking, I know I'm a good nurse, I just want to be a nurse so I'll be happy with just a pass, because I've worked my butt off to get to this point [laughs] and I've overcome quite a lot to get to this point...I'm not going to quit.</i></p> <p><i>the way I see it is, I've overcome quite a lot to get to this point and I'm thinking, I'm not going to quit now, I am determined to finish and start my job</i></p>	<p>Pg 13 Line 5-7</p> <p>Pg 13 Line 25-26</p>
Self-concept	<p><i>Overall I think that I am happier and more motivated than ever to get through now that I am older.</i></p>	<p>Pg 13 Line 15-16</p>

5.10. Summary at Group level

Analysis at group level revealed a significant number of shared themes. To gain an holistic understanding of factors that affected the participants, it was necessary to examine the connections between the accounts, moving from an idiographic perspective to viewing the data from a group perspective. This analysis was undertaken to identify patterns of convergence and divergence in the participant accounts.

Analysis of the inter-relationships between the subordinate themes across participants using abstraction, subsumption, polarisation, contextualisation and function (Smith et al. 2013), resulted in the development of three superordinate themes: Commitment, Passion and Ambition Trump Adversity; Juggling Roles; Particular Support Needs for a Particular Student. The subordinate themes for each participant are outlined within the table provided within each idiographic account. Table 12 provides a summary of the emergent subordinate themes from the idiographic analyses and demonstrates how these subordinate themes were grouped together to inform the superordinate themes.

Table 12 The relationship between the subordinate themes and emergence of superordinate themes

<u>Superordinate Theme 1 - COMMITMENT, PASSION AND AMBITION TRUMP ADVERSITY</u>	
<u>Subordinate themes</u>	
Determination to pass	Best job in the world
Opportunity for a professional role	Job satisfaction
Drive to take more responsibility	Personal achievement
Self-motivation for career pathway	Lifetime ambition to be a nurse
Secure career	Career opportunities
Job opportunity on completion	Dedication to future career
<u>Superordinate Theme 2 - JUGGLING ROLES</u>	
<u>Subordinate themes</u>	
Personal and family life	Lack of self-belief
Impossible desire to maintain home life	Academic insecurities
Juggling roles and responsibilities	Loss of financial independence
Ensure family income maintained	Surviving on a bursary
Differing circumstances and expectations	Dual identity
Torn loyalties	Feeling powerless
Life on hold	Lack of experience
Being a role model	Difficult clinical placement experience
Everything on the line	Academic challenges
Not belonging	Pressure of assessments
Motivation to complete	Frustrating comparison to others
	Being judged
<u>Superordinate Theme 3 - PARTICULAR SUPPORT NEEDS FOR A PARTICULAR STUDENT</u>	
<u>Subordinate themes</u>	
Resilience and self-management	Support from others
Desire for own identity	Feedback from clinical placement
Self-concept	Making family proud
Patient feedback	Importance of friends and family
Self-motivation for a better future	Support from family and peers
Determination to achieve	University support
Tenacity	Peer support
Clinical confidence	Husbands support
Mentor support/belonging to the nursing team	Value of friendships outside of peers
Positive clinical experience	Stubborn

5.10.1. Superordinate Theme 1 – Commitment, Passion and Ambition Trump Adversity

All participants spoke of their ambition of becoming a RN and their motivation and passion for the role were clearly articulated. Despite the challenges and adversity experienced throughout the course, which included disappointing clinical placement experiences and challenges of home and family life, their commitment and drive to continue in the face of hardship and adversity was extraordinary and admirable.

Two participants stated that becoming a nurse had been a lifelong career aspiration. Their beliefs and experiences of what they perceived was the role of a RN informed their career choice. Sue, in particular, felt compelled to become a nurse, she had never considered any other career, Rhian spoke of previously unmet career aspirations, describing her previous job as '*unfulfilling*' and was an unsuitable career for her, which led to her returning to University to pursue her lifelong ambition of becoming a nurse. Rhian and Caroline spoke of the limited opportunities they had had to undertake the programme when they were younger. Participants reported a strong desire to care for people and make a difference and was accompanied by realistic expectations of the role. Lucy, Linda, Sue, Rosie and Emily had been previously employed as carers and this experience had been one of the motivators in them pursuing a career as a qualified nurse, with Rosie stating that '*it's the best job in the world*'. However, for Caroline and Rhian, they discussed how caring for a relative encouraged them to apply. The personal experiences of the caring role had motivated and reinforced their career choice, while Erica had strong family connections with the profession, her positive perception of the role had influenced her decision and she felt that this had seemed the obvious career choice.

The internal drive to pursue a career that would provide job satisfaction appeared to influence, above all, the participants' desire to return to University studies and realise their ambition of becoming a RN. They spoke of job satisfaction, a sense of identity, passion and pride in their role, and a sense of belonging within the nursing profession, all of which were influenced by positive feedback from patients, mentors and clinical colleagues. These

factors were reiterated by all the participants in this study and appeared to be the strongest motivators for the participants' in pursuing their ambition of becoming a RN.

Seven of the participants spoke of job security, career opportunities and the financial reassurance that being a RN would offer. The career opportunities afforded to the qualified nurse was also addressed as a key motivator which influenced their decision, despite the challenges, to continue on the programme. A strong work ethic was evident and a sense of pride and wanting others to be proud of their achievements was mentioned by many of the participants. When Linda reflected on her journey, she spoke of self-development, her desire to move from being a HCSW to a role where she felt she could '*give more*' and this provided her with drive and ambition to pursue this career path. Rhian spoke of her academic and career ambitions on qualification as being significant motivators for her continuation on the programme, '*I don't want to stay as a staff nurse, I'd like to progress, I want to get a minimum of a 2:1 so that I can do my Masters*'. Rosie highlighted her enthusiasm for ongoing learning, her interest in developing new skills and knowledge, '*I can get a job and then do further courses and keep learning so I can get even better at my job and look for promotion*'. However, Sue, Caroline and Linda focused on completion of the course and viewed this as the final educational hurdle to overcome in pursuit of their ambition and becoming a registrant was their ultimate goal. They needed to successfully complete the course to gain their degree and registration, and this would then allow them to be in a role that they enjoyed, receiving positive feedback and job satisfaction, '*I just can't wait to step into the job once I've finished...just doing the job, without the pressure of assignments ever again [laughs]*' (Sue).

5.10.2. Superordinate Theme 2 - Juggling Roles

A strong theme to emerge across six of the participants was the pressures of their various roles: wife, mother, daughter, sister, carer, student nurse. Many participants reported influences and events that shaped their attitudes to their position on the programme whilst juggling commitments. The need to complete the course whilst managing additional commitments resulted in role conflict. The lack of flexibility of the programme meant that many put elements of their lives on hold whilst trying to manage their personal and student

roles and the various accompanying commitments. Participants spoke of facing very real hardships during their studies, trying to balance life, work and study and the difficulty in organising all elements of their lives. *'Juggling', 'feeling torn'* and *'guilty'* were words that the participants used to describe their feelings of pressure in managing the various challenges. Linda *'couldn't have Christmas'* such were the pressures of the assessment workload and deadlines. Rhian stated that the studies had impacted on her availability for her parenting role *'He's [husband] more of a full-time parent than I am'* Emily used the word *'sacrifice'* to describe the impact of her studies on her life *'I feel I'm missing out'*. Caroline spoke of the stress caused by the role conflict *'[there's] so much going on, [I feel I] can't do it anymore'* and when seeking time away from the daily challenges of family and University life she would seek refuge by sitting in her car which was the only place available to her which provided a space for some respite.

Participants also highlighted the need to supplement the family income, with any spare time used to undertake extra shifts as HCSWs, thus taking them away from their time in fulfilling their other roles. Having to work, alongside their studies, to supplement their bursary income was an additional burden in terms of study and time available to spend with friends and family.

Caroline, Sue, Linda and Erica described academic challenges as triggering their decision to consider leaving the course. Many described how the various assessments were perceived as obstacles to their completion as well as perceptions that they were not coping well with the academic work. Four of the participants found the course academically challenging and this was discussed at length, with the key feature being the bunching of assessments causing particular periods of stress and thus increased consideration of whether to stay or leave the programme. Sue said *'because I've got all these assignment to submit...I get so stressed out around all the deadlines of my essays and exams...I feel like I just can't cope with it all...'* Linda also referenced the assessments as being particularly challenging *'when I've got to do the assessments...my stress levels are through the roof'*. Caroline reiterated the pressures *'I try to do the essays and that's when I think I can't do it...I can't do it, that's when I think I'm going to have to leave...'*

Whilst the majority of participants enjoyed most of their clinical learning experiences, this should not detract from the concerns raised by some other participants regarding negative experiences. Four participants spoke of a negative experience resulting in them seriously considering leaving the programme, these negative experiences had included feeling unsupported by their mentor and not feeling valued during the placement experience. The role of the mentor in student support was clearly fundamental in influencing their clinical practice experience and thus their overall satisfaction. Emily and Erica identified this as a disappointing feature of their studies so far, stating that some staff did not make them feel welcome on some clinical placements and consequently they felt that they did not belong within the team. This resulted in their sense of identity as a member of the nursing team being compromised. The lack of guidance and support by their mentors in some practice learning environments had resulted in them feeling vulnerable, scared and demoralised and lacking in confidence in their own abilities. Erica referred to how lack of mentor guidance and interest in her learning experience had resulted in her feeling nervous, inadequate and *'out of her depth'*.

Being judged by others, and a fear of being *'found out'* and of not being clever enough to be on the course - was something to which four of the participants in this study referred to. Erica, Linda, Lucy and Sue expressed their lack of confidence and imposter syndrome was evident in their language. They were resistant to the idea of support from University staff, suggesting that seeking input from others would be a sign of weakness. Erica's words demonstrate this, *'I don't want to come into University and for them to think, she should be able to do this, I should be able to just get on with it.'* Lucy also commented *'I can't go and tell them about how I feel, I don't want to show anyone how pathetic I am'*. Linda and Sue were also concerned about being judged by others, Sue was struggling with her academic work and didn't want to discuss her potential low classification with others. Those feelings of doubt and inadequacies about abilities were expressed and Linda spoke of being *'a bit thick'* and felt that *'other people'* found the academic journey much easier than her.

Whilst many participants were supported by partners and family, paradoxically this sometimes appeared to result in pressurised expectations of achievement and completion. In contrast, Caroline did not feel supported by her family. However, this motivated her to persevere and '*show them*' what was possible. Linda spoke of the impact that withdrawal from the course would have on her wellbeing and mentioned not wanting to disappoint her family and friends, who were provided lots of encouragement. The recurring theme of the ongoing pressures of the programme, the data captures participants' narratives that highlight how they strive to manage their conflicting demands, by juggling the various challenges of home and student life and seek to find strategies to help deal with these burdens and thus enabling continuation on the programme.

5.10.3. Superordinate Theme 3 – Particular Support Needs for a Particular Student

The participants spoke of support which they perceived as essential in relation to different elements of the programme. They felt that this support provided the scaffolding for the achievement of their goals. Support came from various routes, with encouragement from family and friends being discussed at length by six of the women. Family support was described as providing motivation, psychological support and encouragement and was perceived as crucial to continuation. Three participants made particular reference to their husband or partner's support. Lucy stated that her husband provided psychological and emotional support, and this was important, '*my husband always says to me, this is something you've wanted to do for so long, come on, you can do it...for you, you have to stick with it and keep going*'. Rhian talked of her husband's emotional support too, but also spoke of the support he offered with practical tasks which allowed her more time to focus on her studies '*If I've got work to do, he'll make sure that the boys are entertained, so he takes them out for me to get on with essays, or revision or whatever it is*'. Consequently, the difficulties associated with a close family member's ill health could be even more overwhelming and have a significant impact on studies. This was most clearly illustrated by Emily, who spoke of her father's illness having a profound effect on her perceived ability to continue with her studies.

More than half of the women cited their peer group support as critical to their decision to stay since their peers understood the course pressures and could provide essential support and guidance throughout all elements of the programme. There was a strong sense of the significance of belonging within the peer group. The importance of being accepted and integrating within the group and having the joint identity of 'student nurse' was valued by the participants, this was important both in terms of the shared learning journey and in being able to share the various experiences during clinical placements. Participants considered peer support and the development and maintenance of a shared identity as pivotal to the development of a strong bond which, in turn, strengthened their commitment to continue. Emily, who spoke of being referred to as '*the student*' when on clinical placement believed that she was not respected as an individual and not valued for the experiences and contribution she could make to the team and felt that she was considered 'outside' of the nursing profession. Participants spoke of how shared understandings of such experiences was beneficial. They highly valued this support and described it as being different to that offered by family and friends. In particular, Lucy and Linda spoke of the invaluable guidance their peers had given them during the difficult times they had experienced during the course. They intimated that they had formed strong friendship groups within the cohort and these friends had been the ones to encourage and strongly influence their decisions to '*keep going*'.

Feedback from patients appeared very important to five of the women. They said that receiving positive feedback from patients provided confirmation that they were able to give good patient care. This increased their confidence and reinforced that they could undertake the role of a student nurse well. All this support provided an incentive to carry on: '*And you can hear them [patients] saying...she's going to make a great nurse...that makes me feel really good, that you are having an impact on somebody's life*' (Erica).

Receiving positive comments from their mentors was important to three of the participants. Caroline and Linda spoke of mentor encouragement providing reassurance that they were able to perform well in their role. Rhian found that '*by giving me positive feedback, it*

definitely helps. Makes me think oh, maybe I am doing better than I thought. It spurs me on'.

Issues of self-motivation, which included being a role-model to others, having tenacity and resilience and a drive to complete their studies was demonstrated by six of the women. Being a role model and making others proud was also highlighted as an important motivator to their continuation on the programme. Emily wanted to make her partner proud of her achievements. Whereas Rhian spoke of making her friends proud and inspiring them to realise what is achievable, *'to have a complete change of career...you should try to follow your dreams, I want to show them that it is possible.'* The driving force for Linda was showing her children what was achievable and motivating them to engage with education in order to realise their own career ambitions: *'look you can do this, it is an option, you can go to University'.*

The participants in this study were mature and it was evident that to complete the programme they demonstrated tenacity and drive and an ability to persist regardless of the challenges and hurdles associated with the undergraduate nursing programme. Resilience had a significant influence on their perceived ability to continue, with many participants speaking of their determination to succeed and that quitting was not an option. The women spoke of determination and suggested that this was playing a pivotal role in their development and decision to continue the programme. Caroline spoke of a need to *'keep going, this is just one hurdle, I've just got to get on with it'*. Emily said *'I think determination is a massive thing for me...I'm going to finish now...I've got to do it'* and Sue felt *'the way I see it is, I've overcome quite a lot to get to this point and I'm not going to quit now'*.

Participants spoke of their self-belief and self-efficacy either in their clinical and/or academic abilities. The self-efficacy and perception that the participants had of themselves was particularly interesting as it appeared to include aspects of confidence and self-assurance in some aspects of the course and conversely a lack in these dimensions during other elements of their role as a student nurse. Six of the participants made reference to a positive self-belief in their ability as a nurse in the clinical environment *'I know I am a good*

at the job and I'll be a good, qualified nurse' (Caroline). These participants made reference to themselves as 'practical' learners, indicating a belief that if the course was less academic and more practical they would flourish, for example: *'if I could just do the practical side of it, I would be cracking [laughs]'* (Linda). When talking of academic self-belief, Rosie and Lucy expressed confidence in their academic ability, *'I am not phased by the academic side really, that's all ok'* (Rosie), *'I just get on with the assessments, they don't bother me too much,'* (Lucy), while Emily and Sue were sure of themselves in the clinical environment but lacked confidence in the academic requirements of the course. Success in one element of the programme appeared to influence the participants' self-belief in their ability and confidence in achieving their goal of becoming a RN.

5.11. Summary

This chapter has given voice to the participants by providing an idiographic outline of their stories. Key individual subordinate and superordinate themes have been presented before providing a cross-case analysis where convergence and divergence of factors are presented within higher order superordinate themes. The next chapter will provide a discussion, by bringing together the themes and topic areas and exploring these within existing literature.

PART THREE – LOCATING THE THESIS IN THE WIDER CONTEXT

Chapter 6 - Discussion

6.1. Introduction

The aim of this study was to develop a deeper understanding of the lived experience of a group of mature female Bachelor of Nursing (Adult) students from a widening participation background, at one Welsh University. All students in the sample had considered leaving their programme prematurely. Although this characteristic was shared by the group, each participant's lived experience was unique. Therefore, an understanding of the factors that influenced this group, individually and collectively, to complete the course was important for ensuring that the University continues to develop and provide effective support for maximising completion. Since the student population profile and widening participation (WP) agenda continues to influence access and engagement in University studies, this study's aim was inspired by a desire to explore what one University could do to specifically support this student group and thus increasing the number of nursing students experiencing success and ultimately entering the NMC register.

The findings of this study are reflective of my interpretation of the lived experiences of the participants' undergraduate nursing journeys. Within this chapter, I will draw upon these findings and will consider how the experiences of these students are captured within current literature through the theoretical lens of Ashworth's lifeworld (2003a). Within my interpretations of the participants' responses, certain fractions within Ashworth's model feature more clearly, while others are less prominent, however, the focus on the lifeworld is embedded and tacit throughout. Other theories are also included, for example, Bourdieu's theory of habitus (Bourdieu and Passeron 1990) to provide an additional level of analysis.

The following discussion uses the group level superordinate themes identified in Chapter Five to provide structure. Alongside the three superordinate themes:- Commitment, Passion and Ambition Trump Adversity; Juggling Roles; Particular Support Needs for a Particular Student - an overarching unifying theme, 'A Sense of Belonging' was also identified. At face value 'the sense of belonging' was important for developing friendship and sharing experiences, however its presence was fundamental and a key contributor to a

positive experience on the programme. Integration and acceptance were important in ensuring that they felt supported throughout all elements of the programme, enabling them to continue the course and be successful in their goal of becoming RNs. In the words of Allen (2021) p.1)

“our need to belong is like our need for water. We can spend some time ignoring our thirst without any harmful impact, but sooner or later, our body will start to send warning signals that things are out of balance. While the effects of dehydration are more immediately apparent, the effects of not belonging may be less obvious initially, but they are no less important. The serious consequences of a lack of water are well known, but less known are the consequences of a lack of belonging...Like water, belonging is fundamental human need, and the lack of it can have a significant detrimental impact on our lives”

Figure 1 Relationship between themes

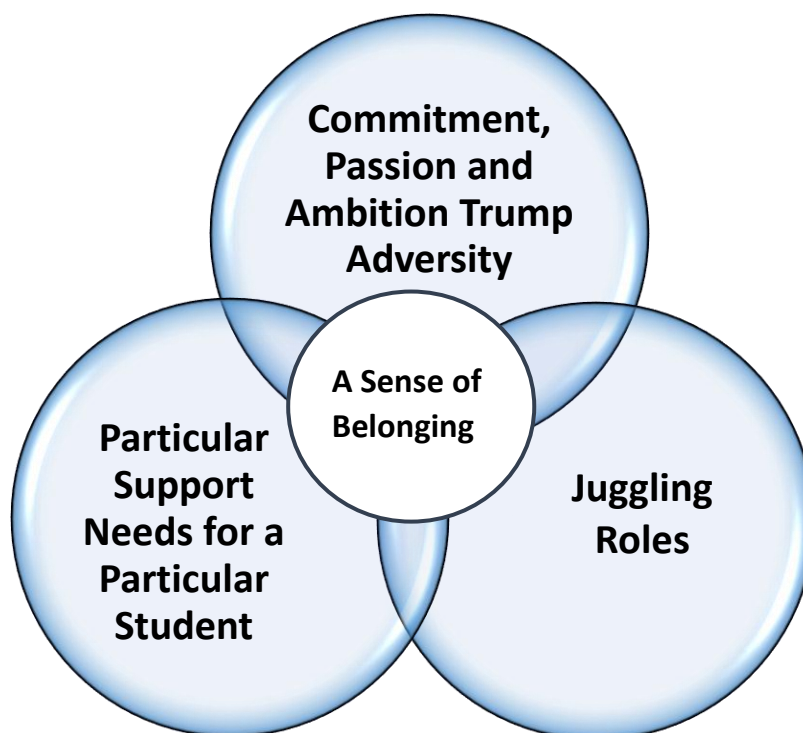


Figure 1 illustrates the interrelationship between the three superordinate themes. The sense of belonging is at the centre of the Venn diagram, demonstrating that all the themes impact all elements of the participants’ lives. This figure also reflects the hermeneutic circle demonstrating the dynamic relationship between the ‘parts’ and the ‘whole’. Smith et al.

suggested that to understand the 'whole', an understanding of the constituent 'parts' is necessary, and vice versa.

6.2. Superordinate Theme 1 – Commitment, Passion and Ambition Trump Adversity

The participants spoke of the extrinsic and intrinsic benefits of pursuing a career in nursing. The extrinsic factors, which included the job being an investment in the women's future, enabling career security and an accompanying wage. The identity as 'a nurse', as well as the professional recognition of the role as a well-regarded career path were important findings of this study. Rewards and security are reasons reported for entering nursing in the literature and these important factors are linked to students' motivation to complete their studies and become RNs (Eley et al. 2012).

The intrinsic factors identified by the women included the drive to become a nurse, identifying nursing as a vocation and a strong desire to care for people. Choosing nursing as a career was related to the individual's selfhood, specifically their perception of a nurse fitting with their perception of themselves, thus offering an opportunity for self-fulfilment. The participants' personal values had driven them to a role where they could provide care and support for others. These findings are congruent with Fearon et al.'s (2018), who identified that personal values, that is, the beliefs that affects one's sense of purpose are a key influence on career decisions. Such findings are representative of the wider literature, where participants' key reasons for entering nursing were reported as the satisfaction of engaging in people-orientated activities, caring for others and making a difference (Jirwe and Rudman 2012; Wilkes et al. 2015; Wu et al. 2015; Macdiarmid et al. 2021).

Ten Hoeve et al. (2016) and Eley et al. (2012) suggest that the traditional stereotypical image of nurses as feminine, caring, knowledgeable and skilled, continues to influence the choice to join an honourable and well-regarded career path and that such aspirations have not changed for generations, suggesting that the perceived role of the nurse and drive to help others remains powerful. Additionally, the exposure to a variety of nursing roles positively sustains students' motivation to become RNs (Jack and Wibberley 2014). The findings of this current study support this.

The participants reported that personal and professional experiences had influenced their career choice. The key characteristics of the role were described with words such as '*caring*', '*helping*' and '*rewarding*', which, as Hunter and Cook (2018) also found, emphasised the positive attributes and positioned the role in idealistic terms. Some mentioned knowing other nurses or having experience of nursing following a family members' illness, a finding supported by Beck (2000) who reported that knowing other nurses influenced career choice. Conversely, students' significant others who are nurses can have the opposite effect, deterring people from choosing nursing as a career by providing a negative representation of the role (Glerean et al. 2017). Participants in this study, who had previously worked in healthcare roles had a more realistic and deeper understanding of the role, speaking of recognising the challenges as well as the rewards. These experiences were identified as career choice drivers. Mackintosh (2006) identified the benefits of previous experience, suggesting this not only helps the individual to become familiar with the cultural values, expectations and identity of the profession but also enables individuals to recognise the professional identity within themselves. The degree to which role assumptions match actual experiences are of paramount importance and this is particularly pertinent when students move into practice settings (Price 2009; Jack and Wibberley 2014; Wood 2014; Glerean et al. 2017).

Ashworth's concept of temporality was an important feature of the participants' decision to pursue a career in nursing at this time in their lives. Temporality refers to how humans experience time and is experienced as a sense of time passing. It is a subjective concept of being in the world (Wilson 2014). The temporal dimension comprises our histories, memories and present experiences as well as our hopes and aspirations (Hemingway et al. 2015). In this current study, the past had, at times, stopped the participants from following their ambitions yet had also served to stimulate them to take action and pursue their goal. As mature students, they had family commitments, and many had experienced life events that meant they could not commit to their studying until now. These life events altered some participants' careers away from nursing, but their ambition re-surfaced later in life.

As identified previously, all participants, irrespective of age were influenced to become RNs as a result of their previous personal and career experiences. Emily, Linda and Rosie felt frustrated and unfulfilled in their previous roles as Health Care Support Workers (HCSW)s and were driven to progress their careers. Caroline, Erica and Emily undertook courses at their local further education colleges and Linda and Sue completed the HCSW educational programme, which motivated them and led them to believe that they could study and complete academic work. Hinsliff-Smith et al. (2012) found that building confidence is important for any higher education pre-course. Similarly, Snow (2010) suggested that students who access a Higher Education course after a pre-course have increased confidence, are committed to their studies, and generally do not contemplate withdrawing. However, for many of the participants in this study, they were also the first in their family to attend University, which can provide some additional difficulties with these students often not knowing what to expect which, in turn, influences academic integration and expectations leading to feelings that they do not belong at University (Prymachuk et al. 2009; Chapman 2017; Toutkoushian et al. 2021). Some of the participants in this study had left careers, successful jobs and familiar working environments to enrol in higher education and this added to this sense of uncertainty, affecting their perceived identity, their sense of being and their sense of belonging.

However, despite the challenges, enrolling in higher education can also provide a powerful incentive to develop and achieve. Students from low-income backgrounds may be motivated by wishing to demonstrate social mobility, seeking a better life for themselves and their families (Marandet and Wainwright 2010; Lehmann 2014; Wainwright et al. 2019). Similarly, O'Shea and Stone (2011) found that returning to education as a mature adult provides the opportunity to develop knowledge, increase confidence and enhance self-esteem, thus improving opportunities and enabling individuals to make decisions about their futures. This was a recurrent theme within the data and may be underpinned by beliefs around social capital (Bourdieu 1985). Social capital is described as being influenced by three components: the resources within a social structure, accessibility to those resources and the ability to use them (Bourdieu 1985; Putnam 2000; Lin 2001). In relation to the current study, returning to education and undertaking the undergraduate nursing

programme potentially gives access to new opportunities, the development of new relationships and wider support systems. These resources also afford opportunities for individuals to access and navigate new and different social networks.

Other theorists characterise social capital as social control, family support and benefits that results from contacts outside of the family (Portes 1998; Dika and Singh 2002; Vorhaus 2014). As we mature, we are immersed in and thus develop due to specific environments and circumstances which shape our understanding of and approaches to the world (Wong 2018). Bourdieu (1985) also focuses on social class, cultural capital and the concept of habitus to interpret the engagement in education and the experiences and pathways followed by non-traditional University students. The concept of habitus refers to the capacity of the student to fit in and develop a group identity (Manderson and Turner 2006). This was observed in the data from the current study with the participants describing how they established a collective identity as mature, female student nurses.

Bourdieu and Passeron's (1990) themes regarding the association between education and social and cultural capital are relevant to the current study. Several participants referred to the educational and occupational ambitions of their family and social networks, the need to leave school and get a job and the lack of support for University from parents and peers, suggesting that the participants' cultural backgrounds and their social status meant that they should not even consider higher education. Schneider and Stevenson (1999) refer to this as 'aligned ambition' or the matching of parents' and their children's educational and occupational goals. Despite the rhetoric of encouraging mature students to return to education, those from lower economic backgrounds continue to have limited opportunities to participate in higher education, reinforcing the notion that this reproduces past educational inequalities (Reay et al. 2002). This was revealed by one of the participants, Lucy, who was motivated to become a RN, despite her family's lack of encouragement '*you need to get out, get a job and pay your own way – what do you need a degree for?*' For many of the participants they were bridging these culturally defined differences, they were breaking the ties and extending their social links within their respective communities (Doo Hwan and Barbara 2005). Michelson (2011) reported that adult learners have a realisation

that they want to change their lives and redefine their sense of self. The women in this study spoke of recognising the link between educational attainment and career progression acknowledging the purpose of education and what they could become, as well as reclaiming a sense of identity, developing a new habitus, which Bourdieu (1990) identifies as being influenced by attitudes, perceptions, ways of talking, feeling and thinking and thus having a positive effect on their selfhood.

A return to education in adulthood is often triggered by a significant imbalance in people's lives, such as bereavement, redundancy or separation (Stone 2008). Although the sample size in the current study was small, there was no evidence that any such events had triggered participants' return to education. However, an earlier study on women's decision-making behaviours positioned events such as having children as a catalyst for individuals, meaning they recognised that they could influence, create and control their future career and life choices (Clinchy et al. 1997). Four of the participants in the current study were mothers who felt that their success was important for their families. In relation to Ashworth's concept of sociality (2003), other people play an important part in our lifeworld and among the women in this study, being a role model to their children and reinforcing the importance of education and the possibilities it brings, were recognised among the participants as powerful motivators to complete the programme. Authors have suggested that, just as children are more likely to read regularly if their parents do, they are also influenced by parental engagement in education (Deslandes and Bertrand 2005; Lewin and Luckin 2010; Goodall 2016). However, while the participants in the current study spoke of their children as being a primary motivator for undertaking the course, there was also a tension as they felt that the pressures of this dual role served as a barrier to their learning, with conflict reported between parental and student roles.

The women in this study spoke of tailoring their studies around their other commitments, because as mature students, they managed their studies whilst juggling other responsibilities. When considering Ashworth's fractions of the lifeworld (2016), from a temporality and selfhood perspective these women were undertaking their studies later in life and the shift in societal norms regarding the expectation that women will be full-time

homemakers has resulted in women being active contributors to the household income (Compton et al. 2006). Therefore, in contrast to Neugarten (1968), who suggested that life follows the socially prescribed pattern of studying, working, marrying, having children and retiring, these students did not follow this 'normal' dated trajectory. Walters (2000) demonstrates that mature students do not conform to these traditional social norms and highlights that individuals' development is often not linear. While some events may follow a typical lifecycle timeframe, such as having children, this may not occur in all aspects of life and studying at a different time in the lifespan can be considered non-normative (Mercer 2010). These societal changes result in the change seen in the student profiles in higher education and a greater range of students from WP entering education as mature adults. The participants in the current study demonstrate this, for example, four were mothers and students, and thus were following career and educational paths that would have historically been classed as non-normative.

All participants in this study had sought opportunities to alter their career paths. Their personal development and drive to become RNs meant that they were breaking the mould of these existing social patterns for themselves and their immediate families. This shared experience of being a mature student undertaking a degree programme which would have been unusual in previous generations demonstrates the societal change in views of the 'normal' student group undertaking an undergraduate degree which leads to a professional registration. The shared experiences of enrolling and joining a course with others with similar demographics to themselves provided motivation and a sense of belonging to a group with a common identity, with a shared passion and ambition for the role and despite adversity were committed to completing the programme and becoming RNs.

6.3. Superordinate Theme 2 – Juggling Roles

A particularly striking finding of this study related to the challenges that the participants experienced as mature, female students on the BN programme. The emotional accounts, mood and tone of language used to express the challenges suggested a sense of desperation. Ashworth's (2016) concept of moodedness refers to the mood as the atmosphere of an experience. They expressed feeling overwhelmed, under pressure and

stifled by the struggle of the undergraduate nurse experience. The participants used extreme and, sometimes, catastrophising language to describe their journey, giving an insight into the anxiety experienced. The combative, war like terms they used, such as *'battle'*, *'explosion'*, *'bombardeed'* and *'running through mud'*, suggested that their experiences of the programme were characterised by extreme emotional and, sometime, physical hardship. They repeatedly described how they struggled to keep pace with the demands of the programme and expressed overwhelming feelings of how difficult the course was for them. The depth of feeling conveyed throughout the women's stories was alarming, concerning and incredibly disappointing for me as an insider-researcher. With this in mind, their determination and drive to overcome these challenges and obstacles to continue on the programme was remarkable.

In relation to Ashworth's concept of temporality and selfhood (2003a), the participants repeatedly referred to the impact of their studies on the time they had available for the loved ones in their lives. Negotiating the 50% theoretical and 50% clinical practice elements of the programme was challenging for them. Time pressures arising from managing the course requirements as well as their home lives presented each participant with conflict and dilemma. Their anxiety was further increased because of the multiple demands placed upon their time with the potential for various elements of their lives to change quickly. For example, among those with caring responsibilities, a sudden illness or problems with their studies and personal lives could have a profound effect on their ability to continue to successfully juggle their various and, often, competing roles. As Davies and Williams (2001) found, a change to one element of life could have a disproportionate effect on the students' ability to continue their studies.

Participants continuously referred to reassessing the balance between the risks and challenges of the programme in relation to themselves and their families and the opportunities afforded by their return to education, especially in relation to future job security and career ambitions. Importantly, as Hughes et al. (2020), Reay (2003) and Hinton-Smith (2016) have emphasised, the personal costs of participating in HE are high. However, there was a belief among the participants in the present study that there was

much to gain by completing the programme and this spurred them on as the challenges were perceived as short-lived and they believed that the costs would be outweighed by the benefits in the longer term. Similarly, Kiernan et al. (2015) found that older students developed greater resilience, life experiences and skills in caring for others alongside their desire to become qualified nurses, which mitigated hardships and helped them stay focused. Importantly, in terms of informing interventions, it is when these external commitments become pressures that thoughts of withdrawing can occur (Rhijn et al. 2016).

An additional pressure on time that was described by the women in this study was the need to undertake regular bank shifts to supplement the family's income. This commitment added an additional burden in that it further reduced the time available to them to spend with family and friends, with participants referring to feelings of guilt. It also led to feelings of exhaustion. Previous authors have cited financial pressures as a significant 'push factor' away from students' studies (Cordell-Smith 2008; Kenny et al. 2011; Shelton 2012). However, the current findings contradict this, as although participants referred to their financial challenges, these were not cited as a key reason for considering leaving the programme. This could be considered a novel finding, suggesting that mature students are more likely to acknowledge that their time at University will bring financial hardship, resulting in more realistic expectations of the financial challenges associated with undertaking an undergraduate programme.

It is recognised that mature female students are more likely to have additional childcare and family responsibilities outside of their programme of study (Busher and James 2019). Six of the participants in the current study had caring responsibilities and reported having too many obligations and role overload. Life appeared a constant struggle for most participants as they attempted to manage their personal and student roles and the various accompanying commitments, and they spoke with passion about the problems with work-life balance. The challenges affected many fractions of their lifeworld (Ashworth 2003a), the need to continuously juggle responsibilities and manage the associated role conflict appeared to negatively impact the participants' selfhood, their sense of self and their project of becoming a RN. Authors of previous studies have also identified that completing

a course whilst managing these various commitments can cause inter and intra role conflict (Kevern and Webb 2004; O'Driscoll et al. 2009). Jawahar et al. (2012) described this conflict as family-work and work-family tensions, while O'Driscoll et al. (2009) referred to the 'reality shock' of trying to balance course requirements, family responsibilities, relationships across friends and family groups and further commitment burdens. Chapman (2017) identified how additional external influences need to be balanced with a 'new' identity as a student nurse, a change to their selfhood. Indeed these time pressures and feeling torn between inter and intra role responsibilities are well documented (Cameron et al. 2011; Wray et al. 2012; Dante et al. 2016; Dickson 2019).

Identifying students who have caring responsibilities can be problematic and potentially futile. It is how students manage these additional responsibilities both practically, physically and emotionally which varies and can appear to affect coping mechanisms and be influenced by the support of others. The participants in the current study handled their multiple personal and student roles and responsibilities pragmatically, seeing that it was necessary to sacrifice certain things to be successful. In keeping with the findings of Stone et al.'s study (2013b), the older students in the current study were managing to achieve academically in spite of adversity and personal struggles.

The findings from the current study highlighted the constant possibility that circumstances can rapidly change for mature, female student nurses. Sometimes this can be painless, while other times it can be a source of anxiety, depending on the intensity of the situation. If an individual is successful in solving the task, their bank of resources and experiences are changed and increased, thus allowing them to cope with future challenges since development has occurred and resilience is increased. However, despite careful planning, a child's illness or changes to caring arrangements can cause conflict between the demands of home and work life. For mature students, external pressures will most likely take priority (Mills et al. 2020) and there is little HEIs or course leaders can do to alter that. However, alternatives to the course structure could provide greater flexibility, for example a modular curriculum, which is well established in Australia, where a student undertaking their nursing programme on a part time basis is able to study a minimum of two units per semester and

are therefore able to plan their study around other competing demands more readily over a 6-year period (Christensen and Craft 2021). Opportunities to take a short break in studies, or to make changes to clinical placement schedules would allow time and permit the student to make alternative arrangements or allow time for the crisis to potentially abate. Allowing this flexibility would help accommodate life events, meaning that changes in personal circumstances would not result in crisis which, when juggling multiple roles and conflict are more likely to occur.

The decision to return to education has far reaching implications not only for the mature student but also for their immediate family. The participants described the emotional and physical challenges of juggling the various roles and the additional strain of the roles of mother, wife and/or daughter whilst also trying to fulfil their role as a student nurse. Crossan et al. (2003) suggested that mature students are vulnerable to changes in their immediate social situations and can therefore be classed as fragile learners. However, it is students' circumstances that are 'fragile', rather than the individual themselves (Crossan et al. 2003). Thus, rather than portraying older students as fragile learners, the stories from participants in this current study, bore witness to personal life roles that were multifaceted and demanding, highlighting the strength, determination and resilience of each participant.

Returning to selfhood, the women in this study perceived spending time on their academic pursuits as taking them away from other family responsibilities and gendered expectations. They spoke of feelings of guilt and selfishness, brought on by a wish to pursue career opportunities for themselves and for not prioritising others' needs. Rhian spoke of feeling self-centred as she made time to concentrate on her studies, whereas Emily felt guilty for not fulfilling her duties of caring for her father. Whilst traditional gender roles have been challenged throughout recent decades (Fuller 2018), women are still more likely to bear the responsibility of juggling work and child-care as well as undertaking most of the domestic load in general (Webber and Dismore 2021). Continued cultural adherence to gender roles resulting in a sense of duty among women to continue being the homemaker and main carer for their families, may explain why women in this study experienced guilt for pursuing the course. Indeed, Beauvais et al (2011) study also found that despite the increased

number of women attending University there has been little change in relation to gender equity and expectations. O'Shea (2015) discusses this further and states that women who return to education are often in a state of conflict, trying to establish independence and a state of identity outside of their roles with others, such as wife and mother, without rejecting the importance and the desire to also undertake these roles in their lives. The women in this current study described the multi-dimensional aspects of their various roles and spoke of the psychological, physical and identity costs of the experience of their new lives as student nurses. They felt that there was continuous role tension as they were being pulled in many directions and needed to split their time between their various commitments. The role of a student, which requires time and space for oneself, is not easily compatible with that of a homemaker which relies on giving time for others (Stone and O'Shea 2013a). This incompatibility is demonstrated by Caroline, who, from the perspective of the lifeworld fraction of spatiality (Ashworth 2003b), she felt the need to escape and would sit in her car to seek solitude and have some time and space away from life's pressures.

Despite these significant challenges, there was a sense among the participants that they were proud of their achievements and that the degree was more than just a qualification. A sense of accomplishment and a growing sense of self-worth, affecting their selfhood, was implied by the students. It was apparent that each was determined to succeed in their educational pursuit and that their resolve gave them the strength to negotiate their numerous roles and responsibilities. Despite the many challenges, participants enjoyed being student nurses, a role which, according to Murphy and Roopchand (2003), creates an unconscious desire for personal growth and fulfilment.

The participants in this study expressed that the return to education was clearly not straightforward. The academic challenges of undertaking the programme proved stressful, especially for those new to degree-level studies (Caroline, Emily, Erica, Linda and Sue). Gonsalves (2011) noted that re-entering education as a mature student is risky because many struggle with low self-esteem as learners. Imposter syndrome was seen throughout the data and is associated with a sense of threat and fear, and of being judged (Clance and

Imes 1978). The women spoke of fear of exposure, fear of failure and ultimately of fraudulence as well as being 'found out'. They lacked confidence in their ability and for some there was self-sabotage, '*I'm dull*', '*stupid*' and '*everyone else knows what they are doing*'. This was debilitating for some of the participants who found the journey difficult with genuine emotions of not belonging, feeling out of place within the educational environment and not deserving of their place on the programme. For mature students who have had a significant gap in their educational journey, these feelings of inadequacy or insecurity may have developed due to early life events, previous experiences in education and/or social expectations and often lie just beneath the surface (Christensen et al. 2016; Chapman 2017). Although the women in the current study described how feelings of increased self-confidence brought on by education helped to keep negative feelings at bay, the data suggested that these feelings could return at any given time. This affirms findings from Williams and Kane (2010) who found that it is important for students to believe that they are able to study at a specific level since this provides the basis for their development.

However, some non-traditional students find navigating the HE system challenging and construct themselves as capable or struggling, based on their familiarity with the system and the educational environment (Tett et al. 2012). Mature students frequently enter higher education via access courses through further education colleges, where different structures and styles of learning are used, requiring the student to navigate new systems as they enter the HE environment. Independence and personal autonomy are expected in higher education, with adult learners expected to be independent and self-directed (Youde 2020). Knowles et al. (2015) suggest that often adults want to be passive in the learning process but treating them in this way can cause tension due to the need for self-direction. Awareness of support systems and how they can be accessed therefore becomes crucial when assisting these students to seek timely help. Participants in the current study spoke of a reluctance to seek support fearing that they would look '*stupid*' and be '*found out*'. This is supported by Gopee and Deane (2013) who stated that some nursing students were unwilling to seek support as they saw that as an admission of failure and did not want to show their insecurities to the lecturers. Other authors have found that working-class, low-income, first-generation University students are less likely to ask for help or develop

informal relationships with authority figures in academic contexts (Holland 2015; Jack 2016). This reluctance could be attributed to previous, more formal educational experiences and acceptance of subordination rather than a shared developmental learning experience (Askham 2008).

In the current study, it was found that the intense assessment schedule and associated submission dates produced a peak in students' stress levels and feelings that they could not continue with their studies. Caroline, Lisa and Sue spoke of the pressures of the academic assessments as trigger points for considering leaving their studies. The ongoing challenges of regular and sometimes clustered assessment deadlines was a particular factor that five of the participants discussed at length as having increased their considerations of whether to leave the programme. This finding was also reported in a study by Hamshire et al. (2013b), where participants described feeling overwhelmed by the assessment deadlines clustered at the end of term. A systematic review conducted by Chan et al. (2019) examined the nursing curriculum and course design. They found that improvements in course design, for example assessment submissions spaced throughout the year can be implemented to help students better arrange their workload and appreciate their learning experience. Jeffreys (2015) proposes publicising a study schedule for each module which could provide the student with a more realistic expectation of assessment requirements to maximise success. It was noted that students' perceptions and attitudes regarding personal responsibility and time commitment are important variables that can influence retention and success. These recommendations could be of value to the institution in which this study was located.

Students are constantly seeking to juggle various roles and are constantly seeking ways and strategies to help them cope with the challenges of their nurse education journey. Programme requirements and curricula need to address and ameliorate potential stressors and reduce obstacles, such as lack of support, the rigid programme structure and excessive programme demands. Nurse education providers should have a full understanding of the student experience and create a curriculum that avoid placing heavy unmanageable burdens on students whilst meeting professional requirements.

6.4. Superordinate Theme 3 – Particular Support Needs for a Particular Student

As previously established the participants in this study were determined to complete the course. However, conflicting projects and the various role tensions that arose from trying to balance home and student life made the experience of the student nurse journey very challenging for them. This was exacerbated further by low self-esteem a lack of confidence and experience in studying at Bachelors level and the demands of the programme. The journey relied on the female mature student nurses having the right support to remain motivated and resilient and manage the challenges posed by the course.

All participants in the current study lived near their friends and family in an area of socio-economic deprivation. Deprivation can not only adversely affect students' opportunities but it may also negatively impact their attitudes to learning in relation to their confidence and perceived competence (Busher and James 2020). As discussed in section 6.2, social capital influences this position. Mature students' University choices are also affected by their socio-economic backgrounds and the competing demands on their time, meaning that their choice of HEI is often limited to those near the home or workplace (Busher and James 2020). With workforce sustainability an ongoing concern, mature students often need to consider family and job-related factors when considering the return to study. A supportive learning environment that is easily reachable, making childcare provision accessible and also allowing opportunity to work in paid employment are important considerations in choice of HEI (Elliot and Brna 2009). Participants in this study were no exception. They all lived within twenty miles of the University and within the HBs where they would be undertaking their placements. This was also the same area they had been born in. All the participants in this study referred to close family members providing support during their studies. However, these narratives often described multifaceted support systems and complex circumstances. Factors that have been reported by various researchers who have explored the quality and quantity of support received by non-traditional students, which include support associated with the course: peers and a supportive learning community and from outside of their course which includes the support from family and friends (Askham 2008; Knight et al. 2012; Gill et al. 2015; Tompkins et al. 2016).

Participants in the current study spoke of support which included practical help with domestic duties and looking after family. Rhian said her husband undertook most of their parental responsibilities, allowing her time to study and complete her assessments. In contrast, other participants were more vague about the support they had received from their partner and family members. They spoke about their families being '*proud*' of their achievements or used nebulous terms such as their partner being '*my rock*'. In reality, the participants' language suggested non-committal support that took little effort and involved few personal costs or demands. These findings are reflected in two studies where the female participants suggested that they had supportive partners even though there appeared to be little evidence of how that support manifested (Baxter and Britton 2001; O'Shea and Stone 2011). Interestingly, the women's accounts of support from partners could be categorised as verbal encouragement and assurance of practical help, based around 'neutrality', as they described a lack of opposition to their studies rather than tangible support (Baxter and Britton 2001). A finding consistent with other literature which explores the multiplicity of women's roles (Reay et al. 2002; Gouthro 2005; O'Shea 2015).

Notably, the participants in the current study spoke with far more clarity when explaining that their greatest source of support came from their student peer group. The women articulated intense and dependent relationships with their peers. There was a sense of solidarity and of 'sisterhood' amongst the women, who had commenced the journey together, as well as a common feeling that they were responsible for helping and supporting each other through any difficult periods of the course. 'Sisterhood' is a term used to describe relationships between women and is based on the women having a common purpose and a sense of belonging to something bigger than oneself. The idea of sisterhood is based on supporting one another and being part of a team with everyone working towards the same success and achievement (Cohen et al. 2017). This sentiment was shared by the participants of this study with the strong bond between the peer group evident in their language as they described how they would regularly '*pull each other through*' so that '*leaving was not an option*' as they didn't want to '*let the girls down*'. Their relationships had changed from strangers to a sisterhood (Thompson 2019). This was a strong theme that demonstrated commitment and dedication not only to their own end goal but also to their

peers' achievements. As Schachter (1959) demonstrated through his exploration of the psychology of affiliation, when people are stressed and anxious, they seek to associate with others undergoing similar challenges. Roberts (2008) found that adult nursing students suggested that peers were good resources for supporting each other psychologically with all aspects of their educational journey. Other researchers have stated that these peer friendships provide mutual understanding and protection in difficult times by sharing concerns, offering practical support and by helping to find ways to resolve personal and student pressures, as well as providing ongoing encouragement and motivation and building resilience (Williamson et al. 2013; Lopez et al. 2018; Elmir et al. 2019).

Belonging to a strong friendship group or having just one best friendship can improve people's adjustment and persistence in their academic programmes of study (Morrow and Ackermann 2012). Other studies report that belonging and having strong relationships creates an environment in which students feel valued and supported and this has a positive effect on completion (Levett-Jones et al. 2009; Thomas et al. 2012; Vinales 2015; Borrott et al. 2016; Ashktorab et al. 2017; White et al. 2018). Although individuals can achieve goals independently, social capital, as discussed in section 6.2 means that the resources available within their social network provide valuable assets that influence achievement (Stephens 2008). Theobald (2018) refers to student group work and ownership of learning, arguing that this can be facilitated through targeted scaffolding and the shared provision of resources. Group identity formed through peer support also helps to develop a professional identity and sharing of field knowledge, which provide a common appreciation of the nursing role and accompanying responsibilities, as well as a sense of belonging to a specific learning community which, in turn, helps mitigate attrition (Christiansen and Bell 2010; Williamson et al. 2013). This was also identified in the earlier work of Lave and Wenger (1991) who found that learning and identity are part of the same phenomenon and that learning brings about a shift in identity, meaning that the sense of belonging within the group will also develop. For the participants in this study who were returning to education as mature students, some of whom were first generation University students, sharing anxieties with peers who understood the pressures of studying provided opportunity for discussion with others undertaking similar journeys. This was an important way of

developing a bond with others who could share the journey and it also facilitated them in building new networks and relationships. Sharing anxieties with peers who understand the pressures of an academic programme offers protection, solidarity and an ability to confront challenges together along with practical support such as helping with academic work, teaching each other and discussing challenging assessments (Knight et al. 2012; Elmir et al. 2019).

The development of these relationships, and the sense of belonging to a group during the University/theory terms prepared participants in the current study for clinical placements, where they were likely to be away from their peers. They stated that these peer relationships provided a greater sense of security and a feeling of being supported by their allies and this importantly extended to their time on clinical placements. The co-ordination of these peer groups developed by chance, but this could be facilitated by the University through interventions such as Action Learning Sets and Enquiry Based Learning (Ebert et al. 2019).

Interestingly, the participants found using instant messaging platforms with their peers to be an additional and valuable source of support. Caroline and Lucy stated that this helped to reduce isolation and was especially important during clinical placements as it helped maintain a sense of belonging to the friendship group and the social student community. There is growing interest in the role of social media as a source of support for students. Researchers have established that social media is effective for sharing information about all aspects of a course and maintaining connections (Selwyn 2009; Sidebotham et al. 2015; Nicolai et al. 2017). These findings highlight the importance of encouraging and establishing social media support systems as a way of enhancing the sense of belonging within peer groups throughout all elements of a programme. They have the potential to improve well-being, to enrich the course experiences and maintain students' enthusiasm, thus influencing their completion and retention. Universities need to embrace and integrate the use of online social networks in the educational journey to enhance the sense of belonging and group identity (Chugh et al. 2020). The increased access to technological tools and their use alongside University systems in providing supportive networks should be embraced and

used more widely to improve communication with and between students (Ross and Tartaglione 2018). This, in turn, enhances levels of engagement, reduces feelings of isolation and increases social acceptance from other students thus increasing the sense of belonging within the peer and the educational community (Zachos et al. 2018) and to the nursing profession (Alharbi et al. 2020).

Crucially, although all participants in this study spoke of positive peer experiences, it is important to recognise that negative peer support may harm student motivation and enthusiasm (O'Keeffe 2013). Although no participants in this study referred to any unhelpful peer group interactions, research highlights that negativity from peers, being excluded from a group and a lack of enthusiasm and the commitment needed to undertake the course could be destructive (Goguen et al. 2010; Juvonen et al. 2012). Negative peer relationships affect well-being, diminish self-esteem and decrease the motivation to learn, resulting in students losing enthusiasm for the nursing role and leaving their studies (Johnes and McNabb 2004; Bradbury-Jones et al. 2007; Levett-Jones et al. 2008; Grobecker 2016; Aelenei et al. 2020). Programme teams need to focus on developing the whole student, not only academically and clinically but also reinforcing the importance of team working, support and fostering healthy peer relationships. University systems, course teams, including personal tutors, need to offer opportunities for students to discuss any issues and explore and develop negotiating and conflict management skills which would benefit the student experience and increase student persistence (Goguen et al. 2010).

The importance of a partnership between the individual and the institution and the connection with others is important. Course staff, especially the personal tutors are crucial in providing the link between the student and the institution and a constant link and source of support throughout all elements of the programme. Interestingly there was an absence of reference to the role of the personal tutor as a key contact and someone to offer support across all elements of the programme in the current study. Research suggests that students need to feel 'safe' with their personal tutor and they want to be seen and valued as an individual outside of their role as a student with specific challenges by someone who is approachable and easily accessible (Braine and Parnell 2011; Ross et al. 2014). A positive

student-tutor relationship can help the student to develop their full potential, thus improving their success and satisfaction with the programme and resulting in increased attrition (Bowden 2008; Braine and Parnell 2011; White et al. 2018). A study by Cotton et al. (2017) identified that those personal tutors who appeared uncaring and unsupportive were identified as being a risk factor for attrition. Although none of the participants in this study spoke of their personal tutor as being unhelpful or reluctant to engage with them, there simply appeared to be an absence of a personal relationship. However, it was notable that reference to the role was largely as an administrative one, where checking clinical documentation and confirming completion and continuation was perceived as the main purpose of the personal tutor role. The literature suggests that this was a missed opportunity for this cohort of students, particularly given their specific support needs relating to their academic and social profiles. However, it may reflect an unintended consequence related to increasing student numbers and thus student-to-staff ratio and, consequently, reduced time available for student support and the development of individualised personal tutor-student relationships and the expectation of providing pastoral, academic and professional support becomes more difficult (Por 2008; Holder 2020). As a result, nurse education has an obligation to review the role, this ambiguity and confusion around the duties of the personal tutor role may increase in the future. The publication of the NMC Standards for Student Supervision and Assessment (2018) has introduced three new roles: practice supervisor, practice assessor and academic assessor adding further potential confusion of role and duties. However, the importance of the personal tutor role, regardless of the title, is pivotal and students need clarity to ensure that they can access a named member of academic staff who is caring and compassionate and will provide guidance regarding their academic and personal progress (White et al. 2018).

The influence of positive relationships and feeling supported by staff during clinical placements also featured heavily in all the participants' discussions. Feeling valued and part of the team during clinical placements was important in helping participants to develop their confidence, competence and nurse identity. Drawing on the 'theory of situated learning' described by Lave and Wagner (1991) it is recognised that the developing 'self' is shaped by the social practices with which one actively participates. As these findings

demonstrate, professional socialisation and experiences, such as interactions with mentors and clinical staff strongly influences individuals' views of nursing and their identification with the expected attributes of the nurse. This can cause dissonance between the attitudes and behaviours experienced and the expectations of nurses as caring, kind, and compassionate professionals (Ashktorab et al. 2015). Poor quality interactions, inappropriate and disrespectful behaviours between and among nurses is a serious issue and can have negative consequences for everyone involved (Granstra 2015). It is sometimes referred to as workplace violence or horizontal bullying and can result in unsafe working environments and poor patient outcomes (Taylor 2016). Its presence adversely affects individuals and organisations and is detrimental to the profession by causing low staff morale, feelings of disconnectedness, low self-esteem and intentional and non-intentional episodes of sickness (Allen et al. 2015). Extending to the wider concerns affecting the profession, it can affect the ability to recruit and retain nurses (Alspach 2007; Vagharseyyedin 2016).

Meissner (1986) researched '*Nurses are we eating our young?*' and reported instances of experienced staff, instead of being supportive and caring, seeking to ridicule students and junior staff for their lack of experience and knowledge. Workplace violence is a serious phenomenon affecting nurses and student nurses across the globe (Solorzano Martinez and De Oliveira 2021). This culture is disturbing, is a learned behaviour and may lead to negative consequences (Wilson 2016). It creates a culture of individuals not feeling involved, with students needing to adhere to placement routines and feeling a lack of empowerment during the placement activities. Consequently, this results in these workplace experiences not providing particularly nurturing environments for students (Hogan et al. 2018). The phrase 'nurse training' was used by one participant within this study. A number of authors continue to use the term 'training' suggesting that a dated view of nurse education persists (Randle 2001; Schafer et al. 2011; Hasson et al. 2013a; NHS Wales 2016; Purssell and McCrae 2021). 'Training' has connotations of a regimented, military style preparation for the role, suggesting instruction and a need for rules so that student nurses are taught to undertake tasks and follow regulations. This is in stark contrast to current models of nurse education which are concerned with facilitating and developing student nurses who are able

to demonstrate reasoning, integrate and apply knowledge, work effectively in teams and develop professional identity as important and key members of the multi-disciplinary health care team (Oliver 2019). The cultural implications around the use of the phrase 'nurse training' may adversely affect support mechanisms. If nurses are 'trained' to undertake tasks and skills but have a lack of confidence and competence in the wider role, then this may have a detrimental effect on their professional socialisation. The 'para-curriculum' that Allen (2015) suggests is where good relationships between mentors and ward teams and the student are highly valued, supports the integration of technical proficiency whilst also developing and supporting the students theoretical and contextual knowledge. It is acknowledged that clinical colleague support plays an important role in how the student feels that they 'fit in' within the profession and how confident they feel in their role (Ten Hoeve et al. 2018). This was demonstrated in the data from the current study. Although positive elements relating to clinical placements and mentors were highlighted by four participants, this was balanced by many negative comments. Lucy spoke of one challenging placement experience where she lacked mentor or clinical staff support and did not feel welcomed or valued and, subsequently, did not develop a sense of belonging within the team. An unwelcoming reception like this can harm self-esteem and result in a lack of empowerment (Thomas et al. 2015). Workplace mistreatment and uncivil behaviour is destructive and is an unethical way to treat co-workers (Vagharseyyedin 2016). The feeling of rejection was outlined by Emily, who spoke of being called 'the student', which left her feeling alienated and devalued. Honda et al. (2016) identifies these experiences as having a profound impact on the students' feelings of acceptance and inclusion and can result in individuals feeling either like an insider or an outsider. The insider feels accepted, connected and comfortable within the environment, whereas the outsider is likely to feel unsupported, disconnected and unwelcome, like a stranger and invisible to the team. This finding is highlighted by Crombie et al. (2013) who found that being labelled 'the student' is dehumanising and results in a loss of identity as an individual and as a student nurse. It also has a negative effect on the overall clinical experience. This lack of recognition and feeling of being devalued can affect identity and selfhood, leading to a poor sense of worth as well as a lack of empowerment and perceived self-value in the workplace (Edwards et al. 2010). It also reinforces a sense of not belonging within the clinical team (Clements et al. 2016).

The desire to belong, be accepted and please others, especially other nurses, was a strong influence on selfhood among the participants of the current study. They described this as having a positive effect on their student nurse experiences. Rhian spoke of the welcome and support she received on one placement, which made her feel that she immediately belonged and felt valued within the team, it also affected her identification with nursing, thus enhancing her commitment to the programme. Pearcey and Elliott (2004) found that, in general, student nurses were strongly motivated to complete their course and that being on a placement that provides a supportive clinical environment, is well staffed and has high staff morale helps retain some students who had considered leaving. Harrison-White et al. (2018a) supported this finding, stating that a culture of encouragement, which values the student is important for enabling the development of knowledge and encouraging a learning culture within organisations.

Positive clinical experiences and developing a sense of belonging and of being a part of the clinical team helps students build confidence encourages student nurse identity and helps develop resilience, which, in turn, has a positive effect on progression (Hodges et al. 2008; Roxburgh 2014; Clements et al. 2016; Ten Hoeve et al. 2017a). Building resilience to deal positively with work and the emotional demands of the role also needs to be role modelled by clinical staff (Collard et al. 2020). Lopez et al. (2018) concur and view clinical placements as crucial to professional socialisation, increasing resilience and the formation of a professional identity. Williamson et al. (2020) suggested that professional identity, an understanding of the nurse's role and beginning to 'think like a nurse' helps foster closeness within teams. Linda spoke of her friendships and sense of belonging on the ward where she continued to work as an HCSW during her studies. This suggested that she felt a positive attachment to a group who shared an identity and appreciated the demands of being a nurse. This finding is supported by Wenger (1998) who suggests that this helps individuals develop a sense of belonging to a social learning community. The seminal work of Lave and Wenger (1991) developed the concept of communities of practice, a coherence of a community, where three dimensions exist. Firstly mutual engagement, where individuals interact with each other, establishing norms and relationships, secondly, the members are

connected by their motivations towards a joint enterprise and finally, the members develop, over time, a shared repertoire of resources which include, for example, language, routines and stories. The findings of this current study reinforce this, the participants discussed support throughout the various elements of the programme. Peers, were able to give valuable support, their shared understanding of the pressures of the nursing programme, the challenges experienced during their clinical placements and the academic requirements. This meant that they were able to share the experiences and provide support which enabled progression on the programme. Kelly et al's study (2017) concurs, stating that it is vital for students to identify with the 'nurse' role. Although nurses work across a variety of settings and thus carry out different functions and roles, they have a shared identity of 'nurse' which provides a feeling of belonging and being part of a much wider team and a shared professional community (Kelly et al. 2017).

This study has highlighted that a 'one size fits all' approach to support would not meet students' individual needs. Students are clearly not homogenous and therefore should not be grouped in terms of their homogenous characteristics, all students are unique and will have different support needs and these vary at different times throughout the programme. Nursing programmes have an obligation to review their support systems and develop systems in conjunction with the students to ensure that they meet their needs.

6.5. Summary

At the beginning of their studies, the participants in the current research experienced insecurity to varying degrees. However, as the course progressed, through interactions with others, they could share their feelings of self-doubt and insecurity, thus developing friendships with their peers and a sense of belonging to a shared and, in some ways, unique learning community. The importance of support and a feeling of belongingness motivated the participants to continue on the programme. It helped to foster and reinforce their shifting personal and professional identities, whilst helping each other to manage the tensions and role conflict that they experienced throughout their studies. These support systems helped to foster and develop resilience whilst also increasing the participants' self-belief, they were able to achieve their place within the student group and within the

profession. The importance of being recognised and having social interactions with others in the setting are important for developing a positive sense of belonging (Newton et al. 2011). The women felt they belonged to a group who understood the course and who were familiar with the learning needs and pressures of the course. These findings have implications for the undergraduate nursing programme. The importance of how a sense of belonging and of feeling valued across all elements of the course are greatly influenced by others, including academic and University staff, peers and nurses in the practice setting was clearly demonstrated in the findings of this study. Professional socialisation, supportive role-models and mentors are important for a rewarding student experience and thus have a positive effect on retention. The sense of acceptance and development of relationships with others on the same journey were important for the participants in being able to support each other to complete their project and become RNs.

However, the significant impact that undertaking the programme had on the students was disappointing and, at times, alarming. This study had illuminated how current rigid course structures, the lack of Personal Tutor support and post clinical placement experiences need to be changed in order to address the needs of the mature female students. This will be the focus of the following chapter.

PART FOUR – STUDY EVALUATION

Chapter 7 - Conclusion and Recommendations

The primary aim of this study was to explore the experiences of mature, female students from widening participation backgrounds who had considered leaving but chose to remain on the BN (Adult) programme. The introduction and background chapter identified a gap in knowledge with regards to the experiences of this specific group of students and a paucity of research exploring the challenges experienced *during* their studies. This study has, therefore, given voice to mature women from widening participation backgrounds who are rarely specifically examined as part of student nurse research studies. Although the findings of this current study support aspects of the current literature, it also offers new perspectives. It also challenges existing literature by exploring the mature students' needs, what it was like for them to be on the undergraduate nursing programme and the associated feelings and expectations which are often governed by students' past work and educational experiences.

This chapter begins by providing an outline of the limitations of this research study. It then goes on to draw together the conclusions emanating from the study and provides an account of the contribution to knowledge this research has made. Moreover, this chapter discusses these new emergent understandings and insights with the aim of informing both the University student support infrastructure and curriculum design for programmes of nurse education. Based on the findings of the study, the chapter concludes by making recommendations for further research.

7.1. Limitations

This study was undertaken at one HEI, a post-1992 University located in a post-industrial, largely socially deprived area of South Wales. An IPA approach to the research explored the lived experiences of individuals and in keeping with the central tenets of this design (Smith et al. 2013). A purposive sample of eight participants from one cohort at the end of the second year of their studies was selected. Importantly, I believe that this study has provided an accurate understanding of the lived experiences of these individuals through this methodological approach. However, the findings of this research can, therefore, only be

related to this sample. The accounts of those who participated provides one set of data and my interpretations and findings cannot be used to make generalisations. Selecting any other purposive sample from any other group may make for very different reading and this is another reason why I do not claim generalisability with the findings of this study.

The age range of the participants is also important to note. Following the UCAS (2017) definition of maturity, all participants were aged over 21. Four participants were 30 or younger and did not have children, while the remaining four were aged between 34 and 45, were married and had children, leading to a difference in demographic and potentially significant variances in the experiences and the pressures on their studies. This could be seen as a limitation of the study and exploring the generational differences between the mature student populations warrants further investigation.

An important factor to also consider is that the students knew me as a member of the course team and although reassurances were made that my role within this study was that of a research student, it is possible that this may have inhibited their responses. However, despite these limitations, the findings from this study corresponded with findings from previous research.

7.2. The emergence of new understandings

The findings of this study are critical in the context of the current pandemic which has had a profound effect on the health care delivery system (Armstrong et al. 2021). This crisis has demonstrated the need for a sufficiently sized and skilled nursing workforce to provide front-line patient care (Gupta et al. 2021). It is important that a steady stream of nurses join the NMC register and the health service workforce. A key component in this process is to ensure that students enrolled on the undergraduate nursing programmes progress through to qualification. It is therefore imperative that nurse education providers maximise completion rates and ensure student success, not only for the individual's achievement but also for the HBs, as this will have a direct impact on staffing levels and future workforce planning.

Mature students are already entering undergraduate nurse education at HEIs and are an important cohort in terms of the widening participation agenda. This study has developed *new knowledge* and contributes to the limited body of research in the field by providing an insight into the factors that impact on this group of students' perceived abilities to continue their studies. The combination of IPA and the application of the lifeworld lens is unique in this field of research and has been powerful in highlighting the tensions between the women's ambitions to become RNs and the challenges experienced from educational, emotional and practical perspectives.

Importantly, the findings from the current study demonstrated that, although the women were sharing the process of undertaking the under-graduate nursing programme together, these mature, female students had various backgrounds, career and educational experiences and these very much influenced their student nurse journeys. The findings of this study identified various and significant course related challenges, the participants had busy lives and were juggling the demands of home and student life. Deadlines and pressures of completing all elements of the programme in a timely manner with no opportunity for flexibility in programme delivery created additional stress for these mature female students. The pressures of the programme, which included academic and clinical placement experiences had a negative impact and a substantial influence on decisions to stay or go. Clinical practice experiences were sometimes stressful and mentors and practice placement staff who were not always supportive and did not emulate good role model behaviours, which had a negative effect on some participants' experiences. The lack of support in the clinical environments and poor staff attitudes resulted in disillusionment and as a result, this had a detrimental effect on some participants' motivation to work towards the end goal.

For some, the associated feelings and expectations of their academic abilities was governed by past experiences of education. Adapting to the academic requirements was found to have a significant impact on the participants in this current study. The anxieties of assessment expectations with feelings of imposter syndrome meant that the students were generally anxious about their academic abilities. The bunching of submission deadlines

added additional pressure. While the data in this study reflected much of the literature about the importance of various academic and clinical support requirements across elements of the nursing programme, it has gone beyond this to highlight that rigid and inflexible course structure can be challenging for this student group. It has also shone a light on the need for support mechanisms that are individualised, versatile and ongoing. It has also identified that this group of students may require differing types and levels of support and encouragement at various points throughout their studies.

This study has identified that mature female nursing students have a myriad of trigger factors that influence and result in them considering leaving the programme. It is more likely that mature students will have multiple roles and responsibilities and associated financial obligations. The multiplicity of these roles can add additional pressures to such students as each will carry with it a set of obligations. Assuming multiple roles can result in a greater sense of esteem as a result of holding a number of identities (Kiernan et al. 2015). However, it would appear that at points in the course the obligations simply outweighed the esteem benefits that the women who participated in this study derived from these roles. What was clear was that students who are deemed to have characteristics which result in them being more likely to leave, such as maturity, having dependents and holding non-traditional entry qualifications, are also the same individuals who are determined, adaptable, organised, resolute and resilient. This highlights the importance of recognising the individual circumstances of each student and that grouping and categorising students purely based on age and demographic can be futile. Student tenacity, personal coping strategies, motivation to continue and support networks are unique and vary from person to person. This study however, identified that to remain on the programme participants needed to draw on these personal qualities and past experiences. It is likely that mature students will have had previous work experience, and many will have had caring responsibilities prior to undertaking the programme. They will therefore have experience of managing various responsibilities and will have well developed organisational skills and established support systems in place which may enable them to persist with their studies. The contribution to knowledge that this study has made highlights the need to understand the individual students' personal and potentially ever-changing circumstances, and that

trying to identify 'at-risk' students merely by their demographic details or features on a Curriculum Vitae likely to be an ineffective and possibly futile process. Therefore, what is important is to identify what the individual learning and pastoral needs of students are and not to make assumptions predicated upon biographical profiling. For example, a student who has just left school could be a carer, with an additional job, providing support to the family. They could also have significant challenges and have similar roles but at a younger age. Equally, a mature female student from a WP background may have no caring responsibilities, reinforcing the importance of recognising individual circumstances and support.

A key finding of this study is recognition that, for these participants, peer support is arguably more important than support from family and friends, addressing another gap in the literature. The participants in this study described the powerful role of their peer group in providing support and opportunity to share anxieties and discuss course challenges. The support of their peers helped create a new habitus, a new shared identity. Their encouragement had a positive influence on their feelings about their position on the course and supported the notion of belonging to a group with shared ambitions of becoming RNs. This was, in turn, identified as crucial to sustaining motivations to continue with their studies.

7.3. Recommendations

The new insights provided by this study indicate that if institutions want to retain mature female students undertaking the programme from enrolment through to registration, HEIs need to examine whether the course structure and the various support systems work and meet the changing needs of this student nurse population. Whilst cognisant of the limitations of this study, there are several recommendations that have emerged from the data and its analysis which are presented below.

7.4 Programme content and structure

Findings from this current study clearly demonstrate that the students' motivation to complete their studies and reach their end goal of becoming a RN was a powerful motivator

and had the biggest influence on the drive to continue their studies. Ensuring that the programme content and structure continues to motivate individuals and maintain their desire and ambition to become a registrant and to highlight the opportunities the role will offer is, therefore, vital.

7.4.1 Flexibility

The findings of this study clearly indicate a need for the structure of the programme to provide greater flexibility and opportunities for a wider range of delivery patterns for the pre-registration nursing programme. The rigid course structure does not allow students to flourish but rather the curriculum design results in the experience causing significant stress and anxiety. The journey being one that the participants needed to get through and survive. The participants spoke of crisis points during their studies and this resulted in them seriously considering leaving. The language that was used to describe their experiences was disturbing and raised questions of whether it is ethical that student nurses' journeys are this challenging. The sustainability of the current model of nurse education needs to be examined, the nursing workforce, as part of the larger health care system, needs to be plentiful, healthy and sustainable. The language used by the participants to describe the challenges and experiences of their studies clearly suggests that the current undergraduate nursing programme does not promote or nurture this. As nurse education providers we have a duty to ensure that the student nurses joining the nursing workforce are resilient and strong and not exhausted and burnt out at point of registration.

The current inflexible course design does not allow for any variation or individuality based on student need. Mature female students join the undergraduate nursing programme with a variety of characteristics that are arguably unchangeable. However the programme characteristics need to be more flexible so that the programme can be responsive to the individuals' needs (Wray et al. 2012). A curriculum is required that accommodates individuality, allowing the course to fit within the students' study plans, employment, and family commitments, thus providing greater flexibility and routes which would maximise student retention. The development of a sustainable model of course delivery, for example a modular system, would allow students to pick and choose modules of study and offer

flexibility and opportunity for these students to complete course requirements whilst also juggling their home and family lives. A modular system which is well established in Australia would allow for a curriculum which is more family friendly, where students, for example, with childcare responsibilities could have more flexibility to take a break from their studies over the school holiday periods (Christensen and Craft 2021). Although this would provide additional challenges in the organisation and management of the programme, and such changes may be constrained by the University systems and professional body regulations, it is necessary to focus on making the programme as student centred, family friendly and flexible as possible.

Returning to studies as a mature student caused stress for some of the women. Their prior educational experiences influenced their perceived confidence in their ability to master the academic requirements of the programme. As nurse education responds to the call for more students to undertake the programme and enter the profession, HEI's subsequently need to seriously consider the greater range of students from widening participation backgrounds (Young 2016). Higher Education Institutions and nurse educationalists have a duty to actively take responsibility for these students, not only in encouraging entry onto the programmes but also to support and facilitate their learning after enrolment through to graduation and entry onto the NMC register. During the Covid-19 pandemic and the instant move to remote learning and the longer-term plans for a more blended approach to HE in the future, Universities will need to invest in developing and increasing access to additional support to ensure that mature students are given the individualised input and specific guidance required. For example, additional Information Technology (IT) and increased study skills support to increase confidence, provide reassurance and reduce anxieties linked to distance learning, self-directed and focused studies (Patterson et al. 2021). Universities and course teams need to ensure that programmes are delivered in a way that makes studies accessible, fair and equitable (Nordmann et al. 2020). Clearly there is no 'one size fits all' solution but careful consideration must be given to students' preparedness for programme learning activities (Patterson et al. 2021). There is a need to ensure a responsive and individualised programme of support to facilitate student learning and engagement (Nguyen et al. 2021). Nurse education needs to encourage and assist mature students throughout

their educational journey to participate, develop and reach their potential. Mature students should not be made to feel as if they are peripheral to the student group and programmes need to be structured differently to offer family friendly structures. For example, part-time, term-time only and offer additional study skill support ensuring that factors, including assessments, do not obstruct participation in HE (O'Driscoll et al. 2009).

These barriers, for example IT skills, were obstacles to learning that resonated with the participants. Yet the findings of this study highlight that these individuals were motivated, eager to learn and determined to navigate these challenges (McPhail 2016). Undergraduate nurse education curricula does not contain or promote solutions to these challenges. Programmes need to be designed to offer flexibility to allow students to navigate and co-ordinate their studies around their family and other commitments. Findings from this study suggest that it is time to move away from the 'traditional' undergraduate nursing curricula design and allow mature students flexibility in their studies. Programmes need to be developed to allow students to fulfil the academic and clinical requirements of the programme. Rather than continue to produce programmes that are rigid, inflexible and produce barriers to completion, a curriculum needs to be developed that allows for students to 'plot' their own programme, allowing opportunities for individuals to undertake clinical learning periods that fit around family commitments (Litwack and Brower 2018). This would reduce pressures and spur individuals on to complete their programme recognising the flexibility available. It is important to address these issues since the number of mature students is likely to continue to rise resulting in nurse educationalists and the wider HE environments needing to examine fundamental questions about the needs of these student groups.

7.4.2 Peer support

This study has drawn particular attention to the significance of peer support and the importance of belonging, feeling included and developing a sense of identity in the student nurse community. It is well recognised that having strong social networks and friendships are fundamental to student satisfaction and retention (Christiansen and Bell 2010; Gerrard and Billington 2014; Van Der Riet et al. 2018; Martin et al. 2020). Whilst the course team

cannot influence, create or compensate for peer, personal and family support systems, it is important the strategies and course design maximises opportunities for peer group friendships to be developed. In large cohort groups, students can feel isolated and lonely and encouraging social support and connectedness for students to reinforce and complement family and friend support is essential. Inevitably some nursing students will struggle to cope and having a sense of belonging and friends who understand the challenges of the programme appears imperative for success and provides a 'buffer' during difficult times as well as a safe environment in which to reflect, discuss and problem solve (Gerrard and Billington 2014; Sidebotham et al. 2015; Green 2018).

It is important that the University's programme teams facilitate the development of personal tutorial groups where a sense of identity, of belonging within a group and a chance to get to know others are facilitated. This helps to create further opportunities for peer group cohesion and the development of friendships which extend beyond the classroom. Organising and allocating students to personal tutorial groups, tutorial and skills groups appears a convenient and manageable way of helping to facilitate a sense of belonging and identity for students. Allocating students into groups based on their geographical location will provide opportunity to develop a kinship with a group of others who can share experiences throughout the programme. For example, engineering groups in this way will result in an increased likelihood of students being allocated clinical placement experiences within the same HB. Also, when considering practical factors, this will also provide opportunities to share transport costs and develop social networks outside of the confinements of the course. These organisational and planning activities will provide opportunities for these relationships to develop and provide peer support throughout the theoretical component, the clinical placement experiences and the wider social elements of the programme. It is also important to provide social space on campus and opportunity, within the timetable, to build peer networks, for peer support through group work activities to facilitate the development of friendships, of belonging and of a shared identity as a student nurse. An important way of facilitating collaboration and peer support within the curriculum is to incorporate action learning sets into the programme as an opportunity to reflect upon experiences and learning with and from others. It provides a useful way to

learn through collaboration and enable students to gain, among other benefits, an awareness of other people's perspectives and opportunity for self-awareness and peer-group cohesion (Maddison and Strang 2018). Affording time within the curriculum is important, in order to engineer and optimise opportunities for group cohesion, enabling those studying various routes; full-time, flexible routes and part-time, to form friendship groups. Scanlon et al. (2007) suggested that the process of forming an identity as a student and developing the sense of belonging evolves in part, due to interactions with students and lecturers. The use of social media is also a growing area, and students within nurse education can find it engaging and useful as a means of providing and gaining support (Price et al. 2018). The University and course teams need to encourage the use of digital platforms and social media groups as a way of offering a complementary route of connection and support with peers. This connection and sense of belonging can then continue throughout the various elements of the undergraduate programme, including the clinical placement experiences, course challenges and personal difficulties (Pimmer et al. 2019). Ensuring that classroom and course activities encourage social and learner identities can, therefore, support integration and the development of a sense of belonging within the cohort and learning community. Among the participants in this study, sharing anxieties and discussing course challenges encouraged a positive feeling about their position on the course and supported the notion of belonging to a group with shared ambitions of becoming RNs.

7.4.3 Formal support

Data from this study identified the importance of course related support. The pressures of the various elements of the programme, including assessment bunching, anxieties and low self-confidence about their abilities coupled with limited availability and access to University support systems caused increased stress and anxieties. The significance of this finding is the understanding of the required support structures. It is recognised that there is some reluctance of students to draw on formal support mechanisms due to their perception that this could indicate a failure or loss of face. It is therefore necessary to move to support interventions that are less 'alien', changing the culture to one of accessibility, combining the role of the pastoral support and academic support (Christensen et al. 2019). It is important to consider that the key challenge for curriculum teams and University support services is to

implement and target support and interventions in a timely manner. Participants in this study spoke of an accumulation of factors and of acute episodes of stress during the programme, therefore, support systems need to be easily accessible and should relate to academic and non-academic issues (Mills et al. 2020). This support should not be an 'add-on', but ensuring that personal tutors know their students in order to better understand and provide a range of support and signpost to other University support systems to ensure they address the students' needs in a timely and appropriate manner.

As mature students, they may experience different challenges to the younger student groups. Allowing mature students opportunity to join the University buddies scheme, peer mentorship from students in their second or third year of study, or developing a mature students' student association will provide support with University systems, can reinforce the sense of belonging to an institution, a professional identity and to a body of students and assistance with University pedagogy. Many professional programmes incorporate peer assisted learning schemes where peer learning utilises the skills and experience of students from higher years to provide support with study for students in earlier years of their studies (Parton and Fleming 2007; Green 2018; Harrison 2018b; Wareing et al. 2018; Carey et al. 2019; Jadzinski et al. 2019). Providing opportunity for experienced nursing students to support with course specific challenges including clinical placement experiences and academic difficulties will be helpful. Carey et al. (2018) found that the development of cross-year support will help students to problem solve and aid the development of study skills and help to develop coping mechanisms which have a positive effect on retention.

The findings of this study identified the bunching of assessments resulted in significant stress for many of participants. The institution, which is the location of the study, produces assessment diaries for the students. However, in order to encourage students to engage in a timely manner with the assessment requirements and thus to maximise success, various course wide considerations can be made and these factors are within the remit of the institution to implement. During curriculum design an overall view of the assessment schedules can be identified and key pressure points reduced by spacing out and providing authentic assessments whilst also ensuring that clear guidance is provided regarding

assessment expectations. Spending more time discussing a study schedule with the students would provide detail around the expectations and reality of the assessment requirements and promote early engagement with the process, which would include access to supervision and University student support services.

7.4.4 Pre-entry preparation

The findings of this research suggest that investment in pre-entry activities would be advisable. Offering various pre-application and pre-enrolment activities would help to develop an understanding of the course expectations for both the student and their families.

One such activity would be to encourage families to attend open days. This would allow the chance to promote the programme and inspire students to pursue their ambition of becoming a RN. It would also provide opportunity to outline the reality of the demands of the programme for the prospective student but would also highlight the potential impact on the family in a positive but realistic way.

Other pre-course activities would include group sessions which provide an early welcome and could be used to address the students' learning needs, their intrinsic motivations and their confidence. Such activities could be developed to prepare students for the academic and emotional rigour of undertaking the undergraduate nursing programme (Fagan and Coffey 2019) and provide an opportunity to become familiar with the many digital platforms used as part of the programme (Hamshire et al. 2017). This would help in reducing pre-enrolment anxieties. Sessions could be facilitated by students currently undertaking the programme, therefore allowing opportunity to ask questions of the student experience. These activities would also allow for peer contact and informal relationships to develop with current nursing students, the faculty and course teams because those who feel connected are more likely to persist (Walker et al. 2016).

7.5. Conclusion

Through its lifeworld lens, this study has provided a holistic perspective on the experiences of a group of mature female student nurses from widening participation backgrounds. It is hoped that the findings of this study will enable nurse educators to better understand the lived experiences of this particular group of students since the findings have raised real concerns about the impact of the programme on the students and their families. It has also highlighted the challenges that nurse education faces. Changes to the student population in terms of demographics has resulted in a diverse student population and increased the number of mature non-traditional learners. Establishing the issues that affect this student group has provided essential insight into the students' needs and has helped inform recommendations for curriculum development and individualised approaches to student support which promote progression and thus maximise student retention.

In the process of undertaking the undergraduate nursing programme this group of students are exposed to experiences and opportunities which have the capacity to transform their own lives and their families', both socially and economically. The NMC, the HEIs delivering nursing programmes and the wider nursing profession must be receptive and responsive to the student voice. It is incumbent upon nurse educators and key stakeholders to work together to strengthen the curriculum in providing more flexibility, recognising the individuality of learners and ensuring that support systems are maximised. This will go some way to attracting, developing and retaining future student nurses from enrolment through to registration, thus helping to address the current recruitment and retention crisis in the nursing workforce.

7.6. Future research

As HEIs and healthcare environments continue to change rapidly, it is essential that nurse education adapts to reflect the student and workforce needs. A recommendation for future research is the replication of the study with other groups of nursing students, those with the same profile and also other groups with specific demographic profiles. This exploration of specific nursing student groups will provide opportunity to investigate differences and similarities in the lived experiences, for example those undertaking other

fields of nursing and at various stages of their programme. This study also needs to be replicated in different urban and rural HEIs that also provide undergraduate nursing programmes so that comparisons can be drawn with this study.

This study focused on women and, whilst there remains a dominance of women in the profession, this current study reflected the female perspective. Therefore, gender differences and the specific issues for mature male student nurses is an area requiring further study.

Finally, as the delivery patterns and changes to course structures continue to change, this study explored the experiences of those students undertaking the course as a full-time student. Based on the recommendation of this study, interesting and important further study will be to compare the experiences of those women undertaking the undergraduate nursing programme on a part-time or modular basis. Understanding if this pattern of delivery and course organisation improves the experience for these mature female students is necessary to inform ongoing and future curriculum structures. These findings would help those delivering the various aspects of the nurse education programmes, both from the University and the clinical placement environments, to understand student nurse needs and develop support services and nurse education provision within these specific contexts.

Chapter 8 – Reflexive Epilogue

In this final chapter I detail the reflexive journey that I have taken throughout the inception, design, conduct and writing of this thesis. When I reflect on my 'pre-doctorate' self I realise that I have changed significantly. There has been a shift in my thinking and view of the world. I now realise that life is not simple, and I no longer accept situations at face value and have become critical and questioning. Moreover, this process has enabled me to become a reflexive novice researcher. The research process has demanded careful consideration in the development of ideas and has required me to develop different ways of thinking, recognising the essential need to take time to think, consider issues and progress ideas. I learnt that by stepping away from the computer and taking the dog for a walk or going out for a run enabled me to do this important and essential thinking. I also recognise that the increased analytical skills that I have developed through undertaking this study have been incorporated into my professional working practices as have the skills I have acquired in complex data management, version control and decision-making processes.

This research journey has been hugely challenging both from a personal developmental perspective and on a practical level. Completion and commitment to the end goal has always been a huge motivator for me. In a similar way to the participants, I needed to be resilient, juggle various roles and seek support and guidance from numerous sources throughout the journey. Confidence that I was able to achieve at this level was low at times and imposter syndrome was something that I battled with constantly. As a novice researcher, I found it to be a lonely experience and I often felt isolated. The support and encouragement from others was essential and their belief in me and in my study kept me going through some difficult and trying times. The ongoing impact of the Covid-19 pandemic added additional challenges. The sudden changes to my working patterns and the restrictions on movement and nation-wide lockdowns resulted in a climate of uncertainty and obvious anxiety, which added to the feelings of isolation. However, the use of online meeting rooms and regular meetings with my supervisors and colleagues provided opportunity for discussion and support.

To conclude, I felt great empathy with the participants in this study, identifying with many of their thoughts, feelings and attitudes towards their studies. Through my reflexive journey I understood that the variations between the experiences of the participants and of my own thoughts and feelings were something to recognise. In a way, my own journey as a Professional Doctorate student had many parallels with the students who were my research participants. As a mature female student undertaking the challenges of doctoral study, I had to adjust to being a student again as well as holding an academic role within the school. Although I recognised the similarities, at times, I also felt very distanced from what they were describing to me. I was already a RN and had full time employment, however the juggling of roles and various commitments was something that resonated strongly with me. Having considered what the participants told me in their stories of their journeys on the undergraduate programme I was struck by the incredible challenges that they experienced but their motivations to complete and become RNs was truly inspiring.

It is important to acknowledge that when I started this research journey the purpose of my study was to examine the experiences and perspective of mature, female students undertaking the BN programme. It is clear that by using IPA, with its central aim of gaining knowledge from the individual's viewpoint, this has been achieved. By providing these students with a voice their individual stories, their personal struggles and their ongoing focus and motivations to achieve their ultimate goal of becoming RNs have been revealed. I realise, on reflection, that although I was aware of the challenges experienced by members of nursing student groups, really, I had no idea of the magnitude of the challenges that some individuals face and their determination to achieve was inspirational. I have felt a great sense of privilege in undertaking this study. I was very grateful to the students for sharing their experiences with me but I also felt incredibly sad that they were facing such difficulties in their respective journeys to become RNs.

The importance of exploring the experiences of mature female students undertaking the BN programme is relevant to my role in nurse education. My interest was triggered particularly by my involvement in dealing with students experiencing challenges during their studies, both in my previous role as the deputy course leader for the BN programme and also as a

personal tutor throughout my career in nurse education at the University. The Doctorate programme has brought together my concern for understanding the mature female student nurses' journey and my ambition to make research a larger part of my current role in nurse education. I am conscious of my place within the academic community and how this might change based on my research outcomes. This thesis represents the beginning of my research journey, I will continue to highlight the student voice in my work and look forward to developing research partnerships in the future.

APPENDICES



School of Healthcare Sciences, Cardiff University

Research participants needed

Are you a student on the Bachelor of Nursing (Adult) programme and in the March 16 cohort? Yes/No

Are you female and aged over 21? Yes/No

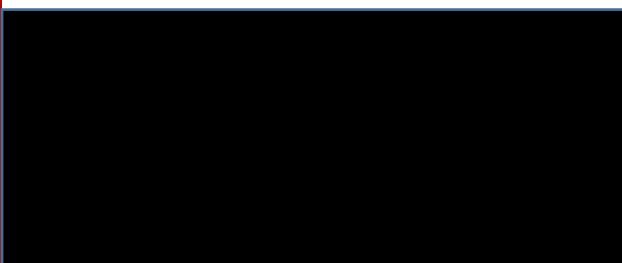
Have you seriously considered leaving the programme on one or more occasions? Yes/No

If you have answered *Yes* to all three questions above and would like further information on how you can participate in my doctoral study, which will aim to -

explore the experiences of mature, female students from widening participation backgrounds who have considered leaving but remain on the Bachelor of Nursing (Adult) programme.

Then please contact me.

Owena Simpson
Professional Doctorate Student



This study has been approved by the Cardiff University, School of Healthcare Sciences, Research Ethics Committee and the [redacted], Faculty of Life Sciences and Education Ethics Committee.



Ysgol Gwyddorau Gofal Iechyd, Prifysgol Caerdydd

Angen cyfranogwyr ymchwil

Ydy chi'n fyfyrwr ar y rhaglen Baglor Nyrso (Oedolion) ac yng nghharfan Mawrth 16? Ydw/Nacydw

Ydych chi'n fenywaidd ac yn hŷn na 21 oed? Ydw/Nacydw

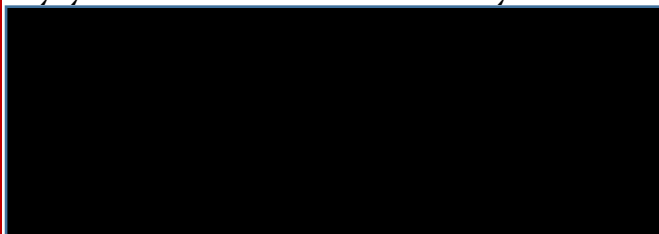
Ydych chi wedi ystyried yn ddifrifol gadael y rhaglen ar un achlysur neu fwy? Ydw/Nacydw

Os ydych chi wedi ateb *Ydw* i'r tri chwestiwn uchod a hoffech ragor o wybodaeth am sut y gallwch chi gymryd rhan yn fy astudiaeth doethuriaeth, a fydd yn anelu at -

archwilio profiadau myfyrwyr aeddfed, merched o gefndiroedd ehangu cyfranogiad sydd wedi ystyried gadael ond aros ar y rhaglen Baglor Nyrso (Oedolion).

Yna cysylltwch â mi.

Owena Simpson
Myfyrwr Doethuriaeth Broffesiynol



Mae'r astudiaeth hon wedi'i gymeradwyo gan Brifysgol Caerdydd, yr Ysgol Gwyddorau Gofal Iechyd, y Pwyllgor Moeseg Ymchwil a [REDACTED] Gyfadrannau Gwyddorau Bywyd a'r Pwyllgor Moeseg Addysg.



School of Healthcare Sciences, Cardiff University

Dear student

Research participants needed

Are you a student on the Bachelor of Nursing (Adult) programme and in the March 16 cohort?	Yes/No
Are you female and aged over 21?	Yes/No
Have you seriously considered leaving the programme on one or more occasions?	Yes/No

If you have answered Yes to all three questions above then please read on.

I would like to invite you to take part in a Professional Doctorate Study that I am conducting, which will explore the experiences of mature, female students from widening participation backgrounds who have *considered* leaving but remain on the Bachelor of Nursing (Adult) programme.

Attached is an information sheet explaining more about the study and how it will be conducted.

Participation in the study is completely voluntary. The attached information sheet should provide all you need to know about the study, however if you have any questions or would like to discuss further, then please contact me. I would be happy to speak with you in person – in my office AB157, on the telephone on 01443 483857 or contact me via email

[redacted]; please leave details of your telephone number and a convenient day/time for me to make contact with you.

Kind regards

[redacted signature]

Professional Doctorate Student

[redacted name]



School of Healthcare Sciences, Cardiff University

Title – Exploring the experiences of mature, female students from widening participation backgrounds who have seriously considered leaving the Bachelor of Nursing (Adult) programme but remain on the course. An Interpretative Phenomenological Analysis study.

Participant information sheet

I am an experienced nurse and a lecturer in adult nursing. I am currently undertaking a Professional Doctorate at Cardiff University and I would like to invite you to take part in my research study. It is important that you are aware that the interviews undertaken as part of this study will be conducted by me in my capacity as a research student and not as an academic subject manager or part of the module and course teaching teams.

Before you decide, it is important for you to understand why the study is being done and what it will involve. Please take time to read the following information carefully and discuss with others if you wish. If you have any queries or would like further information please contact me using the contact details below. Take time to decide if you wish to take part. Many thanks for your time.

What is this study about?

The aim of this study is to explore the experiences of *widening participation* students undertaking a three year Bachelor of Nursing (Adult) programme and identify factors related to their successful completion on the programme. It is recognised that some students find the course challenging and stressful at times and some seriously consider leaving at some point during the course, however they continue on the programme despite the challenges they face.

There is a current lack of research that focuses on the experiences of female, mature nursing students who have accessed the course from widening participation backgrounds. Those entering the programme through *widening participation* routes have characteristics not traditionally associated with a University education, these include older students - who Universities and Colleges Admissions Service (UCAS) (2016) define as over the age of 21, those with family and financial responsibilities, those with various non-traditional entry qualifications and many are the first generation of the family to access a University course.

Developing a deeper understanding of the factors that influenced you to stay will potentially provide insights into the students' support needs. Exploring these factors will provide opportunity for me to understand the challenges of being a nursing student.

Why have I been invited to take part?

You have been invited to take part as you are a mature female student, at the end of the second year of the Bachelor of Nursing (Adult) programme, and have considered leaving the course on one or more occasions. Your contribution will help me to explore the experience and challenges of being a student nurse from your perspective.

Do I have to take part?

No. Your participation is entirely voluntary and should you agree to take part you have the right to withdraw from the study at any time without penalty. It will not have an effect on your role as a student nurse at the University. If you take the option to withdraw from the study, with your permission, I would like to keep and use any information that you have provided whilst taking part in the study.

What will happen to me if I take part?

If you agree to be involved in this study, you will be asked to take part in an interview that will seek to explore and understand your experiences of being on the programme and examine the factors that have influenced you to remain on the Bachelor of Nursing (Adult) programme.

The interview will take place at a mutually agreeable location, for example a quiet room within the University or at your home and a time that is convenient for you. It is anticipated that the interview will last no longer than 60 minutes.

The researcher will conduct the interview and a digital voice recorder will be in use. You will not be personally identified in any subsequent publication without further permission from yourself. Your interview will be transcribed and subsequently analysed, however you will be referred to anonymously within the study by a pseudonym.

A consent form is included with this information sheet, which you will need to complete and sign if you agree to take part in the study.

Expenses and payments

You will not be paid to participate in the study.

What are the possible benefits of taking part?

There may be no direct benefit to you, however you will be contributing to the development of a deeper understanding around the factors that might help future students from a widening participation background to complete their programme of study.

What are the possible risks or disadvantages of taking part?

There are no foreseeable risks of taking part. The only disadvantage would be the time needed to be interviewed. It is also possible that the interviews may cause some distress for some participants as you may recall some difficult and upsetting circumstances. In preparation for this, I will ensure that I will allow opportunity to pause or stop the interview if any emotional distress is encountered. I will reinforce your right to withdraw from the study and ensure opportunity for debrief is factored into every interview. Contact details and referral to student support services will be discussed at the beginning of the interview and reinforced after the interview as required.

Will my taking part in this study be kept confidential?

Yes, any information you give will remain confidential to the researcher and her supervisory team and ensured by the use of pseudonyms. However, you will also be made aware before the interview commences, that in the unlikely event that any practice which is unsafe or is concerning (that which compromises professionalism or negatively impacts on the nurse) is revealed, then as a registrant the principal researcher is obliged to act on this (NMC 2015) and will inform the appropriate person at the study site.

You will have your anonymity protected and under the Data Protection Act (1998) you can ask to view any personal data kept by the researcher. All the information collected in the study will also be securely stored and subsequently destroyed after five years in adherence with the Cardiff University Research Integrity and Governance Code of Practice (2015).

What will happen to the results of the study?

It is planned that the anonymised data, including direct quotes, will be used within the thesis required for the Professional Doctorate programme as well as within conference presentations, academic journal articles and reports compiled during and post my Doctorate studies. Participants can also choose to receive an email giving a brief summary of the key findings from the study by ticking the box on the study consent form.

Who is organising and funding the research?

This study is being organised and funded by Owena Simpson, a Professional Doctorate student at Cardiff University. The study is being supervised by two senior and experienced staff at Cardiff University, School of Healthcare Sciences, Dr Paul Gill and Dr Sally Anstey.

Who has reviewed the study?

This study has been given approval to commence by Cardiff University School of Healthcare Sciences School Research Committee and the [REDACTED] Faculty of Life Sciences and Education Ethics Committee.

What if there is a problem?

If at any time during the study you have a query or concern relating to the study or have any further questions or queries please feel free to contact the researcher Owena Simpson, or my research supervisors at Cardiff University - Dr Paul Gill GillP3@cardiff.ac.uk; or Dr Sally Anstey AnsteyS1@cardiff.ac.uk. We will do our best to answer your questions.

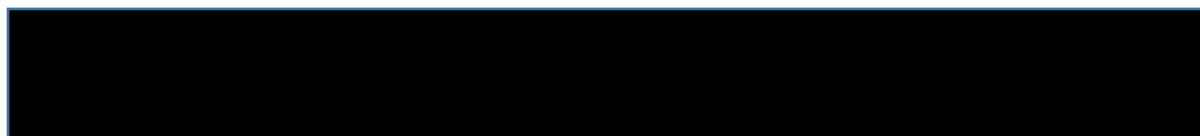
If you wish to express concern to someone not involved in the project, you should contact Dr Kate Button, Director of Research Governance at Cardiff University School of Healthcare Sciences. You can write to Dr Button at the School of Healthcare Sciences, Cardiff University, Eastgate House, 35-43 Newport Road, Cardiff, CF24 0AB or contact her by either telephone on 02920 687734 or by Email: buttonk@cardiff.ac.uk

What will happen if I don't want to carry on with the study?

Your participation in the study is voluntary and you are free to withdraw from the study at any time, without giving a reason, and without your legal rights being affected, there will be no penalty exercised against you.

Further information and contact details

You may want some more general or specific information about this study. If so, please contact me



School of Healthcare Sciences, Cardiff University,

Title – Exploring the experiences of mature, female students from widening participation backgrounds who have seriously considered leaving the Bachelor of Nursing (Adult) programme but remain on the course. An Interpretative Phenomenological Analysis study.

Researcher: Owena Simpson

**Please
initial
box**

1. I confirm that I have read the participant information sheet for the above study (Version 1 22/12/2017). I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason. I understand any decision to withdraw and reasons given (if any) will remain confidential.
3. I understand that if I take the option to withdraw from the study any information that I have provided whilst taking part in the study will be kept and may be used.
4. I understand that my interview will be recorded on a digital or similar device. I agree to participate using this method of recording.
5. I understand that the interview recording will be transferred using secure methods of transmission.
6. I understand that data collected will not be transferred to any commercial organisation but may be used anonymously for publication in healthcare journals, presentation at conferences, for teaching purposes and for future studies. This data will be securely stored for a period of 5 years. I give permission for this.
7. I understand that in the unlikely event that any practice which is unsafe or is concerning (that which compromises professionalism or negatively impacts on the nurse) is revealed, then as a registrant the principal

researcher is obliged to act on this (NMC, 2015) and will inform the appropriate person at the study site.

8. I agree to take part in the above study

Please turn over

Name of participant:

Signature:

Name of person taking consent : Owena Simpson.

Signature:

Date:

Further information and contact details

You may want some more general or specific information about this study. If so please contact me.

[Redacted]

Professional Doctorate Student

[Redacted]

If you have a concern about any aspect of this study, you should speak to [Redacted], or my research supervisors at Cardiff University - Dr Paul Gill GillP3@cardiff.ac.uk; or Dr Sally Anstey AnsteyS1@cardiff.ac.uk. We will do our best to answer your questions.

If you wish to express concern to someone not involved in the project, you should contact Dr Kate Button, Director of Research Governance at Cardiff University School of Healthcare Sciences. You can write to Dr Button at the School of Healthcare Sciences, Cardiff University, Eastgate House, 35-43 Newport Road, Cardiff, CF24 0AB or contact her by either telephone on 02920 687734 or by Email: buttonk@cardiff.ac.uk

Appendix 5 – Interview Schedule

<u>Interview schedule</u>	
1.	Can you tell me about yourself? A bit of your life story (collect demographic details here – age, where do you live, have others in family been to University)
	<p><i>Widening participation</i></p> <ul style="list-style-type: none"> • Residence – Postcode - Originally from there? • Age • Marital status • Children/dependents • Home-owner – mortgage/rent • Others in your family been to University? • Do you have a part time job? • Interests/hobbies?
2.	How did you get into nursing?
	<ul style="list-style-type: none"> • What courses did you do in order to get the necessary qualifications to get onto the course? • Did you have experiences of caring/nursing before you started the course?
3.	You identified that you have considered leaving the course on one or more occasions, so I'd like to move on to talk about those times and the decisions that you have made. Is it OK if I ask you some questions about that, it will help me to understand your experiences?
4.	Can you tell me about that incident or those incidents <ul style="list-style-type: none"> • How did this affect you? What was it like for you?
5.	How did you manage the process/what did you do? <ul style="list-style-type: none"> • What or who was helpful/not helpful?
6.	So - You are still here – so what made it possible for you to stay? <ul style="list-style-type: none"> • What made you change your mind and stay? • What or who influenced you to stay?
7.	I have finished asking my questions now – was there anything else that you wanted to say/tell me that you haven't had the opportunity to talk about?
8.	Thank you for your time. I really appreciate your contribution. Before we finish is there anything you want to ask me?

Appendix 6 – Data Analysis Extract

<p>MOTHER'S expectations</p> <p>Juggling commitment.</p> <p>Difficult to accept grandmother's diagnosis</p> <p>assessment banching</p>	<p>of... where the dementia is getting worse, she can't comprehend... so it's times like that where my grandmother gets confused, has like very confused states where she can't remember how to little tasks, and she forgets that people have just been down to her and she'll sometimes say, I haven't seen anybody for days, but I may have just gone down there, or my mother may have just gone down there, and there's little stressful moments like that around the deadlines of my essays and the exams, I feel I get so stressed out with it. 'Cos my mother struggles to cope with my Nan's progressive dementia... me and my mother get into heated debates and I have said, well, I'll just quit my degree then and I'll go and care for Nan. It's been various different things like deadlines and then something's happening with my grandmother and it's like an explosion and I can't cope, and I just get a bit stressed out with the explosion of various things all colliding together.</p> <p>pressure of speech. combative language</p> <p>Yeah, and is that... sort of brought to a head because of the pressures of the course for you?</p> <p>Yeah, yeah. I'm stressed because I've got all these assignment to submit and I think the way year two was structured ... it was like literally deadlines, deadlines in such a short space of time. I get so stressed out around all the deadlines of my essays and exams and I feel like I just can't cope with it all... 'cos I just haven't got time to do it all. Just feels like everything is just bunched together and with the combination of how my nan is and those tight schedules... and that's what would cause the arguments.</p> <p>negative/pessimistic language</p> <p>Mm. So ... obviously the last 2 months have been stressful from an assessment point of view. You know other times on the course when you haven't got assessment deadlines and you're coming into the university for theory and then you're on placements, do you find that equally as sort of stressful?</p>	<p>weld to consensus by caring responsibilities</p> <p>overwhelmed - battle between home & course life.</p> <p>Lack of control over own time</p> <p>Panic</p>
--	---	---

I think probably the 8 months prior, I felt they were okay, you know, in dealing with the things with my grandmother but then... I think more when... it was more stressful around the deadline points of... you know, coming home from uni see my grandmother for an hour, then think, and breathe, now I've got to do some work, but sometimes all my plans go off track. The combination of how my Nan is and those tight schedules, it was just... I felt like I either had to prioritise one or the other.

what about those assessments, and obviously everything going on at home, what about the pressures of the assignments, was it not having time to do them, or what was the problem with them?

tentative

I think I could have probably like structured my time a lot better, but I would... I know I was creating like, little timetables to slot it in, like I've got to do it, I've got to do this set of revision now this night, and it was working, but then it'd be like little moments, something would happen with my grandmother and that would... sort of like... sort of throw me off... would throw me off track then. And I'd come back and think, oh, what was I doing then? What was I doing before I went down to nan's [laughs]?

And how have you felt after the assessments, then, you know, when you have handed them in?

When I've handed them in, it's like a whole... like half the weight has come off my shoulders, thinking, ah, that's one less battle to deal with. And I'm thinking, right, now, let's go and... see if nan is having a good day today. And I saw her this morning, she wasn't having a good day at all, and it's just knowing how to control the best of the situation as well as dealing with having to study as well on top.

Lack of time for self-care + basic needs.

tension of roles

off-track - controlled route lacked ability to be organised.

Reflection

Relief constant pressure of caring role.

Juggling

losing track of tasks

unpredictability of situation

sensitive and influenced by her grandmother's condition

Appendix 7 – Ethical approval – Cardiff University

School of Healthcare Sciences
Head of School and Dean Professor Heather
Waterman

Ysgol Gwyddorau Gofal Iechyd
Pennaeth yr Ysgol a Deon Yr Athrawes Heather Waterman



21 December 2017

Cardiff University
Eastgate House
13th Floor
35 – 43 Newport Road
Cardiff CF24 0AB

Tel Ffôn: +44 (0)29 20 688559
Email E-bost: HCAREEthics@cardiff.ac.uk

Prifysgol Caerdydd
13^{ed} Llwr
Ty Eastgate
35 – 43 Heol Casnewydd
Caerdydd CF24 0AB



Dear [REDACTED]

Exploring the experiences of mature, female students from widening participation backgrounds who have considered leaving but remain on the Bachelor of Nursing (Adult) programme. An Interpretative Phenomenological Analysis study

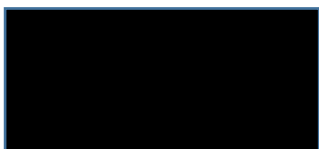
The School's Research Ethics Committee Chair has considered your re-submitted research proposal. The decision of the Committee Chair is that your work should:

Pass –and that you proceed with your Research in collaboration with your supervisor

Please note that if there are any subsequent major amendments to the project made following this approval you will be required to submit a revised proposal form. You are advised to contact me if this situation arises. In addition, in line with the University requirements, the project will be monitored on an annual basis by the Committee and an annual monitoring form will be despatched to you in approximately 11 months' time. If the project is completed before this time you should contact me to obtain a form for completion.

Please do not hesitate to contact me if you have any questions.

Yours sincerely



Research Administration Manager

Cc : Dr Paul Gill, Dr Sally Anstey

Appendix 8 - Ethical approval – HEI – Study Location



Professor [REDACTED], Vice-Chancellor
Yr Athro Julie C. Lydon-Abb, Is-Ganghellor

Friday 22nd December 2017



Dear [REDACTED]

Faculty Ethics Sub Group Feedback – ‘Exploring the experiences of mature, female students from widening participation backgrounds who have considered leaving but remain on the Bachelor of Nursing (Adult) programme. An Interpretative Phenomenological Analysis study’ [20170S1222]

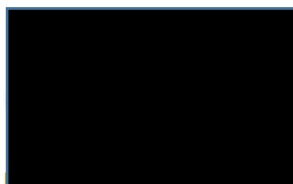
I am writing to confirm that on the 22nd December 2017, the Faculty of Life Sciences and Education Ethics Sub Group approved your submission for ethical approval.

Please note:

- i. Approval is valid for 2 years from the date of issue, you will be notified when approval has expired but you are expected to be mindful of this expiration. Upon the expiration of this ethics approval you may apply for an extension.
- ii. The approved documents are attached. If you intend on deviating from the approved protocol, research team, or documentation you will need to seek approval for any changes.
- iii. This approval does not confirm that indemnity or insurance are in place for this project.
- iv. Please confirm when your research project has closed (a one page closure report highlighting any recruitment issues, adverse events, publications etc. should be appended).

If you have any queries about the committee’s decision, please do not hesitate to contact me.

Yours sincerely,



Chair of Faculty Ethics Committee



INVESTORS | BUDDSOODIWMR
IN PEOPLE | MEWN PŴBL

The University of South Wales is a registered charity. Registered in Wales 1149373
Welsh Charity No. 200700044. Registered in England 11149373

References

Abele, C. et al. 2013. A closer look at academic probation and attrition: What courses are predictive of nursing student success? *Nurse Education Today* 33(3), pp. 258-261. doi: 10.1016/j.nedt.2011.11.017

Aelenei, C. et al. 2020. When an academic culture based on self-enhancement values undermines female students' sense of belonging, self-efficacy, and academic choices. *The Journal of Social Psychology*. 160(3), pp. 373-389. doi: 10.1080/00224545.2019.1675576

Al-Alawi, R. et al. 2020. Systematic review: Predictors of students' success in baccalaureate nursing programs. *Nurse Education in Practice* 48, pp. 102865-102865. doi: 10.1016/j.nepr.2020.102865

Alase, A. 2017. The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education & Literacy Studies* 5(2), doi: 10.7575/aiac.ijels.v.5n.2p.9

Albertazzi, L. 2018. Naturalizing phenomenology: A must have? *Frontiers in Psychology*. 9, pp. 1933-1933. doi: 10.3389/fpsyg.2018.01933

Alharbi, M. et al. 2020. Undergraduate nursing students' adoption of the professional identity of nursing through social media use: A qualitative descriptive study. *Nurse Education Today* 92, pp. 104488-104488. doi: 10.1016/j.nedt.2020.104488

Allen, B. C. et al. 2015. The effect of bullying on burnout in nurses: the moderating role of psychological detachment. *Journal of Advanced Nursing* 71(2), pp. 381-390. doi: 10.1111/jan.12489

Allen, K.-A. 2021. *The Psychology of Belonging*. Abingdon, Oxon: Routledge, Taylor & Francis Group.

Alspach, G. 2007. Critical care nurses as coworkers: are our interactions nice or nasty? *Critical Care Nurse*. 27(3), pp. 10, 12-14. doi: 10.4037/ccn2007.27.3.10

Anderson, M. et al. 2021. Securing a sustainable and fit-for-purpose UK health and care workforce. *The Lancet* 397(10288), pp. 1992-2011. doi: 10.1016/S0140-6736(21)00231-2

Andrew, S. et al. 2008. Hate the course or hate to go: Semester differences in first year nursing attrition. *Nurse Education Today* 28(7), pp. 865-872. doi: 10.1016/j.nedt.2007.12.007

Armstrong, D. et al. 2021. COVID-19 and the health workforce. *Medical Care Research and Review*. 78(1_suppl), pp. 4S-6S. doi: 10.1177/1077558720969318

Ashktorab, T. et al. 2017. Factors affecting the belongingness sense of undergraduate nursing students towards clinical setting: A qualitative study. *Journal of Caring Sciences*. 6(3), pp. 221-235. doi: 10.15171/jcs.2017.022

Ashktorab, T. et al. 2015. Psychometric testing of the Persian version of the Belongingness Scale–Clinical Placement Experience. *Nurse Education Today* 35(3), pp. 439-443. doi: 10.1016/j.nedt.2014.11.006

Ashworth, A. and Ashworth, P. 2003. The lifeworld as phenomenon and as research heuristic, exemplified by a study of the lifeworld of a person suffering alzheimer's disease. *Journal of Phenomenological Psychology* 34(2), pp. 179-205. doi: 10.1163/156916203322847137

Ashworth, P. 2003a. An approach to phenomenological psychology: The contingencies of the lifeworld. *Journal of Phenomenological Psychology* 34(2), pp. 145-157. doi: 10.1163/156916203322847119

Ashworth, P. et al. 2003. The student lifeworld and the meanings of plagiarism. *Journal of Phenomenological Psychology* 34(2), pp. 257-278. doi: 10.1163/156916203322847164

Ashworth, P. D. 2003b. The phenomenology of the lifeworld and social psychology. *Social Psychology Review* 5(1), pp. 18-34.

Ashworth, P. D. 2006. Seeing oneself as a carer in the activity of caring: Attending to the lifeworld of a person with Alzheimer's disease. *International Journal of Qualitative Studies on Health and Well-Being*. 1(4), pp. 212-225. doi: 10.1080/17482620600967786

Ashworth, P. D. 2016. The lifeworld - enriching qualitative evidence. *Qualitative Research in Psychology* 13(1), pp. 20-32. doi: 10.1080/14780887.2015.1076917

Askham, P. 2008. Context and identity: exploring adult learners' experiences of higher education. *Journal of Further and Higher Education* 32(1), pp. 85-97. doi: 10.1080/03098770701781481

Attenborough, J. et al. 2019. Everywhere and nowhere: Work-based learning in healthcare education. *Nurse Education in Practice*. 36, pp. 132-138. doi: 10.1016/j.nepr.2019.03.004

Baker, Z. 2020. The vocational/academic divide in widening participation: the higher education decision making of further education students. *Journal of Further and Higher Education* 44(6), pp. 766-780. doi: 10.1080/0309877X.2019.1599328

Bakker, E. J. M. et al. 2019. Late dropout from nursing education: An interview study of nursing students' experiences and reasons. *Nurse Education in Practice* 39, pp. 17-25. doi: 10.1016/j.nepr.2019.07.005

Bateson, J. et al. 2016. Different people, different views, different ideas: Widening participation in nursing and radiography degrees. *Institute of Vocational Learning and Workforce Research* 20(21), pp. 102-122. doi: doi.org/10.5456/WPLL.20.1.102

Baxter, A. and Britton, C. 2001. Risk, identity and change: Becoming a mature student. *International Studies in Sociology of Education*. 11(1), pp. 87-104. doi: 10.1080/09620210100200066

Beauvais, A. M. et al. 2011. Emotional intelligence and nursing performance among nursing students. *Nurse Education Today* 31(4), pp. 396-401. doi: <http://dx.doi.org/10.1016/j.nedt.2010.07.013>

Beck, C. T. 2000. The experience of choosing nursing as a career. *The Journal of Nursing Education*. 39(7), pp. 320-322. doi: 10.3928/0148-4834-20001001-09

Beddington, J. et al. 2008. The mental wealth of nations. *Nature* 455(7216), pp. 1057-1060. doi: 10.1038/4551057a

Biggerstaff, D. and Thompson, A. R. 2008. Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology* 5(3), pp. 214-224. doi: 10.1080/14780880802314304

Birt, L. et al. 2016. Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*. 26(13), pp. 1802-1811. doi: 10.1177/1049732316654870

Boath, E. et al. 2016. Don't go with the 'FLO' – a student mobile texting service to enhance nursing student retention. *Nurse Education Today* 45, pp. 80-86. doi: doi.org/10.1016/j.nedt.2016.06.019

Bolton, P. and Hubble, S. 2021. *Mature Higher Education Students in England. Briefing paper.* London.: Available at: <https://researchbriefings.files.parliament.uk/documents/CBP-8809/CBP-8809.pdf> [Accessed: 15th August 2021].

Borrott, N. et al. 2016. Nursing students' belongingness and workplace satisfaction: Quantitative findings of a mixed methods study. *Nurse Education Today* 45, pp. 29-34. doi: 10.1016/j.nedt.2016.06.005

Bourdieu, P. 1985. The social space and the genesis of groups. *Theory and Society*. 14(6), pp. 723-744. doi: 10.1007/BF00174048

Bourdieu, P. 1990. *The logic of practice*. Cambridge: Polity.

Bourdieu, P. and Passeron, J. C. 1990. *Reproduction in Education, Society and Culture*. 1990 ed / preface by Pierre Bourdieu. ed. London: Sage.

Bowden, J. 2008. Why do nursing students who consider leaving stay on their courses? *Nurse Researcher* 15(3), pp. 45-58.

Bradbury-Jones, C. et al. 2007. Empowerment of nursing students in the United Kingdom and Japan: a cross-cultural study. *Journal of Advanced Nursing* 59(4), pp. 379-387. doi: 10.1111/j.1365-2648.2007.04300.x

Braine, M. E. and Parnell, J. 2011. Exploring student's perceptions and experience of personal tutors. *Nurse Education Today* 31(8), pp. 904-910. doi: doi.org/10.1016/j.nedt.2011.01.005

Bridges, J. et al. 2019. Hospital nurse staffing and staff–patient interactions: an observational study. *BMJ Quality & Safety* 28(9), p. 706. doi: 10.1136/bmjqs-2018-008948

Brimble, M. J. 2015. Does entry route really affect academic outcome? Academic achievement of traditional versus non traditional entrants to BN(Hons) pre-registration nursing programmes. *Journal of Further and Higher Education* 39(3), pp. 379-398. doi: 10.1080/0309877X.2013.858675

Brinkmann, S. and Kvale, S. 2015. *InterViews : Learning the craft of qualitative research interviewing*. 3 ed. Los Angeles: Sage Publications.

Brocki, J. M. and Wearden, A. J. 2006. A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology & Health* 21(1), pp. 87-108. doi: 10.1080/14768320500230185

Brooks, J. 2015. Learning from the lifeworld: Introducing alternative approaches to phenomenology in psychology. *The Psychologist*. 28(8), pp. 642-643.

Brown, J. et al. 2020. Issues affecting nurses' capability to use digital technology at work: An integrative review. *Journal of Clinical Nursing* 29(15-16), pp. 2801-2819. doi: 10.1111/jocn.15321

Bryman, A. 2015. *Social research methods*. Oxford: Oxford University Press.

Buchan, J. et al. 2019. *A critical moment: NHS staffing trends, retention and attrition*. Available at: <https://www.health.org.uk/sites/default/files/upload/publications/2019/A%20Critical%20Moment%201.pdf> [Accessed: 30th November 2020].

Bulfone, G. et al. 2021. Nursing students' academic self-efficacy: A longitudinal analysis of academic self-efficacy changes and predictive variables over time. *Journal of Advanced Nursing* 77(5), pp. 2353-2362. doi: 10.1111/jan.14771

Bulmer Smith, K. et al. 2009. Emotional intelligence and nursing: An integrative literature review. *International Journal of Nursing Studies* 46(12), pp. 1624-1636. doi: doi.org/10.1016/j.ijnurstu.2009.05.024

Bumby, J. C. 2020. Evidence-based interventions for retention of nursing students: A review of the literature. *Nurse Educator* 45(6), pp. 312-315. doi: 10.1097/NNE.0000000000000797

Bunniss, S. and Kelly, D. R. 2010. Research paradigms in medical education research. *Medical Education*. 44(4), pp. 358-366. doi: 10.1111/j.1365-2923.2009.03611.x

Burns, E. et al. 2012. Reflexivity in midwifery research: The insider/outsider debate. *Midwifery* 28(1), pp. 52-60. doi: 10.1016/j.midw.2010.10.018

Burston, M. A. 2017. I work and don't have time for that theory stuff: Time poverty and higher education. *Journal of Further and Higher Education* 41(4), pp. 516-529. doi: 10.1080/0309877X.2015.1135885

Busher, H. and James, N. 2019. Struggling to become successful learners: Mature students' early experiences of access to higher education courses. *Studies in the Education of Adults*. 51(1), pp. 74-88. doi: 10.1080/02660830.2018.1556483

Busher, H. and James, N. 2020. Mature students' socio-economic backgrounds and their choices of Access to Higher Education courses. *Journal of Further and Higher Education* 44(5), pp. 640-652. doi: 10.1080/0309877X.2019.1576857

Cameron, J. et al. 2011. An integrative literature review of student retention in programmes of nursing and midwifery education: why do students stay? *Journal of Clinical Nursing* 20(9/10), pp. 1372-1382. doi: 10.1111/j.1365-2702.2010.03336.x

Carey, M. C. et al. 2018. An exploration of peer-assisted learning in undergraduate nursing students in paediatric clinical settings: An ethnographic study. *Nurse Education Today* 65, pp. 212-217. doi: 10.1016/j.nedt.2018.03.014

Carey, M. C. et al. 2019. Using meta-ethnography to develop a conceptual model of peer-assisted learning of nursing students in clinical practice. *Nursing Open*. 6(2), pp. 473-481. doi: 10.1002/nop2.229

CASP. 2021. *Critical Appraisal Skills Programme (CASP) Qualitative Studies Checklist*. <https://casp-uk.net/casp-tools-checklists/>: Available at: <https://casp-uk.net/casp-tools-checklists/> [Accessed: 27th August 2021].

Castro-Palaganas, E. et al. 2017. An examination of the causes, consequences, and policy responses to the migration of highly trained health personnel from the Philippines: the high cost of living/leaving—a mixed method study. *Human Resources for Health*. 15(1), pp. 25-25. doi: 10.1186/s12960-017-0198-z

Chan, Z. C. Y. et al. 2019. Curriculum design and attrition among undergraduate nursing students: A systematic review. *Nurse Education Today* 74, pp. 41-53. doi: 10.1016/j.nedt.2018.11.024

Chapman, A. 2017. Using the assessment process to overcome Imposter Syndrome in mature students. *Journal of Further and Higher Education* 41(2), pp. 112-119. doi: 10.1080/0309877X.2015.1062851

Charles, E. P. 2013. Psychology: The Empirical Study of Epistemology and Phenomenology. *Review of General Psychology*. 17(2), pp. 140-144. doi: 10.1037/a0032920

Christensen, M. et al. 2016. Do student nurses experience imposter phenomenon? An international comparison of final year undergraduate nursing students readiness for registration. *Journal of Advanced Nursing*. 72(11), pp. 2784-2793. doi: 10.1111/jan.13034

Christensen, M. and Craft, J. 2021. "Gaining a new sense of me": Mature students experiences of under-graduate nursing education. *Nurse Education Today* 96, pp. 104617-104617. doi: 10.1016/j.nedt.2020.104617

Christensen, M. et al. 2019. "Nursing Tree Time": An inter-professional team approach to supporting student nurse learning at a regional university campus. *Nurse Education Today* 80, pp. 22-27. doi: 10.1016/j.nedt.2019.06.004

Christiansen, A. and Bell, A. 2010. Peer learning partnerships: exploring the experience of pre-registration nursing students. *Journal of Clinical Nursing* 19(5-6), pp. 803-810. doi: 10.1111/j.1365-2702.2009.02981.x

Christiansen, A. et al. 2019. "Juggling many balls": Working and studying among first-year nursing students. *Journal of Clinical Nursing* 28(21-22), pp. 4035-4043. doi: 10.1111/jocn.14999

Chugh, R. et al. 2020. Social media usage by higher education academics: A scoping review of the literature. *Education and Information Technologies*. 26(1), pp. 983-999. doi: 10.1007/s10639-020-10288-z

Cingel, M. and Brouwer, J. 2021. What makes a nurse today? A debate on the nursing professional identity and its need for change. *Nursing Philosophy* 22(2), pp. e12343-n/a. doi: 10.1111/nup.12343

Clance, P. R. and Imes, S. A. 1978. The imposter phenomenon in high achieving women: Dynamics and therapeutic intervention. *Psychotherapy* 15(3), pp. 241-247. doi: 10.1037/h0086006

Clements, A. J. et al. 2016. Exploring commitment, professional identity, and support for student nurses. *Nurse Education in Practice* 16(1), pp. 20-26. doi: 10.1016/j.nepr.2015.06.001

Clinchy, B. et al. 1997. *Women's ways of knowing: The development of self, voice, and mind*. 10th ed. New York: Basic Books.

Cody, R. et al. 2020. Complexity as a factor for task allocation among general practitioners and nurse practitioners: a narrative review. *BMC Family Practice*. 21(1), pp. 38-38. doi: 10.1186/s12875-020-1089-2

Cohen, S. et al. 2017. The conceptualization of sisterhood within the collegiate sorority: An exploration. *The Research Journal of the Association of Fraternity/Sorority Advisors*. 12(1), doi: doi.org/10.25774/ya9v-4b61

Collard, S. et al. 2020. Closing the gap on nurse retention: A scoping review of implications for undergraduate education. *Nurse Education Today* 84, pp. 104253-104253. doi: 10.1016/j.nedt.2019.104253

Compton, J. I. et al. 2006. Adult learners in transition. *New Directions for Student Services*. 2006(114), pp. 73-80. doi: 10.1002/ss.208

Cordell-Smith, R. 2008. Impact of debt on nursing students in higher education. *Nursing Standard* 22(19), pp. 35-38.

Cotton, D. R. et al. 2017. Supporting the retention of non-traditional students in Higher Education using a resilience framework. *European Educational Research Journal* 16(1), pp. 62-79. doi: 10.1177/1474904116652629

Creswell, J. W. 2018. *Qualitative inquiry & research design : choosing among five approaches*. 4th. ed. Los Angeles : Sage.

Crombie, A. et al. 2013. Factors that enhance rates of completion: What makes students stay? *Nurse Education Today* 33(11), pp. 1282-1287. doi: doi.org/10.1016/j.nedt.2013.03.020

Crossan, B. et al. 2003. Understanding Participation in Learning for Non-traditional Adult Learners: Learning careers and the construction of learning identities. *British Journal of Sociology of Education* 24(1), pp. 55-67. doi: 10.1080/01425690301907

Curtis, L. and Burns, A. 2018. *Unit costs of health and social care*. Available at: <https://doi.org/10.22024/UniKent/01.02.70995> [Accessed: 8th August 2020].

Cusack, L. et al. 2020. Are nurses recognised, prepared and supported to teach nursing students: Mixed methods study. *Nurse Education Today* 90, p. 104434. doi: 10.1016/j.nedt.2020.104434

Cuthbertson, P. et al. 2004. A comparative study of the course-related family and financial problems of mature nursing students in Scotland and Australia. *Nurse Education Today* 24(5), pp. 373-381. doi: doi.org/10.1016/j.nedt.2004.03.005

Dahlberg, H. and Dahlberg, K. 2020. Open and reflective lifeworld research: A third way. *Qualitative Inquiry* 26(5), pp. 458-464. doi: 10.1177/1077800419836696

Dante, A. et al. 2016. Nursing student profiles and occurrence of early academic failure: Findings from an explorative European study. *Nurse Education Today* 38, pp. 74-81. doi: doi.org/10.1016/j.nedt.2015.12.013

Dante, A. et al. 2013. European nursing students' academic success or failure: A post-Bologna Declaration systematic review. *Nurse Education Today* 33(1), pp. 46-52. doi: doi.org/10.1016/j.nedt.2012.10.001

Dante, A. et al. 2011. Factors associated with nursing students' academic success or failure: A retrospective Italian multicenter study. *Nurse Education Today* 31(1), pp. 59-64. doi: doi.org/10.1016/j.nedt.2010.03.016

Davies, P. and Williams, J. 2001. For me or not for me? Fragility and risk in mature students' decision-making. *Higher Education Quarterly* 55(2), pp. 185-203. doi: 10.1111/1468-2273.00182

Denscombe, M. 2003. *The good research guide: For small-scale social research projects*. 2nd ed. Buckingham: Open University Press.

Department of Education. 2020. *Graduate labour market statistics. Reporting year 2019*. Available at: <https://explore-education-statistics.service.gov.uk/find-statistics/graduate-labour-markets> [Accessed: 30th November 2020].

Department of Health. 2016. *Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values. A mandate from the Government to Health Education England: April 2016 to March 2017*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/203332/29257_2900971_Delivering_Accessible.pdf [Accessed: 19th April 2020].

Deslandes, R. and Bertrand, R. 2005. Motivation of parent involvement in secondary-level schooling. *The Journal of Educational Research* 98(3), pp. 164-175. doi: 10.3200/JOER.98.3.164-175

DiCicco-Bloom, B. and Crabtree, B. F. 2006. The qualitative research interview. *Medical Education*. 40(4), pp. 314-321. doi: 10.1111/j.1365-2929.2006.02418.x

Dickson, A. et al. 2008. 'That was my old life; it's almost like a new past-life now': Identity crisis, loss and adjustment amongst people living with chronic fatigue syndrome. *Psychology and Health*. 23, pp. 459-476. doi: 10.1080/08870440701757393

Dickson, M. 2019. Student mothers' experiences of workplace internship. *The Journal of Workplace Learning*. 31(7), pp. 465-480. doi: 10.1108/JWL-12-2018-0151

Dika, S. and Singh, K. 2002. Applications of social capital in educational literature: A critical synthesis. *Review of Educational Research* 72(1), pp. 31-60. doi: 10.3102/00346543072001031

Doo Hwan, K. and Barbara, S. 2005. Social capital in action: Alignment of parental support in adolescents' transition to postsecondary education. *Social Forces*. 84(2), pp. 1181-1206. doi: 10.1353/sof.2006.0012

Dowling, M. 2004. Hermeneutics: An exploration. *Nurse Researcher* 11(4), p. 30. doi: 10.7748/nr2004.07.11.4.30.c6213

Draper, J. et al. 2014. 'Ready to hit the ground running': Alumni and employer accounts of a unique part-time distance learning pre-registration nurse education programme. *Nurse Education Today* 34(10), pp. 1305-1310. doi: doi.org/10.1016/j.nedt.2014.06.007

Drennan, V. M. and Ross, F. 2019. Global nurse shortages-the facts, the impact and action for change. *British Medical Bulletin*. 130(1), p. 25. doi: 10.1093/bmb/ldz014

Eatough, V. and Smith, J. A. 2008. Interpretative phenomenological analysis. . In: Willing, C. and Stainton-Rogers, W. eds. *The sage handbook of qualitative research in psychology*. Los Angeles: Sage.

Ebert, L. et al. 2019. Nursing and midwifery students' sense of connectedness within their learning communities. *The Journal of Nursing Education*. 58(1), pp. 47-52. doi: 10.3928/01484834-20190103-08

Edwards, D. et al. 2010. A longitudinal study of stress and self-esteem in student nurses. *Nurse Education Today* 30(1), pp. 78-84. doi: 10.1016/j.nedt.2009.06.008

Eick, S. A. et al. 2012. A systematic review of placement-related attrition in nurse education. *International Journal of Nursing Studies* 49(10), pp. 1299-1309. doi: 10.1016/j.ijnurstu.2011.12.004

Eley, D. et al. 2012. Why did I become a nurse? Personality traits and reasons for entering nursing. *Journal of Advanced Nursing* 68(7), pp. 1546-1555. doi: 10.1111/j.1365-2648.2012.05955.x

Elliot, D. L. and Brna, P. 2009. 'I cannot study far from home': non-traditional learners' participation in degree education. *Journal of Further and Higher Education* 33(2), pp. 105-117. doi: 10.1080/03098770902856645

Elmir, R. et al. 2019. Nursing students' experiences of repeating units in an undergraduate program: A qualitative study. *Nurse Education Today* 79, pp. 147-152. doi: 10.1016/j.nedt.2019.05.024

Emery, A. and Anderman, L. H. 2020. Using interpretive phenomenological analysis to advance theory and research in educational psychology. *Educational Psychologist*, pp. 220-231. doi: 10.1080/00461520.2020.1787170

Evans, C. et al. 2019. 'Widening Access' to higher education: the reproduction of university hierarchies through policy enactment. *Journal of Education Policy* 34(1), pp. 101-116. doi: 10.1080/02680939.2017.1390165

Evans, M. et al. 2015. *Health professional education investment review*. Available at: <https://gov.wales/sites/default/files/publications/2019-05/health-professional-education-investment-report.pdf> [Accessed: 14th November 2019].

Fagan, J. M. and Coffey, J. S. 2019. Despite challenges: Nursing student persistence. *The Journal of Nursing Education*. 58(7), pp. 427-430. doi: 10.3928/01484834-20190614-08

Fearon, C. et al. 2018. Personal values, social capital, and higher education student career decidedness: a new 'protean'-informed model. *Studies in Higher Education* 43(2), pp. 269-291. doi: 10.1080/03075079.2016.1162781

Finlay, L. 2009. Debating phenomenological research methods. *Phenomenology & Practice* 3(1), doi: 10.29173/pandpr19818

Finlay, L. 2013. Unfolding the phenomenological research process: Iterative stages of "seeing afresh". *Journal of Humanist Psychology* 53(2), pp. 172-201. doi: 10.1177/0022167812453877

Finlay, L. 2017. Championing "reflexivities". *Qualitative Psychology* 4(2), pp. 120-125. doi: 10.1037/qup0000075

Flick, U. 2018. *The Sage handbook of qualitative data collection*. London: Sage.

Foster, H. et al. 2015. Nursing students' expectations and experiences of mentorship. *Nurse Education Today* 35(1), pp. 18-24. doi: doi.org/10.1016/j.nedt.2014.04.019

Francis, R. 2013. *Mid Staffordshire NHS foundation trust public inquiry. Final report*. www.midstaffpublicinquiry.com/report: Available at: www.midstaffpublicinquiry.com/report [Accessed: 3rd March 2018].

Fuller, C. 2018. The existential self: challenging and renegotiating gender identity through higher education in England. *Gender and Education*, 30(1), pp. 92-104. doi: 10.1080/09540253.2016.1241380

Gerrard, S. and Billington, J. 2014. The perceived benefits of belonging to an extra curricular group within a pre-registration nursing course. *Nurse Education in Practice* 14(3), pp. 253-258. doi: doi.org/10.1016/j.nepr.2013.11.002

Gerrish, K. and Lathlean, J. 2015. *The research process in nursing*. 7th ed. West Sussex: Wiley Blackwell.

- Gibbons, C. 2010. Stress, coping and burn-out in nursing students. *International Journal of Nursing Studies* 47(10), pp. 1299-1309. doi: doi.org/10.1016/j.ijnurstu.2010.02.015
- Gidman, J. et al. 2011. Student perceptions of support in practice. *Nurse Education in Practice* 11(6), pp. 351-355. doi: 10.1016/j.nepr.2011.03.005
- Gill, B. et al. 2015. The effects of family support and gender on mature student engagement in higher education. *Frontiers in Psychology*. 6, p. 156. doi: 10.3389/fpsyg.2015.00156
- Giorgi, A. 2009. *The descriptive phenomenological method in psychology : A modified Husserlian approach*. Pittsburgh, Pa: Duquesne University Press.
- Glerean, N. et al. 2017. Young peoples' perceptions of the nursing profession: An integrative review. *Nurse Education Today* 57, pp. 95-102. doi: 10.1016/j.nedt.2017.07.008
- Glogowska, M. et al. 2007. Should I go or should I stay?: A study of factors influencing students' decisions on early leaving. *Active Learning in Higher Education* 8(1), pp. 63-77. doi: 10.1177/1469787407074115
- Glossop, C. 2002. Student nurse attrition: use of an exit-interview procedure to determine students' leaving reasons. *Nurse Education Today* 22(5), pp. 375-386. doi: doi.org/10.1054/nedt.2001.0724
- Godwill, E. A. 2015. *Fundamentals of research methodology : A holistic guide for research completion, management, validation and ethics*. New York: Nova Publishers.
- Goff, A. 2011. Stressors, academic performance, and learned resourcefulness in baccalaureate nursing students. *International Journal of Nursing Education Scholarship* 8(1), pp. 1-20. doi: 10.2202/1548-923X.2114
- Goguen, L. M. S. et al. 2010. Associations among peer relationships, academic achievement, and persistence in college. *Journal of College Student Retention : Research, Theory & Practice*. 12(3), pp. 319-337. doi: 10.2190/CS.12.3.d
- Gonsalves, A. 2011. Rethinking resources and hybridity. *Cultural Studies of Science Education*. 6, pp. 389-399. doi: 10.1007/s11422-010-9295-1
- Goodall, J. S. 2016. Technology and school-home communication. *International Journal of Pedagogies & Learning* 11(2), pp. 118-131. doi: 10.1080/22040552.2016.1227252
- Gopee, N. and Deane, M. 2013. Strategies for successful academic writing — Institutional and non-institutional support for students. *Nurse Education Today* 33(12), pp. 1624-1631. doi: doi.org/10.1016/j.nedt.2013.02.004

Gouthro, P. 2005. A critical feminist analysis of the homeplace as learning site: Expanding the discourse of lifelong learning to consider adult women learners. *International Journal of Lifelong Education*. 24(1), pp. 5-19. doi: 10.1080/026037042000317310

Granstra, K. 2015. Nurse against nurse: Horizontal bullying in the nursing profession. *Journal of Healthcare Management*. 60(4), pp. 249-257. doi: 10.1097/00115514-201507000-00006

Gray, D. E. 2014. *Doing research in the real world*. 3rd ed. London: Sage.

Great Britain. 1998. *Data Protection Act*. Great Britain: Available at: <https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted> [Accessed: 3rd March 2018].

Green, J. 2018. Peer support systems and professional identity of student nurses undertaking a UK learning disability nursing programme. *Nurse Education in Practice* 30, pp. 56-61. doi: 10.1016/j.nepr.2017.11.009

Grobecker, P. A. 2016. A sense of belonging and perceived stress among baccalaureate nursing students in clinical placements. *Nurse Education Today* 36, pp. 178-183. doi: 10.1016/j.nedt.2015.09.015

Groothuizen, J. E. et al. 2018. What is the value of Values Based Recruitment for nurse education programmes? *Journal of Advanced Nursing* 74(5), pp. 1068-1077. doi: 10.1111/jan.13512

Guardian University Guide. 2021. *Methodology Behind the Guardian University Guide 2021*. Available at: <https://www.theguardian.com/education/2020/sep/05/methodology-behind-the-guardian-university-guide-2021> [Accessed: 14/08/21].

Gupta, N. et al. 2021. Health workforce surge capacity during the COVID-19 pandemic and other global respiratory disease outbreaks: A systematic review of health system requirements and responses. *The International Journal of Health Planning and Management*. 36, pp. 26-41. doi: 10.1002/hpm.3137

Hamshire, C. et al. 2017. Students' perceptions of their learning experiences: A repeat regional survey of healthcare students. *Nurse Education Today* 49, pp. 168-173. doi: 10.1016/j.nedt.2016.11.019

Hamshire, C. et al. 2019. The wicked problem of healthcare student attrition. *Nursing Inquiry*, p. e12294. doi: 10.1111/nin.12294

Hamshire, C. et al. 2012. 'The placement was probably the tipping point' – The narratives of recently discontinued students. *Nurse Education in Practice* 12(4), pp. 182-186. doi: doi.org/10.1016/j.nepr.2011.11.004

Hamshire, C. et al. 2013a. Should I stay or should I go? A study exploring why healthcare students consider leaving their programme. *Nurse Education Today* 33(8), pp. 889-895. doi: doi.org/10.1016/j.nedt.2012.08.013

Hamshire, C. et al. 2013b. What are reasonable expectations? Healthcare student perceptions of their programmes in the North West of England. *Nurse Education Today* 33(2), pp. 173-179. doi: doi.org/10.1016/j.nedt.2012.02.014

Harper, D. and Thompson, A. R. 2011. *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*. Somerset: Wiley.

Harrison, N. 2018a. Using the lens of 'possible selves' to explore access to higher education: A new conceptual model for practice, policy, and research. *Social Sciences*. 7(10), p. 209. doi: 10.3390/socsci7100209

Harrison, P. 2018b. Becoming a peer-assisted learning (PAL) tutor. *The Clinical Teacher*. 15(2), pp. 178-179. doi: 10.1111/tct.12687

Hasson, F. et al. 2013a. Perceptions of the unregistered healthcare worker's role in pre-registration student nurses' clinical training. *Journal of Advanced Nursing* 69(7), pp. 1618-1629. doi: 10.1111/jan.12023

Hasson, F. et al. 2013b. A qualitative study exploring the impact of student nurses working part time as a health care assistant. *Nurse Education Today* 33(8), pp. 873-879. doi: 10.1016/j.nedt.2012.09.014

Havaei, F. et al. 2019. The effect of nursing care delivery models on quality and safety outcomes of care: A cross-sectional survey study of medical-surgical nurses. *Journal of Advanced Nursing* 75(10), pp. 2144-2155. doi: 10.1111/jan.13997

Health and Social Care Committee. 2021. *Workforce burnout and resilience in the NHS and Social Care*. Available at: <https://publications.parliament.uk/pa/cm5802/cmselect/cmhealth/22/2202.htm> [Accessed: 15th August 2021].

Health Education England. 2018. *RePAIR: Reducing pre-registration attrition and improving retention*. Available at: <https://www.evidence.nhs.uk/document?id=2118952&returnUrl=search%3Fq%3Dpreceptorship%26s%3DDate&q=preceptorship> [Accessed: 29th November 2020].

Heaslip, V. et al. 2017. Widening participation in nurse education: An integrative literature review. *Nurse Education Today* 59, pp. 66-74. doi: 10.1016/j.nedt.2017.08.016

Hefferon, K. and Gil-Rodriguez, E. 2011. Interpretative phenomenological analysis. *The Psychologist*. 24(10), pp. 756-759.

Heidegger, M. 1962. *Being and time*. Oxford: S.C.M.Press.

Heidegger, M. 2010. *Being and time*. Albany: State University of New York Press.

HEIW. 2020. *Reference not supplied to maintain confidentiality*.

Hemingway, A. et al. 2015. Principles of lifeworld led public health practice in the UK and Sweden *Reducing Health Inequalities*, doi: 10.1155/2015/124591

HESA. 2016. *Students in Higher Education*. <https://www.hesa.ac.uk/data-and-analysis/students/whos-in-he>: [Accessed: 4th March 2018].

HESA. 2019. *Non-continuation: UK Performance Indicators 2018/19*. Available at: <https://www.hesa.ac.uk/data-and-analysis/performance-indicators/non-continuation-1819> [Accessed: 29th November 2020].

Higher Education Funding Council for England. 2001. *Strategies for widening participation in higher education. A guide to good practice*. Available at: <https://www.gov.uk/government/publications/higher-education-funding-council-for-england-account-2000-to-2001> [Accessed: 17th February 2017].

Hill, B. 2017. Do nurse-staffing levels affect patient mortality in acute secondary care? *British Journal of Nursing*. 26(12), pp. 698-704. doi: 096604616/07/2017

Hinsliff-Smith, K. et al. 2012. Persistence, how do they do it? A case study of Access to Higher Education learners on a UK Diploma/BSc Nursing programme. *Nurse Education Today* 32(1), pp. 27-31. doi: 10.1016/j.nedt.2011.01.015

Hinton-Smith, T. 2016. Negotiating the risk of debt-financed higher education: The experience of lone parent students. *British Educational Research Journal* 42(2), pp. 207-222. doi: 10.1002/berj.3201

Hodges, H. F. et al. 2005. Professional resilience, practice longevity, and Parse's theory for baccalaureate education. *Journal of Nursing Education*. 44(12), pp. 548-554. doi: 10.3928/01484834-20051201-04

Hodges, H. F. et al. 2008. Professional resilience in baccalaureate-prepared acute care nurses: first steps. *Nursing Education Perspectives*. 29(2), pp. 80-89. doi: 10.1097/00024776-200803000-00008

Hogan, R. et al. 2018. Developing nursing and midwifery students' capacity for coping with bullying and aggression in clinical settings: Students' evaluation of a learning resource. *Nurse Education in Practice* 29, pp. 89-94. doi: 10.1016/j.nepr.2017.12.002

- Holder, H. 2020. Student nurse perceptions and experience of the personal tutor on an undergraduate nursing course - a pilot project. *Practice* 2(1), pp. 86-102. doi: 10.1080/25783858.2020.1732629
- Holland, M. M. 2015. Trusting each other: Student-counselor relationships in diverse high schools. *Sociology of Education* 88(3), pp. 244-262. doi: 10.1177/0038040715591347
- Honda, K. et al. 2016. Japanese nursing students' sense of belonging: A story of Uchi (insider) and Soto (outsider). *Nurse Education in Practice* 20, pp. 85-92. doi: 10.1016/j.nepr.2016.07.004
- Houghton, C. E. 2014. 'Newcomer adaptation': A lens through which to understand how nursing students fit in with the real world of practice. *Journal of Clinical Nursing* 23(15-16), pp. 2367-2375. doi: 10.1111/jocn.12451
- Houghton, C. E. et al. 2010. Ethical challenges in qualitative research: Examples from practice. *Nurse Researcher*, doi: 18 (1), 15-25. doi: 10.7748/nr2010.10.18.1.15.c8044
- Huber, E. et al. 2021. Patient-related complexity of nursing care in acute care hospitals – an updated concept. *Scandinavian Journal of Caring Sciences*. 35(1), pp. 178-195. doi: 10.1111/scs.12833
- Hughes, M. et al. 2020. Exploring the transitional experience of first-year undergraduate nursing students. *The Journal of Nursing Education*. 59(5), pp. 263-268. doi: 10.3928/01484834-20200422-05
- Hunter, K. and Cook, C. 2018. Role-modelling and the hidden curriculum: New graduate nurses' professional socialisation. *Journal of Clinical Nursing* 27(15-16), pp. 3157-3170. doi: 10.1111/jocn.14510
- Husserl, E. 1970. *Logical investigations*. New York: Humanities Press.
- Jack, A. A. 2016. (No) harm in asking: Class, acquired cultural capital, and academic engagement at an elite university. *Sociology of Education* 89(1), pp. 1-19. doi: 10.1177/0038040715614913
- Jack, K. and Wibberley, C. 2014. The meaning of emotion work to student nurses: A Heideggerian analysis. *International Journal of Nursing Studies* 51(6), pp. 900-907. doi: doi.org/10.1016/j.ijnurstu.2013.10.009
- Jackson, S. and Steven, A. 2020. Discourse tensions: Professional socialisation into nursing within the university education system. *Nurse Education Today* 91, p. 104478. doi: 10.1016/j.nedt.2020.104478
- Jacquette, D. 2002. *Ontology*. Chesham Acumen.

Jadzinski, M. et al. 2019. What value does peer-assisted learning have in the training of student paramedics? *Journal of Paramedic Practice* 11(8), pp. 342-347. doi: 10.12968/jpar.2019.11.8.342

Jawahar, I. et al. 2012. Differential effect of inter-role conflict on proactive individual's experience of burnout. *Journal of Business and Psychology* 27(2), pp. 243-254. doi: 10.1007/s10869-011-9234-5

Jeffreys, M. R. 2007. Tracking students through program entry, progression, graduation, and licensure: Assessing undergraduate nursing student retention and success. *Nurse Education Today* 27(5), pp. 406-419. doi: doi.org/10.1016/j.nedt.2006.07.003

Jeffreys, M. R. 2014. Student retention and success: Optimizing outcomes through holistic competence and proactive inclusive enrichment. *Teaching and Learning in Nursing* 9(4), pp. 164-170. doi: doi.org/10.1016/j.teln.2014.05.003

Jeffreys, M. R. 2015. Jeffreys's nursing universal retention and success model: Overview and action ideas for optimizing outcomes A–Z. *Nurse Education Today* 35(3), pp. 425-431. doi: doi.org/10.1016/j.nedt.2014.11.004

Jevons, C. and Lindsay, S. 2018. The middle years slump: addressing student-reported barriers to academic progress. *Higher Education Research and Development*. 37(6), pp. 1156-1170. doi: 10.1080/07294360.2018.1462305

Jirwe, M. and Rudman, A. 2012. Why choose a career in nursing? *Journal of Advanced Nursing* 68(7), pp. 1615-1623. doi: 10.1111/j.1365-2648.2012.05991.x

Johnes, G. and McNabb, R. 2004. Never give up on the good times: Student attrition in the UK. *Oxford Bulletin of Economics & Statistics* 66(1), pp. 23-47. doi: 10.1111/j.1468-0084.2004.00068.x

Joint Information Systems Committee (JISC). 2020. *Widening participation*. Available at: <https://www.jisc.ac.uk/guides/widening-participation> [Accessed: 30th November 2020].

Jones-Berry, S. 2019. Can the NHS stick to its ethical recruitment commitments?: With the nurse shortage now its 'most urgent' challenge, the NHS is looking to step up recruitment of overseas staff. *Nursing Standard* 34(12), pp. 19-21. doi: 10.7748/ns.34.12.19.s13

Jones-Berry, S. 2020. *Student attrition: Why do nursing students leave their course before completion?* London: Available at: <https://rcni.com/nursing-standard/newsroom/news/student-attrition-why-do-nursing-students-leave-their-course-completion-169446> [Accessed: 29th August 2021].

Juvonen, J. et al. 2012. The role of peer relationships in student academic and extracurricular engagement. In: Christenson, S. et al. eds. *Handbook of Research on Student Engagement*. Boston, MA: Springer.

Kelly, J. et al. 2017. Studying the old masters of nursing: A critical student experience for developing nursing identity. *Nurse Education in Practice* 26, pp. 121-125. doi: 10.1016/j.nepr.2017.06.010

Kenny, A. et al. 2011. Mature age students access, entry and success in nurse education: An action research study. *Contemporary Nurse*. 38(1/2), pp. 106-118. doi: 10.5172/conu.2011.38.1-2.106

Kevern, J. and Webb, C. 2004. Mature women's experiences of preregistration nurse education. *Journal of Advanced Nursing* 45(3), p. 297. doi: 10.1046/j.1365-2648.20023.02890.x

Kiernan, M. D. et al. 2015. The juggling act: Do student nurses who care for dependants need an adapted course? An applied policy research study. *Nurse Education Today* 35(11), pp. 1085-1090. doi: doi.org/10.1016/j.nedt.2015.06.017

Kings Fund. 2019. *Closing the gap: Key areas for action on the health and care workforce*. London.: Available at: <https://www.kingsfund.org.uk/sites/default/files/2019-06/closing-the-gap-full-report-2019.pdf> [Accessed: 20th April 2020].

Kinsella, E., A. 2006. Hermeneutics and critical hermeneutics: Exploring possibilities within the art of interpretation. *Forum, Qualitative Social Research*. 7(3), pp. 1-17.

Kirkwood, T. B. L. 2017. Why and how are we living longer? *Experimental physiology* 102(9), pp. 1067-1074. doi: 10.1113/EP086205

Knight, J. et al. 2012. "What made me stay?" A review of the reasons student nurses enrolled in a Bachelor of Nursing programme completed their studies: A descriptive phenomenological study. *Nurse Education Today* 32(8), pp. e62-e65. doi: doi.org/10.1016/j.nedt.2012.03.007

Knowles, M. S. 2015. *The adult learner : The definitive classic in adult education and human resource development*. 8th ed. London: Routledge.

Kukkonen, P. et al. 2016. Discontinued students in nursing education – Who and why? *Nurse Education in Practice* 17, pp. 67-73. doi: doi.org/10.1016/j.nepr.2015.12.007

Langdridge, D. 2007. *Phenomenological psychology : theory, research, and method*. New York Harlow: New York : Pearson Education.

Larkin, M. et al. 2006. Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology* 3(2), pp. 102-120. doi: 10.1191/1478088706qp062oa

Last, L. and Fulbrook, P. 2003. Why do student nurses leave? Suggestions from a Delphi Study. *Nurse Education Today* 23(6), pp. 449-458. doi: doi.org/10.1016/S0260-6917(03)00063-7

- Lave, J. 1991. *Situated learning : Legitimate peripheral participation*. Cambridge: Cambridge University Press.
- Lawless, J. et al. 2019. Towards safe nurse staffing in England's National Health Service: Progress and pitfalls of policy evolution. *Health Policy* 123(6), pp. 590-594. doi: 10.1016/j.healthpol.2019.03.011
- Lehmann, W. 2014. Habitus transformation and hidden injuries: Successful working-class university students. *Sociology of Education* 87(1), pp. 1-15. doi: 10.1177/0038040713498777
- Levett-Jones, T. et al. 2008. The duration of clinical placements: a key influence on nursing students' experience of belongingness. *Australian Journal of Advanced Nursing* 26(2), pp. 8-16. doi: 105614983
- Levett-Jones, T. et al. 2009. Staff-student relationships and their impact on nursing students' belongingness and learning. *Journal of Advanced Nursing* 65(2), pp. 316-324. doi: 10.1111/j.1365-2648.2008.04865.x
- Lewin, C. and Luckin, R. 2010. Technology to support parental engagement in elementary education: Lessons learned from the UK. *Computers & Education* 54(3), pp. 749-758. doi: 10.1016/j.compedu.2009.08.010
- Lin, N. 2001. *Social capital*. Cambridge: Cambridge University Press.
- Litwack, K. and Brower, M. 2018. The University of Wisconsin–Milwaukee flexible option for Bachelor of Science in nursing degree completion. *Journal of the Association of American Medical Colleges*. 93(35), pp. S37-S41.
- Lopez, V. et al. 2018. Does building resilience in undergraduate nursing students happen through clinical placements? A qualitative study. *Nurse Education Today* 67, pp. 1-5. doi: 10.1016/j.nedt.2018.04.020
- Macdiarmid, R. et al. 2021. What motivates people to commence a graduate entry nursing programme: A mixed method scoping review. *BMC Nursing* 20(1), pp. 47-12. doi: 10.1186/s12912-021-00564-9
- Mackintosh, C. 2006. Caring: The socialisation of pre-registration student nurses: A longitudinal qualitative descriptive study. *International Journal of Nursing Studies* 43(8), pp. 953-962. doi: 10.1016/j.ijnurstu.2005.11.006
- Maddison, C. and Strang, G. 2018. Do action learning sets facilitate collaborative, deliberative learning?: A focus group evaluation of Graduate Entry Pre-registration Nursing (GEN) students' experience. *Nurse Education in Practice* 28, pp. 285-291. doi: 10.1016/j.nepr.2017.10.023
- Manderson, D. and Turner, S. 2006. Coffee house: Habitus and performance among law students. *Law & Social Inquiry*. 31(3), pp. 649-676. doi: 10.1111/j.1747-4469.2006.00025.x

Marandet, E. and Wainwright, E. 2010. Invisible experiences: understanding the choices and needs of university students with dependent children. *British Educational Research Journal* 36(5), pp. 787-805. doi: 10.1080/01411920903165595

Marginson, S. 2016. The worldwide trend to high participation higher education: Dynamics of social stratification in inclusive systems. *Higher Education* 72(4), pp. 413-434. doi: 10.1007/s10734-016-0016-x

Markussen, E. 2017. Education pays off! On transition to work for 25 year olds in Norway with upper secondary education or lower as their highest educational level. *Educational Research for Policy and Practice*. 16(1), pp. 27-42. doi: 10.1007/s10671-016-9201-z

Martin, J. P. et al. 2020. Understanding first-generation undergraduate engineering students' entry and persistence through social capital theory. *International Journal of STEM Education*. 7(1), pp. 1-22. doi: 10.1186/s40594-020-00237-0

May, T. 2011. *Social research : issues, methods and process*. 4th ed. Maidenhead: Open University Press.

McDonald, M. et al. 2018. Student perception of initial transition into a nursing program: A mixed methods research study. *Nurse Education Today* 64, pp. 85-92. doi: 10.1016/j.nedt.2018.01.028

McPhail, L. 2016. *On being locked out' : The lived experience of mature, female student nurses and their use of Information, Communication, Technology (ICT) in one undergraduate Pre-Registration Nursing Programme*. University of Manchester.

Meissner, J. E. 1986. Nurses are we eating our young? *Nursing* 16(3), pp. 51-53. doi: 10.1097/00152193-198603000-00014

Meng, Y. et al. 2021. A panel data model of length of stay in hospitals for hip replacements. *Econometric Reviews*. 40(7), pp. 688-707. doi: 10.1080/07474938.2021.1889196

Mercer, J. 2010. Exploring the processes of self-development encountered by adult returners to higher education: A lifespan psychology perspective. *Psychology Teaching Review*. 16, pp. 24-36.

Meyer, G. et al. 2021. The impact of student debt on professional satisfaction in graduate entry nurses. *Nursing Economic*. 39(1), pp. 15-22. doi: 148820886

Michelson, E. 2011. Autobiography and Selfhood in the Practice of Adult Learning. *Adult Education Quarterly* 61(1), pp. 3-21. doi: 10.1177/0741713609358447

Mills, A. et al. 2020. Juggling to find balance: Hearing the voices of undergraduate student nurses. *British Journal of Nursing* 29(15), pp. 897-903. doi: 10.12968/bjon.2020.29.15.897

Mishra, S. 2020. Social networks, social capital, social support and academic success in higher education: A systematic review with a special focus on 'underrepresented' students. *Educational Research Review*. 29, p. 100307. doi: 10.1016/j.edurev.2019.100307

Mitchell, J. 2020. Juggling employment and studies: Nursing students' perceptions of the influence of paid employment on their success. *Nurse Education Today* 92, pp. 104429-104429. doi: 10.1016/j.nedt.2020.104429

Montgomery, H. et al. 2017. Critical care at the end of life: Balancing technology with compassion and agreeing when to stop. *British Journal of Anaesthesia*, 119(suppl_1), pp. i85-i89. doi: 10.1093/bja/aex324

Mooring, Q. E. 2016. Recruitment, advising, and retention programs — Challenges and solutions to the international problem of poor nursing student retention: A narrative literature review. *Nurse Education Today* 40, pp. 204-208. doi: doi.org/10.1016/j.nedt.2016.03.003

Morrow, J. A. and Ackermann, M. E. 2012. Intention to persist and retention of first-year students: The importance of motivation and sense of belonging. *College Student Journal* 46(3), pp. 483-491.

Mulholland, J. et al. 2008. Diversity, attrition and transition into nursing. *Journal of Advanced Nursing* 64(1), pp. 49-59. doi: 10.1111/j.1365-2648.2008.04758.x

Murphy, H. and Roopchand, N. 2003. Intrinsic motivation and self-esteem in traditional and mature students at a post-1992 university in the North-East of England. *Educational Studies*. 29(2-3), pp. 243-259. doi: 10.1080/03055690303278

Nathoo, S. et al. 2021. Determinants of compassion in providing care to older people: Educational implications. *Nurse Education Today* 101, pp. 104878-104878. doi: 10.1016/j.nedt.2021.104878

National Audit Office. 2020. *The NHS nursing workforce*. Available at: <https://www.nao.org.uk/wp-content/uploads/2020/03/The-NHS-nursing-workforce.pdf#page=1&zoom=auto,-47,842> [Accessed: 10th April 2020].

Neugarten, B. L. 1968. *Middle age and aging: A reader in social psychology*. London.: The University of Chicago Press Ltd.

Newton, J. M. et al. 2011. Outcomes of a clinical partnership model for undergraduate nursing students. *Contemporary Nurse*. 39(1), pp. 119-127. doi: 10.5172/conu.2011.39.1.119

Nguyen, K. et al. 2021. Transitioning into an online dental hygiene degree-completion program. *Journal of Dental Education*. 85(5), pp. 722-731. doi: 10.1002/jdd.12507

NHS England. 2013. *How to ensure the right people, with the right skills, are in the right place at the right time*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf> [Accessed: 3rd March 2018].

NHS England. 2021. *We are the NHS: People Plan 2020/21 - action for us all*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf> [Accessed: 3rd May 2021].

NHS Providers. 2019. *The State of the NHS Provider Sector*. London: Available at: <https://nhsproviders.org/media/688434/the-state-of-the-nhs-provider-sector-october-2019.pdf> [Accessed: 10th April 2020].

NHS Wales. 2016. *Number of nurse training places in Wales to increase by 10% in £85m Welsh Government investment*. Available at: <http://www.wales.nhs.uk/news/40352> [Accessed: 9th August 2020].

Nicolai, L. et al. 2017. Facebook groups as a powerful and dynamic tool in medical education: Mixed-method study. *Journal of Medical Internet Research*. 19(12), p. e408. doi: 10.2196/jmir.7990

Nizza, I. E. et al. 2021. Achieving excellence in interpretative phenomenological analysis (IPA): Four markers of high quality. *Qualitative Research in Psychology* 18(3), pp. 369-386. doi: 10.1080/14780887.2020.1854404

NMC. 2018. *Standards framework for nursing and midwifery education*. London: Available at: <https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/> [Accessed: 20th February 2020].

NMC. 2021. *Annual equality, diversity and inclusion report 2020-2021*. London: Available at: https://www.nmc.org.uk/globalassets/sitedocuments/annual_reports_and_accounts/edi/edi-report-2016-2017.pdf [Accessed: 18th January 2021].

Noon, E. J. 2018. Interpretive phenomenological analysis: An appropriate methodology for educational research? *Journal of Perspectives in Applied Academic Practice*. 6(1), pp. 75-83. doi: 10.14297/jpaap.v6i1.304

Nordmann, E. et al. 2020. Ten simple rules for supporting a temporary online pivot in higher education. *PLoS Computational Biology*. 16(10), pp. e1008242-e1008242. doi: 10.1371/journal.pcbi.1008242

Northall, T. et al. 2016. Retention and academic performance of undergraduate nursing students with advanced standing: A mixed-methods study. *Nurse Education Today* 39, pp. 26-31. doi: doi.org/10.1016/j.nedt.2016.01.010

- O'Brien, B. et al. 2017. Realising the dream of becoming a nurse: Underrepresented BSc nursing students experiences. *Nurse Education Today* 54, pp. 1-5. doi: 10.1016/j.nedt.2017.04.010
- O'Driscoll, M. F. et al. 2009. Evaluation of a part-time adult diploma nursing programme -- 'tailor-made' provision? *Nurse Education Today* 29(2), pp. 208-216. doi: 10.1016/j.nedt.2008.08.006
- O'Keeffe, P. 2013. A sense of belonging: improving student retention. *College Student Journal* 47(4), p. 605.
- O'Shea, S. 2015. Arriving, surviving, and succeeding: First-in-family women and their experiences of transitioning into the first year of university. *Journal of College Student Development*. 56(5), pp. 499-517. doi: 10.1353/csd.2015.0053
- O'Shea, S. and Stone, C. 2011. Transformations and self-discovery: Mature-age women's reflections on returning to university study. *Studies in Continuing Education*. 33(3), pp. 273-288. doi: 10.1080/0158037X.2011.565046
- O'Brien, F. et al. 2009. Mature students' experiences of undergraduate nurse education programmes: The Irish experience. *Nurse Education Today* 29(6), pp. 635-640. doi: doi.org/10.1016/j.nedt.2009.01.008
- Oliver, D. 2019. Nurses, degrees, and the workforce crisis. *British Medical Journal* 365, pp. l4224-l4224. doi: 10.1136/bmj.l4224
- Panza, C. and Gale, G. 2008. *Existentialism for Dummies*. Indianapolis: Wiley Publishing.
- Parkes, R. J. et al. 2021. Revolutionising rapid recovery: a quality improvement project in hip and knee replacement. *British Medical Journal Open Quality*. 10(2), doi: 10.1136/bmjopen-2020-001249
- Parton, S. and Fleming, H. 2007. Academic libraries and learning support in collaboration: Library-based guidance for peer-assisted learning leaders at Bournemouth university: Theory and practice. *The New Review of Academic Librarianship* 13(1-2), pp. 79-89. doi: 10.1080/13614530802021698
- Patterson, E. et al. 2021. First-year students' preparedness for an online dental curriculum. *Journal of Dental Education*. 85(8), pp. 1325-1328. doi: 10.1002/jdd.12634
- Pearcey, P. A. and Elliott, B. E. 2004. Student impressions of clinical nursing. *Nurse Education Today* 24(5), pp. 382-387. doi: 10.1016/j.nedt.2004.03.007
- Peat, G. et al. 2019. Interpretive phenomenological analysis applied to healthcare research. *Evidence-Based Nursing*. 22(1), pp. 7-9. doi: 10.1136/ebnurs-2018-103017

Phillips, C. et al. 2012. Pre-registration paid employment choice: The views of newly qualified nurses. *Nurse Education Today* 32(1), pp. 10-14. doi: 10.1016/j.nedt.2011.01.007

Pike, G. R. and Kuh, G. D. 2005. First- and second-generation college students: A comparison of their engagement and intellectual development. *The Journal of Higher Education* 76(3), pp. 276-300. doi: 10.1353/jhe.2005.0021

Pimmer, C. et al. 2019. "I felt a sense of belonging somewhere". Supporting graduates' job transitions with WhatsApp groups. *Nurse Education Today* 81, pp. 57-63. doi: 10.1016/j.nedt.2019.06.010

Polit, D. and Beck, C. T. 2020. *Nursing research. Generating and assessing evidence for nursing practice*. 11th ed. Philadelphia: Wolters Kluwer.

Por, J. 2008. The use of soft system methodology (SSM) in a serviced-focused study on the personal tutor's role. *Nurse Education in Practice* 8(5), pp. 335-342 338p. doi: doi.org/10.1016/j.nepr.2007.12.002

Portes, A. 1998. Social capital: Its origins and applications in modern sociology. *Annual Review of Sociology*. 24(1), pp. 1-24. doi: 10.1146/annurev.soc.24.1.1

Price, A. M. et al. 2018. First year nursing students use of social media within education: Results of a survey. *Nurse Education Today* 61, pp. 70-76. doi: 10.1016/j.nedt.2017.10.013

Price, S. L. 2009. Becoming a nurse: a meta-study of early professional socialization and career choice in nursing. *Journal of Advanced Nursing* 65(1), pp. 11-19. doi: 10.1111/j.1365-2648.2008.04839.x

Priesack, A. and Alcock, J. 2015. Well-being and self-efficacy in a sample of undergraduate nurse students: A small survey study. *Nurse Education Today* 35(5), pp. e16-e20. doi: doi.org/10.1016/j.nedt.2015.01.022

Pryjmachuk, S. et al. 2009. Nurse education: factors associated with attrition. *Journal of Advanced Nursing* 65(1), pp. 149-160. doi: 10.1111/j.1365-2648.2008.04852.x

Pursell, E. and McCrae, N. 2021. The rise and fall of university-based nurse training. *Nurse Education in Practice* 56, pp. 103081-103081. doi: 10.1016/j.nepr.2021.103081

Putnam, R. D. 2000. *Bowling alone : the collapse and revival of American community*. New York: Simon & Schuster.

Randle, J. 2001. The effect of a 3-year pre-registration training course on students' self-esteem. *Journal of Clinical Nursing* 10(2), pp. 293-300. doi: 10.1111/j.1365-2702.2001.00483.x

RCN. 2010. *Guidance on safe nurse staffing levels in the UK*. London: Available at: <https://www.rcn.org.uk/professional-development/publications/pub-003860> [Accessed: 3rd March 2018].

RCN. 2012. *Mandatory nurse staffing levels*. Available at: <https://www.rcn.org.uk/about-us/our-influencing-work/policy-briefings/pol-0312> [Accessed: 3rd March 2018].

RCN. 2018. *The UK nursing labour market review 2018*. Available at: <https://www.rcn.org.uk/professional-development/publications/pub-007397> [Accessed: 20th April 2020].

RCN. 2020. *The UK nursing labour market review 2020*. Available at: <https://www.rcn.org.uk/professional-development/publications/rcn-labour-market-review-2020-uk-pub-009579> [Accessed: 30th May 2021].

RCN (Wales). 2019. *The nursing workforce in wales*. Available at: <https://www.rcn.org.uk/news-and-events/news/w-nursing-workforce-in-wales-2019-16102019> [Accessed: 10th April 2020].

Reay, D. 2003. A risky business? Mature working-class women students and access to higher education. *Gender and education*. 15(3), pp. 301-317. doi: 10.1080/09540250303860

Reay, D. et al. 2002. 'It's taking me a long time but I'll get there in the end'. Mature Students on Access Course and Higher Education Choice. *British Educational Research Journal* 28(1), pp. 5-19. doi: 10.1080/01411920120109711.

Reiners, G. M. 2012. Understanding the Differences between Husserl's (Descriptive) and Heidegger's (Interpretive) Phenomenological Research. *Nursing & Care* 1(5), p. 119. doi: 10.1177/1609406916680634

Reyes, A. T. et al. 2015. Nursing students' understanding and enactment of resilience: a grounded theory study. *Journal of Advanced Nursing* 71(11), pp. 2622-2633. doi: 10.1111/jan.12730

Rhijn, T. V. et al. 2016. Unmet needs: Challenges to success from the perspectives of mature university students. *The Canadian Journal for the Study of Adult Education* 28(1), p. 29.

Roberts, D. 2008. Learning in clinical practice: The importance of peers. *Nursing Standard* 23(12), pp. 35-41. doi: 10.7748/ns2008.11.23.12.35.c6727

Roberts, D. J. 2013. The Francis report on the Mid-Staffordshire NHS Foundation Trust: Putting patients first. *Transfusion Medicine* 23(2), pp. 73-76. doi: 10.1111/tme.12032

- Rodgers, S. et al. 2013. Recruitment, selection and retention of nursing and midwifery students in Scottish Universities. *Nurse Education Today* 33(11), pp. 1301-1310. doi: doi.org/10.1016/j.nedt.2013.02.024
- Ross, H. J. and Tartaglione, J. 2018. *Our search for belonging: How our need to connect is tearing us apart*. Oakland: Berrett-Koehler Publishers.
- Ross, J. et al. 2014. The personal development tutor role: An exploration of student and lecturer experiences and perceptions of that relationship. *Nurse Education Today* 34(9), pp. 1207-1213. doi: doi.org/10.1016/j.nedt.2014.01.001
- Roxburgh, M. 2014. Undergraduate student nurses' perceptions of two practice learning models: A focus group study. *Nurse Education Today* 34(1), pp. 40-46. doi: 10.1016/j.nedt.2013.02.017
- Sabin, M. et al. 2012. Untangling a complex issue: An overview of initiatives to support nursing and midwifery student recruitment, selection and retention in Scottish Universities. *Nurse Education Today* 32(4), pp. 469-474. doi: doi.org/10.1016/j.nedt.2012.02.009
- Scanlon, L. et al. 2007. 'You don't have like an identity ... You are just lost in a crowd': Forming a student identity in the first-year transition to university. *Journal of Youth Studies*. 10(2), pp. 223-241. doi: 10.1080/13676260600983684
- Schachter, S. 1959. *The psychology of affiliation : experimental studies of the sources of gregariousness*. Stanford: Stanford University Press.
- Schafer, T. et al. 2011. A survey into student nurses' attitudes towards mental illness: Implications for nurse training. *Nurse Education Today* 31(4), pp. 328-332. doi: 10.1016/j.nedt.2010.06.010
- Schneider, B. L. S., D. 1999. *The ambitious generation: America's teenagers, motivated but directionless*. Yale University Press.
- Seidman, A. 2005. Minority student retention: Resources for practitioners. *New directions for institutional research* 2005(125), pp. 7-24. doi: 10.1002/ir.136
- Selwyn, N. 2009. Faceworking: exploring students' education-related use of Facebook. *Learning, Media and Technology*. 34(2), pp. 157-174. doi: doi.org/10.1080/17439880902923622
- Senek, M. et al. 2020. Determinants of nurse job dissatisfaction - findings from a cross-sectional survey analysis in the UK. *BMC Nursing* 19(1), pp. 88-88. doi: 10.1186/s12912-020-00481-3
- Shaw, R. 2010. *Doing qualitative research in psychology: a practical guide*. London: Sage.

- Shelton, E., N. 2012. A model of nursing student retention. *International Journal of Nursing Education Scholarship* 9(1), pp. 1-16. doi: 10.1515/1548-923X.2334
- Sheridan, P. et al. 2019. Development and validation of an instrument to measure stress among older adult nursing students: The Student Nurse Stressor-15 (SNS-15) Scale. *Journal of Clinical Nursing* 28(7-8), pp. 1336-1345. doi: 10.1111/jocn.14723
- Shoemaker, C. A. et al. 2000. Social science methodologies for studying individuals' responses in human issues in horticulture research. *HortTechnology* 10(1), pp. 87-93. doi: 10.21273/HORTTECH.10.1.87
- Sidebotham, M. et al. 2015. Using the five senses of success framework to understand the experiences of midwifery students enrolled in an undergraduate degree program. *Midwifery* 31(1), pp. 201-207. doi: 10.1016/j.midw.2014.08.007
- Skills for Care. 2019. *The state of the adult social care sector and workforce in England*. Care., S.f. Available at: <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx> [Accessed: 20th April 2020.].
- Smith, J. et al. 2013. *Interpretative phenomenological analysis. Theory, method and research*. London: Sage.
- Smith, J. et al. 2014. Incorporating a service improvement project into an undergraduate nursing programme: A pilot study. *International Journal of Nursing Practice* 20(6), pp. 623-628. doi: 10.1111/ijn.12217
- Smith, J. A. 2012. *Qualitative psychology: A practical guide to methods*. 2nd ed. London: Sage.
- Smith, J. A. and Osborn, M. 2008. Interpretative phenomenological analysis. In: Smith, J.A. ed. *Qualitative psychology*. London: Sage.
- Snow, S. 2010. Making it real: An evaluation of a taster day initiative. *The Practicing Midwife*. 13(5), pp. 288-290.
- Snowden, A. et al. 2018. The relationship between emotional intelligence, previous caring experience and successful completion of a pre-registration nursing/midwifery degree. *Journal of Advanced Nursing* 74(2), pp. 433-442. doi: 10.1111/jan.13455
- Solorzano Martinez, A. J. and De Oliveira, G. C. 2021. Workplace Violence Training Programs for Nursing Students: A Literature Review. *Journal of the American Psychiatric Nurses Association* 27(5), pp. 361-372. doi: 10.1177/1078390321994665

Stephens, C. 2008. Social capital in its place: Using social theory to understand social capital and inequalities in health. *Social Science & Medicine*. 66(5), pp. 1174-1184. doi: 10.1016/j.socscimed.2007.11.026

Stephens, T. M. 2013. Nursing student resilience: A concept clarification. *Nursing Forum* 48(2), pp. 125-133. doi: 10.1111/nuf.12015

Stone, C. 2008. Listening to individual voices and stories - the mature-age student experience. *Australian Journal Of Adult Learning* 48(2), pp. 263-290. doi: 10.3316/ielapa.315934381677070

Stone, C. and O'Shea, S. 2013a. Time, money, leisure and guilt - the gendered challenges of higher education for mature-age students. *Australian Journal Of Adult Learning* 53(1), pp. 90-110. doi: 10.3316/ielapa.296471761704096

Stone, C. and O'Shea, S. 2013b. Time, money, leisure and guilt : the gendered challenges of higher education for mature-age students. *Australian Journal Of Adult Learning* 53(1), pp. 95-116.

Stuart, M. et al. 2011. The impact of engagement with extracurricular activities on the student experience and graduate outcomes for widening participation populations. *Active Learning in Higher Education* 12(3), pp. 203-215. doi: 10.1177/1469787411415081

Tashakkori, A. and Teddlie, C. 2010. *Handbook of mixed methods in social & behavioral research*. 2nd ed. Los Angeles: Sage.

Taylor, R. 2016. Nurses' perceptions of horizontal violence. *Global Qualitative Nursing Research*. 3, pp. 1-9. doi: 10.1177/2333393616641002

Ten Hoeve, Y. et al. 2017a. Dreams and disappointments regarding nursing: Student nurses' reasons for attrition and retention. A qualitative study design. *Nurse Education Today* 54, pp. 28-36. doi: 10.1016/j.nedt.2017.04.013

Ten Hoeve, Y. et al. 2016. Predicting factors of positive orientation and attitudes towards nursing: A quantitative cross-sectional study. *Nurse Education Today* 40, pp. 111-117. doi: 10.1016/j.nedt.2016.02.019

Ten Hoeve, Y. et al. 2017b. Nursing students' changing orientation and attitudes towards nursing during education: A two year longitudinal study. *Nurse Education Today* 48, pp. 19-24. doi: 10.1016/j.nedt.2016.09.009

Ten Hoeve, Y. et al. 2018. The voice of nurses: novice nurses' first experiences in a clinical setting. A longitudinal diary study. *Journal of Clinical Nursing* 27(7-8), pp. e1612-e1626. doi: 10.1111/jocn.14307

Tett, L. et al. 2012. Learning from feedback? Mature students' experiences of assessment in higher education. *Research in Post-Compulsory Education* 17(2), pp. 247-260. doi: 10.1080/13596748.2011.627174

The Health Foundation. 2019a. *A critical moment: NHS staffing trends, retention and attrition*. Foundation, T.H. Available at: <https://www.health.org.uk/sites/default/files/upload/publications/2019/A%20Critical%20Moment%201.pdf> [Accessed: 25th April 2020].

The Health Foundation. 2019b. *Falling short: the NHS workforce challenge. Workforce profile and trends of the NHS in England*. Available at: <https://www.health.org.uk/publications/reports/falling-short-the-nhs-workforce-challenge> [Accessed: 10th April 2020].

The Health Foundation. 2020. *Spending Review 2020. Priorities for the NHS, social care and the nation's health*. London: Available at: <https://www.health.org.uk/publications/long-reads/spending-review-2020> [Accessed: 3rd May 2021].

The Higher Education Academy. 2011. *Male access and success in higher education. A discussion paper*. Available at: https://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/hea/private/maleaccess_1568036812.pdf [Accessed: 18th January 2021].

Theobald, K. A. et al. 2018. Engaging students in a community of learning: Renegotiating the learning environment. *Nurse Education in Practice* 29, pp. 137-142. doi: 10.1016/j.nepr.2017.12.008

Thomas, J. et al. 2012. Resilience to care: A systematic review and meta-synthesis of the qualitative literature concerning the experiences of student nurses in adult hospital settings in the UK. *Nurse Education Today* 32(6), pp. 657-664. doi: 10.1016/j.nedt.2011.09.005

Thomas, J. et al. 2015. Finessing incivility: The professional socialisation experiences of student nurses' first clinical placement, a grounded theory. *Nurse Education Today* 35(12), pp. e4-e9. doi: 10.1016/j.nedt.2015.08.022

Thomas, L. 2020. Excellent outcomes for all students: A whole system approach to widening participation and student success in England. *Student Success*. 11(1), pp. 1-11. doi: 10.5204/ssj.v11i1.1455

Thompson, D. W. 2019. Widening participation research and practice in the United Kingdom on the twentieth anniversary of the Dearing report, reflections on a changing landscape. *Educational Review* 71(2), pp. 182-197. doi: 10.1080/00131911.2017.1380606

Tinto, V. 1975. Dropout from higher education: a theoretical synthesis of recent research. *Review of Educational Research*. 45(1), pp. 89-125. doi: doi-org.abc.cardiff.ac.uk/10.3102/00346543045001089

Tompkins, K. A. et al. 2016. Who matters most? The contribution of faculty, student-peers, and outside support in predicting graduate student satisfaction. *Training and Education in Professional Psychology*. 10(2), pp. 102-108. doi: 10.1037/tep0000115

Toutkoushian, R. K. et al. 2021. From “first in family” to “first to finish”: Does college graduation vary by how first-generation college status is defined? *Educational Policy* 35(3), pp. 481-521. doi: 10.1177/0895904818823753

Turnbull, S. 2018. *A guide to uk league tables in higher education*. Available at: <https://www.hepi.ac.uk/2018/01/04/guide-uk-league-tables-higher-education/> [Accessed: 21st February 2020].

University and Colleges Admissions Service. 2017. *Mature Students' Guide*. Available at: <https://www.ucas.com/file/35436/download?token=2Q6wiw-L> [Accessed: 21st February 2020].

Urwin, S. et al. 2010. Understanding student nurse attrition: Learning from the literature. *Nurse Education Today* 30(2), pp. 202-207. doi: doi.org/10.1016/j.nedt.2009.07.014

Uyehara, J. et al. 2007. Facilitating program and NCLEX-RN success in a generic BSN program. *Nursing Forum* 42(1), pp. 31-38. doi: 10.1111/j.1744-6198.2007.00063.x

Vagharseyyedin, S. A. 2016. Nurses' perspectives on workplace mistreatment: A qualitative study. *Nursing & Health Sciences*. 18(1), pp. 70-78. doi: 10.1111/nhs.12236

Van Der Riet, P. et al. 2018. Nursing students' perceptions of a collaborative clinical placement model: A qualitative descriptive study. *Nurse Education in Practice* 30, pp. 42-47. doi: 10.1016/j.nepr.2018.02.007

Van Schalkwyk, M. C. I. et al. 2020. The best person (or machine) for the job: Rethinking task shifting in healthcare. *Health Policy* 124(12), pp. 1379-1386. doi: 10.1016/j.healthpol.2020.08.008

Vinales, J. J. 2015. The mentor as a role model and the importance of belongingness. *British Journal of Nursing* 24(10), pp. 532-535. doi: 10.12968/bjon.2015.24.10.532

Vorhaus, J. 2014. Function and functional explanation in social capital theory: A philosophical appraisal. *Studies in Philosophy and Education*. 33(2), pp. 185-199. doi: 10.1007/s11217-013-9380-5

Wagstaff, C. et al. 2014. The accordion and the deep bowl of spaghetti: eight researchers' experiences of using IPA as a methodology. *Qualitative Report*. 19, p. 1.

Wainwright, E. et al. 2019. Widening participation and a student “success” assemblage: The materialities and mobilities of university. *Population Space and Place*. 26(3), doi: 10.1002/psp.2291

- Wainwright, E. and Watts, M. 2021. Social mobility in the slipstream: first-generation students' narratives of university participation and family. *Educational Review* 73(1), pp. 111-127. doi: 10.1080/00131911.2019.1566209
- Walker, E. and Dewar, B. J. 2000. Moving on from interpretivism: an argument for constructivist evaluation. *Journal of Advanced Nursing* 32(3), pp. 713-720. doi: 10.1046/j.1365-2648.2000.01532.x
- Walker, S. et al. 2014. Mature aged "baby bloomer" students' contribution to understanding nursing education. *Journal of Nursing Education and Practice*. 4(1), pp. 94-103.
- Walker, S. et al. 2016. Indicators of undergraduate nursing students' satisfaction with their learning journey: An integrative review. *Nurse Education Today* 43, pp. 40-48. doi: doi.org/10.1016/j.nedt.2016.04.011
- Walters, M. 2000. The mature students' three Rs. *British Journal of Guidance & Counselling* 28(2), pp. 267-278. doi: 10.1080/03069880050013548
- Wareing, M. et al. 2018. "Coaching and Peer-Assisted Learning" (C-PAL) - The mental health nursing student experience: A qualitative evaluation. *Journal of Psychiatric and Mental Health Nursing*. 25(8), pp. 486-495. doi: 10.1111/jpm.12493
- Webber, L. and Dismore, H. 2021. Mothers and higher education: balancing time, study and space. *Journal of Further and Higher Education* 45(6), pp. 803-817. doi: 10.1080/0309877X.2020.1820458
- Welsh Government. 2016. *Nurse Staffing Levels (Wales) Act 2016*,. Available at: <https://gov.wales/sites/default/files/publications/2019-04/nurse-staffing-levels-wales-act-2016.pdf> [Accessed: 4th March 2018].
- Welsh Government. 2019. *NHS bursary extended in Wales*. Available at: <https://stats.wales.gov.wales/Catalogue/Population-and-migration/Population/Estimates/nationallevelpopulationestimates-by-year-age-ukcountry> [Accessed: 21st August 2021].
- Welsh Government. 2021. *Health and Social Care in Wales - COVID -19: Looking forward*. Cardiff: Available at: https://gov.wales/sites/default/files/publications/2021-03/health-and-social-care-in-wales--covid-19-looking-forward_0.pdf [Accessed: 20th May 2020].
- Wenger, E. 1998. *Communities of practice : Learning, meaning, and identity*. Cambridge: Cambridge University Press.
- Wharrad, H. J. et al. 2003. Predictors of academic success in a Bachelor of Nursing course. *Nurse Education Today* 23(4), pp. 246-254. doi: org/10.1016/S0260-6917(02)00116-8

- White, S. et al. 2018. The personal tutor as a role model for students: humanising nursing care. *British Journal of Nursing* 27(1), pp. 52-55. doi: 10.12968/bjon.2018.27.1.52
- Wilkes, L. et al. 2015. The reasons students choose to undertake a nursing degree. *Collegian* 22(3), pp. 259-265. doi: doi.org/10.1016/j.colegn.2014.01.003
- Williams, J. and Kane, D. 2010. The part-time student's experience 1996-2007: An issue of identity and marginalisation? *Tertiary Education and Management*. 16(3), pp. 183-209. doi: 10.1080/13583883.2010.497342
- Williams, J. et al. 2013. Welsh university and health boards' HCSW collaboration. *British Journal of Healthcare Assistants* 7(1), pp. 36-39. doi: 10.12968/bjha.2013.7.1.36
- Williamson, G. R. et al. 2013. Vocation, friendship and resilience: a study exploring nursing student and staff views on retention and attrition. *The Open Nursing Journal*. 7(1), p. 149. doi: 10.2174/1874434601307010149
- Williamson, G. R. et al. 2020. 'Thinking like a nurse'. Changing the culture of nursing students' clinical learning: Implementing collaborative learning in practice. *Nurse Education in Practice* 43, pp. 102742-102742. doi: 10.1016/j.nepr.2020.102742
- Willig, C. 2013. *Introducing qualitative research in psychology*. Maidenhead: McGraw-Hill Education.
- Wilson, A. M. E. 2014. Mentoring student nurses and the educational use of self: A hermeneutic phenomenological study. *Nurse Education Today* 34(3), pp. 313-318. doi: doi.org/10.1016/j.nedt.2013.06.013
- Wilson, J. L. 2016. An exploration of bullying behaviours in nursing: A review of the literature. *British Journal of Nursing* 25(6), pp. 303-306. doi: 10.12968/bjon.2016.25.6.303
- Wolf, L. et al. 2017. On the threshold of safety: A qualitative exploration of Nurses' perceptions of factors involved in safe staffing levels in emergency departments. *Journal of Emergency Nursing* 43(2), pp. 150-157. doi: doi.org/10.1016/j.jen.2016.09.003
- Wong, B. 2018. By Chance or by Plan?: The Academic Success of Nontraditional Students in Higher Education. *AERA open* 4(2), p. 233285841878219. doi: 10.1177/2332858418782195
- Wood, C. 2014. Choosing the 'right' people for nursing: can we recruit to care? *British Journal of Nursing* 23(10), pp. 528-530. doi: 10.12968/bjon.2014.23.10.528
- Woodham, E. et al. 2021. *REAL centre working paper. Nurse supply model: exploring the impact of Covid-19*. Available at: <https://www.health.org.uk/publications/nurse-supply-model-exploring-the-impact-of-covid-19> [Accessed: 15th Aug 2021].

Wray, J. et al. 2014. Choosing to stay: looking at retention from a different perspective. *Studies in Higher Education* 39(9), pp. 1700-1714. doi: 10.1080/03075079.2013.806461

Wray, J. et al. 2017. Factors affecting the programme completion of pre-registration nursing students through a three year course: A retrospective cohort study. *Nurse Education in Practice* 24, pp. 14-20. doi: 10.1016/j.nepr.2017.03.002

Wray, J. et al. 2012. Staying the course: Factors influencing pre-registration nursing student progression into Year 2—A retrospective cohort study. *International Journal of Nursing Studies* 49(11), pp. 1432-1442. doi: 10.1016/j.ijnurstu.2012.06.006

Wu, L. T. et al. 2015. Why not nursing? A systematic review of factors influencing career choice among healthcare students. *International Nursing Review* 62(4), pp. 547-562. doi: 10.1111/inr.12220

Yardley, L. 2000. Dilemmas in qualitative health research. *Psychology and Health* 15, pp. 215-228. doi: 10.1080/08870440008400302

Youde, A. 2020. I don't need peer support: effective tutoring in blended learning environments for part-time, adult learners. *Higher Education Research and Development*. 39(5), pp. 1040-1054. doi: 10.1080/07294360.2019.1704692

Young, K. 2016. Working towards widening participation in nurse education. *British Journal of Nursing* 25(2), pp. 112-116. doi: 10.12968/bjon.2016.25.2.112

Zachos, G. et al. 2018. Social media use in higher education: A review. *Education Sciences*. 8(4), p. 194. doi: 10.3390/educsci8040194