

Causes of ATtention in CHildren's NursinG (CATCHING) study



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Causes of Attrition in Children's Nursing (CATCHING) study

An examination of the causes of attrition in pre-registration children's nursing programmes in the Health Education England, North Central and East London geographical area

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2 Executive Summary

2.1 Background

Professional, financial and ethical reasons require nursing to gain an increased understanding of student nurse attrition (Urwin et al. 2010). Attrition has been previously identified as multifactorial (Orton 2011). Further work is required to understand its complexities. Few previous studies have specifically focussed on children's nursing or been conducted following the introduction of degree based courses to England.

2.2 Aims

To explore causes of attrition within pre-registration children's nursing courses across four Higher Education Institutions (HEIs) in North Central and East London.

More specifically the study aimed to examine:

- The reasons for attrition from pre-registration children's nursing courses, either Bachelor of Science with honours¹ (BSc) or postgraduate diploma² (PG Dip) across the four HEIs.
- Any similarities and differences in the reasons for attrition across the four HEIs.
- Whether there are any differences between HEIs in the reasons why pre-registration children's nursing students leave the course across the three years of the programme.

2.3 Methods

Following university research ethics approval, an exploratory mixed methods study was conducted. To understand

attrition rates and yearly variation, three year's data were obtained from a centrally collated portal. Attrition causes were explored through one to one semi-structured interviews with participants who had faced challenges and either 'left' or 'stayed' on their programme. Interview questions were based on a literature review, previous exit data and expert opinion. Interviews were recorded, transcribed and subjected to thematic analysis.

2.4 Key findings

Attrition varied according to university and year. Overall, most attrition occurred in the first year of programmes and was primarily due to academic failure or personal circumstances. Between July and September 2015, 18 (5 'left', 13 'stayed') participants were interviewed. Reasons for actual or potential attrition were connected to academic, placement and/or personal issues. Themes that emerged were 'Expectations of pre-registration children's nursing', 'Realities of a pre-registration children's nursing course', 'Decision to stay or leave course', 'Factors that influence students leaving or staying on the course', and 'Advice for future nurses'. Many participants reported they had been reluctant to disclose issues while on their course. Key academic and placement services were identified as important factors. However, large variations in delivery of these services were present. Support to continue on the programme was often obtained away from university and students often described relying on self-determination to complete the course.

Factors identified often demonstrated a duality between having a positive or

¹ An undergraduate Bachelor of Science with honours degree programme. After three years, successful candidates, are eligible to register as a children's nurse with the Nursing and Midwifery Council.

² A postgraduate diploma programme for individuals with an existing bachelor degree. After two years, successful candidates, are eligible to register as a children's nurse with the Nursing and Midwifery Council.

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negative influence. From a university perspective, where a duality existed, there was often an inconsistency in the service

provided. Themes and subthemes are visually represented in Figure 1.

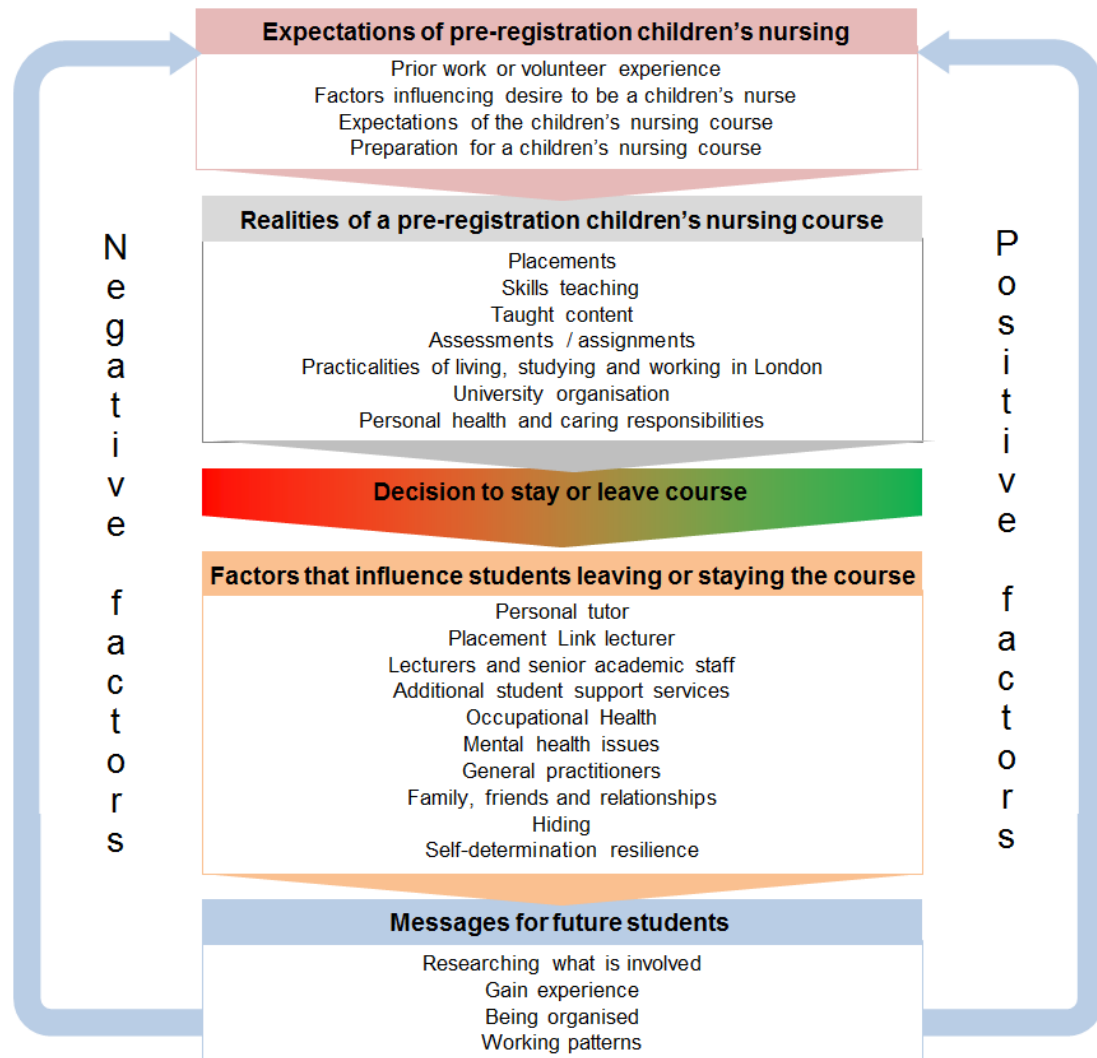


Figure 1 Themes emerging from the qualitative data

2.5 Conclusions

This study has implications for future pre-registration children's nurse provision. This includes testing out targeted interventions that focus on a student's first year and reducing variation in the services provided. With improved understanding of attrition from children's nursing pre-registration courses, targeted interventions can be developed. Through this study it is envisaged that strategies can be introduced and evaluated.

2.6 Recommendations

Results of this study indicate several areas that could be improved to support students while on a pre-registration children's nursing courses. Whilst some recommendations may have logistical limits others would be readily introduced or developed. The impact of these recommendations on student retention and experience will require further research and are listed below.

Promoting a more realistic picture of children's nursing

- Increase engagement with schools and the media to promote a more realistic representation of children's nursing and the requirements of a pre-registration course.

Developing the role of the personal tutor

- Explore combining the personal tutor and link lecturer roles. With increased contact issues might be identified earlier and dealt with in a timely manner. In addition, combining personal tutor and link lecturer roles should facilitate improved communication between Universities and placement areas. Other avenues to ensure good two-way communication between Universities and placement areas should be explored.
- Improved definition of the Personal Tutor role is required. Once established, training and orientation for new Personal Tutors can be introduced.

Signposting support available and university policies and procedures to students

- Provide clearer guidance to students about who to contact and when. This would include reassurances around the benefits of openness rather than struggling without support.
- Increase student understanding of services offered by occupational health.
- Identify ways of alerting students to additional university support services such as student health and well-being and academic support.
- Increase availability of information and guidance for students regarding complaints and appeals processes.

Improving the student experience

- Where possible deliver sessions in smaller classes or seminar groups to promote camaraderie and connectedness.
- For larger cohorts, implementation of personal tutor groups to promote a sense of belonging from the start of the course.
- Avoid exam and assessment deadlines during placement whenever possible.
- Try to ensure that accommodation is provided close to placement/university, affordable and nurses on similar courses are billeted together.
- Target strategies to support students in the first year of programmes. This could include introducing and evaluating the impact of a buddy system with second year students offering support to first years.
- Increase emphasis during mentorship training regarding the potential impact on student attrition.
- Investigate methods of improving course flexibility for shorter periods of interruption.

Recommendation from quantitative and exit data results

- Gain an improved understanding, and better monitoring; where possible collect detailed information on students who leave courses.

3 Introduction

This report summarises the findings of a project commissioned by Health Education England North Central and East London Local Education and Training Board [HEE NCEL LETB] in 2015 and undertaken by the London South Bank University between June 2015 and September 2015. The overall aim of this study was to explore causes of attrition within pre-registration children's nursing courses across four HEIs in NCEL. In particular, to examine reasons for attrition from pre-registration children's nursing courses (BSc and PG Dip) across the four HEIs and explore any similarities and differences in the reasons for attrition. In addition, whether there are any differences between HEIs in the reasons why pre-registration children's nursing students leave the course across the three years of the programme.

All aspects of the project, including the writing of this report, were undertaken by the project team: Dr. Stephen McKeever (SM) researcher, Dr. Alison Twycross (AT) principal investigator, Dr. Lisa Whiting (LW) associate investigator, Dr. David Anderson (DA) associate investigator and Dee Anderson (DPA) associate investigator.

4 Background

There is now a wealth of literature focussing on pre-registration student nurse attrition, both within the United Kingdom [UK] (Glogowska et al. 2007, Glossop 2001, Hamshire et al. 2012, O'Donnell 2011, Prymachuk et al. 2009, Williamson et al. 2013) and abroad (Abele et al. 2013, Andrew et al. 2008, Harris et al. 2014). Attrition is defined as: "non completion of a training programme for whatever reason" (Jinks et al. 2014 p1). Whilst a number of authors concur that student nurse attrition in pre-registration

programmes is a major cause for concern (Glossop 2001, Hamshire et al. 2012), this is not a recent problem – Jinks et al. (2014), following documentary analysis of 641 records from between 1955 to 1968, found that attrition rates are now lower in the twenty-first century than in the 1950/60s, but some of the problems identified (such as academic failure, personal and health challenges) still persist (Glogowska et al. 2007). There is no doubt that there is a need to consider strategies to facilitate student retention (McLaughlin et al. 2008). A number of potential causes of attrition have been identified; key areas are considered below and within the context of UK contemporaneous literature.

4.1 Clinical experience

Practice is an implicit and essential part of any pre-registration nursing programme so the preparation and experience that students gain is fundamental to their overall success. Hamshire et al. (2012) undertook a qualitative study which involved interviews with 16 students who had left their pre-registration programme and who had places commissioned by the North West of England. Whilst the research revealed a number of reasons why students left their programme of study, clinical experience was a key factor, three main areas in relation to this were revealed: "ineffective placement organisation"; "problematic placement journeys"; "disappointing clinical experiences" (Hamshire et al. 2012 p184). A systematic review by Eick et al. (2012) fully concurred with Hamshire et al. (2012) and identified that although practice related reasons were not the single factor leading to student attrition, clinical experience was consistently mentioned as something that impacted on it. Whilst Williamson et al. (2013) highlighted that a negative placement experience can have an impact on a student's decision about

whether or not to stay on their course, they also commented that the clinical experience could be something that kept them engaged with nursing.

4.2 Gender

McLaughlin et al. (2010) undertook a study in Belfast and sent questionnaires to 384 students in the first month of their pre-registration nursing programme to assess their views of gender identity and how it related to a career in nursing. At the end of the programme of study, the student attrition rate was collated for both male and females. The authors concluded that male students were more likely to leave a pre-registration nursing programme; it was suggested that the female dominated profession of nursing had led to stereotyping with particular perceptions of 'male nurses' being held – this can lead to male students feeling uncomfortable and not wholly accepted. Whilst children's nursing has historically attracted fewer male applicants, McLaughlin et al. (2010) study suggests that there is a potential need to ensure a diverse, valuing approach to students of both genders. Other authors also found that male students are less likely to complete a pre-registration nursing programme than females (Eick et al. 2012, Mulholland et al. 2008).

4.3 Age

Prymachuk et al. (2009) undertook a retrospective study in which demographic and completion information was collated about four cohorts of pre-registration nursing students who had studied in a single English university. The key finding was that those students who were slightly older (by three years) were more likely to complete their course. This re-iterates information highlighted in other work such as the Department of Health (2006) and Mulholland et al. (2008). This factor could

be particularly worthy of consideration as children's nursing has traditionally attracted a younger age range of applicants.

4.4 Other factors

Attrition is inevitably a complex problem and the current literature does not reveal one sole factor that is responsible. Gender, age and practice experience are recurrent themes in UK work that appear to contribute to the attrition of pre-registration nursing students. However, there are other areas that are worth noting. Lack of support, both academically and in practice, has been highlighted by authors such as Wray et al. (2010) and is something that could influence a student's decision about whether or not to leave their programme. There are also a range of issues that are specific to the individual student; these include their personality traits (Deary et al. 2003, McLaughlin et al. 2008); ability to deal with stressful situations (Deary et al. 2003) and levels of self-efficacy (McLaughlin et al. 2008).

A study by Glogowska et al. (2007) involved semi-structured interviews of UK adult nursing students who stayed (n=30) and those who withdrew from courses (n=19). 'Push' factors which drive students away from a course and 'pull' factors that help to retain students were identified. These 'push' factors were; 'challenges of academic work', 'burden of other demands', 'financial strain', 'lack of support', 'negative early experiences' and 'illness/injury'. Whilst 'pull' factors were: 'determination/stubbornness', 'commitment to chosen profession', 'informal and formal support'.

Although Pitt et al. (2012), in a review of the literature, identifies academic performance as an influencing factor for pre-registration nursing student attrition, the majority of the studies are not UK

based. Interestingly, there appears to be very little recent UK work that focuses on academic failure. Glossop (2001) cited academic challenges as the second most common reason for students leaving their programme and Last and Fulbrook (2003) highlighted that academic problems were a sole contributing factor to attrition. Unfortunately there is a lack of more recent research that has considered academic issues within the context of the all pre-registration nursing programmes that now exist in the UK.

4.5 Children's nursing

Whilst there has been little research that has specifically focussed on children's nursing students' attrition, Wright and Wray (2012) used a phenomenological approach to underpin four focus groups with children's nursing students during the latter part of their first academic year. The authors aimed to ascertain the views and expectations of the students and found they had anticipated that their clinical experiences would be based within acute areas; the authors suggest that the expectations of students in relation to their programme could be incorrect and this could influence their decision about whether or not to continue with their studies. Prymachuk et al. (2009) suggested that there was an increased likelihood of attrition if a student was studying a children's nursing programme – the authors postulate that this could be because children's nursing tends to attract younger applicants.

4.6 Background information to HEE NCEL

Within the HEE NCEL geographical area, there are four Higher Education Institutions [HEIs] – City, Hertfordshire, London South Bank and Middlesex universities providing pre-registration children's nursing programmes. Whilst all

of these HEIs use a range of strategies that aim to reduce student attrition, and they collate student exit information, there is a lack of specific detail about the reasons why students leave their programme of study, especially as the provision of student exit data is normally voluntary.

The available literature has provided a valuable contribution to our understanding of some causes of attrition for pre-registration students. However, few studies have particularly focussed on children's nursing and none appear to have been undertaken within the NCEL geographical area. Thus, this study was conducted to address this gap in our understanding.

5 Aims

To explore causes of attrition within pre-registration children's nursing courses across four HEIs in NCEL.

More specifically the study aimed to examine:

- Reasons for attrition from pre-registration children's nursing courses (BSc and PG Dip) across the four HEIs.
- Any similarities and differences in the reasons for attrition across the four HEIs.
- Any differences between HEIs in the reasons why pre-registration children's nursing students leave the course across the three years of the programme.

6 Methods

6.1 Study outline

This section provides an overview of data collection methods used for this exploratory mixed methods study. This approach was informed by Creswell

(2009) and Teddlie and Tashakkori (2009). As illustrated in Figure 2, data

were collected using different methods across this four phased study.

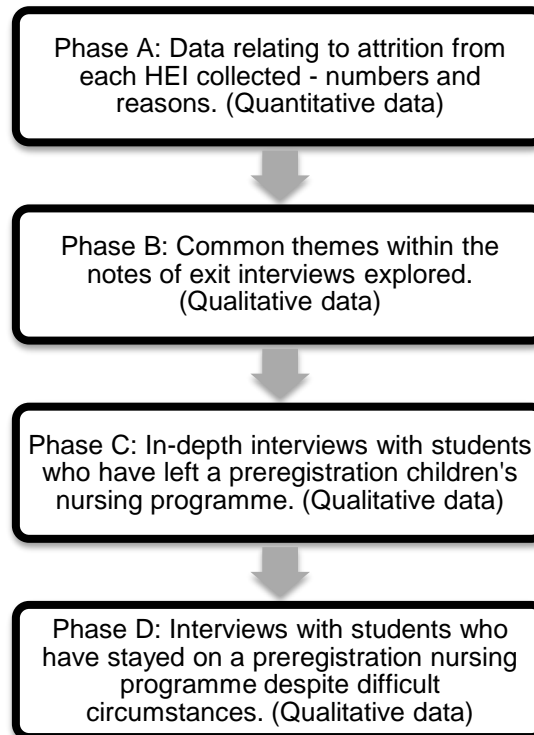


Figure 2 Phases of data collection

6.2 Phases of data collection

6.2.1 Phase A - Quantitative attrition data

Retrospective quantitative attrition data were obtained from the HEE NCEL Quality Contract Performance Management (QCPM) portal. The four HEIs involved in this study submit annual accounts of their activity that includes attrition information to this portal. As this data were uniformly collated it was envisaged that it would provide consistency of data. Requests were made for pre-registration children's nursing programme data from 2011 to 2014. Data obtained permitted an examination of attrition according to university, year of leaving and reasons.

Once raw data were obtained it was imported into Excel. Data integrity extraction, and construction of figures, was achieved using bespoke Excel macros. Due to low numbers, data are

presented as percentages and grouped as totals across the four HEIs.

6.2.2 Phase B – Available exit interview data

Investigations of exit interview documentation were made at each of the four HEIs. For three of the four HEIs there were minimal amounts of information collected. One HEI did collect small descriptors pertaining to why students left a programme. This data was anonymised and imported into NVivo for Windows (version 10) (QSR International Pty Ltd) for thematic analysis. Insights and themes emerging from this data were used to help develop interview schedules for Phase C and D. In addition, after removing minor words, as a visual representation of the content, a word map was created.

6.2.3 Phase C - Semi-structured interviews with students who had left

Potential participants were identified by HEI course directors as people who had left a BSc or PG Dip pre-registration children's nursing course. A variety of reasons for leaving the course were sought such as; academic fail, practice fail, medical or personal reasons. These potential participants were then contacted by course directors using a last known personal email or postal address. During this initial contact former students were provided with study information (Appendix 1) and asked if they were happy to be contacted by the research team. Those who agreed were then re-contacted to arrange a mutually appropriate time to conduct an interview. Prior to commencing interviews the study was outlined and informed written consent obtained. In-depth semi-structured interviews were carried out using an interview schedule, as detailed in Appendix 2. For those former students who had not replied a reminder email or letter was sent after two weeks.

6.2.4 Phase D - Semi-structured interviews with students who had stayed despite difficult circumstances

Current students on a BSc or PG Dip pre-registration children's nursing course who had remained on the course despite difficult circumstances were identified by HEI course directors. These students were then contacted by course directors' university emails. During this contact students were provided with study information (Appendix 3) and asked if they were happy to be contacted by the research team. Those who agreed were then re-contacted to arrange a mutually appropriate time to conduct an interview. Prior to commencing interviews the study was outlined and informed written consent

obtained. In-depth semi-structured interviews were carried out using an interview schedule, as detailed in Appendix 4. For those students who had not replied a reminder email was sent after two weeks.

6.3 Interview schedules for Phases C & D

Semi-structured interview schedules were developed. Questions were based on a review of the literature, researchers' experiences working with pre-registration children's nurses and emerging data from Phases A and B this study. Attempts were made to obtain interview questions used by Glogowska et al. (2007). However, the only contactable author was not able to locate the interview schedule they used.

Full interview schedules can be found in Appendices 1 and 3. In essence demographic questions were asked, then areas relating to before commencing training, during the course, areas that students found easy or struggled with, issues around the decision to contemplate or actually leave, what did or did not help, and then about where participants were currently employed.

6.4 Interview data processing

With participant consent all interviews were recorded on two password protected devices. After negotiating a confidentiality agreement, a sound file from each interview was transcribed verbatim by an external company who held ISO 27001 and ISO 9001 certification. Transcripts were reviewed for accuracy by the interviewer (SM) and imported into NVivo for Windows (version 10) (QSR International Pty Ltd). Content analysis was used to analyse data using Creswell's (2009) five-step approach:

- 1) Creating and organising files for data

- 2) Reading through the text and forming initial codes
- 3) Describing the social setting, people involved and events
- 4) Analysing data for identifying emerging themes
- 5) Interpreting and make sense of the findings

Whilst listening to each transcript interview comments relating to the study's aim were referenced into a new or an existing Nodes. Nodes were refined as coding progressed through subsequent transcripts. All references contained in each Node were then brought together in overarching themes. Data analysis was carried out by one researcher (SM). To minimise researcher bias, 20% of data was reviewed and coded by the principal investigator (AT).

6.5 Ethical approval

Ethical approval to conduct all aspects of this study was sought from London South Bank University Research Ethics Committee. Ethical approval (UREC 1511) was obtained on the 10th June 2015.

6.6 Consent

Gaining informed consent of participants is an essential element in conducting health and social care research (RCN 2011). Prior to gaining consent, all of the participants were provided with participant information sheets. All of the participants provide written informed consent prior to participation. A copy of the consent form can be seen in Appendix 5

7 Results

7.1 Introduction

This section presents the findings that emerged from analysis of data collected in the four phases of this study. Initially quantitative data from the QCPM Portal, and then the exit interview data, will be presented. Data obtained from the semi-

structured interviews of Phase C and D will be presented together.

7.2 Phase A - data from Quality Contract Performance Management (QCPM) portal

Percentage attrition, in relation to commissioned places, varied across the four universities as shown in Figure 3. These rates of attrition varied according to academic year and course. For LSBU, with a large commission, their attrition rate of students from the BSc programme was stable at between 24.9 - 26.6%. This rate was similar to City University with an attrition rate of between 23.4 - 27.4%. With smaller numbers of commissioned places greater percentage variations were seen for Middlesex (9.5 - 30.1%) and University of Hertfordshire (9.5 - 26.1%). Attrition from postgraduate diploma courses was low, as shown in Figures 8 and 9. However, again due to a smaller number of commissioned places, percentage attrition from postgraduate diploma course was 6.7 - 13.0%. In addition, the reported postgraduate diploma courses only commenced in 2013.

Reasons for students leaving pre-registration children nursing BSc or PG Dip courses varied greatly, as shown in Figures 4 to 9. This variability was found not only between universities but also according to year. Whilst the individual percentages changed, for LSBU the major reasons for attrition, across the three years, were academic failure and personal circumstances (Figure 4). Across the three years for City University academic failure

was a high percentage but exit award³, personal circumstances and wrong career choice, each feature highly in other years. From Middlesex University there was a large proportion of personal circumstances across all years with academic failure in varying amounts, as shown in Figure 6. Whilst the predominate causes of attrition from University of Hertfordshire was academic failure and wrong career choice (Figure 7).

As stated previously, there was low attrition from the PG Dip programmes. One person left LSBU due to personal circumstances (Figure 8). Whilst at City University three PG Dip students left due

to academic failure and received an exit award (Figure 9).

To explore at which point and for what reason students left their three BSc course data were combined from the four universities. As shown in Figure 10, mean attrition across the three years was highest in year one. With the predominant reasons being academic failure, personal circumstances and wrong career choice. For most reasons there was a successive drop in attrition in years two and three. However, there was a peak of exit awards in year two. This peak could be due to students carrying over referred modules from the first year to year two.

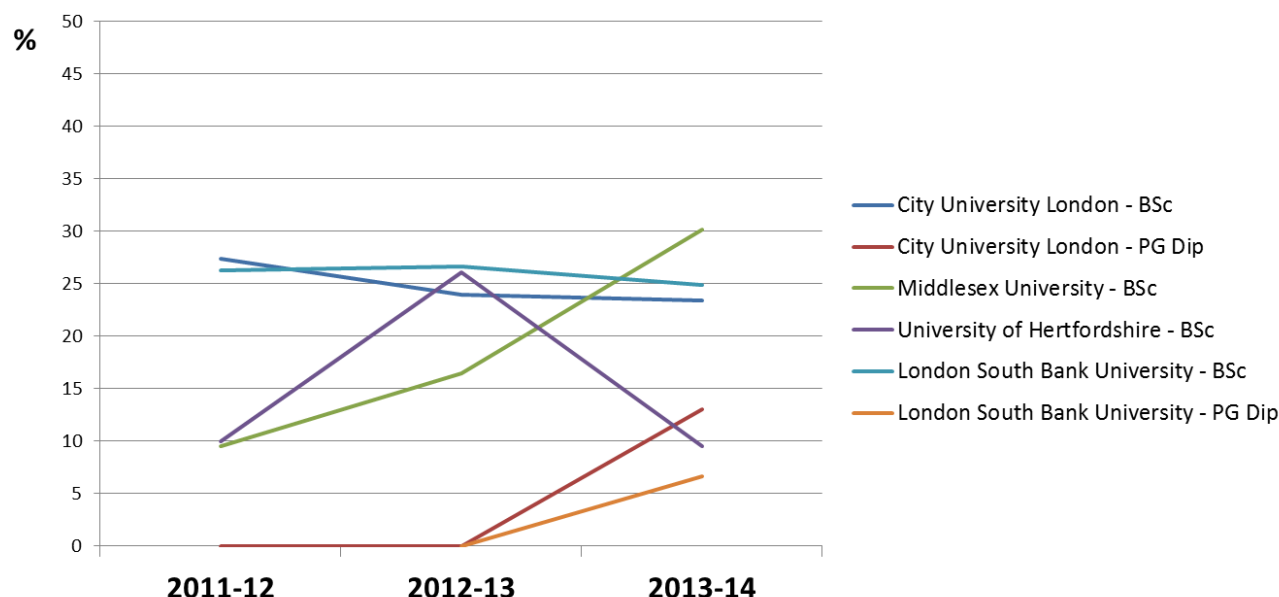


Figure 3 Percentage attrition according to university, course, and academic year

³ A student who is unable to complete a program may be eligible for an exit award. This demonstrates achieved modules but not to the required level to qualify. Thus, categorised as an academic fail. Whilst an outcome of attrition rather than a reason, this is incorporated in QCPM data as the student is unable fulfil the role for which they were commissioned.

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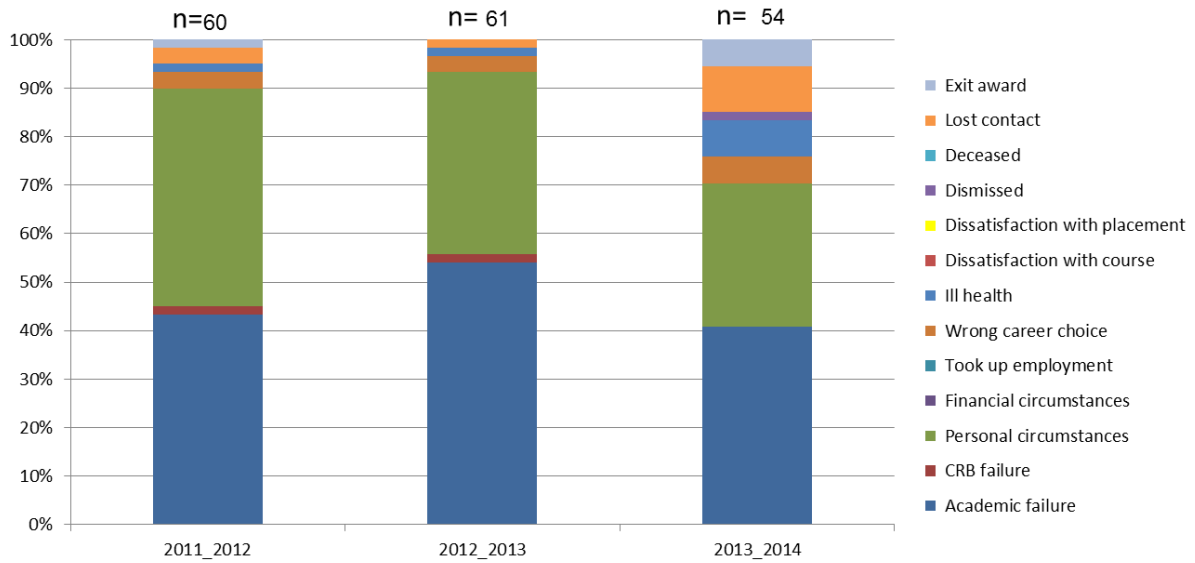


Figure 4 Percentage discontinuations from BSc course from London Southbank University with reasons 2011-2014

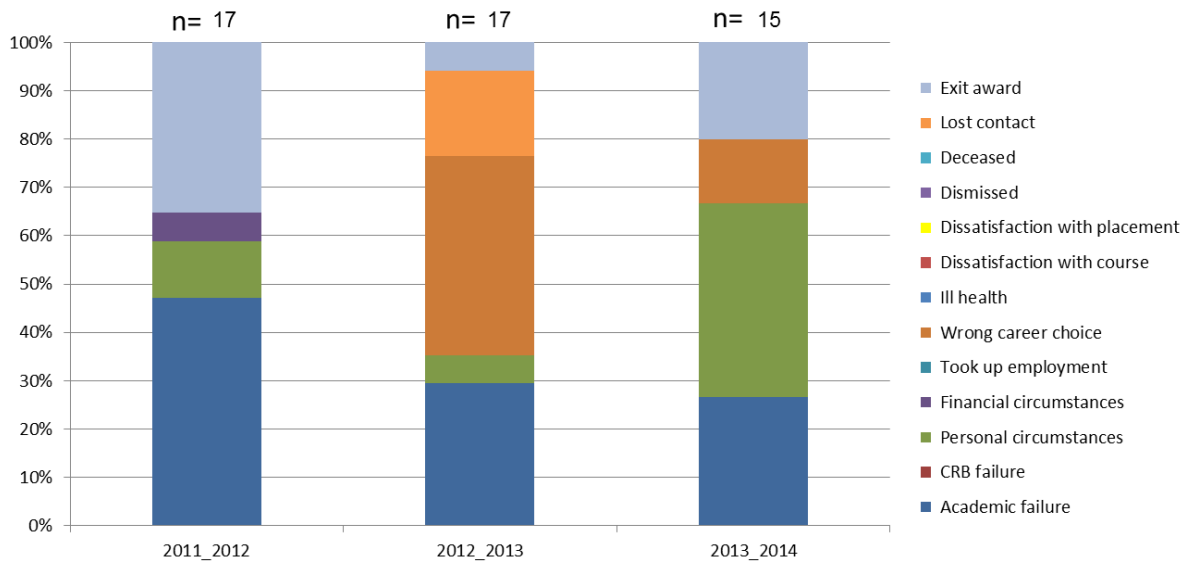


Figure 5 Percentage discontinuations from a BSc nursing course from City University with reasons 2011-2014

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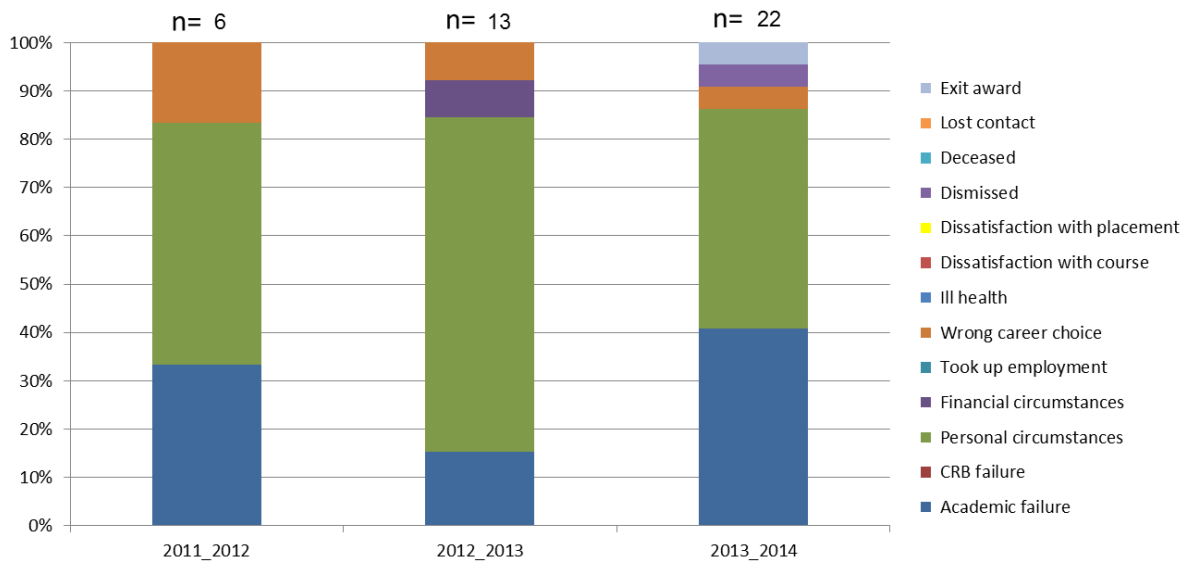


Figure 6 Percentage discontinuations from a BSc nursing course from Middlesex University with reasons 2011-2014

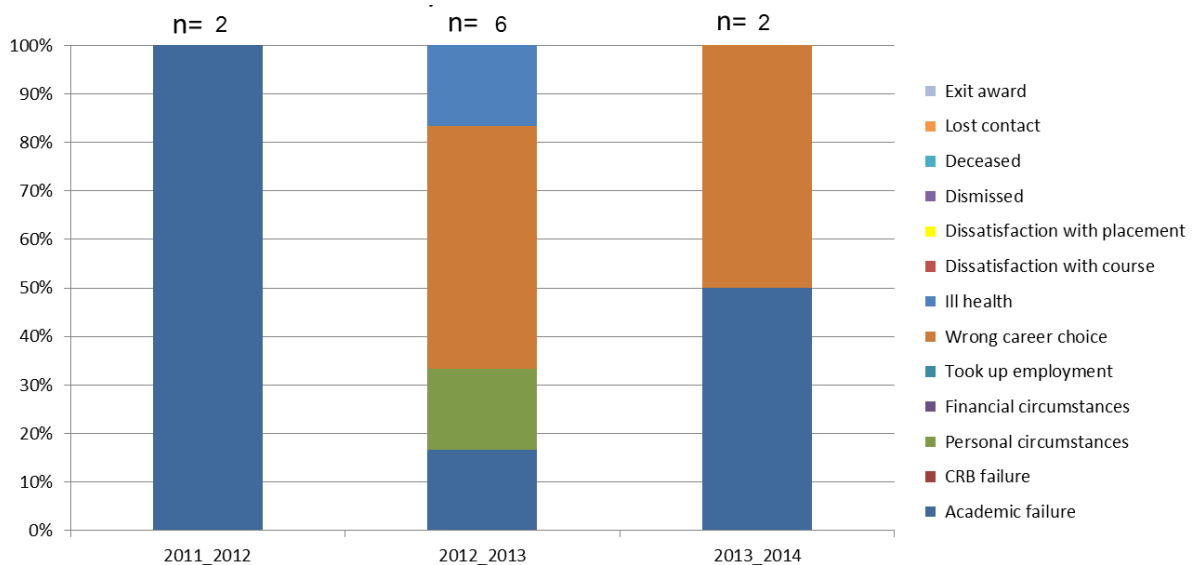


Figure 7 Percentage discontinuations from a BSc nursing course from University of Hertfordshire with reasons 2011-2014

Causes of Attrition in CHILDren's Nursing (CATCHING) study

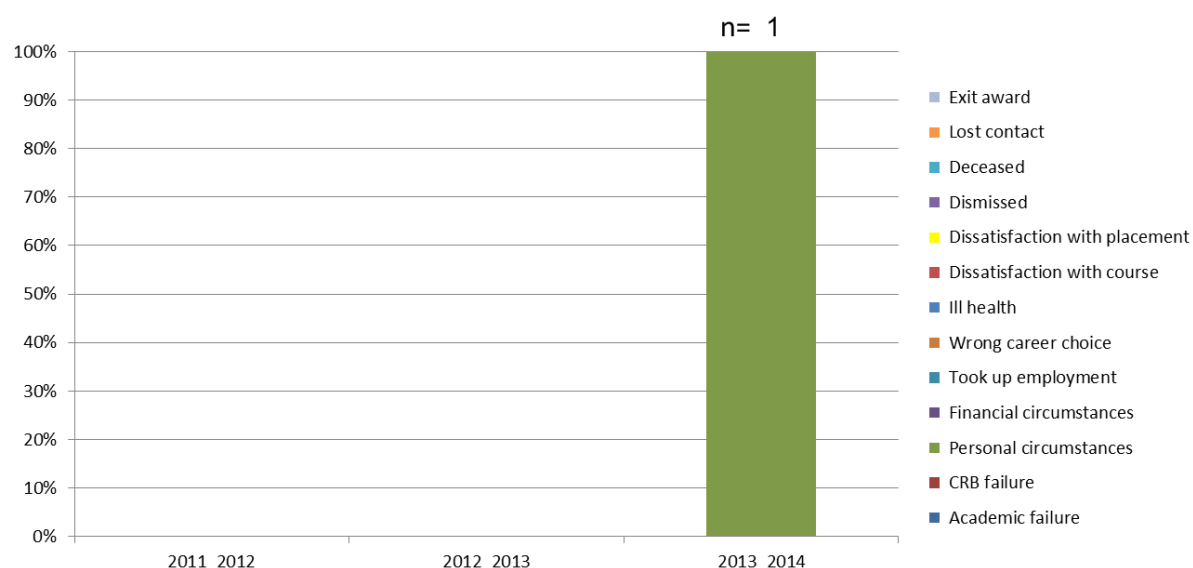


Figure 8 Percentage discontinuations from a PG Dip nursing course from London South Bank University with reason 2011-2014

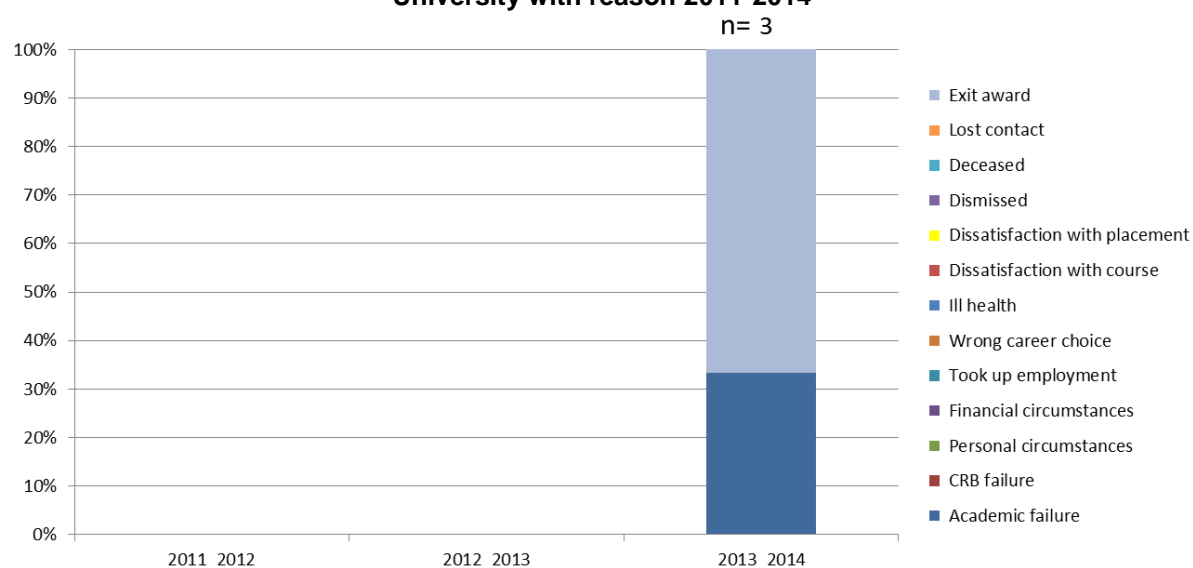


Figure 9 Percentage discontinuations from a PG Dip nursing course from City University with reasons 2011-2014

Causes of Attrition in Children's Nursing (CATCHING) study

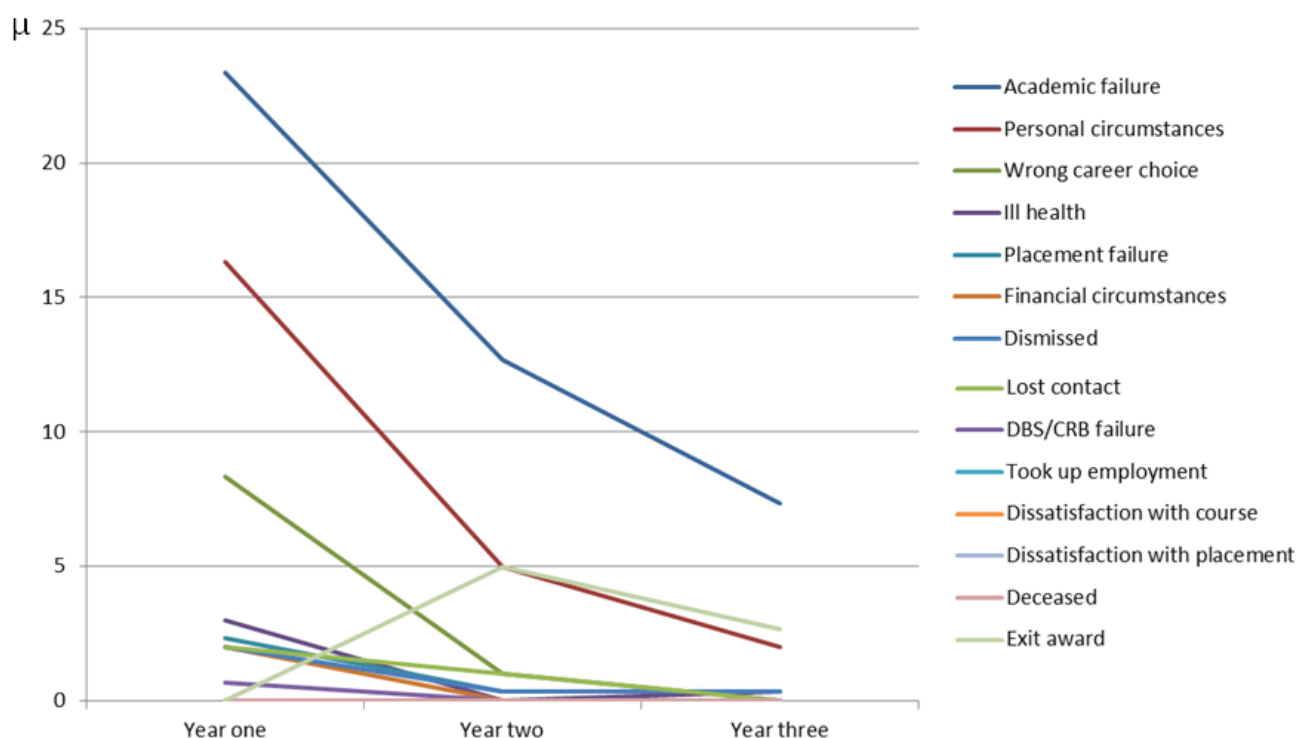


Figure 10 Mean attrition (2011 – 2014) across four universities according to year on course

7.3 Phase B collating exit interview data

From three of the four universities there was a small amount of exit interview data collected from their leaving students. This data provided no further insight into attrition than that collated via the QCPM Portal

One university did have descriptive text relating to their leaving students. This

consisted of one to five lines of text that had been entered into a spreadsheet following an exit interview. From this data the five major themes of: academic, employment, financial, medical, and personal, were present. These themes and their sub themes are presented in Table 1. In addition a word map was created to further demonstrate the content of these exit interview snippets, as shown in Figure 11.

Table 1 Themes and sub themes from data exit data of one university site

Academic	Medical	Personal
Academic processes	Mental health	Bereavement
Attendance	Physical health	Caring responsibilities
Coursework		Domestic violence
Failed placement		Moved out of area
Fitness for Practice		Poor socialisation
Plagiarism		
Too demanding		
Employment	Financial	
Wrong career choice		



Figure 11 Word map of exit interview data from one university site

7.4 Semi-structured interviews (Phase C and D data)

As detailed in Figure 12, 5 (2.8%) of the 176 former students contacted were subsequently interviewed. The majority of former students did not respond to email or postal invites. Seven former students did refuse, whilst eight appeared initially interested but stopped responding to

requests to establish a convenient interview time. Response rates from students who remained on a programme were higher. Of the 38 students approached 13 (34.2%) were subsequently interviewed. Again some students who appeared initially interested stopped responding to requests to establish a convenient interview time.

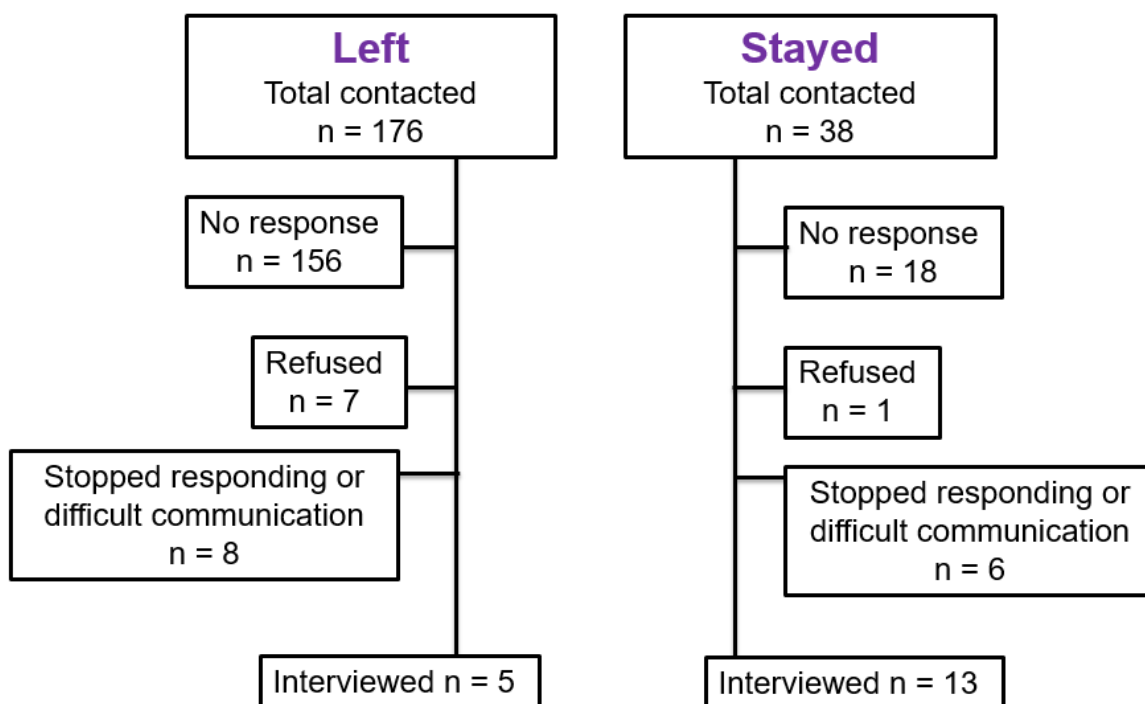


Figure 12 Flow chart of recruitment for Phase C and D.

7.5 Demographics

The majority of participants came from two of the four university sites (Table 2). However, there was a disparity between the categories of participants recruited into each phase. From one university participants who responded were mainly recruited into Phase D. Whilst from the other university there were participants for Phase C and D. Due to the low numbers interviewed, and to preserve anonymity, participants from all universities were categorised as either 'left' or 'stayed'

Primary reasons for leaving or having difficulties on the course were personal or

medical. Two of the participants recruited into Phase D had already qualified. In completing their course these students demonstrated that they had overcome their difficult circumstance and completed. Only one of the participants was enrolled on a PG Dip programme. Thus an exploration of different factors according to being on a BSc or PG Dip course was not possible.

The majority of participants described English as the language spoken at home. However, other languages were used. In keeping with established literature participants in this study were young.

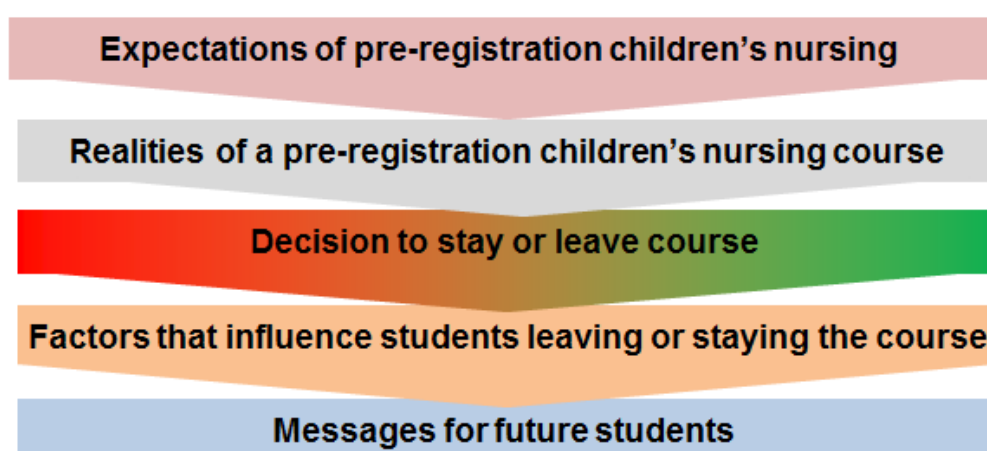
Table 2 Demographics of participants interviewed (N=18)

University (n)	City	8	
	Herts	1	
	LSBU	9	
	MDX	0	
Status (n)	Left	5	
	Stayed	13	(2 qualified)
Reasons (n)	Academic	3	
	Financial	1	
	Personal	6	
	Medical	8	
Course (n)	BSc	17	
	PgDip	1	
Age at start: median [IQR]		22	[19.25, 25.75]
Language at home (n)	English	14	(3 + Luganda, Bengali, Tamil)
	Spanish	1	
Clearing (n)	Yes	2	

7.6 Semi-structured interviews

The interviews were transcribed verbatim and imported into NVivo for Windows (version 10) (QSR International Pty Ltd). Thematic analysis was used to analyse data using Creswell's (2009) five-step approach: Whilst listening to each transcript interview comments relating to the study's aim were referenced into a new or an existing Node. Nodes were

refined as coding progressed though subsequent transcripts. All references contained in each Node were then brought together in overarching themes. These broad themes are illustrated in Figure 13 and will be discussed in turn. Where appropriate, discussions are supported by a range of quotations taken from the participants' transcripts. Pseudonyms or codes are used throughout to maintain participants' anonymity.

**Figure 13 Themes emerging from the qualitative data**

7.7 Expectations of pre-registration children's nursing

Insights into participants' expectations of the children's nursing course were based on a range of factors and allocated into four sub themes. These included:

- 1) Factors influencing their desire to be a children's nurse
- 2) Prior work or voluntary experience
- 3) Expectations of the children's nursing course
- 4) Preparation for a children's nursing course

7.7.1 Factors influencing their desire to be a children's nurse

Some participants were uncertain about why they wanted to be a children's nurse:

"I started off wanting to be a vet, because I loved animals, and then I sort of moved on when I got really upset when animals had to be put to sleep and stuff, so I didn't want to be that anymore. I don't know, I've always had a natural thing with children." (Julie, Stayed)

However, most participants had clear ideas and described what had influenced their choice. Many participants had direct experience receiving or delivering care in hospital. This was from personal illness or others (friends and relatives) receiving care:

"I was in hospital because I relapsed so I spent quite a few years around medical professionals and it was always the nurses that I was like, 'Yes, I want to do this.'" (Sandy, Stayed)

"I had my son, and he was in the neonatal unit. So from there I, kind of, thought, 'Oh, I'd like to do this one day,'" (Nicola, Stayed)

Many participants cited a long-standing desire to be a nurse and ability to connect with children:

"I think I've always known I wanted to be a children's nurse. I was always very interested in

looking after children from a young age." (Gina, Stayed)

Some participants reported that friends or relatives who were in healthcare influenced their desire to be a children's nurse:

"My friend is a nurse, but she's an adult nurse. She did encourage me to go into nursing so that was another factor." (Olive, Stayed)

Others were, at the point of application, in roles, or were heading to professions, that they could not see themselves continuing long-term. Reasons for this lack of future perspective were health related, organisational restructuring and personal inclination:

"I suffer with fibromyalgia ... When you're doing adult nursing they're either really old or really ill ... all the wards I experienced were really heavy. I did elderly rehab, orthopaedics, a lot of spinal, turning, elderly rehab it was turning pressure sores etc., etc. ... helping them up, doing turns and it just paid a really big toll on my muscles." (Lisa, Left)

"My job really bored me at [supermarket chain], it was really just facing up, filling the shelves, profits, you know, like, push at Easter, Christmas etc., and it's all about making more and more money all the time, and selling things people that they don't even really want to buy." (Regina, Left)

Another influence mentioned by a few participants was the media and the image it had constructed of children's nursing. This was particularly true of medical television programmes about children's hospitals:

"When I was little and I used to watch Children's Hospital when I was five." (Lisa, Left)

7.7.2 Prior work or voluntary experience

Whilst it varied in its nature, most participants reported some previous healthcare experience or education. This

included paid and voluntary work in nursing care homes, adult nursing and preparatory access courses. Some participants reported that they would have liked experience in a hospital, particularly a children's ward, but were prevented from doing so:

"I did a week's learning experience in a hospital, and I did request to have some experience with children, and I wasn't allowed." (Amy, Left)

"A general children's ward ... had D&V across the ward, so I wasn't allowed on the ward. So I did lots of volunteering around the hospital." (Julie, Stayed)

A few participants had experience, or education, within the child education or nursery sector. With other reports of working as teaching assistants, nannying and nursery work:

"I worked a lot with special needs and I used to work in a primary school once a week." (Elaine, Stayed)

"I've worked as a special needs teaching assistant, I've worked in a children's home for children with autism. I've worked as a nanny." (Kim, Stayed)

Other areas of care experience were obtained looking after a family member. This included parenting and caring for family members with complex physical or psychological conditions:

"My partner has multiple complex health needs." (Debbie, Left)

"I was caring for my mum. My mum suffered from bi-polar disorder." (Penny, Stayed)

Some participants had prior experience not related to health care. This varied greatly including hospitality, retail, law, finance, media, automotive and volunteering in various organisations:

"mainly legal, so I did corporate law and I was more focused on financial, legal advice, assisting senior lawyers in an investment bank." (Mary, Left)

"I was ten years in retail for [supermarket chain]. I did get offered to do my management." (Regina, Left)

"I've always wanted to do directing. So I enrolled in college straight from school to do media, and I did that for, I think it was two years. Then I tried to get a runner job from that and it was so difficult." (Nicola, Stayed)

7.7.3 Expectations of the children's nursing course

Participants often used the word 'hard' when describing expectations of the course:

"I knew it would be hard work. I think I didn't envisage just how tough the study would be." (Gina, Stayed)

"I knew it would be hard, I mean, it's uni, it's going to be hard, but probably not as hard as what it has been." (Nicola, Stayed)

Some participants had expectations about the practical aspects of university life and study. These were financial, required travelling and moving from established networks of support:

"Financially, what I could juggle, what I needed, what I could afford to go without, and juggling your money. Obviously just your rent expenses down here is another big consideration." (Regina, Left)

"I had made it very aware at interview the bigger struggles probably going to be travelling and timing." (Debbie, Left)

"Preparing to be in this completely different environment away from the safety of the little village, and the little job, and the little life that I had, suddenly coming to a big city where these pressures were going to be upon you." (Gina, Stayed)

However, whilst some had the idea that it was going to be hard, many had little or no expectations and they were overshadowed by getting on the course:

"I didn't go in there having any expectations. It was a whole new world and I didn't really know what I was getting myself into. I just thought it would be such a happy and caring career. I love children so much." (Olive, Stayed)

This lack of appreciation of the academic work involved in a children's nursing course was emphasised by some students who were not expecting a "step up" from previous courses:

"I did really well on the Access course that I obviously thought, university would be a doddle. It was not." (Carley, Left)

Many students reported not expecting placements to be as difficult to manage as they were in reality. Shift work, responsibility, physically caring for families, medications management and communication skills were all areas that participants believed would be part of their learning:

"Physically, it was going to be exhausting. It was going to be, you know, in terms of staying awake for long periods of time, in terms of working long shifts and feeling physically very exhausted." (Gina, Stayed)

"All medicines would have been different and drug calculating would have been a lot different to adult." (Lisa, Left)

"I kind of knew from talking to the nurses what I was in for in the sense of the skills I would have to know and the communication skills." (Elaine, Stayed)

Many also expressed that they expected to spend 50% of their time learning in placement. This degree of expectation was helped by previous exposure to health care settings:

"Because of the [ward name] in which I worked, I already knew quite a lot about the course

before I came on it. So my expectations were probably quite realistic overall. I kind of knew what I was walking into, and knew what kind of modules I was walking into." (Debbie, Left)

Participants also anticipated that university study and life would provide them with a degree of collegiality but this did not always happen. Not only was it anticipated that this would happen during placements but also by studying and living with people of a similar age, experience level and on the same course:

"I thought that you'd make a really close group of friends. People that I'd known who had gone and done nursing in the past, they lived with all the nurses, they spent time with all the nurses so I was kind of expecting that as well." (Sandy, Stayed)

7.7.4 Preparation for a children's nursing course

In preparing for the children's nursing course many had undertaken previous courses. These included National Vocational Qualifications, Access to Nursing courses and previous degrees. Largely, these were felt to be suitable children's nursing course preparation:

"A lot of the modules I was doing were health related so that gave me a kind of stepping stone into the right direction of learning basic CPR and all the necessities you do need on a ward." (Elaine, Stayed)

"The Access Course was ... distance learning. They just give us the material and I have to fish for the information over the Internet and books, all by myself, but in a way, it kind of prepared me towards uni studies as well." (Ivy, Stayed)

For many, particularly those who had not recently studied, there was a concern that they were not really 'academic' people.

Whilst for some students they expected the children's course to be hard but did little or no preparation:

"[Any academic preparation] No, I didn't." (Regina, Left)

"I had it in my head that if I came in and I did the work, and I-, I was supposed to do, and revise as I was supposed to do, I would be okay." (Amy, Left)

One participant believed that children's nursing would come naturally to them as they were a caring person:

"I'm just such a caring person anyway that it would come easily to me." (Olive, Stayed)

Some lack of preparation was due to prior employment commitments and limited time between being accepted and starting.

"No, because I was working, so didn't really. I think there was a day you could come in to do some preparation, but I think I didn't get that information through. I remember people telling me, when I started, that they'd done it, been here in the summer and done a bit, but I think it was too late for when my interview was or something ... I had the time off for the interview, but to do the CRB check I struggled a bit to be able to come up to do that with my hours at work."

Whilst others had not realised how important preparation was:

"I just thought I will handle it when it comes, but as preparation wise, not really no, not really before coming on the course. I didn't really do any preparation at all." (Holly, Stayed)

"I hadn't honestly contemplated the academic side of it as much as the physical side." (Gina, Stayed)

Though this student also went on to say that she had used an often cited form of preparation that is accessing textbooks:

"An anatomy and physiology colouring book, but it was very in-depth. It was proper anatomy and physiology, and doing that obviously helped me to familiarise myself with bits of the body, otherwise I wouldn't have known." (Gina, Stayed)

Other students had purchased or borrowed books from suggested texts or reading lists. Book topics related to were biology, anatomy, physiology, writing, clinical skills and maths/drug calculations:

"I went out and bought all the books that they recommended." (Sandy, Stayed)

"I also bought a maths calculation book, a nursing calculation book which did help but I think the way that it's written, you either get one that's for like a ten year old or one that's for a medic. There isn't really one in between." (Elaine, Stayed)

"I bought the Great Ormond Street book, the big, thick one." (Carley, Left)

In addition, the internet, university open days and existing nurses/students had also proved useful sources of preparatory information:

"Facebook ... I actually created the children nursing one for all the children nurses who were going in 2013, so we could all chat. It was actually really nice to talk to other people, see where they'd come from, what they'd done beforehand." (Carley, Left)

"I quite liked alison.com, and I was doing a lot of the back to basics 101s just to refresh biology." (Debbie, Left)

"Speaking to the nurse that my mum knows, and she was telling me more honest things, like what to expect." (Julie, Stayed)

7.8 Realities of a pre-registration children's nursing course

Whilst some participants showed appropriate insights into what the children's nursing course involved others found the reality quite different. These realities were often experienced in variety of ways. Participant's realities of the children's nursing course centred around seven subthemes:

- 1) Placements
- 2) Skills teaching
- 3) Taught content
- 4) Assessments/assignments
- 5) Practicalities of living, studying and working in London
- 6) University organisation
- 7) Personal health and caring responsibilities

7.8.1 Placements

Many participants identified that 'hands on' or practical experience received on placement suited their style of learning:

"It was easy because you're doing. I learn by doing better than I do by writing, and listening and watching." (Julie, Stayed)

"I definitely pick up things and learn things a lot better when practically I'm able to do them." (Kim, Stayed)

This was evident when compared to the content received in university lecturers. For participants with little insight into the children's nurse role, a delay in going out into placement limited their ability to appreciate the context of the content being taught:

"If we had, like a mini placement, sort of, in, I don't know, January or something, maybe I could have had that confidence to be like, 'Yes, this is really what I want to do.' It felt like, because our placement was May, up until then it was theory, and when you go to placement, everything made sense." (Holly, Stayed)

Whilst on the wards with good support for students most participants found their

placements the part of the course they enjoyed the most:

"Practice felt most natural. I felt like I was actually doing what I went to uni for and it felt like I was being a nurse when I was in practice, so that wasn't easy but it was easy in a way that I didn't find it really challenging like the academic side." (Sandy, Stayed)

However, without good support experiences on placement this could be very different. A particular element, which made placements unenjoyable, and anxiety inducing places to be, was when there was poor mentorship or student support:

"First placement in the hospital at the end of the year one was three months of hell... one nurse in particular who was just a bully." (Gina, Stayed)

Whilst some issues were written off as 'clashes of personality' this was not the only issue identified as causing an unsupportive atmosphere. In some areas there was reluctance for registered nurses to provide mentorship:

"'Oh I don't want a student. I don't want to be a mentor.' They don't want you, and you're standing there while they're having this argument about you, and you just feel so uncomfortable you don't want to be there." (Nicola, Stayed)

Although some participants appreciated the stress and pressures ward staff were experiencing, this attitude meant that their learning was hindered. This led to participants not wanting to be on the wards and resenting time on placement. For some this was coupled with a sense of being an extra pair of hands. One particularly troubling incident led a participant to contemplate her position on the course and future in children's nursing:

"It feels as if the nurses are just not caring. If anything they're the opposite. They just represent something vicious to me and to be honest I don't want to complete this course and I don't

want to become a nurse anymore.” (Olive, Stayed)

Some participants' anxiety related to a sense of powerlessness in their relationships with other members of staff:

“I think it's hard as a student to, kind of, find your boundary of you can say something and stand up for yourself, or whether you've got the right to say something as a student ” (Nicola, Stayed)

This powerlessness was compounded when formal and informal complaints were submitted but there was the belief that nothing had changed or there was a perception of unjust treatment:

“[university] didn't support me at all. So from there, it went like that, and that was basically the start of me going downhill with the nursing and not enjoying it ... the university did nothing about it, because they didn't want to lose a placement.” (Carley, Left)

For some participants, their course coincided with the introduction of the Pan London Practice Assessment Document. This had created some misinformation regarding its completion. Participants reported a general disparity between what they felt they knew and what was expected of them by mentors or staff:

“You get to the end and you haven't got hardly any skills signed, nothing. So then that becomes pressure on you because you're, like, worried that you're not going to get your PAD done.” (Nicola, Stayed)

This was felt quite acutely for students returning after a break in training or those who had had mostly community based placements up until that point:

“The first time I went on a ward, they were like, ‘Oh, so you're second year, so you know how to do this.’ I was like, ‘No, I have no idea what you're talking about.’ They were like, ‘Why not? You should have been on a hospital ward by now.’ I was, like, ‘No.’ They were disgusted. They were shocked that I had never been on

a ward before as a nurse... I had no idea what I was doing.” (Carley, Left)

Some participants discussed struggling with the realities of delivering care sometimes that did not always match the theory they had been given in university:

“How can you write these assignments about giving quality care and then you're given six patients, and you haven't got any time to give quality care?” (Nicola, Stayed)

A perceived lack of communication between university and placements caused difficulties for some participants:

“University hadn't told them that I'd been delayed two weeks, so I turned up with them thinking I'd literally not been coming for two weeks.” (Gina, Stayed)

Further lack of placement organisation in terms of availability of rosters was particularly troubling for those who had to travel or had to organise childcare:

“I know it doesn't sound like much but actually finding out where you're on placement a week before becomes quite stressful, especially if you're not living in London, like a lot of people weren't and I wasn't. To not know where you're on placement was really difficult.” (Sandy, Stayed)

“Having two kids, has made a big difference. It's like night shifts are really hard for me, because I go, I do a night shift, I come home. My mum goes to work-, she looks after my kids. My mum goes to work and I don't sleep, and then I go back to a night shift again. So I might get two hours sleep in 48 hour.” (Nicola, Stayed)

Night duty and 12 hour shift patterns also contributed to students' lack of placement enjoyment:

“I think having nurses doing nights then days, then three days in a row or three nights is not safe practice, I don't think. People are exhausted, after three nights you're exhausted, how can you

even think straight?" (Nicola, Stayed)

7.8.2 Skills teaching

Simulated practice and skills sessions were also highlighted as an "easy" course component:

"It was interactive for us participating, for me, they were the best classes. I think most classes should have been like that, more hands-on understanding." (Carley, Left)

This interactive and participatory learning was embraced by students as it was providing them with skills they could use in practice. Although when clinical skills teaching were being assessed, for example as, Objective Structured Clinical Examinations (OSCEs) some participants indicated they struggled with this. This was primarily due to anxiety and nervousness caused by the perceived alien situation of being watched:

"I knew what I was doing, I just couldn't deal with the pressure, and I was doing some of those skills in practice every single day, yet put in that situation I just couldn't deal with the pressure of people looking at me." (Sandy, Stayed)

Participants felt that increased time spent practicing and mock OSCEs would have been beneficial:

"I wish that the university did like a practice OSCE, where it was the same environment because we do, we practice hand washing, but not in that situation, where you have got somebody stood there watching you, and you have got a time limit, and they're ticking things off on a paper and you have to speak as you do it." (Holly, Stayed)

7.8.3 Taught content

Some participants did not find biology and maths particularly challenging, and were often able to draw on previous experience, particular in the first year of a course. However, without this prior knowledge

topics such as biology, science, maths, research, and academic writing, were found to be difficult.

"Biology, I really struggled with that. Our course sort of taught it in a biology way, not related to nursing, which a lot of people and myself, we struggled because not all of us-, I didn't do biology at college so to me that was difficult." (Sandy, Stayed)

"There's a lot more, I suppose, knowledge behind it that you have to have to be able to write and stuff, and it's hard if you haven't had any previous knowledge around the subject and you go new into it then it's really hard." (Julie, Stayed)

For one nurse though, with a high amount of previous knowledge and experience, returning to known information became frustrating and the belief that this information could be condensed:

"I'd been taught on a lot of the techniques ... revisiting them was good, but doing so in such long and protracted was really frustrating. ... there's only so many times you can be taught to suck eggs before it gets really boring." (Debbie, Left)

Many participants identified themselves as 'not academic' and struggled with the level of study required on their course:

"I wouldn't perceive myself as an academic person, I'm more hands-on skills. I didn't realise nursing was so academic." (Regina, Left)

"With the assignment, I guess with finding literature, using the database. It's so different using Harvard reference as well, trying not to plagiarise something that is written factually. That was always something I found so hard to do." (Freya, Stayed)

Some students identified having difficulty concentrating during lectures, benefiting from self-directed study especially if English was not a first language, and learning from classroom discussions or

debates. This was particularly noticeable if there was a large cohort:

"I don't know whether I'd feel as comfortable about putting my hand up in a group of over 100, you know what I mean, in one of these lecture theatres." (Regina, Left)

"It is a massive cohort, and obviously the lectures and then the, ... tutorials after the lectures still seemed like massive classes, and-, 'cause there is loads of us ... it's hard to get so-, on such a personal level." (Amy, Left)

A few participants felt that topics were often presented without underpinning context and relevance to nursing practice. This led to one participant stating they would rather have been in practice and another who reported:

"They said it was 50:50, like, that's what they said the course was, but I felt like the theory was much more. I felt like it was 70:30." (Carley, Left)

However, one participant, who felt socially isolated, suggested there should be more than two days of lectures a week:

"It's not enough, especially when you're living in a place where you might not have a really close friendship group. When I was in uni I was doing something, I was doing what I went to uni to do. I didn't want to pay however much I paid a week to live in London to go to two days of lectures." (Sandy, Stayed)

This in turn was supported by participants who felt rushed and were not given time to assimilate information:

"I'm in my final year I've just become a lot more anxious about qualifying soon. I just don't feel like-, I feel like I'm being rushed. I like to take my time, but I feel like I'm being rushed, that I've got all this responsibility on me and I feel like no one understands. If I do speak out I feel like I'm being a nuisance." (Olive, Stayed)

Other topics participants mentioned were: an initial lack of appreciation of the relevance of politics to nursing and a request for more content on commonly used medications and mental health topics. In addition, a self-confessed 'academic person' found theories of nursing very interesting.

7.8.4 Assessments/assignments

Assessments and assignments were straightforward for some participants. This was particularly true if the topic was of interest and a participant was able to draw on their previous experiences and knowledge. However, having multiple assignments due for submission coupled with other course or personal pressures could make achieving deadlines problematic:

"It makes the workload so packed, and when it comes to the dates of submitting assessments, they are all packed at the same time. That very day you submit two essays, the following day or two days later, you'll be writing an exam. So whilst you're rounding up your essays and all your work, you still have to study for your exams, and that's a lot. A lot of pressure." (Ivy, Stayed)

An area that many participants found difficult was finding a balance between working on assignments during placement:

"When you're on placement you want to learn what you're doing hands-on, and not have in the back of your mind, 'Oh, I've got to go home after a twelve hour shift to do my coursework'." (Carley, Left)

"Being in placement and having three assignments to do-, no, two assignments to do and then after coming out of placement you've got another assignment that's coming up. It's going to be due on the same day as well that was tough, like, juggling everything." (Freya, Stayed)

This was particularly relevant for one participant who required a second attempt at her sign off (final 12 week) placement and felt that she passed because there were fewer things to concentrate on:

"I was given a second attempt for my sign-off, for my final placement, so I go back into placement, because [OSCE and an assignment] was gone, no other stress, only one thing to focus on." (Freya, Stayed)

Learning or remembering previously learnt study skills was challenging for some participants. In addition, some struggled with stepping up from previous courses to the academic level required for their programme. This was particularly challenging when there was a lack of explanation of expectations:

"I didn't know what was expected from me on some of them. It wasn't very clear what was expected of me. I'd give it my all, but I wouldn't understand why I failed." (Olive, Stayed)

For some participants submitting assignments became a low priority when faced with physical illness or mental health issues:

"There'll be weeks where I feel really, really rubbish and I don't want to get out of bed and I have all my symptoms and the last thing I want to be doing is sitting and writing an essay." (Elaine, Stayed)

In candid moments some participants took responsibility for not working hard enough or submitting assignments:

"I'm not the most organised person so this is a new start for me." (Elaine, Stayed)

"I didn't do it first time, submission. When you don't do something first time, you've got a second submission. So I thought, 'Okay, I've got a second submission. Do the second submission.' I failed it, I was like, 'Oh, shit'." (Freya, Stayed)

"Completely my fault that was just a dumb thing that I did. Didn't hand it in at all." (Amy, Left)

Though some of these participants would have appreciated direction of where to seek help and guidance:

"Help with my coursework, not someone to talk to. I had enough people I could talk to, I just needed someone to actually sit down and be like, 'You're going wrong,' or 'This is where you're going wrong.' They didn't do that. They didn't support me in that way." (Carley, Left)

7.8.5 Practicalities of living, studying and working in London

For some participants making the adjustment to university or London life did not present any socialisation problems. Elements that helped were living close to the university, being involved in activities that were separate from university life and if a sense of camaraderie had developed between course members:

"I've made some really wonderful friends here and I got a job straight away which was really useful which meant that I could separate my studies from something else." (Elaine, Stayed)

"I actually really enjoyed my maths lessons and, you know, we'd rope in a few of us and there was that great sense of almost camaraderie." (Gina, Stayed)

When participants were at a different life stage, or had priorities outside of university, to other course members some students did not make connections with classmates. This was especially for those younger participants who had moved into London from more rural backgrounds:

"A few other people had children and other priorities, which is fine, but it's just another thing that makes it more difficult to get through-, not the actual academic side, more like you need these things to get through the rest of the course." (Sandy, Stayed)

Participants who travelled long distances to university or placement felt this impacted on their ability to study, finances and personal life. This became particularly frustrating if this travel was for one lecture or teaching session:

"I won't travel all the way to uni to go to the library, because for me it takes ages to come here, and then I'll go to the library and then I've got to rush back." (Nicola, Stayed)

"It was taking me about three hours to get to [Placement], or three hours to get to [University]." (Debbie, Left)

Those impacted most by traveling would have appreciated an increased diversity in placements that were closer to home:

"It would be nice if universities worked with all hospitals, and people were allocated hospitals where they live." (Nicola, Stayed)

Often participants made decisions on where to live based on finances and information provided by the university. Housing close to university was sometimes prohibitively expensive and so participants opted to live further away in cheaper accommodation:

"[A place 30 minutes away by public transport] was by far the cheapest in terms of accommodation, because that was £150 a week. Which is a lot cheaper than over £200 a week. So that, it wasn't really a choice, it was more of a-, that's best suited, kind of thing." (Holly, Stayed)

For those participants living in halls proximity to university/placement and who they shared with was important in reducing feelings of isolation:

"I was in halls ... [location 30 mins travel from university], and my flatmates, one of them, I think he was 30, he didn't speak any English, he was doing his PhD. They were all post-grads a lot older than me, didn't want [to socialise], they'd done that, so I

didn't make my friendship group there." (Sandy, Stayed)

In contrast, a participant living close to university, found pros and cons of halls life:

"I've made some incredible friends from living in halls, and I've also had some really difficult relationships living in halls with people." (Amy, Left)

Financial aspects such as accommodation, living costs, travel, childcare, required people to obtain outside work that directly impacted on study:

"Financial stress played in a lot, so I had to be doing my weekend jobs. So I wasn't getting time to study enough, and childcare costs, if I wanted to send the kids into childcare, like, every day is going to cost a lot." (Ivy, Stayed)

Aspects of London life impacted on some participants' psychological wellbeing:

"I was getting panic attacks on the tube, and what really got me down was that I had to get the tube every day to university, there was no other way. I mean, I could have got the over ground, I got the over ground once and I had a panic attack, and I had panic attacks in shops." (Holly, Stayed)

7.8.6 University organisation

Several participants highlighted the need for the university to be more organised. This primarily related to administration, admission and information technology systems:

"Absolutely disastrous. I find that the whole administration is awful." (Mary, Left)

"If I could have interrupted, there's a possibility I'd have come back, but just trying to get that system in place was such hard work at the time, and things were going so wrong, it was just too much extra to function on." (Debbie, Left)

7.8.7 Personal health and caring responsibilities

During their studies some participants suffered from physical or mental illness. Some of these issues were not present at the start of the course and took a while to diagnose. This contributed to poor academic or placement performance:

"I hadn't absorbed my diagnosis straight away it then hit me like a ton of bricks in second year along with trying to get my head around the diagnosis I was then desperately trying really hard to try and keep my academic studies up and placement and it was just too much." (Elaine, Stayed)

For some participants caring for relatives or partners with physical and mental illness became a huge burden. This was particularly noticeable if conditions deteriorated or circumstances changed:

"I found it was quite hard because at the time, [partner] did a couple of big hospital admissions, and [step daughter] was quite unwell at that point, and there were times that I was quite literally being pulled in five or six directions." (Debbie, Left)

This included parenting responsibilities:

"Getting time to actually sit down and do assignments is a nightmare. I mean, again, having kids, it all boils down, I think, to having kids, which makes it that little bit of a hurdle for me." (Nicola, Stayed)

For this participant it was difficult to verbalise any easy aspect of the course:

"I don't actually know what I've found easy. It's quite hard because of having my kids, so I haven't really found it easy. I don't think I've found any of it easy to be honest. I think it's quite difficult." (Nicola, Stayed)

7.9 Decision to stay or leave course

The actual decision to stay or leave the course was, for many, multifactorial. Although, for some participants they had

little control over staying or leaving. This was particularly the case for participants who were struggling due to episodes of physical or mental illness:

"I went sick in the February-March time after being on placement, and then it was the following September I was diagnosed [with a long-term medical condition]. So, it was about a year and a half later." (Beth, Left)

"It was getting the diagnosis of [a condition with prolonged fatigue symptoms], so knowing that it was just me and it wasn't what the course was doing to me." (Kim, Stayed)

"I received an occupational health report from the occupational health physician because I disclosed a [previous episode of an anxiety disorder]." (Mary, Left)

"I was suffering from [a mental illness], and because of that I went on a break for about six months." (Penny, Stayed)

Academic failure relating to theoretical content assessed using assignments or OSCE saw others struggle or leave the course:

"I ended up failing one of the courseworks, the one that I worried about the most and asked for the most support, I failed." (Carley, Left)

"OSCE is the reason why I was withdrawn from the course." (Sandy, Stayed)

"It's quite mathematical, and the science involved is, is to a high level that-, in that sense, I mean, hard, because that's what I struggle with, and that's the reason essentially why I was-, had to withdraw, was because of my struggle there." (Amy, Left)

Some participants struggled as demands of caring responsibilities or outside relationships impacted on their ability to complete the course:

"We only functioned on day by day for the whole year, just due to what was going on, and as I say, it got to that point, but at the time, things were starting to fall apart. A lot happened in very fast succession." (Debbie, Left)

"I had a real ruck going on in my life and that's why I ended up leaving anyway because it just affected everything." (Lisa, Left)

of the lecturers think I'm just a nuisance for having all these problems, she's never made me feel like that. I failed these essays so many times and she's never made me feel bad about it. She's always been so understanding. I can't believe it. That's it. She's always encouraging, she's always like, 'If you ever need anything make sure you come to me, don't think twice about it.'" (Olive, Stayed)

7.10 Factors that influence students leaving or staying on the course

For many participants support provided to stay or leave the course was an important element. However, there were inconsistencies in support provision or delivery. Emerging topics from support obtained revealed ten themes:

- 1) Personal tutor
- 2) Placement Link lecturer
- 3) Lecturers and senior academic staff
- 4) Additional student support services
- 5) Occupational Health
- 6) Mental health issues
- 7) General practitioners
- 8) Family, friends and relationships
- 9) Hiding
- 10) Self-determination resilience

In regard to some of these themes there are supportive elements of when things went well and negative aspects when services did not meet participants' needs. Thus, in describing themes positive and negative elements will be addressed at the same time.

7.10.1 Personal tutor

A crucial element, which most participants mentioned, was the role their personal tutor had in their success or failure on the course. When personal tutors provided appropriate support it positively influenced on participants staying on the course:

"[personal tutor has] always encouraged me, she's always been understanding. She's never, sometimes I get the feeling most

"it just felt good to talk to [Personal Tutor], for [Personal Tutor] to know how I was feeling, and [Personal Tutor] has been ever so supportive to me." (Ivy, Stayed)

For some participants there was a lack of understanding of the personal tutor role and, therefore, a reluctance to follow that avenue of support:

"I was eighteen when I came in, big city, I'm from a small, relatively small town, like. Just somebody that I felt like I could have gone to at the uni." (Amy, Left)

For some participants when they engaged with their personal tutor were surprised by the help they received:

"What shocked me was just how understanding [personal tutor] was and how much he wanted to actually help and how much support there actually was. That's when I started thinking, 'I'm not crazy. There are reasons why I might be feeling like this. How I'm dealing with them is not the best way, but there are reasons why I might be feeling like this.' Having someone just listen and, again, he was like, '[Holly], when I look at your work,' he saw my module marks and he was like, 'these are brilliant! There's nothing to be ashamed of at all, you're going really well.' That just made me feel 100 times better." (Holly, Stayed)

Whilst limitations to the support personal tutors could provide were acknowledged,

participants gained reassurance, understanding, and guidance from their personal tutors. Aspects that were valued from personal tutors were availability through email, regular group or one to one meetings and generally taking a holistic approach to their issues:

"I needed some reassurance that I was going to get to the end, because I just felt so awful about everything and the course wasn't going right and I was struggling."
(Sandy, Stayed)

"My personal tutor was part-time, so it wasn't a practical-, and it wasn't something I'd thought about at the time, part-time might be a problem as a personal tutor."
(Debbie, Left)

"I think personal tutor outlook needs to be a little bit more holistic than it is. Most of us will meet our personal tutors for our post-placement interview, and it's very much about [practicalities]."
(Gina, Stayed)

However, inconsistencies in support provided by personal tutors led to some participants feeling unsupported:

"[Personal tutor] had loads of nursing students ... as a personal tutor, it wasn't really that personal, because [personal tutor] had loads of us to deal with."
(Amy, Left)

"Some guidance on how to progress with the course, or someone to just say, 'You have a lot going on,' or, 'If you don't do this you are going to be withdrawn,' because to me it just came out of nowhere. I wasn't really expecting to be withdrawn off the course." (Sandy, Stayed)

"All this was going on emotionally outside of it, your ability to confide in [personal tutor]? Oh god, definitely not. The less conversation I had with [personal tutor] the better." (Lisa, Left)

Elements that led to frustration for participants were when personal tutors

appeared not to know the university procedures, did not communicate with placement areas, did not make regular contact, appeared to have lack time for students, were part-time or were rushed:

"I think they're very limited of time, would have half an hour slots for everyone. I needed more than half an hour, it wasn't-, like, that's not going to help me."
(Carley, Left)

"I get that [personal tutor] busy, but if she was too busy, she should have pawned me off to somebody else who had the time, because I needed someone so badly at that point. So badly, and she didn't have my back." (Gina, Stayed)

Elements that prevented some students disclosing issues was that their personal tutors would be writing their reference at the end of the course as well as a general fear of being withdrawn from the course:

"The problem with the pastoral care being from your personal tutor is that your personal tutor writes your statement at the end of [the course] ... You have to go and discuss your problems but actually what you really want to do to the person that's writing your reference is say, 'Things are going great' and, you know, 'I'm not missing an time off placement and I'm doing really well' because they're the ones that are going to be writing this thing at the end."
(Elaine, Stayed)

"Do you know how many students keep things from their personal tutors? The things that you guys don't get told, because we are so desperate to stay on the course. I'm not talking about drug smuggling or anything, I'm just saying, personal life issues, because if we told you, you'd throw us out." (Gina, Stayed)

For some participants this was assuaged by personal tutor reassurances that it was better to have issues out in the open where they could be tackled rather than hidden away:

"I didn't want him knowing anything about that but him just saying, 'You coming to me and us discussing all this is more, I can't think of the word, admirable than if you were to just try and carry on because we can sort that, we can try and get you better so that you are fit to practice and so that you can do the best you want to be and you're happy with that.' Again, it was reassurance." (Holly, Stayed)

However, when one participant did open up about an issue they were resentful of then being sent for mental health assistance:

"I had, kind of, bared my soul to my previous personal tutor, and ended up in front of a psychiatrist, I was very, very keen for that not to happen again, so I was quite guarded in what I was going to say to her anyway. I didn't want that to happen again." (Gina, Stayed)

7.10.2 Placement Link lecturer

Some of the support participants sought was not from personal tutors but rather the link lectures:

"When a lot of it was going on, so when it was getting really bad I was on placement. So it was my link lecturer that I was seeing. I probably didn't go to my personal tutor as much because it was on the placements that I was really suffering with it quite severely with. It was the link lecturer who was that support when I was on placements." (Kim, Stayed)

A few participants reported not receiving a visit from a placement link lecturer on some placements. Those who did receive visits all found these extremely helpful:

"I have to say [placement link lecturer is] probably one of the main reasons I'm still on the course, definitely the support I got from him." (Kim, Stayed)

If issues arose on placement then the link lecturers were seen as people who could sort them out. These people then became a main source of support along with

keeping participants on track with learning and course or placement requirements:

"My link lecturer is really good, because I had some issues on the placement and she sorted them out, she's quite good. I'll go to her if I've got problems mainly." (Julie, Stayed)

"My placement practice link facilitator as well, she was very supportive." (Penny, Stayed)

7.11 Lecturers and senior academic staff

Support from lectures, module coordinators and senior academic staff was valued highly by most participants. This support was seen in a positive light when staff were knowledgeable about university procedures and appeared to have time for students:

"Lecturers here, they're so amazing because they get to know you on a personal level as well. They know your weakness and your strength." (Freya, Stayed)

This support included direct academic support for assignments and explaining content:

"The second OSCE that I failed back in 2013, what I had to do was appeal to get back on the course and give it another go. Then when I did through the appeal my lecturer helped me quite a lot, made me practice it a lot." (Olive, Stayed)

Participants indicated that it was important that lecturers were responsive. This meant replying to emails promptly but also being listened to:

"I think it should be the prime aim of other lecturers to be very supportive. Not to make students feel so terrible about themselves, or to break their spirits down." (Ivy, Stayed)

Participants felt it was important to get feedback on actions taken following complaints or suggestions:

"I think we used to bring up all these things in the student-, like, where they send it back to the lecturers, and nothing ever happened. It was just you weren't getting heard, so then everyone got to the point where there was kind of no point. Like, what's the point if no one's going to listen?" (Sandy, Stayed)

For some participants academic support and guidance instilled a sense of confidence. Whilst if there was no support it could be crushing or left students feeling like no one cared:

"I got this reply back saying, 'Well, I think you need to just look at your tone here. Your tone's very inappropriate, the way you're writing to me', and I remember thinking, 'I'm desperate here, help me, don't tell me my tone-, you know, you're ignoring my emails'. (Gina, Stayed)

"When I failed my first assessment, no-one contacted me. Nothing. I thought, like, 'No-one cares, as well. No-one cares. I might as well just forget about that assignment.' (Freya, Stayed)

When there was a requirement to tailor courses or grant leave, course directors were identified as key staff who were familiar with university systems. Participants felt they needed support in relation to University/NMC rules and regulations and complaint/appeal procedures:

"Sometimes the course director, although it's not the university that makes the rules, it's the NMC, and you have to have stuff signed off, you have to have hours in order to progress. It just felt like everyone was fighting against me saying I couldn't come back." (Julie, Stayed)

"I was so frustrated, I felt that the whole [appeal process] was so unfair that I was thinking I don't want to study with this university." (Mary, Left)

Whilst having an interruption or other course difficulties participants valued continued contact, particularly by phone, from course directors:

"They always made sure that they kept in touch with me and kept in contact with me while I was on the break to see how things were going." (Penny, Stayed)

"[Course Director] was very good at keeping in contact with me, and actually phoned, rather than just emails, which was nice, he could give more detail than in an email, you can never tell tone in an email, so I thought it was quite nice." (Beth, Left)

However, when there was a lack of contact it made led students to feel they were unimportant:

"[Course director] was non-existent, so if there was a problem you wouldn't even think about emailing [Course director] because you kind of knew that you wouldn't get anywhere. When I was withdrawn [Course director] was really unhelpful as well." (Sandy, Stayed)

"Unless I emailed [university] in the year that I was out I didn't hear from anyone. There wasn't really a drive from uni for me to come back, it was more a case of, 'If you can come back that's great, if not then we support and hope that everything goes well for you in future,' that's, kind of, how it was left." (Elaine, Stayed)

7.11.1 Additional student support services

Many participants did access student support services. However, sometimes they were not aware they existed, thus there was a delay in receiving assistance:

"In my final year for my dissertation I went to the education support place just to go through my dissertation and she was really helpful ... I would have gone, but I didn't. As soon as I found out in third year I went

straightaway and booked an appointment, but in first and second year-, first year I was fine, but second year I didn't know anything about these people."
(Sandy, Stayed)

Academic support for writing, mathematics and exam technique was found to be invaluable. Though help that was more discipline specific may have been more beneficial:

"I struggled with maths, and I took extra maths lessons with the university, which was invaluable."
(Gina, Stayed)

"Even though the student support services have been great with helping me with my coursework, maybe having someone who is from the nursing profession who knows about nursing helping us, just because some of our essays were obviously more specifically directed towards nursing so she didn't really understand what I wanted to put forth, and I couldn't understand what she wanted me to do." (Olive, Stayed)

In addition, library services were a mentioned resource. There was appreciation of accessing this service online particularly for those with travel difficulties:

"Library services, again, they're amazing. They've got the catalogue, every book you need is in there." (Freya, Stayed)

"Accessing the library via the internet and that kind of stuff, rather than going and sitting in the library, because I have my own laptop, I have my own printer so I have my own stuff at home anyway. I'd much rather sit in the comfort of my own home and write essays." (Kim, Stayed)

Dyslexia support services for some were found to be useful but this varied according to university. With one dyslexia service offering a participant particular advice that her:

"Brain was a fully developed adult brain it was going to be extremely hard and would take more than three years for [her] brain to develop the way it needs to be. She said, 'By the end of your degree, your brain's still going to be the same.' She said, 'It's going to take years and years and years and years. It's not going to help you whilst you're doing your degree.' So for me, hearing that, was just like, what is the point of doing this." (Carley, Left)

Often students who stayed on the course had done so after winning an appeal. One protracted appeal lead to the Office of the Independent Adjudicator, local council and local MP. These appeals were won after cases of physical or mental illness and family circumstances were presented:

"I even informed the local council. ... The local MP to inform her of the situation because this is against the law." (Mary, Left)

"I sent my appeal in in October. They then asked for some additional information for reference and when they were asking for that I was actually [again] in hospital ... [after appeal] my extenuating circumstances were valid enough and I was re-able to do my OSCE." (Elaine, Stayed)

In some cases, if students had a clearer understanding of extenuating circumstances, situations might not have required an appeals process. One participant accessed support, about her appeal, from the Student Union and was offered some practical advice. However, this was not found to be of great value:

"[during a phone call to the student union] Obviously I was really emotional, very upset, I didn't know how to deal with anything, and on the phone they were quite snappy. They said to me, for my appeal, to just write-, they don't want to read a lot, just write bullet points and things like that. It was really hard to put why into bullet points, and I phoned them again and they got a bit

funny with me because they were like, 'We've told you this'."
(Sandy, Stayed)

7.11.2 Occupational Health

A large proportion of participants required some input from occupational health. Some students used the service as a gateway to counselling or other services. Other encounters with occupational health were to obtain clearances to attend placement. Accessing these services was at the instruction or suggestion of senior academic staff:

"I only got in touch with occupation health if and when I needed to, advised by [Course Director]." (Elaine, Stayed)

Thus, improved promotion of services provided by occupational health and other student support services was advocated:

"[suggestion that] regularly reviewing and making students aware of occupational health and services for health and wellbeing."
(Penny, Stayed)

Support received from occupational health services varied greatly and appeared to depend largely on the personality of individual occupational health staff. This led some participants to feel they were not getting the support they required. If one person was not providing required support then, due to limited staff, students felt there was no alternative:

"If you don't feel like you can connect with that person then it's quite difficult to talk to them, I used to go home and say, you know, 'I'm looking after all these children and I'm trying my best but actually, who's here to look after me?'." (Elaine, Stayed)

7.11.3 Mental health issues

Pre-existing or emerging mental health issues hampered many participants progress on their course. These included depression, eating disorders and anxiety. Services offered to support these participants came from a variety of areas. University provided services, whilst for

some were beneficial, often did not meet participant's requirements:

"I did go, and I really didn't like my counsellor. I went about five times and I just really didn't like her, because at the time it just felt like I wasn't in a good place, and it just felt like she just kept questioning everything I was doing, and that just made me feel, like, more-, I had no idea what I was doing." (Holly, Stayed)

For other participants, when they were offered the support, did not feel they required it:

"I didn't want to, really ... mental health and wellbeing you only go there if you've got, like, something really-, a real pressing issue."
(Amy, Left)

"I didn't need it. I wasn't mentally ill, I was just having a rough time, we all have a rough time from time-to-time." (Gina, Stayed)

Often participants, who did require support, sought help from external sources such as general practitioners, eating disorder clinics, counselling, psychological services, child and adolescent mental health services. Flexibility of placements to accommodate appointments was key in participants' recovery in a negative and positive way:

"During my last placement I had a few problems. They wouldn't let me take time out to see my counsellor." (Olive, Stayed)

"I don't have shifts on Monday because of that reason. So, it's been good in that way for university and my placement providers." (Penny, Stayed)

7.11.4 General practitioners

For those participants with mental or physical illnesses general practitioners were used as primary points of contact for diagnosis or gateways to other services. Often, for those who had moved away to attend university, general practitioners were not changed. This required participants to return to general

practitioners with whom they had a rapport or knew a participant's history. This led to difficulties arranging appointments, travel stress, accessing suggested services and ultimately impacted on study time:

"[To see a general practitioner], I had to commute from uni and I hated it because I had to come home to sort that out. That was another stress because I was like, 'When do I do my work because I've got to go home?'" (Holly, Stayed)

7.11.5 Family, friends and relationships

For many participants a positive source of support and incentive was obtained from family, partners and friends:

"Family support, there has been huge family and friends' support. I think that is what's really got me through the course." (Penny, Stayed)

"My children, because I want to have a profession. The moment I told my daughter that, 'I'm studying to be a nurse,' she keeps telling all her mates that her mum is a nurse. So, no, to go back and tell her that, 'I dropped out,' is going to be a bit of disappointment." (Ivy, Stayed)

This support was often in the form of emotional, financial and practical. Support was also important after a decision to leave was made:

"I thought I was letting my parents down, and they were like, 'Don't be silly, we're proud of you no matter what.'" (Carley, Left)

"I was owing friends. I had some financial support from friends as well." (Ivy, Stayed)

However, not all participants found support from partners or family. Some participants' ability to complete the course was severely impacted by being in an abusive or controlling relationship. These participants did their best to hide these issues from placement and university:

"No one knew. I gave a different perspective. My first placement, I missed a few days, I said I had [a fungal infection]. I didn't have [a fungal infection]." (Lisa, Left)

Making friends with colleagues on the course was key for some participants. As opposed to friends who were not on the course, these new friends understood current academic and placement pressures:

"Great friends. They've been encouraging. My friends outside of the course wouldn't understand me as much as these friends understand me so they've been quite good in that sense, and honest as well." (Olive, Stayed)

"My friends as well, on the course. So, supporting each other and knowing that I'm not the only one going through this. Other people are going through it, even though differently, but we know what we're going through." (Freya, Stayed)

Making friends was easier if classes were small and allowed students to get to know each other:

"I think it's nice because it's just our class, we all know each other, we're all familiar with each other, we're all comfortable with each other." (Nicola, Stayed)

Improving this connectivity through electronic means such as WhatsApp or as previously mentioned Facebook was highlighted by some:

"WhatsApp, we just have, like, our class so we can let each other know if people are going to be late, or if there's lectures that have been changed that someone might not know about. Just, like, if people need support, we just all message each other." (Nicola, Stayed)

In addition, having access and discussing issues with students further along in the course, through a formalised buddy system, was deemed to be beneficial:

"Second year students to be buddied with first year students. So, I found that it's useful because the second year has already gone through what's expected of first year, that we can then guide and advise first years and help them with assignments." (Freya, Stayed)

7.11.6 Hiding

With emerging illnesses, some participants did not know themselves what was happening and therefore did not seek help. However, many participants did not feel able to disclose events or issues. This was either to university, placement or colleagues. For some this stemmed from not wanting to feel or be treated differently and believing that others were not having the same difficulties that they were:

"I just kept quiet. I thought, because, all I'm seeing, everyone is having it easy and I'm struggling so I thought, 'You know what? Keep quiet and hope for the best.'" (Freya, Stayed)

"I didn't want to be seen as the one struggling. I just wanted to be treated the same as everyone else." (Holly, Stayed)

Whilst some participants did not feel that the university would be able to help them:

"I wouldn't think to contact the uni for support if I had problems." (Julie, Stayed)

"I struggle academically anyway, so anything academically-wise-, I know there is support out there, I just haven't accessed it in terms of academic stuff." (Kim, Stayed)

Others developed quite involved attempts at hiding what was going on in their personal or academic lives:

"I tried to seek support in the sense of [lying about] why I wasn't going and get support for a totally made up version of events. So I couldn't really get support when I wasn't being honest about what was going on." (Lisa, Left)

One particular fear was that of being interrupted for a year. The prospect of new colleagues, time to forget newly acquired skills or knowledge, relearning academic skills, financial consequences and inherent delay in qualifying, all led to struggling participant's not disclose issues:

"I'm getting older, and I didn't want to put it back, you know, another six months, and I thought to myself, 'I'm quite a doer anyway.' I thought, 'I can manage this'." (Regina, Left)

Students suggested more flexibility for periods of interruption. Shorter periods, of three to six months, may have been beneficial:

"They wouldn't have let me have three months off recovery for being in and out of hospital because it just doesn't, you know, as much as they want to try and help as much as they can there's only so much they can do without being like, 'Actually you just need to take a year off'." (Elaine, Stayed)

7.11.7 Self-determination and resilience

Many participants felt that what was important to them wanting to succeed was their self-determination and resilience:

"I think it was just that I like to prove that I could do it, and it is all I want to do." (Sandy, Stayed)

"I wouldn't say my drive is my university, I'd say my drive is my personal." (Elaine, Stayed)

Whilst not always present at the beginning of the course, this self-determination came from wanting to demonstrate to themselves that they could complete the course and anticipated sense of achievement completing would provide:

"I've just spent three years of my life doing this, I can't just quit on the fourth year and get nothing out of the three years. That's how I look at it, I know some people can quit and think, but I can't." (Nicola, Stayed)

"I stayed the year and also when I started placement, the first placement was good. I enjoyed it, but the second placement I thought, 'This is what I really want to do.' I enjoyed it, I loved it. Therefore, that's what made me think 'I wanted to stay, I really wanted to stay'." (Holly, Stayed)

For others participants this desire to complete came from not having an apparent Plan B:

"I really want to be a nurse. That's all I want to do, I don't have any backup plans." (Julie, Stayed)

In some cases the determination to look after children and the positive feedback they received imbued a desire to continue:

"I love the job so much, they make me really happy. I love working with [children]. I feel like it's such a shame because I actually am that sort of person to help people. I go out of my way. So, yes, mainly the children and people who need me." (Olive, Stayed)

7.12 Messages for future nurses

When participants were asked to offer advice for potential children's nurses they were keen to share many suggestions. Subthemes that emerged from these suggestions were:

- 1) Researching what is involved
- 2) Gain experience
- 3) Being organised
- 4) Working patterns

However, when asked if they would they have listened to their own advice prior the course some were not so sure:

"When someone tried to tell me it was hard I didn't listen, because you're just so excited to think that- , because I'd just left school. You're like, 'It's something different, I'm going to university, I'm going to meet new people, I'm going to be able to do the course,' and you don't actually think about the work involved, so it is hard trying to tell someone." (Julie, Stayed)

7.12.1 Researching what is involved

Gaining a clearer understanding of the course and what it involved was a key piece of advice many participants imparted. This included ensuring that the course you were signing up for was in the correct location:

"Don't do it in London." (Sandy, Stayed)

"Do your research before. If you know that working with children is what you wanted to do then that's great. There is a lot more to nursing than meets the eye." (Elaine, Stayed)

Talking to qualified children's nurses before starting was seen as helpful:

"Do in-depth research. Maybe talk to a few children's nurses beforehand. Do research about this course, ask a lot of questions, and know what you're getting yourself into. Just don't go there with an open mind and think, 'Oh, I'll study hard and get through it.' You need to be quite strong as well." (Olive, Stayed)

"Talking to someone who's already a nurse, or who is a lecturer at university who's not going to be biased because they want you to join the university." (Julie, Stayed)

Along with emphasising at interview, and open days, about the realities of the course and being a children's nurse:

"When you're interviewing these students before, a massive emphasis on the fact that actually this isn't just going and playing with little kids and making them feel better." (Lisa, Left)

To enable nurses to be better prepared increased information in the prospectus may help. For many the idea of just turning up and everything would be fine was not enough:

"Just prepare for really hard work because I think people go into it maybe thinking that it's not hard

work and you just sort of cruise through, and it's not like that. You actually do sacrifice a lot of things." (Sandy, Stayed)

7.12.2 Gain experience

Many participants felt that gaining caring experience, if possible in a children's ward, was invaluable. This was thought to be especially useful for those who were not 100% sure they wanted to be a children's nurse. This would help aspiring nurses to understand the practical aspects of the course:

"If you can, have the opportunity to either shadow or have the opportunity to expose yourself to the hospital environment. Go have a visit at the hospital. See what it's like to be a nurse." (Freya, Stayed)

"I think you can volunteer and you can work as much as you like, but sometimes being able to follow someone is the best thing to do." (Debbie, Left)

7.12.3 Being organised

Prepare to work hard and be focused on the primary goal of being a children's nurse. To achieve this included gaining organisational skills:

"I've always told people to be organised, because that was the best piece of advice I was given. So, I always keep a diary with me even though you've got phones and stuff. I write everything down, I keep a reflective journal." (Penny, Stayed)

"Good time management. Don't leave it to the last minute. Expect the unexpected." (Regina, Left)

7.12.4 Working patterns

Completing a children's nurse course was not seen as comparable to other courses or forms of employment. This was due to the large academic study commitment:

"I would say is if you think that child nursing is a typical degree you're very much mistaken. I would effectively call child nursing

a full time job that you don't get paid for, and you have to do a degree on the side." (Elaine, Stayed)

"A lot of courses you just go and do your course and come home, whereas this is placements, with everything is sort of all over the place, and that you won't have much of a social life." (Penny, Stayed)

In addition, the shift work requirement with its weekends and nights was seen as an additional requirement not found on other courses. At times maintaining work life balance was difficult. Commitments to sporting clubs, general socialisation, part-time work and parenting could all be affected:

"I think with nursing it's so all over the place. One week you're working Monday, Friday and Saturday, then you're working Tuesday, Wednesday and a night on Sunday. You can't plan your life, so be prepared for that." (Nicola, Stayed)

7.13 Summary of semi-structured interview results

There was a low response rate from participants who had left their children's nursing programme. Those who left had done so for mostly medical or personal reasons. Insights gleaned from those who left were similar to those who stayed and thus did not deliver clear differentiation. In addition, factors identified often demonstrated a duality between having a positive or negative influence. From a university perspective, where a duality existed, there was often an inconsistency in the service provided. Themes and subthemes are visually represented in Figure 14

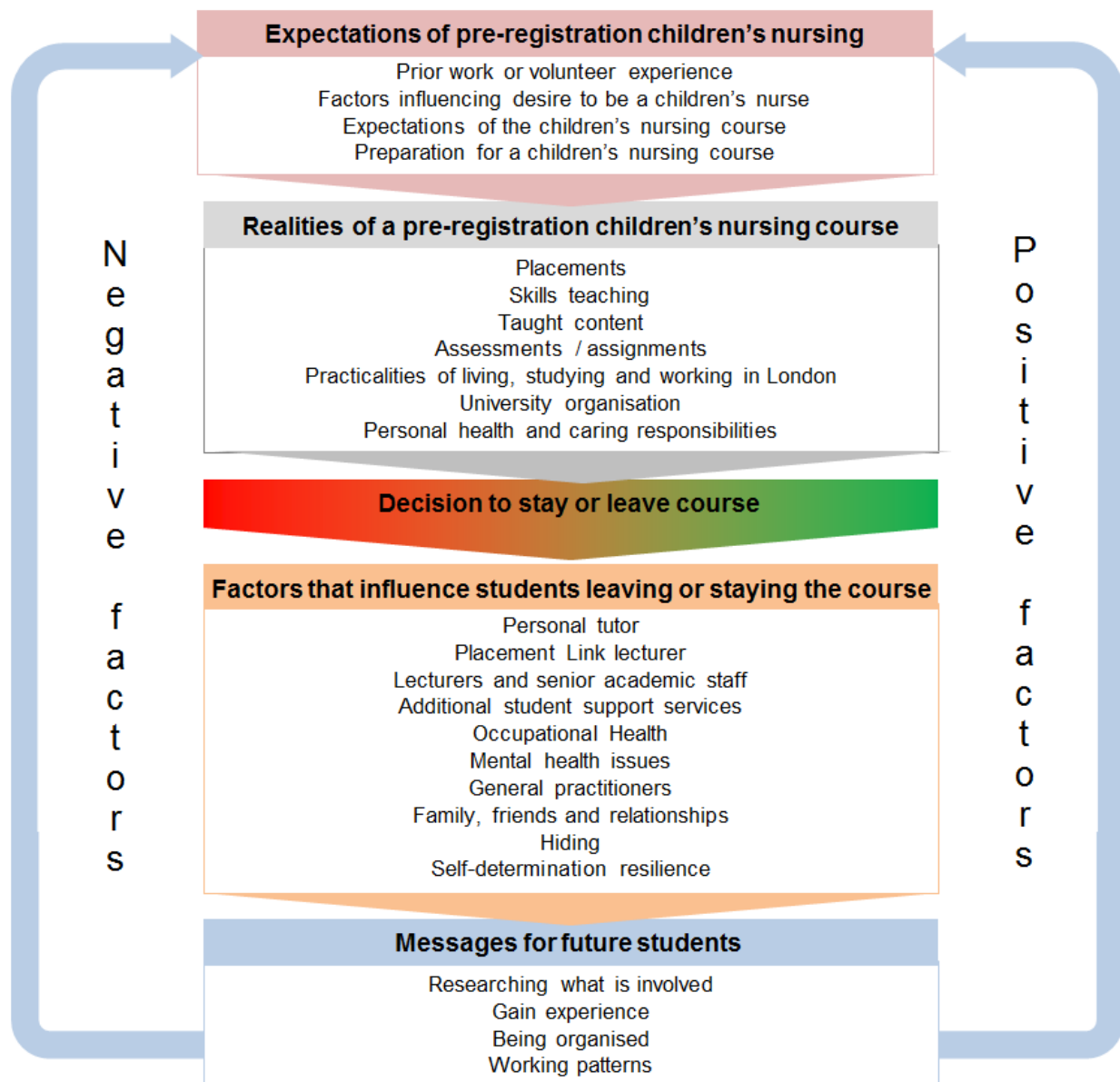


Figure 14 Themes and subthemes emerging from the qualitative data

8 Conclusion

This mixed methods study aimed to explore causes of attrition within pre-registration children's nursing programmes across four universities in North Central and East London Local Education Training Board geographical area. Through this increased understanding it was envisaged that future developments, and interventions, to reduce attrition from pre-registration children's programmes could be developed.

The study's findings have identified new insights into attrition from the perspective of children's nursing. This concluding section summarises the main findings and provides recommendations for practice. This is followed by a consideration of the plans for dissemination, an acknowledgement of the limitations of the project and suggestions for future work.

8.1 Main findings

Attrition varied according to university and year. Overall, most attrition occurred in the first year of programmes and was primarily due to academic failure or personal circumstances. Between July and September 2015, 18 (5 'left', 13 'stayed') participants were interviewed. Reasons for actual or potential attrition were connected to academic, placement and/or personal issues. Themes that emerged were 'Expectations of pre-registration children's nursing', 'Realities of a pre-registration children's nursing course', 'Decision to stay or leave course', 'Factors that influence students leaving or staying on the course', and 'Messages for future nurses'.

Many participants were reluctant to disclose issues on the course. Key areas for staying or leaving related to academic, placement and university services. However, within these key areas large variations in delivery existed. Support to continue on the programme was often obtained away from universities and students often relied on self-determination.

Factors identified often demonstrated a duality between having a positive or

negative influence. From a university perspective, where a duality existed, there was often an inconsistency in the service provided

8.2 Recommendations

Results of this study indicate several areas that could be improved to support students while on a pre-registration children's nursing programme. Whilst some recommendations may have logistical limitations others should be readily introduced or developed. The impact of the recommendations on student retention and experience will require further research; the recommendations are as follows:

Promoting a more realistic picture of children's nursing

- Increase engagement with schools and the media to promote a more realistic representation of children's nursing and the requirements of a pre-registration course.

Developing the role of the personal tutor

- Explore combining the personal tutor and link lecturer roles. With increased contact issues might be identified earlier and dealt with in a timely manner. In addition, combining personal tutor and link lecturer roles should facilitate improved communication between Universities and placement areas. Other avenues to ensure good two-way communication between Universities and placement areas should be explored.
- Improved definition of the Personal Tutor role is required. Once established, training and orientation for new Personal Tutors can be introduced.

Signposting support available and university policies and procedures to students

- Provide clearer guidance to students about who to contact and when. This would include reassurances around the benefits of openness rather than struggling without support.
- Increase student understanding of services offered by occupational health.
- Identify ways of alerting students to additional university support services such as student health and well-being and academic support.
- Increase availability of information and guidance for students regarding complaints and appeals processes.

Improving the student experience

- Where possible deliver sessions in smaller classes or seminar groups to promote camaraderie and connectedness.
- For larger cohorts, implementation of personal tutor groups to promote a sense of belonging from the start of the course.
- Avoid exam and assessment deadlines during placement whenever possible.
- Try to ensure that accommodation is provided close to placement/university, affordable and nurses on similar courses are billeted together.
- Target strategies to support students in the first year of programmes. This could include introducing and evaluating the impact of a buddy system with second year students offering support to first years.
- Increase emphasis during mentorship training regarding the potential impact on student attrition.
- Investigate methods of improving course flexibility for shorter periods of interruption.

Recommendation from quantitative and exit data results

- Gain an improved understanding, and better monitoring; where possible collect detailed information on students who leave courses.

8.3 Dissemination of the findings

Participants who, during their interviews, requested a copy of the results will be emailed a summary of the findings.

This project has been commissioned and funded by HEE NCEL. This report and study findings has been presented to the HEE NCEL Children's and Young Persons Sub group.

Abstracts have been accepted and oral presentations delivered at:

- Higher Education Academy Health and Social Care Conference, Glasgow, 24-25 February 2016
- RCN Annual International Nursing Research Conference and Exhibition, Edinburgh 6-8 April 2016
- RCPCH & Royal College of Nursing Children and Young People Nursing Annual Conference, Liverpool, 26-28 April 2016

Following publication of this report, a paper will be drafted and submitted to a peer-reviewed journal.

8.4 Project limitations

Inherent in this study are important limitations that need to be considered when reviewing the findings from this work. Regarding the quantitative data aspects of this study, it is recognised that the HEE NCEL Quality Contract Performance Management (QCPM) portal data is not primarily collected for research purposes. This secondary use of source of data, collated for another purpose may mean there are uncontrolled factors inherent in this data that may influence findings. This includes the portal data including data of Exit Awards.

Overall, insights from 18 former and current students were obtained. However, it is recognised that from this sample insights gained may be limited due to low sample numbers. The five former students interviewed, whilst delivering some insight into the topic, may not have provided a truly representative perspective. Even with the low number of participants, enlightening insights into the student experience have been obtained.

Eliciting current and former student's opinions delivers an important perspective on attrition. However, views from other vantages have not been included. Of interest would have been thoughts or opinions from academic and clinical staff. Seeing more sides of the story, and triangulation of information, may have provided a more complete picture of issues raised by participants.

Generalisability of findings of this study is limited in two fundamental ways. Firstly, there was not an even distribution of 'left' and 'stayed' participants from each university. Secondly, the four universities included in the study are all within the North Central and East London Local Education Training Board geographical area. This might make the results London-centric and therefore applicability outside this area is unknown. Thus, perceptions and insights obtained may vary away from the study sites.

8.5 Future research

1. The impact of combining the personal tutor and link lecturer roles requires further exploration. Should this occur the impact on attrition and student satisfaction could be explored.
2. Through increased collection and monitoring of exit interview data future trends and changes maybe elicited. Development of consistent reporting patterns may facilitate this.
3. In working with the HEE NCEL Quality Contract Performance Management (QCPM) portal data team it was clear

that more use could be made of this data. As stated, whilst primarily not collected for research purposes it can provide insights into attrition and other aspects of HEI work. Through improved collaboration with this team, better use of this valuable resource could be made.

4. Work to understand attrition from a wider range of children's nursing students would be valuable. This insight could be obtained by a larger study including other HEIs who deliver children's nursing programs.

8.6 Conclusion

There is a lack of available literature on the topic of attrition that specifically relates to UK children's nursing programmes. If HEIs are to reduce attrition, and its inherent waste of resources, increasing our understanding of this topic is important for investigation.

Whilst this study has not provided a complete picture of attrition from children's nursing programmes, some insights have been obtained. This study has identified key factors, and associated areas of possible future development, with the aim of reducing rates of attrition. It is hoped that the findings from this project will inform the planning of the future children's nursing courses. These on-going changes will of course need to be evaluated for effectiveness.

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Appendix 1: Participant information sheet for those who had left a pre-registration children's nursing course

**London South Bank
University**

Examination of the causes of attrition in pre-registration Children's Nursing programmes in the HE NCEL LETB geographical area

University Research Ethics Committee number UREC 1511

Participant information sheet

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Talk to others about the study if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Within the Health Education North Central East London (NCEL) geographical area, there are four universities - City, Hertfordshire, London South Bank and Middlesex - all providing pre-registration children's nursing programmes. Across the four universities there is a lack of specific detail about the reasons why students leave pre-registration children's nursing courses. The available literature has provided a valuable contribution to understanding some of the causes of attrition for pre-registration students, but few studies have particularly focused on children's nursing. This research study seeks to address this gap in knowledge.

The aim of this study is to explore the reasons why students leave pre-registration children's nursing courses across the four universities in the NCEL area.

You have been invited to consider participating in this study as someone who has left a pre-registration children's nursing course (BSc or PG Dip) without completing it at London South Bank University, City University, University of Hertfordshire or Middlesex University. In total 50 people will be included in this aspect of the study.

It is up to you to decide whether or not to take part. If you do, you will be given this information sheet to keep and be asked to sign a consent form. You are free to withdraw from the study, and not have your information included at any time up to the time of completion of the final report of the study. A decision to withdraw, or a decision not to take part, will not adversely affect you in any way.

If you are willing to participate, you will be invited to an interview lasting approximately 45-60 minutes at a mutually agreeable place, date and time. During the interview, the researcher will explore with you the reasons you left your pre-registration children's nursing course and what might have helped you stay on the course. For ease of later analysis, with your permission, the researcher will record the conversation as well as take notes. If you do not wish to be recorded but are still willing to participate, the researcher will take notes only.

Causes of Attrition in Children's Nursing (CATCHING) study

If you incur any travel expenses directly linked to your participation in this study these will be reimbursed. You will also be given a £10 amazon voucher at the end of the interview as a thank you for taking part.

It is not anticipated that you will be at any disadvantage or suffer any risk from this study.

It is unlikely that you will gain any personal benefit from participating in this research. However, the information you share with the researcher could help us support students better in the future as well as reducing attrition across pre-registration children's nursing courses. Some individuals may gain some benefit from having the opportunity to discuss this topic with a receptive listener. If you become upset during the interview we will refer you to the:

Support Line Telephone Helpline

Telephone: 01708 765200

Email: info@supportline.org.uk

(This service provides confidential emotional support to children, young people and adults; if required, the organisation will also refer people to other helplines, counsellors and support groups throughout the UK.)

All information received from you will be handled in a confidential manner and stored in a locked filing cabinet and on a password-protected computer. Only the researcher and the principal investigator will have direct access to the information. Any reference to you will be coded. This information will be held for 5 years after the completion of the final report.

The results will be written up for publication in peer reviewed journals and presented at conferences or departmental seminars. Anonymised data provided by you may be used in these conference presentations or publications. Confidentiality will be maintained at all times; at no point will individuals or the hospital be identified.

This study is being funded by HE NCEL. It has been reviewed and ethically approved by the London South Bank University Research Ethics Committee.

If you have a concern about any aspect of this study, you should ask to speak with the researcher who will do their best to answer your questions Dr. Stephen McKeever, email Stephen.McKeever@lsbu.ac.uk, or telephone 0207 815 8342.

If you wish any further information regarding this study or have any complaints about the way you have been dealt with during the study or other concerns you can contact: Dr Alison Twycross on 020 7815 8419, who is the Principal Investigator for this study. Finally, if you remain unhappy and wish to complain formally, you can contact the Chair of the University Research Ethics Committee via email ethics@lsbu.ac.uk

Appendix 2: Interview prompt questions for students who had left a pre-registration children's nursing course

Introductions:

- Purpose of interview
- Clarification of topic under discussion
- Format of interview
 - Demographic questions
 - Pre children's nursing course
 - During children's nursing course
 - Post children's nursing course
- Approximate length of interview
- Assurance of confidentiality
- Purpose and use of digital recorder (including consent for its use)
- Assurance that the participant can seek clarification of questions
- Assurance that the participant can decline to answer a question(s) or terminate the interview
- Assurance that the participant can ask questions

Demographic questions

Which university were you enrolled at?
Which course were you enrolled on?
When did you start this course?
What is your age?
What language do you primarily speak at home?

Pre children's nursing course

Thinking back to before you started the course:

Prior to commencing your children's nursing studies what work or volunteer experience did you do?
How this did influence your decision to be a children's nurse?
What expectations did you have of the children's nursing course?
What other preparation did you do for the children's nursing course?

During children's nursing course

Thinking to when you were on the children's nursing course:

What aspects of the course did you find easy?
What did you struggle with?
At what point did you leave the course?
Describe your reasons for leaving course?
Are there other issues that contributed to you leaving?
What support services or systems did you access, such as university, externally or family?
What might have helped you stay?
What changes do you think need to be made to the children's nursing course?

Post children's nursing course

What current employment do you have?
What aspirations do you have for the future?
What advice would you have for someone considering a career in children's nursing?
Do you have anything else you would like to add?

Thank you

Appendix 3: Participant information sheet for those who had stayed on a pre-registration children's nursing course

**London South Bank
University**

Examination of the causes of attrition in pre-registration Children's Nursing programmes in the HE NCEL LETB geographical area

University Research Ethics Committee number UREC 1511

Participant information sheet

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Talk to others about the study if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Within the Heath Education North Central East London (NCEL) geographical area, there are four universities - City, Hertfordshire, London South Bank and Middlesex - all providing pre-registration children's nursing programmes. Across the four universities there is a lack of specific detail about the reasons why students leave pre-registration children's nursing courses. The available literature has provided a valuable contribution to understanding some of the causes of attrition for pre-registration students, but few studies have particularly focused on children's nursing. This research study seeks to address this gap in knowledge.

The aim of this study is to explore the causes of attrition within pre-registration children's nursing courses across the four universities in the NCEL area.

You have been invited to consider participating in this study as someone who stayed on a pre-registration children's nursing course (BSc or PG Dip) at London South Bank University, City University, University of Hertfordshire or Middlesex University despite experiencing significant personal or academic challenges during your time on the course. In total 15 people will be included in this aspect of the study.

It is up to you to decide whether or not to take part. If you do, you will be given this information sheet to keep and be asked to sign a consent form. You are free to withdraw from the study, and not have your information included, at any time up to the time of completion of the final report of the study. A decision to withdraw, or a decision not to take part, will not adversely affect you or your progress on the course in any way.

If you are willing to participate, you will be invited to an interview lasting approximately 45-60 minutes at a mutually agreeable place, date and time. During the interview, the researcher will explore the challenges you faced during the course and what helped you stay. For ease of later analysis, with your permission, the researcher will record the conversation as well as take notes. If you do not wish to be recorded but are still willing to participate, the researcher will take notes only.

Causes of Attrition in Children's Nursing (CATCHING) study

If you incur any travel expenses directly linked to your participation in this study these will be reimbursed. You will also be given a £10 amazon voucher at the end of the interview as a thank you for taking part.

It is not anticipated that you will be at any disadvantage or suffer any risk from this study. Some individuals may gain some benefit from having the opportunity to discuss this topic with a receptive listener. If you get upset as a result of participating in the interview you will be referred to the student well-being services for support.

It is unlikely that you will gain any personal benefit from participating in this research. However, the information you share with the researcher could help us support students better in the future as well as reducing attrition across pre-registration children's nursing courses. Some individuals may gain some benefit from having the opportunity to discuss this topic with a receptive listener.

All information received from you will be handled in a confidential manner and stored in a locked filing cabinet and on a password-protected computer. Only the researcher and the principal investigator will have direct access to the information. Any reference to you will be coded. This information will be held for 5 years after the completion of the final report,

The results will be written up for publication in peer reviewed journals and presented at conferences or departmental seminars. Anonymised data provided by you may be used in these conference presentations or publications. Confidentiality will be maintained at all times; at no point will individuals or the hospital be identified.

This study is being funded by HE NCEL. It has been reviewed and ethically approved by the London South Bank University Research Ethics Committee.

If you have a concern about any aspect of this study, you should ask to speak with the researcher who will do their best to answer your questions Dr. Stephen McKeever, email Stephen.McKeever@lsbu.ac.uk, or telephone 0207 815 8342.

If you wish any further information regarding this study or have any complaints about the way you have been dealt with during the study or other concerns you can contact: Dr Alison Twycross on 020 7815 8419, who is the Principal Investigator for this study. Finally, if you remain unhappy and wish to complain formally, you can contact the Chair of the University Research Ethics Committee via email ethics@lsbu.ac.uk

Appendix 4: Interview prompt questions for students who had stayed on a pre-registration children's nursing course despite adversity

Introductions

- Purpose of interview
- Clarification of topic under discussion
- Format of interview
 - Demographic questions
 - Pre children's nursing course
 - During children's nursing course
- Approximate length of interview
- Assurance of confidentiality
- Purpose and use of digital recorder (including consent for its use)
- Assurance that the participant can seek clarification of questions
- Assurance that the participant can decline to answer a question(s) or terminate the interview
- Assurance that the participant can ask questions

Demographic questions

Which university are you enrolled at?
Which course are you enrolled on?
When did you start this course?
What is your age?
What language do you primarily speak at home?

Pre children's nursing course

Thinking back to before you started the course:

Prior to commencing your children's nursing studies what work or volunteer experience did you do?
How this did influence your decision to be a children's nurse?
What expectations did you have of the children's nursing course?
What preparation other preparation did you do for the children's nursing course?

During children's nursing course

Thinking about the children's nursing course you are on:

What aspects of the course do you find easy?
What do you struggle with?
Have you considered leaving the course?
At what point in the course was this?
Describe your reasons for considering leaving?
Are there other issues that contributed to you considering leaving?
What helped you to stay?
What support services or systems did you access, such as university, externally or family?
What changes do you think need to be made to the children's nursing course?

What aspirations do you have for the future?

What advice would you have for someone considering a career in children's nursing?
Do you have anything else you would like to add? Thank you

Appendix 5: Consent form for semi-structured interview

**London South Bank
University**

Examination of the causes of attrition in pre-registration Children's Nursing programmes in the HE NCEL LETB geographical area

University Research Ethics Committee number UREC 1511

CONSENT FORM

To indicate consent
please initial box

- I have read the attached information sheet on the research in which I have been asked to participate and have been given a copy to keep. I have had the opportunity to discuss the details and ask questions about this information. ☐
- The researcher has explained the nature and purpose of the research and I believe that I understand what is being proposed. ☐
- I understand that my personal involvement and my particular data from this study will remain strictly confidential. Only researchers involved in the study will have access. ☐
- I have been informed about what the data collected will be used for, to whom it may be disclosed, and how long it will be retained. ☐
- I have been informed about, and consent to, the interview being audio recorded ☐
- I have received satisfactory answers to all of my questions ☐
- I hereby fully and freely consent to participate in the study that has been fully explained to me. ☐
- I understand that I am free to withdraw from the study at any time, without giving a reason for withdrawing. ☐

Participant's Name:(Block Capitals)

Participant's Name: SignatureDate...../...../.....

As the Researcher responsible for this study I confirm that I have explained to the participant named above the nature and purpose of the research to be undertaken.

Researcher's Name: Dr. Stephen McKeever.....

Researcher's Signature: Date...../...../.....

If you are at all concerned about this research study or the effect of any drug you are receiving please contact:

Dr Alison Twycross

Tel. No.: 020 7815 8419

Mobile: 0778 552 5986

Study ID